Horizons

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451 Research Discovery Report

April 2026

Bridging the gap between patient expectations and healthcare delivery

Fragmented data and identity failures are driving friction and dissatisfaction; healthcare organizations say they are making the patient experience a strategic priority.

Commissioned by

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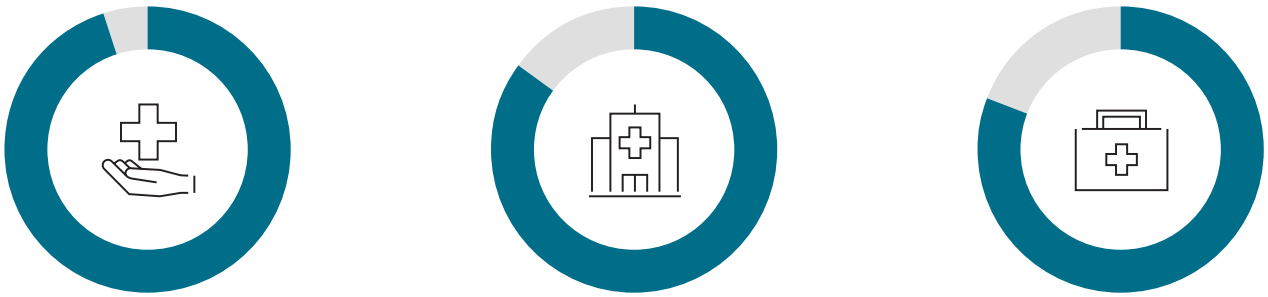
Introduction

Healthcare is at a defining moment. Consumer expectations across industries such as retail, banking and travel — which have been shaped by seamless, personalized experiences — have fundamentally changed what patients expect from healthcare. Today, 95% of consumers expect healthcare experiences to match those standards, yet most healthcare organizations struggle to deliver.

Figure 1: Healthcare organizations struggle to meet patient expectations



95%

Consumers "agree" or "strongly agree" healthcare experience should be as seamless and personalized as leading consumer brands

85%

Consumers say they would consider switching providers if they repeatedly encounter incorrect or inconsistent information about themselves

81%

Consumers report having to provide the same personal or medical information across different providers and departments

451 Research and Verato custom healthcare survey, 2026.
Source: 451 Research from S&P Global Energy Horizons.

This gap is not simply a consumer perception problem; it is a healthcare operational problem. Fragmented identity data continues to disrupt patient experiences at every stage of the journey. According to our survey results, consumers frequently encounter multiple instances of incorrect or inconsistent information (48% of respondents, rising to 69% among those aged 18-34), and they are forced to provide the same information repeatedly across interactions (81%). In essence, they have to “start from scratch” every time they interact with a different part of their healthcare system, which increasingly erodes their trust in the system.

These breakdowns have material consequences: 85% of consumers say they would consider switching providers after repeated identity-related issues, putting loyalty and long-term revenue at risk for providers. And healthcare organizations are already feeling the impact: 84% report that data mismatches directly contribute to lost revenue, confirming that identity issues are a financial liability and not solely an operational inefficiency.

In response, healthcare leaders are taking action. Survey respondents indicate that improving the patient experience is now the top strategic priority, surpassing initiatives such as digital transformation, cost reduction and workforce efficiency/reducing administrative burden.

The path forward begins with establishing a trusted, enterprise-wide identity foundation enabling healthcare organizations to unify data across systems, eliminate friction and deliver the seamless, personalized experiences consumers expect. It also unlocks broader benefits, including improved operational efficiency, stronger patient loyalty, accelerated revenue growth and readiness for AI-driven innovation.

The age of healthcare consumerism has arrived. Organizations that solve the identity challenge — knowing who is who — will be best positioned to close the experience gap, compete effectively, and lead the future of healthcare.

This Discovery Report is supported by consumer and healthcare provider/payer surveys; it explores how identity fragmentation impacts patient experience, operational performance and strategic initiatives across healthcare organizations. It also discusses opportunities to address these challenges as a foundational means to enable exceptional experiences and outcomes, generate revenue, improve operational efficiency and support AI integration.

68% of surveyed consumers say it frequently feels like "starting from scratch" when interacting with different parts of the healthcare system.

Healthcare is falling short of consumer expectations

Modern digital services have raised consumer expectations to unprecedented levels. Ridesharing, e-commerce and streaming platforms have set a new standard for customer experience through capabilities such as frictionless onboarding, unified identity, instant fulfillment, real-time updates, personalized interactions, omnichannel engagement and straightforward billing. These experiences are common among the top quartile of consumer platforms and have reshaped consumer expectations across every aspect of life.

However, this seamless experience has yet to become the standard in healthcare; consumers report persistent friction across key aspects of healthcare interactions:

- **Incorrect information:** Consumers frequently encounter incorrect information when records are outdated, mismatched or fragmented across systems.
  - 69% of younger consumers (age 18-34) report multiple instances of inconsistent or conflicting information about their care, coverage or billing in the past 12 months.
- **Repeated information requests:** Healthcare interactions often require patients to repeat and redocument the same information across departments and channels.
  - 81% report having to provide the same personal or medical information across different providers or departments
  - 68% say it frequently feels like "starting from scratch" when interacting with different parts of the healthcare system.
- **Scheduling and logistics:** Easy and timely access to care remains a major pain point.
  - 55% of respondents say they have delayed or avoided care because they could not easily schedule an appointment or find an available provider.

Many of these challenges are not isolated operational failures but symptoms of a systemic problem: fragmented and poorly managed identity data. Incorrect or outdated information, duplicate records, mismatched identities and incomplete demographic data often occur because healthcare organizations struggle to maintain consistent patient identity management across systems, providers and departments. Accurate and unified identity data across the entire healthcare organization would allow patient information to flow smoothly throughout the care cycle, reducing many of the repeated intake processes that frustrate consumers today.

55% of respondents say they have delayed or avoided care because they could not easily schedule an appointment or find an available provider.

Digital transformation and personalization fail without a trusted identity foundation

Healthcare organizations have heavily invested in digital transformation, implementing digital access tools, patient portals, self-service workflows, customer relationship management systems, engagement platforms and AI-powered analytics. Exceptional healthcare experiences also depend on recognizing and "remembering" the individual across every interaction. Data forms the backbone of this organizational memory, and in a market where consumers have many choices for care, that friction leads to dissatisfaction, churn and missed growth opportunities.

However, healthcare organizations cannot deliver seamless, omnichannel journeys if identity data is duplicated, fragmented or unreliable, even if they have made significant investments in digital technologies:

- 81% of providers and payers agree they cannot deliver personalized care or communications without complete and accurate consumer data.
- 72% agree that inconsistent identity data creates friction that consumers feel in every micro-moment of engagement with the organization.
- 83% of providers and payers agree that data quality issues hinder the effectiveness of their marketing and CRM processes.

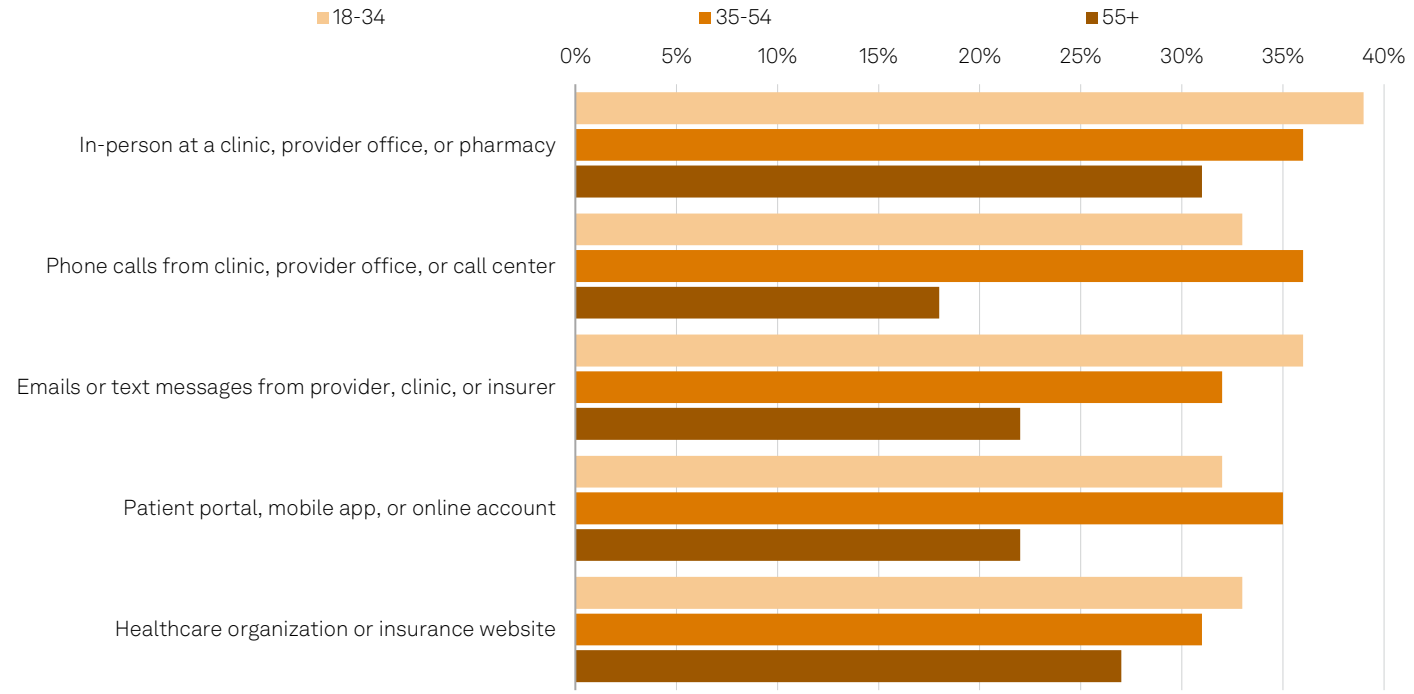
Younger patients, who have grown up with seamless, personalized consumer experiences, are increasingly vocal about failures in identity-focused digital healthcare experiences, such as friction during digital onboarding, inconsistent recognition and incorrect medical information across digital channels (mobile, scheduling, telehealth, etc.).

- 72% of consumer respondents aged 18-34 reported difficulties using digital tools, due to their experience expectations, during their most recent healthcare experience, compared to just 30% of respondents aged 55+.

As digital-native populations grow older and engage more frequently with healthcare services, providers that fail to meet these expectations risk increasing dissatisfaction and losing their competitive edge. However, identity inconsistencies span both digital and physical touchpoints, so they affect patients of all ages. Older patients with lower expectations still encounter friction when information is duplicated, outdated or contradictory.

72% of providers agree that inconsistent identity data creates friction that consumers feel in every micro-moment of engagement with the organization.

Figure 2: Digital-native patients experience higher identity friction



Q. From which channels have you received inconsistent or unclear information?
Base: All respondents (n=1,047).
451 Research and Verato custom healthcare survey, 2026.
Source: 451 Research from S&P Global Energy Horizons.

To meet increasing expectations and build long-term loyalty, healthcare organizations should create care experiences tailored for their most demanding consumers. This involves establishing a unified, trusted identity foundation that ensures consistent, accurate and connected experiences throughout the patient journey.

Identity gaps are disrupting access, care and revenue

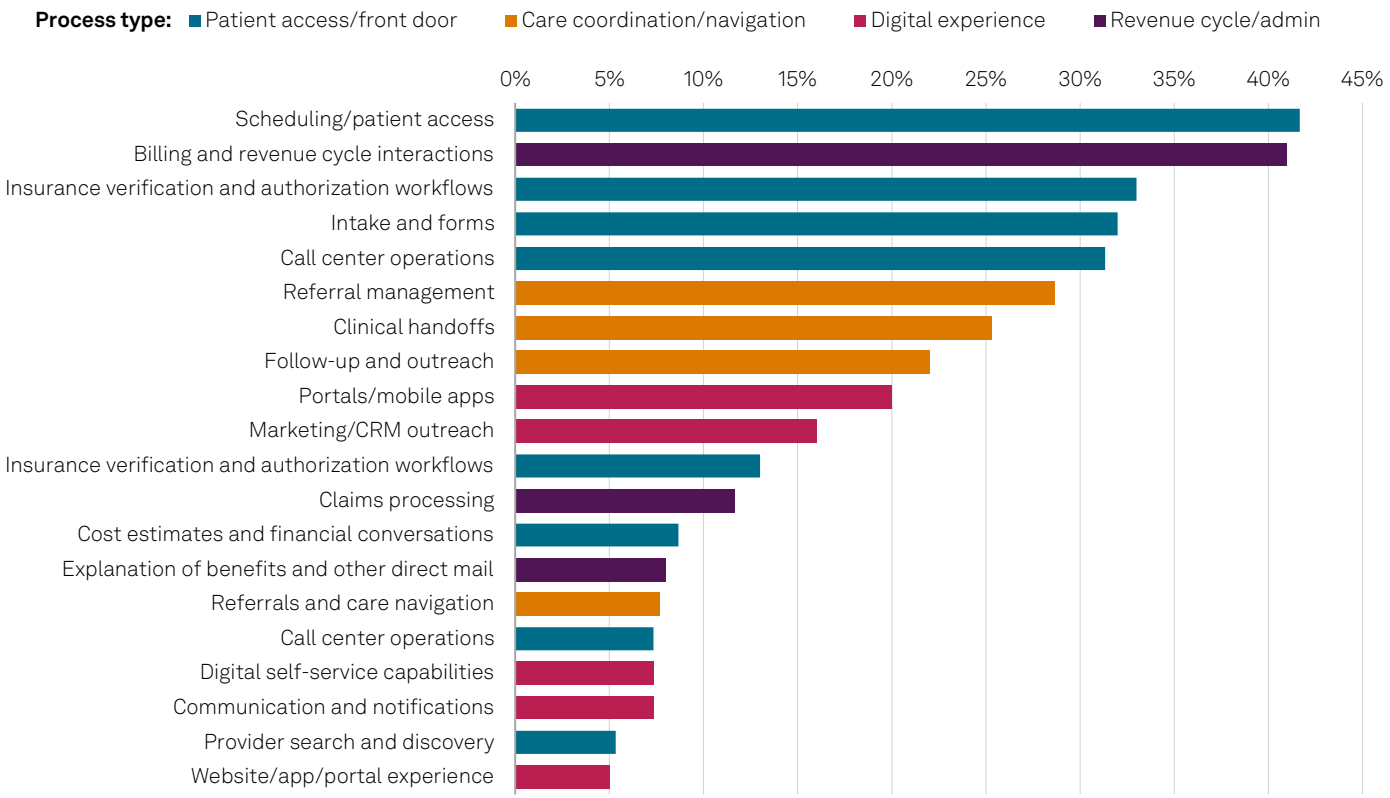
Historically, organizations often treated identity errors as an IT issue with limited impact. Today, however, the consequences of identity fragmentation reach across the healthcare enterprise. These failures disrupt care coordination and patient experience, impacting scheduling, time to care and referral management. They also hinder strategic growth by undermining efficient billing and claims processing, effective provider management, operational efficiency and readiness for advanced initiatives such as AI-enabled workflows. As a result, identity data quality increasingly influences both operational performance and financial outcomes.

Bottlenecks arise throughout the patient journey, often as a byproduct of fragmented healthcare systems and inconsistent data. Providers most frequently cite scheduling and patient access (50%), billing and revenue cycle interactions (49%), and intake and forms (38%) as areas most impacted by inconsistent data. Payers and “payviders” highlight insurance and coverage-related steps (58%), explanation of benefits (44%) and claims processing transparency (42%).

Among a list of 10 potential problem areas, healthcare providers and payers/payviders, on average, identify four elements of the consumer experience that require improvement.

- **Patient access/front door:** These workflows represent the entry points into a healthcare provider's system through digital channels, phone interactions or in-person visits. They shape first impressions and affect access to care. They are particularly vulnerable to failure when identity records are incomplete, duplicated or mismatched because they rely heavily on accurate demographic and coverage data.
- **Care coordination/navigation:** These workflows span multiple departments, providers and processes to support complex care journeys and value-based care. Examples include referral management, clinical handoffs between care teams and follow-up or outreach activities. Effective coordination depends on reliably identifying the patient and sharing information across systems. When identity data cannot be trusted or easily reconciled, coordination processes break down.
- **Digital experience:** This includes patient-facing digital channels such as portals, mobile applications, notifications, and self-service tools. Patients increasingly expect real-time, accurate and transparent information across these channels, which influences satisfaction, loyalty and overall experience. Digital applications depend heavily on accurate identity matching and continuously updated patient data.
- **Revenue cycle/admin:** Financial and administrative processes are critical to organizational financial performance and to consumer, patient and member experience. Errors in identity, demographic or insurance data can lead to inaccurate billing, coverage discrepancies, duplicate claims and delayed reimbursements, which erode operational efficiency and patient trust.

Figure 3: Processes in which inconsistent or inaccurate patient data impact operations



Q. Where does inconsistent or inaccurate consumer/patient data most significantly impact operations or performance in your organization?
Base: All provider/payer respondents (n=300).
451 Research and Verato custom healthcare survey, 2026.
Source: 451 Research from S&P Global Energy Horizons.

Patient experience starts with trusted identity

Healthcare organizations increasingly recognize that trusted patient identification and a 360-degree customer view are crucial for creating exceptional consumer experiences and driving strategic growth. As patients gain more options and demand seamless, digital-first engagement, the ability to accurately unify and manage patient data becomes a key competitive advantage for providers and payers/payviders — one that directly influences revenue, enhances loyalty and builds trust.

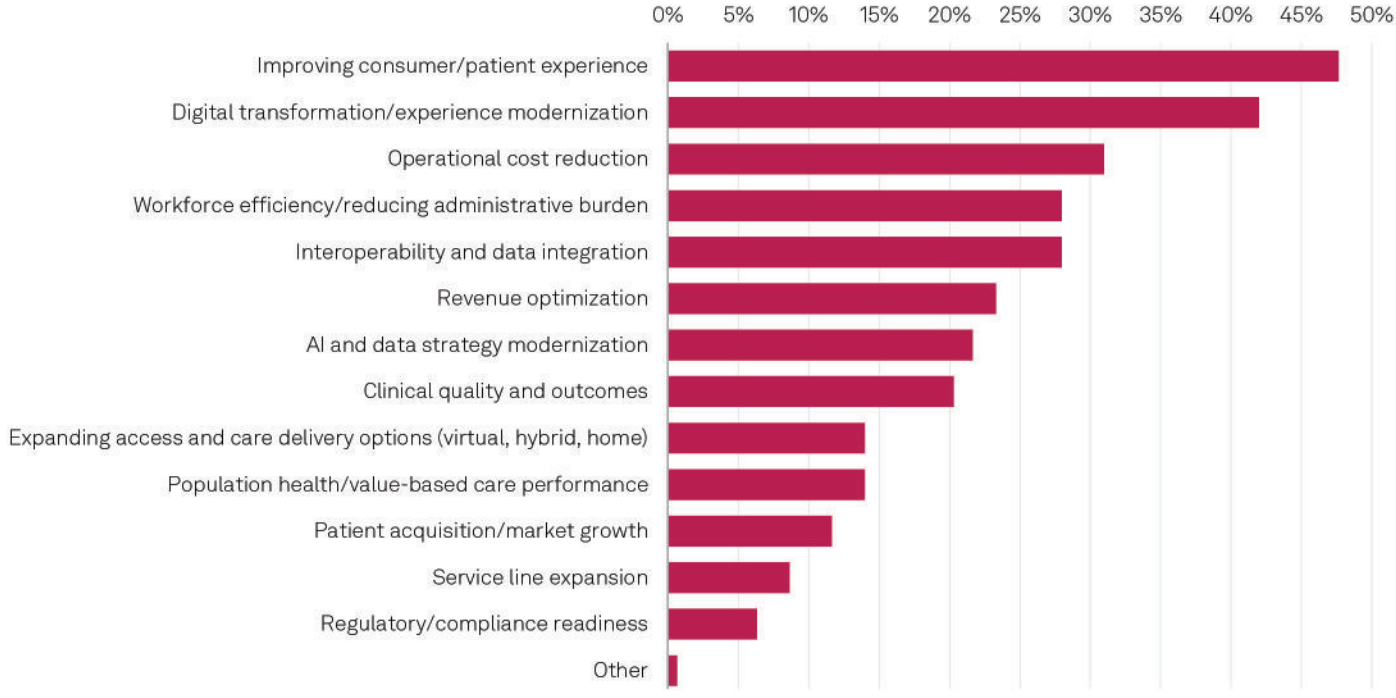
These systemic identity failures manifest in the consumer experience, with a substantial impact on patient loyalty.

- 72% of surveyed healthcare organizations acknowledge that inconsistent identity data creates friction that consumers feel in every interaction.
- 85% of surveyed consumers agree they would consider switching providers if they repeatedly encountered incorrect or inconsistent information.
- 71% of consumer respondents agree that errors in their personal or medical information would reduce their loyalty, even when clinical care is good.

Healthcare providers and payers/payviders cannot deliver consumer-grade experiences if they cannot consistently and accurately recognize the consumer across systems of record, engagement and insight, as well as across communication channels and care interactions.

84% of healthcare organizations report that data mismatches contribute to lost revenue, with the impact increasing significantly at scale.

Figure 4: Healthcare organizations' strategic priorities in the next 12-18 months



Q. What do you see as your organization's top 3 strategic priorities over the next 12–18 months?
Base: All provider/payer respondents (n=300).
451 Research and Verato custom healthcare survey, 2026.
Source: 451 Research from S&P Global Energy Horizons.

The severity of these challenges stems from fragmented identity data, and their significance is heightened by rising consumer expectations, making patient experience a top strategic priority for healthcare organizations.

- 48% cite improving the patient or consumer experience as a top-3 priority over the next 12-18 months.
- Notably, this ranks higher than several major industry initiatives, including digital transformation and experience modernization (42%), operational cost reduction (31%), workforce efficiency and administrative burden reduction (28%), and interoperability and data integration (28%).
- Because of its broad organizational impact, C-level executives in enterprise and strategic roles are even more likely to prioritize patient experience, with 53% citing it as their top strategic priority over the next 12-18 months.

This emphasis reflects the central role that patient and member experience plays across the healthcare enterprise. Improving the patient experience is both a foundation for and an outcome of many broader organizational initiatives, including AI and data strategy modernization, care delivery improvements, patient acquisition and market growth.

Conclusions

Healthcare organizations are at a critical inflection point. Consumer expectations for seamless, personalized and connected experiences continue to rise, yet fragmented identity data prevents many organizations from delivering on that promise. What was once a back-office IT function is now a core driver of experience, growth and competitive differentiation.

The gap appears at every stage of the patient journey. From scheduling and registration to care delivery and billing, fragmented identity turns what should be seamless experiences into disconnected interactions. Patients must repeat information, providers struggle with incomplete records, and inefficiencies ripple throughout operations, delaying care, driving up costs and eroding trust.

Closing this gap requires more than just incremental improvements. It calls for a unified, trusted identity foundation that links data across systems and ensures that every interaction connects to the correct individual. When identity is accurate, complete and continuously updated, organizations can turn fragmented micro-moments into a smooth, coordinated experience.

The impact is both immediate and long-lasting. Care teams gain access to reliable, comprehensive data, workflows become more efficient, and patients feel recognized and supported rather than frustrated and disconnected. At the same time, organizations unlock the full value of digital investments, customer 360 initiatives and emerging AI capabilities.

As expectations continue to rise, the gap between organizations that have addressed identity and those that haven't will widen. Those that bridge the gap will be positioned to deliver exceptional experiences, foster loyalty and drive innovation. Conversely, those that fail to act risk falling further behind.

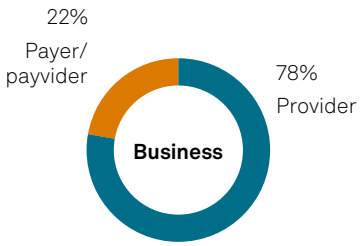
Trusted identity is now essential; it is the key to closing the experience gap and shaping the future of healthcare.

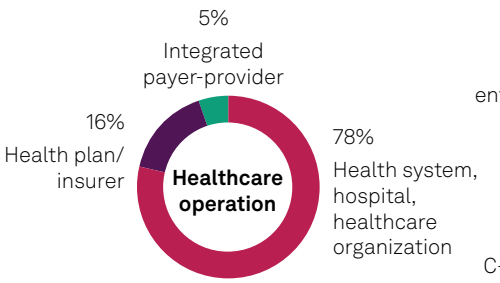
Research firmographics

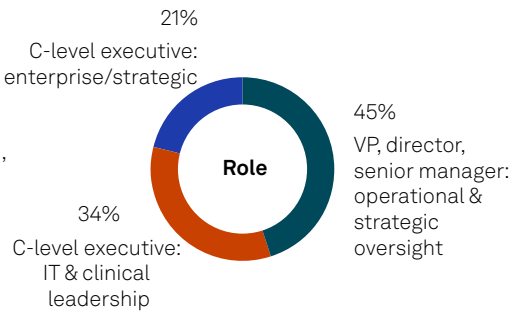
The findings cited in this report are based on two 451 Research surveys conducted in January 2026.

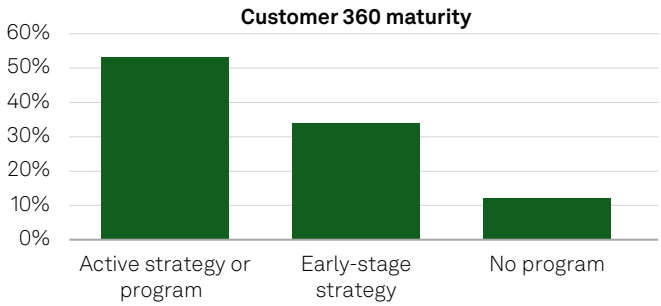
A survey of 300 US-based healthcare leaders across provider and payer/payvider organizations. These respondents were VP/director-level or above in the organizational hierarchy, geographically spread across US states and strategically influenced the organization's consumer/patient engagement technologies, digital initiatives and data strategy. Respondents had customer 360 programs in place or were considering pilots and were mostly healthcare organizations with some integrated payer-providers and health plan insurers. Healthcare provider respondents had more than $500 million in annual revenue and 500 hospital beds in operations, and healthcare payers/payviders had more than $1 billion in annual revenue and 300,000 members.

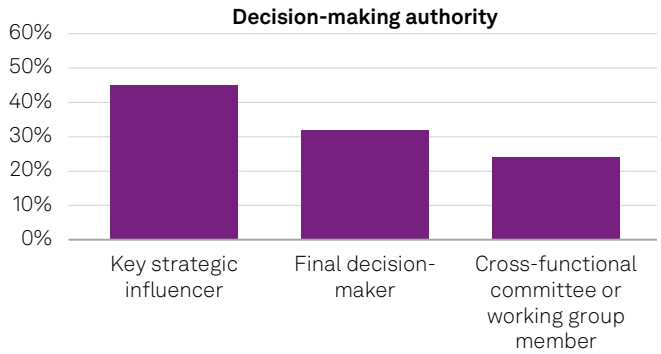
Payer/payvider survey





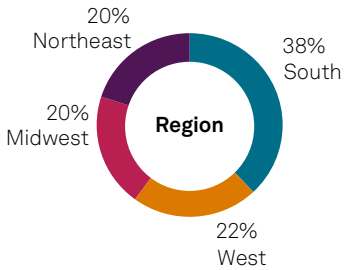


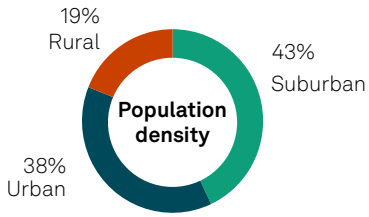


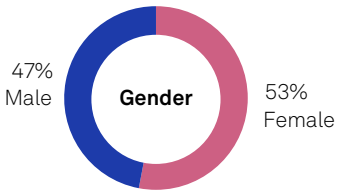


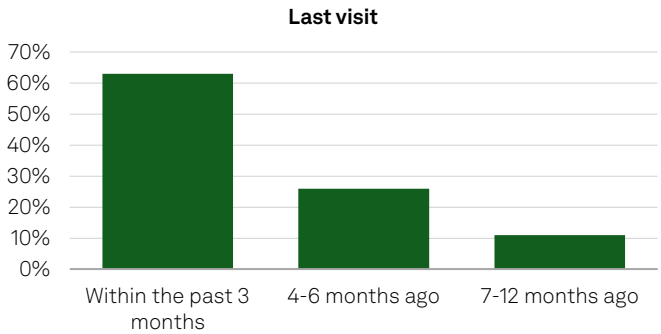
This report also draws on a survey of 1,047 US consumers representing a geographically diverse sample across US regions and community types, including suburban, urban and rural areas. All respondents were 18 years of age or older and had visited a doctor or healthcare professional within the past year. Participants were screened to ensure they had at least some responsibility for making decisions about their own healthcare, including involvement in scheduling appointments and managing aspects of their care.

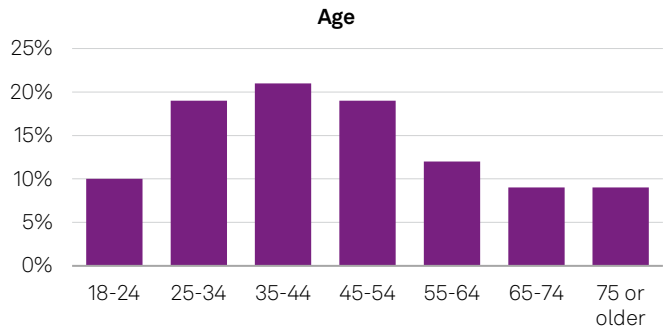
Consumer survey











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About this report

A Discovery report is a study based on primary research survey data that assesses the market dynamics of a key enterprise technology segment through the lens of the "on the ground" experience and opinions of real practitioners — what they are doing, and why they are doing it.

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