

Employer Trends in Direct Primary Care 2025

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KEY TAKEAWAYS

Employers continue to experience declining value of healthcare—worse member care and access at ever higher prices in today’s insurance-based, fee-for-service healthcare system. Employees increasingly report difficulty accessing, navigating, and paying for these expensive benefits. Many employers are looking beyond the traditional healthcare system and have found that Direct Primary Care (DPC) can reduce the overall cost of healthcare while offering a more meaningful healthcare experience for employees.

The Hint Health Data Analytics team compiled data from over 2,400 DPC clinicians and their 1,200,000 members into this report to better understand how the adoption of employer-sponsored DPC has grown and changed over time.

Key takeaways from this research (data through December 2024):



7.2k

Over 7,200 employer sponsors across all industries worked with DPC on Hint last year



85%

Overall retention of employer sponsors remains strong, with 85% retained at 12 months and 70% retained at 24 months



58%

58% of all DPC memberships were employer sponsored



35%

35% of practices that are working with employers are getting a portion of those memberships through DPC networks



18%

18% increase from 2022-2024 in the proportion of DPC members whose membership is paid for by a sponsor



36%

36% of DPC practices receive membership from employers

• **BACKGROUND ON THE HINT EMPLOYER DPC TRENDS REPORT**

In the world of healthcare innovation, Direct Primary Care (DPC) is a unique model of care that puts patients and clinicians first and also helps control costs. In the DPC model, clinicians partner with their patients to focus on health rather than being constrained by insurance-driven payment and administrative burden. At its heart, DPC is a relationship-driven, subscription-based model of primary care that typically meets the following criteria:

- **Payment is based on a periodic, often monthly, membership and is rendered by the patient or employer directly to the clinician for near-unlimited access to primary care services.**
- **For more common but less predictable services outside primary care, there are pre-negotiated, transparent prices and cash-based payment options.**
- **For infrequent and more expensive services, patients are encouraged to have appropriate insurance coverage.**

DPC is growing quickly and at a faster rate than traditional primary care alternatives. From 2022 to 2024, DPC members per 100,000 people in the U.S. increased by 626%. During the same period, the number of active DPC clinicians per 100,000 people grew by 468%, indicating more and more clinicians are choosing to practice in the DPC model over time. Even though DPC is becoming more popular with doctors and patients, it is still relatively unknown to the average consumer.

Healthcare insurance premiums were expected to rise 7% in 2025 alone. As a result, employers are under increasing pressure to find high-quality healthcare benefits that also help control costs. Employer-sponsored DPC offers a strong solution that has been shown to improve the doctor–patient relationship through better access. By improving access to primary care, utilization—and, critically, costs—shift away from higher-cost settings like specialty care, the emergency department, and inpatient hospitals. DPC clinicians build strong relationships with patients, deliver high-quality care, and help their patients achieve better health outcomes.

WHAT YOU WILL FIND IN THIS REPORT

All data in this report were analyzed by the Hint Health Data Analytics team using published articles and studies, the U.S. Census, and the Hint Health Database that stores our Hint product data.

The Hint Health Database contains the largest dataset with information on the economics and development of Direct Primary Care. The de-identified and aggregated data used in this report includes over 2,400 clinicians, 1,200,000 patients, and 7,200 employer sponsors that meet the following criteria:

Clinicians

- Have a Hint software with at least one paying member at any time from Jan 1, 2017 - Dec 31, 2024
- Have a direct financial relationship with patients or employers via recurring membership subscription and do not charge insurance for those services.
- Provide care within the United States or its territories

Employer Sponsors

- Sponsor at least one DPC patient through Hint any time from Jan 1, 2017 - Dec 31, 2024.
- Working with a clinician who meets the criteria above

The report is divided into three sections:

1. Why Employers Need a Better Healthcare Strategy
2. Why Employers Are Leaning Into DPC
3. The Trends in Employer-Sponsored DPC

In each section, you'll find an overview of the current state of the industry and how DPC has grown over time according to Hint data.

• Why Employers Need a Better Healthcare Strategy

Employer-sponsored health insurance has long been the backbone of benefits packages; however, rising costs, stagnant outcomes, and increasing employee dissatisfaction are prompting a shift.

The traditional insurance-based, fee-for-service model is driving:

Escalating costs without ROI:

Higher premiums, rising deductibles, and flat health outcomes.

Access issues:

Long waits, rushed appointments, and fragmented care.

Clinician Workforce instability:

Physician burnout remains high at 45%, having dropped only 5 percentage points from its high during the height of Covid-19 in 2020. In 2025, over 800 family medicine residency spots remained unfilled, with relatively low pay and worsening working conditions exacerbating the primary care shortage.

Low utilization of primary care:

Employees delay care, leading to avoidable high-cost claims.

These conditions contribute to lower engagement with primary care. Employees often delay care, leading to more severe and costly episodes later. For employers, the impact extends beyond health plan performance to workforce productivity, retention, and overall benefit competitiveness.

Zak Holdsworth
Co-founder
& CEO,
Hint Health



Costs keep rising, outcomes remain flat, and both patients and physicians are losing faith in a model that no longer serves them. For employers—who shoulder much of the responsibility for providing coverage—this broken system translates into mounting expense, declining workforce health, and diminished competitiveness.

Direct Primary Care (DPC) offers a different future. By removing the barriers of insurance from the day-to-day delivery of care, DPC restores what healthcare should be: trusted relationships, time to listen, and proactive support that keeps people healthy rather than reacting when they're already sick. It's a model that brings hope back to physicians, dignity back to patients, and sustainability back to employers.

Across the country, we are seeing this transformation take hold. Employers investing in DPC are not only lowering costs but also building healthier, more engaged, and more loyal teams. Physicians choosing this path are rediscovering the joy of practicing medicine. Together, they're proving there is a better way forward—one rooted in relationships, prevention, and human-centered care.

At Hint, we believe this movement is more than an alternative—it's a blueprint for the future of American healthcare. And it's happening now.



WHY EMPLOYERS ARE LEANING INTO DPC

For employers who already understand DPC, the value is demonstrated rather than theoretical. Organizations using DPC report lower claims costs, improved health outcomes, stronger workforce retention, and higher employee satisfaction compared to traditional plans. Although primary care represents less than 10% of overall plan costs, it influences up to 90% of total healthcare spending by directing care and utilization across the rest of the system in the following ways:

- Keeping patients healthy through early identification of risk factors
- Reducing the severity and prevalence of chronic disease
- Keeping referrals down, and when referrals are needed, choosing lower-cost options
- Replacing the need for urgent care and emergency room visits

However, primary care can only achieve these outcomes when clinicians have sufficient time to build trust, fully understand and manage patient conditions, and remain available for urgent concerns. DPC enables this level of access in ways that rushed and overburdened fee-for-service primary care cannot.

Across industries, case studies of employers that have implemented DPC demonstrate fewer ER visits, reduced hospitalizations, and better control of chronic conditions. Employers report that DPC members engage with their clinicians more often and for longer visits, leading to earlier interventions and improved health outcomes. Across industries, case studies of employers that have implemented DPC demonstrate fewer ER visits, reduced hospitalizations, and better control of chronic conditions. Employers report that DPC members engage with their clinicians more often and for longer visits, leading to earlier interventions and healthier outcomes.

Employees respond in kind. Most say they would use DPC if offered, many are willing to share in the cost, and satisfaction scores rival the highest in any benefit category. With integrated telehealth available in nearly every DPC practice, access is no longer bound by location or clinic hours.

At the same time, regulatory changes are opening new opportunities. Recent regulations on Health Savings Account (HSA) compatibility has reduced barriers for employers offering High Deductible Health Plans (HDHPs) to integrate DPC without jeopardizing employees' tax advantages starting January 1, 2026. This shift expands the addressable market and positions DPC as an even more attractive benefit option for a wider range of employers.

What follows in this report is a closer look at the data behind these outcomes, the adoption patterns we are tracking, and what it means for employers evaluating DPC in today's environment.

Advantages of DPC for Employers & Employees

The skyrocketing cost of health insurance causes significant issues for employee healthcare access, affordability, satisfaction, and wellbeing, as well as the employer's bottom line. Data show that by offering a DPC benefit, employers can not only improve employee health through higher quality primary care, but also reduce costs and increase employee retention long-term.

HINT CONNECT COST SAVINGS

CASE STUDY

Real Estate

Nationwide

ADVISOR

BenEngage

BROKER

IMA

KEY SUCCESS METRICS

Savings DPC vs non-DPC **52%**

DPC Savings in 2024 **\$360k**

In 2022, a national real estate firm, working with trusted advisors and brokers, explored innovative ways to manage rising healthcare costs while maintaining access to high-quality care for their employees. The organization implemented a Direct Primary Care (DPC) option alongside a traditional Gold PPO plan. After two years, with the support of the Hint Connect Network, they expanded the DPC plan to over 24 states.

The results of this implementation highlight significant cost savings for the employer and improved affordability for employees, demonstrating how DPC can reduce overall healthcare spending while enhancing care access.

2024 Cohort Analysis Gold PPO Plan

	DPC COHORT	NON-DPC COHORT
Enrolled	98	127
Average Age	46.4	46.1
DPC Fee	\$85,109.00	\$0
Claims Cost	\$246,612.00	\$901,560.00
Total Cost	\$331,721.00	\$901,560.00
PMPM	\$282.08	\$591.57

- PMPM National Average (KFF): \$617.00
- Outliers >\$250k removed
- The DPC plan had a lower rate of children enrolled, so while this isn't risk adjusted, we would expect to see lower costs in the population with more children

Additional Charges

Employers can also realize savings by taking advantage of DPCs' direct, low cost rates for services and supplies such as labs, vaccines, and minor procedures. Here are a few examples of how this employer's 2024 DPC charges stack up to the competition.

	AVG DPC COST	AVG NATIONAL COST	SAVINGS
Prostate Specific Antigen	\$9.50	\$36.00*	74%
Complete Blood Count	\$18.53	\$50.00*	63%
Comprehensive Metabolic Panel	\$3.31	\$48.00*	93%
Pap with Labs	\$69.00	\$143.00*	52%
Wart Removal	\$12.00	\$610.00***	98%
Menactra (meningitis vax)	\$114.00	\$169.00*	33%
TDAP	\$48.00	\$82.00*	41%

*Average Cost **GoodRx Best Price ***Average Insurance Reimbursement

IMPROVED EMPLOYEE HEALTH

DPC practices take on far fewer patients and have significantly fewer and less complex administrative workloads. The model gives clinicians the time and focus needed to address each person’s health holistically and proactively — a far cry from the extremely rushed and reactive primary care that’s often unavoidable for clinicians under the insurance-based fee-for-service model.

CASE STUDY

Reliant DPC

Enid, OK

EMPLOYER NAME

Parrish Enterprises Ltd

NUMBER OF MEMBERS ENROLLED

170+

KEY SUCCESS METRICS

Employees who chose DPC:

60%

Reduction in cost for the employer in Year 4

26%

As a result, patients of DPC practitioners have been shown to demonstrate better managed chronic or complex health conditions, increased care plan and medication adherence, and ultimately increased wellbeing. The level of access and engagement DPC provides has proven critical especially in treating the root cause of chronic and polychronic disease states. A Primary Health Partners study from 2018 showed that DPC members have better outcomes, including:

- DPC members with hypertension are 12% more likely to have their blood pressure controlled (<140/90 mm Hg) than Americans on a commercial PPO plan.
- DPC members with diabetes are 32% more likely to have their blood pressure controlled (<140/90 mm Hg) than Americans on a PPO plan.
- DPC members with diabetes are 39% more likely to have their Hemoglobin A1c levels controlled (HbA1c <9%) than Americans on a PPO plan.

INCREASED EMPLOYEE RECRUITMENT & RETENTION

In [AHIP's 2023 Value of Employer-Provided Coverage report](#), 68% of 1,000 consumers surveyed said that health coverage plays an important role in job recruitment, and 77% said it plays an important role in job retention. Eighty-nine percent of employees ranked health-related benefits as the most important employer benefit, according to [SHRM's 2023 Employee Benefits](#) report.

CASE STUDY

Antioch Med

Wichita, KS

EMPLOYER NAME

Family owned Oil and Gas Distributor HQ

NUMBER OF MEMBERS ENROLLED

175+

KEY SUCCESS METRICS

Increase in member time spent with a PCP

9x

Patient Touchpoints:

9.8k

Despite the near universal recognition among employees of the value of employer-sponsored health coverage, only 55% of employees surveyed by SHRM were satisfied with the health benefits they are currently receiving. The gap suggests that just providing healthcare coverage is no longer sufficient to meet employee needs, and that quality and ease of access matter more than ever.

Based on the relative Net Promoter Scores (NPS), patients are generally more satisfied with DPC compared to national health insurance. The average NPS for national health insurance is 7, whereas DPC has an NPS of over 70, which shows that patients can both afford DPC and find it worth the price.

Almost all of DPC practices offer care via video chat, phone, text, and email, which may also contribute to high employee satisfaction, since 68% of consumers who responded to AHIP's survey said they expect telehealth services to be included in their health insurance plan. By sponsoring a DPC membership, employers meet the expectation for telehealth and give employees remote access to a clinician who they already know, leading to more effective care.

Employers who sponsor memberships are just as satisfied with DPC as the employees who use them. A sample of Hint's data shows that on average 84% of employers who sponsor DPC memberships for employees continue to do so after the first year, suggesting it's a particularly "sticky" benefit that employers and employees alike want to keep.

EMPLOYEE PERCEPTION & ADOPTION OF DPC

Data on employee attitudes about DPC further substantiate that DPC can drive employee recruitment and retention. The vast majority of employees are interested in receiving a DPC membership, willing to contribute to its cost, more likely to see a DPC clinician than an insurance-based one, and have an improved opinion of employers who offer DPC as a benefit. Specifically, the [Hint Health DPC Consumer Insights Survey](#) found that 91% of people aged 25 to 34, and 85% of parents are very or somewhat likely to use DPC if it were offered by their employer. Eighty-one percent of all consumers surveyed would also be willing to pay for a portion of their membership.

Employees who receive DPC benefits show increased engagement with primary care compared to those who only receive an insurance-based fee-for-service plan. Under the traditional model, patients have to navigate confusing directories, find an in-network clinician with availability, and then book an appointment, often far out. With DPC, members select a clinician at the time of enrollment, and most DPC offices proactively reach out to members with the goal of starting the relationship at the first appointment within 30 days.

Ease of access also facilitates more clinician-patient interactions. In the Primary Health Partners Direct Care Approach Case Study, DPC members saw their clinician an average of 3.5 times per year, twice as often as the national insurance-based fee-for-service average of 1.6 times. With DPC appointments typically lasting over twice as long as insurance-based ones, DPC members are also spending 6x as much time with their clinician overall than patients seeing insurance-based clinicians.

Employees' positive attitudes and experiences with DPC translate to improved opinions about employers, too. The Paladina Large/ Group Case Study of 2019 reported an 80% enhancement in employees' opinions of their employers after having accessed DPC. By providing a DPC benefit, employers convey a clear message to employees that employers genuinely care about employee wellbeing. This is critical in today's tight labor market where many employers report difficulties retaining employees.

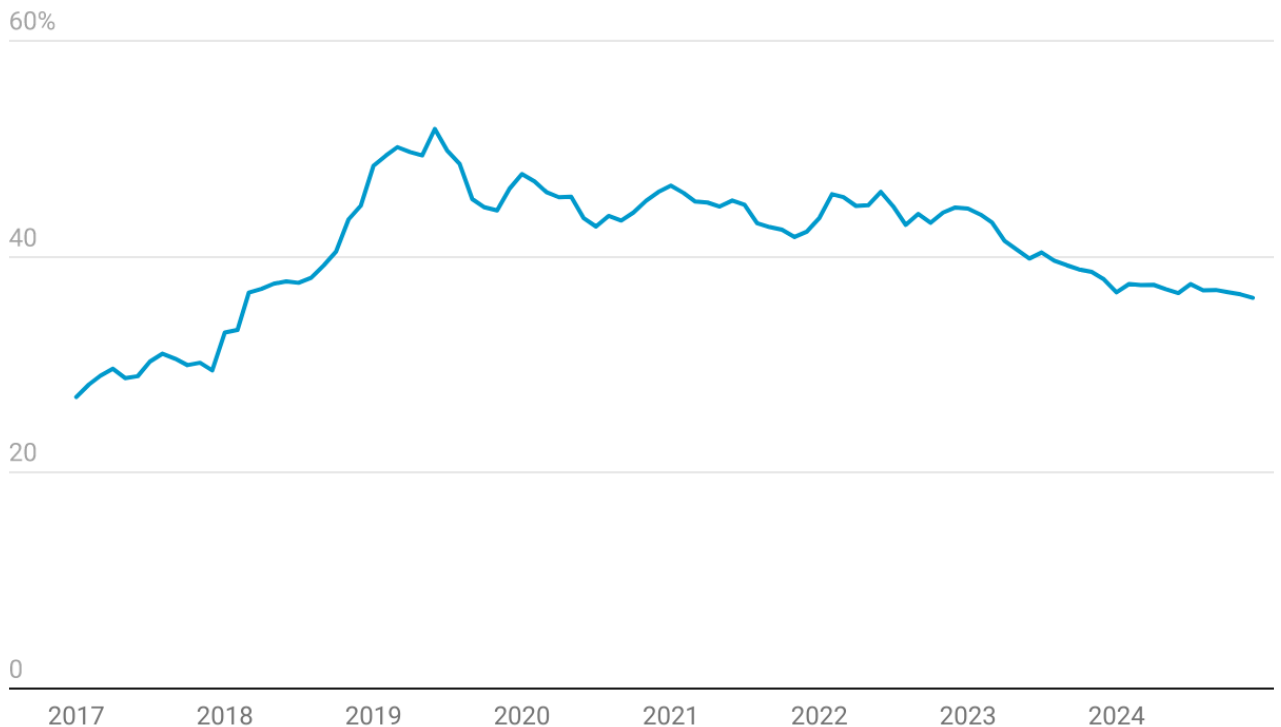
• Trends in Employer- Sponsored DPC

Over time, adoption of employer-sponsored DPC has grown, driven by more practices engaging with sponsors, more employers offering DPC memberships, and greater employee interest in the benefit.

GROWTH IN DPCS WHO WORK WITH SPONSORS

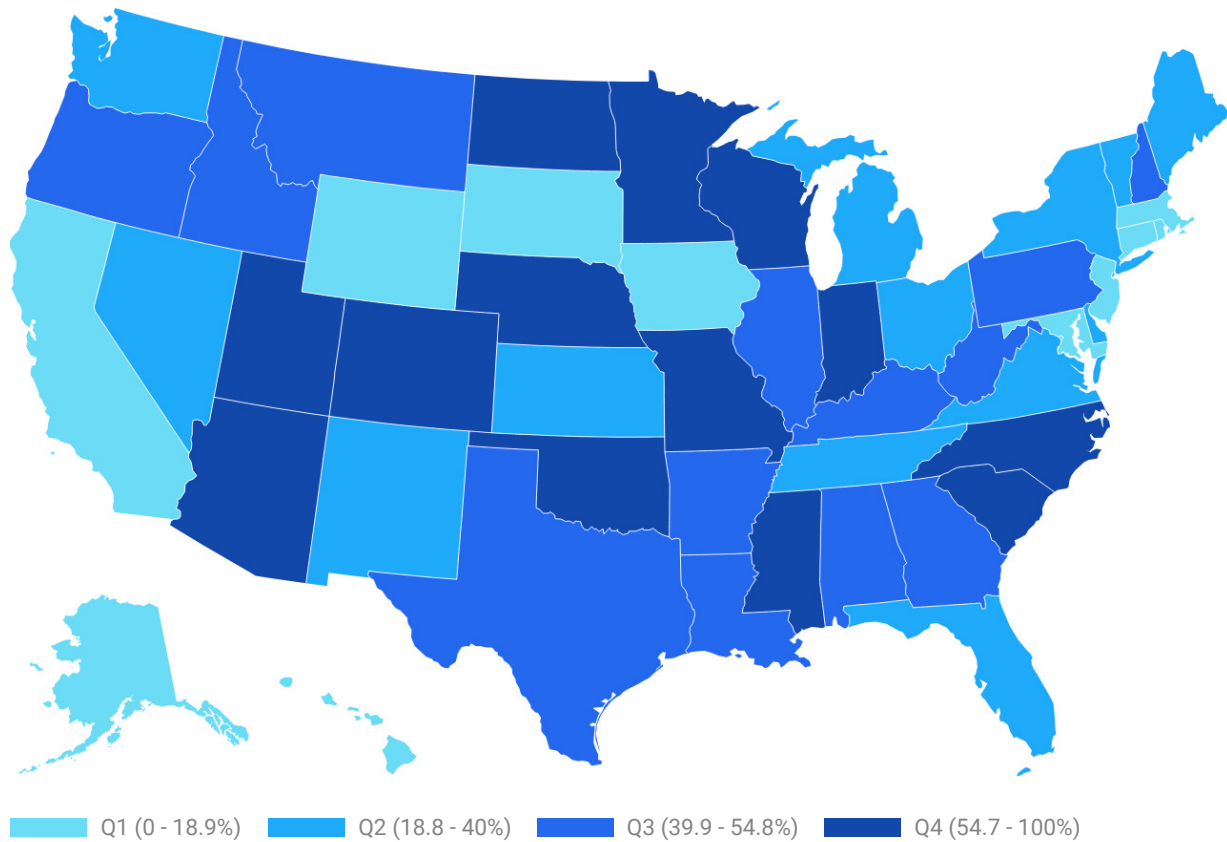
Practices on Hint working with employer sponsors remained consistent at around 45% from 2020 through 2023, but have since declined to around 36%. This decline may be explained by the accelerated growth of the industry, with an influx of new, smaller practices joining the DPC movement. It typically takes new DPCs 12+ months to start working with employers; most begin with retail membership only. While the number of practices working with employers continues to grow, it is being outpaced by the overall growth of DPC practices.

FIG. 01:
PERCENT OF DPC PRACTICES WHO ARE WORKING WITH EMPLOYER SPONSORS FROM 2017 - 2024



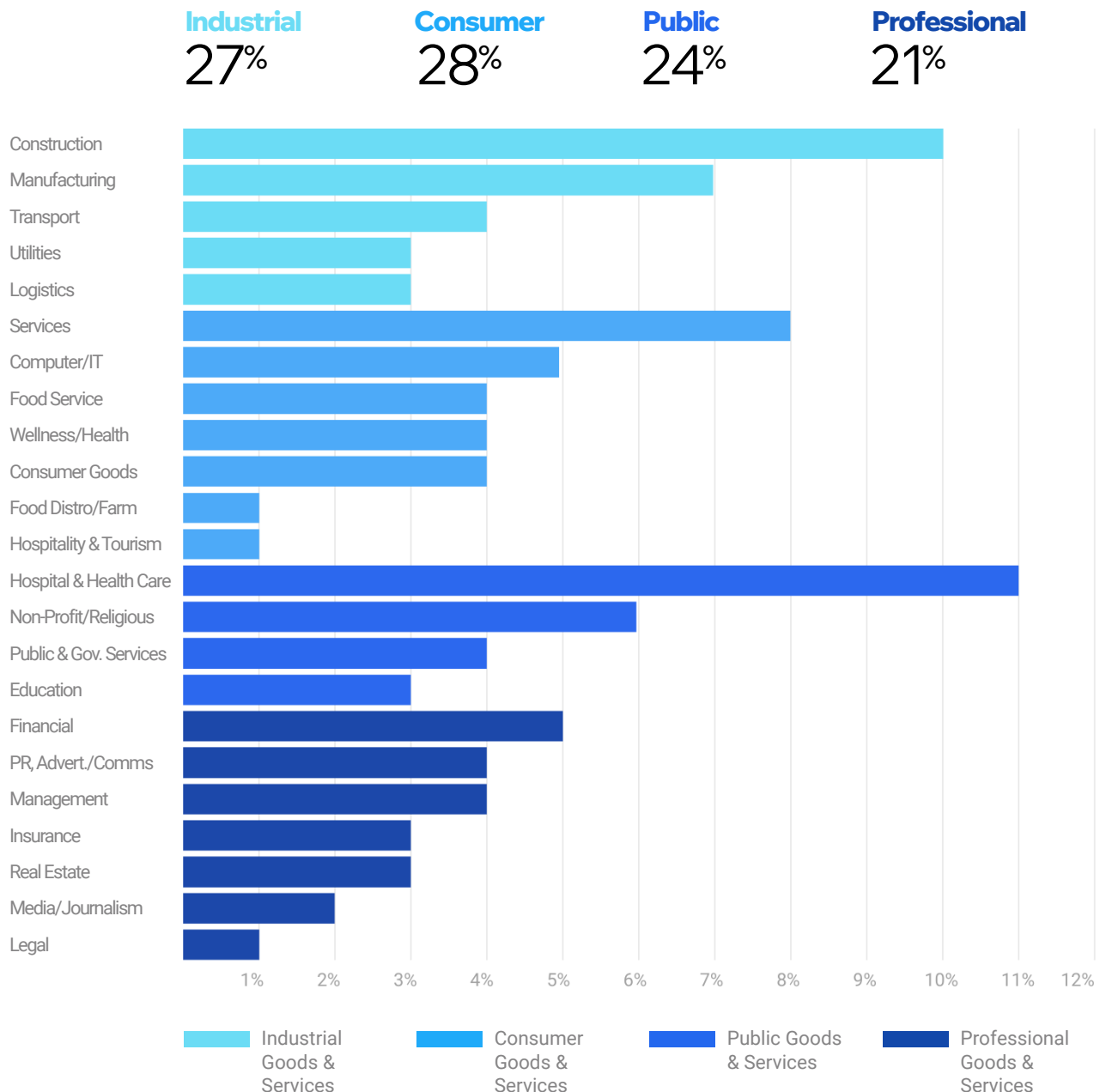
Even as employer sponsorship of DPC has grown, the proportion of DPC practitioners working with sponsors by state indicates that both DPCs and brokers or employers must move at the same time for employer-sponsored DPC to occur. Large discrepancies in the rates of DPCs working with employers may reflect the “cold start problem,” in which both sides of the market—*the employer and the DPC offering*—must activate simultaneously for a new product to succeed. Building these relationships requires significant time and business development investment from brokers, employers, and DPCs alike. The state with the highest percentage of practitioners working with sponsors is South Carolina where 95% of DPC clinicians work with sponsors.

**FIG. 02:
PERCENT OF DPC CLINICIANS WORKING WITH SPONSORS
BY STATE AND QUARTILE**



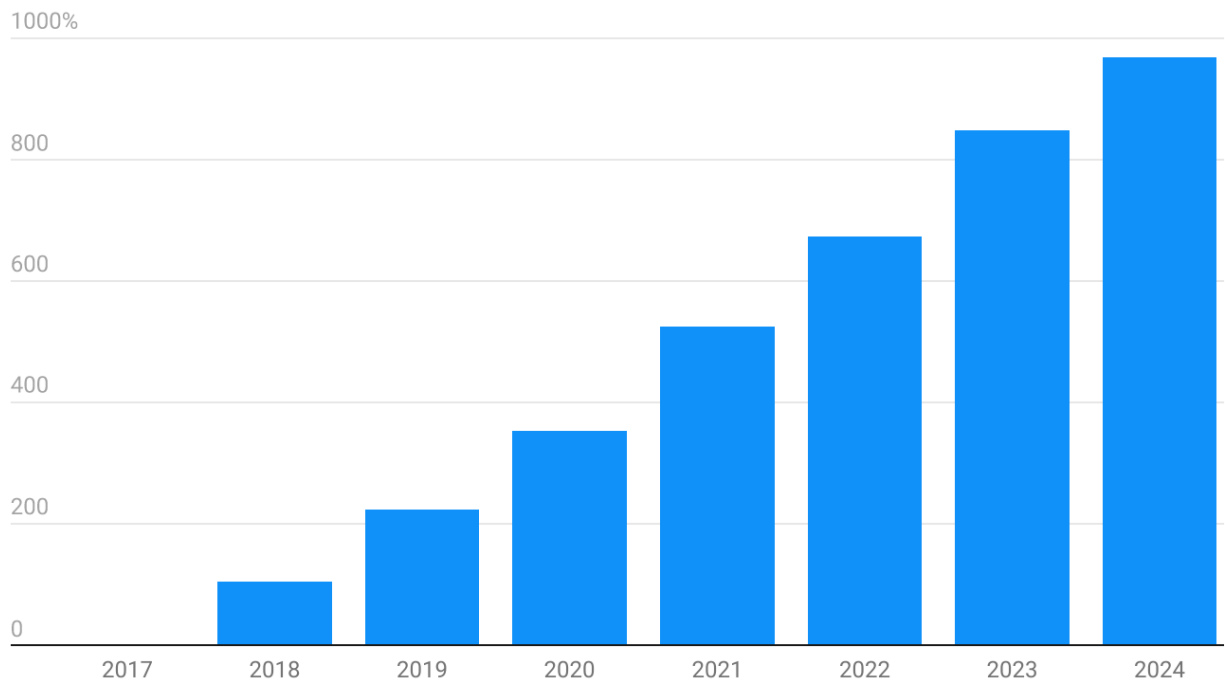
GROWTH IN THE NUMBER OF EMPLOYER SPONSORS

Across states, employer-sponsored DPC serves a wide range of industries, reflecting its adaptability to different workforce needs. The distribution of sponsors by sector shows representation across industrial, consumer, public, and professional segments:



As the total number of DPC practices has expanded, the number of employer sponsors offering DPC membership has also grown steadily. The below shows a 1,000% increase in the number of Employer Sponsors from 2017 to 2024.

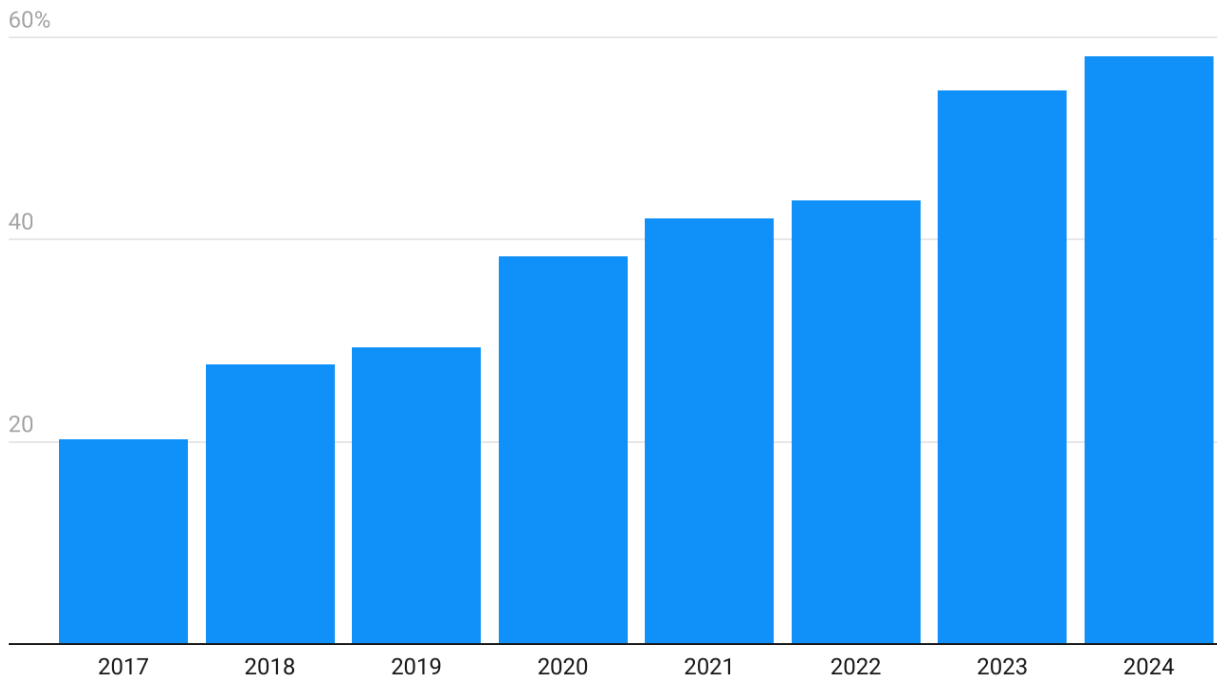
FIG. 03:
PERCENT CHANGE IN THE NUMBER OF SPONSORS OFFERING DPC MEMBERSHIPS FROM 2017-2024



GROWTH IN THE PROPORTION OF EMPLOYER-SPONSORED MEMBERS

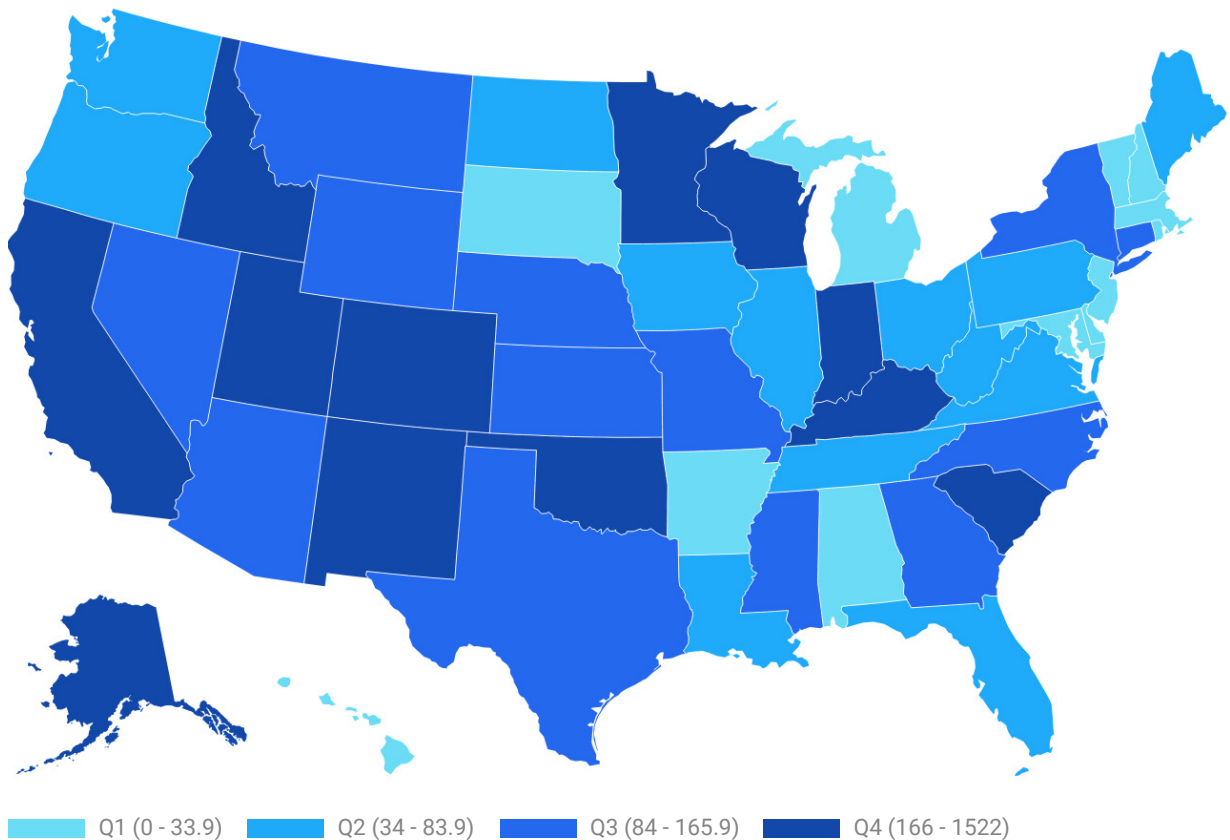
Employer-sponsored DPC memberships have driven DPC growth proportionally more than retail memberships. In 2017, one in five DPC members were employer-sponsored. That figure has grown steadily, and in 2024, nearly two-thirds (58%) of DPC memberships were employer-sponsored.

FIG. 04:
GROWTH IN THE PERCENT OF DPC MEMBERS WITH AN EMPLOYER SPONSORED MEMBERSHIP FROM 2017 - 2024



Some states have significantly more employer-sponsored members than others. The states with the highest number of employer-sponsored members per capita in 2024 were Minnesota (1,521 employer-sponsored DPC members per 100K people), Wisconsin (767), and Colorado (762). The data show that the presence of established, multisite DPC entities and networks increases the likelihood of more employer-sponsored members per capita. Similar to the trend in Fig. 02, the data shows that employer activation requires awareness in the market and partnership with brokers and business groups.

FIG. 05:
ACTIVE EMPLOYER-SPONSORED DPC MEMBERS PER 100K PEOPLE
IN THE US IN 2024 BY STATE AND QUARTILE

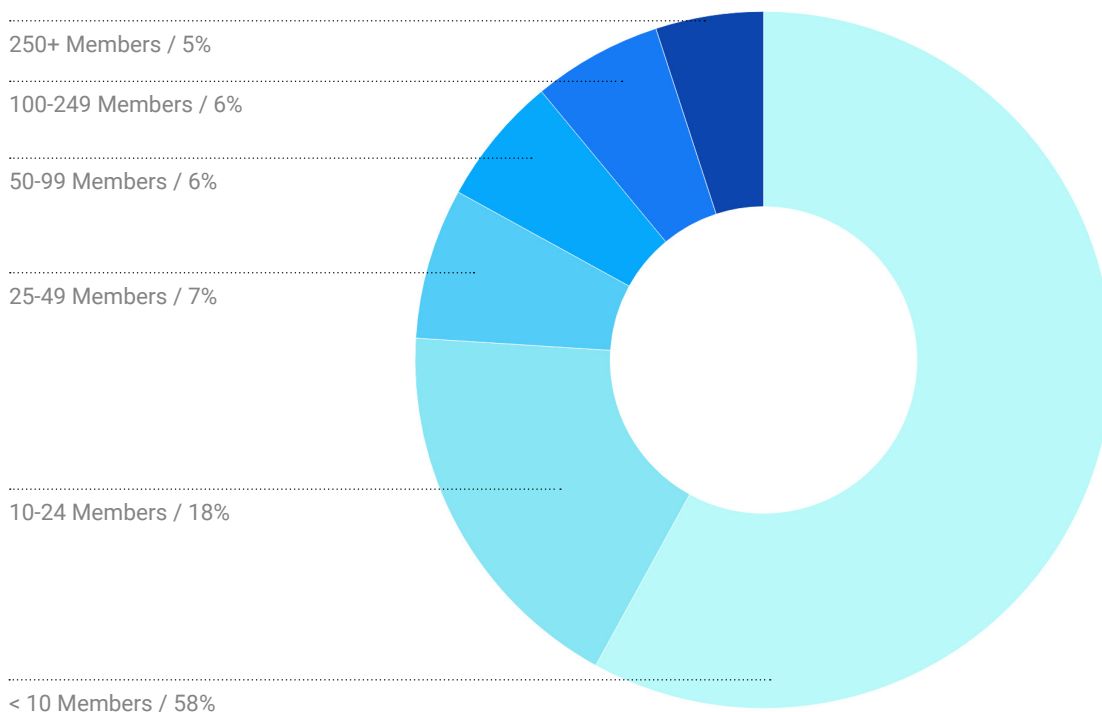


SIZE OF BUSINESSES OFFERING DPC

When DPCs work directly with employers, they are primarily selling to small businesses with under 50 eligible employees. Small businesses are typically easier to work with than larger businesses because they have quicker purchasing cycles, fewer decision-makers, and fewer demands on what healthcare packages they are legally required to offer employees. Selling to larger companies is an investment in sales, relationships, and time for large DPCs and DPC networks.

We found that the number of employer sponsors on Hint grew by 38% year over year from 2023 to 2024. Fifty eight percent of sponsors on Hint in 2024 were companies with fewer than 10 members enrolled.

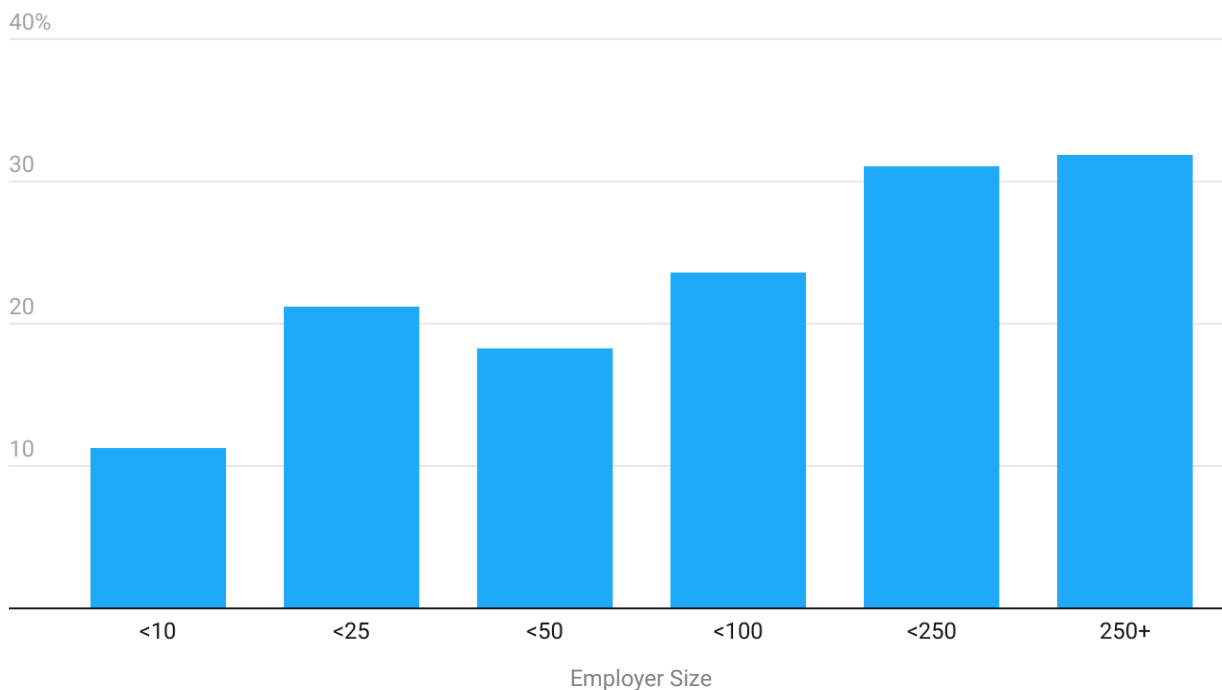
FIG. 06:
PERCENT OF SPONSORS WORKING WITH A DPC IN 2024 BY EMPLOYER SIZE



GROWTH RATE BY EMPLOYER SIZE

Small businesses continue to represent the majority of employers sending membership to DPCs. However, from 2023 to 2024, larger, primarily self-insured businesses were the fastest growing employer size segment. This trend may be linked to the growing number of DPC practices available and the expansion of multi-site and network organizations, such as [Hint Connect](#), that provide solutions at scale for larger employers.

FIG. 07:
PERCENT CHANGE IN SPONSORS YEAR OVER YEAR FROM 2023 TO 2024 BY EMPLOYER SIZE



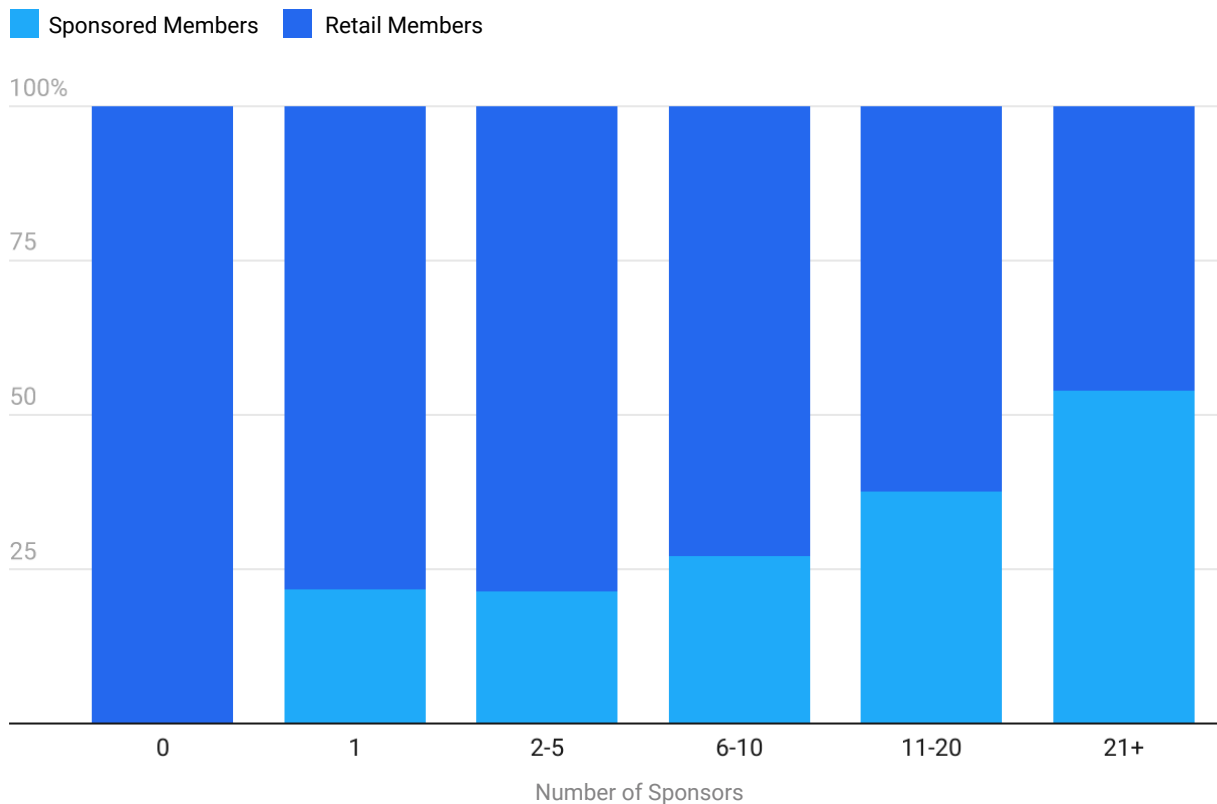
PRACTICE PANEL MIX OF EMPLOYER SPONSORS

Naturally, as the number of sponsors increases, the proportion of the panel that is sponsored increases as well.

The previous Employer Trends Report found that the proportion of sponsored members did not rise substantially even in practices with higher sponsor counts. The current data shows a shift: practices with 21 or more sponsors have 54% of their panels sponsored, compared to 21% for practices with 1–5 sponsors.

It is important to note that this is not necessarily a negative outcome. A more balanced panel allows DPCs to maintain diversity and helps avoid concentration risk, meaning that the loss of a single large sponsor would be less likely to have a severe impact on the practice. One possible interpretation is that networks may also play a role in supporting a diverse and stable source of patients.

FIG. 08:
PERCENT OF ACTIVE DPC MEMBERS WHO ARE EMPLOYER-SPONSORED VS. RETAIL BY TOTAL NUMBER OF SPONSORS PER PRACTICE

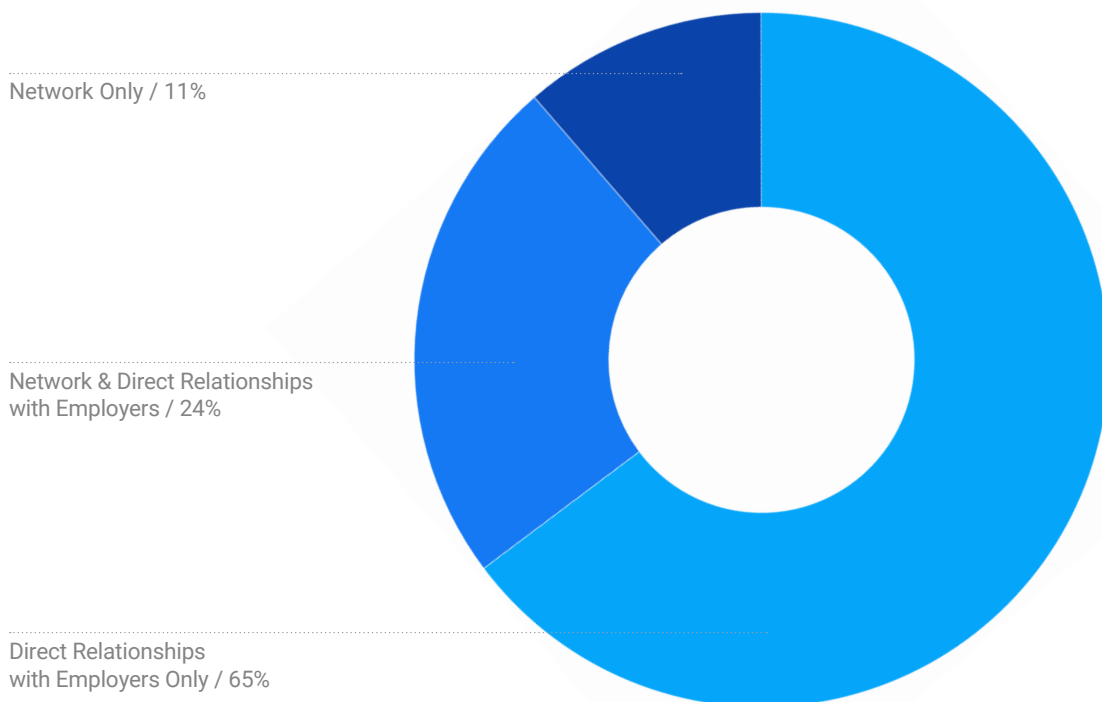


GROWTH IN THE NUMBER OF NETWORK-DRIVEN EMPLOYER RELATIONSHIPS

DPCs have different ways to work with employers—they can work with employers directly, or through DPC networks that bring together multiple independent DPCs to serve large and geographically dispersed employers. Hint software powers most DPC networks in the US, providing us with a unique view into how DPCs are working with networks.

While a majority (65%) of DPC practices that receive employer-sponsored membership work exclusively with plan sponsors directly, that percentage has declined from 75% of DPCs working exclusively with sponsors directly in 2022. The shift is attributable to an increase in practices working with sponsors exclusively via a network relationship (i.e., they receive employer-sponsored patients as affiliates of a network), which doubled from 5% in 2022 to 11% in 2024. This trend aligns with the rapid growth of larger employers offering DPC as an employee benefit and the need for networks to connect these employers with DPCs.

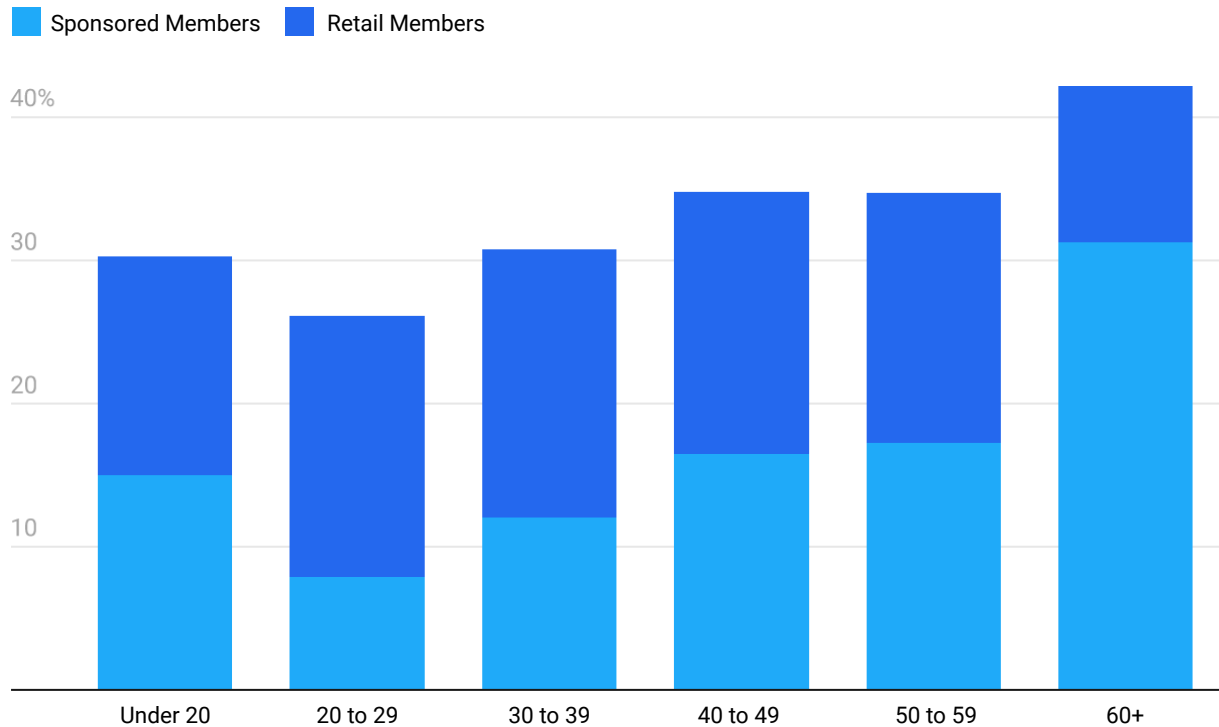
FIG. 09:
PERCENT OF PRACTICES BY HOW THEY RECEIVE THEIR EMPLOYER SPONSORED MEMBERS IN 2024



AGE OF MEMBERS SPONSORED BY EMPLOYERS

Sponsored members are generally younger and, as a result, are often considered a less medically complex addition to a provider’s panel. The median age for retail members as of December 2024 was 45, compared to 39 for sponsored members. In addition, this visual shows a higher proportion of younger sponsored members under 30 (approximately 33% compared to 22% for retail) and a lower proportion of older sponsored members over 60 (approximately 12% compared to 31% for retail).

FIG 10:
PERCENT OF ACTIVE DPC MEMBERS WHO ARE EMPLOYER-SPONSORED VS. RETAIL BY AGE GROUP

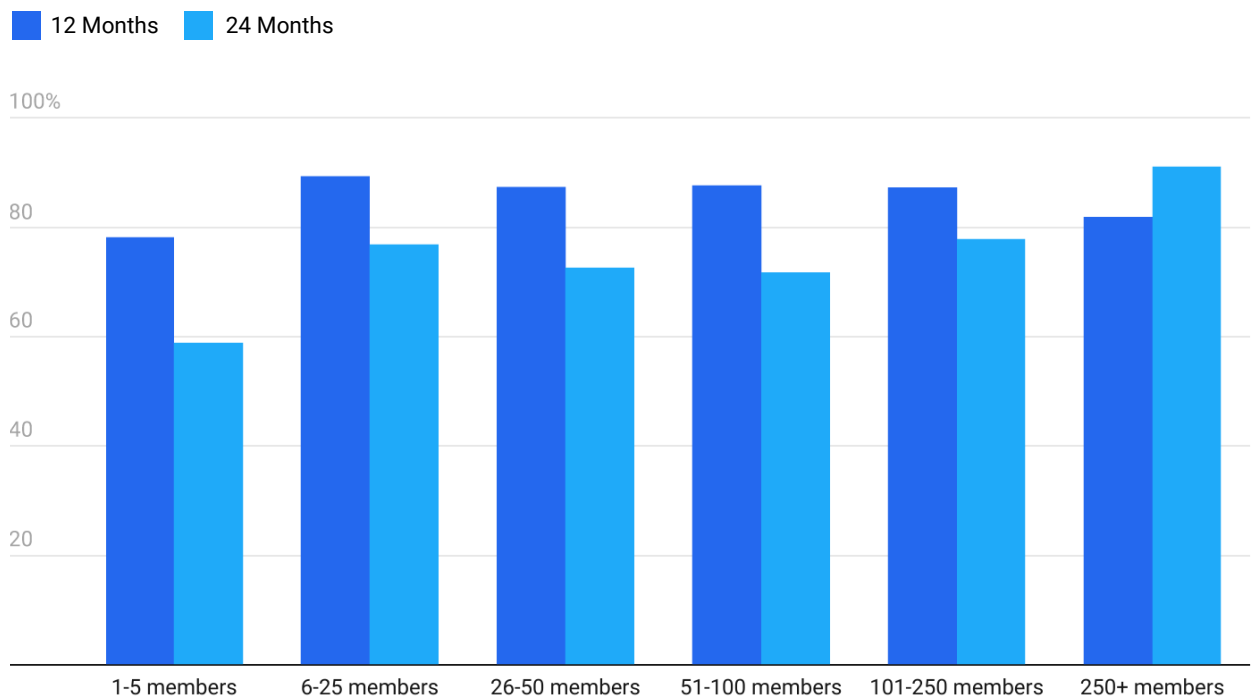


RETENTION OF EMPLOYER SPONSORS AT DPCs

For DPCs thinking of working with employers, understanding the typical retention and churn for employers is important in considering balancing membership and taking on the risk of getting many patients from one employer.

Smaller sponsors show strong short-term retention. Among sponsors with 1–5 members, 78% remained with their DPC at 12 months. Larger sponsors retain an even greater share of relationships over time, reflecting the stability that often comes with a bigger member base.

FIG 11:
PERCENT OF DPCs WHO RETAINED THEIR EMPLOYER SPONSORS AFTER 12 MONTHS AND 24 MONTHS BY EMPLOYER SIZE.



Looking Ahead

Since the last Employer Trends report, the conversation around employer-sponsored DPC has moved from initial results to broader adoption. One of the most notable developments has been the growing collaboration among brokers, employers, and DPC providers.

LOOKING AHEAD

Innovative brokers are now actively designing unbundled plans that integrate DPC as a core component, while employers are increasingly open to building benefits packages that prioritize direct access to primary care. DPC networks, such as Hint Connect, have played a key role in making this collaboration scalable, especially for employers with distributed workforces.

At the same time, more retail-only DPCs have entered the market, many of which are evaluating if, when, and how to engage with employers. Practices can begin exploring employer membership through the following activities:

- Meeting local business owners
- Learning about employer benefits
- Joining a DPC network
- Introducing themselves to local healthcare brokers
- Learning from DPC peers who have implemented employer membership, including through [Hint Community](#)

The combined effect of market collaboration and regulatory progress has set the stage for the next phase of growth. As more brokers, employers, and DPC providers align around proven implementation models, the focus is shifting from “why” to “how,” ensuring that employer-sponsored DPC can scale while maintaining the quality, accessibility, and cost advantages that define the model.

To learn more about how Hint supports the growth of employer-sponsored DPC for employers, brokers, and providers, visit www.hint.com.

We hope to continue raising awareness about the merits of employer-sponsored DPC. This report serves as an example of Hint Health’s commitment to growing the evidence base with data-driven insights that demonstrate DPC is trending in the right direction.

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EMPLOYER TRENDS IN DIRECT PRIMARY CARE 2025

