

The State of Patient Access 2026

Are providers finally getting patient access “right?”
Can patients see past the cost barriers and appreciate the progress being made?



We Simplify Healthcare



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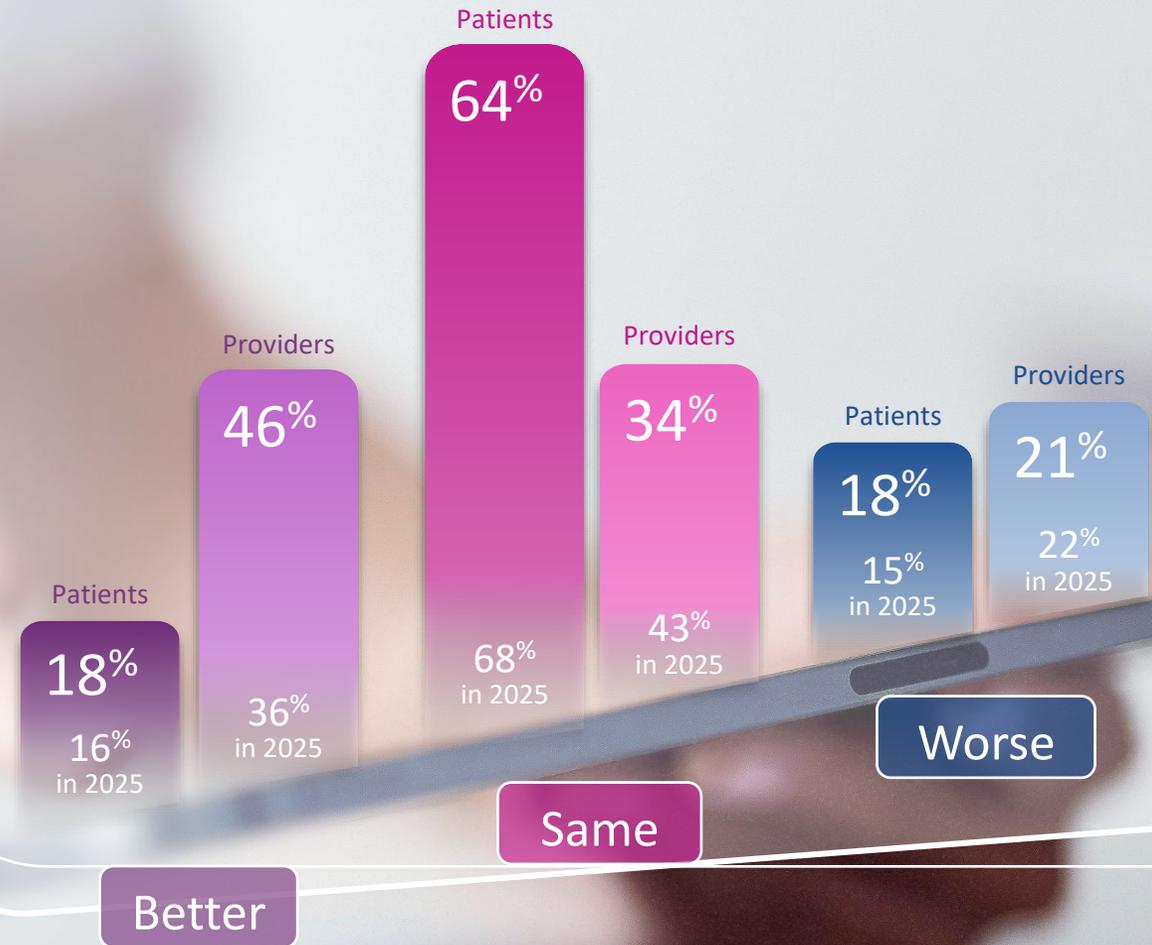
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A little gained, a little lost: sentiment around patient access holds steady

Outside of 2024, when “better” sentiment jumped for both patients and providers (28% and 55%, respectively), the trend has been gradual improvement.

Convenience and transparency are gaining traction thanks to patient portals, mobile apps, text messaging, and digital payment options.

Patient access is:



A stubborn source of frustration: seeing a practitioner quickly

After six years, patients' No. 1 challenge remains seeing a practitioner quickly.

The percentage of patients listing this as their No. 1 challenge jumped significantly in 2023 and has remained elevated since.

How important is seeing the doctor quickly?
It's the top reason some patients say the access experience is worse (51%) and why some say it's better (65%).

“I can't see a practitioner quickly.”



Patient Perspectives

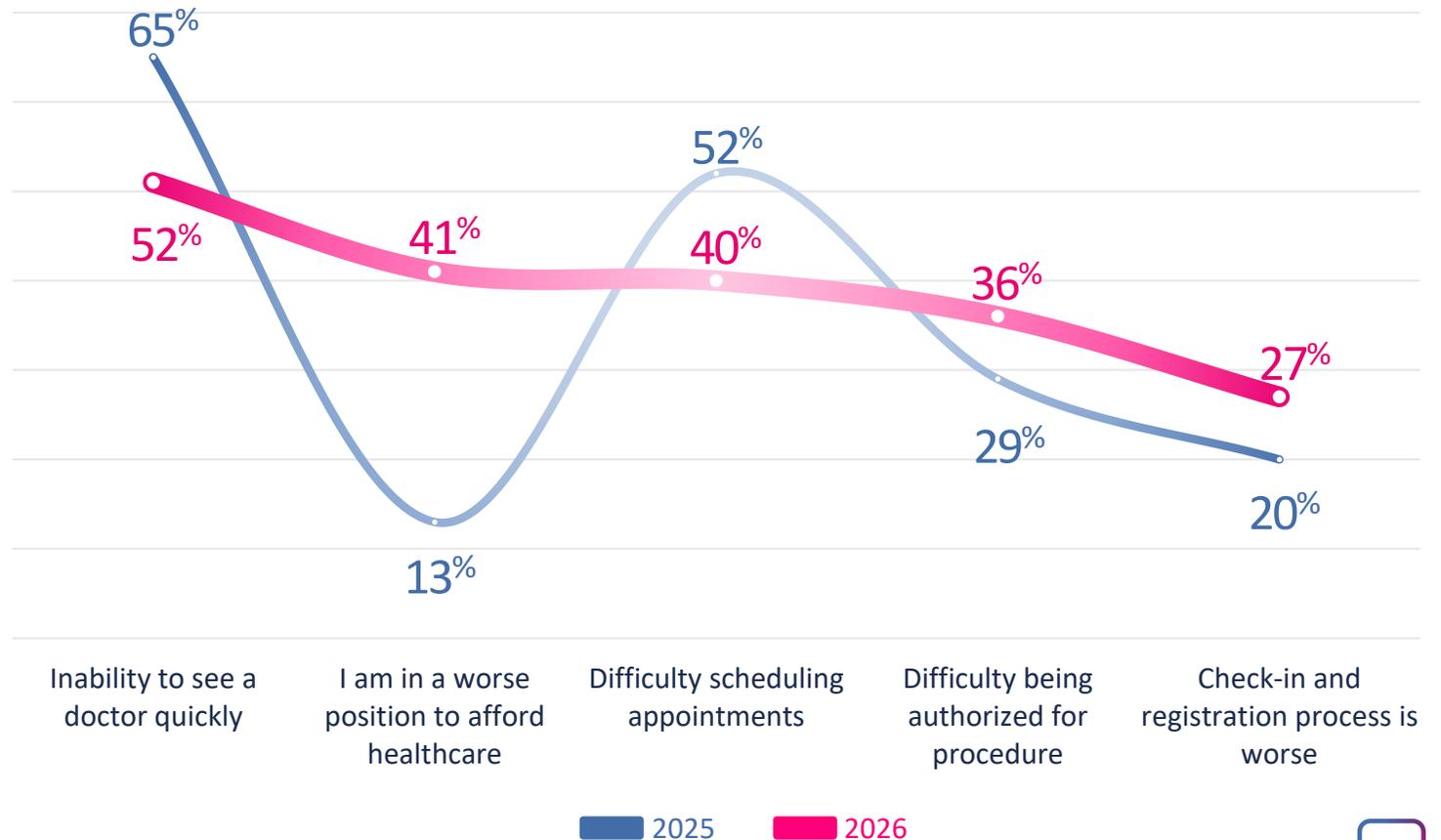


Patients were split evenly between a “worse” (18%) or “better” (18%) access experience. Of those patients who say the experience is worse, fewer noted that seeing a doctor quickly or scheduling appointments are the reason, indicating improvement.

Other factors have seen an increase in patient dissatisfaction, and struggles with healthcare costs jumped significantly.

Even for patients who see access as worse, it’s not all bad

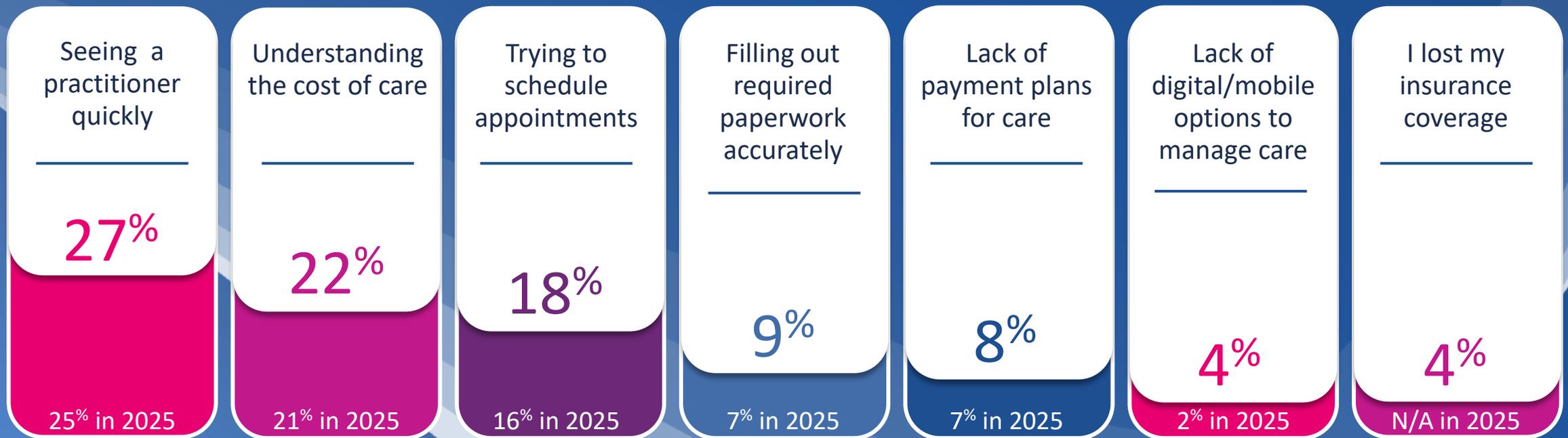
For patients, the access experience is worse because (Top 5):



The top patient access challenges

Patients have many challenges when it comes to securing care for themselves and their families. Here are the top-ranked struggles from more than 1,000 surveyed. It's notable that every category *increased* over 2025.

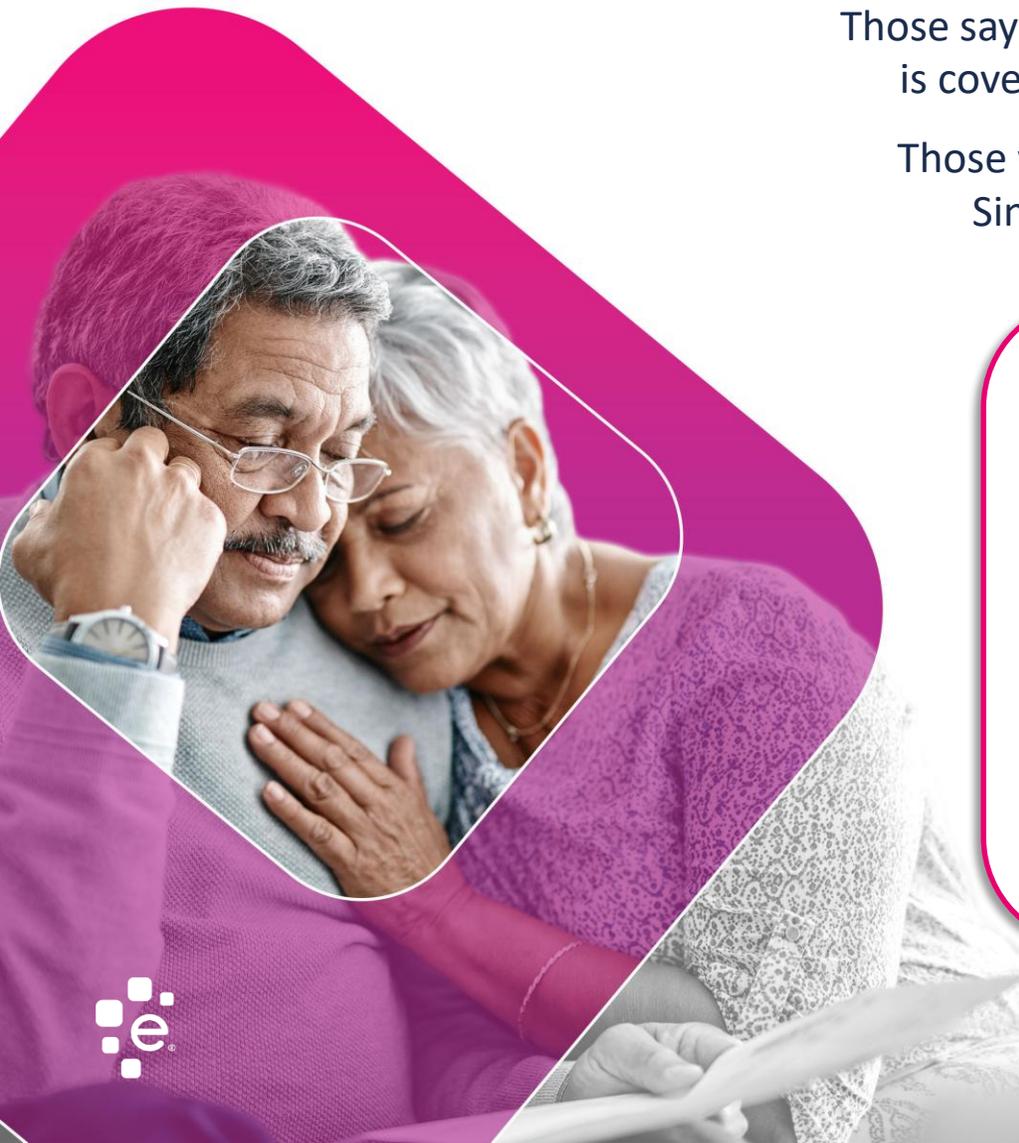
TOP CHALLENGES



Better or worse, the same things matter for patients when it comes to payment experience

Those saying the payment experience is worse can't afford care, don't understand what is covered by their insurance, or don't know the amount they will be responsible for.

Those who indicated the experience is better say these same factors have improved. Since 2024, the "worse" percentage has increased much more than the "better."



The payment experience is:

Worse: 38% (up from 23% in 2024)

Better: 14% (up from 12% in 2024)

Why Worse?

55%

Less able to afford care

27%

Don't understand what insurance covers

29%

Did not understand cost before care

19%

Payment plans were not offered

Why Better?

56%

Better able to afford care

41%

Payment plan options helped

49%

Understand what insurance offers

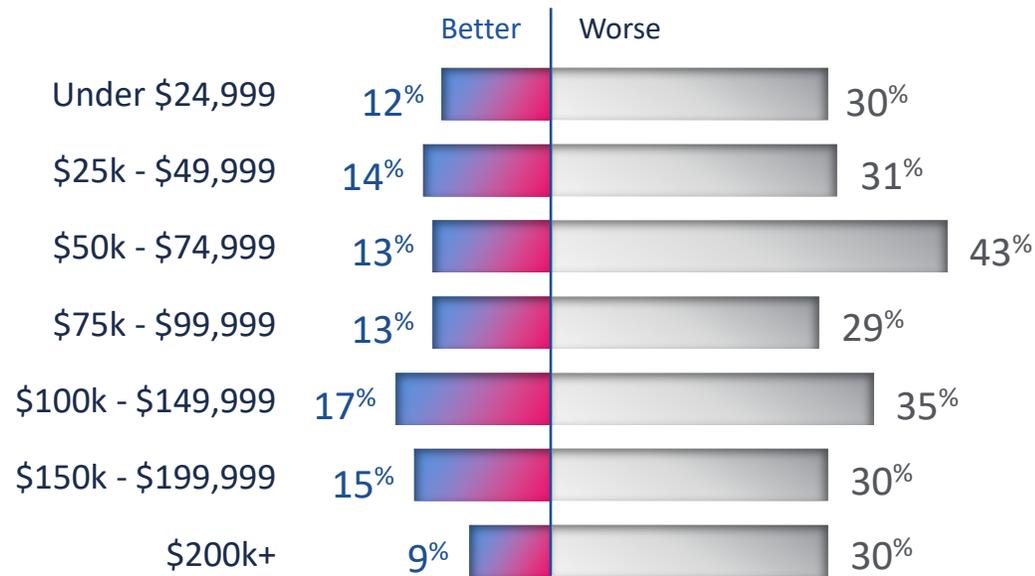
36%

Was offered multiple ways to make payments

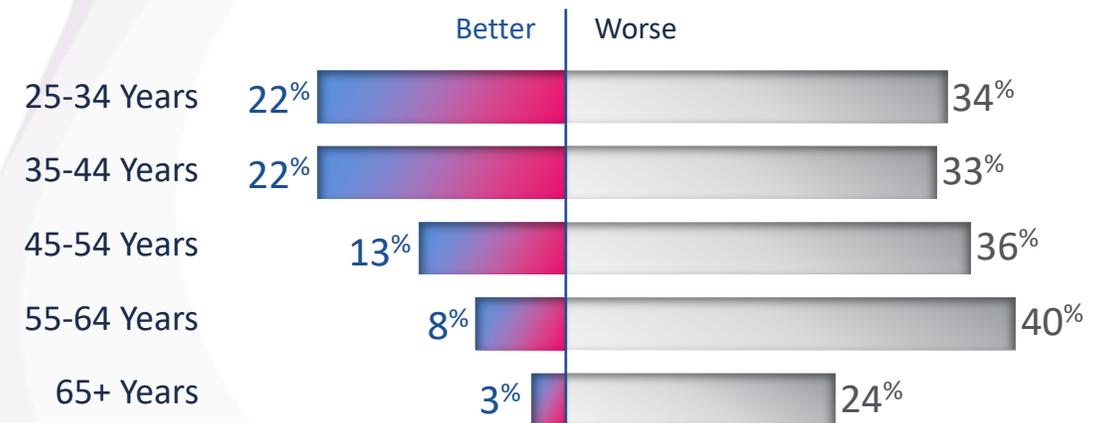
A K-shaped economy in the patient payment experience? Not really.

The cost of healthcare is unbiased. Everyone is paying more and the experience is getting worse for most.

Payment experience by income



Payment experience by age



Confidence in the ability to pay for necessary healthcare services increased slightly.

Moderately to extremely confident: **69%**
(68% in 2025)

Slightly to not at all confident: **31%**
(32% in 2025)

The clinical cost: scheduling challenges are just the start of care delays

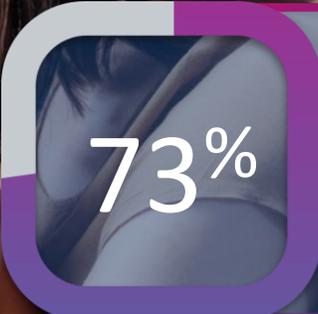
Providers have long called out authorizations as a major problem – both for their revenue and for patient experience.

Patients are on the same page, with 36% of those who claim a “worse” access experience indicating they have had difficulty being authorized for procedures. Insurance verification is another roadblock, as is the cost of care.

A circular infographic showing 28% of the circle filled with a dark blue color. The number '28%' is displayed in white text inside the circle.

28%

of patients experienced care delays due to insurance verification issues.
(22% in 2025)

A circular infographic showing 73% of the circle filled with a dark blue color. The number '73%' is displayed in white text inside the circle.

73%

of providers say patients at least occasionally delay or forfeit care if they cannot get an estimate.
(67% in 2025)

A circular infographic showing 48% of the circle filled with a dark blue color. The number '48%' is displayed in white text inside the circle.

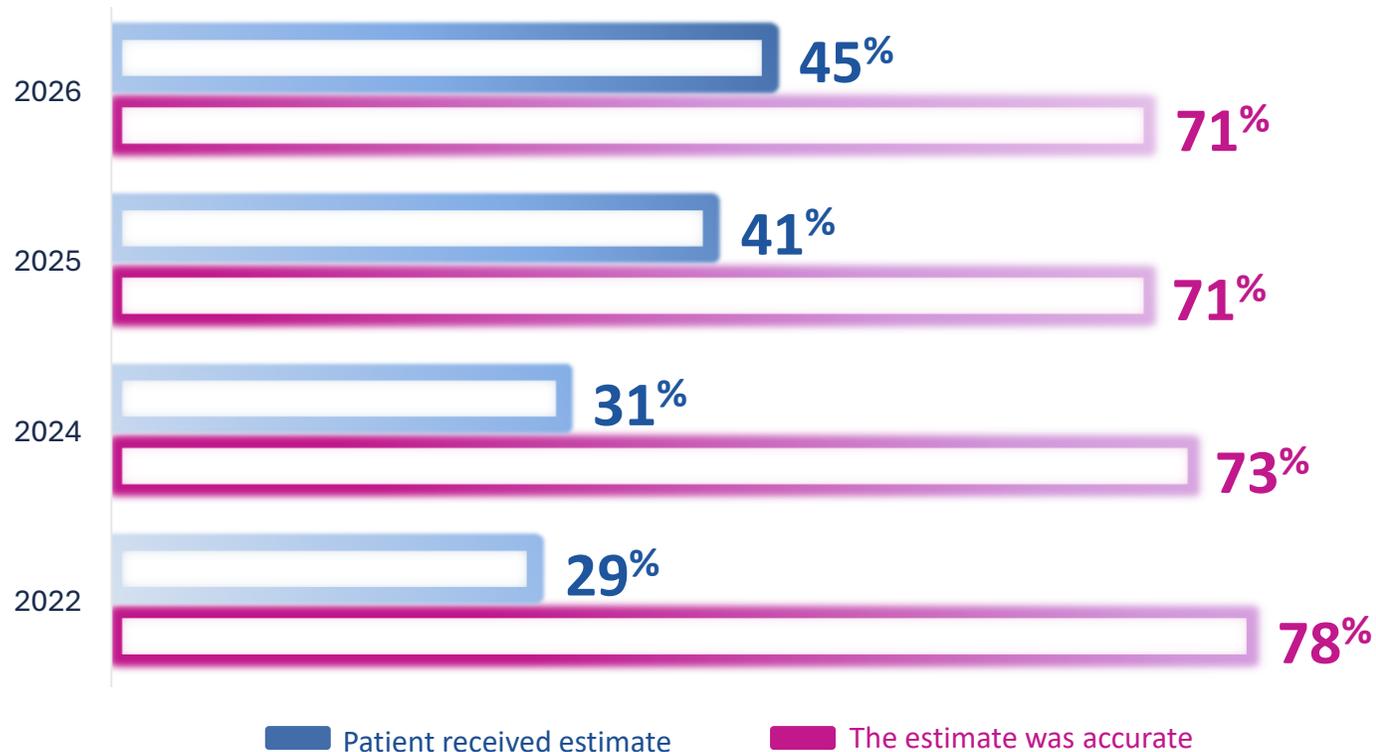
48%

of patients say they would delay or forfeit care without an accurate cost estimate.
(43% in 2025)



Estimates are more common, accuracy holds steady

Estimates showed improvement. The frequency of estimates received increased, and accuracy remained stable. More telling, the percentage of final bills that were much more expensive than the estimate dropped dramatically.



What is an “accurate” estimate?

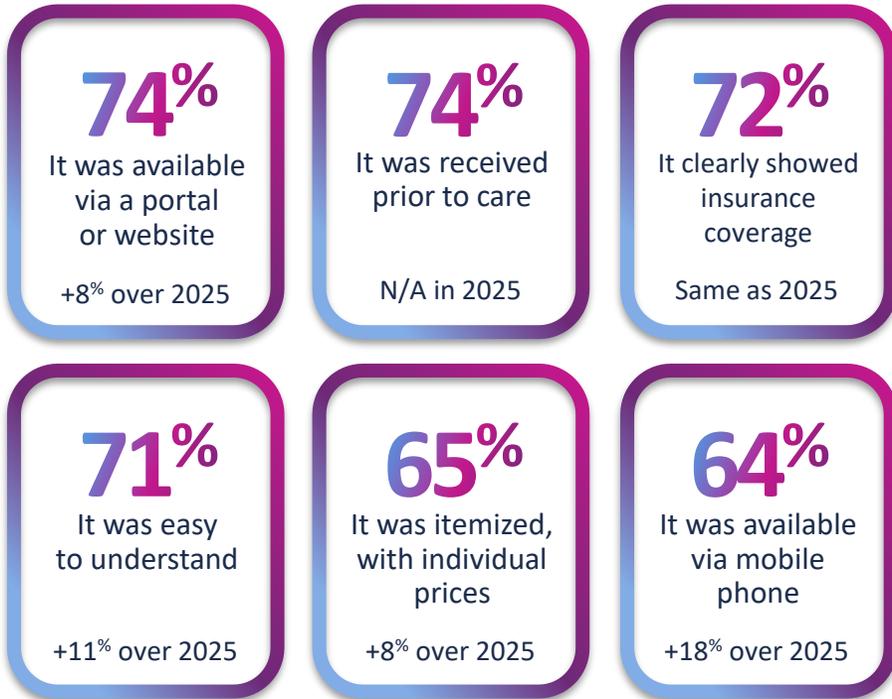
Estimates are considered “accurate” if they are within **\$400** of the final cost to the patient. **In 2026, there was a significant decline in final costs that were “much more expensive” than the estimate received by the patient.**

44% - 2025 | **26%** - 2026





Of those who received an estimate, there was “somewhat” or “strong” agreement that:



Estimates improved in almost all categories

Patients indicated that estimates are improving or remaining stable in all categories. And, while some might argue the percentages have room for improvement, the jumps are substantial.

Estimate satisfaction is a volatile patient access metric and if the gains hold or improve in the future it could be a sign the tide is turning.

Blog – [Patient registration software to improve patient intake](#) →

The patient access wish list for patients

Improving patient access is a priority for providers, but the objective is often to boost business efficiency and outcomes.

Turns out, the list of things important to the patient are relevant to the provider's operations and revenue focus, too.

Patients agree that:

- 82% An accurate estimate helps me to better prepare to pay my care costs.
- 82% I should not have to fill out the same paperwork every time I visit a healthcare provider if my information has not changed.
- 77% It's important that I get an accurate estimate of costs before I receive non-emergency care.
- 70% My healthcare payment experience should be like other services I pay for.
- 63% I would be more confident paying healthcare costs if offered a payment plan that considered my financial situation.
- 59% I would like more digital/mobile options for communicating with my healthcare provider.
- 54% It is difficult to know what my insurance covers without the help of my medical provider.
- 48% Without an accurate estimate of cost, I am likely to cancel/postpone my care.



Provider Perspectives



For providers, access is looking better

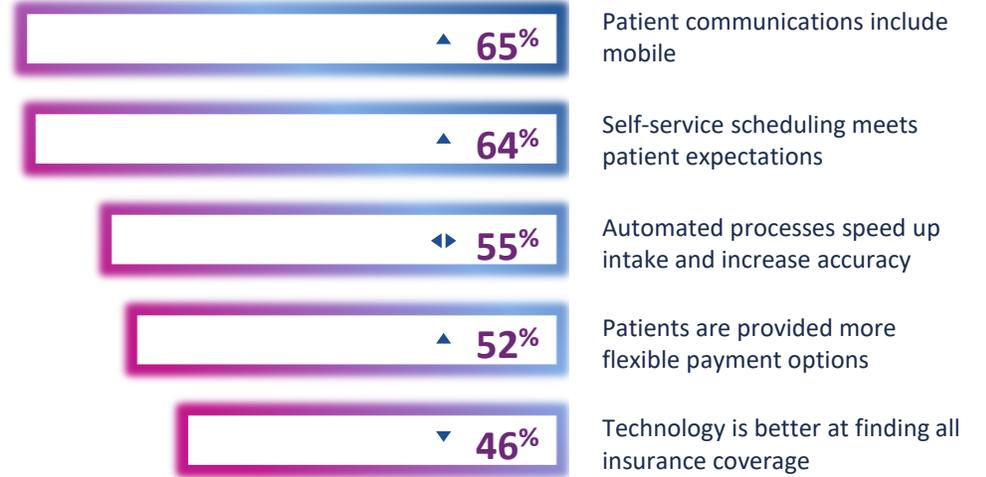
Not surprisingly, providers take a glass half-full view.

From their perspective of business objectives (of which patient satisfaction is one), the numbers show that efforts are moving in the right direction.

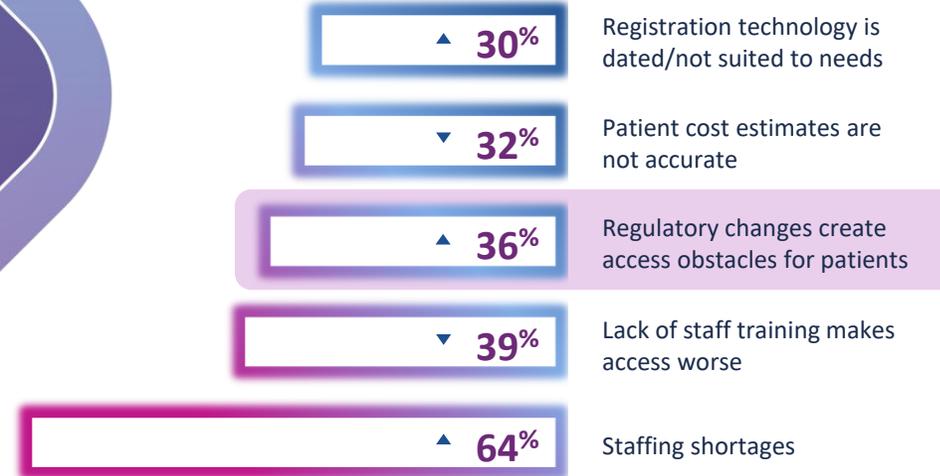
More providers say access is better than 2025 (46% vs. 36%) and fewer say it's worse (21% vs. 22%), but there is still more to do.



Why Better?



Why Worse?



▲ ▼ ◄► indicate improvement, decline or parity versus 2025

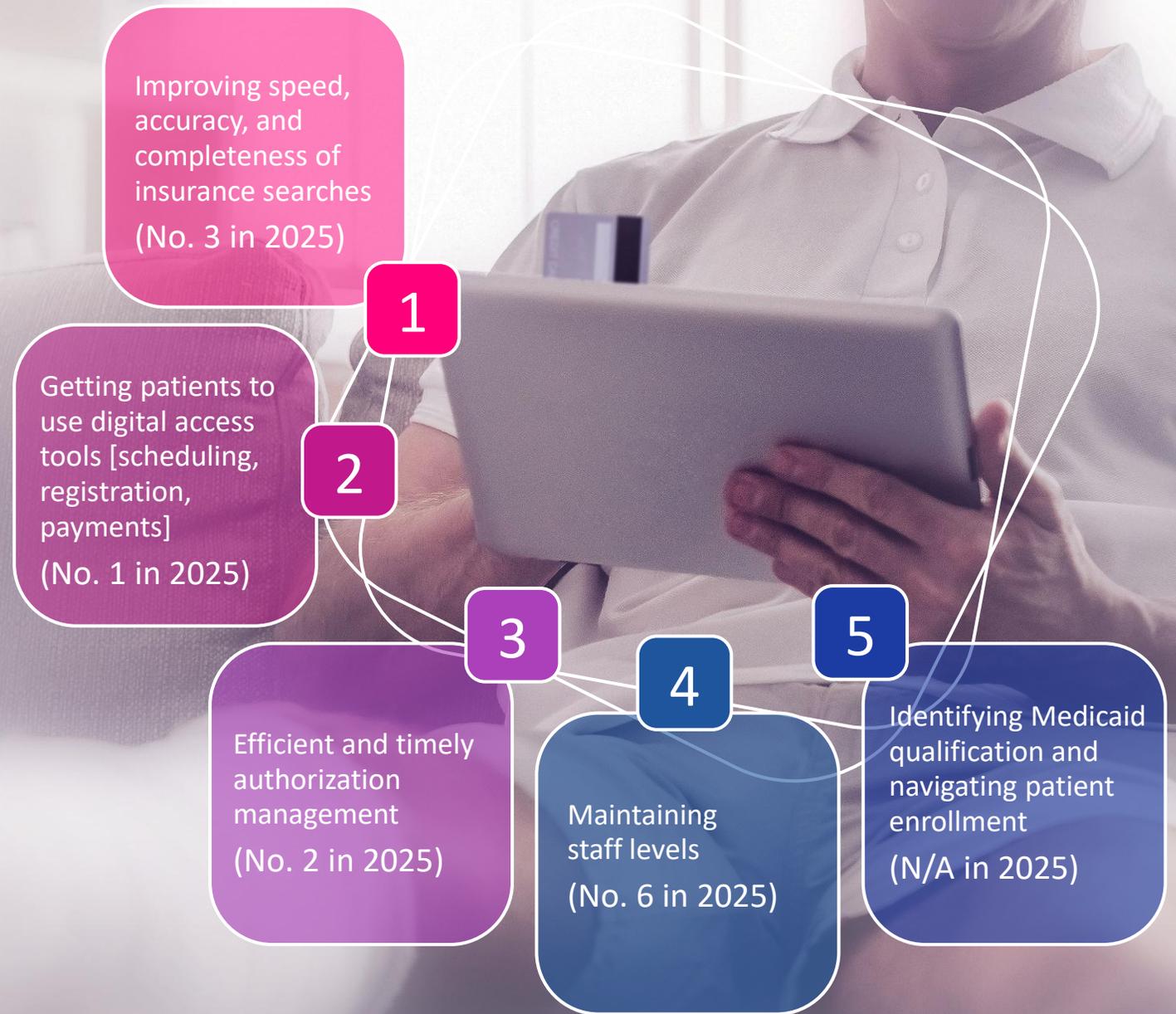


Provider challenges to improve patient access

TOP 5

The Top 5 provider challenges* to patient access reflect concern around insurance discovery. New to the rankings is unease around Medicaid qualification and enrollment, which may be a byproduct of the One Big Beautiful Bill Act and uncertainty about its impact on provider reimbursement.

Getting patients to use the digital apps they say they want drops to No. 2 but is still vexing providers. And, keeping its streak alive, authorization challenges easily place in the Top 5.

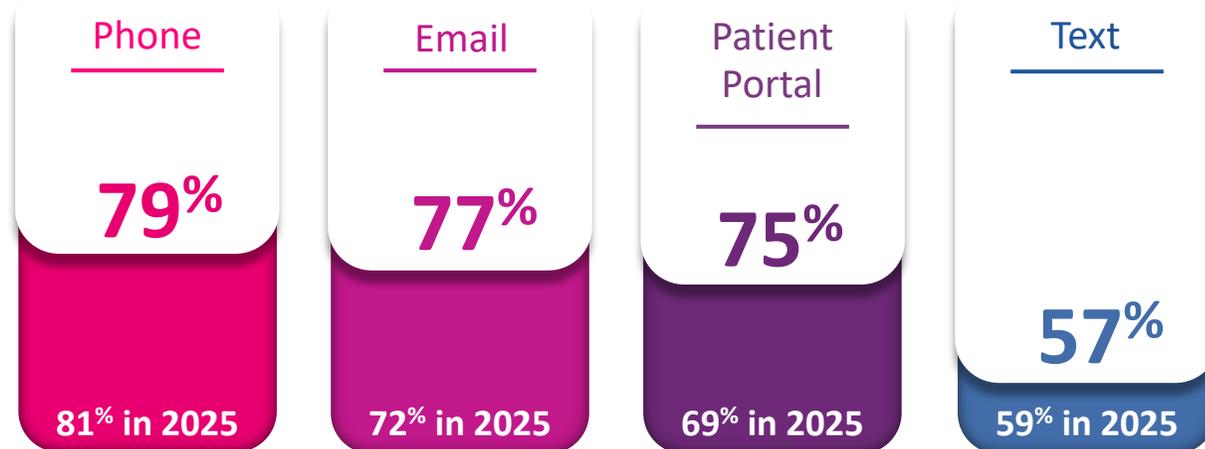


*Respondents were asked to select top three challenges from options; rankings reflect how frequently the selection was chosen in top three.

The ultimate anti-trend: snail mail is making a comeback

Patients want everything on their phones or tablets. Providers want to ditch the paper and accelerate automation. So why is postal mail being used more as a channel for providers to communicate with patients?

Channels used to communicate with patients:



Use of postal mail to communicate with patients:

2025: 44%
2026: 55%

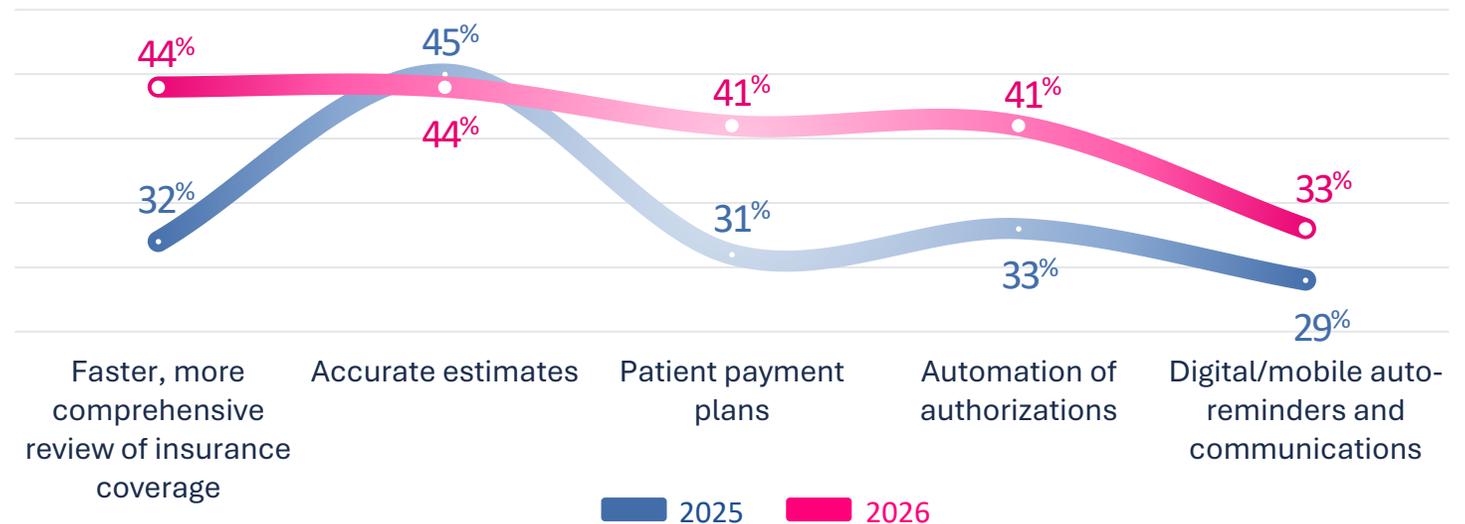


Provider priority: help patients navigate their financial journeys

Almost everything patients need to better understand their healthcare costs can also help providers reduce denials. Accurate patient information, insurance coverage discovery, complete coding and quick confirmation of authorizations improve the patient payment experience and prevent claim denials.



Providers' most urgent priorities to improve the patient payment experience*



*Responded with "very urgent."

Provider data collection and verification is getting better

How effective is your insurance verification process?

VERY effective: 74% (54% in 2025)

How accurate is the patient data collected during registration and check-in?

VERY accurate: 68% (52% in 2025)

Will providers continue to improve in a challenging economy and with regulatory headwinds?

Patients' financial challenges may prove more disruptive to access than scheduling and registration.

Healthcare costs are always rising. Employer insurance continues to shift more financial responsibility to the patient. Medicare and Medicaid are going through changes that could impact tens of millions of patients – as well as providers. Economic demands put even more pressure on patients and providers.

Automation and AI are non-negotiables, extending optimization in ways that were not previously possible. Now is not the time to pull back from future-proofing patient access and the revenue cycle.

[Learn more](#) →



What have providers done to improve data collection?

68%

Enabled online pre-registration
(54% in 2025)

48%

Offered a mobile app to patients
(33% in 2025)

35%

Automate data entry
(29% in 2025)

28%

Leverage AI to improve accuracy and speed
(N/A in 2025)

Provider survey participant breakdown

This report is based on a survey of 210 healthcare revenue cycle decision-makers and 1,013 U.S. adults who received care or oversaw care for a dependent from January 2025 through January 2026. The survey was conducted January 22 – February 2, 2026.

Survey Objective: Experian Health’s 2026 Patient Access survey is designed to determine patients’ and providers’ perceptions of healthcare access and to identify common and divergent views. Results are also compared to previous years’ responses.

95%

Participate in decision-making

64%

Make final purchase decisions





Scan to
connect

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