Counsel

Measuring the ROI of AI-native primary care



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An estimated 60% of emergency department (ED) visits in the U.S. stem from non-urgent or low-acuity conditions that could be safely managed in alternative care settings.[1] According to UnitedHealth Group, privately insured patients account for 18 million such visits each year, at an average cost of $2,032 per visit.[2] For health plans, every one of these visits is an opportunity to treat patients upstream, reducing unnecessary ED utilization and total cost of care. Counsel is built to address these challenges, resolving many medical concerns at the point of need, and guiding members who need additional support to the appropriate care setting. As described below, the value to payers of this front door model is concrete and substantial.

Downstream utilization is driven by a series of compounding forces, beginning with limited access to primary care. According to a recent report, patients in the U.S. wait an average of 31 days for a new doctor appointment,[3] pushing them toward alternatives like urgent care and telehealth. While these settings may quickly resolve immediate medical concerns, they don't offer the continuity or clinical depth needed to improve health outcomes long-term. When symptoms are ambiguous and acuity is unclear, patients who lack access to reliable medical guidance default to the setting that guarantees certainty. In many cases, that is the ED. This pattern transforms low-acuity concerns into high-cost, avoidable encounters.

Another force is physician capacity. Every non-urgent case that lands in the ED adds to a system already under strain, crowding out capacity for patients who need emergency care most and stretching an already limited physician workforce. This strain is only expected to intensify. According to The Association of American Medical Colleges (AAMC), physician shortages are expected to reach 86,000 by 2036, while more than 92 million Americans already live in primary care shortage areas.[4,5] Together, these pressures leave patients with even fewer alternatives to the ED.

Lastly, ineffective care triage carries a substantial economic impact. In 2021 alone, treat-and-release ED visits cost the U.S. healthcare system $80 billion, much of which could have been avoided with appropriate upstream care delivered by a modern front door, such as Counsel.[5]

Counsel is an AI-native primary care platform serving as the modern, cost-effective front door for leading healthcare organizations. By combining safe medical AI with in-house physicians, our model delivers personalized, continuous, and always-accessible care. Unlike legacy models, Counsel treats a broad spectrum of conditions through a messaging-based interface while intelligently triaging medical concerns, expanding access throughout the member health journey.

In this white paper, we'll examine

- How often Counsel visits displace costlier care settings
- What this displaced care is worth in avoided spend, per visit and at scale
- What an AI-native model means for the future of care delivery
- The impact of sustained cost avoidance on a payer's cost containment strategy

How often Counsel visits displace costlier care settings like the ED and urgent care

An AI-native primary care model is well positioned to both triage and deliver care. To measure the economic impact of care avoidance from Counsel's modern platform, Counsel's Clinical and Research teams partnered to design and implement this analysis, benchmarked against independent published cost data.

Dataset and methodology

The analysis draws on 10,353 asynchronous, messaging-based visits completed on Counsel's platform between August 2025 and July 2026, a sample drawn from Counsel's broader member population. After every visit, members were asked a single question:

> "If Counsel had not been available, what would you have done?"

A total of 3,796 survey responses were received from 3,528 members, a 36.7% response rate across visits. Members selected from eight possible alternatives and were permitted to choose more than one. This is a diverted-visit design, the standard method for valuing what a care option displaces: ask patients where they would have gone, price each alternative using independent published cost data, and compare the result to what the visit actually cost. We applied this design to Counsel's data using the following five steps.

1. **Establishing the counterfactual:** Each patient's answer is treated as the care their Counsel visit replaced, whether that was urgent care, an ED visit, a call to their own doctor's office, or doing nothing at all.
2. **Allocating multi-select responses:** Most respondents, 76.1%, selected a single alternative. For the remainder, each response carries a total weight of 1.0, split evenly across every option selected, so a patient who named both urgent care and the ED, for example, contributes half a visit to each rather than being counted as a full visit toward both.
3. **Pricing each alternative:** Every care setting is priced against a low and high published estimate, so results are reported as a range rather than a single number.
4. **Computing savings:** For each visit, the weighted cost of the alternative is compared against Counsel's visit fee to calculate net savings. These savings are then summed across the full sample to produce a program-level total.
5. **Quantifying uncertainty:** Every proportion is reported with a Wilson 95% confidence interval, and the avoided-cost estimate is bootstrapped across 5,000 resamples. Six separate sensitivity analyses stress-test the result under different assumptions, including one that assigns every multi-select respondent to their single least expensive alternative, and another that credits zero savings for every ED response, the costliest input in the model, to confirm the finding does not depend on any one setting.

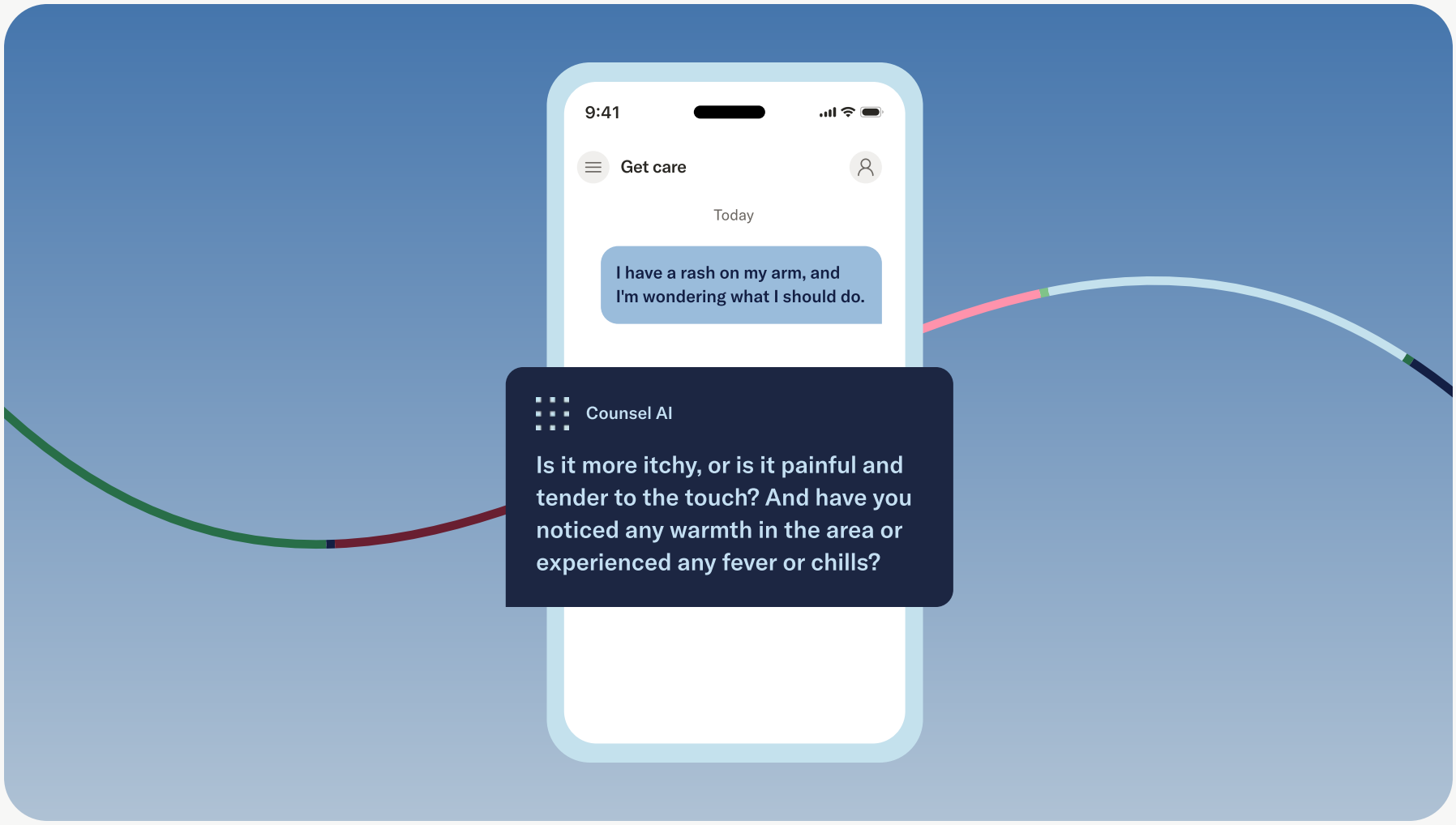


The data behind different care settings

Counsel's research team examined published literature to price different care settings. The last three rows on the table below reflect a deliberate conservative choice. Contacting one's own doctor, searching online, or doing nothing are valued at zero rather than estimated because they represent induced demand rather than a displaced cost. Together, they account for 25.9% of allocated weight, all of which is credited with no savings.

Care setting	Low	High	Basis
Emergency department	$750	$2,909	Low: AHRQ hospital cost data, 2021. [5] High: HCCI commercial claims average, 2021. [6]
Urgent care	$120	$250	Operator price survey, July 2026. [7]
Primary care office	$130	$200	National estimates, 2026. [8]
Specialist office	$200	$500	National estimates, 2026.
Another telemedicine service	$29	$89	Low: Counsel's own fee High: Teladoc cash price, 2026. [9]
Messaged or called own doctor's office	$0	$0	Valued at $0 (conservative).
Searched ChatGPT or Google	$0	$0	Valued at $0 (conservative).
Would have done nothing	$0	$0	Valued at $0 (conservative).

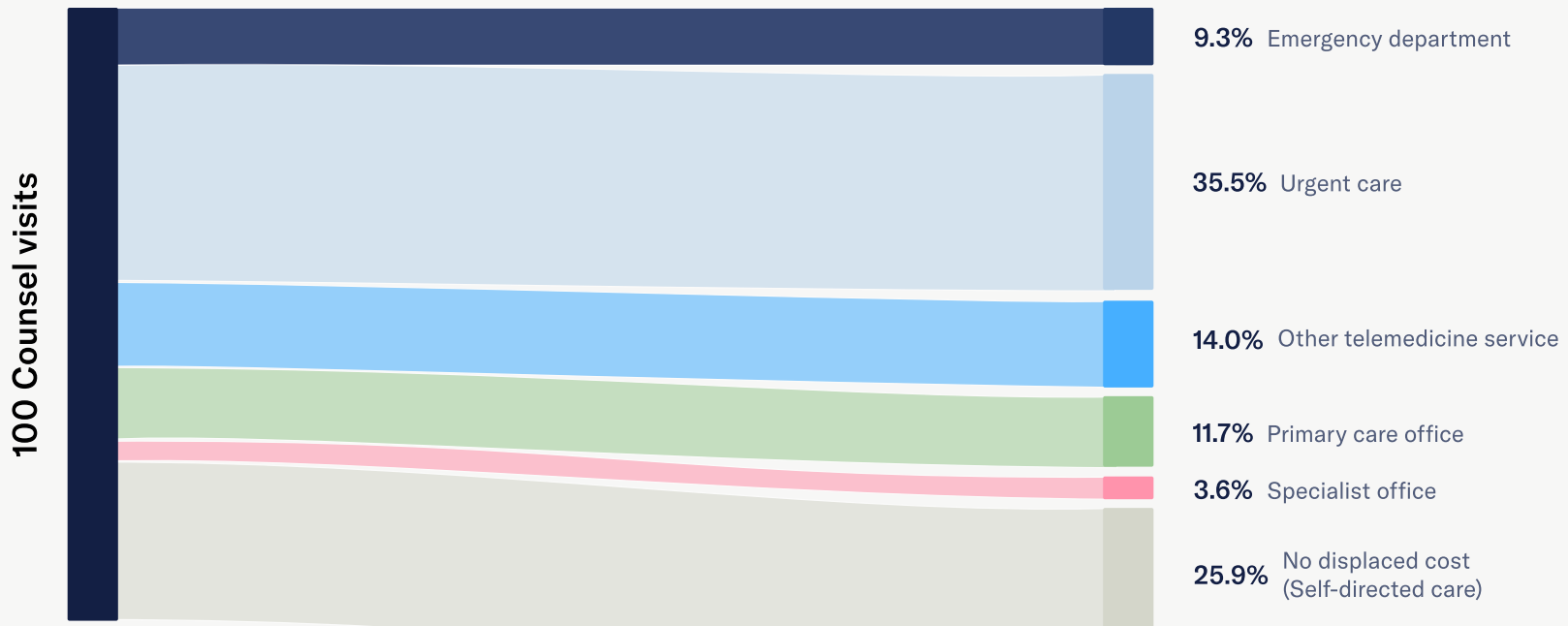
Per-visit cost assumptions (2025–26 USD). Claims-based benchmarks fall inside these ranges: UnitedHealth Group reports $2,032 for primary-care-treatable ED visits, $193 for urgent care, and $167 for a physician office; HCCI reports $1,317 for the ED evaluation-and-management component alone.



Results: What displaced care is worth in avoided spend, per visit and at scale

Where 100 Counsel visits would've otherwise gone

Across the 3,796 survey responses, 74.1% of Counsel visits displaced care in another setting. Urgent care was the most common alternative, accounting for 35.5% of all visits, followed by another telemedicine service (14.0%), a primary care office (11.7%), an emergency department (9.3%), and a specialist (3.6%). The remaining 25.9%—patients who would have done nothing (12.5%), messaged their own doctor's office (7.6%), or searched online (5.7%)—represent induced demand rather than displaced cost, and are credited with zero savings throughout this analysis.



Savings per visit

Averaged across all visits, including the roughly one in four credited with zero savings because they represent induced demand rather than displaced care, each Counsel visit produced $246 in net savings after the Counsel fee. Every dollar spent on Counsel visits avoided $9.50 in downstream spending.

Focusing on the Counsel visits that actually displaced care, such as ED utilization, urgent care visit, or PCP appointment, rather than adding new demand, each produced $343 in net savings after the Counsel fee.

	Per-visit savings and ROI
Gross avoided cost per visit	$275.47
Net savings per visit	$246.47
Net savings per care-displacing visit	$342.58
Avoided care per $1 of fees to Counsel	$9.50
ROI to health plans	8.5x

Program-level impact

959-1,304
ED visits diverted (base and upper bound)

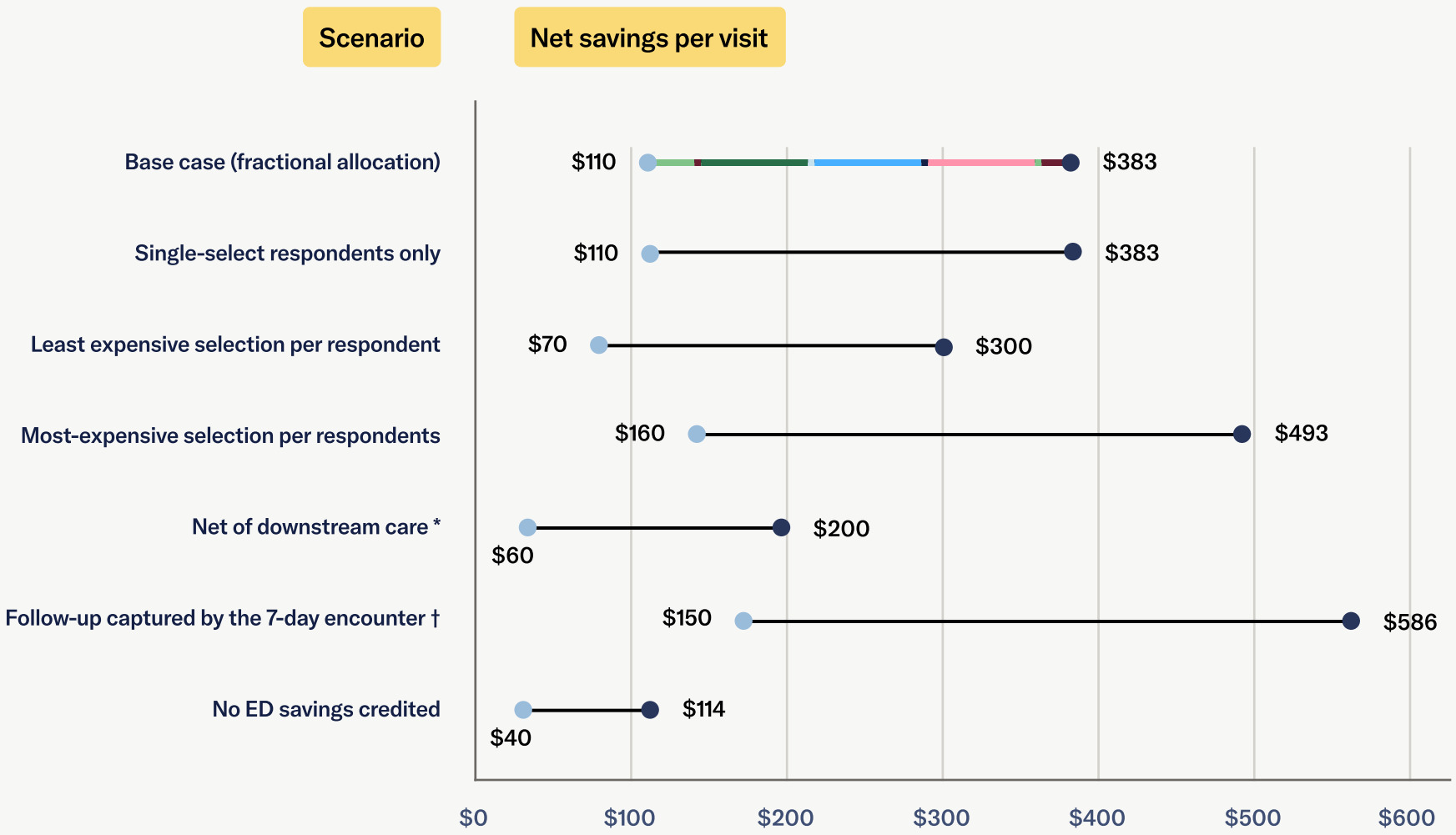
3,678
Estimated urgent care visits diverted

$2.5M+
Net program savings



The findings hold under pressure

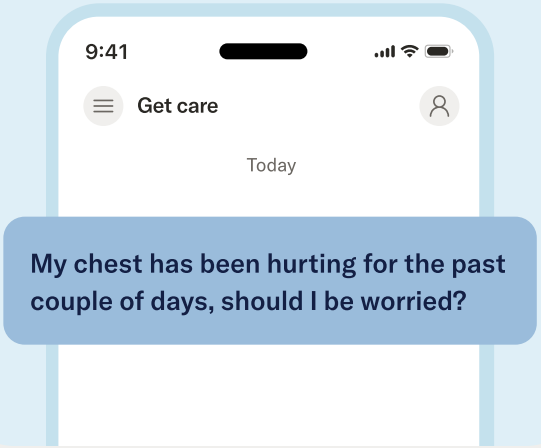
These results didn't depend on favorable assumptions. In the most conservative test run, crediting zero savings to every single ED response, the most expensive alternative in the model, net savings still held at $40.15 to $113.74 per visit. Every other sensitivity check, from pricing multi-select respondents at their least expensive alternative to assuming every non-respondent would have done nothing, produced a positive return. In no scenario tested did the program fail to pay for itself.



* Follow-up rates are based on literature showing follow up within 3 days of a telemedicine visit, 74% saw no additional provider, 15% visited a doctor's office, 5% an emergency department, and 4% urgent care. Our survey had no follow-up wave, so those observed rates are applied to our visits and priced with our cost table. No equivalent follow-up cost is charged against the ED, urgent care, or office alternatives, which biases this scenario against the Counsel. The rates were also measured after visits that ended at sign-off, while Counsel encounters stay open for 7 days, so they likely overstate leakage here.

† Mirror of the downstream scenario: the same follow-up rates and prices are applied, but the follow-up care is credited as returning into the still-open $29 encounter instead of generating a second paid visit. Assumes follow-up needs within the 7-day window come back to Counsel.

The impact of sustained cost avoidance on a payer's cost containment strategy



Reduced total cost of care

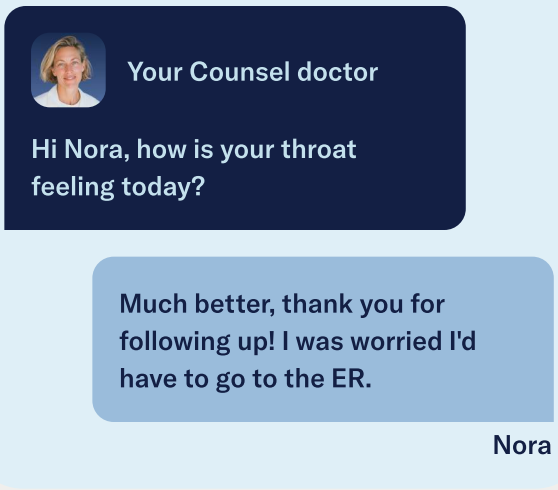
Each Counsel visit resulted in an estimated $246 in net savings. At the population level, this reflects substantial displacement of avoidable ED and urgent care visits, the same utilization that drives a disproportionate share of the total cost of care regardless of the plan a member has.



Decreased unnecessary ED utilization

The displacement pattern itself reflects more than cost savings. It demonstrates what happens when members have immediate access to high-quality primary care that is designed to resolve medical concerns early rather than react after they've been escalated.

For health plans, the result extends beyond reduced ED utilization. A modern front door to care expands access, improves engagement, strengthens continuity, and enables members to receive the right level of care at the right time, improving health outcomes and creating measurable value for organizations.



Retaining specialized clinical capacity for those who need it most

Every ED and urgent care visit displaced in this analysis reflects the value of earlier intervention. By expanding access upstream before conditions become complex, health plans can preserve clinical capacity, improve network efficiency, and shift utilization toward lower-cost, clinically appropriate settings.

What an AI-native model means for the future of care delivery

- **Measurable impact from day one**

  By shifting care upstream, health plans can benefit from cost savings similar to what was found in this analysis, in addition to improved member engagement. Care from Counsel has received a 4.9/5 member satisfaction and an 80 NPS, while 96% of medical concerns are resolved without escalating to in-person care settings or resulting in claim submissions.

- **Better health outcomes long term**

  Unlike traditional care models, Counsel supports members longitudinally across a broad spectrum of conditions, from new symptoms to primary care and chronic condition management. Proactive follow-ups from Counsel AI and in-house physicians, along with health memories, help deliver a continuous care experience so members never have to start over with every interaction. As clinical context accumulates, Counsel can identify medical issues earlier, reducing the risk of over-escalation or under-triage. The diversion this analysis captures reflects a single 12-month window—as longitudinal context deepens across a member's relationship with Counsel, that effect has room to grow rather than plateau.

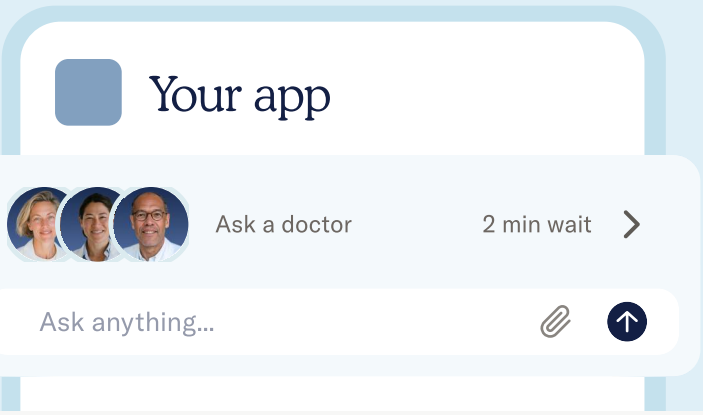
- **Stronger member engagement**

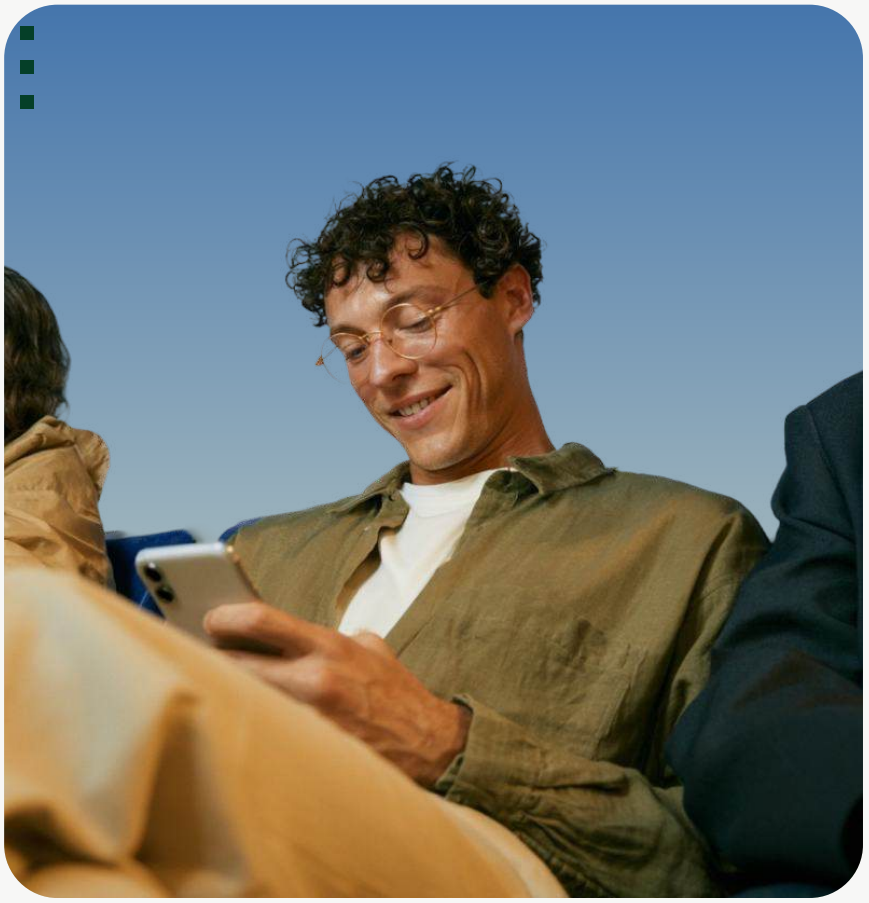
  Counsel’s deployment platform for health plans, Counsel Studio, embeds AI-native care directly into a payer’s existing digital experience. It is white-labeled to maintain brand continuity and customized to benefits ecosystem, network tiers, and preferred providers, enabling personalized care delivery and intelligent triage. In this way, it functions as a seamless service for members and an extension of the payer’s own clinical strategy.

  Counsel Studio ingests a payer’s clinical protocols, escalation pathways, benefit design, provider directories, network tier, and combines it with custom data sources, including wearables. As a result, when a medical concern requires triaging beyond Counsel, the referral provided reflects the guidelines from a member’s actual coverage. The ability to customize escalation pathways enables payers to spend less time and money on prior authorization, network management, and correcting out-of-network care, creating alignment that compounds the savings described in this analysis.

Counsel Studio

- Flexible, low-effort integration paths via iFrame, WebView, and API
- Multi-platform support available across web, mobile, and dark mode
- Fully customizable UI/UX to align the digital experience with your brand





Modernizing payers' front door with responsible, AI-native primary care

Members increasingly expect care that is continuous, personalized, and always available, a shift in expectations that has outpaced the current healthcare infrastructure. When timely access isn't provided, high-cost downstream services become the default, even when a lower-acuity care setting would be more appropriate. Health plans bear these costs.

This analysis demonstrates the impact of modernizing a payer's front door with AI-native primary care. Across thousands of member visits, Counsel consistently and effectively triaged care, diverting patients from alternative settings, and generating positive ROI even under the most conservative assumptions tested. These findings are based on Counsel's own member population and benchmarked against independent published data.

For health plans, this moment represents an opportunity to expand access and extend clinical capabilities at the point of need. This analysis substantiates that doing so improves the member experience and delivers economic value.

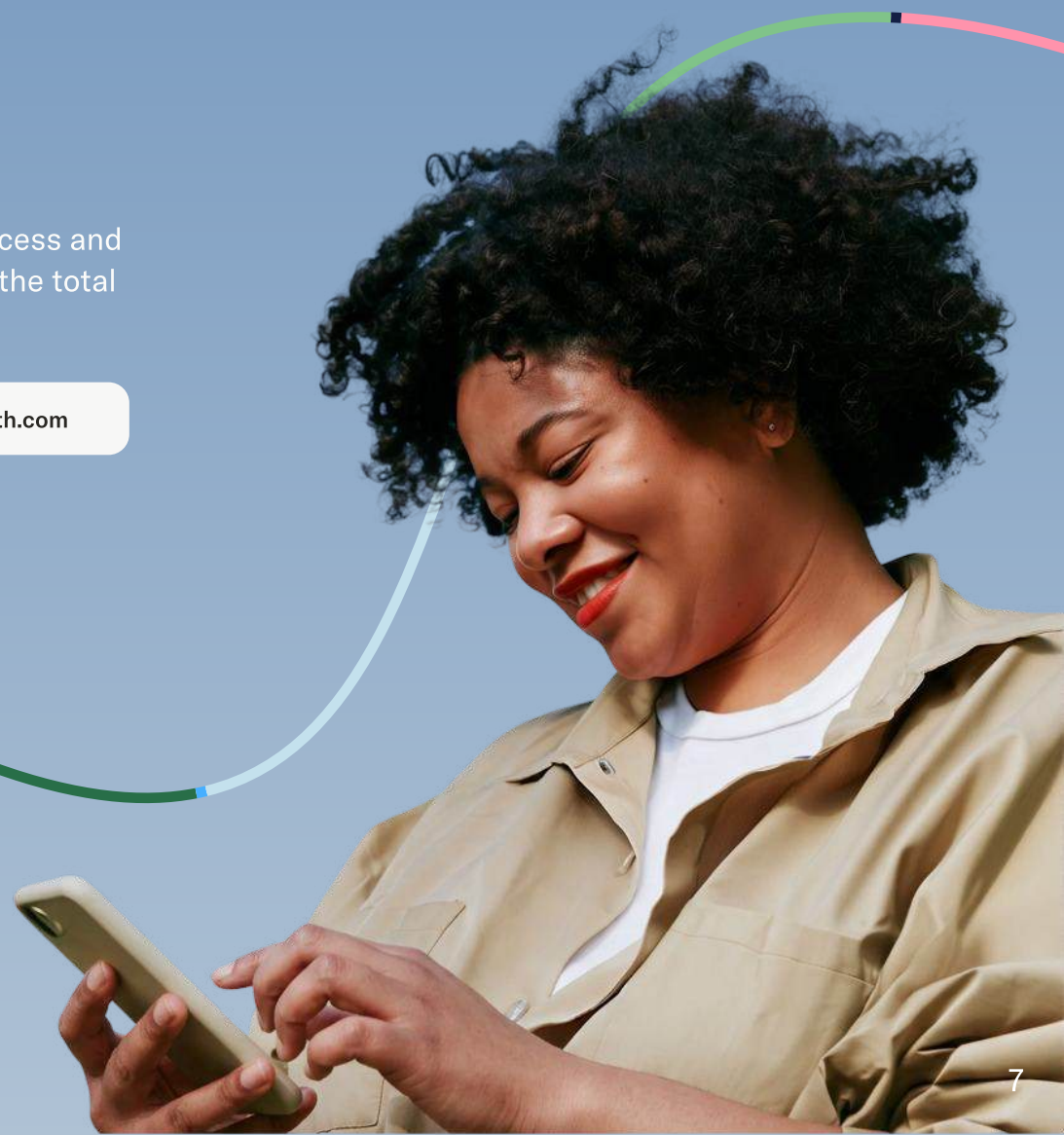
Request a demo

Discover how partnering with Counsel can improve access and reduce unnecessary downstream utilization, lowering the total cost of care.

counselhealth.com/contact-sales | business@counselhealth.com

Try Counsel now

Scan the QR code to download the app and start your first chat.



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