



The following is a guest article by Meredith Kirchner, COO and Client Success Leader at [Curae](#)

A Prescription for Change: A Path to Affordable, Equitable Healthcare

The medical debt crisis in the U.S. is worsening, with healthcare costs now deterring millions of patients from seeking essential care. Soaring medical costs are forcing millions of Americans to make impossible choices: pay for essential care or risk financial ruin. This economic barrier is most felt in underserved communities, where access to care is already limited. [More than 40%](#) of adults have medical debt, mainly affecting marginalized groups such as Black and Hispanic individuals, women, parents, and the uninsured.

The financial burden of healthcare extends far beyond medical bills. Patients often face unexpected costs, such as deductibles, co-pays, and surprise medical bills. For example, high drug costs are preventing many Americans from accessing essential medications. Nearly one in five adults (21%) have skipped filling prescriptions, while a similar number have opted for cheaper over-the-counter alternatives. Additionally, 10% of adults have resorted to cutting pills or skipping doses to save money.

Patients also need more transparency in healthcare costs. According to a recent [report](#), patients and providers list easy, accurate insurance verification as their top priority for improving patient access. In response, providers find themselves looking beyond traditional billing to offer flexible, inclusive financing options and transparent cost estimates that allow patients to confidently manage their healthcare expenses.

The Financial Toll on Providers

As patient debt surges, providers are often left with higher rates of bad debt and operational strain. Self-pay after insurance now accounts for nearly [60%](#) of all medical debt, and healthcare systems face mounting losses when patients delay or cancel care due to cost barriers. High-deductible health plans (HDHPs) also play a role. While they offer lower premiums, HDHPs often lead to high out-of-pocket expenses for families, creating a sizable financial hurdle. These expenses contribute to an alarming trend where healthcare is out of reach for low-income patients and those with chronic conditions.



To address this crisis, healthcare leaders must work together to implement innovative solutions that prioritize patient affordability and provider sustainability. By embracing patient-centered financing models, transparent pricing, and streamlined billing processes, we can help alleviate the financial burden on patients and providers.

Healthcare's Retail Moment: A New Era of Patient Affordability

Healthcare organizations are turning to [patient financial access platforms](#) that offer innovative solutions with the patient (customer) experience in mind. These platforms provide flexibility, transparency, and empowerment—informing patients and enabling them to choose payment plans that suit their financial needs and providing precise pre-service cost estimates.

For instance, just as retail customers can access various payment options, providers can offer patients choices, from installment-based payment plans to financing for high-ticket procedures. This model ensures no patient is forced to forgo care due to cost alone.

A holistic patient access approach should encompass the following elements:

Digital-First Patient Experience

Patients demand a seamless, digital-first healthcare experience. By offering online self-scheduling, secure online payments, and real-time access to financial information pre- and post-care, healthcare organizations can improve patient satisfaction and engagement, resulting in improved and timely patient payments.

Flexible Financing Solutions

Nearly [40%](#) of patients report avoiding or postponing care due to cost concerns. Flexible financing options, which leverage advanced algorithms beyond the traditional propensity-to-pay scoring approach, can help patients overcome these barriers, reduce cancellations, and improve patient outcomes.

Streamlined Insurance Verification



By leveraging advanced technology to expedite insurance verification, healthcare providers can offer accurate cost estimates upfront at the time of service, preventing surprise medical bills. This increased transparency and predictability benefits patients and providers.

Leveraging Charitable Resources

Many patients are unaware of the financial assistance programs available to them. By integrating a comprehensive database of charitable foundations and assistance programs into patient financial access platforms, healthcare organizations can help patients access the care they need while reducing the risk of bad debt.

A New Era of Healthcare Affordability

No patient should ever have to face the decision of making impossible choices between their health and financial well-being. To address this urgent issue, healthcare organizations must embrace innovative solutions prioritizing patient affordability and provider sustainability. By adopting patient-centered financing models, transparent pricing, and streamlined billing processes, we can create a healthcare system that is equitable, accessible, and financially sustainable for all.



About Meredith Kirchner

Meredith Kirchner is a seasoned healthcare operations leader with over 20 years of experience. She currently serves as the Chief Operating Officer at [Curae](#), where she focuses on improving operational efficiency and client satisfaction through innovative financial solutions for multi-hospital health systems. Meredith has a strong background in healthcare consulting and technology, having held senior roles at Patientco and Ernst & Young. Her experience lies in optimizing organizational workflows and enhancing patient financial access, making her a pivotal figure in driving Curae's growth and industry reputation.