

2026 strategic guide for health plans & PBMs

How behavioral and clinical
alignment influences trend,
adherence, and impact

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Managing a chronic condition like diabetes,
hypertension, or stress-related health issues.

The hard truth about 2026

Renewal discussions now quickly shift from cost containment to demonstrating how health plans and PBMs directly help employees improve.

Employers, brokers, and consultants must control costs and improve wellbeing, mental health, prevention, chronic risk, and medication adherence. They need to show measurable impact, not just activity.

These priorities work together—not in competition—to drive success.

Pressure stems not from missing data, but from inconsistent follow-through. Risk detection must pair with support to drive outcomes, and coverage decisions work only when aligned with behavior.

Healthcare cost outcomes are not controlled by a single lever. They are formed by coordinated influence across:

- Clinical delivery systems
- Plan and employer access, benefit design, and incentives
- Member behavior, follow-through, and daily choices

Previous strategies emphasized reimbursement, plan design, and pharmacy controls. Now, member behavior—once difficult but vital—is the main opportunity to influence costs and outcomes.

This gap presents a clear competitive edge:

Plans and PBMs that close it will lead to future performance. The market response has been largely additive, resulting in fragmentation across engagement, care, and clinical strategy.



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Healthcare cost escalation is not a data problem.

It is a follow-through problem.

Dr. Jennifer Musick,
PharmD, Vice President of
Clinical Strategy, Navigate

What's actually breaking performance

The market is saturated with point solutions promising engagement, personalization, and outcomes. Few hold accountability for the book-of-business impact, and fewer are aligned with your engagement, care, and clinical strategy.

Engagement platforms run alongside care management. Pharmacy initiatives are separate from wellbeing. Preventive campaigns run parallel to medication strategy. These create activity, but few change outcomes.

Fragmentation—not lack of investment—is the true obstacle.

Without unifying engagement, care, and clinical strategy, risk is detected but not stabilized. Follow-through falters, costs become harder to control, and member health declines.

Across Health Plan and PBM portfolios, this disintegration shows up in predictable ways.



The five breakpoints

Fragmentation among Health Plans and PBMs weakens performance and makes it harder to stabilize outcomes. These issues are structural, not isolated. “Healthcare costs don’t escalate overnight. They rise when risk is identified but not stabilized, adherence fluctuates, and engagement is disconnected from clinical strategy. Sustainable performance requires alignment across pharmacy, care, and member behavior.” -Dr. Jennifer Musick, PharmD, Vice President of Clinical Strategy, Navigate

01 Risk identified, but not converted into action

Plans and PBMs have unprecedented visibility into rising risk via claims analytics, predictive modeling, and biometric data. The gap is not in detection but in translating insights into action.

Awareness alone does not change outcomes. Members with chronic progression or medication complexity need clear priorities and simple next steps. Without structured, personalized pathways, data stays descriptive, allowing unmanaged progression to quietly escalate costs.

02 Responsibility without systematic support

Personal responsibility ultimately rests with the member, but responsibility alone does not produce durable behavioral change.

Chronic disease management demands ongoing follow-through: medication adherence, preventive visits, lifestyle changes, and mental health stabilization. Engagement that relies mainly on incentives, reminders, or passive digital tools results in variable follow-through. Even motivated individuals disengage without consistent, organized guidance aligned with care priorities, increasing risk and claims exposure.

03 High-cost cohorts without sustained clinical oversight

Uncontrolled chronic conditions and high-cost therapies require more than episodic outreach.

Members with GLP-1 titration, hypertension, diabetes, depression, or comorbidities face complexity and competing demands. Static education and generic outreach rarely help. Sustained, pharmacist-led support is needed for adherence, side-effect management, behavior change, and ongoing goals. Without this, high-cost groups drive trend exposure.



04 Engagement operating separate from provider, plan, and pharmacy strategy

When engagement runs parallel to provider care or pharmacy governance, continuity weakens.

Members receive fragmented messaging that does not reinforce treatment or medication adjustments. Providers are trusted, yet engagement programs often operate independently. Without aligned coaching, care plans, and pharmacy strategies, follow-through and accountability suffer. Fragmentation erodes trust and measurable results.

05 Vendor complexity diluting accountability

Plans and PBMs accumulate point solutions for gaps — engagement tools, navigation, digital therapeutics, and condition programs. Each may enhance outcomes on its own, but together they increase fragmentation. Internal teams handle many implementations and communications, struggling to unify reporting. Distributed accountability makes it harder to prove impact.

Complexity rises as clarity falls.

These five breakpoints occur because systems focus on adding capabilities rather than unifying performance. When these breakpoints persist, trend pressure, cost exposure, and renewal defensibility become increasingly difficult to manage.

Members with chronic progression or medication complexity need clear priorities and simple next steps.





From fragmentation to impact

Unification, not more isolated solutions, is required to close these gaps.

This shift needs an integrated digital wellbeing platform with pharmacist-led coaching, aligned with care strategy and accountable for outcomes.

This strategy assures:

- Alignment between engagement, care, and clinical strategy
- Integrated clinical wellbeing and medication support across employer groups
- Preventive engagement aligns with member needs and intervenes before risk develops
- Chronic pathways supporting members between provider visits
- Unified reporting that translates activity into defensible impact

When engagement, health, pharmacist coaching, and clinical priorities align, follow-through is measurable, trend pressure manageable, and renewal discussions focus on stable outcomes.



From coverage to optimization with pharmacist-led health coaching GLP-1 management

GLP-1 growth shows: **coverage alone is not sustainable.**

Approving access is the first step. Long-term results require titration, adherence, side-effect management, and behavioral alignment.

Navigate's pharmacist-led health coaching care team provides that clinical oversight.

Pharmacist-health coaches guide members through GLP-1 therapy, giving comprehensive medication counseling and connecting them with their primary care physician. Navigate's GLP-1 solution includes dietitian support, mental health coaching, and certified health coaches alongside the pharmacist-coach to ensure GLP-1 therapy is a coordinated care pathway, not just a prescription.

About 1 in 8 U.S. adults report current or recent use of GLP-1 medications.

About 1 in 8 U.S. adults report current or recent use of GLP-1 medications, highlighting the central role these therapies play in diabetes and weight management. As use grows, the gap between unmanaged access and a coordinated approach becomes more pronounced.

Navigate's integrated GLP-1 approach sets itself apart by uniting pharmacy strategy with pharmacist-led coaching, individualized support, cross-functional mental health and dietitian input, digital wellbeing pathways, custom protocols, and unified reporting, all coordinated to deliver lasting, measurable value.

Together with Health Plans and PBMs, this model shifts GLP-1 management from reactive cost control to proactive clinical oversight — prioritizing member success while strengthening long-term cost governance.

That measurable change is the model's outcome.

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GLP-1 success is determined over time, with consistent medication oversight and behavioral support aligned with the member's broader health goals.

Dr. Jennifer Musick, PharmD, Vice President of Clinical Strategy at Navigate.



How we approach it at Navigate:

Closing the gap

Stabilizing cost pressure and improving member health results from aligning data, engagement, and clinical follow-through into a coordinated system that operates consistently across your employer groups.

01 Use data – and readiness – to trigger the right action

Claims, pharmacy, and biometric data identify rising risk and preventive care gaps. But risk alone does not determine what happens next.

Members also vary in readiness to act. Some are motivated and need clear direction. Others are hesitant, overwhelmed, or unengaged.

At Navigate, we combine risk data with readiness-to-change insights to personalize each member's experience. This ensures care and coaching reach populations before risk fully develops, extending the impact of your solutions through personalized next-best actions. Members always know their next step, aligned with their current needs and abilities. Detection leads to prioritized, personalized follow-through.

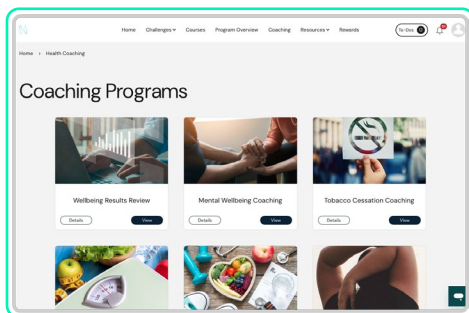
02 One digital experience which connects everything

Members engage through a single digital wellbeing platform that connects 8 Pillars of Wellbeing, mental health, prevention, condition-specific, medication, and SDoH support.

Instead of adding another point solution, the platform:

- Personalizes pathways based on readiness and risk to create and sustain behavior change
- Members can access timely health coaching and content for everything from everyday stress to complex conditions
- NCQA-certified health risk assessment
- Integrated findhelp SDoH community resource network (can be customized to your local needs), resource hub, and events calendar
- Smart recipes, including local grocery deals
- Evidence-based video courses, health library and articles, and expert-led workout videos
- Communications engine, including the ability to segment and deliver ad hoc messages, texts, and app push notifications

It simplifies the experience and keeps members connected to their plan or PBM, not a fragmented vendor ecosystem.



03 Pharmacist-led health coaching embedded in the journey

A medication strategy works best when supported by structured clinical follow-up.

Pharmacist-coaches, supported by certified health coaches, dietitians, and mental health coaches, reinforce behavioral and daily habits influencing long-term outcomes between doctor visits. They interact with both primary care providers and members, creating coordinated medication management and behavioral support instead of isolated coaching sessions.

04 Reporting that holds up at renewal

Because engagement and clinical wellbeing support are connected, performance can be measured consistently across employer groups.

Plans and PBMs can demonstrate:

- Medication adherence improvements
- Clinical outcomes (A1C, blood pressure, BMI)
- Preventive care follow-through
- GLP-1 governance and stability
- Engagement tied to measurable health impact

This strengthens renewal conversations and a competitive stance. Contact us for more details on reporting.

The gap isn't a lack of data, it's the failure to turn insights into action. Success comes from consistent follow-through that bridges data and outcomes.



The competitive moment

Plans and PBMs are no longer evaluated solely on access or reporting. They are assessed on their ability to stabilize trend pressure and demonstrate measurable health impact across employer groups.

The gap is not a lack of data.
It is an inconsistent follow-through.

Addressing that gap requires integrating risk insight, readiness, engagement, and clinical support into a coordinated system that operates across your book of business.

When engagement reinforces pharmacy strategy, pharmacist-led coaching supports medication optimization, and performance is measured consistently across employer groups, stabilization becomes measurable and defensible.

This is not about adding another vendor.
It is about strengthening your strategy.

The organizations that align engagement and clinical follow-through with pharmacy and plan design will define the next era of performance.

When engagement reinforces pharmacy strategy and clinical support aligns with member needs, stabilization becomes measurable and defensible.



Navigate Wellbeing Solutions

Navigate Wellbeing Solutions powers health and wellbeing strategy that meets members where they are – digital when they want it, human when they need it. Through a single, personalized platform, Navigate guides members every step of the way based on their readiness-to-change, lifestyle, and clinical data.

Unify existing programs or build your own ecosystem from the ground up with Navigate's flexible, customizable solutions, including health and wellbeing content, programs, rewardable actions, pharmacist-led health coaching, virtual care services, member engagement engine, and point solution integration.

What truly sets Navigate apart is our commitment to supporting your care and clinical strategy, including our pharmacist-led health coaching team. We don't just connect members to care – we work directly with you to design the platform to anticipate their needs and guide them to the right care at the right time. Personalized next steps, condition-based support, care gap closure, and ongoing support from health coaches keep engagement high and impact on track.

With Navigate, your members have a unified, proactive, and human-centered experience – right where they are today.

Let's Connect

Learn more at [**navigatewell.com**](https://navigatewell.com).

