KEY POINTS

The Rise of Consumer Healthcare AI: A Growing Challenge for Health Insurers

OpenAI is developing a growing suite of artificial intelligence tools for healthcare professionals, positioned as assistive technologies intended to augment professional judgement, improve efficiency and enhance patient understanding rather than replace clinical decision making. However, as advanced AI tools become more accessible to the public, their impact extends well beyond providers. Consumer use of healthcare AI is growing rapidly, often outside formal clinical settings.

Consumer behaviour and the market response

A January 2026 OpenAI report estimates that more than 40 million people worldwide use ChatGPT each day to seek health-related information. This reflects a wider shift in consumer behaviour, with growing reliance on conversational AI tools such as Claude, Google Gemini and Microsoft Copilot for health guidance, symptom interpretation and decision support.

Crucially, consumer-facing AI tools are already shaping health decisions outside established clinical pathways, influencing utilisation patterns, acuity at presentation and member expectations. As such, they are creating indirect but material exposure for health insurers, even whether insurers do or do not provide, endorse or control these technologies.

The scale of consumer use underlines how rapidly AI is being adopted as a source of health information. According to OpenAI's analysis, roughly one in four users submits at least one health-related prompt each week. Many of these interactions occur outside normal clinic hours, indicating that people are turning to AI when traditional services are unavailable or difficult to access.

Healthcare technology innovators have not been blind to this trend, developing a number of focussed tools. Ada Health provides AI-driven symptom assessment used globally with triage advice and next-steps, embedded in employer and insurer ecosystems, sometimes white-labelled. Buoy Health is a symptom checker with explicit focus on care navigation and utilisation steering, often integrated with payer websites and digital front doors. K Health combines AI symptom analysis with optional clinician access and is used for self-diagnosis prior to care seeking.

Consumer use and the risk of misdiagnosis

While AI tools are informative and often helpful, those of a conversational nature can blur the distinction between general information and professional advice. Misdiagnosis risk, whether false reassurance that leads members to delay appropriate care or false alarm that drives unnecessary care, has downstream consequences for insurers. Delayed care can result in higher acuity claims, while unnecessary care increases cost without improving outcomes. AI-influenced expectations may also complicate clinical encounters and care management, as professionals spend time addressing assumptions formed outside the clinical setting.

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Implications for insurers

Even where insurers do not directly provide or endorse AI tools, they are likely to experience downstream effects. Increased utilisation, delayed presentation and greater case complexity all place pressure on cost control and operational capacity.

Trust and reputation are also at stake. Members may perceive AI tools as part of a broader digital health ecosystem that includes insurers, especially where insurers already offer digital navigation or telehealth services. Negative outcomes associated with AI influenced decisions may therefore reflect back on insurers regardless of formal responsibility.

Regulatory attention is also likely to grow. As consumer healthcare AI becomes more prevalent, questions may arise about insurer obligations to guide, inform or safeguard member use, especially where AI influences coverage decisions or appeals. Key areas of exposure include:

- Rising avoidable utilisation and associated cost pressures.
- Increased complexity in care management and utilisation review.
- Reputational risk linked to member experience and trust.

The strategic tension

Health insurers face a clear tension. On one hand, healthcare AI tools offer opportunities to improve efficiency, member experience and care quality. On the other, unmanaged consumer use introduces risks that may undermine these gains. Ignoring member behaviour is unlikely to be effective. Consumer use of AI tools for health and wellbeing support is already widespread and likely to grow as tools become more capable and embedded in everyday consumer behaviour.

Towards a managed response

A more sustainable approach is beginning to emerge, reflecting broader lessons from digital health governance and data policy. Rather than viewing consumer healthcare AI as external, insurers may need to plan for its influence. Key elements of a managed response include:

- Clear communication to members on the appropriate role and limitations of AI generated health information.
- Guided integration within clinician linked or insurer governed pathways rather than open ended self-diagnosis.
- Strong internal governance on how AI outputs inform operational processes and coverage related decisions.

Conclusion

OpenAI's purposeful expansion into healthcare marks an important shift, reinforcing an existing direction of travel in the influence of numerous AI tools on consumer behaviour. For health insurers, this creates both opportunity and risk. Efficiency and engagement gains are possible, but consumer use for symptom interpretation and system navigation introduces challenges around misdiagnosis, utilisation and trust. A balanced approach that recognises member behaviour, prioritises governance and reinforces clinical pathways may allow insurers to harness innovation while protecting members and the sustainability of healthcare systems.

Key Resources:

Read more on the impact of AI on health insurance: ***Benchmarking AI in Health Insurance – Global Patterns and Practical Lessons***

Join our network to interact and share best practice with other members: ***AI & Emerging Technology Member Network***

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