

Findings from the 2011 EBRI/MGA Consumer Engagement in Health Care Survey

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2011 Consumer Engagement in Health Care Survey - Methodology

Conducted online using Synovate's online panel of 2 million Internet users.

- Eligibility: Americans ages 21 to 64 with private health insurance coverage.
- Stratification: Gender, age, region, income, education, race/ethnicity. Final sample is nationally representative when weighted.
- Weighting: The national sample is weighted by gender, age, region, income, education, race/ethnicity to reflect the actual proportions in the population.
- Consistent with data from 2005-2007 EBRI/Commonwealth Fund Consumerism in Health Care Survey and 2008-2010 EBRI/MGA Consumer Engagement in Health Care Survey.

Analysis Groups

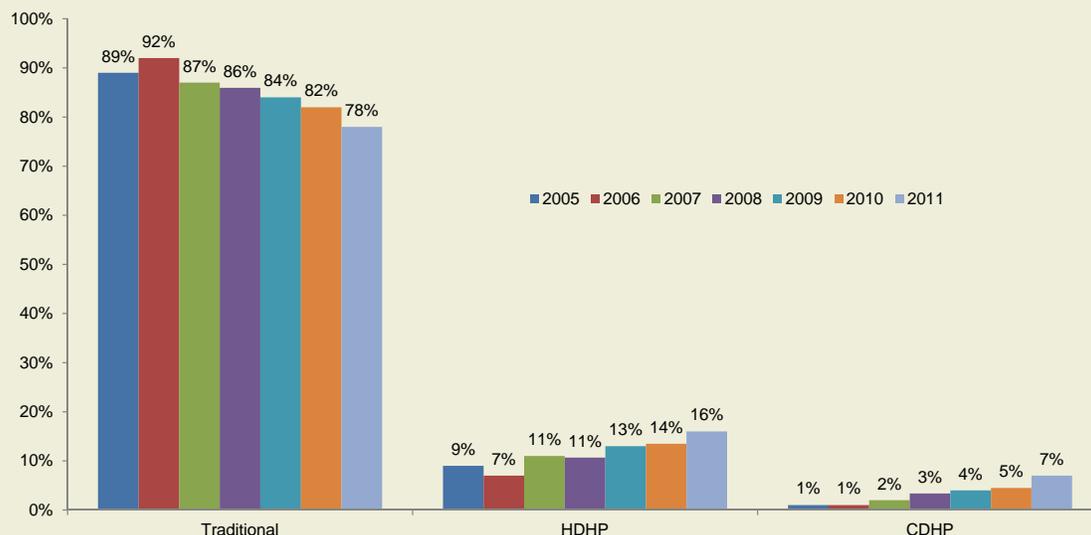
3 Groups:

- CDHP – Deductible of at least \$1,000 single/\$2,000 family and HRA or HSA
- HDHP – Deductible of at least \$1,000 single/\$2,000 family and no HRA or HSA. Includes HSA-eligibles without account.
- Traditional insurance – balance of what's not included above

2011 sample sizes (4,703 total):

- CDHP: 1,432(151 base, 1,281 oversample)
- HDHP: 1,762 (330 base, 1,432 oversample)
- Traditional: 1,509

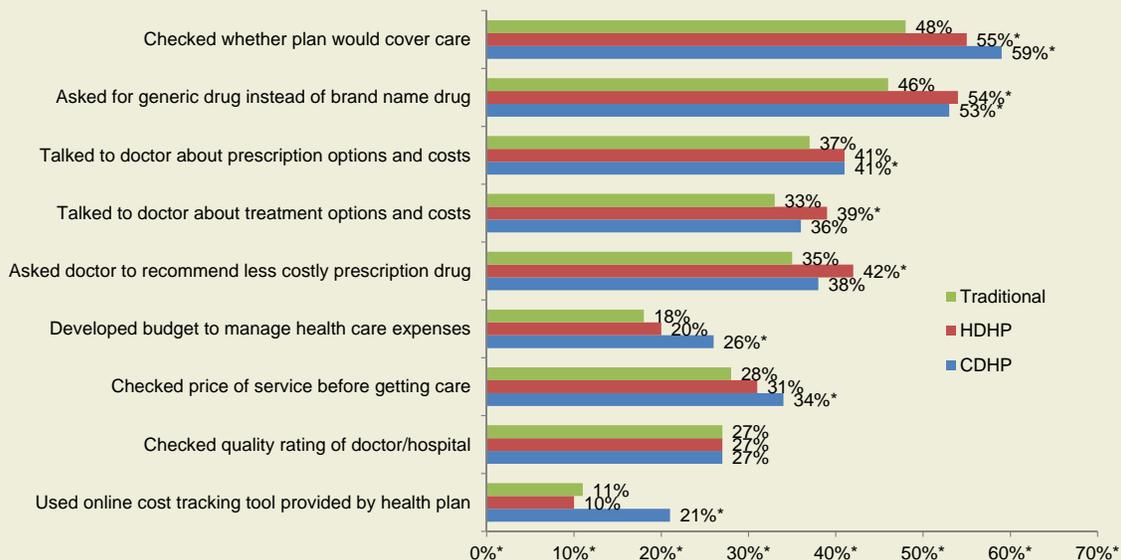
Distribution of Individuals Covered by Private Health Insurance, by Type of Health Plan, 2005-2011



CDHP & HSA Eligible Enrollment, 2005-2011

	2005	2006	2007	2008	2009	2010	2011
Adults with private insurance (millions)	124.6	125.5	126.4	124.6	120.3	120.5	120.5
Traditional	110.8	115.4	109.9	107.1	101.1	98.8	94.0
HDHP	11.2	8.8	13.9	13.3	15.6	16.3	19.3
CDHP	1.2	1.3	2.5	4.2	4.8	5.4	8.4
% HSA eligible of HDHP	32%	31%	42%	42%	38%	37%	38%
HSA eligible (millions)	3.6	2.7	5.8	5.6	5.9	6.0	7.3
CDHP + HSA eligible (millions)	4.8	4.0	8.4	9.8	10.8	11.4	15.8
CDHP + HSA eligible % of total	3.9%	3.2%	6.6%	7.9%	8.9%	9.5%	13.1%

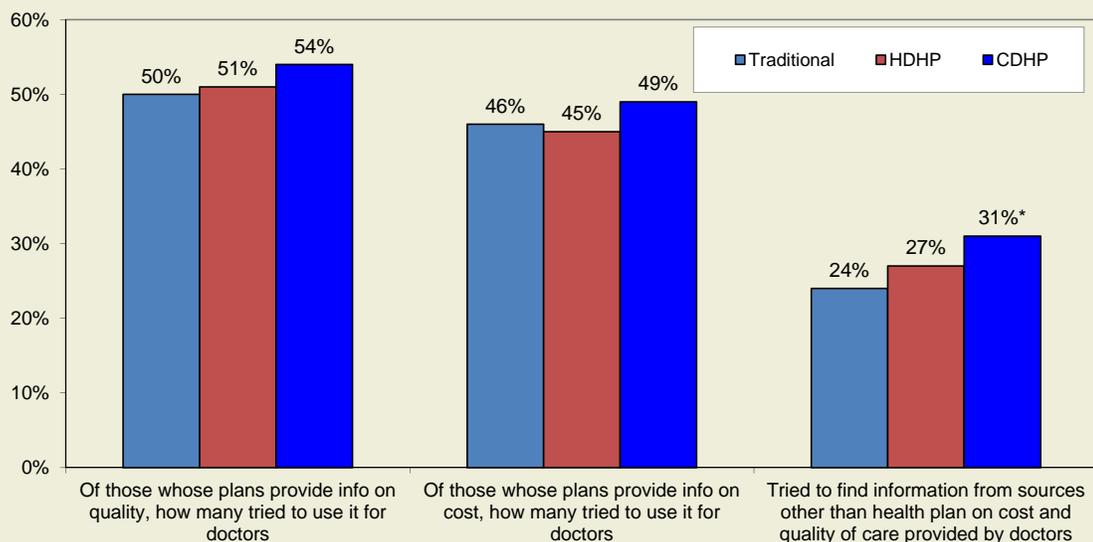
Cost-Conscious Decision Making, by Type of Health Plan, 2011 (Percent of privately insured adults 21-64 who received health care in last twelve months)



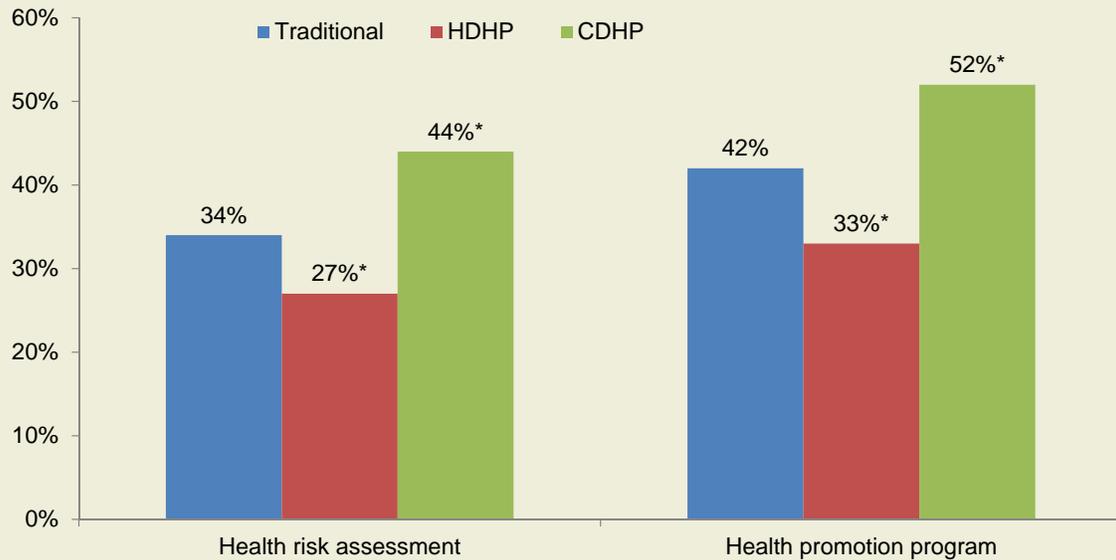
Trends in Cost-Conscious Decision Making, CDHP Enrollees, 2009-2011

	2009	2010	2011
Checked whether health plan would cover care	61%	53%^	59^
Asked for generic drug instead of brand name	56	51^	53
Talked to doctor about treatment options/costs	40	33^	36^
Asked doctor to recommend less costly drug	39	37	38
Checked price of service before getting care	35	27^	34^
Checked quality rating of doctor/hospital	27	22^	27^
Filled out health risk assessment	n/a	75	73
Used online cost tracking tool	24	20^	21

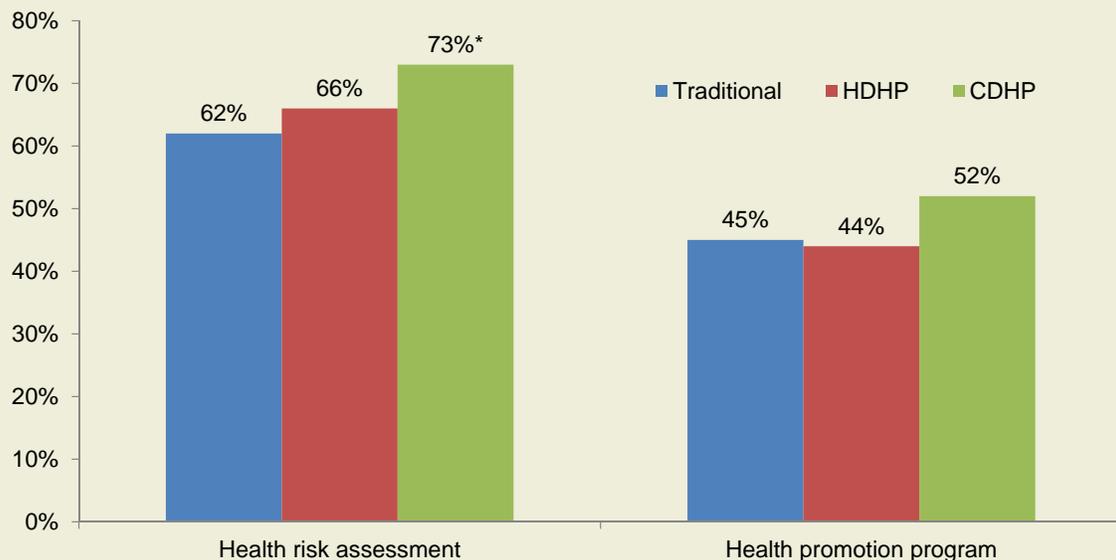
Use of Quality and Cost Information Provided by Health Plan and Effort to Find Information From Other Sources, 2011



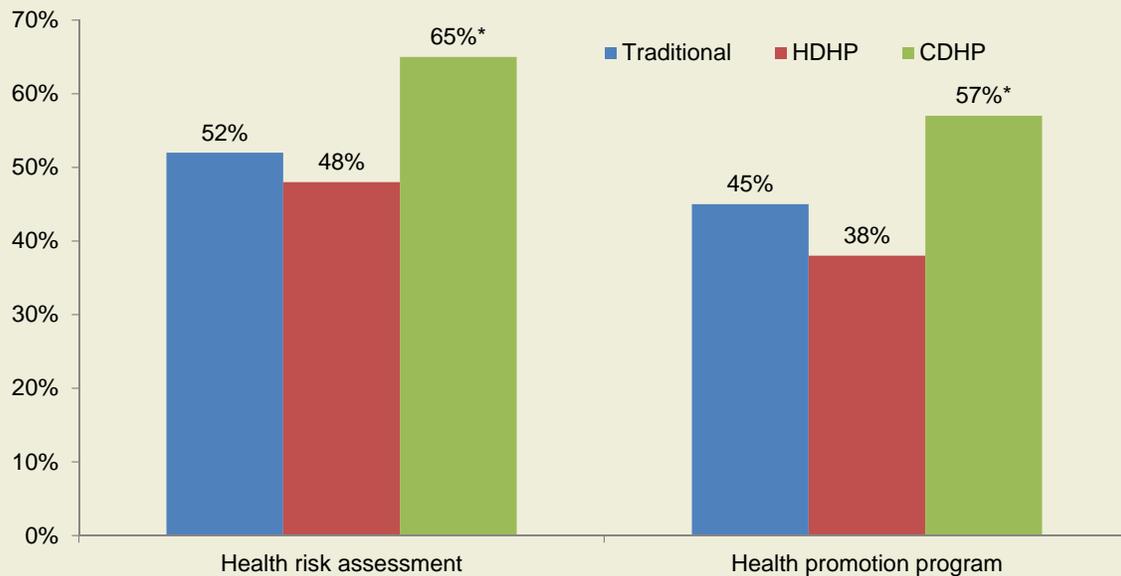
Employer Offers Wellness Program, by Type of Health Plan, 2011



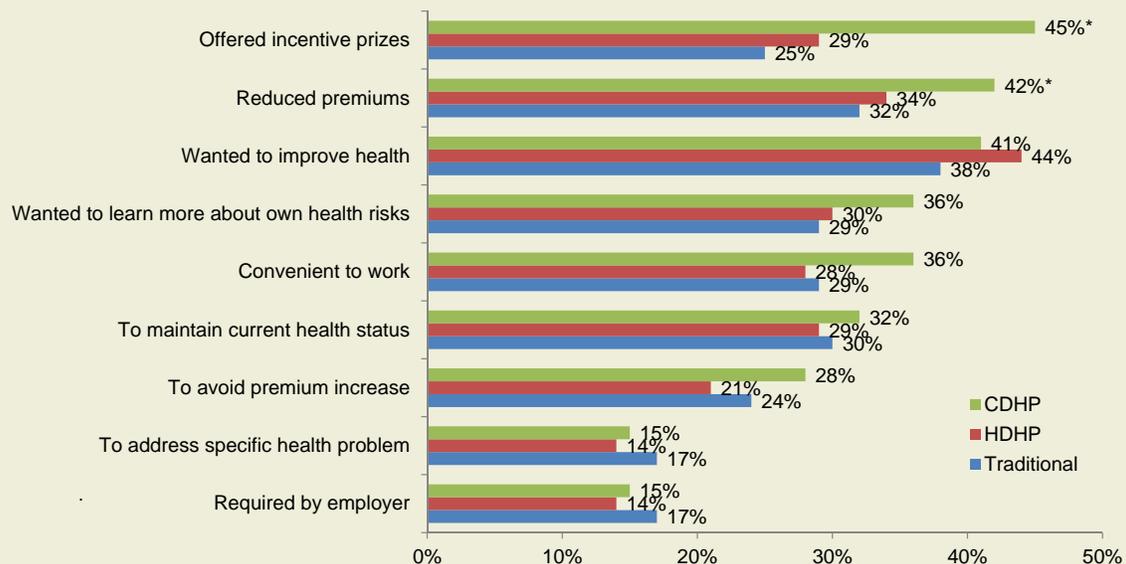
Individual Participates in Wellness Program Offered by Employer Among Those Offered a Wellness Program, by Type of Health Plan, 2011



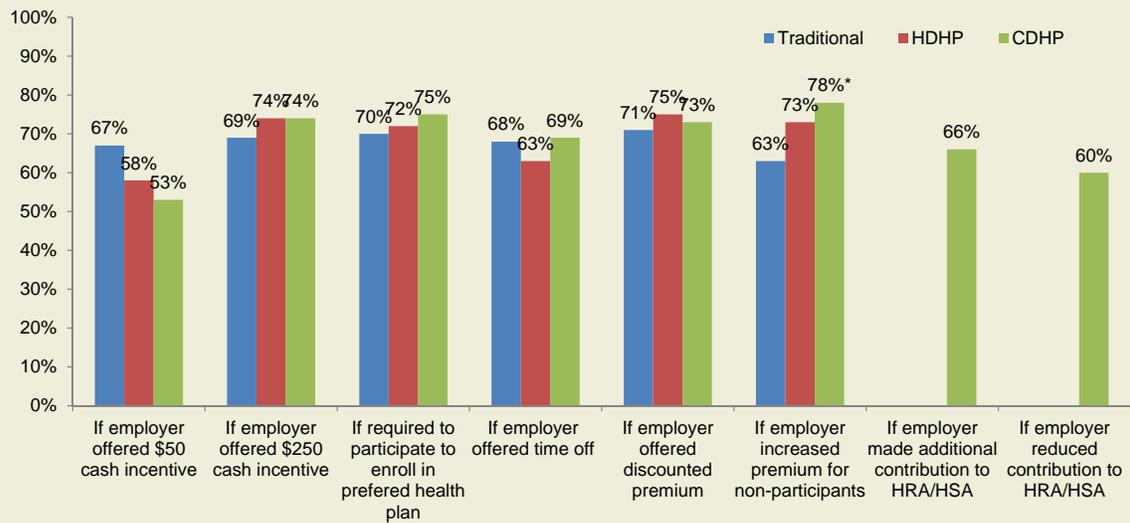
Employer Offers Cash Incentive or Reward for Participating in Wellness Program, Among Workers Whose Employer Offers Wellness Program, by Type of Plan, 2011



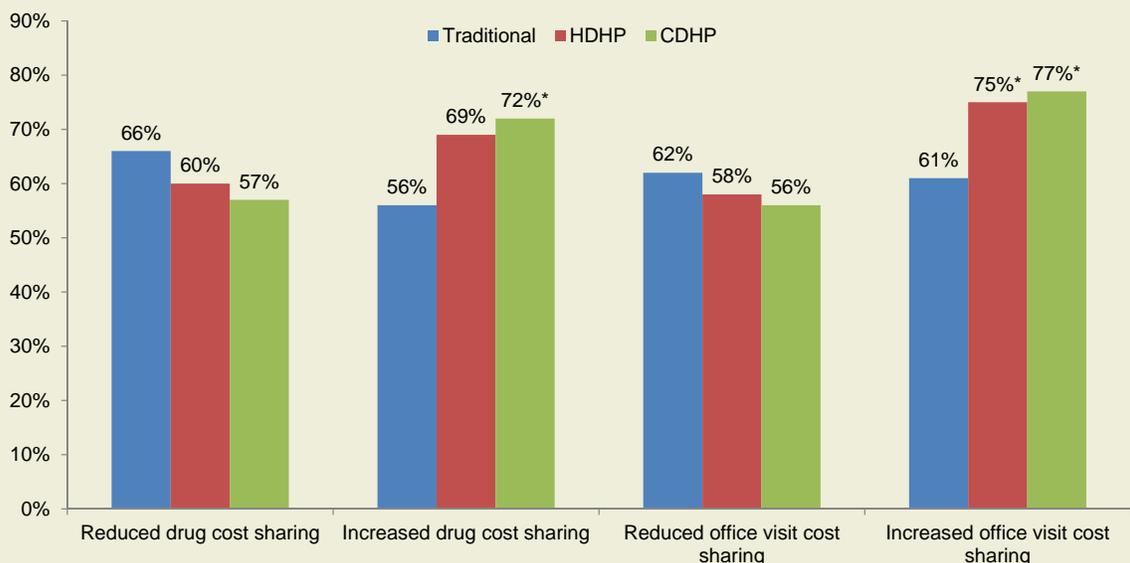
Reasons for Participating in Employers Wellness Program, 2011



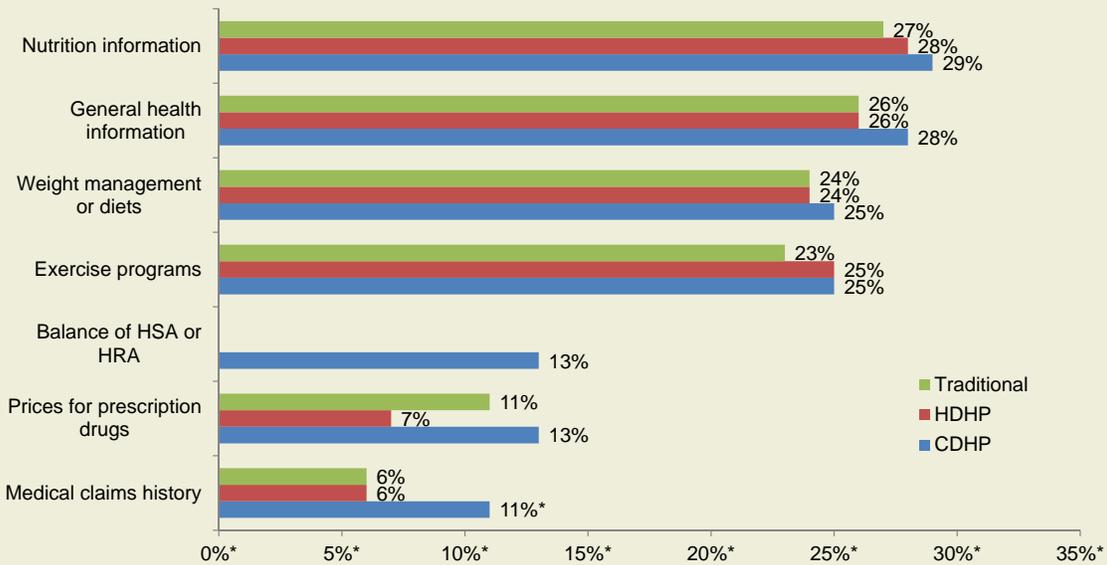
Percentage of Individuals Reporting that They Would Probably Participate in Employer Wellness Program, by Various Financial Incentives and Type of Health Plan, 2011



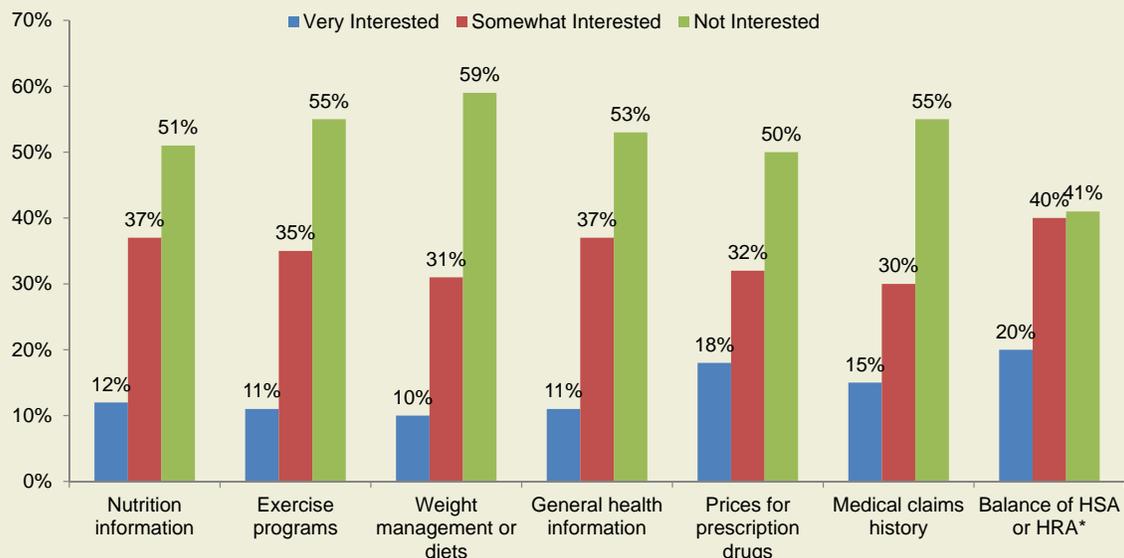
Percentage of Individuals Reporting that They Would Probably Participate in Employer Wellness Program, by Various Cost Sharing Incentives and Type of Health Plan, 2011



**Percentage of Individuals Reporting that They Used an App More than Once for a Smartphone or Tablet, by Various Health-Related Purposes and Type of Health Plan, 2011
(Among Those Who Use a Smartphone or Tablet)**



**Interest in Using an App for a Smartphone or Tablet, by Health-Related Function, 2011
(Among those that never used an App for a Smartphone or Tablet)**



Selection Issues

CDHP Enrollees

- More likely to be in excellent or very good health
- Less likely to smoke
- More likely to exercise (in all years of survey except 2010-2011)
- Less likely to be obese (in some years of the survey, not including 2011)

CDHP enrollees have higher income

CDHP enrollees are more educated