

FOR IMMEDIATE RELEASE: May 5, 2009

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New Research from EBRI:

Many Support Lower Cost Sharing to Change Health Care System Use

WASHINGTON—Many Americans support the use of lower cost sharing as an incentive to change the way individuals use the health care system in order to reduce costs, according to survey data published today by the nonpartisan Employee Benefit Research Institute (EBRI).

Employers have been interested in bringing aspects of “consumerism” into health plans for more than 25 years, according to the May 2009 *EBRI Notes*, which reports the survey data. Concurrent with the movement toward account-based plans, or “consumer-driven” health plans as they are more frequently called, employers have increasingly focused their attention more broadly on consumer engagement in health care. The use of lower cost sharing to change the way individuals use the health care system is one aspect of consumer engagement.

The May 2009 *EBRI Notes*, which reports data from 2008 EBRI/MGA Consumer Engagement in Health Care Survey, is available at www.ebri.org. Some of the findings:

- More than one-half (58 percent) of individuals surveyed support lower cost sharing for patients who actively participate in a program to maintain or improve their health.
- Forty percent support lower cost sharing for patients who use treatments that have been scientifically proven to be effective for their medical condition.
- One-third (34 percent) support lower cost sharing for patients who choose to see high-performing health care providers.
- About one-half (47 percent) support lower cost sharing for patients who choose less invasive procedures to treat their medical conditions.

Persons who self-rate their health status as excellent or very good are more supportive of lowered cost sharing than those in not as good health, according to a breakdown of the new survey data. Obese individuals and smokers are generally less likely than those who are not to support lowered cost sharing for engaged patients, according to a breakdown of the survey results.

Men are much more likely than women to think that cost sharing should vary with an individual’s level of engagement in their own health care, the breakdown also showed. Younger individuals are generally more likely than older individuals to support lower cost sharing for those who comply with patient engagement rules. In addition, Asians are across the board more likely than other race/ethnic groups to support the concept. Non-Hispanic blacks are least likely to support lower cost sharing, while Hispanics and non-Hispanic whites are in the middle.

Additional information about the 2008 EBRI/MGA Consumer Engagement in Health Care Survey appeared in the November 2008 *EBRI Issue Brief* and December 2008 *EBRI Notes*, both also available at www.ebri.org

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PR #839