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1100 13th St. NW • Suite 878 • Washington, DC 20005
(202) 659-0670 • www.ebri.org • Fax: (202) 775-6312

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CONTACTS: Paul Fronstin, EBRI, (202) 775-6352, fronstin@ebri.org
John MacDonald, EBRI, (202) 775-6349, macdonald@ebri.org

New Research from EBRI:

Consumer-Driven Health Plan Participants Display Cost-Conscious Behavior, Utilize Wellness Programs

WASHINGTON—Individuals in consumer-driven health plans (CDHPs) are more likely than those with traditional coverage to exhibit a number of cost-conscious behaviors, to be more engaged in wellness programs, and to be more inclined to think that financial incentives matter in holding down costs, according to survey results released today by the nonpartisan Employee Benefit Research Institute (EBRI).

At the same time, the fifth annual survey found that satisfaction levels for individuals in traditional health plans were higher again this year than for those in consumer-driven plans. As before, the survey found that the health, income, and education profiles of consumer-driven plan participants were different from those of traditional plan enrollees: People who are younger, healthier, higher-income, and better educated are more likely to be in consumer-driven health plans.

The findings are from the 2009 EBRI/MGA Consumer Engagement in Health Care Survey, which provides nationally representative data regarding the growth of CDHPs and high-deductible health plans (HDHPs), and the impact of these plans and consumer engagement more generally on the behavior and attitudes of adults with private health insurance coverage. Findings from this survey are compared with earlier surveys and appear in the December 2009 *EBRI Issue Brief,* available at www.ebri.org

In theory, CDHP incentives are designed to promote heightened sensitivity to cost and quality in individuals' decisions about their health care, the *Issue Brief* says. Thus, account-based plans and plans with higher deductibles seek to use cost-sharing as a tool that will be more likely to engage individuals in their health care, compared with persons enrolled in more traditional health insurance coverage. Here are some of the findings:

Cost-conscious behavior: Individuals in CDHPs in 2009 were more likely than those with traditional coverage to say that they had checked whether the plan would cover care (61 percent CDHP vs. 50 percent traditional); asked for a generic drug instead of a brand name (56 percent CDHP vs. 46 percent traditional); talked to their doctor about prescription drug options and costs (44 percent CDHP vs. 35 percent traditional); talked to their doctor about other treatment options and costs (40 percent CDHP vs. 33 percent traditional); asked their doctor to recommend a less costly prescription drug (39 percent CDHP vs. 34 percent traditional), developed a budget to manage health care expenses (32 percent CDHP vs. 15 percent traditional); and checked the price of service before getting care (35 percent CDHP vs. 25 percent traditional).

Wellness program engagement: CDHP enrollees were more likely than traditional plan enrollees to take advantage of a wellness program, either a health risk assessment or a health promotion program. Slightly more than 70 percent of CDHP enrollees participated in a health risk assessment, compared with 56 percent of traditional plan enrollees. Similarly, 53 percent of CDHP enrollees participated in a health promotion

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program, compared with 42 percent among traditional plan enrollees. In addition, 41 percent of CDHP enrollees reported that their employer offered a health risk assessment, compared with 31 percent of traditional plan enrollees and 22 percent of HDHP enrollees.

Financial incentives: Financial incentives were more a factor for CDHP enrollees than for traditional plan enrollees. For example, 31 percent of CDHP enrollees would change to doctors who used health information technology in response to lower cost sharing, compared with one-quarter of traditional plan enrollees. CDHP enrollees also would be more likely than traditional plan enrollees to switch doctors to one who used e-mail to deliver lab tests, allowed the individual to schedule appointments online, and answered patient questions via e-mail. Overall, about 60 percent of CDHP enrollees, and 50 percent of traditional plans enrollees, would change to doctors using health information technology.

Other findings:

- Differences in overall satisfaction levels by plan type found in previous surveys were unchanged in 2009. Traditional plan enrollees were more likely than CDHP and HDHP enrollees to be extremely or very satisfied with the overall plan in all years of the survey. Differences in satisfaction with out-of-pocket costs may explain a significant portion of the difference in overall satisfaction rates among traditional plan, HDHP, and CDHP enrollees.

- Adults in CDHPs were significantly less likely to have a health problem than were adults in HDHPs or traditional plans, were significantly less likely to smoke than were adults in traditional plans, and were significantly more likely than those with traditional health coverage to have a high household income and to be highly educated.

- Overall, the survey found that in 2009, 4 percent of the population was enrolled in a CDHP, up from 3 percent in 2008. Enrollment in HDHPs increased from 11 percent in 2008 to 13 percent in 2009. The 4 percent of the population with a CDHP represents 5 million adults ages 21–64 with private insurance, while the 13 percent with a HDHP represents 16.2 million people.

The 2009 EBRI/MGA Consumer Engagement in Health Care Survey is based on a survey of 4,226 privately insured adults ages 21–64. The survey was conducted within the United States between August 8 and August 20, 2009, through a 14-minute Internet survey. Findings from the 2009 survey are compared with findings from the 2005, 2006, and 2007 EBRI/Commonwealth Fund Consumerism in Health Care Survey, and the 2008 EBRI/MGA Consumer Engagement in Health Care Survey.

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