

EBRI-ERF Policy Forum
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ISFS

Institute for Socio-Financial Studies

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What Consumers Want:
Values-Focused Health
Benefits and Care



What we want from consumers...

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- More autonomy and rational decision-making.
- More cost consciousness.
- Their willingness to ration their own care and to “partner” with their providers.
- Their agreement to share the high and growing costs of coverage and care.
- More personal responsibility for their own health and financial outcomes.

What consumers *want*...

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- More employers to negotiate for affordable coverage and advocate for them.
- Safe hospitals and other care facilities.
- Freedom to choose their own medical services providers when they believe they need care.
- Ability to clearly understand the terms and costs of their health coverage and care.
- To be guided and helped to navigate the system they know must change.
- To be part of “the conversation.”

Can we find common ground?

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After decades of...

- Employment-based responsibility for health benefits.
- Not understanding or having to deal with details, prices, bills, and paperwork.
- Limited need for health research or financial decision-making.
- Few worries about rising costs.
- Creeping mistrust in the “system.”
- The “uninsured” usually referring to the “other guy.”

Yes, if we can...

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1. Understand and *address* consumers' bigger financial picture.
2. Provide, support, and coordinate *workplace financial education programs* that address the new realities of health coverage and care.
3. Include consumers in the “health care conversation” and listen to what they have to say.

Consumers' bigger financial picture...

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- Save for emergencies.
- Save to build assets—buy a home, invest.
- Save for your children's education or they will not be able to make a living wage.
- Save for retirement or you will become impoverished in later life.
- *Now, save for the health care you may need but cannot foresee or have the power to control.*

Limits in consumer health knowledge...

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Most consumers now know little about:

- How the health care system (and markets) work,
- What evidence-based or value-based medicine is,
- Connections between coverage, cost, care and lifetime health, or
- *The coverage they already have.*

Values-based Consumer Education

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- Taps into what consumers value.
- Is bottom up, not just top down.
- Is clear and respectful.
- Is motivating and empowering.
- And rewards both its sponsors and consumers.

Values-based Consumer Education

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What we know from prior research...

- Employer-sponsored education works.
- Education in the community also works.
- Topics and teaching materials must tap into consumer values in order to be effective.
- Socio-culturally sensitive teaching methods are required.

Values-based Consumer Education

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What we know from prior research...

- Consumers can be motivated to learn new ways if they are helped and guided.
- Internet resources are only partly effective.
- Document literacy is critical.
- Financial education helps consumers know they matter to their employers.

The “conversation” requires...

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1. The willingness to listen.
2. Greater plain English sources of health coverage information and less health coverage and care jargon.
2. Helping consumers believe they can *successfully* navigate the health care system.
3. Coverage and care informed by what consumers value.

Real Health Care Consumerism

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..in the U.S. has the best shot at success through employment-based health plans that help consumers:

1. *Discern coverage and care choices competently within their total financial contexts,*
2. *Manage their coverage and care alternatives with clarity and “standing,”*
3. *Envision and plan wisely for their future,*
4. *Respond competently to adversity, and*
5. *Know where to turn and what to do when they cannot pay or care for themselves.*