

Findings from the 2008 Consumer Engagement in Health Care Survey

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2008 Consumer Engagement in Health Care Survey - Methodology

Conducted online using Synovate's online sample 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

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Analysis Groups

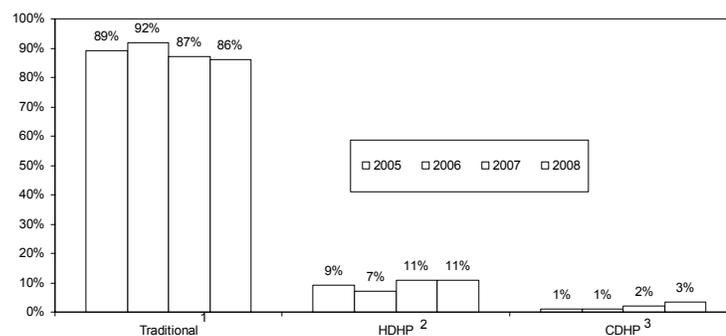
3 Groups:

- 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.
- Traditional insurance – balance of what's not included above

Sample sizes (4,532 total):

- CDHP: 1,184 (79 base, 1,102)
- HDHP: 1,634 (215 base, 1,419)
- Traditional: 1,714

Distribution of Adults Covered by Private Health Insurance, by Type of Health Plan, 2005-2008



Source: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005-2007. EBRI Consumer Engagement in Health Care Survey, 2008.

1 Traditional = health plan w/ no deductible or <\$1000 (individual), <\$2000 (family);

2 HDHP = High-deductible health plan w/ deductible \$1000+ (individual), 2000+ (family), no account;

3 CDHP = Consumer-driven health plan w/ deductible \$1000+ (individual), \$2000+ (family), w/ account.

CDHP & HSA Eligible Enrollment

	2005	2006	2007	2008
Adults with private insurance (millions)	121.7	123.9	125.1	125.1*
Traditional (millions)	108.3	114.0	108.8	107.5
HDHP (millions)	11.0	8.7	13.8	13.4
CDHP (millions)	1.2	1.2	2.5	4.2
% HSA eligible of HDHP	32%	31%	42%	42%
HSA eligible (millions)	3.5	2.7	5.8	5.6
CDHP + HSA eligible (millions)	4.7	3.9	8.3	9.8
CDHP + HSA eligible % of total	3.9%	3.2%	6.6%	7.9%



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Income Trends – Percentage With Household Income of \$100,000 or More

	2005	2006	2007	2008
Traditional	21	21	21	23
CDHP	22	11	31	40
HDHP	15	8	23	28

Source: 2008 EBRI Consumer Engagement in Health Care Survey.



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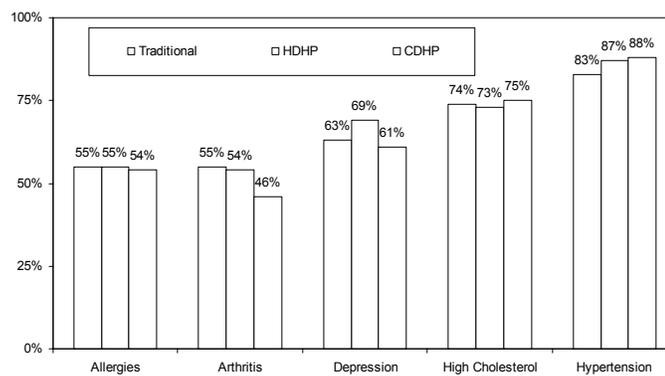
Health Status Differences

	Excellent/Very Good Health	No Regular Exercise	Smokes
Traditional	56	25	20
CDHP	66	17	13
HDHP	54	21	15

Source: 2008 EBRI Consumer Engagement in Health Care Survey.

Following Treatment Regimens for Chronic Disease, 2008

(Percent of privately insured adults 21–64 with chronic conditions who strongly/somewhat agree that they follow their treatment regimens very carefully)



Source: EBRI Consumer Engagement in Health Care Survey, 2008.
* Difference between HDHP/CDHP and Traditional is statistically significant at $p \leq 0.05$ or better.

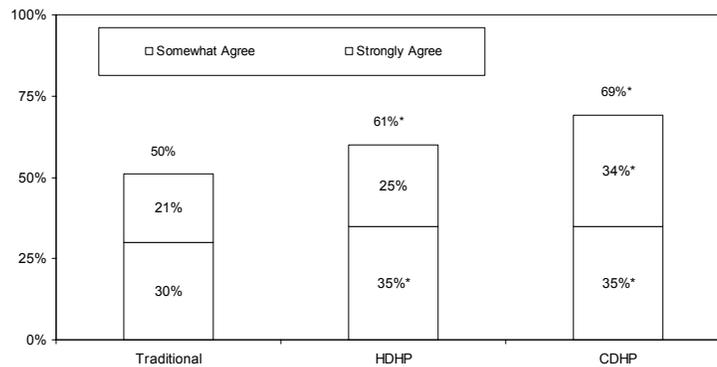
Access Issue Trends – Percentage with Access Issue¹, 2005-2008

	2005	2006	2007	2008
Traditional	29	30	28	33 [^]
CDHP	48	49*	38* [^]	35
HDHP	44	44*	43*	43*

Source: 2005-2007 EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2008 EBRI Consumer Engagement in Health Care Survey.
¹ Access Issue defined as either 1) Not filled a prescription due to cost, 2) Skipped doses to make medication last longer, or 3) delayed or avoided getting health care due to cost.
 * Difference between HDHP/CDHP and Traditional is significantly significant at $p \leq 0.05$ or better.
[^] Difference from prior year shown is statistically significant at $p \leq 0.05$ or better.

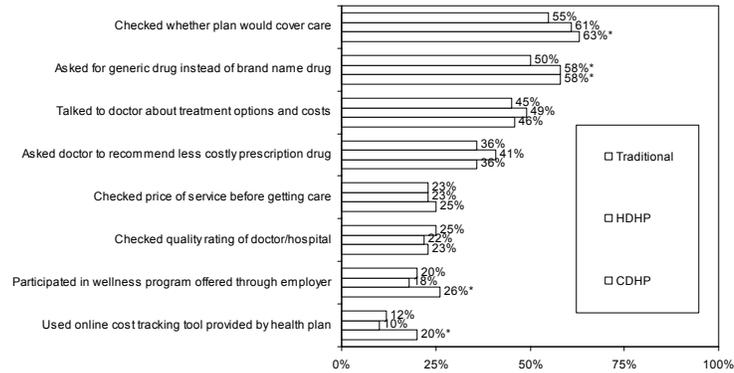
Percent of Adults Who Agree That Terms of Coverage Make Them Consider Cost When Deciding to Seek Health Care Services, 2008

(Percent of privately insured adults 21–64)



Source: EBRI Consumer Engagement in Health Care Survey, 2008.
 * Difference between HDHP/CDHP and Traditional is statistically significant at $p \leq 0.05$ or better.

Cost-Conscious Decision Making, by Type of Health Plan, 2008 (Percent of privately insured adults 21–64 who received health care in last twelve months)

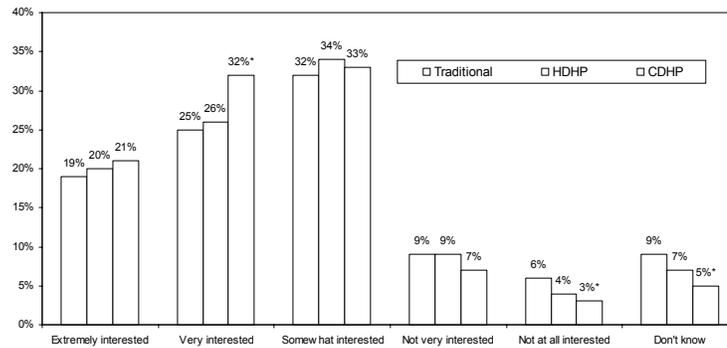


Source: EBRI Consumer Engagement in Health Care Survey, 2008.
* Difference between HDHP/CDHP and Traditional is statistically significant at $p \leq 0.05$ or better.

Trends in Cost-Conscious Decision Making, Traditional Plan Enrollees, 2007-2008

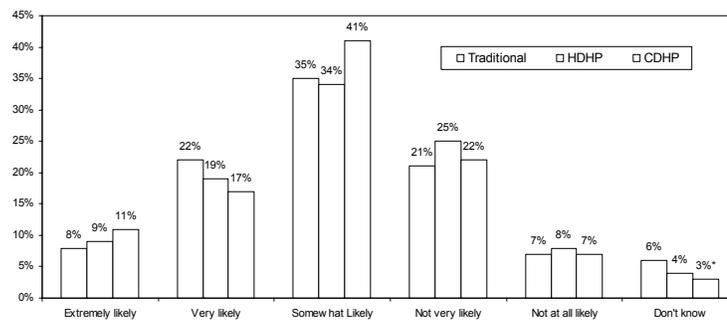
	2007	2008
Checked whether health plan would cover care	50%	55% [^]
Asked for generic drug instead of brand name	46%	50% [^]
Talked to doctor about treatment options/costs	44%	45%
Asked doctor to recommend less costly drug	30%	36% [^]
Checked price of service before getting care	21%	23%
Checked quality rating of doctor/hospital	20%	25% [^]
Participated in employers wellness program	15%	20% [^]
Used online cost tracking tool	8%	12% [^]

Interest in Using Select Networks Composed of Only Medical Providers With Records of Providing High-Quality Care Combined With Lower Cost Sharing, by Type of Plan, 2008



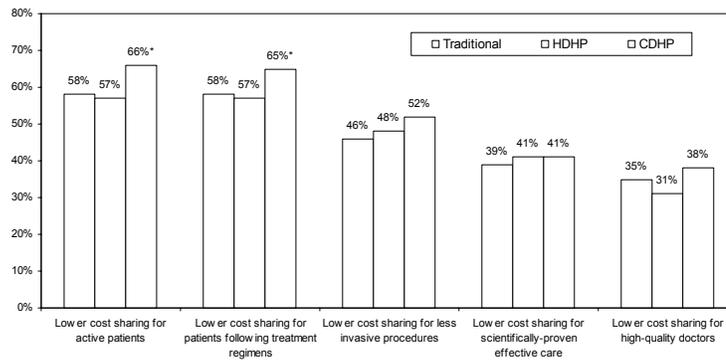
Source: EBRI Consumer Engagement in Health Care Survey, 2008.
 * Difference between HDHP/CDHP and Traditional is statistically significant at $p \leq 0.05$ or better.

Likelihood of Changing to Select Network if Current Doctor was Not in Select Network, by Type of Plan, 2008



Source: EBRI Consumer Engagement in Health Care Survey, 2008.
 * Difference between HDHP/CDHP and Traditional is statistically significant at $p \leq 0.05$ or better.

Agreement With Statements about Proposed Ways to Engage Consumers in Managing Health Care Costs, by Type of Plan, 2008



Source: EBRI Consumer Engagement in Health Care Survey, 2008.
 * Difference between HDHP/CDHP and Traditional is statistically significant at $p \leq 0.05$ or better.

Summary of Other Available Findings

- Overall satisfaction, and differences for quality and cost
- Length of time on plan
- Familiarity with plan
- Demographics & job characteristics
- Opinions about health plan
- Health plan options and reasons for decisions
- Among those with an account: employer and employee contribution levels, account balances, and rollover activity

Discussion



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