COVID-19, Telemedicine, and More: Findings from the 2020 Consumer Engagement in Health Care Survey

EBRI Webinar
February 24, 2021
Acknowledgment

Thanks to the CEHCS members who supported this survey:
Speakers

Edna Dretzka, Managing Director, Healthcare, Greenwald Research

Lauren Choi, Managing Director for Health Data and Technology Policy, Blue Cross Blue Shield Association (BCBSA)

Jerome (JT) Shilling, Partner, Employee Health & Benefits, Mercer

Moderator: Paul Fronstin, Director of the Health Research and Education Program, EBRI
2020 CONSUMER ENGAGEMENT IN HEALTH CARE SURVEY
2020 CEHCS Overview

16th Annual Consumer Engagement in Health Care Survey

2,032 individuals ages 21 to 64

Fielded July 28th to September 11th

Weighted by gender, age, income, ethnicity, education, and region

2020 CEHCS Funders

- Blue Cross and Blue Shield Association
  - Conduent HR
  - HealthEquity, Inc.
- National Rural Electric Cooperative Association
  - Prudential Financial
    - Segal
    - TIAA
    - UMB Financial
COVID-19 Caused 1 in 5 Privately Insured Adults to Delay Seeking Health Care as of August 2020

1 in 5 health care consumers delayed medical care as a result of COVID-19.

Source: Employee Benefit Research Institute/Greenwald Research, 2008-2020 Consumer Engagement in Health Care Survey
Stated Importance of Telemedicine by Consumers in 2020 Stayed Consistent with 2017

Source: Employee Benefit Research Institute and Greenwald Research, 2020 Consumer Engagement in Health Care Survey

Importance of Telemedicine in Overall Population
2017 vs 2020

Change in Extreme Importance by Segment
2017 vs 2020

Gender
- Female
- Male

Race
- White
- Black
- Hispanic
- Asian
- Other

-5% 0% 5% 10% 15%

Not sure
2020: 6%
2017: 12%

Not at all important
2020: 12%
2017: 12%

Not too important
2020: 16%
2017: 21%

Somewhat important
2020: 34%
2017: 39%

Very important
2020: 20%
2017: 21%

Extremely important
2020: 7%
2017: 12%
Use of Telemedicine Nearly Doubled in 2020 from 2017, with Many Seeing their Own Doctors Virtually

40% of privately insured adults had at least one telemedicine visit in 2020 versus 20% in 2017

67% of users of Telemedicine report that they are seeing a health provider that they already know, versus 50% in 2017
In August 2020, 55% of Privately Insured Americans were Willing to Take the COVID-19 Vaccine, when Available

Profile of Willing Consumers

- At least a college degree
- Urban/Suburban
- Proactive healthcare consumer (actively searches for cost of health care services before getting care)
- Find telemedicine services extremely or very important

Nationally, 55% of Americans with private health insurance are willing to take a COVID-19 vaccine.

Nearly 9 in 10 believe that the full cost of the vaccine should be paid by their health insurance company.

Source: Employee Benefit Research Institute/Greenwald Research, 2008-2020 Consumer Engagement in Health Care Survey
Enrollment in Plans with High Deductible Continues to Increase

1 in 3 are enrolled in a health plan with a high deductible (either CDHP or HDHP)

Breakdown of CDHP/HDHP Enrollment in 2020

- 19% are enrolled in a CDHP (HSA eligible) up from 15% in 2019
- 15% are enrolled in a HDHP (not eligible to be paired with an account) up from 13% in 2019

Source: Employee Benefit Research Institute/Greenwald Research, 2008-2020 Consumer Engagement in Health Care Survey
Awareness of Consumer Directed Health Plans Increased Among All Plan Types in 2020

Source: Employee Benefit Research Institute and Greenwald Research, 2020 Consumer Engagement in Health Care Survey
Six in ten privately insured consumers are offered a choice of plans

HDHP enrollees significantly more likely to have choice of 2 or 3 plans

One in five traditional plan owners with a choice of plans have the option for an HDHP/CDHP – or an HSA-eligible plan

Traditional and High Deductible Plan Holders Assess Health Plan Value Differently

How important were each of the following aspects of a health plan in your choice of your current plan?

Top six shown

<table>
<thead>
<tr>
<th>Traditional Plan</th>
<th>Very Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good network of physicians and hospitals</td>
<td>79%</td>
</tr>
<tr>
<td>Easy to access health care</td>
<td>77%</td>
</tr>
<tr>
<td>Prescription drug coverage</td>
<td>71%</td>
</tr>
<tr>
<td>Low out-of-pocket costs when you see the doctor</td>
<td>70%</td>
</tr>
<tr>
<td>Lower cost of premium</td>
<td>64%</td>
</tr>
<tr>
<td>Simple to understand</td>
<td>60%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>High Deductible Health Plan</th>
<th>Very Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good network of physicians and hospitals</td>
<td>75%</td>
</tr>
<tr>
<td>Easy to access health care</td>
<td>75%</td>
</tr>
<tr>
<td>Prescription drug coverage</td>
<td>65%</td>
</tr>
<tr>
<td>Lower cost of premium</td>
<td>64%</td>
</tr>
<tr>
<td>Low out-of-pocket costs when you see the doctor</td>
<td>60%</td>
</tr>
<tr>
<td>Simple to understand</td>
<td>55%</td>
</tr>
</tbody>
</table>

Source: Employee Benefit Research Institute/Greenwald Research, 2008-2020 Consumer Engagement in Health Care Survey
Majority of Consumers Use HSAs to Pay for Out-of-Pocket Expenses, also as a Savings Account

### How do you use your account?

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay for out-of-pocket expenses incurred this year or in the near-term</td>
<td>69%</td>
</tr>
<tr>
<td>Save for health care expenses in retirement</td>
<td>40%</td>
</tr>
<tr>
<td>Cover unexpected medical expenses &amp; save more in other accounts</td>
<td>32%</td>
</tr>
<tr>
<td>To pay for a mix of short-term &amp; long-term HC expenses</td>
<td>26%</td>
</tr>
<tr>
<td>Minimize taxes</td>
<td>39%</td>
</tr>
<tr>
<td>Reimburse self for out-of-pocket health expenses</td>
<td>23%</td>
</tr>
<tr>
<td>Investing account funds in market</td>
<td>15%</td>
</tr>
</tbody>
</table>

67% also HSA enrollees also see HSA as a Savings Account

Source: Employee Benefit Research Institute/Greenwald Research, 2008-2020 Consumer Engagement in Health Care Survey
1 in 3 Consumers would be More Likely to Accumulate and Invest Unused HSA Funds with More Information

Which of the following would make you more likely to accumulate and invest unused funds in your account?

Has HSA; CDHP

<table>
<thead>
<tr>
<th>Option</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Review of HSA Balance</td>
<td>39%</td>
</tr>
<tr>
<td>Online Informational Materials About How Account Works</td>
<td>32%</td>
</tr>
<tr>
<td>HSA Contribution Calculator</td>
<td>23%</td>
</tr>
<tr>
<td>Printed Info Materials</td>
<td>13%</td>
</tr>
<tr>
<td>Mobile Deposit</td>
<td>13%</td>
</tr>
<tr>
<td>None of These</td>
<td>30%</td>
</tr>
<tr>
<td>Emailed Info Materials</td>
<td>22%</td>
</tr>
<tr>
<td>Personal Rec.</td>
<td>11%</td>
</tr>
<tr>
<td>Auto Deposit from Tax Refund</td>
<td>10%</td>
</tr>
<tr>
<td>Electronic Reminders</td>
<td>8%</td>
</tr>
</tbody>
</table>

Source: Employee Benefit Research Institute/Greenwald Research, 2020 Consumer Engagement in Health Care Survey
Traditional Plan Enrollees are Less Likely to Report Making Cost-Conscious Decisions than High-Deductible Plan Enrollees

In the last year/Since you joined your current health plan, did you do any of the following?

Percentage Yes

<table>
<thead>
<tr>
<th>Activity</th>
<th>Traditional (n=784)</th>
<th>High Deductible (n=1,248)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checked plan coverage</td>
<td>37%</td>
<td>53%</td>
</tr>
<tr>
<td>Checked the quality ratings</td>
<td>37%</td>
<td>41%</td>
</tr>
<tr>
<td>Checked the price before care</td>
<td>34%</td>
<td>42%</td>
</tr>
<tr>
<td>Ask Dr. about Rx options &amp; costs</td>
<td>32%</td>
<td>32%</td>
</tr>
<tr>
<td>Ask Dr. about treatment options &amp; costs</td>
<td>29%</td>
<td>34%</td>
</tr>
<tr>
<td>Used healthcare expense tracking tool</td>
<td>19%</td>
<td>25%</td>
</tr>
<tr>
<td>Developed healthcare budget</td>
<td>16%</td>
<td>19%</td>
</tr>
<tr>
<td>Declined procedure due to cost</td>
<td>16%</td>
<td>19%</td>
</tr>
</tbody>
</table>

Source: Employee Benefit Research Institute/Greenwald Research, 2020 Consumer Engagement in Health Care Survey
EBRI COVID-19, Telemedicine, and More
Webinar
BCBSA Policy Perspective

February 24, 2021

Lauren Choi, Managing Director, Health Data and Technology Policy
COVID19 and BCBS Companies – Expanding Access through Telehealth

• Since March, 2020, BCBS Companies have expanded access and coverage for telehealth.

• Together with co-pay waivers for COVID-19 testing and treatment, the Blues system collectively has provided over $7 billion to assist during the pandemic.
Prior to COVID19, telehealth offerings were often seen as extra services with restrictions and limits.

During the public health emergency (PHE), federal and state governments have provided significant waivers to expand access.

- **Biden Administration signals extension of PHE to end of 2021**
- **Congress and HHS/CMS** have expanded **who, where and what types** of telehealth services can be provided while expanding communication methods for telehealth mostly during PHE.
- **Many states** have followed by issuing waivers, new legislation and EOs to expand telehealth access during PHE.

When the PHE period ends, many telehealth policy may revert to pre-PHE. Federal and state governments are taking action now to propose new regulations and legislation to maintain telehealth expansions beyond PHE.

**Key questions and opportunities beyond COVID19 PHE:**
- Reimagining virtual care and telehealth by harnessing the power of technology to expand consumer access while driving cost efficiencies and consumer trust.
Telehealth policy should focus on **expanding care access, with greater efficiency and flexibility** while ensuring consumer trust

**• Access and Efficiency:**
  - Expansion of coverage especially for rural, behavioral health
  - Remove administrative burdens that limit access/efficiency - Site restrictions, out-of-state licensure limitations
  - Funding for broadband and telehealth tools for rural and underserved areas

**• Flexibility:**
  - Provide maximum flexibility to meet needs of community without government mandates around coverage and payment

**• Consumer Trust:**
  - Align with HIPAA standards and guardrails against fraud and abuse while expanding communication tools
Questions?

Lauren Choi, MA, JD
Managing Director
Health Data and Technology Policy

Lauren.choi@bcbsa.com
Highlights from Mercer's National Survey
Key Trends in HSAs

JT Shilling
Partner and Health Office Business Leader

welcome to brighter
About Mercer’s National Survey of Employer-Sponsored Health Plans

**Long running**
Marking 36 years of measuring health plan trends

**Robust**
1,812 employers participated in 2020

**Comprehensive**
Extensive questionnaire covers a full range of health benefit issues and strategies

**Statistically valid**
Based on a probability sample of private and public employers for reliable results

**Includes employers of all sizes, all industries, all regions**
Results project to all US employers with 50 or more employees

**Employer size groups in this presentation**
- Small: 50-499 employees
- Large and midsized: 500 or more employees
- Very large: 5,000 or more employees
- Jumbo: 20,000 or more employees

2020 Mercer National Survey of Employer-Sponsored Health Plans
Employers are using the events of 2020 to refocus their benefit strategies for 2021 and beyond

Manage cost by seeking value

Disruption in utilization meant lower-than-expected cost growth for many in 2020. At the same time, ongoing concerns about healthcare affordability kept focus for 2021 on creating value rather than shifting cost.

Benefits that deliver value to everyone, anywhere

While committed to providing a positive employee experience and creating a healthy workplace culture, employers are challenged to engage employees working remotely; to address inequities; and to ensure access to behavioral health care.

Virtual healthcare has arrived

Telemedicine utilization jumped in 2020 and employers are planning for a larger role. Ensuring that virtual care lives up to its potential will mean getting the costs and incentives right for a broader range of care modalities.
Fewer employers are offering a high-deductible consumer-directed health plan as a full replacement

![Bar chart showing percentage of employers offering CDHP in 2018 and 2020 for different employee size categories.](#)

**500 or more employees**
- 2018: 54%
  - Offer CDHP alongside other plan types: 33%
  - Offer CDHP as full replacement: 15%
  - Do not offer CDHP: 13%
- 2020: 72%
  - Offer CDHP alongside other plan types: 18%
  - Offer CDHP as full replacement: 10%
  - Do not offer CDHP: 13%

**20,000 or more employees**
- 2018: 63%
  - Offer CDHP alongside other plan types: 15%
  - Offer CDHP as full replacement: 15%
  - Do not offer CDHP: 15%
- 2020: 68%
  - Offer CDHP alongside other plan types: 22%
  - Offer CDHP as full replacement: 22%
  - Do not offer CDHP: 15%

Plans offered at largest worksite

2020 Mercer National Survey of Employer-Sponsored Health Plans
Full-replacement strategies are on the decline, but CDHP plan enrollment is still rising

Percentage of covered employees enrolled in account-based consumer-directed health plans

*Based on employers with 50 or more employees.
2020 Mercer National Survey of Employer-Sponsored Health Plans
More on HSAs
Primary objective for offering HSA-eligible plan
HSA sponsors with 500 or more employees

- **27%**
  Plan is our core health plan; enrollment is a goal

- **61%**
  Offer plan as a low-cost option to provide medical plan choice

- **6%**
  Implemented plan primarily to meet ACA affordability requirements

- **7%**
  Other Objective

*2018 Mercer National Survey of Employer-Sponsored Health Plans*
Employee contributions for HSA-eligible coverage significantly lower than for PPO and HMO coverage

<table>
<thead>
<tr>
<th></th>
<th>No contribution required</th>
<th>Average monthly dollar amount</th>
<th>Average contribution as a % of premium</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HSA-eligible CDHP</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee-only</td>
<td>5%</td>
<td>$93</td>
<td>17%</td>
</tr>
<tr>
<td>Family</td>
<td>2%</td>
<td>$356</td>
<td>22%</td>
</tr>
<tr>
<td><strong>PPO</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee-only</td>
<td>5%</td>
<td>$160</td>
<td>25%</td>
</tr>
<tr>
<td>Family</td>
<td>2%</td>
<td>$590</td>
<td>30%</td>
</tr>
<tr>
<td><strong>HMO</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee-only</td>
<td>7%</td>
<td>$128</td>
<td>22%</td>
</tr>
<tr>
<td>Family</td>
<td>3%</td>
<td>$523</td>
<td>29%</td>
</tr>
</tbody>
</table>

2020 Mercer National Survey of Employer-Sponsored Health Plans
## Account contributions, deductibles and OOP maximums

**HSA sponsors with 500 or more employees**

<table>
<thead>
<tr>
<th></th>
<th>% of sponsors making account contribution</th>
<th>Employer contribution amount* (median)</th>
<th>Deductible (median)</th>
<th>Out-of-pocket maximum (median)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-network</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee-only</td>
<td>85%</td>
<td>$500</td>
<td>$2,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>Family</td>
<td>85%</td>
<td>$1,000</td>
<td>$4,000</td>
<td>$7,400</td>
</tr>
<tr>
<td><strong>Out-of-network</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee-only</td>
<td>-</td>
<td>-</td>
<td>$3,500</td>
<td>$8,000</td>
</tr>
<tr>
<td>Family</td>
<td>-</td>
<td>-</td>
<td>$7,000</td>
<td>$15,000</td>
</tr>
</tbody>
</table>

*Among HSA sponsors that contribute to the account

2020 Mercer National Survey of Employer-Sponsored Health Plans
Treatment of account contributions*
HSA sponsors with 500 or more employees

*Among HSA sponsors that contribute to the account
2020 Mercer National Survey of Employer-Sponsored Health Plans
MERGER
welcome to brighter
Upcoming Events

Thursday, March 11 — Student Loan Debt: Who Has It, What Is Its Impact, and What Are Employers Doing to Help? webinar

Wednesday, March 24 — Unraveling the Retirement Nest-Egg Calculus: Why Do People Spend the Way They Do in Retirement? webinar, featuring a members-only after-show discussion

Wednesday, April 7 — The Three Certainties of Life: Death, Taxes, and Updates From EBRI’s HSA Database webinar

Save the Date: Spring Virtual Policy Forum May 10, 11, and 13