Satisfaction With Health Coverage and Care: Findings from the 2011 EBRI/MGA Consumer Engagement in Health Care Survey, by Paul Fronstin, Ph.D., EBRI

- Satisfaction levels have been trending up among CDHP enrollees, and trending down among traditional-plan enrollees. Satisfaction levels with getting doctor appointments were high relative to other aspects of health care, regardless of plan type.

- Individuals in consumer-driven health plans (CDHPs) and high-deductible health plans (HDHPs) were less likely than those in traditional plans both to recommend their health plan or to stay with their current plan, if they had the opportunity to switch.

- Dissatisfaction with out-of-pocket costs may be driving overall satisfaction trends.
Satisfaction With Health Coverage and Care: Findings from the 2011 EBRI/MGA Consumer Engagement in Health Care Survey

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Introduction

This paper examines satisfaction with various aspects of health care by type of health plan among three groups of health-plan enrollees: those with a consumer-driven health plan (CDHP), those with a high-deductible health plan (HDHP), and those with traditional coverage. The findings presented in this paper are derived from the 2011 EBRI/MGA Consumer Engagement in Health Care Survey, an online survey that examines issues surrounding consumer-directed health care, including the cost of insurance, the cost of care, satisfaction with health care, satisfaction with health care plans, reasons for choosing a plan, and sources of health information. This paper also incorporates findings from the 2011 survey as well as findings from the 2005, 2006, and 2007 EBRI/Commonwealth Fund Consumerism in Health Care Survey, and the 2008, 2009 and 2010 EBRI/MGA Consumer Engagement in Health Care Survey. More information about the surveys can be found in Fronstin (2011).

As noted above, the survey sample was divided into one of three groups: those with a CDHP, those with a HDHP and those with traditional health coverage. Individuals were assigned to the CDHP and HDHP groups if they had deductibles of at least $1,000 for individual coverage or $2,000 for family coverage. To be assigned to the CDHP group, they must also have had an account, such as a health savings account (HSA) or health reimbursement arrangement (HRA) with a rollover provision that they could use to pay for medical expenses, or an account with portability so that they could take that account with them if they changed jobs. Individuals were assigned to the HDHP group if they did not have an account that met those conditions. This latter group includes individuals with HSA-eligible health plans, but may also include individuals with high deductibles who were not eligible to contribute to an HSA. Individuals with traditional health coverage had a broad range of plan types, including health maintenance organizations (HMOs), preferred provider organizations (PPOs), other managed care plans, and plans with a variety of cost-sharing arrangements. The shared characteristics of this group were that they either had no deductibles or deductibles that were below current thresholds that would qualify for HSA tax preference, and that they did not have an HRA-based plan.

Satisfaction

Respondents were asked a series of questions about overall satisfaction with the health plan, as well as satisfaction with the quality of care received, out-of-pocket expenses, choice of doctors, and ability to get doctor appointments.

Quality of Care—The 2006 survey found that individuals in CDHPs and HDHPs were less likely to be satisfied with the quality of care received than those in traditional plans. However, in 2007 the gap in satisfaction between those in traditional plans and those with CDHPs disappeared, because satisfaction increased significantly among those with CDHPs, and since that time there has been no difference in satisfaction with quality of care between those in traditional plans and those with CDHPs (Figure 1). While the percentage of HDHP enrollees reporting that they were extremely or very satisfied with the quality of care received increased between 2005 and 2009, satisfaction levels have held steady since 2007, other than a drop in 2010. The gap in satisfaction between traditional enrollees and HDHP enrollees was present in all years of the survey.
Overall Satisfaction With Health Plan—Unlike satisfaction with quality of care received, which was steady, differences were found in overall satisfaction levels by plan type (Figure 2). Traditional-plan enrollees were more likely than CDHP and HDHP enrollees to be extremely or very satisfied with their overall plan in all years of the survey. In 2011, 57 percent of traditional-plan enrollees were extremely or very satisfied with their overall health plan, compared with 46 percent of CDHP enrollees and 37 percent of HDHP enrollees.

Overall satisfaction levels among CDHP enrollees increased from 37 percent to 52 percent between 2006 and 2009, although there was a drop in satisfaction rates between 2009 and 2010. Satisfaction rates increased from 43 percent to 46 percent between 2010 and 2011, but the increase was not statistically significant.

While the overall satisfaction rates for CDHP enrollees increased in most years of the survey, satisfaction rates among traditional enrollees decreased in most years. Between 2006 and 2008 they slipped from 67 percent to 63 percent, and, after increasing between 2008 and 2009, they fell from 66 percent to 57 percent between 2009 and 2011.

Very few traditional-plan enrollees were not too or not at all satisfied with their health plans in any year of the survey (Figure 3). While HDHP and CDHP enrollees were much more likely to report that they were not too or not at all satisfied with their health plan, dissatisfaction levels appeared to be trending downward in most years of the survey.

Out-of-Pocket Costs—Differences in out-of-pocket costs may explain some of the difference in overall satisfaction rates among enrollees in traditional plans, HDHPs, and CDHPs. In 2011, 41 percent of traditional-plan participants were either extremely or very satisfied with out-of-pocket costs (for health care services other than for
Figure 2

Percentage Extremely or Very Satisfied With Overall Health Plan, by Type of Health Plan, 2005–2011


a Traditional = Health plan with no deductible or <$1,000 (individual), <$2,000 (family).
b HDHP = High-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.
c CDHP = Consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.
* Difference between HDHP/CDHP and Traditional is statistically significant at p ≤ 0.05 or better.
^ Estimate is statistically different from the prior year shown at p ≤ 0.05 or better.

Figure 3

Percentage Not Too or Not at All Satisfied With Overall Health Plan, by Type of Health Plan, 2005–2011


a Traditional = Health plan with no deductible or <$1,000 (individual), <$2,000 (family).
b HDHP = High-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.
c CDHP = Consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.
* Difference between HDHP/CDHP and Traditional is statistically significant at p ≤ 0.05 or better.
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prescription drugs), while 16 percent of HDHP enrollees and 24 percent of CDHP participants were extremely or very satisfied (Figure 4). Satisfaction rates appeared to be trending downward among those with traditional coverage and upward for those with a CDHP, when the higher 2009 satisfaction rate was ignored.

A separate question on out-of-pocket spending related specifically to prescription drugs was added to the survey in 2009. Given that only three years of data were available for this question and that 2009 appeared to be an outlier for satisfaction rates on overall out-of-pocket costs, there was no clear trend for any plan type. However, those with traditional coverage were more likely to report being extremely or very satisfied with out-of-pocket costs for prescription drugs than those with a HDHP or CDHP (Figure 5). Overall, however, satisfaction rates with out-of-pocket costs are low among all plan types.

Access to Doctors—Satisfaction levels with getting doctor appointments were high relative to other aspects of health care, regardless of plan type, yet some differences were found: In 2006, traditional-plan enrollees were more likely than CDHP enrollees to be extremely or very satisfied with their ability to get doctor appointments. However, between 2007 and 2010, differences were not statistically significant, and in 2011, CDHP enrollees were more likely than traditional-plan enrollees to be extremely or very satisfied with their ability to get doctor appointments. In 2011, 73 percent of CDHP enrollees were extremely or very satisfied with their ability to get doctor appointments, compared with 68 percent among traditional-plan enrollees (Figure 6). Furthermore, while the year-to-year increases were not statistically significant, satisfaction levels among CDHP enrollees appeared to be trending up, which was not the case for traditional-plan enrollees or HDHP enrollees.

Satisfaction with choice of doctors was relatively high regardless of plan type. In 2005 and 2006, traditional-plan enrollees were more likely than CDHP enrollees to be extremely or very satisfied with their choice of doctors, but in 2008 and 2009, CDHP enrollees were more likely than traditional-plan enrollees to be extremely or very satisfied with their choice of doctors (Figure 7). With the exception of 2010, satisfaction with choice of doctors has been trending higher among CDHP enrollees.

Attitudes Toward Health Plan

As in previous years of the survey, in 2011, individuals in CDHPs and HDHPs were found to be less likely than those in traditional plans both to recommend their health plan to friends or co-workers (Figure 8) and to stay with their current health plans if they had the opportunity to switch plans (Figure 9). The percentage of CDHP enrollees reporting that they would be extremely or very likely to recommend their plan to friends or co-workers increased from 30 percent to 39 percent between 2006 and 2007, and reached 45 percent in 2009. It then dropped to 37 percent in 2010 and increased to 41 percent in 2011. One-half (49 percent) of traditional-plan enrollees were extremely or very likely to recommend their plan in 2011, compared with 29 percent of HDHP enrollees.

In 2011, almost 60 percent of traditional-plan enrollees reported that they were extremely or very likely to stay with their health plan if they were allowed to switch, whereas 34 percent of HDHP enrollees would switch, and 49 percent of CDHP enrollees would switch. The percentage of traditional-plan enrollees who reported being extremely or very likely to switch health plans if they could appeared to be trending downward, with a statistically significant decline between 2010 and 2011. In contrast, there was not a clear upward trend among CDHP enrollees.

Conclusion

The EBRI/MGA Consumer Engagement in Health Care Survey finds a number of divergent trends related to satisfaction with various aspects of health coverage and care. Concerning overall satisfaction with health coverage, traditional-plan enrollees were more likely than CDHP or HDHP enrollees to be extremely or very satisfied with the overall plan in all years of the survey. However, satisfaction levels were trending up in most years of the survey among CDHP enrollees, and trending down among traditional-plan enrollees.
Dissatisfaction with out-of-pocket costs may be driving the overall satisfaction trends. Similar to overall satisfaction rates, satisfaction rates for out-of-pocket costs appear to be trending downward among those with traditional coverage and upward for those with a CDHP.

Initial differences in satisfaction rates with respect to quality of care disappeared between traditional plan and CDHP enrollees, and there were high satisfaction rates with respect to access to doctors regardless of plan type. Yet, in 2011, the survey continued to find that individuals in CDHPs and HDHPs were less likely than those in traditional plans both to recommend their health plan to friends or co-workers, and to stay with their current health plan if they had the opportunity to switch plans. These findings may have been driven more by out-of-pocket spending than by quality of care or access to care.

References
Figure 4
Percentage Extremely or Very Satisfied With Out-of-Pocket Health Care Costs, by Type of Health Plan, 2005–2011

Note: Survey question changed in 2009 from asking about “out-of-pocket health care costs for my health care” to “out-of-pocket health care costs for my other health care” because of the introduction of a question specifically asking about out-of-pocket costs for drugs.

a Traditional = Health plan with no deductible or <$1,000 (individual), <$2,000 (family).
b HDHP = High-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.
c CDHP = Consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.

* Difference between HDHP/CDHP and Traditional is statistically significant at p ≤ 0.05 or better.
^ Estimate is statistically different from the prior year shown at p ≤ 0.05 or better.

Figure 5
Percentage Extremely or Very Satisfied With Out-of-Pocket Prescription Drug Costs, by Type of Health Plan, 2009–2011


a Traditional = Health plan with no deductible or <$1,000 (individual), <$2,000 (family).
b HDHP = High-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.
c CDHP = Consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.

* Difference between HDHP/CDHP and Traditional is statistically significant at p ≤ 0.05 or better.
^ Estimate is statistically different from the prior year shown at p ≤ 0.05 or better.
Figure 6
Percentage Extremely or Very Satisfied With Ease of Getting Doctor Appointments When Needed, 2005–2011


Traditional*: Health plan with no deductible or <$1,000 (individual), <$2,000 (family).
HDHP: High-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.
CDHP: Consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.
* Difference between HDHP/CDHP and Traditional is statistically significant at p ≤ 0.05 or better.
* Estimate is statistically different from the prior year shown at p ≤ 0.05 or better.

Figure 7
Percentage Extremely or Very Satisfied With Choice of Doctors, 2005–2011


Traditional*: Health plan with no deductible or <$1,000 (individual), <$2,000 (family).
HDHP: High-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.
CDHP: Consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.
* Difference between HDHP/CDHP and Traditional is statistically significant at p ≤ 0.05 or better.
* Estimate is statistically different from the prior year shown at p ≤ 0.05 or better.
**Figure 8**
Percentage Extremely or Very Likely to Recommend Health Plan to Friends or Co-Workers, by Type of Health Plan, 2005–2011


* Traditional = Health plan with no deductible or <$1,000 (individual), <$2,000 (family).
* HDHP = High-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.
* CDHP = Consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.

* Difference between HDHP/CDHP and Traditional is statistically significant at $p \leq 0.05$ or better.

^ Estimate is statistically different from the prior year shown at $p \leq 0.05$ or better.

**Figure 9**
Percentage Extremely or Very Likely to Stay With Current Health Plan If Had the Opportunity to Change, by Type of Health Plan, 2005–2011


* Traditional = Health plan with no deductible or <$1,000 (individual), <$2,000 (family).
* HDHP = High-deductible health plan with deductible $1,000+ (individual), $2,000+ (family), no account.
* CDHP = Consumer-driven health plan with deductible $1,000+ (individual), $2,000+ (family), with account.

* Difference between HDHP/CDHP and Traditional is statistically significant at $p \leq 0.05$ or better.

^ Estimate is statistically different from the prior year shown at $p \leq 0.05$ or better.
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