2021 Consumer Engagement in Health Care Survey



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Consumer Engagement in Health Care Survey (CEHCS) Overview

17th Annual Consumer Engagement in Health Care Survey

The Consumer Engagement in Health Care Survey (CEHCS) is a survey of privately insured adults conducted by the Employee Benefit Research Institute (EBRI) and Greenwald Research, an independent research firm. The survey has been conducted annually since 2005. The CEHCS provides reliable national data on the growth of consumer-driven health plans and high-deductible health plans and their impact on the behavior and attitudes of health care consumers.

The 2021 survey of 2,024 individuals was conducted using Dynata's online research panel between Aug. 2 and Sept. 7, 2021. All respondents were between the ages of 21 and 64.

The national sample is weighted by gender, age, income, ethnicity, education, and region to reflect the actual proportions in the population. The consumer-directed health plan (CDHP) and high-deductible health plan (HDHP) samples are weighted by gender, age, income, and ethnicity.

2021 CEHCS Funders

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Telemedicine's Role More Important Than in the Past

The percentage of adults with private health insurance reporting that telemedicine was an extremely important option for getting medical care more than doubled between 2017 and 2021.

In 2021, 17 percent of adults reported that a telemedicine option was extremely important, up from 7 percent in 2017. Overall, however, the percentage of those reporting that telemedicine was important to any degree remained steady between 2017 and 2020, with fewer reporting it was somewhat important in 2021 vs. 2017.

Telemedicine visits generally occurred with known providers outside of a telemedicine program. Nearly two-thirds (62 percent) of adults reported that the telemedicine visit was with a health provider or doctor that they had seen before or had a relationship with already. Only 12 percent reported that the visit was with a new health provider recommended by the health plan through its telemedicine program/partners.

Satisfaction with the quality of telemedicine visits is high. Threequarters were either very satisfied (35 percent) or somewhat satisfied (42 percent).

High-deductible health plan enrollees are more likely than traditional plan enrollees to report that they are very likely to use telemedicine in the future.

17 percent of adults

said that telemedicine was extremely important in 2021

Up from 7 percent in 2017



43 percent

of HDHP enrollees are very likely to use telemedicine in the future, compared with only 33 percent among traditional plan enrollees

Traditional Plan Enrollees Are More Satisfied With Health Coverage

Traditional plan enrollees are more satisfied than high-deductible health plan enrollees with their overall health plan. Two-thirds (63 percent) of traditional plan enrollees are extremely or very satisfied, compared with 44 percent of HDHP enrollees. The difference in satisfaction appears to be due to out-of-pocket spending for prescription drugs and medical services, as there is no difference in satisfaction with respect to quality of care received, ease of getting appointments, or choice of doctor.

However, HDHP Enrollees Have Less Experience With Their Health Plans

One-quarter (28 percent) of traditional plan enrollees have been in their health plan for 10 or more years. This compares to 17 percent among HDHP enrollees. HDHP enrollees were more likely to have been in their health plan for less than one year, 1–2 years, 3–4 years, and 5–9 years.

And HDHP Enrollee Satisfaction Increases With Time on Their Health Plan

Satisfaction levels among HDHP enrollees close to double when tenure with their health plan goes from less than one year to three or more years. In this case, the percentage reporting that they are extremely or very satisfied with their health plan increased from 30 percent to 54 percent. In contrast, among traditional plan enrollees, satisfaction increased from 60 percent to 66 percent.

Two-thirds

of traditional plan enrollees satisfied with health plan

44 percent of HDHP enrollees satisfied

Fewer HDHP enrollees in their plan for 10+ years

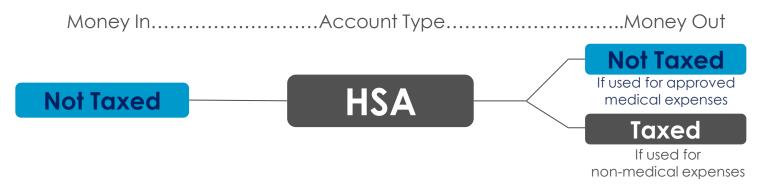
Over one-half

of HDHP enrollees satisfied with health plan after 3 years in plan

Rise in HDHP & CDHP Enrollment Paused in 2021

Enrollment in health savings account (HSA)-eligible health plans and health reimbursement arrangements reached a record high in 2020, with 19 percent enrolled in such a plan. Enrollment in such plans fell to 18 percent in 2021. Enrollment in health plans with high deductibles that were not eligible to be paired with an HSA fell from 15 percent to 13 percent.

Tax Benefits of Health Savings Accounts (HSAs)



Many People Have a Choice of Health Plans

About two-thirds of individuals reported that they have a choice of at least two health plans. HDHP enrollees were more likely than traditional plan enrollees to report that they had a choice. Twenty-seven percent of HDHP enrollees reported that they had three health plans to choose from, compared with 18 percent among traditional plan enrollees.

Certain Aspects of Health Plans Are More Important Than Others

When it comes to their health plan, most people thought that the following aspects were very or somewhat important: the network of health care providers, easy access to health care, prescription drug coverage, low out-of-pocket costs, low premiums, and simple to understand. Generally, traditional plan enrollees and HDHP enrollees ranked these aspects of health care in the same order, with one exception: Traditional plan enrollees reported that low out-of-pocket costs for doctor's visits were more important. Of lesser importance was low cost of premiums when selecting a plan. However, HDHP enrollees reported that low premiums were more important than low out-of-pocket costs when selecting a plan.

Overall, 42 percent of traditional plan enrollees reported that they were offered an HDHP, with or without an account. One-quarter of traditional plan enrollees reported that they were not offered an HDHP in 2021

Important Aspects:



- ✓ The network of health care providers
- ✓ Easy access to health care
- ✓ Prescription drug coverage
- ✓ Low out-of-pocket costs*
- ✓ Low premiums
- ✓ Simple to understand

*Traditional plan enrollees reported that low out-of-pocket costs for doctor's visits were more important than did HDHP enrollees.

Health Savings Accounts (HSAs) Used in a Variety of Ways

Over one-half (56 percent) of individuals reported using their HSA to pay for current out-of-pocket expenses. Nearly one-half (47 percent) were using HSAs to cover unexpected medical expenses. Forty-four percent reported that they were using their HSA to save for health care expenses in retirement. Almost 40 percent were using them to minimize taxes. About one-third were using them to pay for a mix of short-term and long-term health care expenses or to reimburse themselves for out-of-pocket expenses when they needed the money. One-quarter (28 percent) were using them to invest.

While 28 percent used the accounts as investment accounts, 34 percent viewed the account as an investment account. Most (61 percent) viewed the HSA as a savings account.

Thirty-nine percent of accountholders would be more likely to accumulate and invest unused funds if they were provided an annual review of their HSA balance, and one-quarter would be more likely to accumulate and invest unused funds if they were able to access information about the account benefits and how it works online.

Over 50 percent

use their HSA to pay for current out-ofpocket expenses

Only 28 percent reported that they use it to invest

HDHP Enrollees Exhibit More Cost-Conscious Behavior Than Traditional Plan Enrollees

Those in an HDHP were more likely than those with traditional coverage to say that they had:

- Checked whether health insurance would cover care or medications (50 percent HDHP vs. 39 percent traditional).
- Checked the quality rating of a doctor or hospital before receiving care (38 percent HDHP vs. 32 percent traditional).
- Checked the price of doctor's visits, medication, or other services before receiving care (36 percent HDHP vs. 30 percent traditional).
- Talked to their doctors about other treatment options and costs (33 percent HDHP vs. 27 percent traditional).

When it came to prescription drug use, those in an HDHP were more likely than those with traditional coverage to have asked for a generic drug instead of a brand name (38 percent HDHP vs. 28 percent traditional).

Onehalf

of HDHP enrollees checked whether the plan would cover care or medication



vs. 39 percent of traditional plan enrollees

Telemedicine

Figure 1 The importance of having telemedicine as an option for getting medical care is growing.

How do you rate the importance of having telemedicine as an option for getting medical care in certain situations?

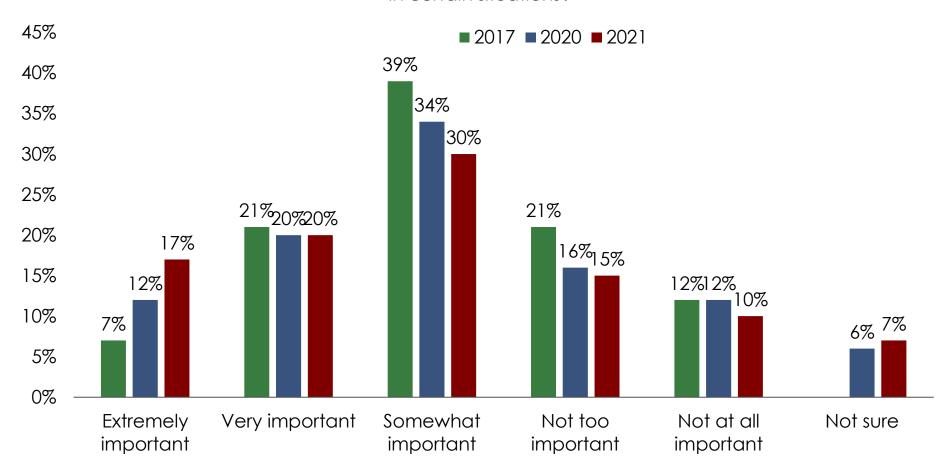


Figure 2 A majority had a telemedicine visit with a doctor they have seen before.

Thinking of the time period since January 1, 2021, were any of the visits with one of the following?

Had at least 1 telemedicine visit since the beginning of the year

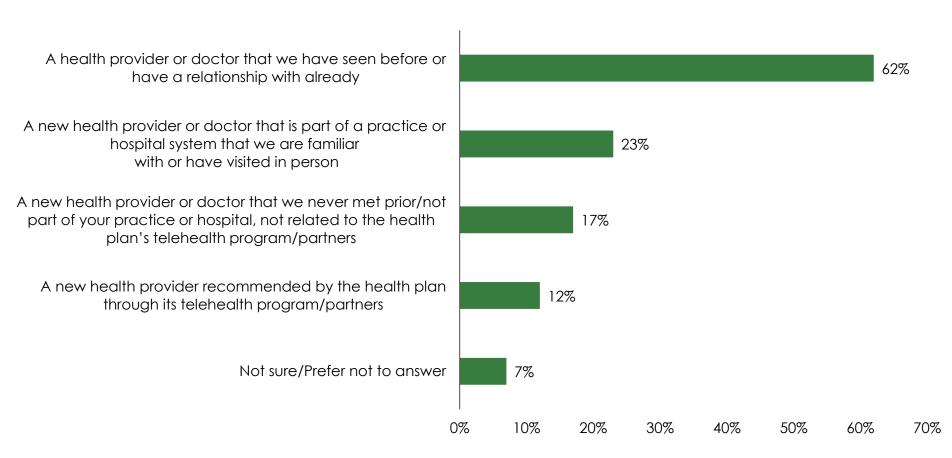
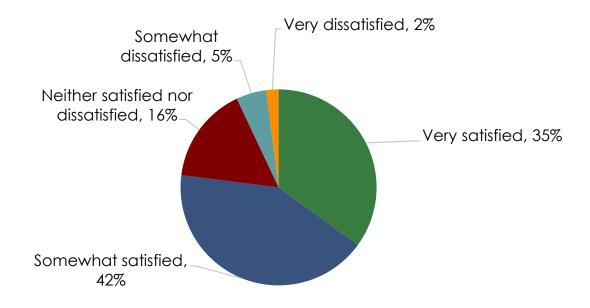


Figure 3 Satisfaction with quality of telemedicine visits is high.

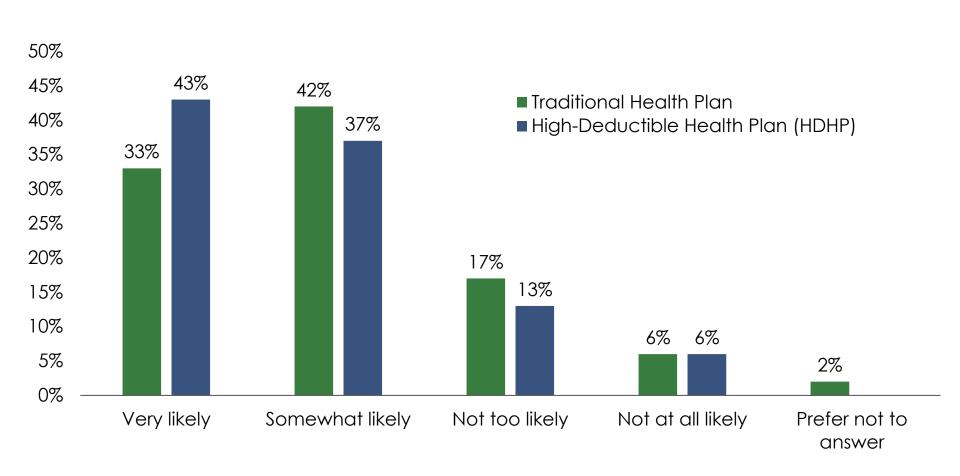
How satisfied are you with the general quality of your experience(s) with telehealth thus far?

Had at least 1 telemedicine visit since the beginning of the year



Expected future telemedicine use is high; HDHP enrollees are more likely than traditional plan enrollees to use telemedicine in the future.

How likely are you to use telehealth in the future?



Satisfaction by Type of Health Plan

Figure 5 Traditional plan enrollees are more satisfied than HDHP enrollees with various aspects of health care.

Please rate your satisfaction with each of the following aspects of your health care.

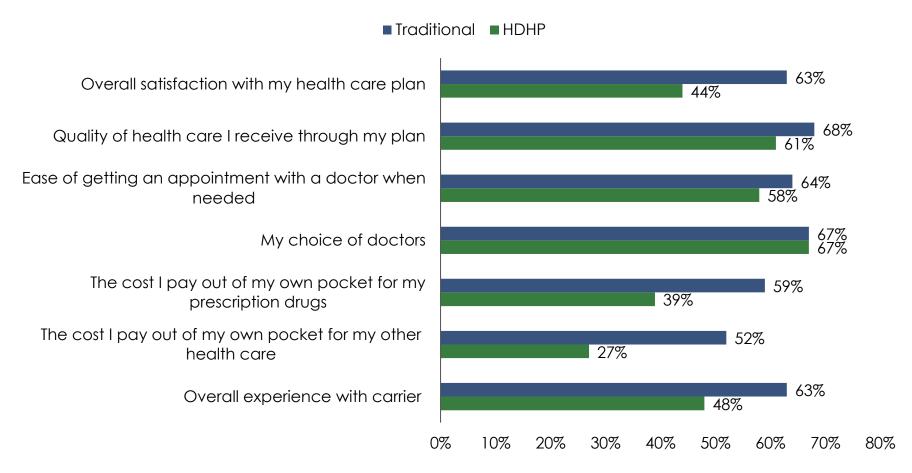


Figure 6
HDHP enrollees have been in their health plan for fewer years.

How long have you been covered by your current health insurance plan?



Figure 7
Overall satisfaction with health plan increases with time on plan among HDHP enrollees.

Please rate your satisfaction with each of the following aspects of your health care.

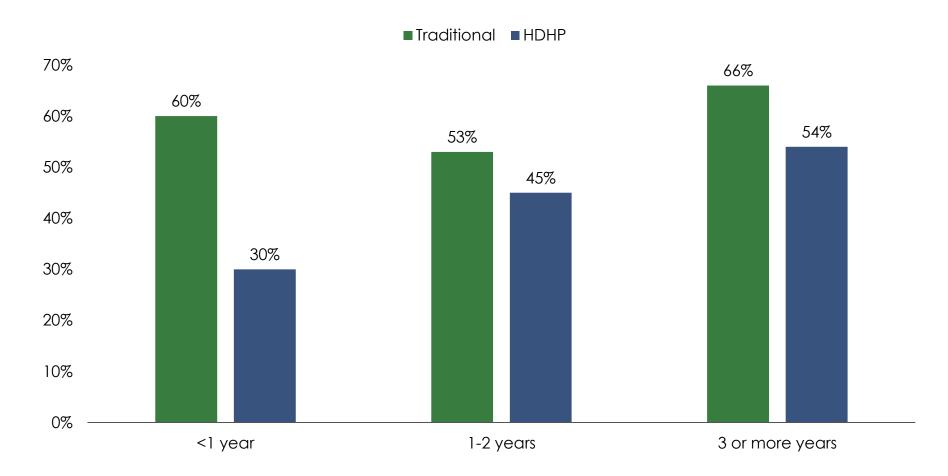
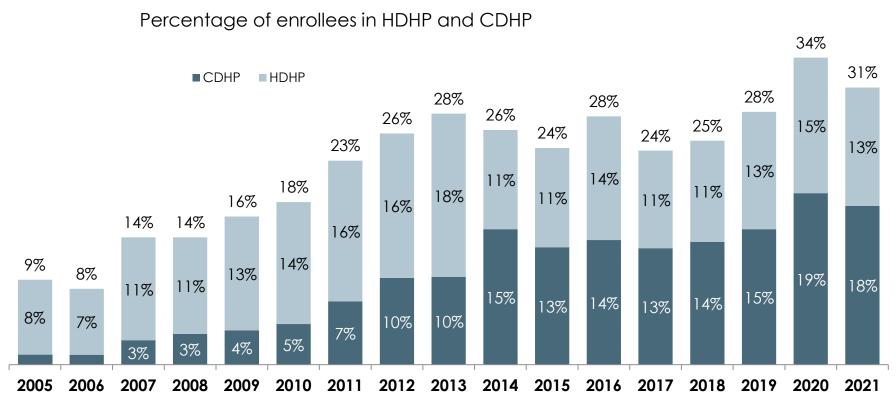




Figure 8 Enrollment in consumer-driven health plans (CDHPs) and high-deductible health plans (HDHPs) fell slightly in 2021.



Starting in 2014, HSA-eligibles (with no account) were added to the CDHP group. Starting in 2019, Dynata's panel was used for the sample.

Source: Employee Benefit Research Institute/Greenwald Research, 2008–2021 Consumer Engagement in Health Care Survey & 2005–2007 EBRI/Commonwealth Fund Consumerism in Health Care Survey.

Health Plan Choice

Figure 9
HDHP enrollees are significantly more likely than traditional plan enrollees to have a choice of 3 plans.

Are you offered a choice of health plans?/How many different health plans did you have to choose from?

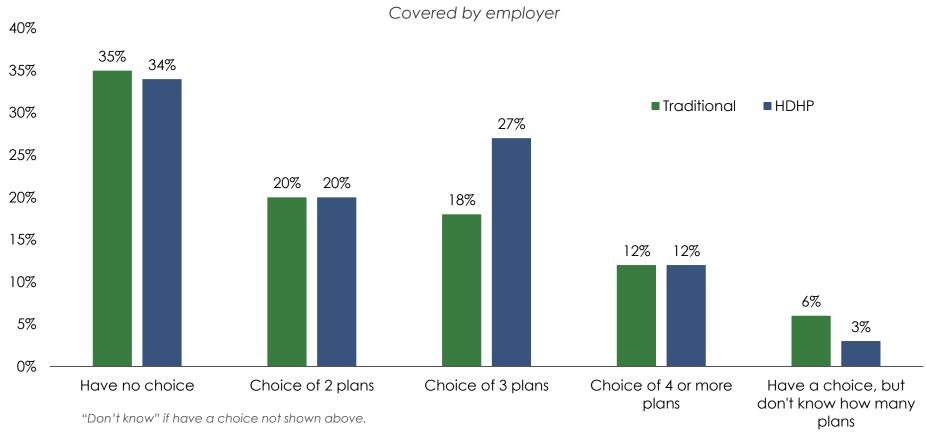


Figure 10 Enrollees in traditional health plans value low out-of-pocket costs; HDHP enrollees value lower premiums.

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

Top six shown

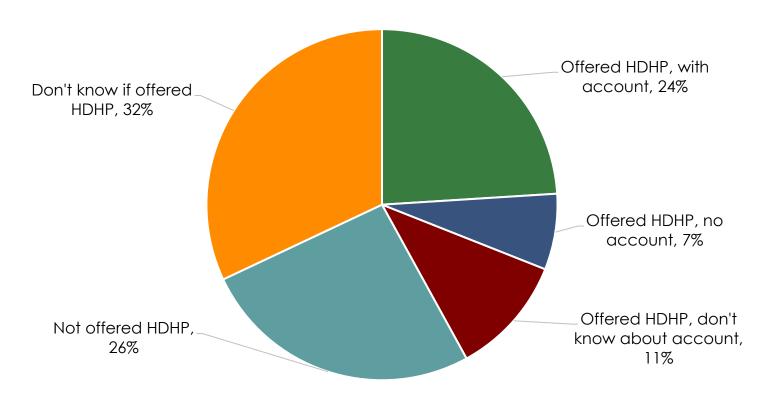
| Traditional Plan | Very Important | High-Deductible Health Plan | Very Important |
|---|-------------------|---|-------------------|
| Good network of physicians and hospitals | 73% | Good network of physicians and hospitals | 75% |
| Low out-of-pocket costs when you see the doctor | 71% | Lower cost of premium | 71% |
| Lower cost of premium | 70% | Low out-of-pocket costs when you see the doctor | 64% |
| Prescription drug coverage | 68% | Prescription drug coverage | 64% |
| Simple to understand | 64% | Simple to understand | 59% |
| Specific coverage included in the plan | 60% | Specific coverage included in the plan | 58% |

Figure 11

Two in five traditional plan owners with a choice of plans have the option for an HDHP/CDHP; one-third still do not know if an HDHP is offered.

To the best of your knowledge, was one of the plans you were offered, but did not take, a plan with a high deductible?/Did the high-deductible plan that you were offered but did not take also include a savings account or fund that you could use to pay your health care expenses?

Traditional plan with choice of plans



Use of Health Savings Accounts

Figure 12 Consumers use their HSAs to pay for current expenses.

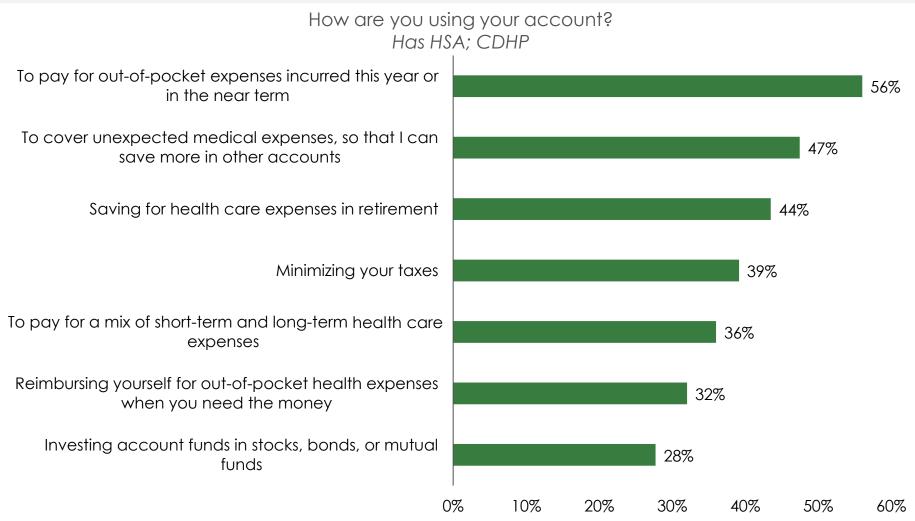


Figure 13
Six in ten view their HSA as a savings account.

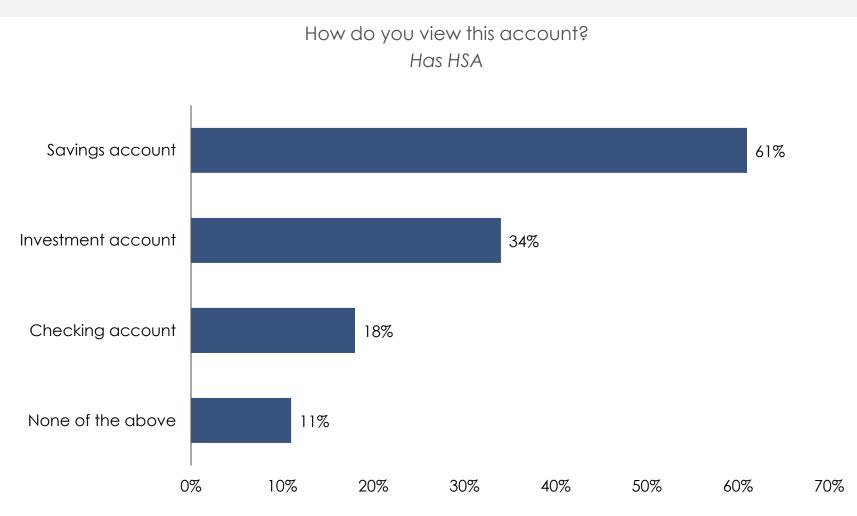


Figure 14 Four in ten would be more likely to accumulate and invest unused funds if they were provided an annual review of their HSA balance.

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

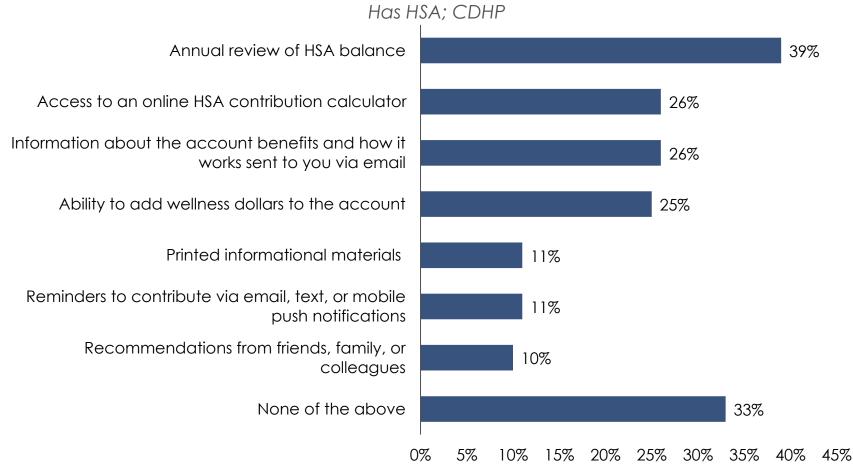
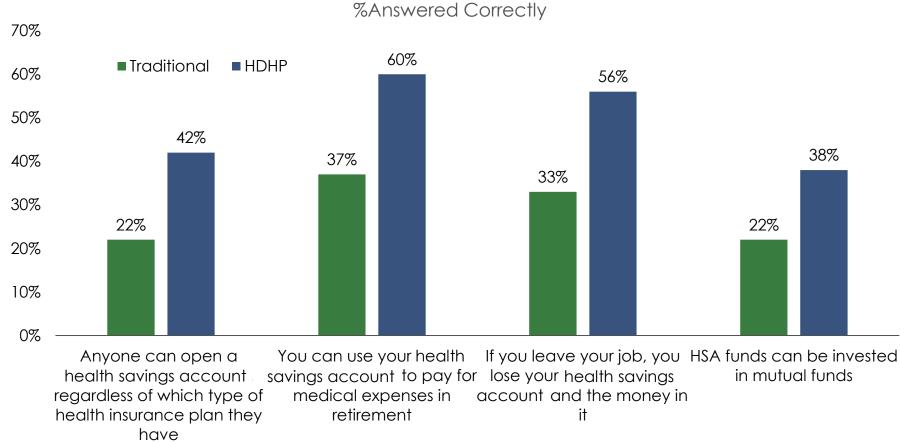


Figure 15 Most plan enrollees fail an HSA quiz.

To the best of your knowledge, are each of the following statements about health savings accounts (HSAs) true or false?

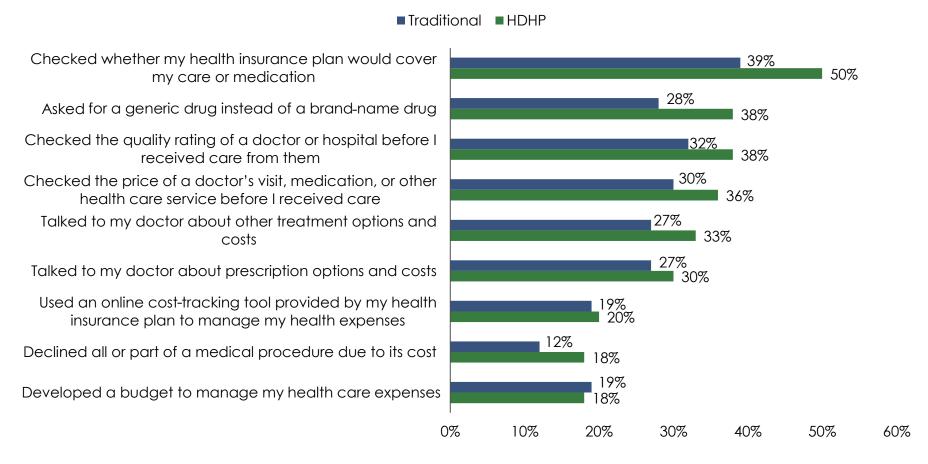


Cost-Conscious Decision Making

Figure 16 High-deductible health plan (HDHP) enrollees are more likely than traditional plan enrollees to report making cost-conscious decisions.

In the last 12 months/Since you joined your current health plan, did you do any of the following?

Percentage Yes



| | National (n=1,216) | Traditional (n=817) | High Deductible (n=1,207) | |
|--|-----------------------|------------------------|---------------------------------|--|
| Gender | | | | |
| Male | 47% | 48% | 44% | |
| Female | 53 | 52 | 56 | |
| Age | | | | |
| 21 to 24 | 2% | 2% | 1% | |
| 25 to 34 | 30 | 32 | 30 | |
| 35 to 44 | 23 | 22 | 21 | |
| 45 to 54 | 22 | 22 | 24 | |
| 55 to 64 | 23 | 22 | 24 | |
| Children in House | hold | | | |
| None | 58% | 58% | 60% | |
| One | 19 | 20 | 16 | |
| Two | 17 | 16 | 17 | |
| Three | 4 | 4 | 5 | |
| Four or more | 1 | 1 | 2 | |
| Adults (ages 26 or older) in Household | | | | |
| None | 2% | 2% | 1% | |
| One | 21 | 21 | 25 | |
| Two | 67 | 66 | 65 | |
| Three | 7 | 8 | 6 | |
| Four or more | 2 | 2 | 2 nnlovee Benefit Re | |

| | National (n=1,216) | Traditional (n=817) | High Deductible (n=1,207) |
|----------------------------|-----------------------|------------------------|---------------------------------|
| Ethnic Background | | | |
| White/ Caucasian | 62% | 60% | 64% |
| Hispanic | 14 | 17 | 9 |
| African American/ Black | 9 | 11 | 5 |
| Asian/Pacific Islander | 10 | 8 | 17 |
| Other | 4 | 4 | 5 |
| Hispanic | | | |
| Yes | 14% | 17% | 9% |
| No | 85 | 83 | 90 |
| Refused | <0.5 | <0.5 | 1 |
| Area | | | |
| Suburb | 43% | 41% | 47% |
| Large city | 22 | 23 | 20 |
| Small city | 21 | 21 | 22 |
| Rural | 14 | 15 | 11 |
| | | | |
| | | | |
| | | | |

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| | National (n=1,216) | Traditional (n=817) | High Deductible (n=1,207) | |
|--|-----------------------|------------------------|---------------------------------|--|
| Employment Status | | | | |
| Employed full time | 74% | 75% | 78% | |
| Employed part time | 7 | 7 | 5 | |
| Not employed, looking for work | 3 | 3 | 2 | |
| Homemaker | 8 | 7 | 8 | |
| Retired | 7 | 7 | 5 | |
| Furloughed | <0.5 | <0.5 | 1 | |
| Other | 1 | 1 | 1 | |
| | (n=959) | (n=647) | (n=993) | |
| Self-Employed (among those employed full or part time) | | | | |
| Yes | 9% | 10% | 6% | |

91

No

| | National (n=1,216) | Traditional (n=817) | High Deductible (n=1,207) |
|--------------------------|-----------------------|------------------------|---------------------------------|
| Education | | | |
| Some high school or less | 1% | 2% | <0.5% |
| High school graduate | 23 | 25 | 7 |
| Some college | 19 | 20 | 12 |
| Trade or business school | 6 | 6 | 4 |
| College graduate | 30 | 28 | 41 |
| Some post-graduate work | 2 | 3 | 3 |
| Graduate degree | 19 | 16 | 33 |

Source: Employee Benefit Research Institute and Greenwald Research, 2021 Consumer Engagement in Health Care Survey

90

94

| Household Income | National (n=1,216) | Traditional (n=817) | High Deductible (n=1,207) | Marital Status | National (n=1,216) | Traditional (n=817) | High Deductible (n=1,207) |
|------------------------|-----------------------|------------------------|---------------------------------|--------------------------|-----------------------|------------------------|---------------------------------|
| Less than \$20,000 | 3% | 4% | 3% | Married | 61% | 58% | 61% |
| \$20,000 to \$29,999 | 4 | 6 | 2 | Not married, | 10 | 10 | 8 |
| \$30,000 to \$39,999 | 5 | 4 | 5 | living with partner | 10 | 10 | O |
| \$40,000 to \$49,999 | 7 | 9 | 3 | Divorced or separated | 5 | 5 | 6 |
| \$50,000 to \$69,999 | 14 | 15 | 14 | Widowed | 1 | 1 | 2 |
| \$70,000 to \$99,999 | 19 | 19 | 23 | Single, never married | 24 | 25 | 23 |
| \$100,000 to \$149,999 | 21 | 21 | 20 | | | | |
| \$150,000 or more | 25 | 21 | 30 | | | | |
| Declined to answer | 1 | 1 | <0.5 | | | | |

Discussion of Methodology

The findings presented in this chart pack were derived from the 2021 EBRI/Greenwald Research Consumer Engagement in Health Care Survey (CEHCS), an online survey that examines issues surrounding consumer-driven 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. The 2021 CEHCS was conducted within the United States between Aug. 2 and Sept. 7, 2021, through a 14-minute internet survey. The national or base sample was drawn from Dynata's online panel of internet users who have agreed to participate in research surveys. Adults ages 21–64 who had health insurance through an employer, purchased directly from a carrier, or purchased through a government exchange were drawn randomly from the Dynata sample for this base sample. This sample was stratified by gender, age, region, income, and race. In previous years, the survey was fielded using Ipsos' panel. There were over 1,216 national sample completes, 735 CDHP completes (223– national; 512– oversample), and 472 HDHP completes (176– national; 296– oversample). The national sample is weighted by gender, age, income, ethnicity, education, and region to reflect the actual proportions in the population.