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New Research from EBRI:

Health Care Access a Problem Regardless of Plan Type

WASHINGTON—Whether it’s a “consumer-driven,” high-deductible, or traditional managed-care health plan, a significant number of people with health insurance report problems with access to health care services, according to new research by the nonpartisan Employee Benefit Research Institute (EBRI).

Not surprisingly, health care access—broadly defined as not filling prescriptions due to cost, skipping doses to make medication last longer, or delaying or avoiding getting health care due to cost—is more of a problem among those with lower incomes.

“There have been mixed results when it comes to the impact of consumer-driven health plans on preventive and screening services. But we find that that access to health care services is an issue across the board,” said Paul Fronstin, director of EBRI’s Health and Education Program and author of the report.

The EBRI analysis is based on results from the 2012 EBRI/MGA Consumer Engagement in Health Care Survey, along with results from past years, to examine plan-participant reporting of health care access issues for themselves and their family members.

The EBRI survey has found varying results over the years, but in 2012 found statistically significant differences in health access between those with traditional coverage and consumer-driven enrollees. Specifically, the EBRI analysis found:

- In 2012, 26–40 percent of respondents reported some type of access-to-health-care issue for either themselves or family members. Individuals in consumer-driven health plans (CDHPs) and high-deductible health plans (HDHPs) were more likely than individuals with traditional coverage to report access issues
- Individuals in households with less than \$50,000 in annual income were more likely to report access issues.
- Very few differences in access issues were found by whether employers contributed to the account, but higher contribution amounts were linked to access issues for the first time in the 2012 survey.
- For the first time, length of time with the account was found to have had an impact on access issues, with those with more years with the account more likely to be associated with access issues.

One issue that is thought to improve health access is having a so-called “medical home,” meaning having a personal physician who knew them personally, had their medical history, and coordinated care. However, EBRI found that having a medical home did not reduce access issues, with one exception: Among individuals with

traditional coverage, those with medical homes were statistically less likely to report that they delayed or avoided getting health care due to cost. Furthermore, among CDHP enrollees the likelihood of reporting access issues was higher among those with medical homes than those without them.

The full report is published in the June 2013 *EBRI Notes*, “Use of Health Care Services and Access Issues by Type of Health Plan: Findings from the EBRI/MGA Consumer Engagement in Health Care Survey,” online at www.ebri.org

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