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New Research from EBRI:

**Consumer-Driven Health Plans Show Continued Growth,
Now Cover 7% of Adult Population**

WASHINGTON—Enrollment in so-called “consumer-driven” health plans continued to grow in 2011, according to the 11th annual EBRI/MGA Consumer Engagement in Health Care Survey (CEHCS).

In 2011, 7 percent of the population was enrolled in a consumer-driven health plan, or CDHP, compared with 5 percent a year ago. The combination of a tax-preferred payment account with a high-deductible health plan is commonly referred to as a *consumer-driven health plan* (CDHP).

Overall, 15.8 million adults ages 21–64 with private insurance were either in a CDHP or a high-deductible health plan that was eligible for a health savings account (HSA) this year, according to the survey. When their children are included, about 21 million individuals with private insurance, representing about 12 percent of the market, were either in a CDHP or an HSA-eligible plan, the survey found.

Sponsored by the nonpartisan Employee Benefit Research Institute (EBRI) and Mathew Greenwald & Associates, the full report is published in the December 2011 *EBRI Issue Brief*, “Findings From the 2011 EBRI/MGA Consumer Engagement in Health Care Survey,” now available online at www.ebri.org

As previous versions of the CEHCS have found, the 2011 survey suggests that people who are enrolled in consumer-driven plans tend to have different characteristics than those in traditional health plans. They were somewhat more cost conscious; were more likely to try to find information about their doctor’s cost and quality from sources other than the health plan; and were more likely to take advantage of a health risk assessment. However, they were no more likely than those in traditional plans to participate in health promotion programs.

About consumer-driven plans: During the last decade, in response to rising health costs, employers have turned their attention to account-based health plans—a combination of health plans with deductibles of at least \$1,000 for employee-only coverage and tax-preferred savings or spending accounts that workers and their families can use to pay their out-of-pocket health care expenses.

The account-based health plans first appeared in 2001, when a handful of employers began to offer health reimbursement arrangements (HRAs). In 2004, employers were able to start offering health plans with HSAs.

Among other key findings of the survey:

More cost-conscious behavior: Individuals in CDHPs were more likely than those with traditional coverage to exhibit a number of cost-conscious behaviors. They were more likely to say that they had checked whether their plan would cover care; asked for a generic drug instead of a brand name; talked to their doctor about treatment options and costs; talked to their doctor about prescription drug options and costs; developed a budget to manage health care expenses; checked the price of a service before getting care; and used an online cost-tracking tool.

More engaged in wellness programs: CDHP enrollees were more likely than traditional plan enrollees to report that they had the opportunity to fill out a health risk assessment, and they were also more likely to report that they had access to a health promotion program. CDHP enrollees were also more likely to report that they had been offered a cash incentive or reward to participate in a wellness program when a program was offered. HDHP enrollees were less likely to report having the opportunity to fill out a health risk assessment and to have access to a health promotion program.

Financial incentives matter: When it comes to participating in a wellness program, CDHP enrollees were more likely than traditional plan enrollees to take advantage of the health risk assessment but not the health promotion program. Financial incentives were more a factor for CDHP enrollees than for traditional plan enrollees when it came to participating in wellness programs.

Use of technology: A significant portion of the population reported using a smartphone, and 1 in 5 reported using a tablet. Among them, about one-quarter reported using an app for health-related purposes. Among those not using an app, nearly one-half were interested in using one.

The 2011 EBRI/MGA Consumer Engagement in Health Care Survey is based on an online survey of 4,703 privately insured adults ages 21–64 to provide nationally representative data regarding the growth of consumer-driven health plans (CDHPs) and high-deductible health plans (HDHPs). It also looks at the impact of these plans and consumer engagement more generally on the behavior and attitudes of adults with private health insurance coverage. The margin of error for the national sample is ± 2.2 percent.

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