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New Research from EBRI:

“Consumer-Driven” Health Enrollment Reached 22 Million in 2010

WASHINGTON—The ranks of people enrolled in either a consumer-driven health plan (CDHP) or a high-deductible health plan (HDHP) reached 22 million in 2010, according to a report released today by the nonpartisan Employee Benefit Research Institute (EBRI). Participation in these account-based health care plans is low, but continues to grow, EBRI finds in its sixth annual Consumer Engagement in Health Care Survey.

The EBRI report found that enrollment in CDHPs rose to 5 percent of the privately insured population (5.7 million people) in 2010, up from 4 percent in 2009. Enrollment in HDHPs increased to 14 percent of the privately insured population (17.2 million people) in 2010, up from 13 percent in 2009.

The data are based on the 2010 Consumer Engagement in Health Care Survey (CEHCS), which analyzed the behavior and attitudes of 4,509 adults ages 21–64 with private health insurance coverage. The survey is conducted by EBRI and Mathew Greenwald and Associates. “Findings From the 2010 EBRI/MGA Consumer Engagement in Health Care Survey” are published in the December 2010 *EBRI Issue Brief*, and are online at www.ebri.org

“The number of people who are enrolled in so-called ‘consumer-driven’ private health care plans is slowly growing,” said Paul Fronstin, director of EBRI’s Health Research and Education Program and author of the report. “And as employers continue to look for ways to manage health care cost increases, they are turning to these account-based plans. EBRI will continue to track their impact on cost, quality, and access to health care.”

Employment-based health benefits are the most common form of health insurance in the United States, but skyrocketing health expenses have forced employers to seek ways to control their costs. In recent years, 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 consumer-driven health plans are designed to give workers more control over how they pay for their health coverage.

EBRI’s survey tracks workers’ enrollment in and attitudes toward their health plans, comparing those in traditional health plans with those in the newer consumer-driven and high-deductible plans. It finds that enrollees in CDHPs and HDHPs exhibit more cost-conscious behaviors than

those in traditional health care plans, such as checking to see whether the plan would cover specific care (CDHPs 53 percent, HDHPs 53 percent, traditional 47 percent), and asking for a generic drug instead of a brand name (CDHP 51 percent, HDHP 50 percent, traditional 44 percent).

Here are some additional key findings:

- **CDHP enrollees are more engaged in either a health risk assessment or health promotion program:** Three-quarters of CDHP enrollees participated in a health risk assessment program, compared with 60 percent of traditional plan enrollees. Similarly, 52 percent of CDHP enrollees participated in a health promotion program, compared with 41 percent of traditional plan enrollees.
- **Financial incentives are not a factor, but the use of health information technology (HIT) is:** Financial incentives were no more a factor for CDHP enrollees than for traditional plan enrollees when it came to participating in wellness programs. However, CDHP and HDHP enrollees were more likely than traditional plan enrollees to choose a doctor based on his or her use of health information technology (HIT). Generally, about one-half or more of CDHP and HDHP enrollees are likely to choose a doctor based on his or her use of HIT, whereas between 40–50 percent of traditional plans enrollees are likely to do so.
- **Health status is better:** In 2010, 9 percent of adults enrolled in CDHPs, 12 percent in HDHPs, and 15 percent of those with traditional coverage smoked cigarettes. People in CDHPs were also more likely to exercise in all years of the survey except 2010, and they were less likely to be obese compared with adults enrolled in a traditional health plan in some years, including 2009 and 2010.

EBRI is a private, nonprofit research institute based in Washington, DC, that focuses on health, savings, retirement, and economic security issues. EBRI does not lobby and does not take policy positions. www.ebri.org

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