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E X E C U T I V E   S U M M A R Y

EBRI POLICY FORUM: For three decades, employers have been looking for ways to stem rising health care costs. Now some are pinning their hopes on a relatively new idea—consumer-directed health plans, which link high-deductible health insurance plans with tax-favored accounts. The Employee Benefit Research Institute's (EBRI) December 2008 policy forum, titled "Outlook for Consumer/Patient Engagement in Health Care—30 Years into the Experiment," took a detailed look at consumer-directed health plans and related issues.

TWO VIEWS OF CONSUMER-DIRECTED PLANS: Policy forum participants heard two very different presentations on the prospects for consumer-directed plans. One speaker was optimistic, saying consumer-directed plans have worked because individuals in these plans have substituted less expensive care for more expensive care in order to minimize their out-of-pocket costs. Another speaker was skeptical, saying consumerism will have a "marginal impact" but will not solve the problem of rising health care costs.

OTHER ISSUES DISCUSSED AT THE POLICY FORUM: In addition to the two views about consumer-directed plans:

- An official of Deere & Company described how the company put a consumer-directed plan into effect. The official said that Deere replaced its existing health options with a consumer-directed plan following an extensive 18-month period of explaining the reasons for the change to employees, training employees to better understand health care decisions and costs, and also providing more employee and family health and wellness resources.

- Paul Fronstin, director of the EBRI health research and education program, summarized highlights of the 2008 EBRI Consumer Engagement in Health Care Survey, which was released in late November. Among other things, he said that enrollment in consumer-directed plans has grown from 1 percent of adults with private insurance in 2005 to 3 percent in 2008.

VALUE-BASED INSURANCE DESIGN: Two speakers discussed value-based insurance design in which employers attempt to tailor their health plans to balance the demonstrated value of a service against its cost. Value-based design encourages consumers to use health services when the clinical benefits exceed the cost and at the same time discourages the use of services when the benefits do not justify the cost. Value-based design seeks to influence consumer behavior by linking co-payments to the use of a clinically demonstrated benefit, while consumer-driven health plans use tax-sheltered accounts for much the same purpose. Value-based design is still relatively limited in use, shows some cost-saving potential, but questions about the concept remain, the speakers said.

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Outlook for Consumer/Patient Engagement in Health Care— 30 Years into the Experiment

by John A. MacDonald, EBRI

Introduction

The search has been long and difficult. For three decades, employers have been looking for ways to stem rising health care costs. Now some are pinning their hopes on a relatively new idea—consumer-directed health plans, which link high-deductible health insurance plans with tax-favored accounts.

The hope is to make consumers more active participants in decisions about their health care and more conscious of costs. Since participants are spending their own money when they pay for out-of-pocket costs using the savings accounts, they have "skin in the game," according to a phrase often associated with the plans. Will it work?

Participants in the Employee Benefit Research Institute (EBRI) December 2008 policy forum heard two very different views.

Kenneth L. Sperling, senior vice president for senior and retiree services at CIGNA HealthCare, was optimistic. "It worked," Sperling said of the early experience with consumer-directed plans. People in consumer-directed plans are using services differently from those with traditional insurance, he said: "We found that people substituted less expensive care for more expensive care in order to minimize their out-of-pocket costs."

Steve Wetzell, executive vice president of health care initiatives for the HR Policy Association, was skeptical. "Consumerism is a fine thing," he said. "It will have a marginal impact if we do it right, but it is not going to solve this problem."

The policy forum, titled "Outlook for Consumer/Patient Engagement in Health Care—30 Years into the Experiment," was held Dec. 4 in Washington, DC. In addition to the two views about consumer-directed plans, policy forum participants heard:

- Duane L. Olson, manager of health and welfare plans, outline how Deere & Company put a consumer-directed plan into effect.
- Paul Fronstin, director of the EBRI health research and education program, summarize the highlights of the 2008 EBRI Consumer Engagement in Health Care Survey, which was released in late November.

Two speakers discuss value-based insurance design in which employers attempt to tailor their health plans to balance the demonstrated value of a service against its cost.

Consumer-Directed Health Plans: Two Views

Sperling began with a short history lesson, tracing the evolution of consumer-directed health plans to the 1970s and the emergence of flexible benefits. Then came managed care. Neither produced the anticipated long-term cost savings. "So now we have a consumer-driven movement," he said, adding that consumer plans are "still pretty blunt instruments" because of the way they were introduced.

"We anointed people as consumers by putting them in the financial driver's seat," Sperling said. "We really didn't give them a whole lot of warning, and we certainly didn't give them a whole lot of preparation and only modestly gave them a whole lot of tools to deal with, but you know what? It worked."

As Sperling sees it, there is "fairly strong evidence" that participants in consumer-directed plans are acting as the plans intend: They are switching to less expensive care; they are using more preventive care; and the care they receive is

equal to or better than the care for those in traditional insurance plans. The CIGNA consumer-directed plans also have produced a cost savings in each of the last three years for which the company has data, he said.

Sperling did not claim that consumer-directed plans are an unqualified success, since not all participants like the plans. "It's a change, and change to health care is very personal, because if I make a mistake it's not like buying a bad toaster."

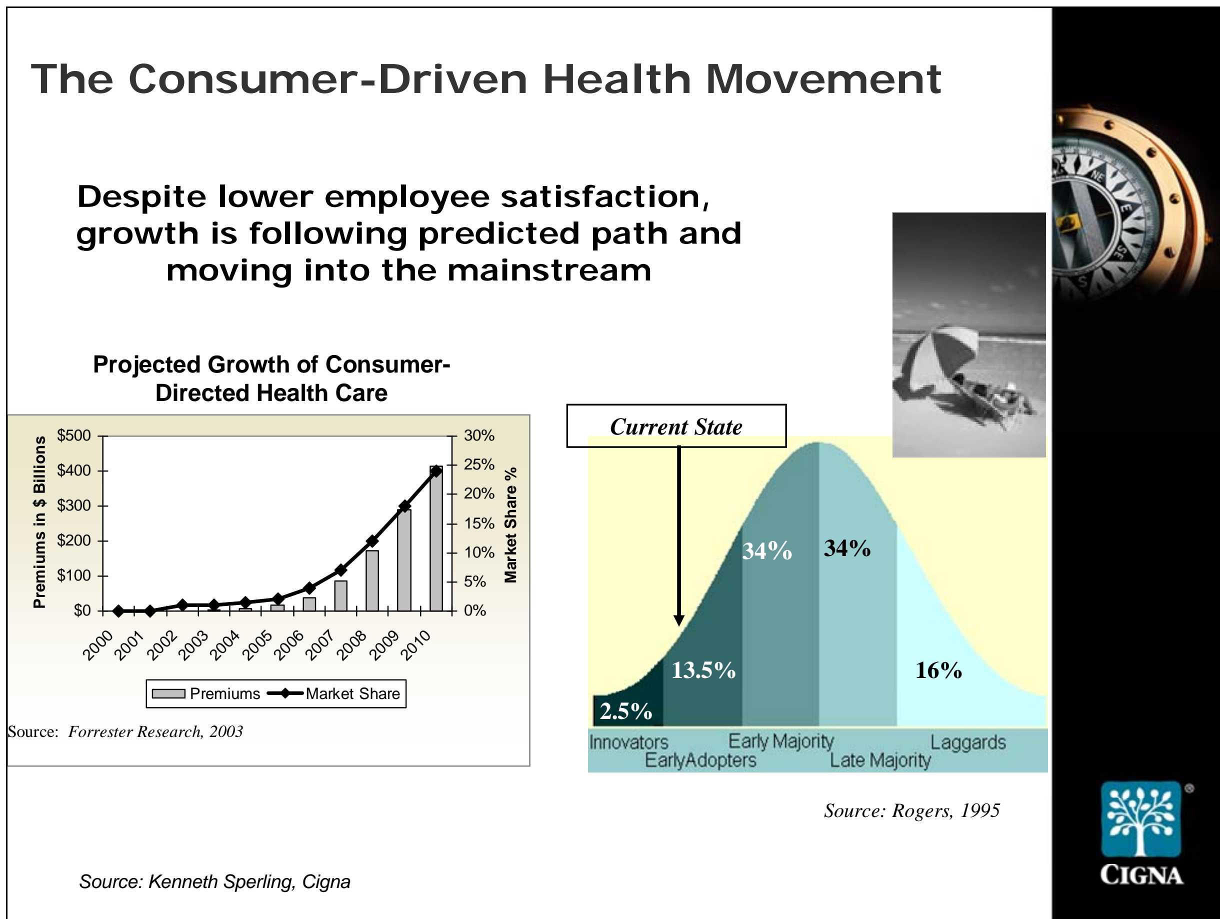
Still, Sperling is hopeful. "Today's consumer-focus models do have the potential to engage individuals in appropriate decision making if they're properly designed and communicated." To be successful, these plans must contain three key elements, he said—offer protection from catastrophic illness; provide tools to evaluate cost and quality that are easy for consumers to use; and provide personalized help to consumers to navigate the health care system.

"We have the opportunity to get it right," Sperling said. "We better get it right."

But Wetzell, describing himself as "pretty skeptical," said consumers do not have access to the essential information they need, either from doctors or hospitals, to make health-care treatment decisions based on cost and quality. For example, he said the discounts that insurers negotiate with doctors and hospitals are proprietary, so consumers have no ability to make real cost comparisons.

"If you or a family member were diagnosed with cancer today, would you have any real data to make a decision on which treatment to pursue or where to go? No. So we talk about consumerism, but they (consumers) don't have the tools. It just won't work without the tools," Wetzell said.

Figure 1



The real issue facing health care today, he added, is costs. "If our nation's health care bill wasn't bankrupting us, we wouldn't feel this sense of urgency." The key to resolving the problem, he said, is to be found not in the private sector but in overhauling two large government health programs, Medicare and Medicaid, to "pay providers based on efficiency and outcomes, not based on volume."

Wetzell added: "Fix Medicare and Medicaid—because that drives the incentives, and the health plans basically leverage right off the Medicare/Medicaid reimbursement policy in their private insurance contracts. So, Medicare and Medicaid are driving all the incentives that are creating the inefficiencies that are bankrupting the country."

In addition, he advocated national insurance market reforms that create "appropriate incentives for consumers without necessarily hurting the sickest people by pricing them out of the market" and greater use of health information technology to open up information about the system.

Figure 2

HR POLICY ASSOCIATION

Washington Must Act

CMS

– Medicare and Medicaid payment reform
– National standards with ERISA protection
– Mandatory transparency
– HIT
– Technology assessment with some teeth
– Responsible consumer engagement through education and benefit design

• And everyone needs to turn off the TV and eat a few less cookies…

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Steve Wetzell, HRPA

HEALTH CARE POLICY ROUNDTABLE

Deere's Experience With New Consumer-Directed Plan

Deere & Company, based in Moline, IL, replaced its existing health options with a consumer-directed plan in January 2007, after an extensive 18-month period of explaining to employees the reasons for the change and details of the new plan. So far, the company is pleased with the outcome.

"Spending their own money, they (workers) became much wiser consumers and much more engaged in their health care," said Olson, Deere's manager of health and welfare plans. "We saw that focusing on the health status of our employees was really important to us, and our own medical trends as a whole moderated."

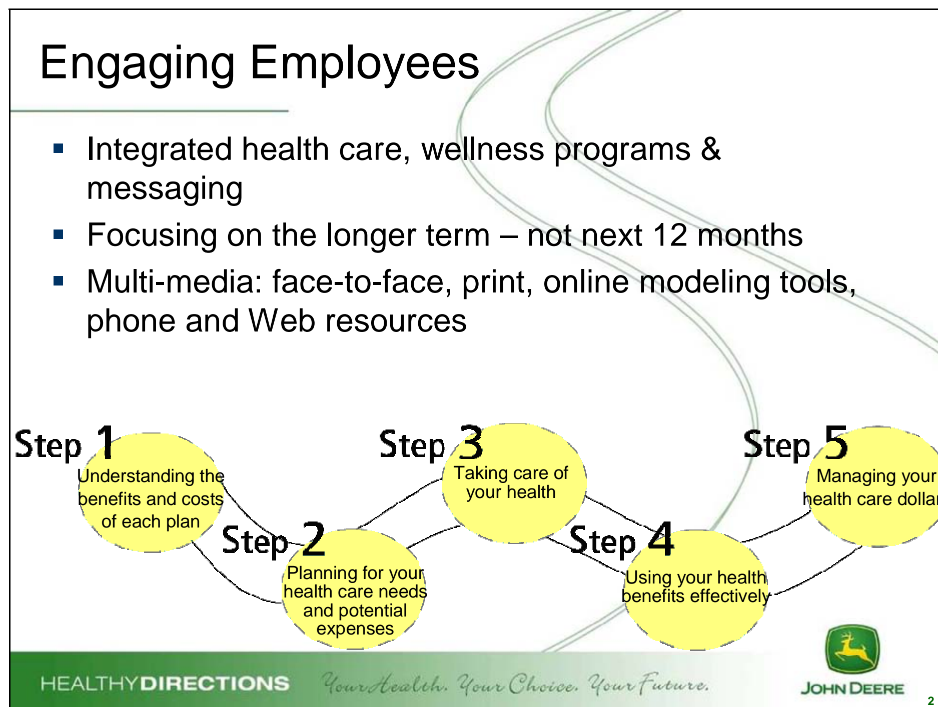
One of the keys to the success so far, Olson said, was making the change understandable. At the same time, the company sought a "cultural change" that encouraged workers to become more involved in determining their health care insurance needs and translating their insurance benefits into improved health status.

Deere expected workers to adopt the lowest personal risk benefit of the new consumer-directed offerings, but in fact the opposite happened. The new plan with the lowest premium and the most risk was most popular among employees. In addition, 92 percent opened a tax-advantaged health savings account (HSA) to pay for out-of-pocket expenses. Workers were offered the option of a company contribution to the HSA or a pay increase, and, again, 92 percent took the account contribution.

"They got educated and realized what they were getting for their value, and made the change," Olson said.

The new plan is not perfect. The company pays for 100 percent of preventive care, but utilization by workers of those services has been only about half what Deere anticipated. "Do we know if it's going to work in the long run? I don't know," Olson asked. "Do I know that they (workers) are actively engaged? Yes. And that's the first step toward getting at the underlying behaviors."

Figure 3



Source: Duane Olsen, John Deere & Co.

EBRI Consumer Engagement Survey Summarized

EBRI's Paul Fronstin reported that enrollment in consumer-directed health plans (CDHPs) has grown from 1 percent of adults with private insurance in 2005 to 3 percent in 2008, in summarizing results of the 2008 EBRI Consumer Engagement in Health Care Survey.

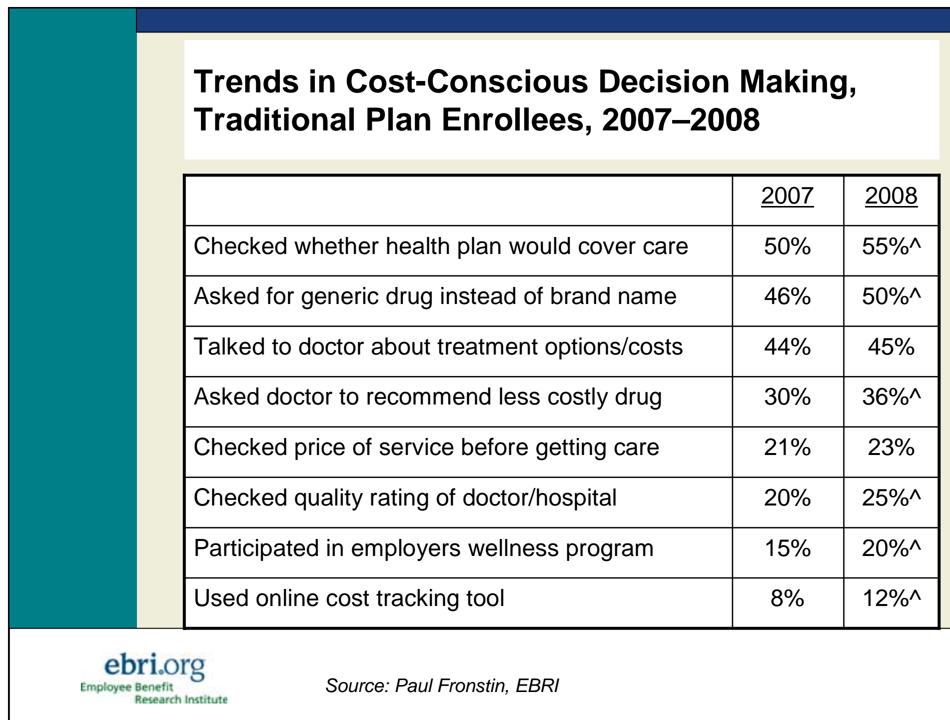
"It doesn't sound like a lot," Fronstin said, "but when you put it in terms of numbers and you combine the CDHP group with the health savings account-eligible group, you wind up with close to 10 million adults with private insurance in this market. That's a lot, considering health reimbursement arrangements really just came out in 2001 and health savings accounts only became available in 2004."

Fronstin added that consumer-directed plan participants are more likely to have higher incomes ($100,000 or more), more likely to describe their health as excellent or very good compared with those in traditional insurance, and more likely to say the terms of their coverage make them more likely to consider cost when deciding to use health care services.

The 2008 survey reinforced results from prior surveys conducted from 2005–2007 showing a satisfaction gap between those with traditional insurance and those enrolled in consumer-directed and high-deductible health plans, Fronstin reported. In 2008, 63 percent of traditional plan participants were extremely or very satisfied with their overall health plan, compared with 49 percent among consumer-directed participants and 40 percent among high deductible enrollees.

Full survey details appear in the November 2008 *EBRI Issue Brief.* Additional information from the survey about account-based plans appears in the December 2008 *EBRI Notes*.

Figure 4



Trends in Cost-Conscious Decision Making, Traditional Plan Enrollees, 2007–2008

	2007	2008
Checked whether health plan would cover care	50%	55%^
Asked for generic drug instead of brand name	46%	50%^
Talked to doctor about treatment options/costs	44%	45%
Asked doctor to recommend less costly drug	30%	36%^
Checked price of service before getting care	21%	23%
Checked quality rating of doctor/hospital	20%	25%^
Participated in employers wellness program	15%	20%^
Used online cost tracking tool	8%	12%^

Source: Paul Fronstin, EBRI

Value-Based Insurance Design Discussed

The goal of value-based insurance is "*all* the care you need, but *only* the care you need," said Jeffrey D. Munn. "That is the nirvana that we are looking for."

Munn, who leads product development and innovation for Hewitt's health management practice, was one of two policy forum speakers to discuss the relatively new concept of value-based insurance design. Value-based design encourages consumers to use health services when the clinical benefits exceed the cost and at the same time discourages the use of services when the benefits do not justify the cost. Value-based design seeks to influence consumer behavior by linking co-payments to the use of a clinically demonstrated benefit, while consumer-driven health plans use tax-sheltered accounts for much the same purpose.

While value-based design is still emerging, it is beginning to show up in employer decisions to make sure that health plans cover preventive care at little or no cost. It recognizes that, in some cases, employers are better off paying for preventive services or prescription medications for chronic conditions because the cost of not doing so is higher in the long run, Munn said.

For example, eliminating financial barriers (such as high co-pays) can result in workers doing a better job of taking maintenance medications and getting care needed to neutralize the effects of particular conditions, Munn said. So far, the use of value-based design is fairly limited. Munn estimated that about 12 percent of employers who work with Hewitt offer their workers a value-based plan design for prescription drug coverage.

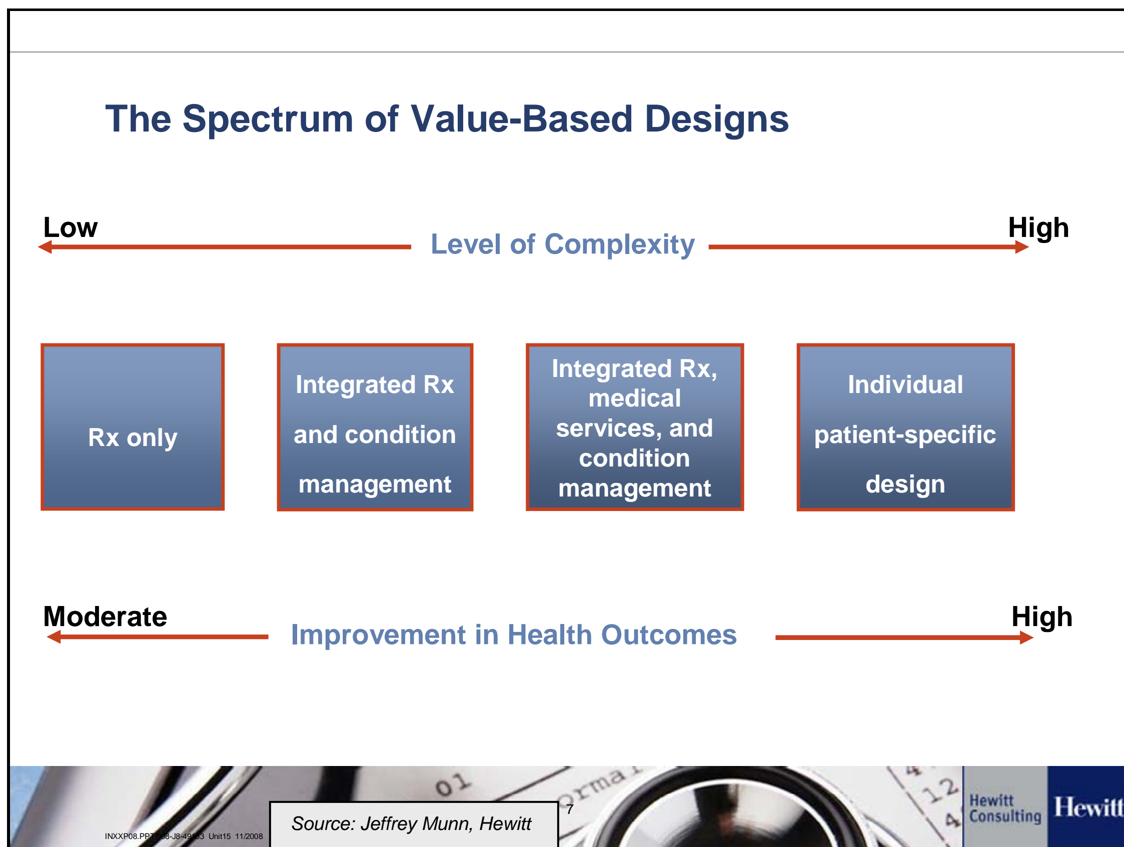
Questions about the concept remain. Will value-based design price a drug or service so that low-income patients can afford care, but also that employers are not over-subsidizing others? Will multi-level co-pays introduce additional complexity into health plan coverage and confuse patients? "We see this as part of a holistic effort to balance the issues of long-term and short-term costs, and—ultimately, from an employer perspective—to maximize the long-term health of the work force, which relates very strongly to productivity and really how successful you're going to be in the marketplace," Munn said.

David D. Guilmette, managing director of Towers Perrin's global health and welfare business, largely agreed with Munn about the potential benefits of value-based design, but said that some employees remain skeptical: They think that spending more money means they will receive better care. Employers need to be very careful when putting value-based health plans into effect, he said, to be sure that workers are getting "the right kind of care in the right setting by the right providers."

Leading-edge companies are going beyond the costs of health care services and looking at the link between health and productivity, Guilmette said. He added that "an emerging body of research shows a strong correlation between work-force well-being, work-force engagement, and business performance," one of the hoped-for benefits of value-based design.

Still, Munn inserted a word of caution. "We do not see value-based design as a silver bullet," he said. "We do not see any design as a silver bullet."

Figure 5



Source: Jeffrey Munn, Hewitt

Figure 6

Value-based benefit approaches...

- Health care strategy and design elements that achieve desired health outcomes of a covered population — through ***customized incentives*** that motivate ***individual behavior change***
- Objective: Maximum value for both individuals and plan sponsors

Goals	Sample Tactics
Moderate health care costs Promote consumer engagement Maximize value, and quality, of each dollar spent on health care Achieve better health outcomes Deliver a quantifiable health dividend to the organization	Elimination of potential disincentives to employees – Reduction/elimination of co-payments for certain conditions/therapies Customized design for targeted population segments — based on clinical evidence Plan design based on clinical evidence

Source: David Guilmette, Towers Perrin

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New Publications and Internet Sites

[Note: To order U.S. Government Accountability Office (GAO) publications, call (202) 512-6000.]

Employee Benefits

Employee Benefit Research Institute. *Fundamentals of Employee Benefit Programs*. Sixth Edition. $19.95 (EBRI members get a 55 percent discount) plus shipping. EBRI member organizations, or those interested in bulk purchases of *Fundamentals*, should contact Alicia Willis at (202) 659-0670 or e-mail: publications@ebri.org. To place individual orders online, contact publications@ebri.org or go to www.brightdoc.com/ebri.

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Aaron, Henry J., and Leonard E. Burman. *Using Taxes to Reform Health Insurance: Pitfalls and Promises*. $28.95. The Brookings Institution, c/o HFS, P.O. Box 50370, Baltimore, MD 21211-4370, (800) 537-5487 or (410) 516-6956, fax: (410) 516-6998, e-mail: hfscustserv@press.jhu.edu, www.brookings.edu

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