

Notes

Satisfaction With Health Coverage and Care: Findings from the 2013 EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, p. 2

A T A G L A N C E

Satisfaction With Health Coverage and Care: Findings from the 2013 EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, by Paul Fronstin, Ph.D., EBRI

- The overall satisfaction rate among consumer-driven health plan (CDHP) enrollees increased in most years of the EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey (CEHCS), while it decreased in most years among traditional enrollees.
- Differences in out-of-pocket costs may explain some of the differences in overall satisfaction rates. In 2013, 44 percent of traditional-plan participants were extremely or very satisfied with out-of-pocket costs (for health care services other than for prescription drugs), while 20 percent of high-deductible health plan (HDHP) enrollees and 31 percent of CDHP participants were extremely or very satisfied. Satisfaction has been trending upward among CDHP enrollees.
- CDHP and HDHP enrollees were less likely than those in a traditional plan both to recommend their health plan to friends or co-workers and to stay with their current health plan if they had the opportunity to switch plans. The percentage of HDHP and CDHP enrollees reporting that they would be extremely or very likely to recommend their plan to friends or co-workers has been trending upward, while it has been flat among individuals with traditional coverage.

Satisfaction With Health Coverage and Care: Findings from the 2013 EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey

By Paul Fronstin, Ph.D., Employee Benefit Research Institute

Introduction

This article examines satisfaction with various aspects of health care by type of health plan. It examines satisfaction among three groups of health-plan enrollees: those with a consumer-driven health plan (CDHP), those with a high-deductible health plan (HDHP), and those with traditional coverage. The findings presented in this paper are derived from the 2013 EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey (CEHCS), an online survey that examines issues surrounding consumer-directed 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. This paper also presents trends in satisfaction using findings from the 2005–2007 EBRI/Commonwealth Fund Consumerism in Health Care surveys, and the 2008–2012 CEHCS.¹

To examine trends in satisfaction rates, the sample was divided into three groups: those with a CDHP, those with an HDHP, and those with traditional health coverage. Individuals were assigned to the CDHP and HDHP groups if they had a deductible of at least \$1,000 for individual coverage or \$2,000 for family coverage. To be assigned to the CDHP group, they must also have had an account, such as a health savings account (HSA) or health reimbursement arrangement (HRA) with a rollover provision that they could use to pay for medical expenses or with portability so that they could take their account with them if they changed jobs. Individuals were assigned to the HDHP group if they did not have an account used for health care expenses with a rollover provision or portability if they changed jobs. This group included individuals with an HSA-eligible health plan but may also have included individuals with a high deductible who were not eligible to contribute to an HSA. Individuals with traditional health coverage had a broad range of plan types, including health maintenance organizations (HMOs), preferred provider organizations (PPOs), other managed care plans, and plans with a broad variety of cost-sharing arrangements. The shared characteristics of this group's members were that participants did not have an HRA-based plan and either had no deductible or a deductible that was below current thresholds that would qualify for HSA tax preference.

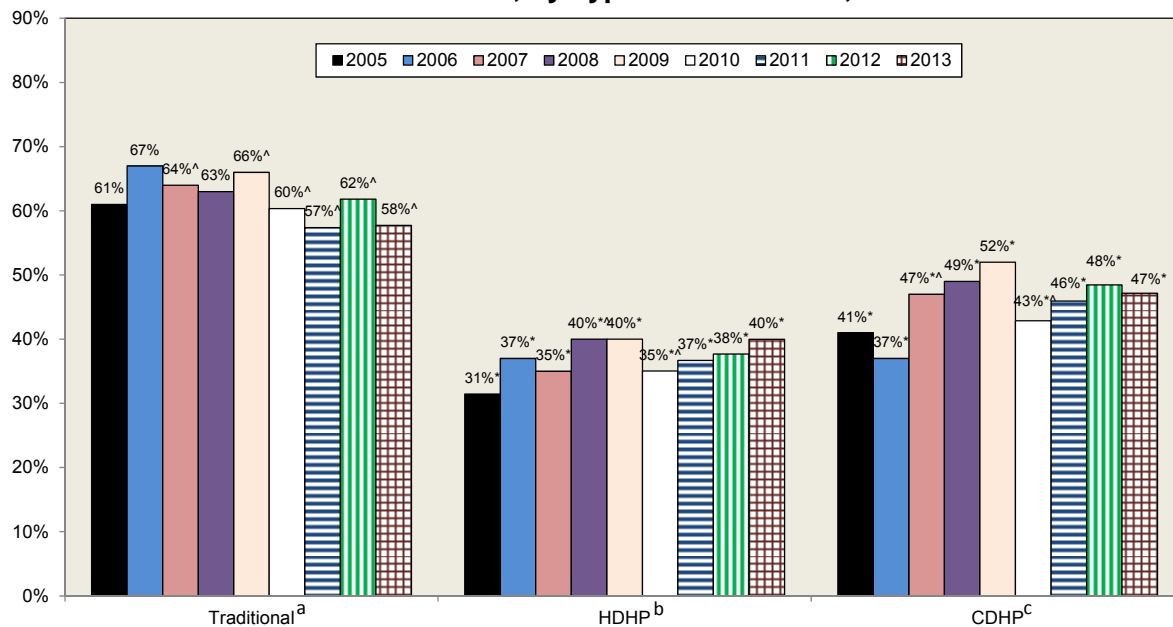
Satisfaction

Respondents were asked a series of questions regarding their attitude toward their health plan and their satisfaction with various aspects of their health care, including satisfaction with the quality of care received, out-of-pocket expenses, choice of doctors, and ability to get doctor appointments.

Overall Satisfaction With Health Plan—Traditional-plan enrollees were more likely than CDHP and HDHP enrollees to be extremely or very satisfied with their overall plan in all years of the survey. In 2013, 58 percent of traditional-plan enrollees were extremely or very satisfied with their overall health plans, compared with 47 percent among CDHP enrollees and 40 percent among HDHP enrollees (Figure 1).

Overall satisfaction rates among CDHP enrollees increased from 37 percent to 52 percent between 2006 and 2009, although there was a drop in satisfaction rates between 2009 and 2010. Satisfaction rates increased from 43 percent to 48 percent between 2010 and 2012 and were statistically unchanged in 2013. Overall satisfaction rates have been trending upward for CDHP enrollees and downward for traditional enrollees.

Figure 1
Percentage Extremely or Very Satisfied With Overall Health Plan, by Type of Health Plan, 2005–2013



Sources: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005–2007; EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, 2008–2013.

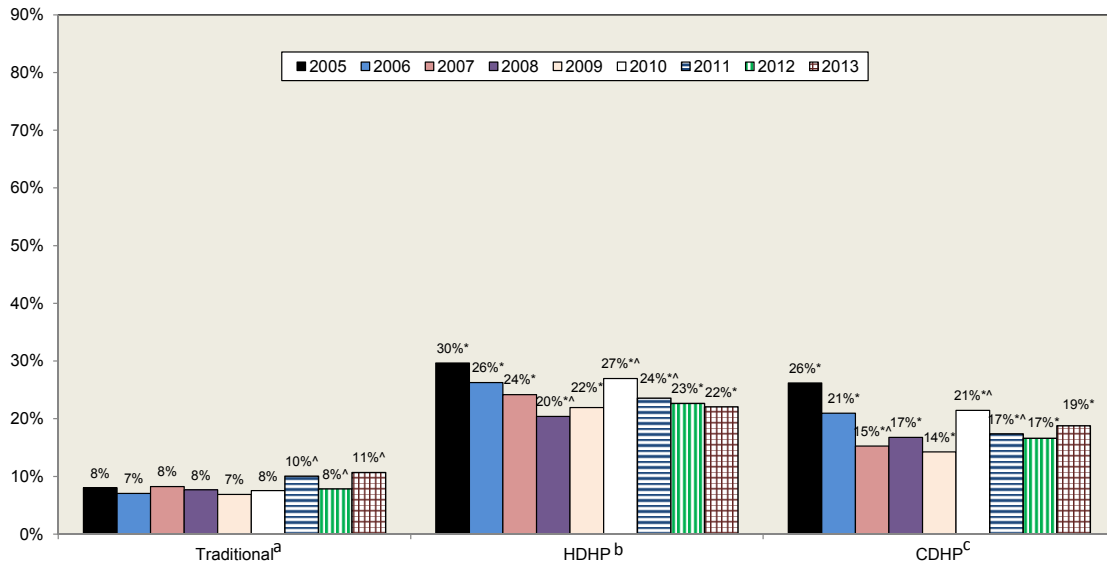
^a Traditional = Health plan with no deductible or <\$1,000 (individual), <\$2,000 (family).
^b HDHP = High-deductible health plan with deductible \$1,000+ (individual), \$2,000+ (family), no account.
^c CDHP = Consumer-driven health plan with deductible \$1,000+ (individual), \$2,000+ (family), with account.
 * Difference between HDHP/CDHP and Traditional is statistically significant at $p \leq 0.05$ or better.
[^] Estimate is statistically different from the prior year shown at the $p \leq 0.05$ or better.

Very few traditional-plan enrollees were not too or not at all satisfied with their health plan in any year of the survey. In 2013, only 11 percent of traditional-plan enrollees were not too or not at all satisfied with their health plan (Figure 2). In comparison, 22 percent of HDHP and 19 percent of CDHP enrollees reported that they were not too or not at all satisfied with their health plan. Overall, dissatisfaction among CDHP and HDHP enrollees has been trending downward during the survey period.

Quality of Care—Other than in 2006, individuals in a CDHP were as satisfied as individuals with traditional coverage with the quality of care received. By 2013, about two-thirds of individuals whether in a CDHP (67 percent) or with traditional coverage (68 percent) were extremely or very satisfied with the quality of care received (Figure 3). In contrast, individuals with an HDHP were less likely to be satisfied with the quality of care received than those in a traditional plan in every year of the survey. By 2013, 61 percent of HDHP enrollees were extremely or very satisfied with quality of care received, compared with 68 percent among traditional plan enrollees. Satisfaction with quality of care fell between 2012 and 2013 for both individuals with a CDHP and those with traditional coverage.

Out-of-Pocket Costs—Differences in out-of-pocket costs may explain some of the difference in overall satisfaction rates among enrollees in traditional plans, HDHPs, and CDHPs. In 2013, 44 percent of traditional-plan participants were extremely or very satisfied with out-of-pocket costs (for health care services other than for prescription drugs), while 20 percent of HDHP enrollees and 31 percent of CDHP participants were extremely or very satisfied (Figure 4). Satisfaction rates have been trending upward among individuals with a CDHP or HDHP. In contrast, they have been mostly flat for individuals with traditional coverage.

Figure 2
Percentage Not Too or Not at All Satisfied With Overall Health Plan, by Type of Health Plan, 2005–2013



Sources: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005–2007; EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, 2008–2013.

^a Traditional = Health plan with no deductible or <\$1,000 (individual), <\$2,000 (family).

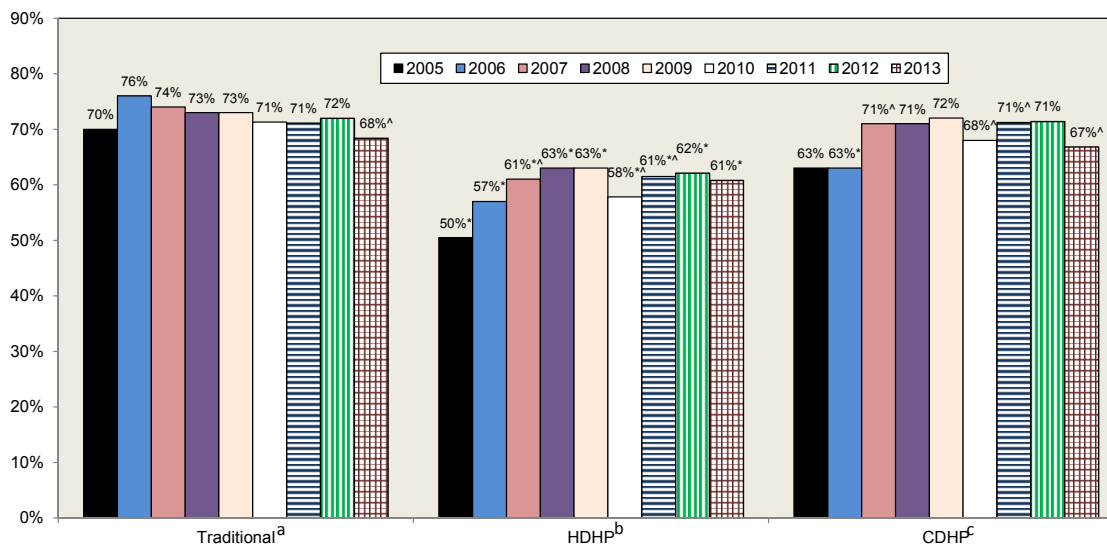
^b HDHP = High-deductible health plan with deductible \$1,000+ (individual), \$2,000+ (family), no account.

^c CDHP = Consumer-driven health plan with deductible \$1,000+ (individual), \$2,000+ (family), with account.

* Difference between HDHP/CDHP and Traditional is statistically significant at $p \leq 0.05$ or better.

[^] Estimate is statistically different from the prior year shown at the $p \leq 0.05$ or better.

Figure 3
Percentage Extremely or Very Satisfied With Quality of Health Care Received, by Type of Health Plan, 2005–2013



Sources: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005–2007; EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, 2008–2013.

^a Traditional = Health plan with no deductible or <\$1,000 (individual), <\$2,000 (family).

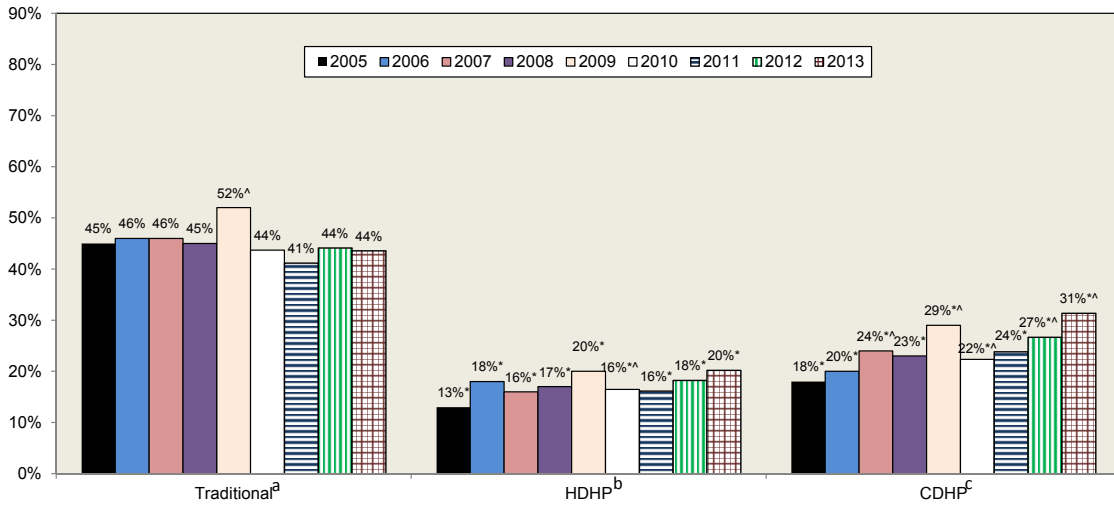
^b HDHP = High-deductible health plan with deductible \$1,000+ (individual), \$2,000+ (family), no account.

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Figure 4
Percentage Extremely or Very Satisfied With Out-of-Pocket Health Care Costs, by Type of Health Plan, 2005–2013



Sources: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005–2007; EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, 2008–2013.

Note: survey question changed in 2009 from asking about "Out-of-pocket health care costs for my health care" to "Out-of-pocket health care costs for my other health care" because of the introduction of a question specifically asking about out-of-pocket costs for drugs.

^a Traditional = Health plan with no deductible or <\$1,000 (individual), <\$2,000 (family).

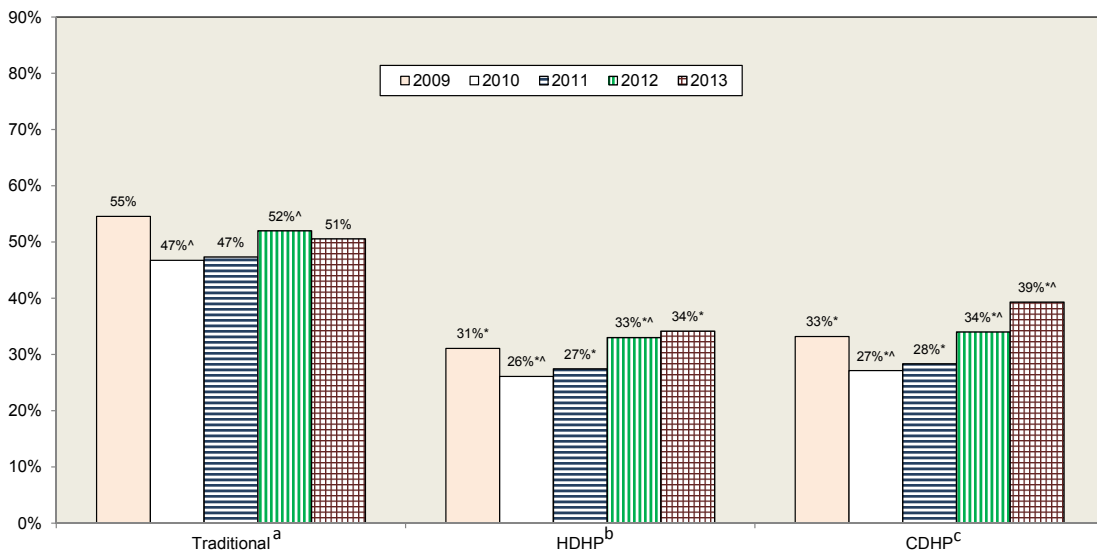
^b HDHP = High-deductible health plan with deductible \$1,000+ (individual), \$2,000+ (family), no account.

^c CDHP = Consumer-driven health plan with deductible \$1,000+ (individual), \$2,000+ (family), with account.

* Difference between HDHP/CDHP and Traditional is statistically significant at $p \leq 0.05$ or better.

[^] Estimate is statistically different from the prior year shown at the $p \leq 0.05$ or better.

Figure 5
Percentage Extremely or Very Satisfied With Out-of-Pocket Prescription Drug Costs, by Type of Health Plan, 2009–2013



Sources: EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, 2009–2013.

^a Traditional = Health plan with no deductible or <\$1,000 (individual), <\$2,000 (family).

^b HDHP = High-deductible health plan with deductible \$1,000+ (individual), \$2,000+ (family), no account.

^c CDHP = Consumer-driven health plan with deductible \$1,000+ (individual), \$2,000+ (family), with account.

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[^] Estimate is statistically different from the prior year shown at the $p \leq 0.05$ or better.

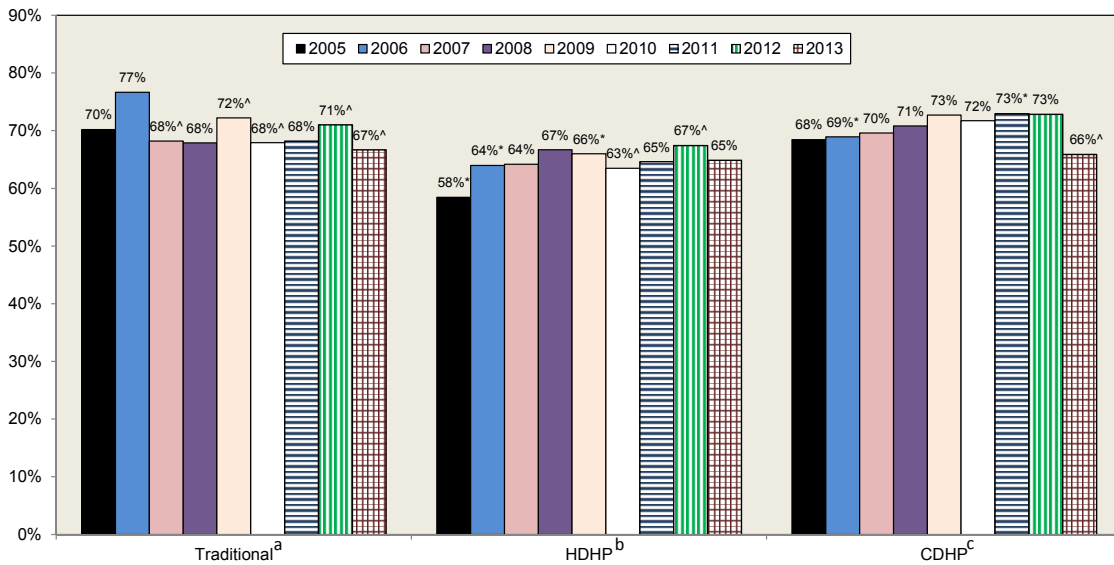
To provide additional insights, a separate question on out-of-pocket spending relating specifically to prescription drugs was added to the survey in 2009. Satisfaction with out-of-pocket spending on prescription drugs has been trending upward since 2010, regardless of plan type (Figure 5). While those with traditional coverage were more likely to report being extremely or very satisfied with out-of-pocket costs for prescription drugs than those with an HDHP or a CDHP, the relative increase in satisfaction rates for out-of-pocket costs for prescription drugs was much greater for HDHP and CDHP enrollees than it was for traditional plan enrollees.

Access to Doctors—Satisfaction levels with getting doctor appointments were high relative to other aspects of health care, regardless of plan type. In 2013, about two-thirds of plan participants were extremely or very satisfied with their ability to get doctor appointments (Figure 6). Satisfaction rates have been largely flat among traditional plan enrollees, while they have been trending upward among CDHP enrollees. However, among both groups, satisfaction levels fell between 2012 and 2013. The same pattern was found for satisfaction with choice of doctors (Figure 7).

Attitude Toward Health Plan

As in previous years of the survey, in 2013 individuals in a CDHP or an HDHP were found to be less likely than those in a traditional plan both to recommend their health plan to friends or co-workers (Figure 8), and to stay with their current health plan if they had the opportunity to switch plans (Figure 9). However, the percentage of HDHP and CDHP enrollees reporting that they would be extremely or very likely to recommend their plan to friends or co-workers has been trending upward, while it has been flat among individuals with traditional coverage. In addition, the increase between 2012 and 2013 was statistically significant among CDHP enrollees.

Figure 6
Percentage Extremely or Very Satisfied With Ease of Getting Doctor Appointment When Needed, 2005–2013



Sources: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005–2007; EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, 2008–2013.

^a Traditional = Health plan with no deductible or <\$1,000 (individual), <\$2,000 (family).

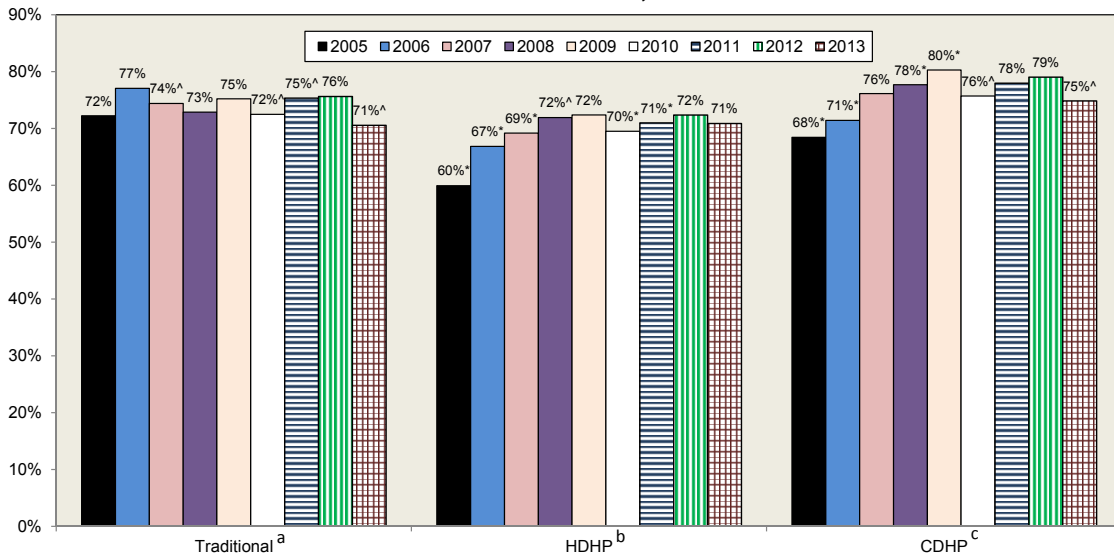
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^c CDHP = Consumer-driven health plan with deductible \$1,000+ (individual), \$2,000+ (family), with account.

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[^] Estimate is statistically different from the prior year shown at the $p \leq 0.05$ or better.

Figure 7
Percentage Extremely or Very Satisfied With Choice of Doctors, 2005–2013



Sources: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005–2007; EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, 2008–2013.

^a Traditional = Health plan with no deductible or <\$1,000 (individual), <\$2,000 (family).

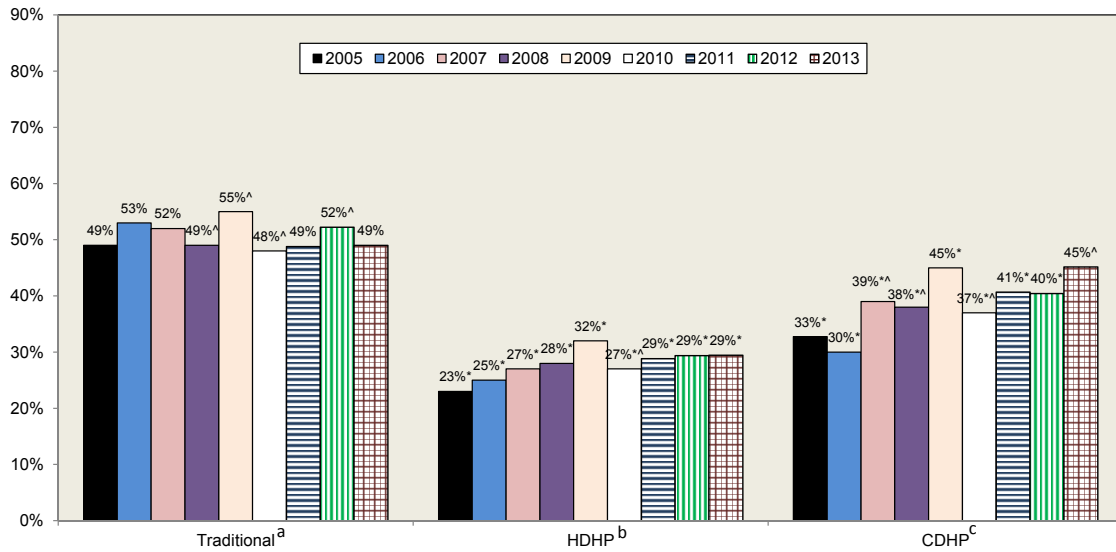
^b HDHP = High-deductible health plan with deductible \$1,000+ (individual), \$2,000+ (family), no account.

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Figure 8
Percentage Extremely or Very Likely to Recommend Health Plan to Friend or Co-Worker, by Type of Health Plan, 2005–2013



Sources: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005–2007; EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, 2008–2013.

^a Traditional = Health plan with no deductible or <\$1,000 (individual), <\$2,000 (family).

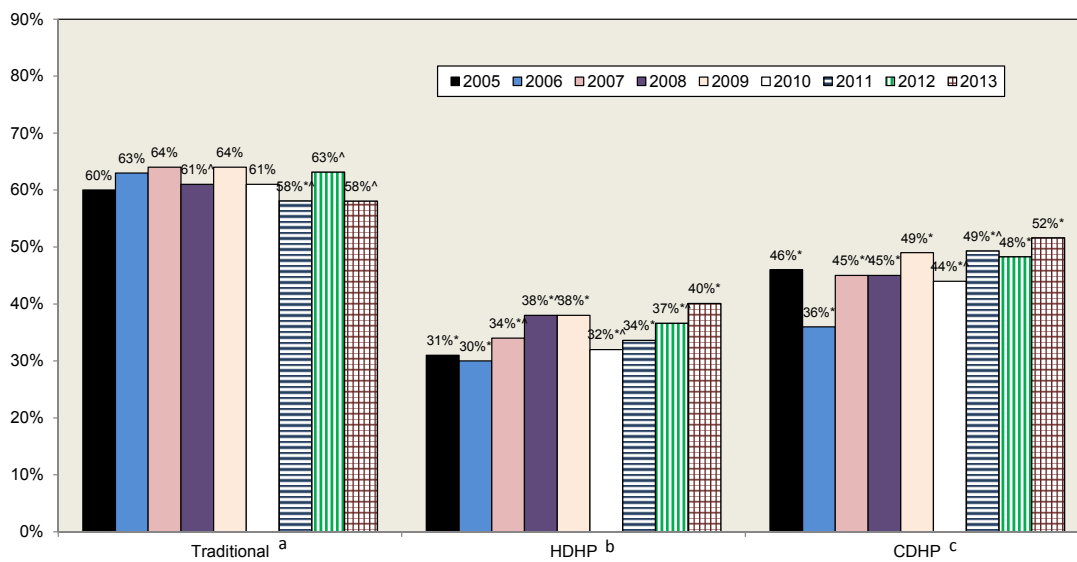
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[^] Estimate is statistically different from the prior year shown at the $p \leq 0.05$ or better.

Figure 9
Percentage Extremely or Very Likely to Stay With Current Health Plan If Had the Opportunity to Change, by Type of Health Plan, 2005–2013



Sources: EBRI/Commonwealth Fund Consumerism in Health Care Survey, 2005–2007; EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey, 2008–2013.

^a Traditional = Health plan with no deductible or <\$1,000 (individual), <\$2,000 (family).

^b HDHP = High-deductible health plan with deductible \$1,000+ (individual), \$2,000+ (family), no account.

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Appendix – About the 2013 EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey

The Employee Benefit Research Institute (EBRI) and Greenwald & Associates created the EBRI/Greenwald & Associates Consumer Engagement in Health Care Survey (CEHCS) to examine issues surrounding consumer-directed health care, including the cost of insurance, the cost of care, satisfaction with health care, satisfaction with a health care plan, reasons for choosing a plan, and sources of health information. The 2013 CEHCS is comparable with findings from the 2005–2007 EBRI/Commonwealth Fund Consumerism in Health Care surveys, and the 2008–2012 CEHCS.

The 2013 survey was conducted within the United States between August 8 and August 20, 2013, through a 13-minute Internet survey. The national or base sample was drawn from Ipsos's online panel of Internet users who have agreed to participate in research surveys.² Two thousand adults ages 21–64 who had health insurance through an employer or purchased directly from a carrier were drawn randomly from the Ipsos sample for this base sample. This sample was stratified by gender, age, region, income, and race. The response rate was 37.2 percent (32 percent for the base sample or national sample, and 44 percent for the oversample). As a nonprobability sample, traditional survey margin of error estimates do not apply. However, had the survey used a probability sample, the margin of error for the national sample would have been ± 2.2 percent.

The sample was divided into three groups: those with a consumer-driven health plan (CDHP), those with a high-deductible health plan (HDHP), and those with traditional health coverage. Individuals were assigned to the CDHP or HDHP group if they had a deductible of at least \$1,000 for individual coverage or \$2,000 for family coverage. To be assigned to the CDHP group, they must also have had an account, such as a health savings account (HSA) or health reimbursement arrangement (HRA), with a rollover provision that they could use to pay for medical expenses or the ability to take their account with them should they change jobs. Individuals with only a flexible spending account (FSA) were not included in the CDHP group.

Because the base sample (national sample) included only 180 individuals in a CDHP and 397 individuals with an HDHP, an oversample of individuals with a CDHP or HDHP was added. The oversample included 1,062 individuals with a CDHP. In addition to being stratified, the base sample was also weighted by gender, age, education, region, income, and race/ethnicity to reflect the actual proportions in the population ages 21–64 with private health insurance coverage.³ The CDHP oversample was weighted by gender, age, income, and race/ethnicity. More information can be found in Fronstin (2013).

While panel Internet surveys are nonrandom, studies have demonstrated that such surveys, when carefully designed, obtain results comparable with random-digit-dial telephone surveys. Taylor (2003), for example, provided the results from a number of surveys that were conducted at the same time using the same questionnaires both via telephone and online. He found that the use of demographic weighting alone was sufficient to bring almost all of the results from the online survey close to the replies from the parallel telephone survey. He also found that in some cases, propensity weighting (meaning the propensity for a certain type of person to be online) reduced the remaining gaps, but in other cases it did not reduce the remaining gaps. Perhaps the most striking difference in demographics between telephone and online surveys was the under-representation of minorities in online samples.

Endnotes

¹ More information about the data can be found in the appendix and in (Fronstin, 2013).

² See <http://www.i-say.com/>

³ In theory, a random sample of 2,000 yields a statistical precision of plus or minus 2.2 percentage points (with 95 percent confidence) of what the results would be if the entire population ages 21–64 with private health insurance coverage was surveyed with complete accuracy. There are also other possible sources of error in all surveys that may be more serious than theoretical calculations of sampling error. These include refusals to be interviewed and other forms of nonresponse, the effects of question wording and question order, and screening. While attempts are made to minimize these factors, it is impossible to quantify the errors that may result from them.



Notes

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