

Consumer-Directed Health Care: WHAT IT DELIVERS, WHAT IT NEEDS

By Susan Messenheimer and Carol Weiszmann, aimpublications.com

Research has shown that health care spending goes down when consumer health awareness goes up — that is, when consumers take more responsibility for understanding what keeps them healthy and decide for themselves how to spend finite health care dollars.

This is the chief driver of the movement toward consumer-directed health plans (CDHPs), in which health reimbursement accounts (HRAs) or health savings accounts (HSAs) are used to directly purchase non-routine health care services. Traditional insurance, on the other hand, covers non-routine expenses only after a high deductible is met.

Enrollment in these consumer-driven plans is rising. In 2007, it climbed to 5% from 3% of all covered U.S. employees, according to one study.*

Targeting Wellness

The debate continues about the success of CDHPs. Some studies show that they lead to a decrease in health care use by lower-income consumers. Others confirm that they lead to increased engagement in wellness programs. Blue Cross Blue Shield Association's 2007 CDHP Member Experience Survey, for instance, found that those eligible for HSAs were 17% more likely to participate in an exercise program than those enrolled in non-CDHP products. HSA-eligible consumers were also more likely to get involved in programs addressing smoking cessation (20% of HSA-eligible consumers versus 6% of those not eligible for HSAs), stress management (22% versus 8%), and nutrition and diet programs (27% versus 12%).**



The Importance of Information

CDHPs work best when participants have information — and plenty of it.

Some of this information deals with the plans themselves and their specific offerings. In some cases, however, consumers would benefit from better-designed plan provider Web sites and more efficient methods for tracking plan usage.

But much of what will make CDHPs more effective at lowering health care costs and improving health care itself involves patient-centered information. This means widespread implementation of health information technologies — electronic medical records based on universally adopted standards, secure exchange of authorized information, computerized ordering of prescriptions and other medical tests, and clinical decision support tools. These innovations are necessary to reduce medical errors and improve the quality of health care delivery.

Also important to increasing the success of CDHPs is the use of evidence-based medicine (EBM). This involves systematically applying the best evidence from scientific research to both individual medical decision-making and assessing organizations' quality of health care delivery and health care policy and regulations.

As health care consumers and providers become more adept at using information tools and technologies, everyone will benefit from higher-quality care. ■

* National Survey of Employer-Sponsored Health Plans 2007, Mercer (www.mercer.com/referencecontent.jhtml?idContent=1287790)

** www.bcbs.com/news/bcbsa/consumer-directed-health-plans.html



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