

High Deductible Health Plans and Health Savings Accounts: For Better or Worse?

Karen Davis

**President, The Commonwealth Fund
National Academy of Social Insurance**

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kd@cmwf.org

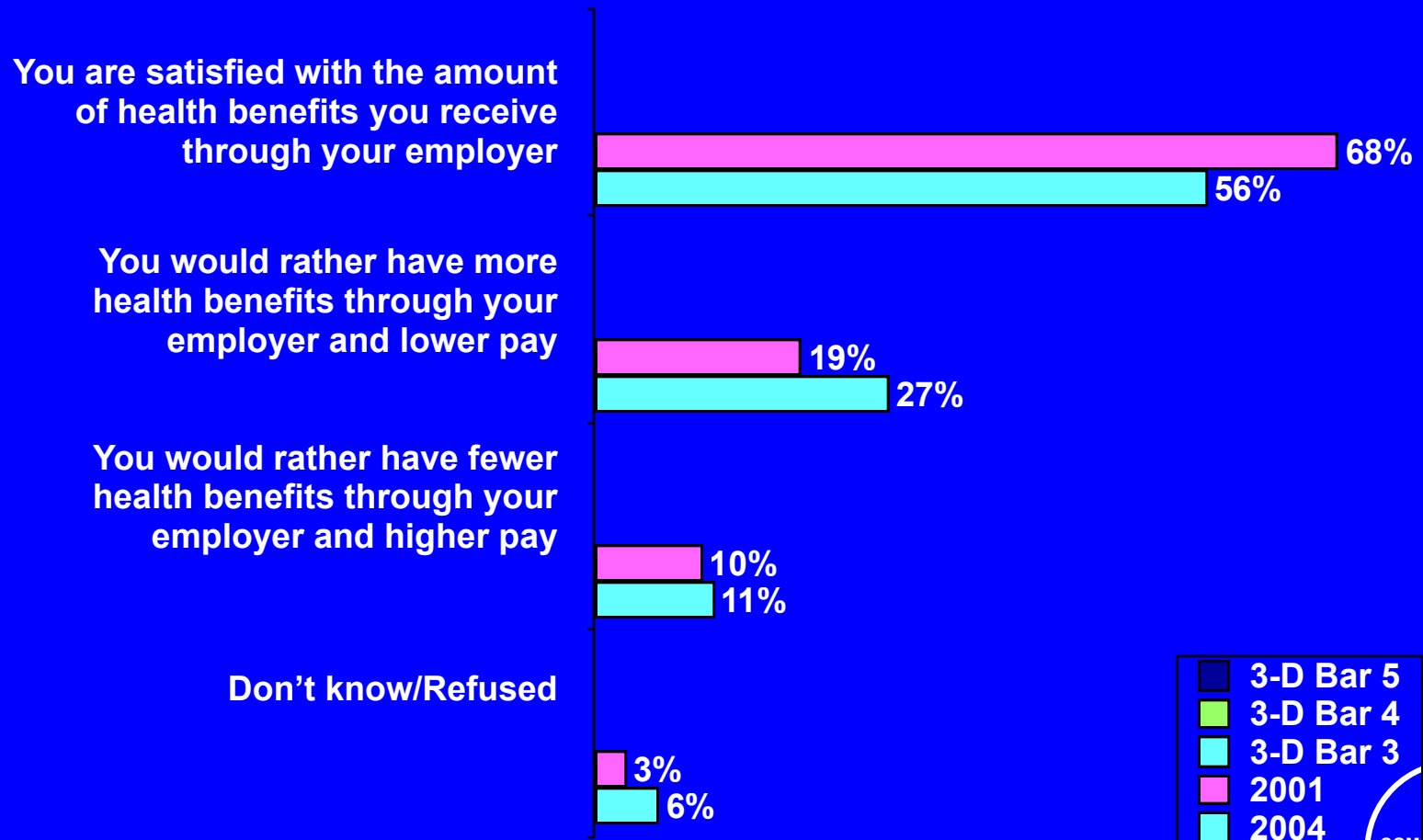
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High Deductible Health Plans (HDHP) and Health Savings Accounts (HSA)

- **Current enrollment in HDHP/HSAs low**
 - **Estimated enrollment of 438,000 in September 2004**
 - **91,500 through employers; most in individual market; 3% of large employers now offering**
 - **May grow; 27% of employers say somewhat or very likely to offer**
 - **About 1 in 10 employees enroll when given the option**
- **Early evidence**
 - **Relatively low take-up rates**
 - **Attractive primarily to higher income employees and those with lower health expenses**
- **Concerns**
 - **Cost-sharing leads to underuse of appropriate care**
 - **Financial burden on low-income and sick**
 - **Consumers rarely have the information to make choices based on quality and efficiency**
 - **Segmentation of risks**

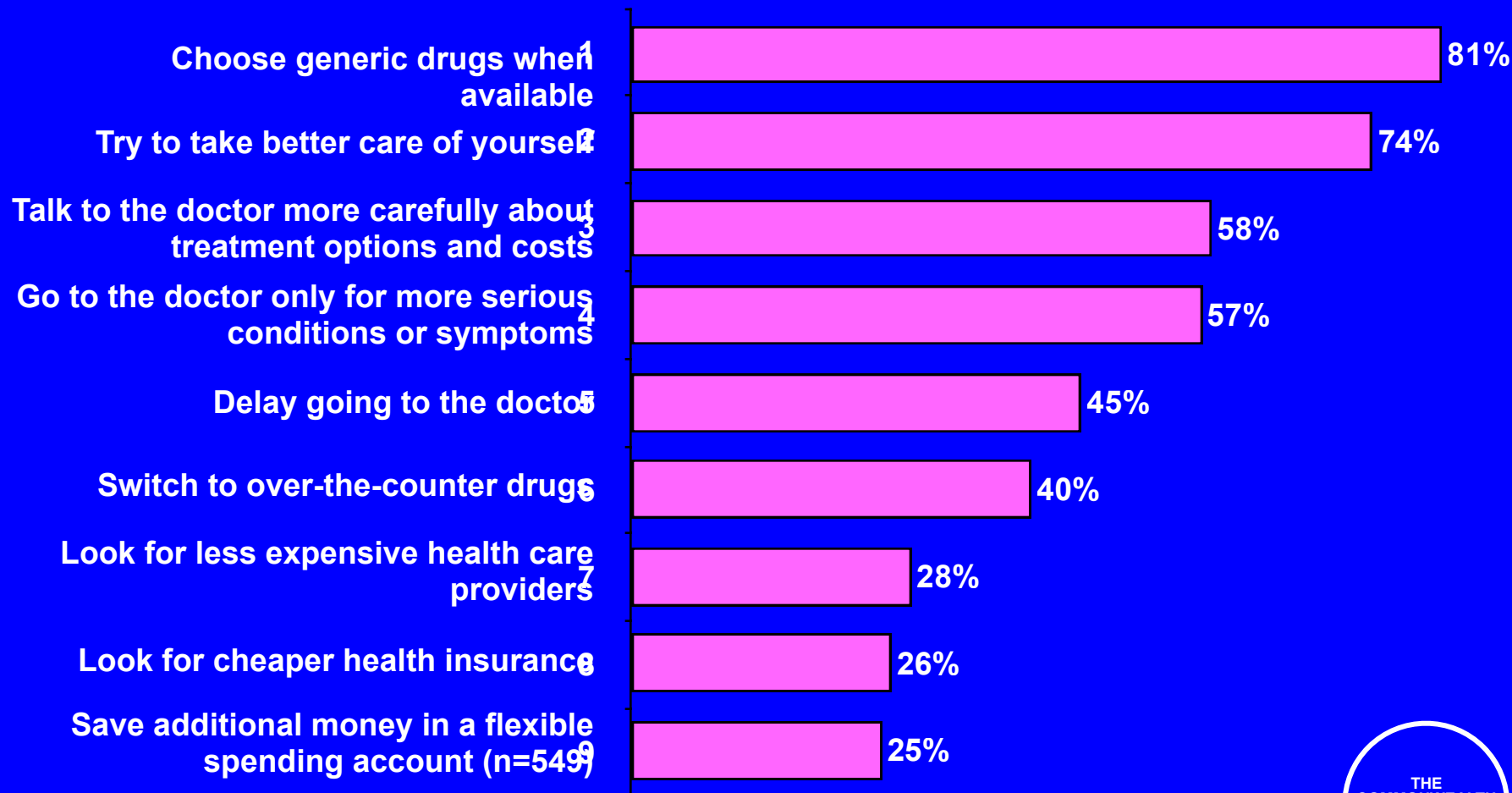
Employees Are Twice as Likely to Be Willing to Trade Pay for More Health Benefits Than the Reverse

Which one of the following statements would you say is closest to the way you feel about your current health benefits? Among those with health insurance coverage and employed full or part time (2004 n=630)



Paying More Leads Patients to Change Their Behavior

Has increased spending on health care expenses in the past year caused you to...? Among those with health insurance coverage who had increases in health care costs in the last year (n=594) (percentage saying yes)



Source: 2004 EBRI Health Confidence Survey.



Across the Board, HDHP Consumers Are More Non-Adherent

Treatment adherence problems (due to cost)

	Other Privately Insured* %	HDHP** %
Had a specific medical problem but did not visit a doctor	17	33
Took a medication less often than I should have	14	29
Did not fill a prescription	15	28
Did not receive a medical treatment or follow up recommended by a doctor	17	28
Did not get a physical or annual check-up	19	25
Took a lower dose of a prescription than my doctor recommended	15	19

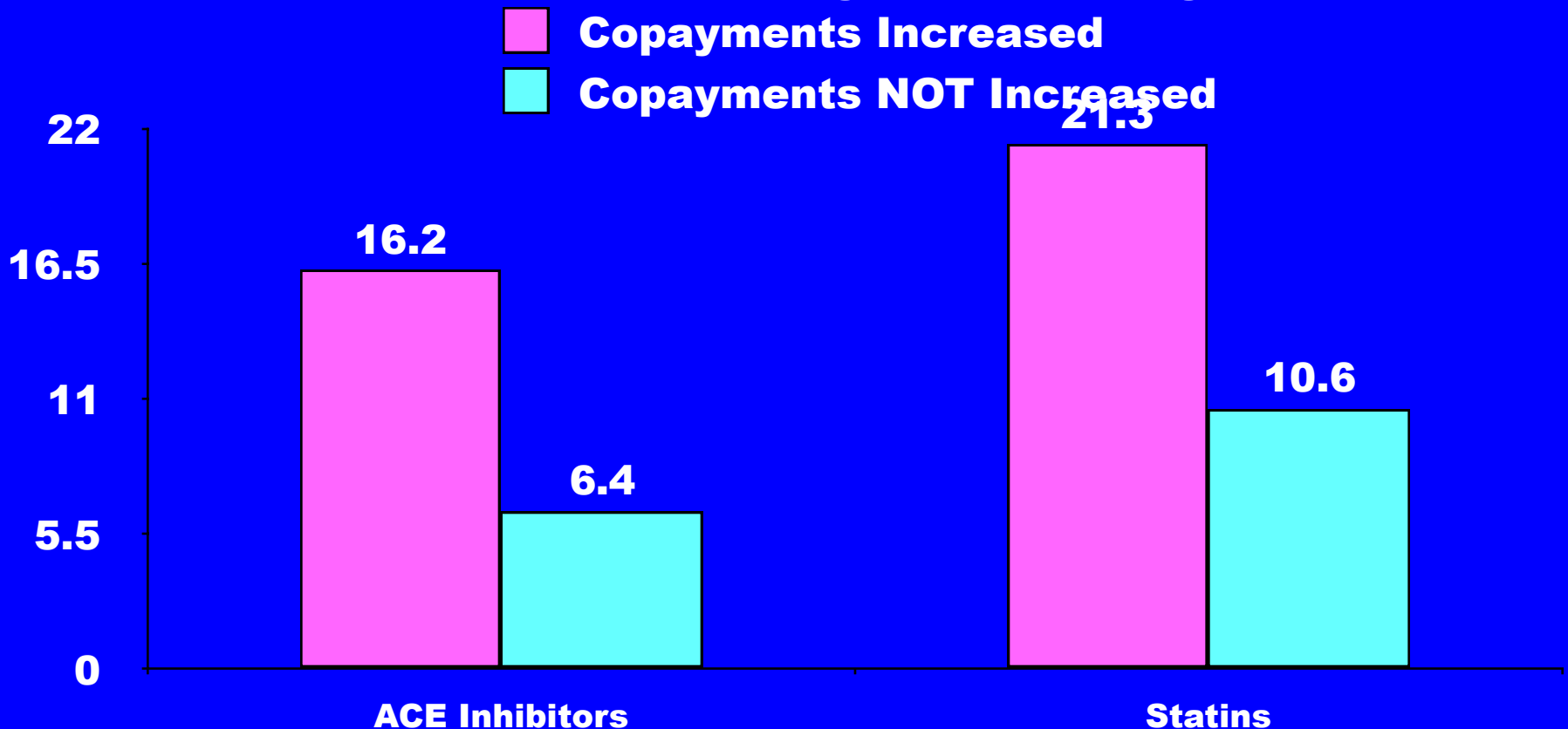
* Currently insured in employer-sponsored or self-purchased plan (not high deductible)

** Currently enrolled in high deductible health plan



Tiered Prescription Drug Cost-Sharing Leads Patients to Not Fill Prescriptions

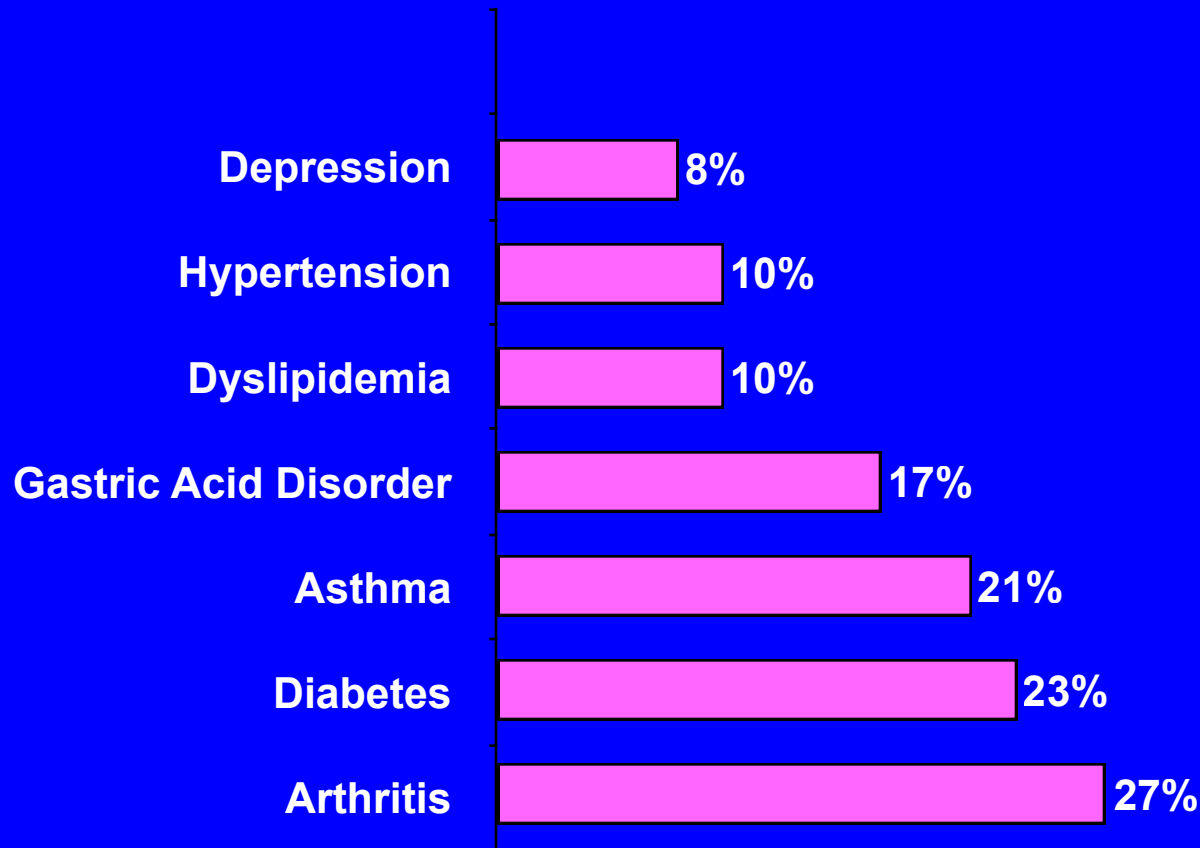
Percent of enrollees discontinuing use of all drugs in class:



Source: H.A. Huskamp et al., "The Effect of Incentive-Based Formularies on Prescription-Drug Utilization and Spending," *New England Journal of Medicine* (December 4, 2003): 2224–32.

How Increased Copays Reduce Chronically Ill Patients' Use of Drugs

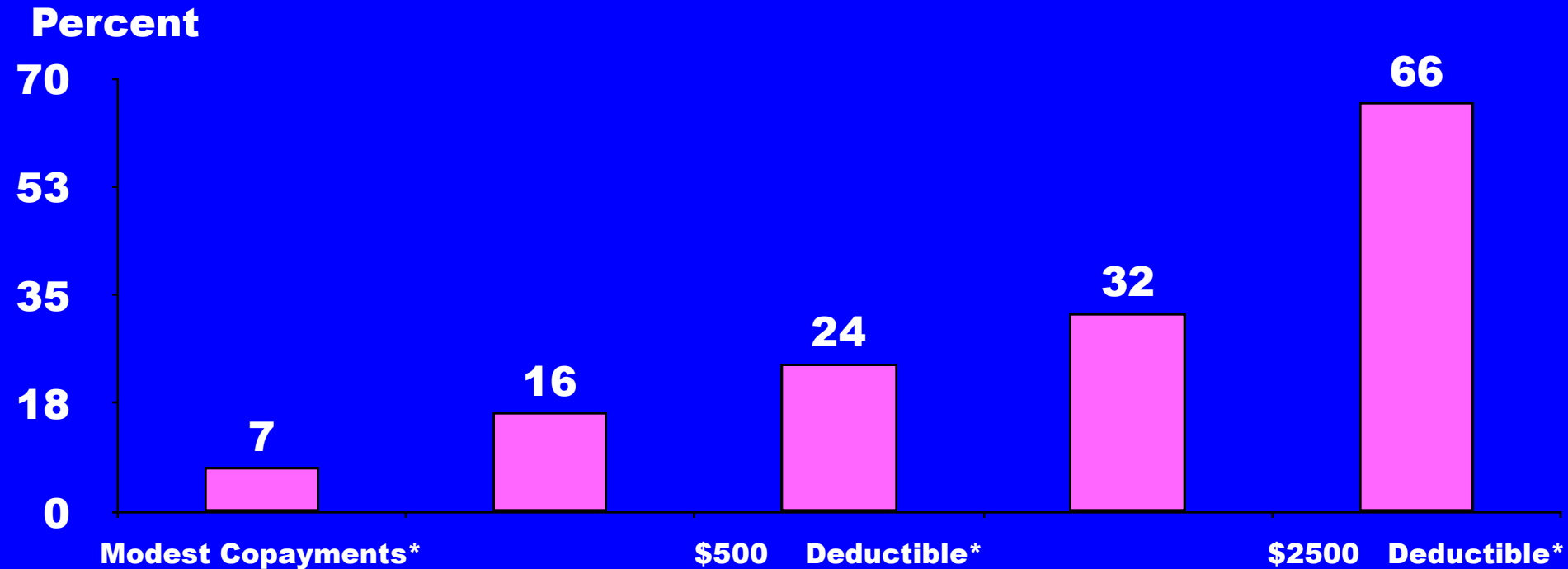
Percent Reduction in Days Supplied When Copayments Double



Source: "Pharmacy Benefits and the Use of Drugs by the Chronically Ill", Goldman et al. (RAND), *JAMA* 291(19): 2344-2350, May 19, 2004.



\$1000 Deductibles Cause One-Third of Hospitalized Patients to Spend More than 10% of Income Out-of-Pocket



* Notes:

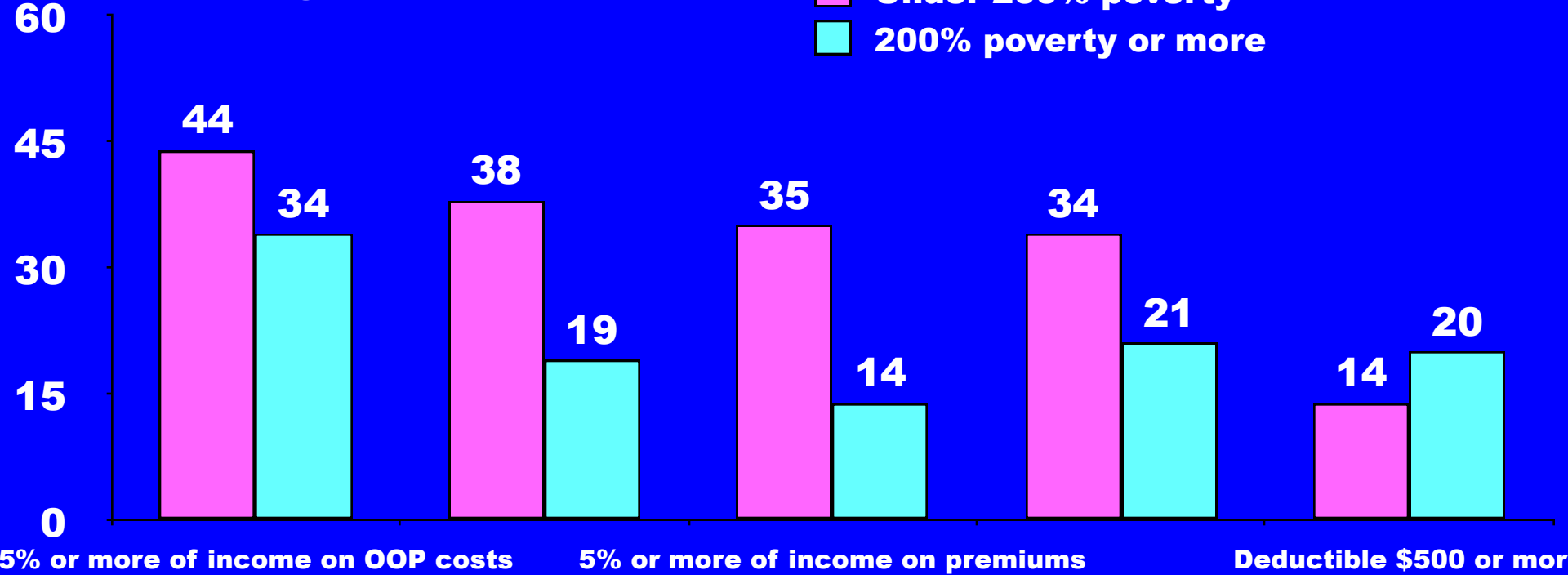
Modest Co-payments Option has \$20 co-pay for physician visits, \$150 co-pay for ED visits, and \$250 co-pay per day inpatient hospitalization; \$100 Deductible Option has 10% in-network coinsurance and 20% out-of-network coinsurance; \$500 Deductible Option has 20% in-network coinsurance and 30% out-of-network coinsurance; \$1000 Deductible Option has 20% in-network coinsurance and 30% out-of-network coinsurance; \$2500 Deductible Option also 30% in-network coinsurance, 50% out-of-network coinsurance; Maximum out-of-pocket limits are set at \$1,500 more than deductible for all options.

Source: S. Trude, *Patient Cost Sharing: How Much is Too Much?* Center for Studying Health System Change, December 2003.

Premiums and Family Out-of-Pocket (OOP) Health Care Costs by Poverty Status

Percent of adults ages
19-64 spending:

Under 200% poverty
200% poverty or more



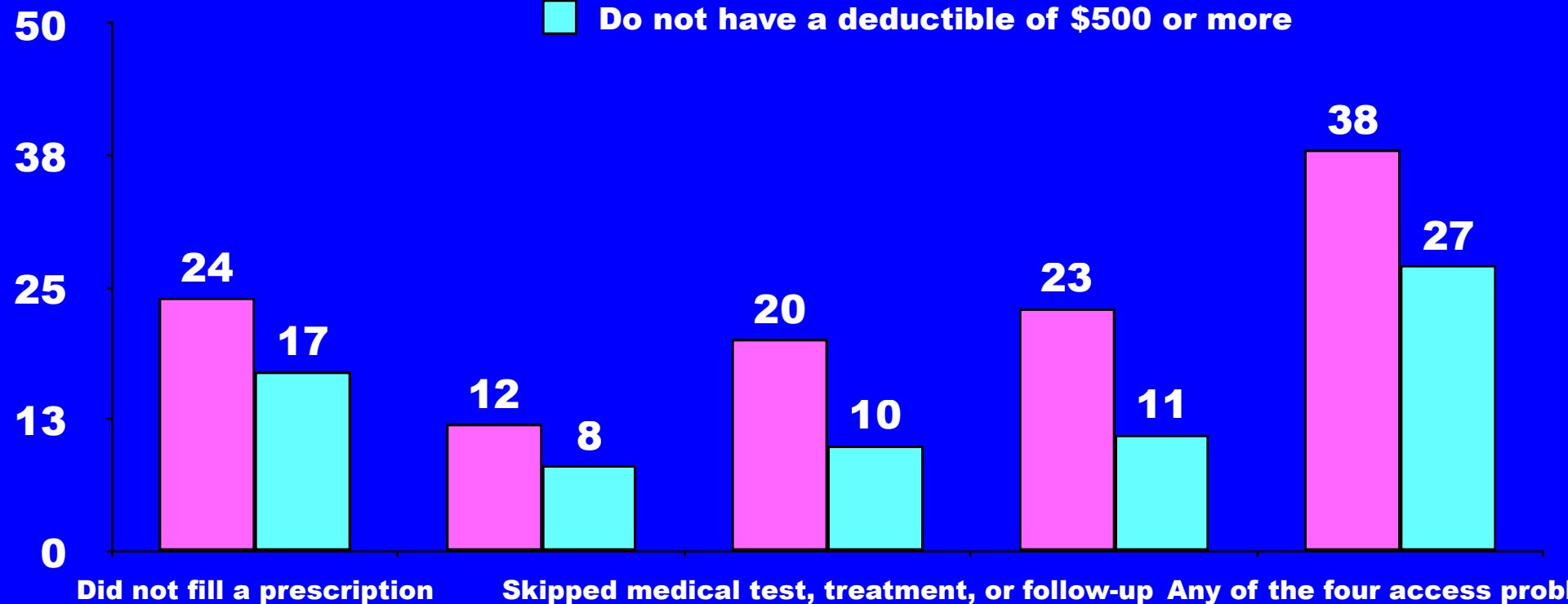
Anytime
uninsured

Insured all year

Cost-Related Access Problems Among Insured Adults With a Deductible of \$500 or More

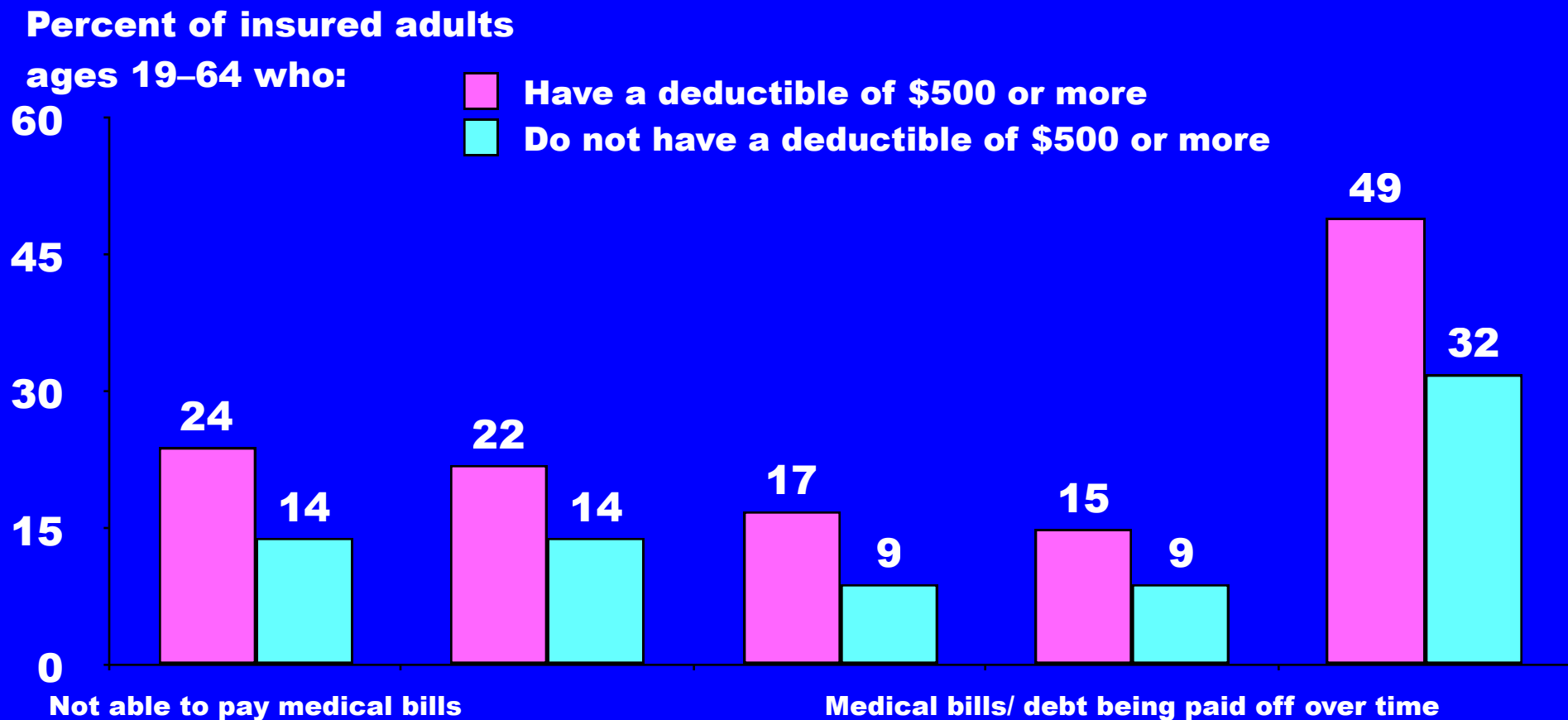
Percent of insured adults
ages 19–64 who:

Have a deductible of \$500 or more
Do not have a deductible of \$500 or more



Source: The Commonwealth Fund Biennial Health Insurance Survey, 2003.

Medical Bill Burdens Among Insured Adults With a Deductible of \$500 or More



FEHBP and HDHP/HSA

Example from DC Metro Area, 2005 Annual Rates

GEHA	Total Premiums	Employee Premiums	Plan Contribution to HSA	In-network Deductible
HDHP – Self	\$4,570	\$1,162	\$720	\$1,100
Standard – Self	\$3,461	\$865	\$0	\$450

Note: \$300 of preventive services exempted from deductible.

Sources: 2005 FEHB Plans: High Deductible Health Plan/Health Savings Accounts, Premium Pass Thru Comparisons, DC Metro Area; Office of Personnel Management, Non-Postal Premium Rates for the Federal Employees Health Benefits Program, 2005.

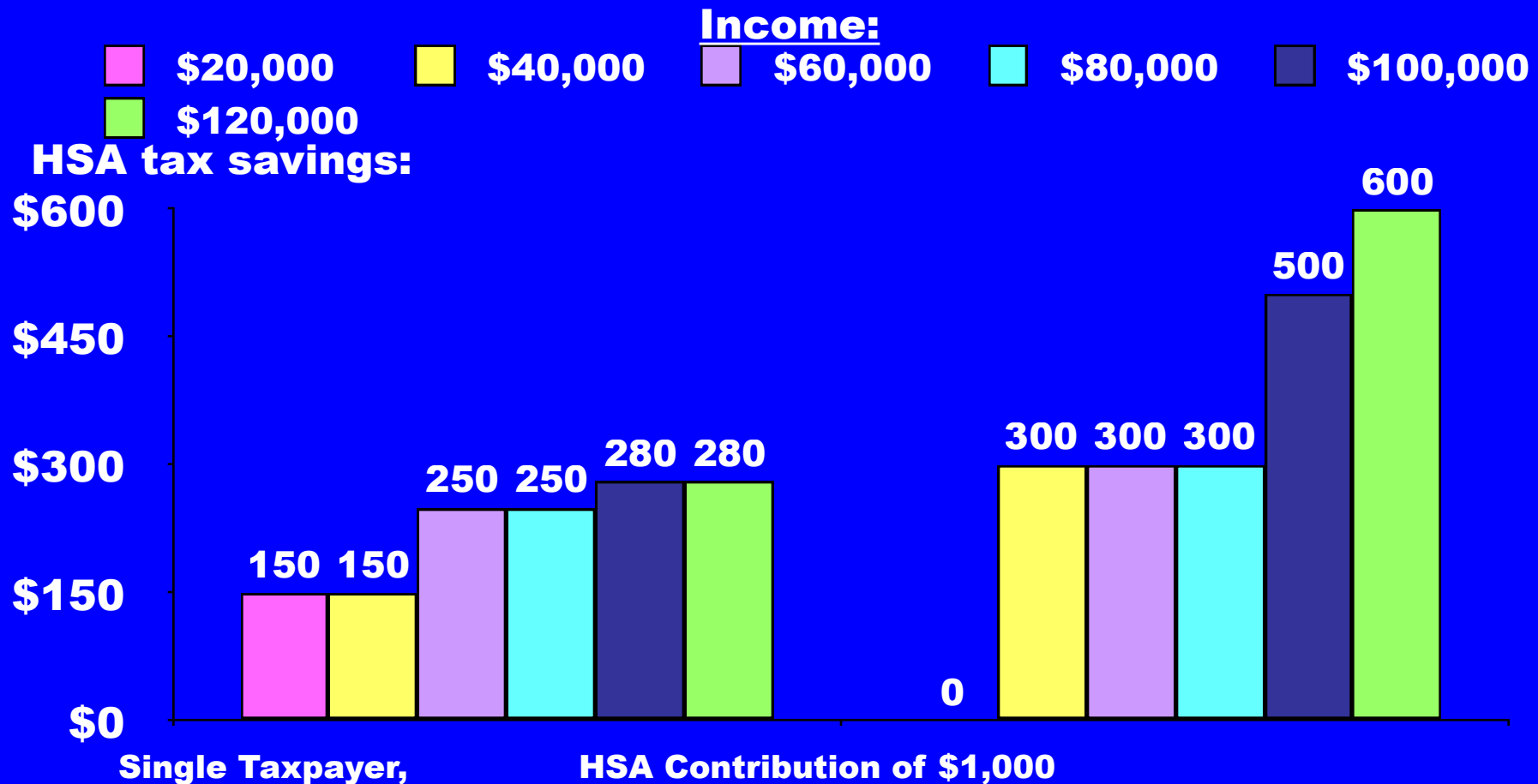


FEHBP and HDHP/HSA

Example from DC Metro Area, 2005 Annual Rates

Total Medical Expenses of:	Deductible	Employee Maximum Contribution to HSA	Paid by HSA	Paid by Employee (15% co-insurance for in-network)	Total Premium, OOP, and Employee HSA Contribution	Balance of HSA
<u>\$500</u>						
GEHA HDHP-Self	\$500	\$380	\$500	\$0	\$1,162	\$600
GEHA Standard-Self	450	0	—	458	1,322	—
<u>\$1,500</u>						
GEHA HDHP-Self	1,100	380	1,100	60	1,602	0
GEHA Standard-Self	450	0	—	157	1,422	—
<u>\$5,000</u>						
GEHA HDHP-Self	1,100	380	1,100	585	2,127	0
GEHA Standard-Self	450	0	—	682	1,997	—

Reduction in Federal Income Tax From HSA Contributions in 2005

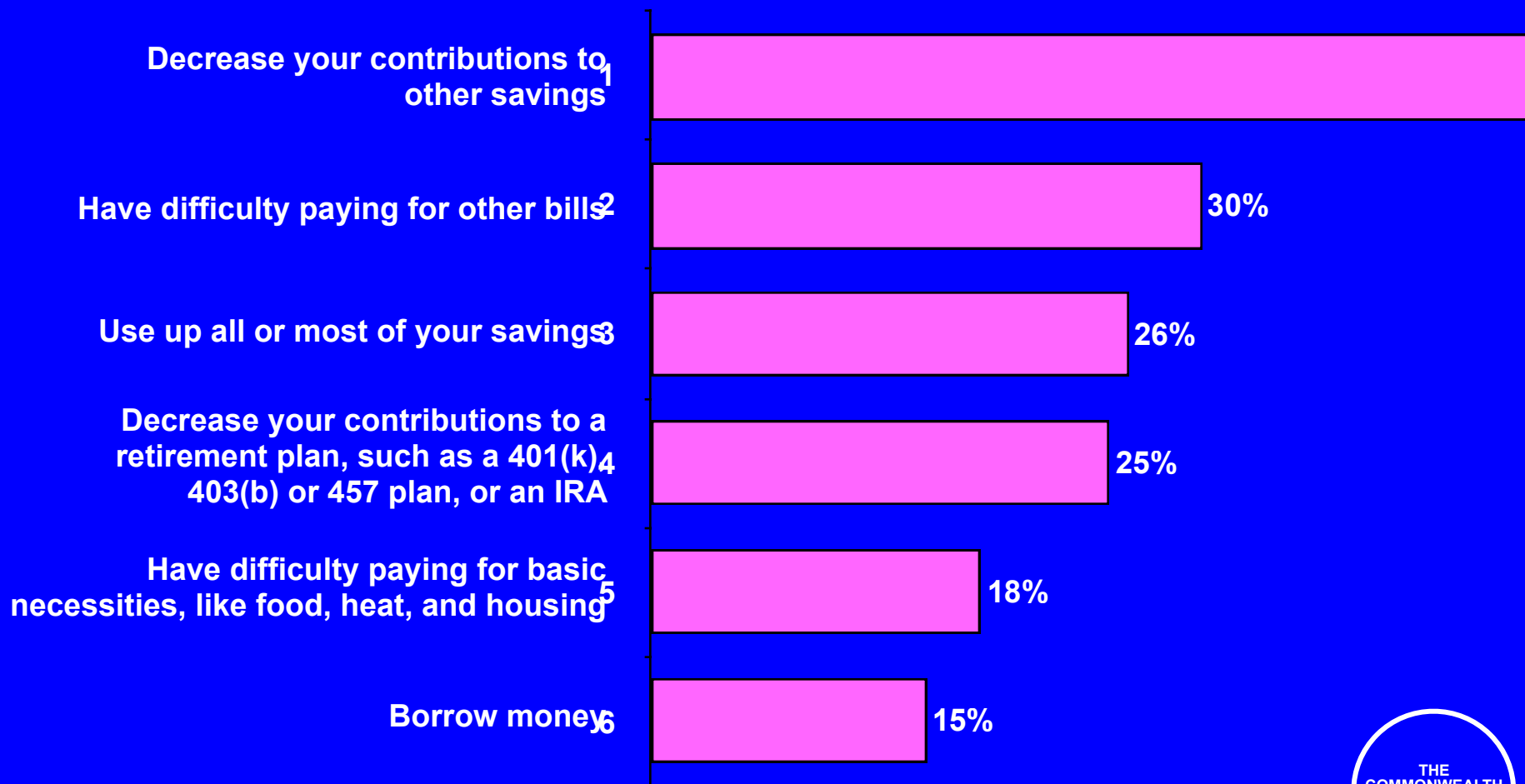


Source: U.S. Department of the Treasury, *Tax Savings from HSA Contributions Made in 2005*, <http://www.ustreas.gov/offices/public-affairs/hsa/pdf/hsa-examples.pdf>



Increased Health Care Costs Have Reduced Savings

Has increased spending on health care expenses in the past year caused you to do any of the following? Among those with health insurance coverage who had increases in health care costs in the last year (n=594) (percentage saying yes)

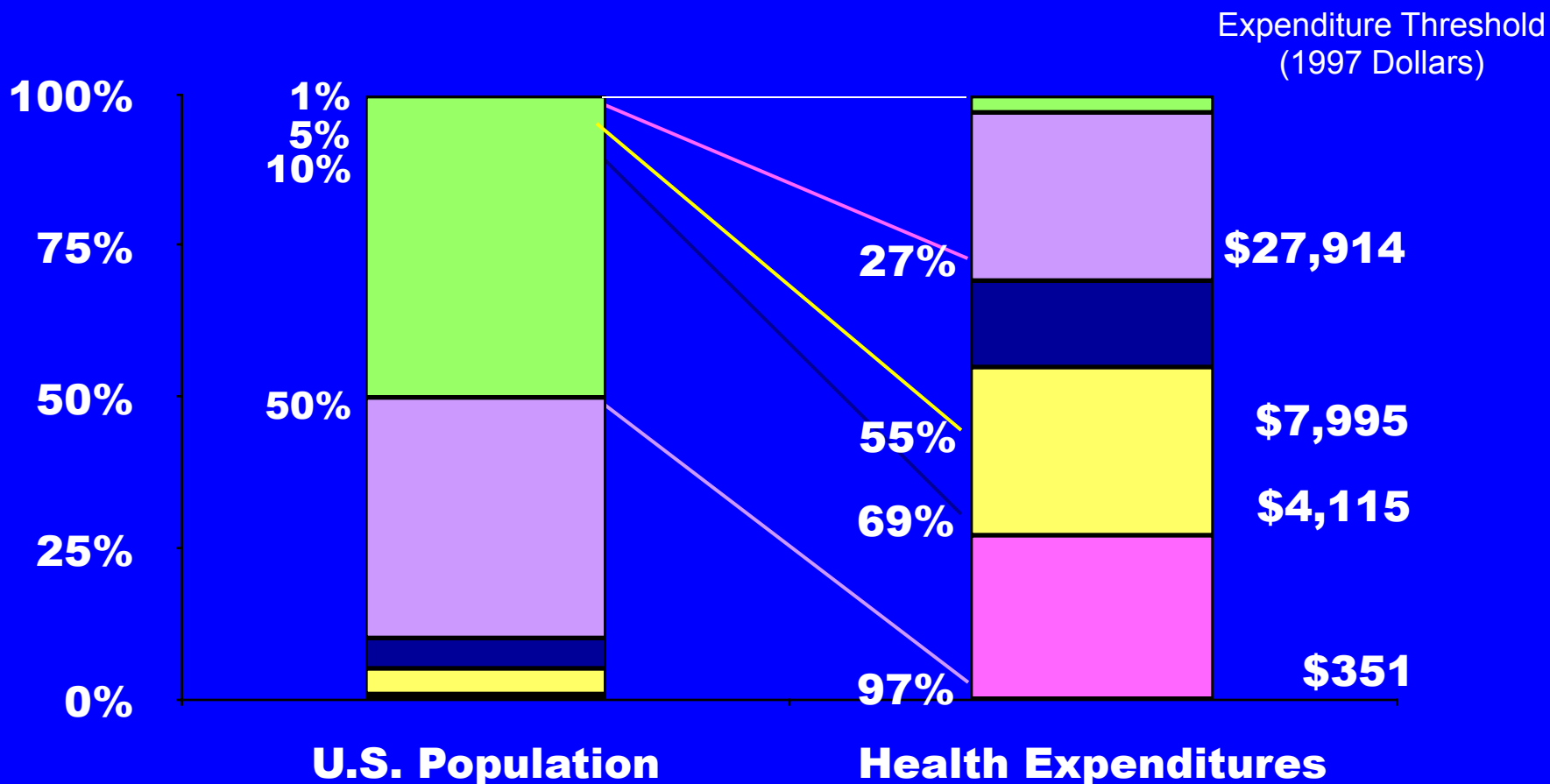


Source: 2004 EBRI Health Confidence Survey.



Health Care Costs Concentrated in Sick Few

**Distribution of Health Expenditures for the U.S. Population,
By Magnitude of Expenditure, 1997**



Source: A.C. Monheit, "Persistence in Health Expenditures in the Short Run: Prevalence and Consequences," *Medical Care* 41, supplement 7 (2003): III53–III64.



Conclusion

- **HDHP/HSAs have more downsides than positives**
 - **Reduce use of effective services**
 - **Increased financial burden on low-wage workers and sicker individuals**
 - **Leads to risk segmentation**
 - **Individuals have neither the information nor the clout to get better prices from providers**
 - **Greater tax break to higher income families**
- **Potential legislative “fixes”**
 - **Reduce deductible for lower-income families**
 - **Require provider discounts for uninsured low-income families**
 - **Exempt effective services and medications for patients with chronic conditions**
 - **Cap income eligibility for tax savings similar to IRA provisions**
 - **Prohibit discrimination in favor of high-wage employees by employers**

Acknowledgements



Research assistance – Alice Ho, Research Associate, Commonwealth Fund

Karen Davis, Will Consumer-Directed Health Care Improve System Performance? The Commonwealth Fund, August 2004.

Sara R. Collins, Michelle M. Doty, Karen Davis, Cathy Schoen, Alyssa L. Holmgren, and Alice Ho, The Affordability Crisis in U.S. Health Care: Findings From The Commonwealth Fund Biennial Health Insurance Survey, The Commonwealth Fund, March 2004.

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