

Consumer Directed Health Plan (CDH) Compared to Commercial Insurance Plans, 2004-2005

When health plan members are in charge of their own health spending in a CDH, do they seek more efficient pathways to care or do they compromise quality in order to save a few dollars?

This study of evidence-based care and preventive care in over 250,000 Definity Health plan members in 2004 and 2005 verifies that members of a CDH plan receive evidence-based care at the same rate as members of traditional plans.

While earlier works have outlined the potential for consumers to skimp on care, they have relied principally on survey data that measures opinions or expectations. The empirical data released by Definity Health, a UnitedHealth Group company, indicates that CDH members achieved equivalent or higher levels of appropriate healthcare than traditional plan members.

Do CDH members receive care similar to those in traditional plans?

There is considerable evidence demonstrating that CDH plans lower health care use and costs. Until now, there has been debate over whether this is because CDH members are more thoughtful consumers or because they put off needed care. To answer this question, we compared 250,000 UnitedHealthcare CDH members to a benchmark of people enrolled in traditional health plans in 2004 and 2005. Across its businesses, UnitedHealth Group now serves over 2 million people in CDH plans in total, after pioneering these strategies in 2000.

This analysis examined use of preventive services, and evidence-based care among those with chronic illness. Measures of preventive care included common health screenings and well-baby/well-child care. Among the chronically ill, we compared care for diabetes, asthma, coronary artery disease (CAD) and congestive heart failure (CHF). Measures of care were taken from recommendations of groups such as the U.S. Preventive Services Task Force, the National Committee for Quality Assurance, The American Diabetes Association, etc.

We found that CDH members receive preventive care and evidence-based care at rates equivalent to, or better than, members in more traditional plans, on virtually all measures.

The findings of this study join a body of research delivered by Definity Health over the last several years that demonstrates:

- CDH plans deliver positive changes in cost and utilization for employers and consumers alike, starting in their first year.
- CDH plans effect sustained change to cost and utilization over time (measured over 3 years, 2003 – 2005).
- These changes do not come at the expense of vulnerable populations like the chronically ill or the low-income:
 - Consumers continue to seek preventive care, and the chronically ill achieve evidence-based care at rates similar to those seen in traditional plans.
 - Health Savings Account plans, which further the convergence of health and health financing, encourage savings behavior among consumers. Thoughtfully constructed, these plans can provide effective health support for low-income populations, not just white-collar professionals.
- Consumer activation services, such as those pioneered at Definity Health (health statements, activation messaging, health coaching) are correlated to positive changes in behavior and consumer levels of trust and satisfaction.

Definity Health continues to introduce innovative approaches which encourage evidence-based medical care, such as online programming, health coaching, and incentives for members who obtain appropriate health care.

In addition to illuminating performance in UnitedHealthcare’s CDH plans, the data here are useful for focusing resources around consumer need. With insight to performance relative to employer cost-drivers such as chronic conditions, we can direct consumer product and service attention to those specific areas needing attention, rather than a more diluted, broad-based approach to development.

About The Study Sample

Populations

A population of 250,000 members of Definity Health CDH plans was compared to an external, national benchmark population of over 10 million individuals enrolled in traditional health plan models. The proportions of young and adult members, and the distribution of chronic conditions, were remarkably similar in both populations (CDH and the benchmark); they remained stable for each group from 2004 to 2005.

Overall Comparisons of CDH to Benchmark

Overall, CDH members received preventive care, and evidence-based care for chronic conditions, at rates similar to, or in many instances better than, the benchmark, with few exceptions.

Key Findings

The following summarizes key aspects and findings of this study:

Comparisons of Definity Health CDH Members to the Benchmark by Condition

Diabetes

Compared to the benchmark population, CDH members with diabetes were

- 16% more likely to receive HbA1c tests. This finding is particularly significant given the critical importance of regular HbA1c testing to the control of diabetes.
- Similar to the benchmark in use of antihyperlipidemic drugs
- Similar to the benchmark in rates of hospital admissions and emergency room visits for diabetes.
- As likely to receive eye exams as younger members
- Far more likely to see a doctor for diabetes (73% for CDH vs. 54% for benchmark in 2005)

These results suggest that diabetics enrolled in Definity Health CDH plans in 2004 and 2005 continued to get evidence-based treatment for their chronic illness and stayed out of acute care settings compared to members of more traditional plans.

Asthma

CDH members with asthma were

- As likely to receive flu vaccinations as the benchmark population. There was significant improvement from year 1 to year 2 on this measure of important routine care.
- No more likely to visit the emergency room or be admitted to the hospital for asthma as members in traditional plans.

These data suggest that asthmatics are not put at increased risk in a CDH plan relative to asthmatics in a more traditional plan.

Coronary Artery Disease (CAD)

Compared to the benchmark population, adult CDH members with CAD were:

- 22% more likely to have lipid tests, and
- Equally likely to see a doctor.

CDH members with CAD continue to seek routine care for their condition, when compared to members of a traditional plan.

Congestive Heart Failure (CHF)

Compared to the benchmark population, adult CDH members with CHF were:

- More likely to receive creatinine tests (41%) and potassium tests (26%), both of which assess impact of drug therapy on the CHF patient's health,
- 6 percent more likely to use ACE inhibitor medications, which block an enzyme that contributes to narrowing of the blood vessels.

CHF patients in the CDH plan behave similar to their counterparts in the benchmark group for routine care, and have higher rates of important condition testing.

Preventive Care

Previous studies by Definity Health and others have reported higher rates of preventive care use among CDH members, measured broadly. In this analysis, we looked at specific preventive care activity as outlined below. As compared to the benchmark population, CDH adult members were

- 16% more likely to have cervical cancer screening between 21-64 years of age,
- 10% more likely to receive cholesterol screening for adults,
- As likely to receive colon cancer screening for the 51-64 year old segment,
- As likely to receive breast cancer screening,
- 16% more likely to receive prostate cancer screening.

The CDH population had slightly fewer well baby visits per 1,000 members aged 0 to 15 months and slightly more well-child visits per 1,000 members aged 3 to 6 years old compared to the benchmark population.

Summary

Overall, among the measures reviewed for this study, CDH members received quality and preventive care in the same or higher proportions as members of commercial plans. This is more apparent in 2005 than in 2004. While there is still much work to be done to understand fully the impact of consumer-driven health, the empirical evidence suggests that early concerns of rampant under-utilization are not playing out. Rather, members of CDH plans seek care at rates equivalent to, or better than, their peers in more traditional plans. It is important to note that the members of Definity Health CDH plans measured here were not simply passive participants in an account-based plan design. In addition to aligned financial incentives, these members had access to unique consumer activation services (e.g., health statements, proactive personalized health messaging, health coaches), intended to help them better understand and navigate through important health decisions.