



COVID-19, Telemedicine, and More: Findings from the 2020 Consumer Engagement in Health Care Survey

EBRI Webinar

February 24, 2021

Acknowledgment

Thanks to the CEHCS members who supported this survey:



Speakers



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**Moderator: Paul Fronstin,
Director of the Health
Research and Education
Program, EBRI**

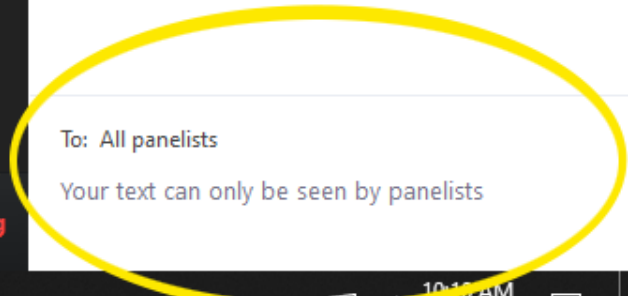
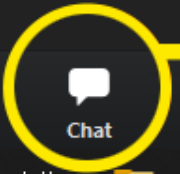
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John Doe

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2020 CONSUMER ENGAGEMENT IN HEALTH CARE SURVEY

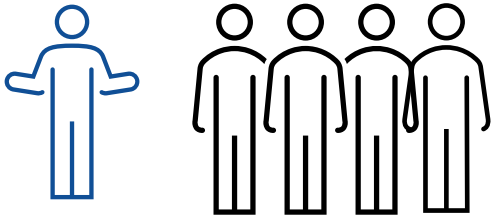
2020 CEHCS Overview

- 16th Annual Consumer Engagement in Health Care Survey
- 2,032 individuals ages 21 to 64
- Fielded July 28th to September 11th
- Weighted by gender, age, income, ethnicity, education, and region

2020 CEHCS Funders

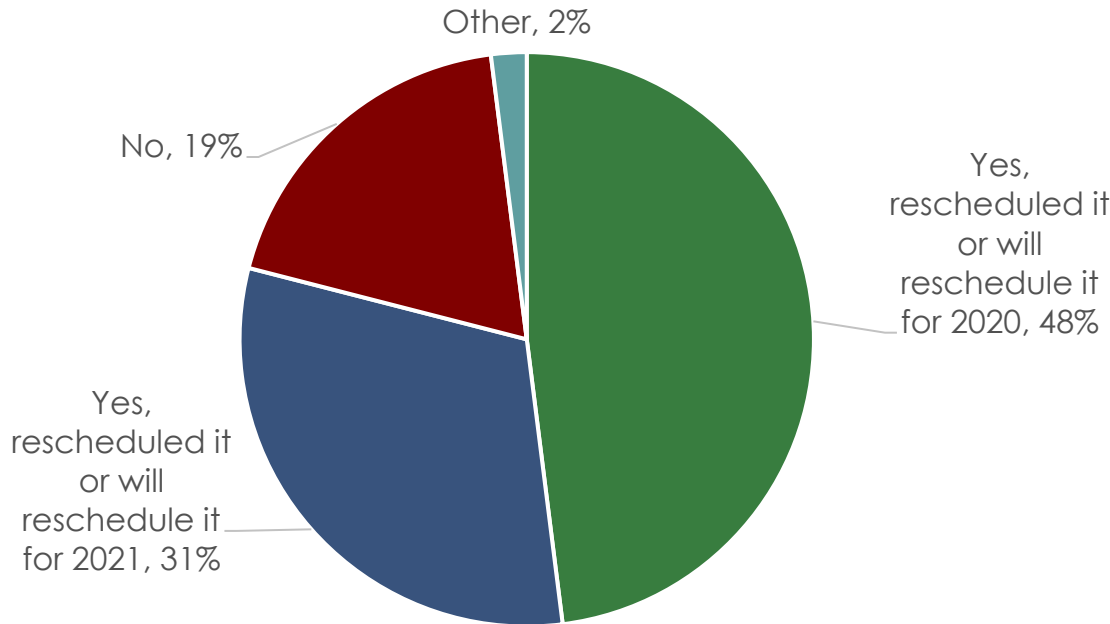
- Blue Cross and Blue Shield Association
 - Conduent HR
 - HealthEquity, Inc.
- National Rural Electric Cooperative Association
 - Prudential Financial
 - Segal
 - TIAA
 - UMB Financial

COVID-19 Caused 1 in 5 Privately Insured Adults to Delay Seeking Health Care as of August 2020



1 in 5 health care consumers delayed medical care as a result of COVID-19.

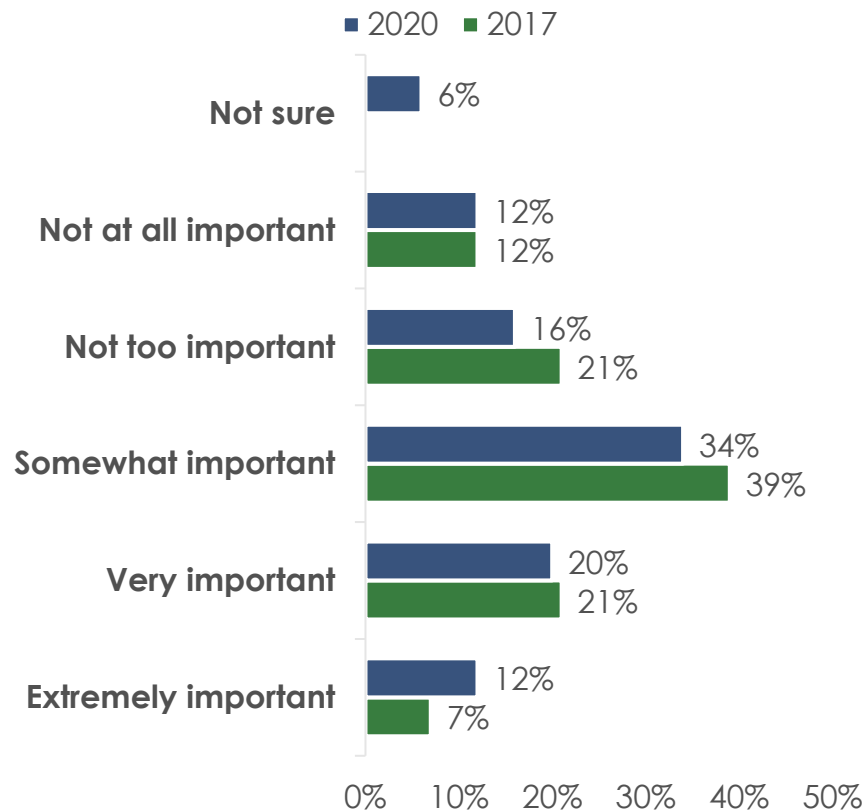
What Will Happen with Delayed Care



Source: Employee Benefit Research Institute/Greenwald Research, 2008-2020 Consumer Engagement in Health Care Survey

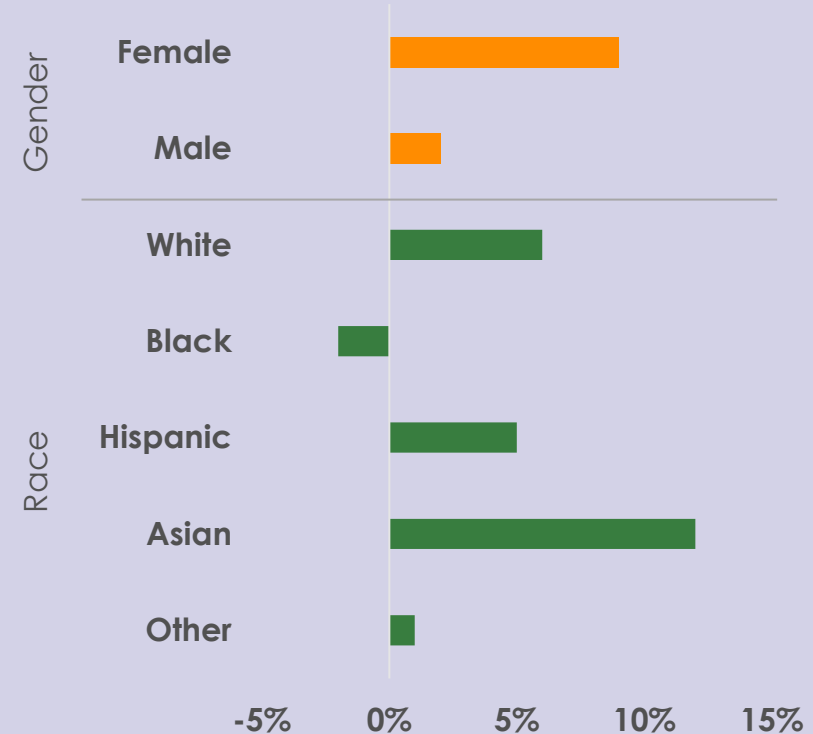
Stated Importance of Telemedicine by Consumers in 2020 Stayed Consistent with 2017

Importance of Telemedicine in Overall Population 2017 vs 2020



Source: Employee Benefit Research Institute and Greenwald Research, 2020 Consumer Engagement in Health Care Survey

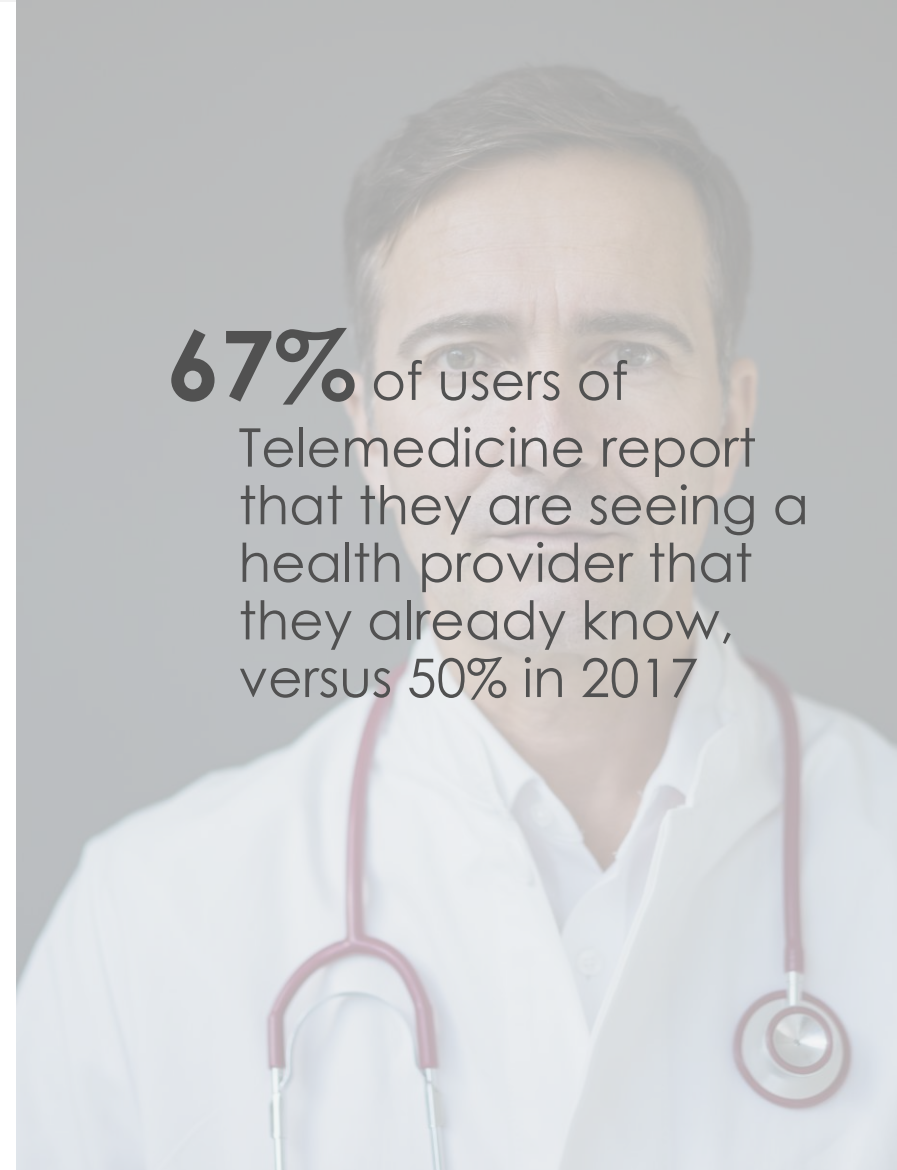
Change in Extreme Importance by Segment 2017 vs 2020



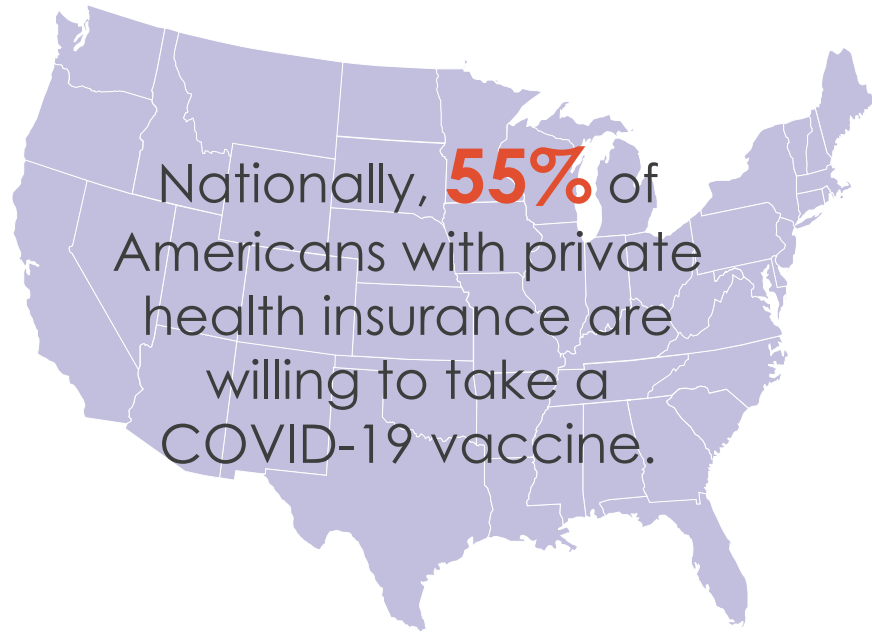
Use of Telemedicine Nearly Doubled in 2020 from 2017, with Many Seeing their Own Doctors Virtually

40% of privately insured adults had at least one telemedicine visit in 2020 versus 20% in 2017

67% of users of Telemedicine report that they are seeing a health provider that they already know, versus 50% in 2017



In August 2020, 55% of Privately Insured Americans were Willing to Take the COVID-19 Vaccine, when Available

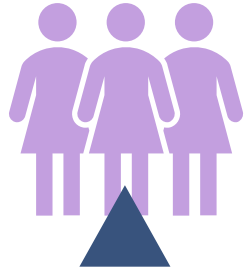


Profile of Willing Consumers

- At least a college degree
- Urban/Suburban
- Proactive healthcare consumer (actively searches for cost of health care services before getting care)
- Find telemedicine services extremely or very important

Nearly 9 in 10 believe that the full cost of the vaccine should be paid by their health insurance company.

Enrollment in Plans with High Deductible Continues to Increase



1 in 3 are enrolled in a health plan with a high deductible (either CDHP or HDHP)

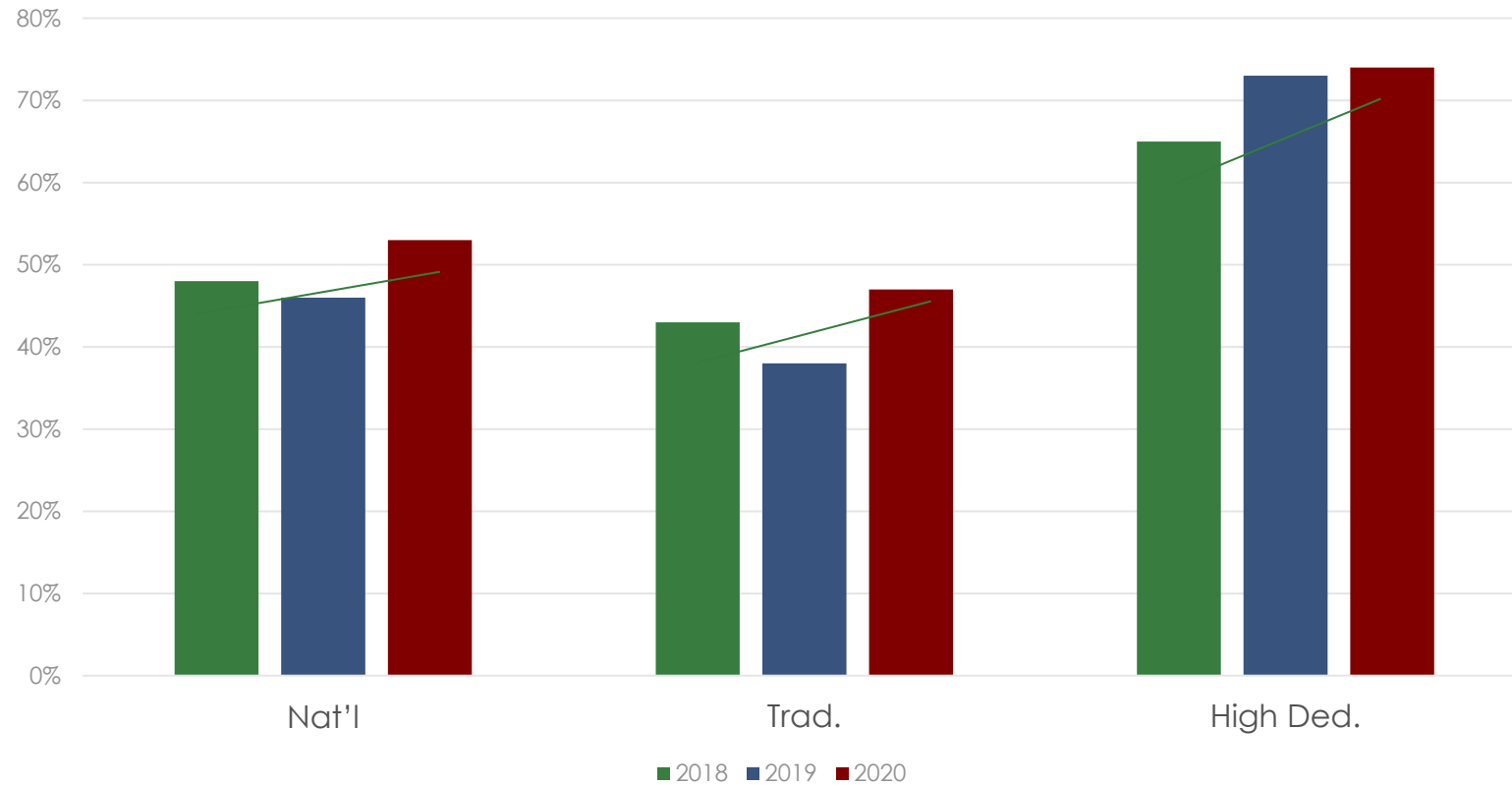
Breakdown of CDHP/HDHP Enrollment in 2020

19% are enrolled in a CDHP (HSA eligible) up from 15% in 2019

15% are enrolled in a HDHP (not eligible to be paired with an account) up from 13% in 2019

Awareness of Consumer Directed Health Plans Increased Among All Plan Types in 2020

Percent Extremely/Very Familiar with Consumer Directed Health Plans (by Plan Type)



6 in 10 of Privately Insured Consumers are Offered a Choice of Plans



Six in ten
privately
insured
consumers are
offered a
choice of plans

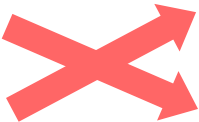
HDHP enrollees significantly more likely to have choice of 2 or 3 plans

One in five traditional plan owners with a choice of plans have the option for an HDHP/CDHP – or an HSA-eligible plan

Traditional and High Deductible Plan Holders Assess Health Plan Value Differently

How important were each of the following aspects of a health plan in your choice of your current plan?

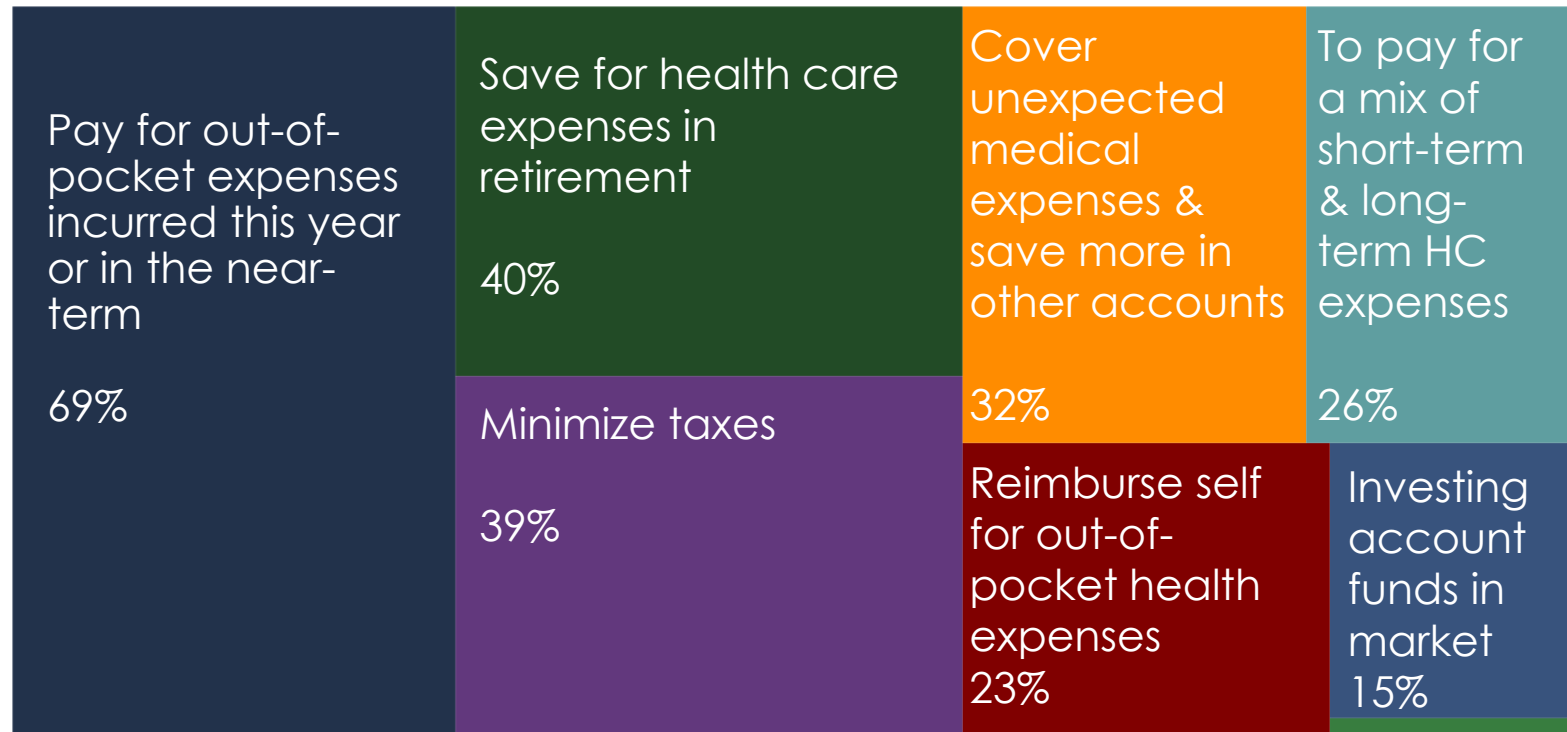
Top six shown

Traditional Plan	Very Important		High Deductible Health Plan	Very Important
Good network of physicians and hospitals	79%		Good network of physicians and hospitals	75%
Easy to access health care	77%		Easy to access health care	75%
Prescription drug coverage	71%		Prescription drug coverage	65%
Low out-of-pocket costs when you see the doctor	70%		Lower cost of premium	64%
Lower cost of premium	64%		Low out-of-pocket costs when you see the doctor	60%
Simple to understand	60%		Simple to understand	55%

Majority of Consumers Use HSAs to Pay for Out-of-Pocket Expenses, also as a Savings Account

How do you use your account?

Has HSA; CDHP

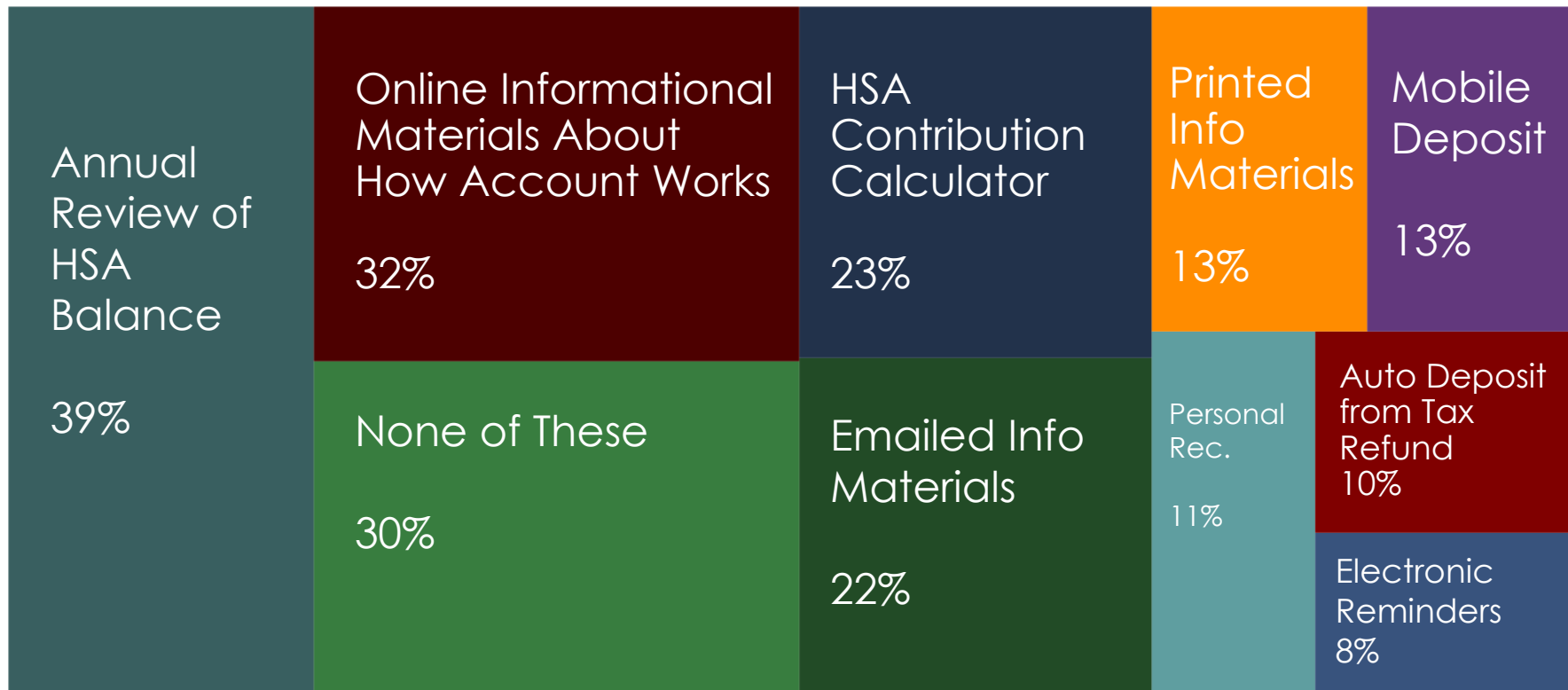


67% also HSA enrollees also see HSA as a Savings Account

1 in 3 Consumers would be More Likely to Accumulate and Invest Unused HSA Funds with More Information

Which of the following would make you more likely to accumulate and invest unused funds in your account?

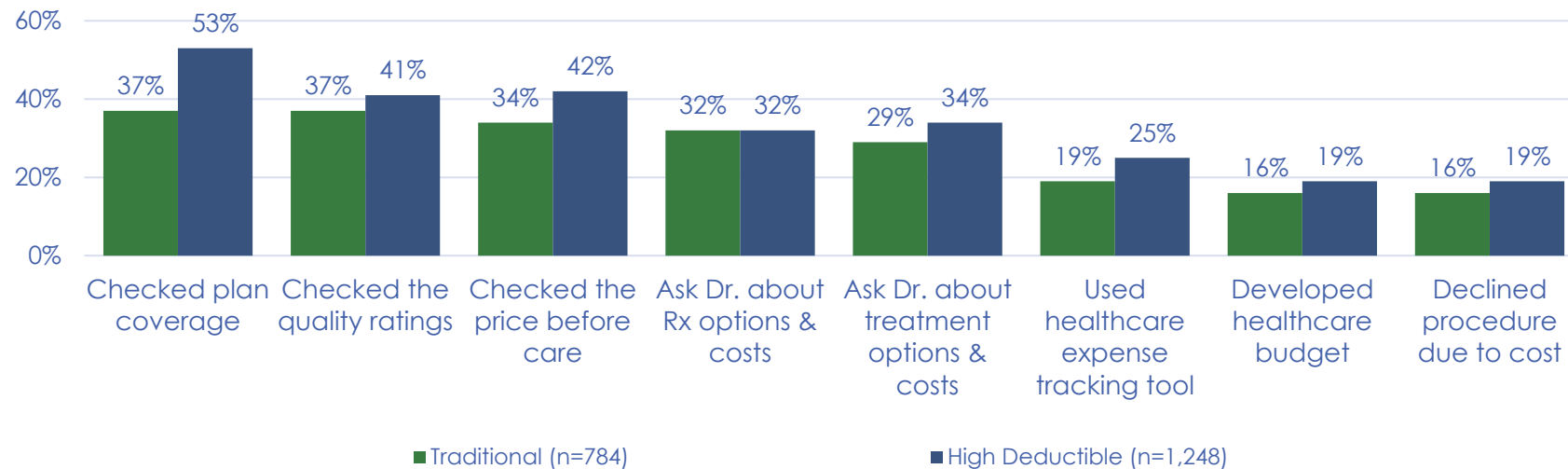
Has HSA; CDHP



Source: Employee Benefit Research Institute/Greenwald Research, 2020 Consumer Engagement in Health Care Survey

Traditional Plan Enrollees are Less Likely to Report Making Cost-Conscious Decisions than High-Deductible Plan Enrollees

In the last year/Since you joined your current health plan, did you do any of the following?
Percentage Yes



EBRI COVID-19, Telemedicine, and More Webinar

BCBSA Policy Perspective

February 24, 2021

Lauren Choi, Managing Director, Health Data and Technology Policy



Blue Cross Blue Shield Association is an association of independent Blue Cross and Blue Shield companies.

COVID19 and BCBS Companies – Expanding Access through Telehealth

- Since March, 2020, BCBS Companies have expanded access and coverage for telehealth.
 - <https://www.bcbsprogresshealth.com/community/making-virtual-care-the-new-house-call>
- Together with co-pay waivers for COVID-19 testing and treatment, the Blues system collectively has provided over \$7 billion to assist during the pandemic.
 - <https://www.bcbsprogresshealth.com/issues/addressing-the-covid-19-pandemic-with-care-and-compassion>

- Prior to COVID19, telehealth offerings were often seen as extra services with restrictions and limits.
- During the public health emergency (PHE), federal and state governments have provided significant waivers to expand access.
 - **Biden Administration signals extension of PHE to end of 2021**
 - **Congress and HHS/CMS** have expanded **who, where and what types** of telehealth services can be provided while expanding communication methods for telehealth mostly during PHE.
 - **Many states** have followed by issuing waivers, new legislation and EOs to expand telehealth access during PHE.
- When the PHE period ends, many telehealth policy may revert to pre-PHE. Federal and state governments are taking action now to propose new regulations and legislation to maintain telehealth expansions beyond PHE.
- **Key questions and opportunities beyond COVID19 PHE:**
 - **Reimagining virtual care and telehealth by harnessing the power of technology to expand consumer access while driving cost efficiencies and consumer trust.**

Telehealth policy should focus on **expanding care access, with greater efficiency and flexibility** while ensuring consumer trust

- **Access and Efficiency:**
 - Expansion of coverage especially for rural, behavioral health
 - Remove administrative burdens that limit access/efficiency - Site restrictions, out-of-state licensure limitations
 - Funding for broadband and telehealth tools for rural and underserved areas
- **Flexibility:**
 - Provide maximum flexibility to meet needs of community without government mandates around coverage and payment
- **Consumer Trust:**
 - Align with HIPAA standards and guardrails against fraud and abuse while expanding communication tools

Questions?

Lauren Choi, MA, JD

Managing Director

Health Data and Technology Policy

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Highlights from Mercer's National Survey

Key Trends in HSAs



JT Shilling
Partner and Health Office Business Leader

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About Mercer's National Survey of Employer-Sponsored Health Plans



Long running

Marking 36 years of measuring health plan trends



Statistically valid

Based on a probability sample of private and public employers for reliable results



Robust

1,812 employers participated in 2020



Includes employers of all sizes, all industries, all regions

Results project to all US employers with 50 or more employees



Comprehensive

Extensive questionnaire covers a full range of health benefit issues and strategies



Employer size groups in this presentation

Small: 50-499 employees

Large and midsized: 500 or more employees

Very large: 5,000 or more employees

Jumbo: 20,000 or more employees

2020 Mercer National Survey of Employer-Sponsored Health Plans

Employers are using the events of 2020 to refocus their benefit strategies for 2021 and beyond



Manage cost by seeking value

Disruption in utilization meant lower-than-expected cost growth for many in 2020. At the same time, ongoing concerns about healthcare affordability kept focus for 2021 on creating value rather than shifting cost.



Benefits that deliver value to everyone, anywhere

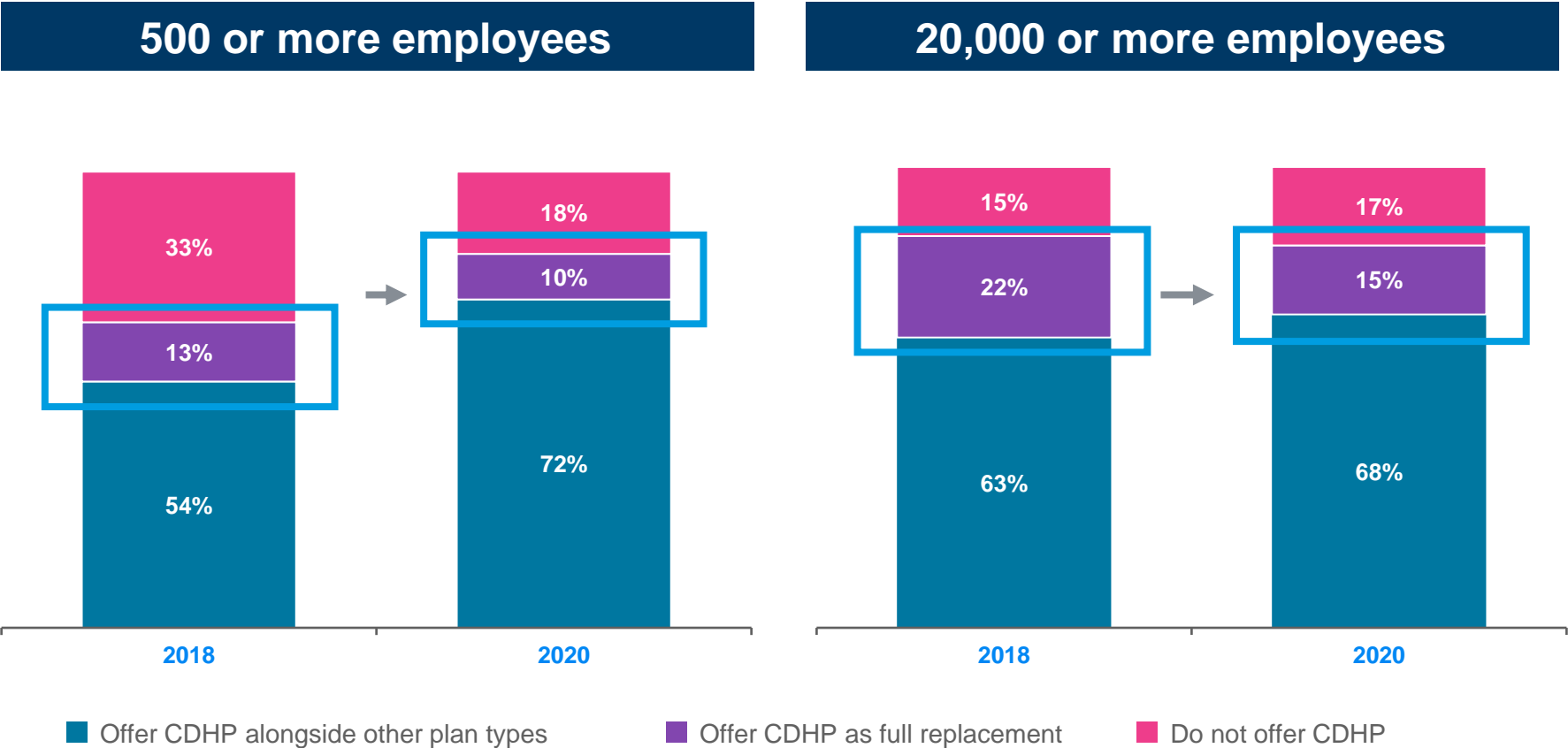
While committed to providing a positive employee experience and creating a healthy workplace culture, employers are challenged to engage employees working remotely; to address inequities; and to ensure access to behavioral health care.



Virtual healthcare has arrived

Telemedicine utilization jumped in 2020 and employers are planning for a larger role. Ensuring that virtual care lives up to its potential will mean getting the costs and incentives right for a broader range of care modalities.

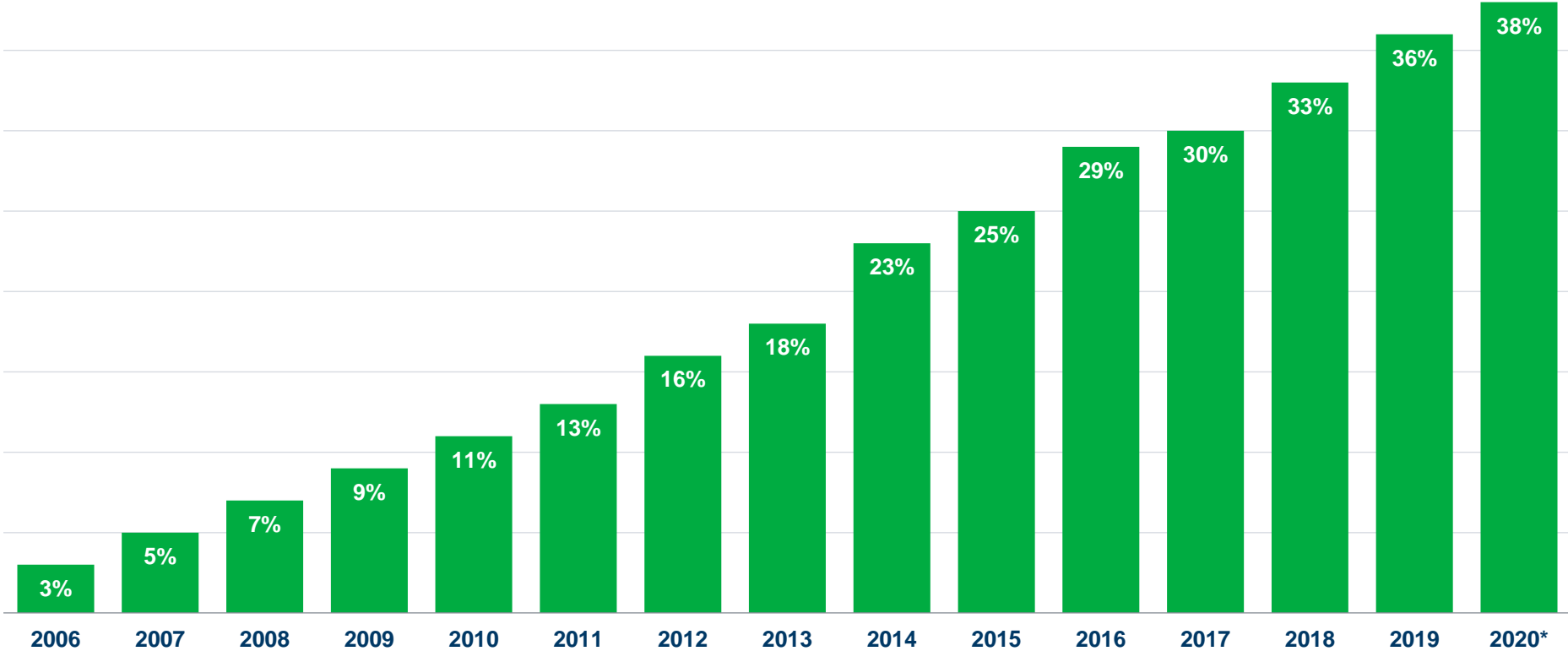
Fewer employers are offering a high-deductible consumer-directed health plan as a full replacement



Plans offered at largest worksite
 2020 Mercer National Survey of Employer-Sponsored Health Plans

Full-replacement strategies are on the decline, but CDHP plan enrollment is still rising

Percentage of covered employees enrolled in account-based consumer-directed health plans



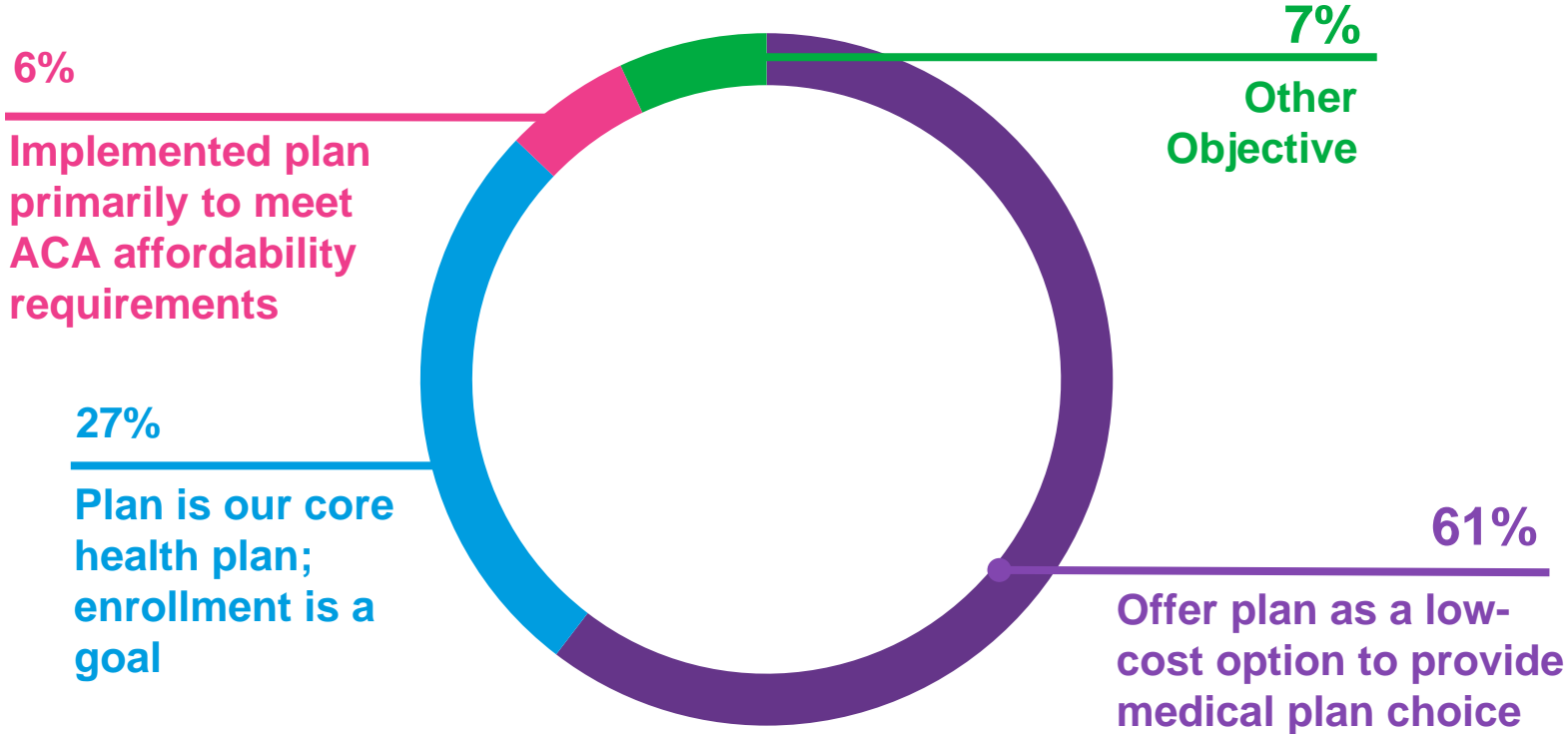
*Based on employers with 50 or more employees.
2020 Mercer National Survey of Employer-Sponsored Health Plans

More on HSAs



Primary objective for offering HSA-eligible plan

HSA sponsors with 500 or more employees



2018 Mercer National Survey of Employer-Sponsored Health Plans

Employee contributions for HSA-eligible coverage significantly lower than for PPO and HMO coverage

	No contribution required	Average monthly dollar amount	Average contribution as a % of premium
HSA-eligible CDHP			
Employee-only	5%	\$93	17%
Family	2%	\$356	22%
PPO			
Employee-only	5%	\$160	25%
Family	2%	\$590	30%
HMO			
Employee-only	7%	\$128	22%
Family	3%	\$523	29%

Account contributions, deductibles and OOP maximums

HSA sponsors with 500 or more employees

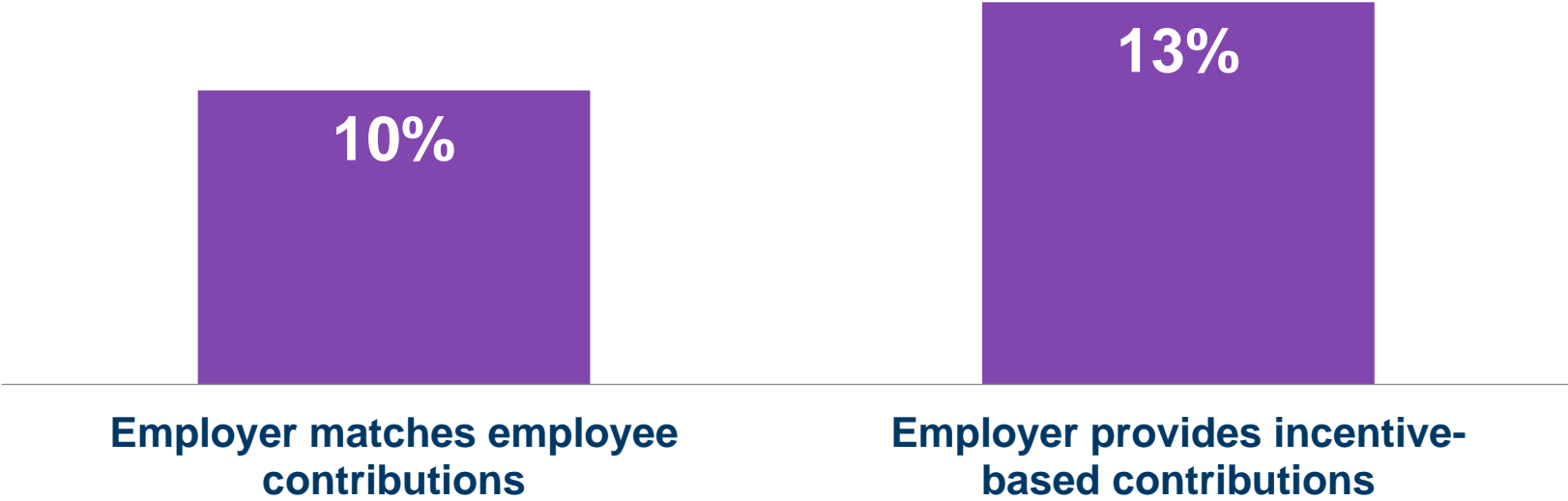
	% of sponsors making account contribution	Employer contribution amount* (median)	Deductible (median)	Out-of-pocket maximum (median)
In-network				
Employee-only	85%	\$500	\$2,000	\$4,000
Family	85%	\$1,000	\$4,000	\$7,400
Out-of-network				
Employee-only	-	-	\$3,500	\$8,000
Family	-	-	\$7,000	\$15,000

*Among HSA sponsors that contribute to the account

2020 Mercer National Survey of Employer-Sponsored Health Plans

Treatment of account contributions*

HSA sponsors with 500 or more employees



*Among HSA sponsors that contribute to the account
2020 Mercer National Survey of Employer-Sponsored Health Plans



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Q&A



Upcoming Events

Thursday, March 11 — [Student Loan Debt: Who Has It, What Is Its Impact, and What Are Employers Doing to Help?](#) webinar

Wednesday, March 24 — [Unraveling the Retirement Nest-Egg Calculus: Why Do People Spend the Way They Do in Retirement?](#) webinar, featuring a members-only after-show discussion

Wednesday, April 7 — The Three Certainties of Life: Death, Taxes, and Updates From EBRI's HSA Database webinar

Save the Date: Spring Virtual Policy Forum May 10, 11, and 13