

# Consumer-Driven Health Plans Fall Short in Survey

BY JANE ANDERSON  
Contributing Writer

American consumers and their employers are treading cautiously when it comes to switching from traditional, more comprehensive health insurance to consumer-driven health plans, with few actually adopting the new plans, according to survey results from the Employee Benefit Research Institute (EBRI) and The Commonwealth Fund.

In addition, satisfaction among members in consumer-driven health plans (CDHPs) was considerably lower than satisfaction among individuals in more traditional plans, and more members in CDHPs reported that they had delayed getting needed medical care.

The Consumerism in Health Care Survey tracks public opinion on consumer-driven and high-deductible plans, defined as those plans with deductibles of \$1,000 or more for employee-only coverage and \$2,000 or more for family coverage. The plans also feature one of two kinds of tax-exempt savings accounts: health savings accounts (HSAs) and health reimbursement arrangements (HRAs). Employees can use money in the accounts without tax penalty to pay for medical expenses not covered by their health plans.

"Consumer-driven health plans aim to control costs largely through demand-side incentives, and to make premiums more affordable for the uninsured," said Karen Davis, Ph.D., president of the Commonwealth Fund, at a press teleconference sponsored by EBRI and the Commonwealth Fund.

But the survey found that the plans have been slow to catch on. Just 1% of the privately insured U.S. population aged 21-64 years, or 1.3 million individuals, were enrolled in CDHPs in September 2006, unchanged from the year before—despite the widespread attention the new plans have received. Another 7% (8.5 million adults) had plans with de-

ductibles high enough to qualify for health savings accounts but did not have an account.

Employers are cautiously awaiting data on the cost and effectiveness of the plans before switching coverage to CDHPs, Dr. Davis said.

"The plans are not well known at this point," said Paul Fronstin, EBRI senior research associate. "Only 7% of the population responded that they are 'very familiar' with consumer-directed health plans, while 13% said they were 'somewhat familiar.'"

In addition, despite the expectations of some policy makers that the lower premiums and tax benefits of CDHPs would substantially reduce the number of people without health insurance, "we did find that individuals in consumer-directed plans were not more likely to have been uninsured than those enrolled in a conventional plan," said Mr. Fronstin.

Satisfaction lags in the plans, compared with more comprehensive health insurance, the survey found. And, 38% of those with consumer-driven coverage said that they delayed or avoided getting needed health care because of cost over the last 12 months, compared with 19% of those with comprehensive insurance.

It's no surprise that employers and employees have been cautious in adopting CDHPs, since effecting change in the health insurance industry can be very difficult, said Karen Atwood, senior vice president for national accounts at Blue Cross and Blue Shield of Illinois.

"We are in the early stages of trying to understand how consumerism can be part of the solution," said Atwood, who added that such plans also need to have tools in place to address lifestyle behaviors and choices. "We need good plans, well-crafted network options, and incentives to reward people for doing the right thing."

The survey of 3,158 U.S. adults aged 21-64 was conducted in September through a 14-minute Internet survey. ■

# Detailed Patient Records Key to Navigating HIPAA

BY MARY ELLEN SCHNEIDER  
New York Bureau

NEW YORK — Consistent, detailed record keeping and patient communication are key to avoiding legal complications and navigating HIPAA requirements, Dr. Noah Scheinfeld said at meeting on medical and surgical dermatology sponsored by Mount Sinai School of Medicine.

One area where record keeping is especially important is clinical photographs of patients. If you're going to take patient photographs, retain them as part of the patient's medical record because patient images are considered medical records and as such are legal evidence. In the event of a lawsuit, if the photos that were taken are not available, the court assumes that the missing records are in the plaintiff's favor, said Dr. Scheinfeld, Columbia University, New York, who also holds a law degree.

With the advent of digital photography, it's easy to take multiple images of the same area. Physicians do not need to save 10 images of the same thing, he said, but at least 1 of each should be retained with the rest of the patient's records.

Under federal law, records must be kept for 5 years, but individual states may have more rigorous standards. For example, New York requires that medical records be kept for 7 years, he said.

But one area that physicians can worry a little less about is enforce-

ment under HIPAA, Dr. Scheinfeld said. While there have been more than 20,000 complaints since HIPAA privacy provisions went into effect in 2003, there has not been much in the way of enforcement.

"Lots of complaints; very little action," he said.

Only a few hundred HIPAA violations have been referred for criminal action and so far only three cases have resulted in criminal charges. In

**While there have been more than 20,000 complaints since HIPAA privacy provisions went into effect, there has not been much in the way of enforcement.**

2004, a Seattle man who worked at an area cancer center was sentenced to 16 months in jail for using a cancer patient's personal information to obtain credit cards. In 2006, a Texas woman who worked in a physician's office was convicted of selling the medical records of an FBI agent. Most recently, the U.S. Attorney for the Southern District of Florida brought criminal charges against a woman who worked as the front desk office coordinator for a Florida clinic for allegedly selling patient information.

In general, it is important to notify patients of their privacy rights and the use of their personal health information, adopt and implement privacy procedures, and train employees in those procedures. Physicians also need to designate an individual to be responsible for ensuring that the office privacy procedures are followed. Patient records must be secured so that individually identified health information is not accessible to those who do not need it for treatment or payment reasons. ■

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