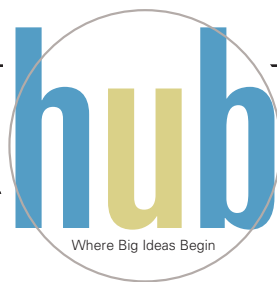


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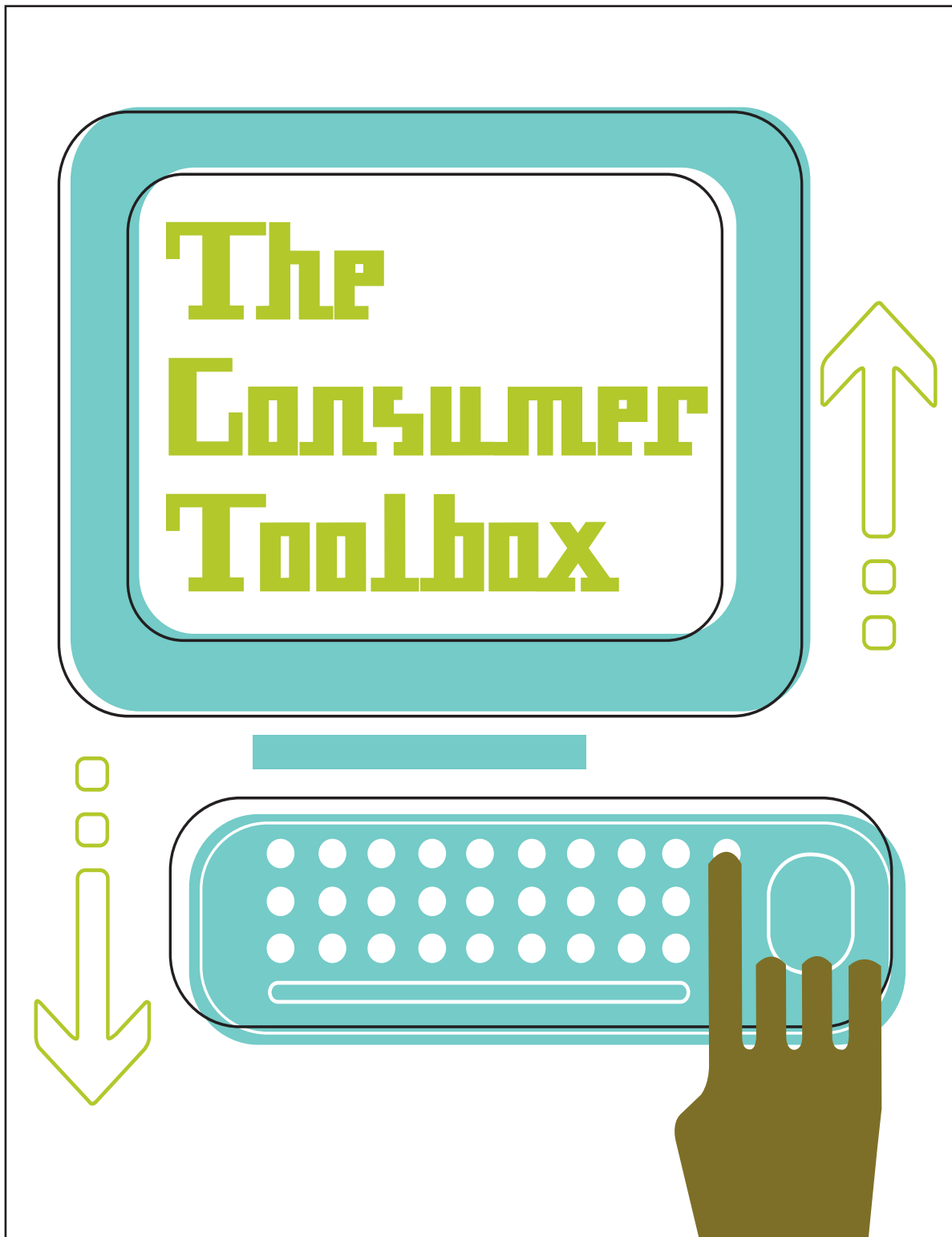
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Creating consumers who are more knowledgeable about and more involved in their health care planning has the potential to advance a safer, higher quality and more efficient health care system. But that requires relying on consumers to make decisions that many have never made before — about healthier living, the treatments they will pursue, where they will seek care and how much they will pay for it.

“What we’re trying to do, when you boil it all down, is help people take informed action,” said Tom Valdivia, M.D., Chief Medical Officer at consumer-driven health care leader Definity Health, which recently joined the UnitedHealth Group family of companies.

However, that kind of change in behavior does not happen overnight. In fact, according to Kenneth W. Kizer, M.D., M.P.H., president and CEO of the National Quality Forum, a cultural shift is needed if consumers are going to regularly ask questions of their care providers and gather information before taking action. “Health care has always been highly paternalistic. For years, consumers were told: ‘Just do what the doctor says,’” Dr. Kizer said. “Now we’re saying, ‘Ask a lot of questions, speak up, be an active participant in your care. ‘You can’t change culture easily. It takes time.”

And — as with any improvement project — the key to realizing the desired result rests in having the right tools for the

job. “The tools help consumers take more control and more responsibility over their health care expenses and experiences,” said Steve Davis, managing editor of the popular industry newsletter *Inside Consumer-Directed Care*. “They help consumers become more involved because they really haven’t been under the more traditional managed care type plans.”

But none of the tools are expected to work in isolation. Davis said that during his discussions with employers and consumers, they have repeatedly emphasized to him the importance of traditional methods of communication. “You need the face-to-face meetings to prompt the employees to use these tools,” he said.

### Treatment Cost Estimators

The same bout of pink eye that might run \$72 if treated by an in-network physician in New York City can cost nearly \$800 at an out-of-network emergency room. But many consumers don’t realize

the vast difference until they see the bill. As plans with higher deductibles become more prevalent, so has the demand for tools that help predict the approximate cost of various procedures and treatments. For instance, the Treatment Cost Estimator created by Ingenix, a UnitedHealth Group company, uses the experiences of 7 million people to provide average in-network and out-of-network costs by geographic region for conditions and treatments that make up 80 percent of health care costs — from pink eye to pregnancy. Consumers can access the estimator through [myuhc.com](http://myuhc.com). >>



## Plan Comparison Calculators

Comparing health plans has always been difficult, but may seem even more so to consumers today, as new plan designs with consumer-focused elements such as Health Reimbursement Arrangements (HRA) and Health Saving Accounts (HSA) become more popular. Online comparison tools can help individuals wade through the confusion by assessing their family's health care needs and using that data to compare available health plan options.

For instance, the Plan Cost Estimator from Ingenix — named one of the top products of 2004 by *Human Resource Executive* magazine — allows users to determine best- and worst-case scenarios under each plan they're considering, even when the plans are offered by different insurers. Davis said interest in such calculators "seems huge, from the people I've talked to. Getting people to use the tool to do the math can help them see what plan is the best fit for them."

## Account Information

Your account balance might seem like a simple piece of information, but it's also one of the most crucial. According to Dr. Valdivia, consumers access financial information about their accounts more than any other item. "If you don't have that account information, you don't know how to act as a consumer," he said. Individuals and families should be able to check the balances of their health care savings accounts at any time, understand exactly what is covered by their plans and remind themselves of their coinsurance and deductible information.

## Online General Health Information

Having access to scientifically proven treatments is essential for consumers in any health plan, said Fiona Godlee, M.D., an editor with BMJ (British Medical Journal.) "Patients need to be well informed and receive the best possible

information so they can be a useful part of the process," she said, adding that the BestTreatments section on the consumer portal myuhc.com is an example of how to make that happen. The resource translates into the same patient-friendly terms as the research on treatments and conditions found in *Clinical Evidence* (see page 28), a BMJ guide for physicians.

"It's the kind of information a patient might trust because it comes from an independent source," Dr. Godlee said. For instance, someone with high blood pressure could turn to BestTreatments to find four treatments that "work," including the use of Beta blockers, nine that "are likely to work," such as increased physical activity, and two that "need further study," including taking calcium supplements. For each treatment, clinical trials are listed, along with possible side effects.

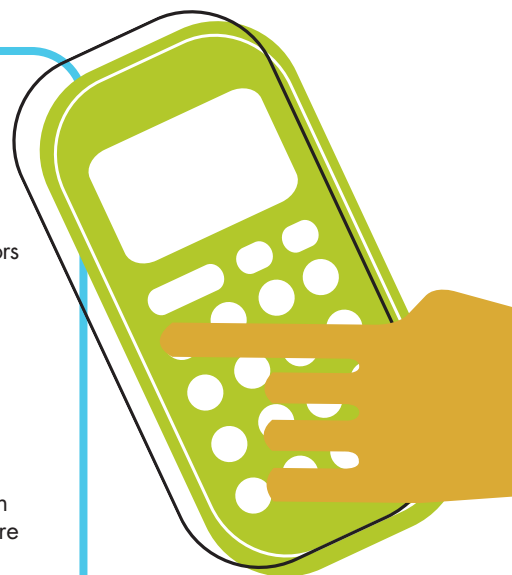
## Where Do I Go?

A national survey from Hewitt Associates found that **93 percent** of employees are comfortable taking on more responsibility for health care decisions, but many are struggling to figure out how to do so and are uncertain whether their employers offer any tools to help. Among the findings:

- **79 percent** of respondents don't believe they can personally take action to help control health care costs
- More than **80 percent** don't estimate their health care expenses each year
- **57 percent** have never researched physician/hospital costs or quality
- More than **50 percent** don't know if they have access through their employers to prescription, hospital or physician cost/quality data

- **60 percent** are uncertain whether they have online access to condition/disease-management tools, medical expense estimators or information on rising health care costs
- Respondents who are aware they have medical expense estimators available through their employers are nearly **10 percent** more likely to set aside money to cover future health care expenses and enroll in flexible spending accounts
- Respondents who know they have online access to prescription drug cost information from their employers are **12 percent** more likely to ask for a generic drug

Source: Hewitt Associates survey of more than 39,000 employees, November 2004





"The tools help consumers take more control and more responsibility over their health care expenses and experiences. They help consumers become more involved because they really haven't been under the more traditional managed care type plans."

**Steve Davis, Managing Editor**  
*Inside Consumer-Directed Care*

### Telephonic Health Decision Support



Health care is often utilized during highly emotional times in an individual's life, and in some instances nothing can replace a person-to-person conversation. That's why telephone support is crucial to helping individuals make the best health care decisions, said Dr. Valdivia. "You have to have a system that meets people where they're at," he said. "My mom would never see these Web tools, but she would talk to someone on the phone." Through programs such as Care24 or NurseLine, provided through Optum, a UnitedHealth Group company, callers can talk with a registered nurse or master's-level counselor 24 hours a day to get medical advice based on clinically proven treatments.

### Health Assessments

Every year, health plans continue to augment their online functions for consumers, according to a 2004 survey

of 97 health plan Web sites by the consulting firm Capgemini. Yet just half of the sites let consumers complete an online personalized health assessment to learn how their family histories, their own medical histories and their actions can impact their health.

The assessment offered by Uniprise, a UnitedHealth Group company serving large employers, measures behavior across 11 lifestyle habits linked to health status and costs — from exercise, eating and smoking to back care, driving and stress. Consumers learn techniques to stay healthy and get a "Lifestyle Score" comparing them to their peers. If the results indicate a risk for serious medical conditions, a Personal Health Care Advisor will contact them to provide information, offer support and suggest next steps.

"The employers I've interviewed seem to get a great response to those assessments," Davis said, especially when financial incentives encourage employees to participate and follow up on the findings.

### Banking Services

Payment industry analysts forecast that over the next five years, debit cards linked to HSAs and other types of consumer-controlled health reimbursement accounts could facilitate as much as \$11 billion in annual spending. And traditional debit cards are just one of the banking features that consumers will come to expect of their health care accounts, said Nick Santoro, CEO of Exante Financial Services, a company completely dedicated to health care-related financial services.

For instance, Exante is working on a new card with a credit capability resembling the overdraft protection of checking accounts, he said. In addition, Exante will be offering mutual fund options on HSA balances in 2006. ■

