

Are high-deductible health plans enrollees better health care price shoppers?

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Enrollees in high-deductible health plans were no more likely than enrollees in traditional plans to consider going to another health care professional or to compare out-of-pocket cost differences across health care professionals during their last use of medical care, according to an article published online by *JAMA Internal Medicine*.

High-deductible health plans (HDHPs) have grown in part because of the belief that having "skin in the game" due to cost-sharing obligations will encourage health plan enrollees to shop for care. HDHP enrollment has been associated with lower [health care](#) spending but previous research suggests these savings are primarily due to decreased use of care and not HDHP enrollees switching to lower-cost providers.

Neeraj Sood, Ph.D., of the University of Southern California, Los Angeles, and coauthors surveyed a nationally representative sample of insured U.S. adults (ages 18 to 64) who used [medical care](#) in the last year. The authors compared HDHP enrollees with enrollees in traditional plans on rates of shopping for care.

The study, which was reported in a research letter, included 1,951 respondents: 1,099 in the HDHP group and 852 in non-HDHPs. Enrollment in HDHPs was higher among whites, individuals who were employed, and those with more education and higher incomes.

A majority of HDHP enrollees believe there are large differences in prices (60 percent) and quality (68 percent) across [health care providers](#),

few (17 percent) think higher-priced physicians provide higher quality care, and the majority (71 percent) report out-of-pocket costs are important when choosing a physician. These perceptions are not significantly different than those held by enrollees in traditional plans, according to the results.

During their last use of medical care, HDHP enrollees were no more likely than traditional plan enrollees to consider going to another health care professional for care (11 percent vs. 10 percent) or to compare out-of-pocket cost differences across [health care professionals](#) (4 percent vs. 3 percent), the results indicate.

Limitations to the study include recall bias and not surveying the uninsured or enrollees who did not use medical care.

"Simply increasing a deductible, which gives enrollees skin in the game, appears insufficient to facilitate price shopping," the study concludes.

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