

Health Care Delivery Options – Summary of Findings

[Click here](#) for bibliography of this project

Introduction

The Harvard University Kennedy School Mossavar-Rahmani Center for Business and Government’s Health Care Delivery Policy Program tracks costs, lives covered by and potential customer interest in various healthcare delivery products, including our current system, “coverage for all” proposals (including, but not limited to: universal healthcare, guaranteed coverage, etc.), existing and proposed payment and care models, wellness plans and other products. Data sources include newspapers, magazines, journals, books and reports from governmental sources (Department of Health and Human Services, Bureau of Labor Statistics, etc.), and industry organizations, foundations and consultants (American Association of Retired Persons, Center for Studying Health System Change, The Commonwealth Fund, etc.). Original articles and presentations by the Health Care Delivery Policy Program are also included.

Figure 1. Existing and Proposed Health Care Options: 2004-2008

Products include, but are not limited to:

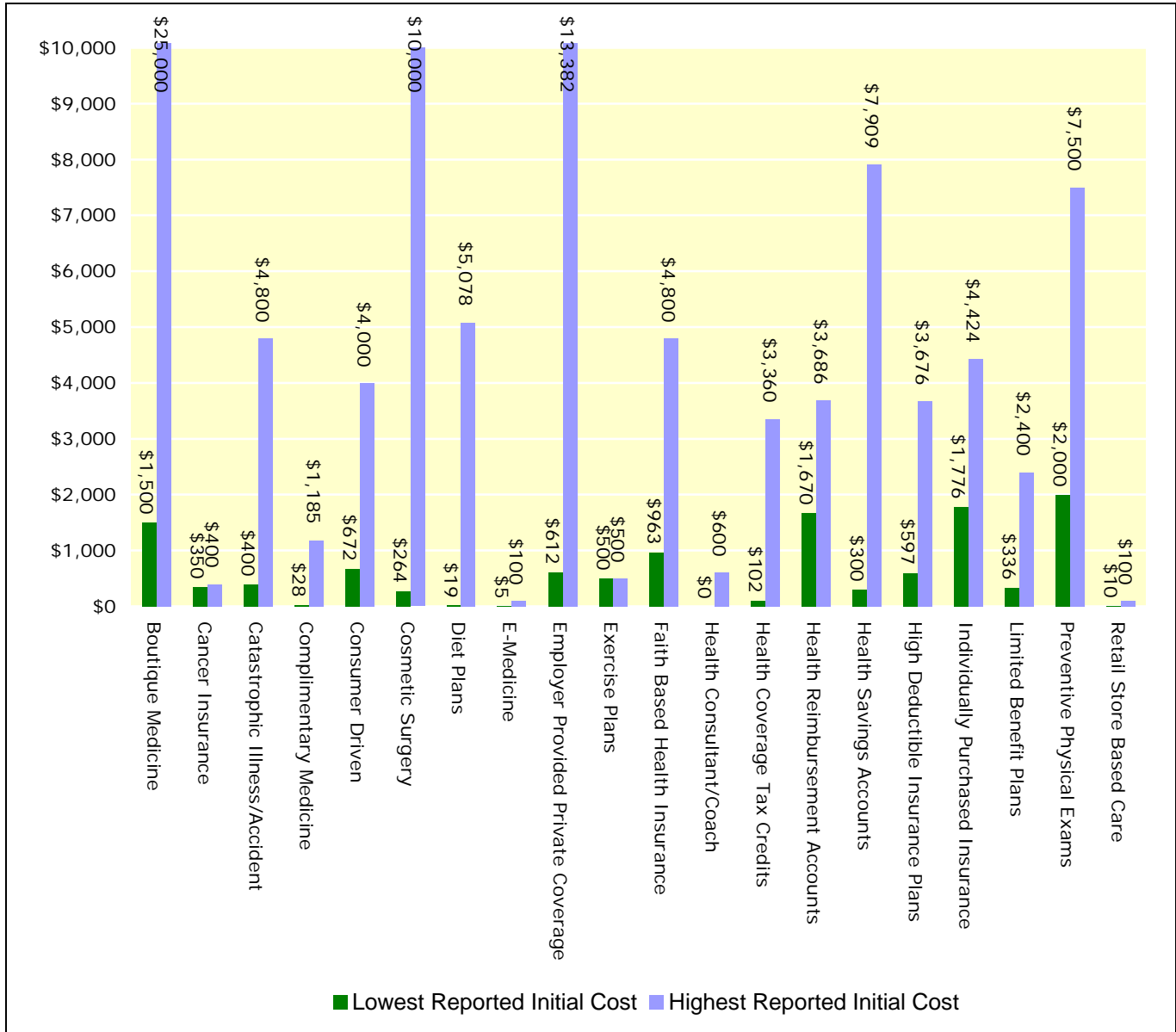
<p>Current healthcare system</p> <ul style="list-style-type: none"> ▪ Employer-based ▪ Governmental ▪ Individually purchased ▪ Out-of-pocket/uninsured ▪ Union/association 	<p>Alternative payment models</p> <ul style="list-style-type: none"> ▪ Consumer driven/directed plans ▪ Defined contribution plans ▪ Flexible spending plans ▪ Health coverage tax credits ▪ Health reimbursement accounts ▪ Health savings accounts ▪ Individual health accounts ▪ Limited benefit health plans ▪ Medical savings accounts ▪ Mini-med plans ▪ Tiered pricing plans 	<p>Alternative care models</p> <ul style="list-style-type: none"> ▪ Boutique/concierge care ▪ Complimentary medicine ▪ E-Medicine/Web-based ▪ Faith-based health insurance ▪ Healthcare consultant/coach ▪ Retail store-based health care
<p>Stand-alone/add-on products</p> <ul style="list-style-type: none"> ▪ Catastrophic illness/accident ▪ Disease management programs ▪ Long term care ▪ Medication coverage ▪ Preventive medicine/diagnostic 	<p>Wellness plans</p> <ul style="list-style-type: none"> ▪ Appearance ▪ Diet ▪ Exercise ▪ Mind/body 	<p>Coverage for all proposals</p> <ul style="list-style-type: none"> ▪ Guaranteed coverage ▪ National coverage ▪ Single payer ▪ Universal coverage

Medical Care Costs

The *Healthcare Options* project examines costs incurred by individuals and families who receive medical care. Cost of healthcare to employers and the nation are examined in the [Deconstructing the Costs](#) project. The *Healthcare Options* project provides information to researchers and policymakers about factors that may influence customer selection of plan. Customer costs may include any or all of the following: premiums, co-pays, deductibles, prescription medications or any out-of-pocket costs for medical care.

Figure 2. Reported Initial Costs of Various Health Care Options: 2004-2008

The numbers reflect initial costs and may not include copayments for office visits, medications, or other out-of-pocket costs.



There is no standardized methodology for obtaining medical cost data in the United States. Costs and benefits vary for coverage through Medicaid, for example, versus a private health insurance plan, even for similar services. Figure 2 compares reported average initial costs to individuals and families for private, employer-based health insurance (estimated to cover about 60%-70% of Americans) to other options currently available.

Various organizations estimate the cost of health insurance through surveys of employers and/or consumers. The Medical Expenditure Panel Survey (MEPS) is currently the largest scale survey, conducted annually by the Agency for Healthcare Research and Quality (AHRQ). The MEPS Household Component collects data on expenditures from a sample of about 32,000 civilian, noninstitutionalized adults, and the Insurance Component collects data on the types and costs of workplace health insurance from about 40,000 businesses and government sources. The MEPS found that the mean and median health care expenses of persons in the insured U.S. civilian noninstitutionalized population in 2004 were \$3,879 and \$1,091.⁵² The Henry J. Kaiser Family Foundation/Health Research and Education Trust telephone survey of over 3,000 randomly selected public and private employers, found that the average worker contribution was \$694 for single coverage and \$3,281 for family coverage in 2007.²⁷ The U.S. Bureau of Labor Statistics National Compensation Survey of selected businesses in 154 areas found that employee contributions for medical care premiums averaged \$296.88 per month for family coverage, and for single coverage, employee contributions averaged \$76.05 per

month in 2006.⁵⁸ Differing results may be attributable to geographic (regional, urban vs. rural, etc.) and/or demographic factors (large vs. small businesses, number of retirement age workers, etc.) in each survey mix.

While premiums are set fees, additional costs depend on how much medical care people need or want, as well as individual priorities. Out-of-pocket medical expenses can include anything from co-payments for doctor's office visits to over-the-counter cough syrup to acupuncture treatments. Many expenses are not covered by traditional health insurance, such as appearance enhancers (Botox injections - \$400-\$600, chemical peels \$150)⁴⁴ intensive physicals (\$2,000-\$7,500), nutrition analyses (\$125-\$175), physician counseling sessions (\$600),⁶² fitness center membership (\$500) and diet counseling (\$5,078)⁵⁵

Additional costs can also include specialty health insurance products like cancer insurance (starting at \$350 per year)⁷⁵ and long-term care insurance. In 2007, it was estimated that 34 million Americans were caring for an aging relative or friend. Caregivers were found to spend an average of \$5,500 annually of their own money in caring for a loved one over the age of 50, according to a study by the National Alliance for Caregiving and Evercare.⁴³ The Congressional Budget Office found annual long-term care policies ranging from \$1,487-\$5,098 in 2004, depending on the age of the person purchasing the policy.²³

With boutique (or concierge) care, patients pay doctors directly and have access to same day appointments, longer office visits and other benefits. One study found that boutique doctors charged up to \$10,000 per year in 2005, with average costs ranging between \$1,500-\$2,000.⁷⁸ At the other end of the cost spectrum, minute clinics (often found in drug stores and retail chains like Target and Wal-Mart) offer basic walk-in, pay-as-you-go visits for strep throat cultures, flu shots, etc. Blue Cross & Blue Shield of Minnesota analyzed 22,956 visits to minute clinics between 2004-2005 and found that the average cost was \$43.⁴⁶

An influx of products with complex payment structures have emerged, such as consumer driven plans, tiered pricing plans and defined contribution plans. A representative consumer driven plan consists of an account covering medical services and prescription drugs. Once that is exhausted, a deductible typically ranges from \$500-\$2,000. When that is satisfied, private coverage continues at a planned co-insurance rate. The initial amount in the account could be used quickly if someone required surgery or hospitalization. The Government Accountability Office studied IRS records and found that the average deduction for health savings accounts was \$2,100 in 2004.¹⁴ The Center for Studying Health System Change estimated that in 2006, the average monthly single-coverage CDHP premium was \$56 and the average annual deductible was \$1,459.³¹

Since 2002, the federal Health Coverage Tax Credit Program, paid for up to 65% of eligible health expenses covered by a subscriber's insurer. In 2006, 40 states had designated health plans and all states offered this option in 2007. However, costs were too high for many people. In 2006, the Urban Institute found only medium or high deductible health insurance available, with an average deduction of \$1,000 or more.⁶⁴ One person was quoted \$22,680 for her annual share of the health insurance premium.⁶³

Many "new" health care products were meant as temporary or pilot projects, while others exited the market due to lack of interest or changing federal regulations. Prescription drug discount cards were part of a federal program initiated in 2001 to provide a benefit for Medicare beneficiaries. Card programs could charge an enrollment fee of no more than \$25 per beneficiary. The discount cards were set up as a temporary product, and were replaced by Medicare Part D prescription drug plans in 2006.

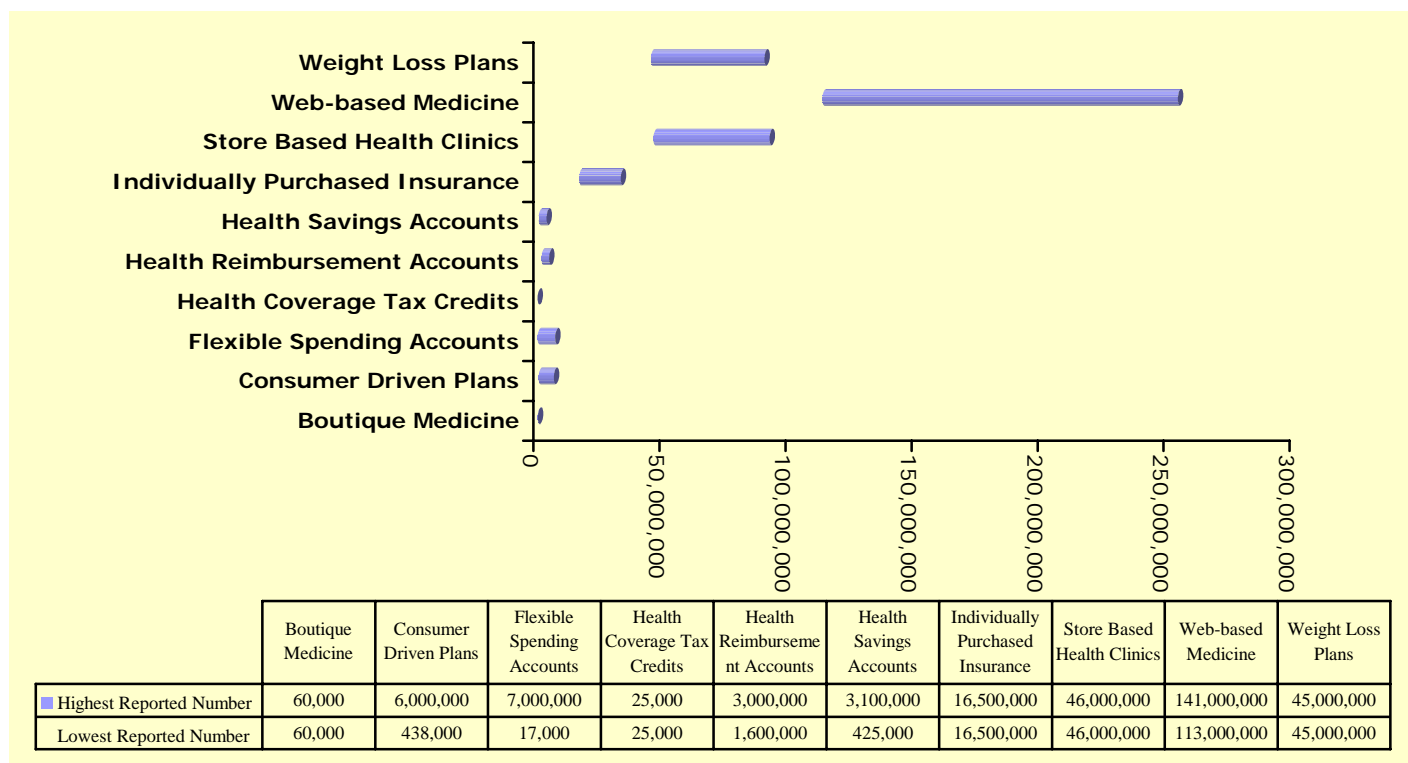
Certain health plans pay consumers to engage in healthy behaviors. Sam's Club members can receive up to 50% discount off selected health services, such as laser eye surgery, home health care, fitness club membership and dental care, through UnitedHealth Group's Health Allies Program (Sam's membership cost \$100 in 2005). Some consumer driven plans, such as Lumenos, will add \$100 to a subscriber's health savings account if he or she talks with a health coach to manage chronic conditions.⁴

Web-based medicine, eMedicine and eHealth, are driving forces in today's market. Websites can sell vitamins or enable a diabetic patient to send glucose monitor readings to a provider electronically. Patients can engage in online consultations with care providers, view their medical records and request prescription refills and specialist referrals. Studies show that the majority of medical Websites are free or charge only nominal fees.²⁴ In 2005, fees paid by insurance companies to doctors for using e-mail consultations were listed as \$25 for each Blue Cross of California exchange, \$30 for each Dartmouth-Hitchcock online visit, and \$60 per year for patients to use the Palo Alto Medical Foundation's online answers service.²⁸ Researchers have suggested that moving aspects of healthcare to electronic systems may result in cost savings to government, providers, employers and insurers, as well as consumers.⁷⁴ However, no web site can remove a tumor or deliver a baby, so consumers cannot yet depend on the Internet as their sole health care provider.

Covered Lives

Health insurance includes governmental, private, employer-based and individually purchased coverage. The HCDP's [Customers by Market Segment](#) project found that at least 295 million people in the United States covered by private insurance, Medicare and/or Medicaid in 2007 (the project *also* found that this number did not correlate with the reported 40-60 million uninsured!) Figure 3 displays estimates reported for people covered by various health insurance plans and products.

Figure 3. Covered Lives Through Various Healthcare Options: 2004-2007



Emerging Products

A great challenge to obtaining accurate coverage data is that many of these products are quite new. Although some products comprise a fraction of the market at this point in time, researchers have predicted major future growth. Consumer driven/directed health plans are used to describe a number of healthcare options, including, but not limited to: high deductible health plans, health savings accounts, health reimbursement accounts, health coverage tax credits and medical savings accounts. The market has grown rapidly since the plans were introduced:

- The National Business Group on Health and Watson Wyatt Worldwide estimated that consumer directed plans covered 480,000 workers in 2004.⁴⁷
- Atlantic Information Systems, Inc. estimated that over 1,486,425 lives covered by consumer-directed plans in 2004.⁹
- The National Center for Policy Analysis estimated that 250 million nonelderly Americans had access to health savings accounts in 2004,³⁴ but only a fraction of that number actually enrolled.
- The Government Accounting Office examined survey data and interviewed and obtained data from employers, insurance carriers, individuals, financial institutions and experts to estimate that the number of enrollees and dependents in consumer directed health plans increased from about 3 million in January 2005 to 5-6 million in January 2006.¹⁵
- According to the Economic Report of the President, HSA plans covered 4.5 million people in 2007.⁸
- The National Association of Health Underwriters estimated that 3.6 million people were covered by HSAs in 2007.³⁹

A Google search was performed on February 1, 2008 on the phrase “Health Savings Account” (Figure 4). Of the first 100 hits, 54 companies sold Health Savings Accounts, including insurance agencies, banks, financial planning firms, benefit services companies and 8 companies devoted solely to selling HSA products. The other hits were articles about health savings accounts. In a similar search performed in 2004, searchers needed to scan through about 400 hits to find 35 companies selling HSAs.

Figure 4. Companies Offering Health Savings Accounts: Result of a Web Search

1. AMA Insurance Agency	19. First Niagra	37. Long Term Consumer Care, Inc.
2. American Health Value	20. Freedom Benefits Associates	38. Lutheran Church Extension Fund
3. Anthem	21. Golden Rule Insurance Company	39. MSABank
4. Assurant	22. HSA Bank	40. Medsave.com
5. Asuris Northwest Health	23. HSA for America	41. Metro Atlanta Financial Group
6. Bank Atlantic	24. HSA Resource Center	42. My Health Savings Account
7. Blue Cross Blue Shield Association	25. HSA Savings Administrators	43. National Credit Union Administration
8. Blue Cross Blue Shield of Arizona	26. HSA Trustee Services	44. Northwest Hills Credit Union
9. Blue Cross Blue Shield of Florida	27. HSAfinder	45. Regence Blue Shield
10. Branch Banking and Trust Company	28. HSAhealthplans.com	46. Sovereign Bank
11. Compass Consulting Group, LLC	29. Health Equity	47. State Farm
12. EhealthInsurance	30. Health Savings Account Minnesota	48. Technology Credit Union
13. Exante Bank	31. Higgins Companies	49. U.S. Bank
14. Farm Bureau Bank	32. Highmark	50. Uniprise
15. First Federal	33. Hyers and Associates	51. Utah Health Insurance
16. First HSA, Inc.	34. InsuranceSmartOnline.com	52. The Vanguard Group
17. First Horizon Msaver	35. Investment Gold Online	53. Washington State Health Plans
18. First National Bank Alaska	36. KeyBank	54. Wells Fargo Benefit Services

Compared to established health insurance products like Medicare (estimated to cover 39-44 million people between 2004-2008) enrollment figures for emerging options are notably smaller:

- In 2004, the government began a Catholic health plan hoping to sign up 4 million federal workers.²⁹
- In 2004, 25,000 people were receiving health coverage tax credits out of the projected 500,000 that the government hoped would use the program.⁶³

The largest emerging force in healthcare has been the Internet. It has been estimated that between 113-187 million Americans have used the Internet for health care in 2006-7.^{25, 60} For people who want to use the Web as a healthcare option, there is no shortage of resources. Typing the search term “health” in the Yahoo search engine yielded 1,480,000,000 hits in 2007 and 4,370,000,000 hits in 2008. The top ten web sites listed in this search included the Mayo Clinic, the World Health Organization and WebMD. The same search on Google listed 32,100,000 hits in 2007 and 109,000,000 hits in 2008, with CNN, New York Times and WebMD in the top ten. People “covered” by Internet health care probably have access to other forms of medical care besides the Internet.

Potential Interest in Various Healthcare Options

Any individual or organization can conduct a consumer interest survey, and on the subject of healthcare, millions have! Most newspaper, magazine and Web articles about health reform include statistics like, “75% of Americans support universal coverage,”³⁰ often without an explanation of how the results were obtained. Research on the types of healthcare products consumers may prefer, if given a choice, display wide ranges and can act a starting point to identify trends.

Polls can survey consumers, employers, and/or insurers. Researchers and policymakers often provide their own estimates of potential consumer interest as well. Surveys can range in size from The Boston Club’s survey of 130 Boston area female business leaders⁴⁹ to Thomson Medstat’s Consumer Healthcare Survey of 23,000 adults.⁷² The Center for Studying Health System Change conducts annual site visits to 12 nationally representative metropolitan communities and interviews individuals from health plans, providers, employers, policy makers and other stakeholders.²¹ The IDEA Health and Fitness Association surveys its 225 members who are health club owners, fitness center managers and/or exercise program directors.⁵⁷ Insurers regularly poll their own members on customer satisfaction with their products.

Figure 5 displays results of various published surveys regarding interest in selected healthcare options. As discussed, as there are no standards or guidelines for healthcare surveys, results cannot be compared in any meaningful fashion across polls. In particular, surveys conducted by advocacy groups may frame the questions to try to extract results to further their own goals.

Figure 5. Potential Interest in Various Healthcare Options: 2004-2007

REPORTED POTENTIAL INTEREST IN HEALTHCARE OPTIONS	LOWEST %	HIGHEST %
Alternative Medicine Coverage/Mind-Body Focused Plans	37% ⁷²	87% ²²
Consumer Driven Plans	2% ⁴²	40% ⁷³
Current Healthcare System	11% ⁵⁶	27% ⁴⁰
Defined Contribution Plans	17% ¹	78% ¹
Diet Focused Plans	4% ⁶¹	85% ⁶⁷
Disease Management Programs	46% ⁴⁵	96% ¹⁹
eMedicine/Web-based Health Care	15% ⁷⁴	80% ²⁵
Exercise Focused Plans	70% ⁶⁸	73% ⁵⁷
Flexible Spending Accounts	10% ⁵⁰	22% ²²
Genetically Personalized Care	34% ⁷¹	34% ⁷¹
Health Reimbursement Accounts	3% ²²	10% ²²
Health Savings Accounts	3% ²²	81% ³⁸
High Deductible Health Plans	3% ²²	62% ³³
Individually Purchased Insurance	15% ⁵⁰	15% ⁵⁰
Long Term Care Plans	3% ²³	68% ³
Medication Coverage	75% ²⁷	100% ²²
Preventive Medicine Programs	95% ³²	99% ²²
Retail Store Based Healthcare	7% ⁵³	41% ⁶
Tiered Pricing Plans	15% ²²	91% ²²
Universal Coverage	34% ⁴⁹	78% ⁵⁴

Challenges to obtaining data on potential interest include:

- Many surveys conducted on plan interest are quick polls, lacking a research-based construct or methodology.
- Polls that try to project future markets are speculative. According to Watson Wyatt Worldwide, 29% of employers provided access to a high-deductible plan in 2006. Another 33% planned to add one by 2007. ³³ Until a year actually plays out, there is no real way of knowing what will actually occur.
- Some surveys address a certain aspect of a product, so any assumption about interest can only be based upon the product's specific component. A survey about interest in the Medicare Prescription Drug Plan does not necessarily capture interest in all facets of Medicare.
- The fact that customers may be interested in a product does mean that they want *only* that product. It is highly doubtful that three-quarters of Americans would purchase a Web-based healthcare product and relinquish the ability to see a doctor. A 2007 Kaiser Family Foundation conducted survey found that 68% of Americans had a family member or someone they know well receiving long-term care. ³ One cannot assume that everyone in this category would buy long-term care insurance.
- Surveys polling different markets (employers, insurers, policymakers, consumers, etc.) can understandably obtain different results for the same questions.
- Polls of individuals already using products may be influenced by that utilization. For example: a spokeswoman for Blue Cross-Blue Shield of Minnesota said: "Our research shows that over 90% of members who participate with our care-management programs say they are satisfied or very satisfied with their interactions in the programs." ⁵¹

Much of the literature on health care reform addresses the need to insure the uninsured. Potential approaches to reform have included universal health insurance, national health insurance and single payer health insurance. These concepts are not interchangeable, and the general population may not understand the concepts behind various models. Survey results are often difficult to understand and explain. Following are two interpretations of a single survey that appeared in the same newspaper (*Newsday*) within a month's span:

1. A poll conducted by the Civil Society Institute in 2004 found that 67% of Americans would support guaranteed health insurance, and 52% would support national health insurance.³⁰
2. The Civil Society Institute issued a survey of 1,020 adults conducted by Opinion Research Corp. in 2004 and found that two-thirds of respondents supported a healthcare "guarantee" and 78% advocated government regulation of health care.⁵⁴

One thing is certain – there is an interest in new and innovative products for healthcare delivery. As awareness of products increases, so does the potential for their use. As the future unfolds, the possibilities are endless for novel healthcare delivery products, plans and systems.

Conclusion

While this report identifies general trends in healthcare delivery, our major obstacle has been the lack of reliable statistics. A large-scale, standardized methodology needs to be developed to elicit meaningful data on healthcare delivery options, with components addressing producers, providers and consumers of healthcare. Since products are entering the market and evolving at a breakneck speed, the nature of this research seems daunting, but is necessary to elicit a basis for discussion. The Harvard University Kennedy School of Government Health Care Delivery Policy Program will continue to track published studies on healthcare delivery options and provide recommendations on how best to utilize and interpret the data.

Bibliography

[Click here](#) for an annotated bibliography of over 180 sources of data.

1. "2007 PLANSPONSOR DC Survey: Picking Up the Pace." [Plansponsor Magazine](#). November 2007.
2. [2007 Report of the 2006 Statistics: National Clearinghouse of Plastic Surgery Statistics](#). Arlington Heights, IL: American Society of Plastic Surgeons, 2007.
3. [American Public's Experience with Long-Term Care](#), 2007. Kaiser Family Foundation, 2007.
4. Andrews, M. "Does It Pay to Manage your Own Care?" [New York Times](#), January 18, 2004.
5. Blizzard, R. "Greener on the Other Side? Universal vs. Private Healthcare." [Gallup Poll Tuesday Briefing](#): 99-100, January 2004.
6. Bohmer, R. "The Rise of In-Store Clinics — Threat or Opportunity?" [New England Journal of Medicine](#). 356: 765-8, February 22, 2007.
7. Borzo, J. "Medical Tools." [Wall Street Journal](#). R4, July 14, 2007.
8. Bush, G. W. [The Economic Report of the President, Transmitted to Congress](#). Washington, DC, United States Government Printing Office, 2004-2008.
9. "CDH Products and Enrollment Data from Select Vendors and Insurers." [Inside Consumer-Directed Care](#) 2(18): 6-7, September 24, 2004.
10. Cavanaugh, B. B. "Less is More Opportunity: Mini-Meds or Limited-Benefit Health Plans are Fast Becoming a Standard Product Among Carriers." [Best's Review](#). 106 (9): 69(4), January 2006.
11. Clemans-Cope, L. [Changes in Employees' Health Insurance Coverage, 2001-2005](#). Washington, DC: Henry J. Kaiser Family Foundation, October 2006.
12. "Companies Increasingly Implementing Health, Disease Management Programs; ROI Still an Issue." [Occupational Health & Safety](#). June 26, 2007.
13. Connelly, R. "Concierge Care: Doctor Charges \$1,500 Annual Fee to AIDS Patients." [Houston Press News](#). September 6, 2007.
14. [Consumer-Directed Health Plans: Early Enrollee Experiences with Health Savings Accounts and Eligible Health Plans](#). Washington, DC: Government Accountability Office, August 2006.
15. [Consumer Directed Health Plans: Small but Growing Enrollment Fueled by Rising Cost of Health Care Coverage](#). Washington, DC: Government Accounting Office, April 2006.
16. "Consumer-Driven Participation: Enrollment in New CDHPs Remains Low." [Employee Benefit News](#), June 15, 2006.
17. Consumer Directed Insurance Products: Survey Results (Health Savings Accounts/Health Reimbursement Arrangements), [Reden & Anders](#), April 2005.
18. Dicken, J. E. [Health Savings Accounts: Early Enrollee Experiences with Accounts and Eligible Health Plans](#). Washington, D.C.: Subcommittee on Health Care, Committee on Finance, U.S. Senate, September 26, 2006.

19. [Disease Management Programs May Improve Quality of Care, But May Not Save Money](#). Santa Monica, CA: RAND Corporation, 2007.
20. [Distribution of Out-of-Pocket Spending for Health Care Services](#). Washington, D.C.: Henry J. Kaiser Family Foundation, May 2006.
21. Draper, D. A. and Claxton, G. [Managed Care Redux: Health Plans Shift Responsibilities to Consumers](#). Washington, D.C., Center for Studying Health System Change, March 2004.
22. [Employer Health Benefits Annual Survey](#). Menlo Park, CA: The Henry J. Kaiser Family Foundation and Health Research and Educational Trust, 2004-2007.
23. [Financing Long-Term Care for the Elderly](#). Washington, D.C.: Congressional Budget Office, 2004.
24. Foubister, Vida. "Issue of the Month: Simulation in Medicine." New York, NY: [Commonwealth Fund](#), March 2005.
25. Fox, S. [Online Health Search 2006](#). Washington, D.C.: PEW Internet and American Life Project, 2006.
26. Freidman, S. "Let's Change Medicare into a Plan for the Ages." [Newsday](#), October 2, 2004.
27. Freudenheim, M. "Cost of Health Insurance Rises Again, but at a Slightly Slower Rate." [New York Times](#). September 12, 2007.
28. Freudenheim, M. "Digital Rx: Take Two Aspirins and E-Mail Me in the Morning." [New York Times](#): A1, C9, March 2, 2005.
29. Freudenheim, M. "Federal Health Plans to Include One Shaped by Catholic Tenets." [New York Times](#): A1, C3, September 25, 2004.
30. Friedman, S. "Medicare for All Would Cure Health Care Crisis." [Newsday](#), December 3, 2005.
31. Gabel, J. R., et al. [Behind the Slow Growth of Employer-Based Consumer-Driven Health Plans](#). Washington, DC: Center for Studying Health System Change, December 2006.
32. Gabel, J. R., et al. "Health Benefits in 2004: Four Years of Double-Digit Premium Increases Take their Toll on Coverage." [Health Affairs](#), 23(5): 200-209, September/October 2004.
33. Galvin, R. S. "Between A Rock And A Hard Place: Understanding The Employer Mind-Set." [Health Affairs](#), 25 (6): 1548-55, November/December 2006.
34. Goodman, J. C. [Health Savings Accounts Will Revolutionize American Health Care](#). Washington, D.C., National Center for Policy Analysis, January 15, 2004.
35. [Government Offers Health Savings Accounts to 3 Million Federal Workers](#), Princeton, NJ: Covertheuninsuredweek.org/Robert Wood Johnson Foundation. September 27, 2004.
36. Hawn, C. "Welcome to Club Med: Boutique Medicine for a Price." [Financial Week](#). December 3, 2007.
37. [HSAs and Account-Based Health Plans](#). Washington, D.C.: America's Health Insurance Plans, June 2006.
38. [Health Savings Accounts Growing in Popularity](#), Princeton, NJ: Covertheuninsuredweek.org/Robert Wood Johnson Foundation. September 15, 2004.
39. [Health Savings Accounts \(HSAs\)](#). Arlington, VA: National Association of Health Underwriters, page accessed February 3, 2008.
40. "Healthcare Industry, Heal Thyself." [Gallup Poll Tuesday Briefing](#): 84-5, February 2005.
41. [High-Deductible Insurance Plans Become Increasingly Popular with Employers and Workers](#), Princeton, NJ: Covertheuninsuredweek.org /Robert Wood Johnson Foundation. May 25, 2005.
42. [Increasingly Popular Consumer-Directed Medical Plans Have Both Pros and Cons](#), Princeton, NJ: Covertheuninsuredweek.org/Robert Wood Johnson Foundation. August 26, 2004.
43. Jackson, M. "Out-of-Pocket Elder Expenses Strain Caregivers' Finances, Lives." [Boston Globe](#), 9, December 16, 2007.
44. Kalyn, W. "Before You Buy Beauty." [Parade Magazine](#): 6-7, March 2004.
45. Kane, R. L. [Meeting the Challenge of Chronic Illness](#). Baltimore, MD: Johns Hopkins University Press, 2005.
46. Landro, L. "The New Force in Walk-In Clinics." [Wall Street Journal](#), July 26, 2006.
47. Leonard, B. "Experts Predict that Consumer-Directed Plans will Surge." [HR Magazine](#), 49(5): 25(2), May 2004.
48. Levine, N. "Financing your Cosmetic Surgery." [WebMD](#), September 18, 2007.
49. Lewis, D. E. "Businesswomen Favor Universal Healthcare." [Boston Globe](#): G2, November 11, 2004.
50. Lewis, D. E. "Tax Savings are in the Cards." [Boston Globe](#): G1, G4, January 18, 2004.
51. McQueen, M.P. "Look Who's Watching Your Health Expenses: Employers Increasingly Turn to 'Care Managers' to Control Medical Costs, but Some Wonder if Patients Always Benefit." [Wall Street Journal](#). D1, September 25, 2007.
52. Machlin, S.R. [National Health Care Expenses in the U.S. Civilian Noninstitutionalized Population, 2004](#). Rockville, MD: Agency for Healthcare Research and Quality. November 2006.

53. "Many Americans Open to Care at Retail-Based Health Clinics." [Wall Street Journal](#), October 26, 2005.
54. Marshall, R. F. "Most Back Health Care Regulation." [Newsday](#): A34, September 16, 2004.
55. Matamoros, F. "Cost of Living: The Road to Fitness." [Boston Globe](#): D4, January 2, 2005.
56. Mechanic, D. [The Truth about Health Care](#). New Brunswick, NJ: Rutgers University Press, 2006.
57. Nakai, K. [IDEA Health & Fitness Association Reveals Findings of 2007 Survey on Fitness Programs & Equipment, Offering the Latest Information on Latest Trends for Inspiring Healthy Lifestyles](#). San Diego, CA: IDEA Health and Fitness Association, 2007.
58. [National Compensation Survey: Employee Benefits in Private Industry in the United States](#), Washington, D.C.: U.S. Department of Labor, Bureau of Labor Statistics, 2005-2007.
59. [National Survey Shows Employee Fears about Consumer-Driven Health Plans on Decline](#). Chicago, IL: AON Corporation, September 12, 2007.
60. [One in Three Americans Report that Internet has Changed the Way They Manage Their Health Care](#), New Study Reports. San Jose, CA: Cisco, February 27, 2007.
61. Pagan, J. A. "Access to Conventional Medical Care and the Use of Complimentary and Alternative Medicine." [Health Affairs](#), 24(1): 255-62, Jan/Feb 2005.
62. Parker-Pope, T. "The Annual Physical Gets a Makeover." [Wall Street Journal](#), September 14, 2004.
63. Pear, R. "Sluggish Start for Offer of Tax Credit for Insurance." [New York Times](#), January 25, 2004
64. Pervez, F. and Dorn, S. [Health Plan Options Under the Health Coverage Tax Program](#). Washington, D.C., Urban Institute, December 2006.
65. Powell, J. H. "Sam's Enters Health Care Market." [Boston Herald](#): 33, March 8, 2005.
66. Ruiz, G. "Limited-Benefit Plans Poised for Expansion, Greater Debate." [Workforce Management](#). 85 (5): 42, March 13, 2006.
67. Schoultz, C. [Employment Policies: Corporate Wellness Plans Are Increasing, Changing, Business Group Survey Finds](#). Brookfield, WI: International Foundation of Employee Benefit Plans, 2007.
68. Schroeder, B. [IDEA Health & Fitness Association Announces Results of 2006 Programs & Equipment Survey, Ranking Top Activities and Equipment to Meet a Variety of Individualized Fitness Needs](#). San Diego, CA: IDEA Health and Fitness Association, 2006.
69. [Statistical Abstract of the United States](#). Washington, D.C., U.S. Census Bureau, 2004-2008.
70. Steinbrook, R. "The Cost of Admission - Tiered Copayments for Hospital Use." [New England Journal of Medicine](#) 350(25): 2539-2542, June 17, 2004.
71. "Taking Charge of our Own Health." [Parade Magazine](#), August 2004.
72. "Thomson Medstat Survey Finds Over One-Third Of Americans Now Using Alternative Medicine." [Medical News Today](#). February 14, 2007.
73. Walters, S. "Better Education Needed for Consumer-Driven Health Plans to Catch On." [Baltimore Business Journal](#). November 30, 2007.
74. [Widespread Adoption of Health Information Technology Could Save \\$162 Billion a Year, Says RAND Study, But the Federal Government Needs to Help](#), Health Affairs Press Release. September 14, 2005.
75. Wild, R. "Pointless Policies." [AARP: The Magazine](#). 47: 13, March/April 2004.
76. Wojcik, J. "Critical Illness Insurance Fills Gaps Left by Other Coverage Cuts." [Business Insurance](#). 40 (9): 10, February 27, 2006.
77. Wurman, R. S. [Understanding Healthcare](#). Newport, RI: TOP, 2004.
78. Zuger, A. "For a Retainer, Lavish Care by Boutique Doctors." [New York Times](#), October 30, 2005.