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Helping Elders Include Quality in Health Plan Choice

Final Report

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1. STRUCTURED ABSTRACT

Purpose: Choose with Care is a decision support tool for employers to use to educate and counsel people approaching age 65 about their Medicare health plan options and how to incorporate quality information into their health plan choices.

Scope: People aging into Medicare need to decide if they will get insurance to supplement Original Medicare and, if so, which type of coverage and which specific plan they will choose. Several challenges exist for consumers in choosing a Medicare health plan. First, consumers have to obtain and compare information on employer-based retiree health plans from their employers or information on other types of plan options from Medicare. Second, Medicare beneficiaries' knowledge of the Medicare program is low. Third, Medicare beneficiaries' willingness to use comparative quality information is currently limited. Employers are the focus for distributing the Choose with Care materials because they are one of the most recognized and accessible formal intermediaries for information about health insurance. The Choose with Care system contains four products for consumers and two products to help employers tailor the consumer products.

Methods: We used both qualitative and quantitative methodologies to test the Choose with Care products, including interviews, focus groups, cognitive interviews, usability testing, and randomized experiments.

Results. Product testing showed that the consumer materials increase older consumers' knowledge of Medicare and how it relates to retiree health insurance and improves their comprehension and use of comparative quality information when choosing a health plan.

Key Words: Medicare, health plan choice, quality, CAHPS, HEDIS

2. PURPOSE

The key objectives of the Choose with Care system are to (1) help consumers aging into Medicare better understand the basics of the Medicare program and why getting supplemental insurance is important, and (2) increase the likelihood that those consumers making Medicare plan choices for the first time will factor quality information into their decision making.

3. SCOPE

People aging into Medicare need to decide if they will get insurance to supplement Original Medicare and, if so, the type of coverage and specific plan they prefer. To assist

consumers in this task, the Medicare program provides comparative cost and benefit information for Original Medicare, Medicare Advantage¹ plans, and individually purchased Medigap supplemental insurance policies on its website (www.medicare.gov) and through its toll-free hotline. Medicare also provides comparative quality information² for Original Medicare and Medicare Advantage plans.

3.1 Challenges to Informed Medicare Plan Choice by Consumers

Several challenges exist for consumers in using the information that Medicare makes available to choose a health plan. First, consumers have to obtain information on employer-based retiree health plans from their employers or the plans and information on other types of plan options from Medicare and then, on their own, compare these options. Second, Medicare beneficiaries' knowledge of the Medicare program is low (Bann et al., 2004; Hibbard et al., 1998; McCormack et al., 2001a; McCormack et al., 2002c; McCormack and Uhrig, 2003). Third, Medicare beneficiaries' willingness to use comparative quality information when making a plan choice is currently limited (Short et al., 2002; Uhrig and Short, 2002/2003). Limited use may result for three reasons: consumers do not understand the information (Hibbard et al., 1998; Hibbard et al., 2001), they find cost or other information more important when choosing a plan, or they have already chosen a plan before receiving the comparative information (Harris-Kojetin et al., 2001b; Schneider and Epstein, 1998).

3.2 Employers as Information Intermediaries for Persons Aging into Medicare

The Medicare program uses a centralized approach to disseminate Medicare information (Medicare handbook, website, toll-free number). Yet many beneficiaries prefer to use personal and local sources of information—such as state health insurance and assistance programs (SHIPs) and employers—to learn about Medicare (Mathematica Policy Research, Inc., 2001; Sofaer et al., 2001).

Employers are in a unique position to act as information intermediaries for prospective Medicare beneficiaries. The majority of American workers are employed in firms large enough to have human resources (HR) departments or managers who provide retirement information of

¹ These are Medicare managed care plans formerly referred to as Medicare+Choice plans.

² The Medicare Program provides two types of comparative quality information—Health Plan Employer Data and Information Set (HEDIS) and Consumer Assessment of Health Plans Study (CAHPS). HEDIS is a set of standardized measures developed by the National Committee for Quality Assurance. CAHPS includes measures derived from surveys of health plan enrollees about their experiences and satisfaction with their plan. We use the terms “performance” and “quality” information interchangeably when referring to comparative information about plans.

some kind. Employers, particularly those who offer employer-based retiree coverage,³ are the focus for distributing the Choose with Care materials because they are one of the most recognized and accessible formal intermediaries for information about health insurance (Maeyer and Marlowe, 1999; Mathematica Policy Research, Inc., 2001). The Choose with Care materials facilitate comparisons between employer-based Medicare supplementation options and options available through the individual market. To date, plan comparison materials have given little attention to comparing these two key types of options, yet it is vital to workers whose employers offer retirement health benefits. The Choose with Care materials can also help employers become information intermediaries when their employees transition to Medicare.

3.3 Overview of the Choose with Care System Products

Choose with Care contains six components—four products for consumers and two products for employers. Consumers are the primary audience for the educational and decision facilitation products. Employers are the secondary audience, as the intermediaries that decide to invest in this system to benefit their employees/retirees, assist their HR staff, and tailor and disseminate the consumer materials.

3.3.1 Consumer Products

The consumer products consist of a bookmark, Part 1 booklet, and both a booklet version and a web-based version of Part 2. Table 1 shows the key sections covered in each of these consumer products. Figure 1 shows the covers of the print products and the home page of the web product in their intended sequence. The first consumer product is a bookmark but the content could be used in alternative formats to be determined by the employer (e.g., mailer insert, newsletter article, postcard, flyer, e-mail). The bookmark is the “teaser” intended to motivate and create interest in using Parts 1 and 2.

The second consumer product, *Part 1: Medicare, Your Employer, and You*, is an eight-page booklet that describes the basics of Medicare, reasons to consider buying supplemental insurance, how Medicare works with the employer’s health insurance plan, and different types of health insurance plans available. The third and fourth consumer products consist of print and web-based versions of the same content entitled, *Part 2: Your Health Insurance Options After You Retire*. The Part 2 booklet is 16 pages long, explains how to use quality information and

³ Employer-based retiree health benefits continue to be the leading source of supplemental coverage for Medicare beneficiaries (McCormack et al., 2002b). Employer-based coverage tends to be more comprehensive than coverage purchased individually, and its availability is often a critical factor in retirement decisions (McCormack et al., 2002a). Over half of large private-sector employers that offer benefits to Medicare-eligible retirees provide a choice of two or more plans (McArdle et al., 2004).

why it is important, and provides comparative information (on costs, benefits, quality, and rules to get care) on employer group health plans and Medicare Advantage plans available to employees/retirees.⁴ Figures 2 through 5 show excerpts from the Part 2 booklet and are discussed more in Phase 2. Part 2 also provides a framework to compare and narrow down plan choices based on consumer preferences and a summary worksheet to aid in plan selection (Figure 6). Parts 1 and 2 are intended to be given to consumers together (using either or both versions of Part 2) shortly after they have received the bookmark.

Table 1. Key Sections Covered in Each of these Consumer Products

Bookmark	Part 1	Part 2 (print or web)
Medicare does not cover all healthcare costs	How will this guide help you? Who wrote this Guide?	How do you use this guide? Where did the information in this guide come from?
Consider getting other insurance	What is Medicare?	What are your healthcare costs and healthcare needs?
Future materials will ...	Why should you buy health insurance to supplement Medicare?	Can you get the doctors and care you need?
<ul style="list-style-type: none"> • explain how Medicare works with retiree insurance • compare costs, benefits, and quality among Medicare retiree plans 	Where can you get health insurance to supplement Medicare?	Which health plans help you stay healthy?
	What health insurance plans do you have to supplement Medicare?	Which health plans have the fewest people who choose to leave?
	How does Medicare work with other health insurance plans when you are 65 or older and retired?	Are your doctors in the plan?
	What should you think about as you compare health insurance plans?	Are your prescriptions covered?
	Health insurance plans and costs can change	Where can you go for more information?
		Which health plan is right for you?

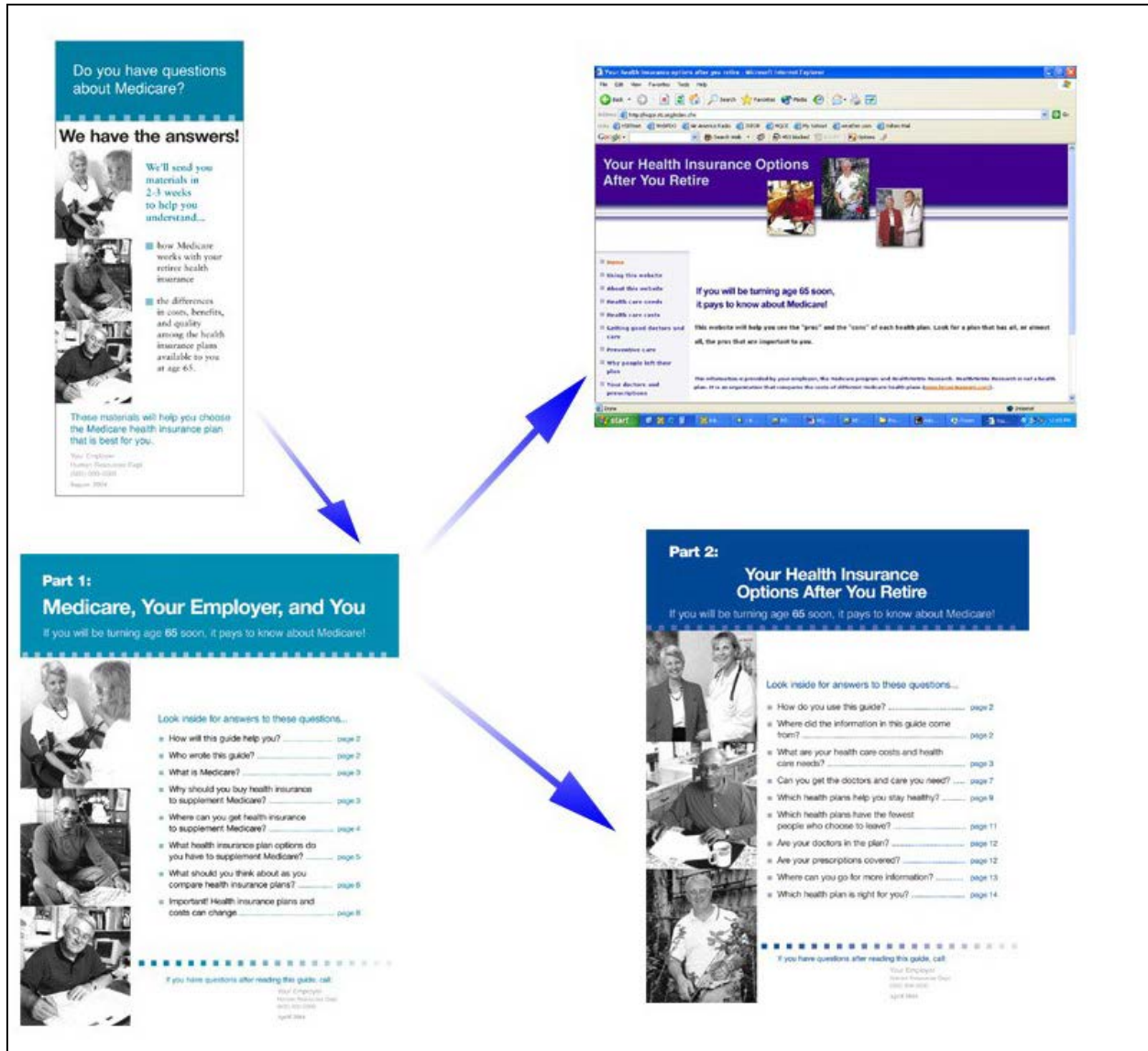
3.3.2 Employer Products

Because the consumer materials are designed to be customized with employer- and state-specific information, the consumer products can be thought of as templates. The employer products—“Implementation Guide” (IG) and supplementary “Implementation Worksheet”

⁴ The Choose with Care materials focus on employer group plans (whether indemnity/fee for service or managed care) and local Medicare Advantage managed care plans. We assessed the benefits and costs of the fee-for-service Medigap supplemental plans in the markets of our four demonstration employers. Based on this assessment, we concluded that, on average, the employer plans generally offered better value (cost and benefits) than Medigap plans. Because most markets have multiple insurance companies each carrying up to 10 Medigap plans, adding information on Medigap plans would have made the materials incredibly cumbersome for consumers. For these reasons, we chose to exclude Medigap plans from the templates. Employers may choose to include Medigap plans when customizing the templates for their organization. However, they need to realize the added length and complexity that will result.

(IW)—give employers step-by-step guidance on how to tailor the templates, produce the consumer products, and introduce them into their environment.

Figure 1. Sequence of the Bookmark, Part 1 Booklet, and Part 2 Booklet or Web Product



3.4 Development of the Choose with Care System

The Choose with Care team conducted four phases of development, testing, and revision of the consumer products. In Phase 1, we conducted interviews with HR staff and focus groups with retirees who had recently aged into Medicare. Phase 2 entailed drafting the consumer products, conducting multiple rounds of usability testing with consumers, and refining the products after each round. In Phase 3, we conducted two randomized experiments to examine

the effects of the Choose with Care materials on consumers' understanding of Medicare, use of quality information in plan choice, and ease in making a plan choice. Phase 4 included interviews with HR staff and an expert panel meeting to get comments on the penultimate version of the products.

The Choose with Care materials were designed using a consumer testing approach that involves developing information for consumers *with* consumers. The approach is based on the premise that if we expect consumers to be informed decision makers, we must develop and disseminate information that they will value, understand, and use. To do so, consumers must be involved in developing and testing the informational materials.

We worked with three employers headquartered in Portland, Oregon, (ESCO, Tektronix, and Blount) and one from Durham, North Carolina, (Duke University) throughout all phases of the project to develop, implement, and evaluate the products. We selected employers that offer health insurance to retired employees because, as their employees/retirees age into Medicare, they will need to choose among employer-based options and other retiree health insurance options available in the private sector. The four employers vary in their industries and in the educational backgrounds of their employees. We intentionally sought this diversity to better enable us to create materials usable and useful to consumers with different skill levels.

4. METHODS

4.1 Phase 1: Case Studies

We conducted case studies at each employer site to gain a greater understanding of the Medicare-related information needs and concerns of workers and retirees in their early sixties and the current practices, resources spent, challenges, and lessons learned by HR staff in educating and communicating with employees/retirees about Medicare health plans in retirement. With each employer, we interviewed HR staff and conducted focus groups with retirees who recently turned 65 and had made a Medicare plan choice. There were 34 participants across the four groups, with an average age of 65. Participants were primarily White and well educated and were more likely to be male, and most had previously retired.

4.2 Phase 2: Materials Design, Usability Testing, and Refinement

4.2.1 *Drafting the Materials*

To inform the consumer product development, we applied lessons learned from Phase 1, adult learning principles, guidance on plain language, health education theories, and prior research on Medicare health plan decision making. Based on previous research with older

adults, we determined our target audience to be in the precontemplation or contemplation stages within Prochaska and DiClemente’s (1983) Stages of Change model. We developed products to help move consumers to the contemplation, preparation, and action stages of readiness to make an informed Medicare health plan choice (Levesque et al., 2001). We applied concepts from Bettman’s consumer information processing model (1979) in designing the consumer products by choosing the most important and useful points to communicate, providing the information in clear and appealing ways that require little effort to read, and “chunking” the plan comparison information in ways that are meaningful to consumers.

Figure 2. This Section Helps Readers Estimate Their Healthcare Needs

Tip! Your health care needs will grow as you get older.

Decide if you think you will be a low, medium, or high user of health care services based on the descriptions below. **If you cannot decide between two levels, be on the safe side: choose the higher level.** Your actual costs will depend on the health insurance plan you choose and the services that you use.

Which one best describes your yearly health care use?

Low user	Medium user	High user
4 visits to a doctor	12 visits to a doctor	24 visits to a doctor
1 urgent care visit out of town	1 visit to an emergency room	2 visits to an emergency room
No hospital stays	1 hospital stay, for 3 days	2 hospitals stays, 3 days each
6 prescriptions filled (about 1 every other month)	24 prescriptions filled (about 2 every month)	72 prescriptions filled (about 6 every month)
A physical exam	A physical exam	A physical exam
A vision exam	A vision exam	A vision exam
A hearing test	A hearing test	A hearing test
A prevention visit to a dentist	A prevention visit to a dentist	A prevention visit to a dentist

Pick the one that best describes you:

I am a low user
 I am a medium user
 I am a high user

We also drew on the Elaboration Likelihood Model (Petty and Cacioppo, 1981), which posits that people are more likely to process information actively if they perceive it to be personally relevant and appealing. The products are designed to be personally relevant in three ways: (1) materials are tailored specifically for employees/retirees of a particular employer; (2)

Part 2 helps users track their plan choices throughout the process of comparing plans by cost, rules, and care; and (3) photographs of the same three people in their early sixties (African American man, White woman, White man) are shown in each product, along with quotes from these people about how the products helped them in their particular situation.

Figure 3. This Section Helps Readers Decide Which Plans They Can Afford

Total Estimated Monthly Costs
The table below helps you figure out the costs you will have to pay. It includes how much you pay for all of the services listed in the table on Page 4 plus the monthly health plan premium.

Total Estimated Monthly Costs
Look down each column to compare the health plans.
Check *all* of the health plans you can afford.

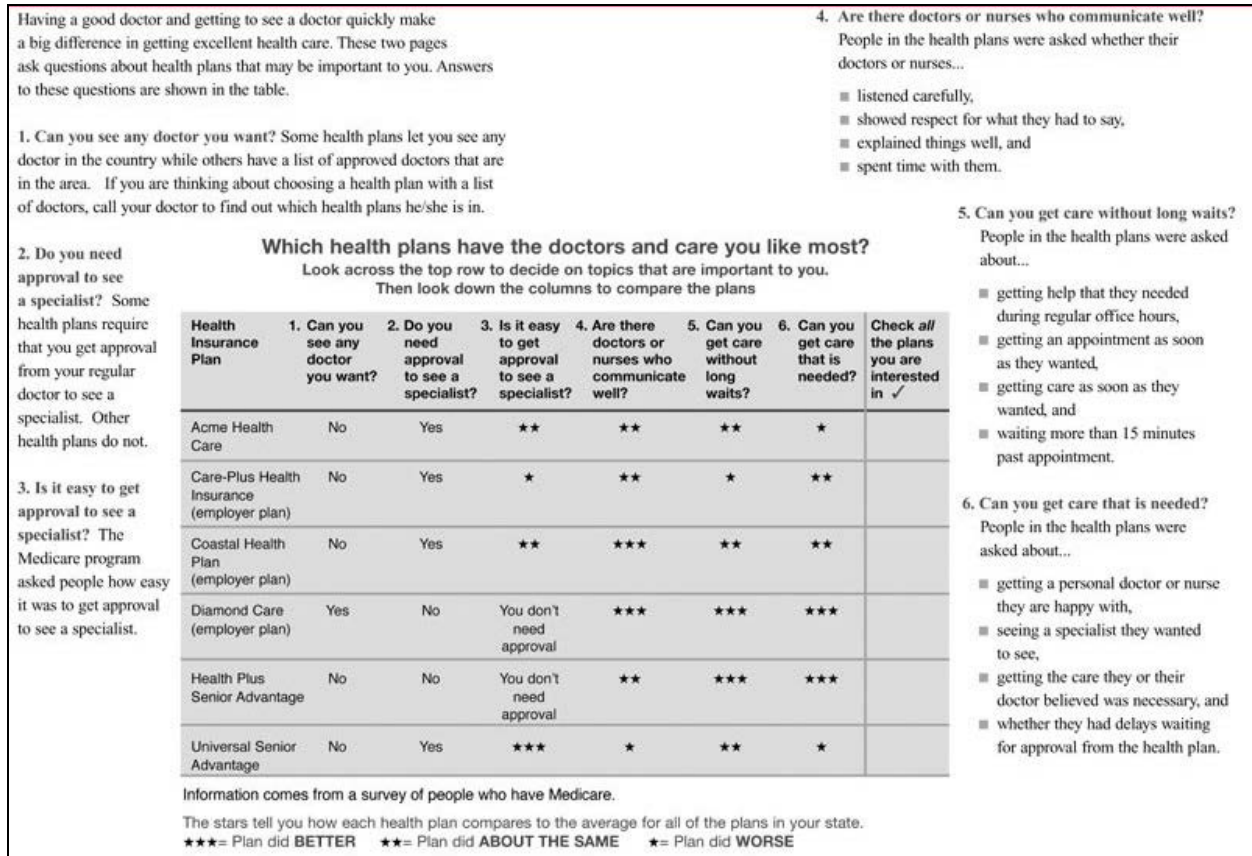
Health Insurance Plan	Estimated costs you pay depend on the type of user you are			Check <i>all</i> of the plans you can afford ✓
	Low User	Medium User	High User	
Acme Health Care	\$212	\$275	\$432	
Care-Plus Health Insurance (employer plan)	\$284	\$331	\$442	
Coastal Health Plan (employer plan)	\$295	\$334	\$422	
Diamond Care (employer plan)	\$386	\$465	\$667	
Health Plus Senior Advantage	\$226	\$257	\$327	
Universal Senior Advantage	\$319	\$350	\$420	

NOTE: Total costs include monthly premiums and all of the services listed in the table on Page 4.

In developing the Choose with Care consumer materials, we adhered to a variety of content and format lessons learned from previous research in creating materials that are easier for

older consumers to use (Harris-Kojetin et al., 2001a; Hibbard and Peters, 2003; McCormack et al., 2001b; McCormack et al., 2001c) as well as standard guidelines for developing health education interventions.

Figure 4. This Section Helps Readers Compare Plans on Selected Measures and Rules for Getting Care



4.2.2 Usability Interviews

To gain insight into the usability of the consumer products for making a health plan choice and to pinpoint areas that need improvement to increase the utility of the materials, we conducted five rounds of one-on-one interviews with a total of 48 participants. Usability testing goes beyond preference and perception into comprehension and navigation and enables the interviewer to collect more detailed data than possible with focus groups. As part of the interviews, participants read and used drafts of the consumer products to make hypothetical plan choices. Participants ranged in age from 60 to 64. Twenty percent of participants had only a high school diploma or GED, and 10 percent were African American.

Figure 5. Which Health Plan is Right for You?

Which health plan is right for you?

Tip! The table below gives you a chance to review the choices you made earlier. You can use this information to help you decide which health plan is right for you.

Step 1: Look at the tables in *Part 2: Your Health Insurance Options After You Retire*. Mark the checks (✓) on this table that you marked in the guide.

Step 2: Add up the checks (✓) for each health plan. Look at the plans with the most checks (✓) — these should be the plans that have more of the features that are most important to you.

Step 3: If you can't decide on a health plan from the worksheet, look back at the guide. Think about what topics are most important to you.

Deciding on a Health Insurance Plan

	Which health plans can you afford? ✓ (page 6)	Which health plans have the doctors and care you like most? ✓ (pages 7-8)	Which health plans offer the best preventive care? ✓ (page 9)	Which health plans have the fewest people choose to leave? ✓ (page 11)	Which health plans have the doctor I want? ✓ (page 12)	Which health plans cover the prescription drugs I take? ✓ (page 12)	TOTAL
Acme Health Care							
Care-Plus Health Insurance (employer plan)							
Coastal Health Plan (employer plan)							
Diamond Care (employer plan)							
Health Plus Senior Advantage							
Universal Senior Advantage							

4.3 Phase 3: Randomized Experiments

We conducted two randomized experiments (each with 153 participants). Participants were employees/early retirees aged 58 to 64. Our goal was to determine whether the products resulted in increased understanding of Medicare and increased use of quality information in plan decision making compared to the Medicare Personal Plan Finder materials provided by the Medicare program. In one experiment (“Content and Format Experiment”), we randomly assigned participants to one of three groups:

- Choose with Care materials,
- alternate materials (same content as the Choose with Care materials but formatted like Medicare’s Personal Plan Finder information), and
- control materials (same content and format as Medicare’s Personal Plan Finder information).

In another experiment (“Medium Experiment”), we randomly assigned participants to one of two groups:

- Part 1 and Part 2 booklets or
- Part 1 booklet and Part 2 website.⁵

Participants were given the materials and asked to imagine that they were turning 65 and had to choose a Medicare health plan using the materials that they were given. Participants reviewed the materials at their own pace and completed a questionnaire after they finished reviewing the materials. The questionnaire results provided data for the outcomes and control variables.

4.4 Phase 4: Product Review by Employers and Expert Researchers

We obtained feedback on the penultimate version of the Choose with Care products, with an emphasis on the employer products. Reviewers at this stage included HR staff from demonstration employers, several other employers in North Carolina, and an insurance broker-consultant in the Portland, Oregon, area who represented over 30 large employer groups.

After completing the HR staff review, we convened an expert review panel meeting comprised of researchers in health communications and Medicare decision making.

5. RESULTS

5.1 Phase 1: Case Study Findings

5.1.1 HR Staff Interviews

Interviews with HR staff revealed several challenges when educating retirees about their health plan choices. Employers are trying to accomplish multiple educational activities with limited resources. Most of the employers were using a variety of methods to educate employees, including providing print materials, seminars, and one-on-one counseling. These activities are time consuming and labor intensive, and most employers have a limited number of staff who can dedicate time to them. Because of the challenges associated with providing basic information such as plan benefits and costs, most of the employers were not providing comparative plan quality information to their retirees.

Employers reported that retirees generally have limited knowledge about Medicare and even less about how their employer health plan coordinates with Medicare. Retirees find it

⁵ See Uhrig et al. (in review) for more details on the experiments.

difficult to understand why healthcare costs are so high. Employers are trying to make retirees aware of the cost sharing they are doing to help minimize employees' out of pocket costs. HR staff members also admit having difficulty keeping current with Medicare policies given their evolving nature.

5.1.2 *Employee/Retiree Focus Groups*

We conducted four focus groups, one with each employer group. Participants in all four groups were confused about coordination of benefits with Medicare, supporting the message we heard from employers. Several participants commented on the difficulty in knowing what questions to ask when deciding on a health plan. Some of the retirees were disappointed that their company did not provide better comparisons of health insurance options available to them. They expressed a desire for materials that are specifically geared toward retirees.

In response to these Phase 1 findings, we developed the Choose with Care products to help educate consumers on some topics (especially the basic material on Medicare and employer-based coverage explained in Part 1) that HR staff currently educates them on. Our intent is to free up some time for HR staff to help consumers with individualized questions about their specific situations and, as needed, with plan comparisons and choice when using Part 2.

5.2 Phase 2: Materials Design, Usability Testing, and Refinement

This section discusses key findings from our usability interviews with employees/retirees and revisions we made to the materials as a result.

5.2.1 *Bookmark*

Participants said after reading the bookmark that they would be looking for the other materials because they thought the materials would answer their questions about Medicare. Participants repeatedly mentioned wanting to learn more about the differences in cost and benefits among the health plans and how Medicare worked with other insurance—key themes mentioned in the bookmark. Participants did not like the original pictures used in the bookmark (which were also used in Parts 1 and 2 to help visually link the consumer products). We revised the pictures in all products to show people between the ages of 55 and 65 to make it more acceptable to the target audience. We also added images of a patient with a healthcare provider in a white lab coat to help link better to the healthcare topic.

5.2.2 *Part 1 Booklet: Medicare, Your Employer, and You*

Many of the participants did not understand the relationship between Medicare and their employer's health insurance, specifically that the employer health insurance plan was secondary

to Medicare. We revised Part 1 multiple times, until most participants understood the relationship between Medicare and their employer's health insurance.

To assist users in navigating and processing the information, we broke down the decision process to choose a health insurance plan into a series of smaller, connected steps. The first step, addressed in a draft version of Part 1, contained a table showing descriptions of the different *types* of health insurance plans (point of service, preferred provider organization, health maintenance organization [HMO], and fee for service). We made this the first step because we believed that understanding that there were different types of health insurance plans would facilitate the understanding of differences among specific health insurance plans. However, participants confused the health insurance plan types with specific health insurance plans. The names of the health plan types were new to many of the participants. Participants were confused about the descriptions of the health plan types partly because each health insurance plan type usually had an exception. For example, not all HMOs require a person to get a referral to see any specialist.

In response to these findings, we removed the description of plan types. Instead we included a section discussing key issues (e.g., costs, whether people can see any doctor they want or see a specialist without a referral, prescription drug costs, and quality) that consumers may want to consider as they choose a health insurance plan. By making this change, we were able to highlight key differences among types of plans in ways that are familiar to consumers without using terminology that is confusing.

5.2.3 Part 2 Booklet and Website: Your Health Insurance Options After You Retire

Participants in the first round of interviews indicated that they would prefer more information on the source of the information in Part 2. As a result, we highlighted in the introductions to both Parts 1 and 2 that the materials come from employers and that researchers funded by the federal government, not health plan providers (a concern voiced by some participants), developed the products. After the materials were revised, more participants noted that they trusted the materials because they generally trusted the government.

Part 2 includes a table that describes three different levels of healthcare use (low, medium, and high) (see Figure 2). A separate table describes the average costs for each health insurance plan for each level of use (see Figure 3). Participants had a difficult time deciding which level of healthcare user they are now or will be in the future. They also did not understand the link between the two tables (Figures 2 and 3). In response to these findings, we included guidance in Figure 2 to choose a higher level of use if in doubt between two levels.

The table estimating costs by level of care was modified to include text describing the link between the tables (see Figure 3).

Following the cost section is a section about getting needed doctors and care (see Figure 4). This section compares plans on whether members can see any doctor they want, whether referrals are required to see specialists, and quality data (with stars indicating relative performance) on ease of obtaining a referral, communication with doctors, ease of seeing doctors without long waits, and receiving needed care. After multiple revisions to this section, participants in the final interview round understood both the intent of the section and how to compare plans in the table on different topics. Participants understood that the six questions are intended to help people think about different things that are important to them in healthcare to make the correct choice in healthcare plan. Everyone thought having the question numbers in the corresponding columns of the table was helpful.

The next section of the final version of Part 2 includes information showing how health plans compare on preventive care services including flu shots, mammograms, diabetic eye care, and beta blockers after a heart attack. As with Figure 4, the table uses a range of 1 to 3 stars (with 1 star meaning worse than average and 3 stars meaning better than average) to compare plans on these measures. In earlier testing rounds, some participants were unsure how to interpret the results. For example, one participant stated “Does a 3 star rating mean an insurance company gives out better flu shots than a 1 star company?” All study participants understood the quality ratings after revisions were made to more clearly explain how plans’ behavior can affect the quality indicators.

We included a summary worksheet at the end of Part 2 (Figure 5). As a result of interview findings, we added a section prior to the worksheet for participants to call each plan and record whether the plan includes their doctors and their prescriptions. The worksheet includes these two additional columns. Almost all participants said they would be likely to use the worksheet if they were making a real plan choice.

5.3 Phase 3: Randomized Experiments Findings

5.3.1 Content and Format Experiment Results

Both the Choose with Care and alternate groups reported that the materials were easier to use than the control group. The Choose with Care and alternate materials significantly enhanced both participants’ knowledge of Medicare and insurance plans and their ability to correctly interpret and use comparative quality information in plan choice. Participants who received the

Choose with Care and alternate materials were significantly more likely than control participants to say they used quality information in plan choice and to select a high-quality health plan.⁶ Participants who received the Choose with Care and alternate materials were significantly more likely than control participants to choose plans that reflected features that were important to them, whether those features were cost, quality, or rule focused.

5.3.2 *Medium Experiment Results*

Participants felt the computer and print versions of the Choose with Care materials were similar in terms of ease of use. Print and computer group participants were equally able to understand information on Medicare and health insurance, equally able to interpret quality information, and equally likely to use it in plan choice. Neither group was more likely to choose high-quality plans or to choose a plan consistent with their preferred features.

5.4 Phase 4: Product Review by Employers and Expert Researchers

5.4.1 *Employer Review*

Almost all interview participants indicated that the employer support products read well. Several participants suggested the purpose of the employer products should be made clearer at the beginning. Most participants also suggested that we should better distinguish our multiple uses of the term “Medicare”—as the federal government health insurance program and as the different insurance products like Original Medicare, Medicare managed care products sponsored by private health plans, and Medicare supplemental coverage options (e.g., employer-based or Medigap products).

Participants offered many useful suggestions for how to better order the content and to use terminology commonly used by HR personnel. A handful of participants offered specific reasons why Choose with Care would benefit both the employer and the employee and how to best state these reasons in the IG. Almost all participants said that they would consider implementing Choose with Care to augment their existing process for communicating health insurance options to retirees. All participants noted that they would continue to use the same process for retirement education but that Choose with Care could supplement their presentation of Medicare and their health plan options.

⁶ Two health plans were categorized as “high quality” based on the quality information provided. If a respondent chose either of those plans, they were classified as choosing a high-quality plan.

5.4.2 Expert Researcher Review

Overall, the panel provided favorable feedback regarding the presentation, quality, and thoroughness of the employer support products. Concerns were raised that the terminology used to describe individually purchased supplemental products was not clear.

Our research team took measures to improve the products based on the useful feedback we received from the HR staff interviews and expert panel review. For instance, we reorganized sections in the IG to stress earlier the importance and value of these products, and we used better terminologies to describe individually purchased products to supplement Medicare.

5.5 Implications for Practice and Policy

Previous research suggests that specific Medicare audiences should be targeted with education and information specific to their needs (Hibbard et al., 2001; Levesque et al., 2001; Sofaer et al., 2001), that older adults are more likely to use Medicare information when provided at the appropriate time needed to assist with making a decision (Harris-Kojetin et al., 2001b; Siegel and Doner, 1998), that making comparative quality information relevant and easy to use may increase its take-up rate (Shaller et al., 2003), and that having the information come from a trusted source increases the likelihood that information will be read and used (Harris-Kojetin et al., 2002). In creating the Choose with Care materials, we incorporated these suggestions along with those provided by adult learning principles, guidance on plain language, and health communication and education theories.

We developed relatively short, easy-to-use materials targeted at people approaching age 65, who plan to retire by age 65 and enroll in Medicare. The materials are intended to be disseminated by employers to older employees/retirees at a time when they are likely to begin thinking about Medicare. The target audience understood and used these materials to learn about Medicare and to compare their health plan choices based on cost, rules, and quality. For the most part, the employers we interviewed reacted positively to the products and almost all reported that they would consider implementing the Choose with Care products to supplement their current strategies for educating their employees/retirees about Medicare.

We also found that using professional desktop publishing software, color, photographs, and quotes in the Choose with Care consumer products did not increase satisfaction with the materials and confidence in plan choice, nor did it have any effect on ease of use, understanding, correct interpretation, or plan choice. This finding suggests that it is the content of the materials that makes the difference. Therefore, employers can choose to present information in Parts 1 and 2 in either the original Choose with Care format or in an alternate format using Microsoft Word

or another word processing software and print it on a standard black and white printer. Employers who do not have access to the desktop publishing software QuarkXpress⁷ used to develop the booklets, the funds to outsource the job, or the technology to develop the Web application of Part 2 can still create effective materials for their employees and retirees.

Among adults with computer experience, delivering the Part 2 plan information in print versus the web had no effect on correct interpretation of quality information or its use in plan choice. These findings suggest that employers can decide on whether to use the print, web, or both versions of Part 2 based on the percentage of their employees having computer experience and the way to make the information most accessible to their employees.

Consumers were confused by the terms that industry uses to describe different types of health plans, but they were not confused with descriptions of key ways in which these types differ. For example, consumers found it difficult to differentiate among unfamiliar terms like PPOs, HMOs, and POSs, in part because each plan type usually has an “exception to the rule.” However, participants easily understood the significance that some plans (regardless of type) allow people to go to any doctor while others require people to choose one from a list to cover the service. Just as consumers do not need to be able to define numeric concepts (e.g., percentage, national average) in the same way that researchers would to be able to use them appropriately when comparing plans (Harris-Kojetin et al., 2002), they do not need to be able to recognize the alphabet soup of plan types to be able to distinguish plan types on key operating characteristics. This illustrates that starting from and building on consumers’ current knowledge and concerns (e.g., they care about whether they can see any doctor they want or whether their doctor is in a plan) can be more successful in educating consumers about health plans than trying to get them to use common industry terms that have no intuitive meaning to them.

A great deal of effort and resources has been invested by both government and the private sector in carefully measuring and reporting valid and reliable information on the quality of health plans and educating consumers to make informed health plan choices. Lessons are accumulating on ways to present this information that increase its utility for consumers in making choices. The multifaceted consumer approach used to develop and refine Choose with Care produced materials that improve consumers’ understanding of Medicare and their Medicare health plan choices and increase the likelihood that consumers will incorporate quality into their plan

⁷ QuarkXPress is the page layout publishing package software used to create the print versions of the Choose with Care consumer materials. QuarkXPress is widely used by newspapers, typesetters, printers, corporate publishers, catalog and book publishers, and other businesses with publishing requirements.

choices. The practice of publicly reporting comparative quality information has moved beyond reporting just health plan quality to reporting comparative quality information on nursing homes, home health agencies, physician group practices, and hospitals. Many of the lessons learned from developing and testing reporting formats for health plan quality should be considered when developing quality reports for these other types of healthcare organizations.

5.6 References

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6. LIST OF PUBLICATIONS AND PRODUCTS

Frentzel EM, Mitchell N, Uhrig JD, Harris-Kojetin LD. Manuscript Submitted—Health Literacy For Retiree Health Plan Information: Using Cognitive Testing. September 2004.

Harris-Kojetin LD, Uhrig JD. Paper Accepted for presentation—“The ‘Choose With Care System’: Evidence-Based Education To Support Informed Health Plan Choices By Elders.” 2004 Gerontological Society Of America Meeting.

Harris-Kojetin LD, Uhrig JD. Paper accepted for presentation—“The ‘Choose with Care System’: Evidence-Based Education to Support Informed Health Plan Choices by Elders.” 2005 Joint Conference of the American Society on Aging and the National Council on Aging.

Harris-Kojetin LD, Uhrig JD, Williams P, Bann C, Frentzel E, McCormack L, Mitchell N, West N. Manuscript submitted—The “Choose with Care System”—Development of Education Materials to Support Informed Medicare Health Plan Choices. September 2004.

Mitchell N, Frentzel E, Uhrig JD, Williams P, Salib P, Harris-Kojetin LD. Public Reporting Formats That Motivate Older Consumers to Compare Medicare Health Plan Options. Paper presented at the AcademyHealth Annual Research Meeting, June 2004, San Diego, CA.

RTI International. “Choose With Care: Medicare and Health Insurance in Retirement: Strategies to help the pre-Medicare population make sound decisions when selecting Medicare health insurance plans.” Binder including consumer and employer products developed for project. August 2004.

Uhrig JD, Harris-Kojetin L, Bann C, Kuo T. Manuscript Submitted—Does Presentation Approach or Medium Affect Older Consumers’ Use of Comparative Information in a Medicare Health Plan Choice? Results from Controlled Experiments. September 2004.

Uhrig JD, Harris-Kojetin LD, Bann C, Kuo T. Does presentation of comparative health plan information or medium affect the comprehension, perceptions or decision-making of older consumers? Poster presented at the AcademyHealth Annual Research Meeting, June 2004, San Diego, CA.

West ND, Uhrig JD, Harris-Kojetin LD, Bann C, Kuo T. Paper accepted for presentation—“Older adults as health plan consumers: Does presentation and education interact to affect comprehension, perceptions or use of quality information.” 2004 American Public Health Association Annual Meeting, Washington, DC.

West ND, Williams P, Salib P, Uhrig JD, Harris-Kojetin LD. Trade paper submitted—Medicare and Health Insurance in Retirement: Using an Interactive Toolkit to Communicate with Retirees. August 2004.