

## Defining and Evaluating Consumer Self-Sufficiency Among Diverse Health Insurance Consumers

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### BACKGROUND

Lack of health insurance has been linked to decreased preventive services, increased hospitalizations and emergency room visits, and diagnosis at later stages of disease, leaving those without insurance vulnerable to poor health outcomes.<sup>1</sup> While studies have shown that consumers who are engaged in their health care have better health<sup>2</sup>, these studies do not focus on the complexities of understanding and enrolling in health insurance, particularly for those who have little experience with the process. The Patient Protection and Affordable Care Act (ACA) has extended health coverage to millions of uninsured Americans. The focus of the ACA has expanded beyond persuading people to buy health insurance to ensuring those who do so understand their health benefits and use them to their advantage.<sup>3,4</sup>

From October 1, 2013-September 30, 2015, the Blue Cross Blue Shield of Massachusetts Foundation (BCBSMAF) *Connecting Consumers with Care* grant program funded sixteen (16) community-based organizations to help their clients enroll in and maintain health coverage, and to support them in becoming self-sufficient health insurance consumers. BCBSMAF defines consumer self-sufficiency as “a form of engagement, whereby consumers are able to take an active role in their own health coverage and care, and navigate systems with increasing independence”. With support from BCBSMAF and its technical assistance and evaluation partners at the University of Massachusetts Medical School (UMMS), the *Connecting Consumers with Care* grantees apply this concept as they implement strategies to promote consumer self-sufficiency, as well as measure their impact, analyze and report the data, and refine their approaches.

Of interest is the relationship between funder, grantees, the technical assistance team, and evaluators to define, promote and measure a relatively new concept of self-sufficiency as it pertains to a diverse health care consumer population. Also, as grantees evaluate their efforts and refine their practices, BCBSMAF re-examines the grant's goals and objectives with input from its partners at UMMS.

### PROGRAM

All *Connecting Consumers with Care* grantees developed strategies tailored to the unique needs of their client populations to promote consumer self-sufficiency. These included 1:1 appointments and group workshops to educate clients about the public health insurance enrollment process. Some grantees distributed written materials, such as enrollment guides. Others provided use of computers so clients could access the online enrollment system through the Massachusetts state-based health insurance exchange.

Grantees were required to develop and implement evaluation plans that included process measures to document consumer self-sufficiency practices, such as the # of educational sessions and 1:1 meetings held, and the # of individuals who participated. Grantees were also charged with identifying outcome measures, such as assessing how consumers knew where to go for information, and how much they learned by attending a workshop, as well as collecting data, mostly through surveys. Grantees reported their self-sufficiency data semi-annually, along with quarterly reports on outreach and enrollment efforts.

## TECHNICAL ASSISTANCE

Challenges arose without a prescribed set of measures to anchor the grantees' efforts to understand self-sufficiency, especially among organizations with varying experience and expertise in measurement and evaluation. To address this, the BCBSMAF sought the expertise of the Massachusetts Area Health Education Center Network (MassAHEC), within the UMass Medical School Center for Health Policy & Research, to provide technical assistance (TA) to strengthen the grantees' capacity to measure, evaluate and report on the impact of their self-sufficiency strategies. To accomplish this, MassAHEC facilitated a Learning Community that met several times a year, and communicated regularly through regional meetings and a dedicated website.

MassAHEC also provided individualized TA, through site visits and conference calls, to 11 of the 16 grantees who struggled over the course of the 2-year grant cycle to develop outcome measures that clearly related to their self-sufficiency strategies, and to collect and report data. Of the 5 grantees who had the most difficulty, 3 made significant progress in identifying clearer outcome measures and implementing data collection processes after receiving TA focused on this objective, as demonstrated in their subsequent self-sufficiency report.

## EVALUATION

The Research and Evaluation Unit (R&E) at UMass Medical School conducted an evaluation of the grantees performance in the two key areas of *Connecting Consumers with Care*, namely outreach and enrollment and consumer self-sufficiency. Using a descriptive study design, R&E relied on two main data sources, grantee reports to BCBSMAF and key informant interviews with representatives from 5 selected grantee organizations. Domains of inquiry included grantee decision making regarding which strategies to pursue, the critical ingredients to effectively implementing those strategies, any barriers to implementation and how they were overcome, and lessons learned.

## CONCLUSION

Grantees played a critical role in helping the uninsured gain health coverage; however, challenges existed for most grantees in demonstrating this impact. There was no standard definition of consumer self-sufficiency nor prescribed evaluation measures. Thus, many had difficulty designing measures that clearly tied to their self-sufficiency strategies, and difficulty collecting and reporting outcome data. TA and evaluation results have informed the direction of *Connecting Consumers with Care*. The consumer self-sufficiency goal has evolved to a focus on health insurance literacy (HIL). For the next two year cycle, the Learning Community will design a short survey to assess the impact of their work in advancing clients' HIL and inform quality improvement. Also, reports are shorter, and grantees will submit reports less frequently.

## REFERENCES

<sup>1</sup> Lang, et al. (2014). In a Neighborhood Near You: How Community Health Workers Help People Obtain Health Insurance and Primary Care. *Journal of Health Care for the Poor and Underserved*, 25:1, Iviii-lxiii

<sup>2</sup> Hibbard J & Greene J (2013). What the Evidence Shows About Patient Activation: Better Health Outcomes and Care Experience; Fewer Data On Costs. *Health Affairs*, 32,2: 207-214.

<sup>3</sup> Patel K, et al (2013). Helping Consumers Understand and Use Health Insurance in 2014. Discussion Paper, Institute of Medicine.

<sup>4</sup> Grob R, et al. (2014). Taking Stock and Taking Steps: A Report from the Field after the First Year of Marketplace Consumer Assistance Under the ACA, Henry J. Kaiser Family Foundation and Robert Wood Johnson Foundation.

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