

Connecticut Health Insurance Exchange Consumer Outreach Forum Consumer Advocacy Group Discussion Summary

Date:

February 17, 2012

Location:

Manchester Community College, 60 Bidwell St, Manchester

Background:

Mintz & Hoke has been charged with developing the consumer outreach program for the Connecticut Health Insurance Exchange. A series of consumer outreach forums represent the initial steps in a multiple-phased information gathering process aimed at better understanding people's needs, desires and expectations relative to the Exchange. Input from participants in these group discussions, moderated by Mintz & Hoke, will have a direct impact on the development of messages and the tools used to introduce the Exchange and inform state residents about the options available to them. Recruitment for this forum consisted of an emailed invitation sent on February 13, 2012, and a second emailed invitation sent on February 15, 2012. This document is intended as a summarized snapshot of the initial perspectives shared by the individuals who participated.

This document is not intended to represent final thoughts or positions.

Moderators:

Bill Field, Mintz & Hoke

Andrew Wood, Mintz & Hoke

Kathy Morelli, Mintz & Hoke

Invited to Attend:

Consumer outreach forums were open to the public. Direct invitations went out to the following:

Advocacy for Patients with Chronic Illness
African American Affairs Commission
American Association of Retired Persons
Asian Pacific American Affairs Commission
Child Health and Development Institute of CT
Citizens for Economic Opportunity
Community Renewal Team, Inc.
Community Renewal Team, Inc.
Connecticut AIDS Resource Coalition
Connecticut Health Foundation
CT Commission on Health Equity
CT Family Support Network
CT Health Policy Project
CT Legal Services
CT Voices for Children
Legal Assistance Resource Center of CT
Mashantucket Pequot Tribal Nation
Mental Health Association of CT
National Alliance on Mental Illness - CT
National Multiple Sclerosis Society of Connecticut
New Haven Legal Assistance Association
Office of the Healthcare Advocate

Spanish American Merchants Association
The Connecticut Multicultural Health Partnership
The Mohegan Tribe of Indians
Universal Health Care Foundation of CT
Urban League of Greater Hartford

Meeting Attendees:

Vicki Veltri, Office of the Healthcare Advocate
Demian Fontanella, Office of the Healthcare Advocate
Glenn Cassis, African-American Affairs Coalition
Claudio Gualtieri, American Association of Retired Persons

Consumer Perception:

What are your constituents' current attitudes toward the healthcare industry? How do they feel about their ability to access healthcare? What is affecting their attitudes?

Pockets of people who understand. Seniors tend to be aware of Medicare changes that help or hurt. More sophisticated consumers have some awareness, not necessarily the more educated consumers but those who have more interface and are more active with healthcare.

General attitude toward insurance industry specifically is negative. People have trouble getting their plans to cover what they are supposed to be covering. Denied care. Anger. "I hate the industry." Some have coverage, others don't.

Sense of fraud. Inability to understand their bill, or if they got missbilled. Would like to get an individual who they can go to and give them their bill. Personal.

People don't understand what their actual coverage is. Coverage documents are difficult to read and have too many caveats.

Part D was a disaster.

"People are wildly distrustful of the status quo."

What or who helps facilitate them getting healthcare? What are the obstacles that currently prevent them from getting healthcare?

Huge gaps in non-English speaking consumers and ethnic areas. High cost.

A lot of negative feeling about ability to get insurance. Pre-existing conditions, price point, only ones affordable are high deductible plans.

Every plan has to provide easier to read documents, in accordance with the federal law. Individual mandate scares people. Whether they like or don't like the law, they may not understand.

What is the awareness of your constituents about the forthcoming changes in healthcare insurance? How is it perceived that it will affect them?

Uncertain, not knowing what's coming up in the future.

Sense that coverage is removed from individual to "greater good" as a benefit. Fear of sub-standard product. "We're all going to get something, but it won't be as good a product." "Just because it makes good policy sense doesn't mean it's good for me."

Perception of government coming in. Constituents are people who need help and are willing to try different options, but other set is afraid of government run healthcare. Providers concerned about whether they'll get paid appropriately.

Congress taken piecemeal approach when comes to reimbursement rates. We don't have money to fund doctors we currently have; do we really have the money to expand out?

What kinds of questions will your constituents have about how that affects them?

Will I truly be able to get insurance, will it be affordable?

There are a lot of people who are very skeptical that insurers can help people find affordable plans. People are already cynical.

What is the current level of awareness of healthcare exchanges? What impact does it have on them individually?

Small businesses are not into the idea of the CBIA model – there's a lot it doesn't do. It doesn't offer Medicare or Medicaid, they only offer two plans. Its lobbying arms tend to lobby against what our constituents use or need. The CBIA model appeals only to certain small groups.

CBIA is seen as a profitable organization with potentials for conflicts of interest.

Segment most open to it are micro-business owners (less than 10 employees) with aging employees and increasing costs.

Nobody understands there may be subsidies. People applying mandate to current cost of available plans.

Understanding the Effect:

Describe how the Exchange can affect the lives of your group members.

Ease means understandable, affordable, and accessible.

There will be more choices. Greater options and associated freedom. New approach. Change from the norm.

As they start to hear more about the Exchange, what do you think their main concerns will be? What is the upside? What is the downside risk?

Fear of loss of control, or perception thereof.

Currently being presented as just about insurance. No positive spins about benefits, procedures that they'll have access to. Constituents feel it is a way to reward insurance companies.

Fear that we are going to get drawn into the system, which will become a mess.

One stop shop. I feel I've done my due diligence and trust I've gotten informed. I'm getting the very best for my money. Hope it will shift and help people better understand. "The Wikipedia of healthcare."

I haven't gotten excited about the Exchange.

Access. It's a way to get into insurance. Even people who are savvy, educated can't understand insurance. "This is a home."

Focusing the Message:

What elements of the Exchange do you think could cause the most confusion or apprehension?

Unless someone's been exposed to something currently they have no awareness of what ACA means.

People don't expect to not have a copay – when they encounter this is it is a pleasant surprise.

State in era about encouraging insurers. "Do we have to look like the insurance industry in order to regulate the insurance industry?"

What is the most important information the Exchange needs to make available to consumers?

21-26 year olds being able to stay on parents is a positive. When people see it happening.

Need to see concrete examples to believe in positives.

Healthcare.ct.gov good in having timeline and layout out what's coming and when. Also, messaging is positive. Accentuate idea of seamlessness. For many constituents who border on Medicaid vs. Exchange, this is a positive. This makes it simpler. It's not easy, it will never be easy.

One stop shop.

Insurers are positioning the copay coverage as their own decision. ACA not getting credit. People need to be made to understand that those protections are not particular to the product they have now. Still need to feel they can shop and there's a competitive market.

State initiated health plans for employees. Put positive spin. Help you get your prescriptions, etc.

What tone or personality do you think the Exchange should use in their messaging?

State is not the source for endorsement/branding.

UConn Huskies, celebrities in the state.

HUSKY plan.

Don't think HUSKY is a negative proposition since it is where people can go for help.

Connecticut pride is good. "Government" is viewed with less trust.

May have made a mistake by calling it Connecticut Health Insurance Exchange because of the word "insurance." Avoid that word. "Coverage" is better.

Car commercials, for example, are more successful when they get beyond showing the car and get into the idea of "freedom." Exchange communications need to go beyond insurance. "Insurance is just a tactic to get 'health.'"

Finally a way to get healthcare.

Idea of freedom. Job mobility. "Large number of people locked into their job because of benefits."

Care coverage.

Quality of life.

What motivates people to be healthy? Be healthy for your family. People are motivated by the ones they love. Look at this as an advantage. An opportunity to start your own business for example.

Avoid "we're in it together." Too socialist. More 'empowerment,' 'your choice.' Something like 'have it your way' feels to a la carte. It's an overpromise.

"You" more positive. "My family."

Don't want threat of penalty message joined with positive messaging.

Don't be left behind. If you don't get on board you're missing out. Paying for nothing.

If you don't do it, you'll have to pay more.

Here's what being left behind means.

Here's what healthcare used to look like (packed emergency room), and here's what healthcare looks like now.

That's very measurable – may be an overpromise. Way to overcome testimonials being too specific is by treating them as individuals benefiting from an overarching theme.

Brand still needs to be validated by state.

But don't go overboard.

An endorsement – like the FDIC does.

Vision/Approach for Outreach:

What is the best way to communicate about the Exchange to your constituents? What language do they speak? How do they travel? Are there places where they congregate?

Is there somebody who can talk to me in my language?

Is there someone I can talk to individually? Live online chat for instance. Need to be able to enter their own full situation and be served up options.

Very important non-English speaking people can talk directly to someone who speaks their language.

Lots of local, small, bilingual radio stations with outgoing hosts that engage their communities.

As we consider ways to publicize the Exchange, how do we reach them beyond traditional media?

TV, targeted radio, daytime TV, local print newspapers.

Tri-fold brochure, collateral. Place in libraries. Senior centers, community centers. Combination of in-depth collateral and mass media (billboards done right). Earned media. News Channel 3 Health beat. Continued segment lead in with fact about Exchange.

Morning shows, late morning shows on local TV stations.

Radio news spots features.

Twitter, Facebook.

Radio interview

Blitz of activities. Channel 8 doing series while having newsletter direct mail. Kickoff period, milestones, do media blitzes instead of continuous.

Health screenings in communities, having collateral present.

People hate the idea of text campaign. Not everybody has unlimited texts. Use library and librarians to host education sessions for navigators or consumers.

Church bulletins all need to have this stuff.

Church offers a sense of protection – seen when electricity was out all over.

Some value in direct mail. Whether or not their interested, knowing they have been considered, they are included. Not just reached out to in an election year.

Direct mail should follow mass media campaign. Need to be aware of it. Make a link.

Going to library, talking to people about it, having sessions.

Promotional materials – health center. Very effective. Brochures, pens, magnets, chotchkes.

Bus advertising – transit. Garbage trucks. These get into EVERY street, whereas buses really don't get everyone.

Who or what are your constituents' trusted source(s) for information? What is the best way to leverage these sources to reach this audience? What role should ambassadors play in communicating the Exchange?

Tap into established community leaders as intermediaries.

Navigators.

Must have direct links between those who are navigators and those who are not. Communication needs to be direct – no phone recordings (press 1, 2, 3, etc). Navigators must trust system. Train the trainer in areas where we are not currently getting to. Currently reaching out to churches in Hartford and Bloomfield so they can handle education.

Example that worked well – conducting the census. Hired and trained people from within the community. Trusted. Need to provide them with brochures, issue them a laptop. Walk people through a simulation of the Exchange.

Outreach around Medicare Part D. Used holidays as time to educate other people in the family about it. “How to have that family discussion.” How your family can start the conversation. Sent bulletin out with talking tips. Paired up with access TV with simulated conversation. Went after internet savvy adult children. Young people can obtain information better from the web, and translate it into language their parents can understand. Helps to dispel the perception of fraud and unknown. Parents trust someone in their family. Sense of “What I have is good enough. I'm not going to tinker with it.”

People place heavy trust in doctors, medical groups.

Trust in pharmacists, maybe even more than doctors.

How can we make it easier for your group members to understand the Exchange and feel more comfortable with it?

Personal stories. Has to be relevant.

Testimonials not too limiting if not too small. Families, kids – these can all be related to.

Couple – link to underlying theme. Quality of life.

Mental health crisis in Connecticut. Look at other forms of coverage and benefits besides just medical.

What do you need to enable you to help your constituents better understand the Exchange (i.e. communications, tools, education materials, etc)?

Twitter feed that advocates can send along to all their constituents. Disseminate.

Provide jump drives with all necessary materials.

Like that idea. Or a disc. Ability to personalize.

Open to enabling navigators to customize materials and tailor to their audience.

Jump drive. What are your biggest concerns?

What can we do to help how the Exchange impacts your constituents in a positive manner?

Many insurers already have these tools but what are missing are definitions. What is a deductible? Not everyone is online.

People want to talk to someone over the phone – someone cheerful, helpful.

The easier the process, the better it's going to be. Need to be clear about what the Exchange is, and what it isn't. Target people covered under group plans, and people on or trying to get out of Medicaid.

Describe what you would consider to be a successful outreach effort. What are the key elements that must be a part of the introductory outreach efforts?

Campaign would get people excited. Demystify.

Get people enrolled. People should know where to go if they still have questions.

Sense of accomplishment. For example, we witness parents filling out the FAFSA for their young adult children. They walked away with a sense of accomplishment, pride. "I'm done."

Confirm whether we have adequately addressed diversity in the state. Measure penetration. Barriers we have to get over to reach people have been addressed. Language, trust, etc.