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HCFA MARKET RESEARCH FOR BENEFICIARIES

**FIRST INVENTORY REPORT
GENERAL MEDICARE POPULATION**

VOLUME I

PREPARED FOR:

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SUMMARY REPORT: FIRST INVENTORY REPORT FINDINGS AND IMPLICATIONS FOR HCFA'S COMMUNICATION STRATEGY

Executive Summary

As Medicare beneficiaries continue to confront a variety of changes within the health care delivery system and information technology continues to advance, the Health Care Financing Administration (HCFA) faces the challenge of adapting its operations and communication strategies to better serve its customers and partners. This effort is particularly important in that the communication environment is rapidly changing in three important ways: 1) messages about insurance and health care delivery are becoming increasingly complex; 2) important difficult-to-reach market segments defined by language abilities, culture, and functional status are emerging as the elderly population grows and diversifies; and 3) exciting communication technologies offer new possibilities that can be effectively harnessed and then diffused, both directly to beneficiaries and to the broad range of providers in need of HCFA-relevant information. Results of the market research will assist HCFA in upgrading its current communication strategies to incorporate innovative technologies and systems.

This report is the first in a series of studies for the HCFA's Market Research for Beneficiaries project. The project is designed to assist HCFA to better understand the information needs of its primary customers--Medicare beneficiaries--and to identify the best strategies for communicating that information to them. The project utilizes three complementary data collection strategies designed to provide information to HCFA that is broad in scope, deep in content, and representative of the population. The data collection strategies comprise an inventory of existing communications strategies; focus groups with Medicare beneficiaries and related groups; and surveys of beneficiary populations.

Findings are organized around the two principal research questions:

- ◆ **“What information do beneficiaries want or need from HCFA?”**
- ◆ **“What are the best ways to communicate that information?”**

This first report summarizes the findings from the project inventory which focused on information needs and communication strategies for the general Medicare population. Subsequent data collection will focus on specific segments of the beneficiary population that may have special information needs or require tailored communication strategies, such as beneficiaries with disabilities. Inventory research is a good vehicle for taking stock of what is currently known about a topic. The information synthesized in this report was

obtained from two sources: a review of the relevant communications literature with an emphasis on the special needs of the Medicare population; and a series of interviews with organizations that have experience with Medicare beneficiaries or have used innovative communication strategies.

Key findings on the information needs of beneficiaries include:

- ◆ Many beneficiaries lack the most basic understanding of the Medicare program;
- ◆ Beneficiaries who are familiar with the program often have significant gaps, particularly of the details of certain program components or features;
- ◆ One large knowledge gap is in the area of managed care and how it works within Medicare;
- ◆ Information on cost is most important to beneficiaries;
- ◆ Beneficiaries often do not know where to go to obtain information;
- ◆ Beneficiaries are often frustrated by their inability to obtain the information they want; and
- ◆ Beneficiaries want information that is concrete, useful, and addresses their day-to-day concerns.

The strategy an organization uses to understand the information needs of its customers is very important. Key findings from the literature and interviews include:

- ◆ Effective organizations gather considerable information on their customers' information needs through their quality management activities;
- ◆ Effective organizations use formal, proactive research methods, such as focus groups and surveys, throughout the quality management cycle, not just at project inception or implementation review;
- ◆ Effective organizations provide multiple channels for customers to provide feedback -furthermore, they integrate this information into ongoing business operations;
- ◆ Organizations often augment their own data collection by gathering information from third parties familiar with their customers; and
- ◆ Building partnerships with organizations that have day-to-day contact with beneficiaries is critical.

Communication Strategies

Both the literature review and our interviews with key organizations provided considerable information on various communication strategies relevant to the Medicare population. Several general principles emerged from the research and were the recurrent themes, including:

- ◆ Target information so that it is relevant to the beneficiary *at the time it is needed*;
- ◆ Diversify communication activities--one sized glove does not fit all;
- ◆ Leverage resources by partnering with local or regional organizations, especially those that have already established networks in the community;
- ◆ Prior to communicating, simplify concepts and organize them into “chunks” or digestible bits of information;
- ◆ Keep language simple, avoid technical terms, and remember the target audience is older, often frail, and can experience cognitive impediments more often than the general population;
- ◆ Sustain communication activities, using a layered approach to disseminating complex information which presents initial content simply, followed by more complex content; and
- ◆ Facilitate access to information through understanding the barriers faced by beneficiaries.

Communication Tools

Finally, the report summarizes information on particular communication tools including non-interactive tools, such as printed materials, video, and the media, and interactive tools, such as toll-free numbers, person-to-person communications, and new, interactive technologies. Examples of findings on the various communication tools include:

- ◆ Medicare beneficiaries receive information about the program from a variety of sources including HCFA materials, friends and family, healthcare providers, senior groups, churches and civic organizations, and their health plans. A key to an effective communication strategy for HCFA is to ensure that all of these potential sources of information have good, clear, and correct information to provide when asked. Training of volunteers, informational brochures and training for managed care plans and primary care physicians and their office staff (nurses and office administrators), etc. can both leverage HCFA’s limited resources, and

ensure that information provided by the many sources used by beneficiaries clarifies rather than confuses the issues;

- ◆ Person-to-person communication, especially by individuals or organizations trusted by beneficiaries can be particularly effective, as the information can be tailored to the level of understanding of the recipient. Beneficiaries want to talk with knowledgeable, trusted sources, and have their individual issues addressed;
- ◆ Partner with local organizations to provide individualized one-on-one interactions with beneficiaries whenever possible to communicate complex information and answer questions. One-on-one communication strategies are most important for racial and ethnic minority populations. These populations often have language and cultural barriers to general communications, and may also exhibit distrust of non-community-based efforts. Furthermore, communication should be targeted to the particular information gaps and sources of misunderstanding identified for the population;
- ◆ The most promising new technologies are those that are interactive and resemble the one-on-one interactive communications preferred by most beneficiaries. Examples of interactive electronic strategies include: CD ROMs with interactive software devoted to specific chronic conditions; on-line user groups or forums devoted to particular illnesses or conditions; and continually updated lists of frequently asked questions (FAQs) about Medicare or chronic health conditions;
- ◆ Printed materials for the elderly should use large print, include plenty of white space, use easy to understand charts and pictures, use clear contrast in colors and text, and not mix summary information with more detailed information;
- ◆ A layered approach to presenting complex information should be used in which the initial presentation is simple and concise, and is followed by content that is more technical or detailed;
- ◆ Videos can have a specific structure, should be time limited, and should include a written supplement. Videos are most powerful when they use “people like me” and clearly communicate their purpose. They can be used effectively to introduce program changes or as part of a public information campaign;
- ◆ The mass media is a useful component of an overall communication strategy, both for the widest reach as well as the fact that it can be targeted to reach specific markets. It is rarely sufficient in itself, however;
- ◆ A single 1-800-MEDICARE telephone number would eliminate some of the confusion that results from having multiple toll-free numbers.

Through this initiative, HCFA is beginning the process of improving its communications with its primary customers--beneficiaries. While beneficiaries know of the Social Security Administration, many are not familiar with HCFA. Although these findings will be supplemented with considerably more information in subsequent rounds of data collection, it is clear that for HCFA to be successful in improving its communications and service to its customers, the Agency must *build* a credible image for itself in the eyes of beneficiaries, *coordinate* its efforts, *integrate* customer feedback into ongoing business operations, *partner* with organizations that have day-to-day interaction with beneficiaries, and realize that *different information* is needed at *different points* in a beneficiary's life.

CHAPTER 1 INTRODUCTION

As Medicare beneficiaries continue to confront a variety of changes within the health care delivery system and information technology continues to advance, the Health Care Financing Administration (HCFA) faces the challenge of adapting its operations and communication strategies to better serve its customers and partners. By providing information about the program in formats that are easily understandable by beneficiaries, HCFA can assist them in making the best choices among health care delivery systems, providers, and treatment options, and in using the Medicare program effectively.

The market research effort is particularly important as the communication environment is changing rapidly in three important ways: 1) messages about insurance and health care delivery are becoming increasingly complex; 2) important difficult-to-reach market segments defined by language abilities, culture, and functional status are emerging as the elderly population grows and diversifies; and 3) exciting communication technologies offer new possibilities that can be effectively harnessed and then diffused, both directly to beneficiaries and to the broad range of providers in need of HCFA-relevant information. Results of the market research will assist HCFA in upgrading its current communication strategies to incorporate innovative technologies and systems and in achieving a better understanding of the needs of beneficiaries.

This project, Market Research for Beneficiaries, is designed to help HCFA understand the flow of information about Medicare between itself and beneficiaries. The following two questions are the focus of the project and the subject of this report:

- ◆ **What information do beneficiaries want or need from HCFA?**
- ◆ **What are the best ways to communicate that information?**

The specific goal of the market research is to provide HCFA with an understanding of the needs of beneficiaries by synthesizing data from three sources:

- ◆ an inventory of information needs and effective communication strategies from a variety of organizations;
- ◆ focus groups with Medicare beneficiaries; and,
- ◆ surveys of the beneficiary populations.

The data collection strategies are complementary: each has particular strengths that, taken together, will provide HCFA with an understanding of communication with beneficiaries that is broad, deep, and representative.

The inventory component is central to the project's success. It provides HCFA with a global picture of current and emerging strategies for determining beneficiary information needs and for disseminating material to beneficiaries on both the Medicare program and general health concerns. Inventory research is a good vehicle for taking stock of what is currently known about a topic. There are two major parts of the inventory: a review of the literature, and a series of interviews with key individuals in organizations that have experience understanding Medicare beneficiaries' information needs and that have implemented a variety of innovative communication strategies.

Table 1 below provides a summary of organizations included in the first market research inventory.

Table 1. Organizations and Individuals Interviewed for HCFA On-Line Inventory

Organization	Location
Health Care Financing Administration -HCFA	
Bureau of Program Operations, Office of Customer Communications	Baltimore, MD
Executive Secretariat	Baltimore, MD
Office of Beneficiary Relations	Baltimore, MD
Office of Managed Care	Baltimore, MD
HCFA On-Line Staff	Baltimore, MD
HCFA Regional Office	Chicago, IL
HCFA Regional Office, Teleservice Pilot Program	Philadelphia, PA
HCFA Regional Office, Medicare Center Pilot Project	Philadelphia, PA
HCFA Regional Office	New York, NY
HCFA Regional Office	Seattle, WA
Operation Restore Trust	Miami, FL
Federal Agencies	
Centers for Disease Control	Atlanta, GA
CHAMPUS - TRICARE	Denver, CO; Silver Spring, MD; Alexandria, VA
Office of Personnel Management, Federal Employees Health Benefit Plan Program	Washington, DC
Food Stamp Program	Alexandria, VA
Social Security Administration	Washington, DC
Veterans Health Administration	Washington, DC
State or Local Agencies - Senior Organizations	
Administration on Aging	Washington, DC
Chicago Department on Aging	Chicago, IL
Florida Medical Quality Assurance Inc. (PRO)	Miami, FL
SHIBA Project (ICA)	Olympia, WA
SHINE Project - Alliance for Aging, Inc. (ICA)	Miami, FL
Illinois Department of Insurance, SHIP (ICA)	Chicago, IL
Medicare Rights Center (ICA)	New York, NY
Health Insurance Counseling Project (ICA)	Washington, DC
Membership Organizations	

American Association of Retired Persons (AARP)	Washington, DC
American Association of Retired Persons (AARP)	Chicago, IL
American Association of Retired Persons (AARP)	Miami, FL
Communications Workers of America	Washington, DC
Institute for Puerto Rican and Hispanic Elderly	Washington, DC
National Caucus and Center on Black Aged, Inc.	Washington, DC
Advisory Council to the Division on Aging	Seattle, WA
Older Women's League - Seattle-King County Chapter	Seattle, WA
Puget Sound Council of Senior Citizens	Seattle, WA
Seattle-King County Senior Citizens Communications Network	Seattle, WA
Organization	Location
Medicare Carriers	
Aetna Health Plans	Seattle, WA
Blue Cross and Blue Shield of Florida	Miami, FL
Empire Blue Cross and Blue Shield (Medicare Services)	New York, NY
Health Care Services Corporation	Chicago, IL
Trailblazer Health Enterprises, Inc.	Baltimore, MD
Medicare Insurers and Risk Contractors	
AvMed Health Plans	Miami, FL
Blue Cross/ Blue Shield of Illinois	Chicago, IL
Group Health Cooperative of Puget Sound	Seattle, WA
Health Insurance Plan of Greater New York	New York, NY
Keystone Health Plan East	Philadelphia, PA
United Health Care	Miami, FL
Corporations and Private Organizations	
AT&T, Managed Care Administration and Employee Education	New York, NY
General Electric	Fairfield, CT
GTE Health Care Management Group	Stamford, CT
Hewitt and Associates	New York, NY
Institute for Health Policy Solutions	Alexandria, VA
Keystone-Mercy Health Plan	Philadelphia, PA
KPMG Peat Marwick - Human Resources	Washington, DC
KPMG Peat Marwick - Human Resources	Montvale, NJ
Mercer	Stamford, CT
Merrill Lynch	New York, NY
Motorola	Chicago, IL
Nordstrom	Seattle, WA
TIAA-CREF	New York, NY
Time Life Medical	New York, NY
United Airlines	Chicago, IL
University of Miami	Miami, FL
XEROX, Human Resources Communications	Stamford, CT
Individual Consultants	
Dolores Perin, Reading Specialist Program, Teachers College	New York, NY
Carol Cronin, <i>Health Pages</i>	Annapolis, MD

In order for HCFA to respond to the varying needs of an extremely diverse Medicare population, the Market Research for Beneficiaries project will be conducted in several phases. The first focuses on the general Medicare population, reviewing a broad spectrum of communication strategies and the overall information needs of Medicare beneficiaries. This report covers the first component, the inventory of what is known now, and sets the stage for primary data collection. Separate reports of the focus group and survey components for the general Medicare population will follow. Recognizing that certain Medicare beneficiaries have special needs, subsequent phases of the project will collect data on the information needs and most effective communication strategies for reaching select subgroups of the Medicare population, using the same methodology. For example, in subsequent phases of the project we will conduct interviews, focus groups, and surveys to understand the information needs and preferences of the following groups: African Americans, Hispanic Americans, beneficiaries living in rural areas, dual eligibles, beneficiaries with hearing and/or vision impairments, beneficiaries with low levels of education, and beneficiaries about to enroll in the program.

This report presents the observations and findings from the project inventory for the general Medicare population, and highlights their implications for HCFA's overall communication strategy. The findings are based on interviews with HCFA central and regional office staff, six federal agencies, over 40 private organizations, and a comprehensive review of the literature on effective communication strategies. This Inventory Report contains a summary of three types of findings on Beneficiary information needs. Processes used by organizations to understand customer needs and "best practices" for communicating information on Medicare and Medicare-related issues. For the interested reader, a second volume is also available that provides detailed results, volume III contains interviews protocols and summaries, as well as a detailed bibliography.

Information Needs of Medicare Beneficiaries

Research indicates that 25 percent or more of Medicare beneficiaries lack a basic understanding of the program, and there is some indication that many of those who report that they are familiar with basic Medicare terminology have only a superficial knowledge.

Both the literature review and the interviews indicate multiple deficiencies in beneficiaries' knowledge of the Medicare program. The problem of inadequate knowledge is more severe for specialized parts of the Medicare program, such as managed care, supplemental insurance, and the coverage of preventive health services. Additionally, we found that there are two distinct groups of beneficiaries: those who have never heard of certain aspects of the Medicare program, and others who are confused by the information they have received.

The implication is that HCFA will need to take a two-pronged overall approach to address the new market segment. For those who have been missed, HCFA must broaden the reach of its communication. For those who are confused by the information they have received, HCFA may need a more interactive and sustained, yet individualized, educational approach.

CHAPTER 2 BENEFICIARY INFORMATION

Beneficiary Information Needs: Major Findings

For the general Medicare Population, the major findings of the inventory relating to beneficiary information needs include the following:

- ◆ *Information needs vary depending upon a multitude of factors, both specific to the beneficiary and in the surrounding environment. Three examples are included to illustrate this finding: timing, health status of the beneficiary, and the characteristics of the local managed care market.*
- ◆ *While many beneficiaries may understand the major features of their coverage, there are gaps in their understanding, especially of the details.*
- ◆ *An important information gap for many beneficiaries is in the area of managed care.*
- ◆ *“Cost” is the most frequently mentioned concern of beneficiaries. To beneficiaries, “cost” includes premiums, deductibles and coinsurance, limiting charges, and Medicare-approved charges.*
- ◆ *Beneficiaries think of “quality” in terms of their own experiences with obtaining care, rather than as a performance measure in the abstract.*

1. *Information needs vary depending upon a multitude of factors, both specific to the beneficiary and in the surrounding environment. Three examples are included to illustrate this finding: timing, health status of the beneficiary, and the characteristics of the local managed care market.*

Timing. It is important to understand that the information needs of beneficiaries evolve and change over time. For example, certain information is specifically relevant to the beneficiary being introduced to Medicare (“What services are covered?”), whereas other navigational information is more relevant to the tenured beneficiary’s ongoing use of the Medicare program (“How do I file an appeal?”).

One suggestion that was made in several interviews with agencies providing direct services to seniors is to time mailing of information to the beneficiary’s 65 birthday, mailing it at several times during the year. This way, the information is not only relevant to the individual, but it is also available before he or she has to make major decisions. Some beneficiaries would benefit from even earlier mailing of general

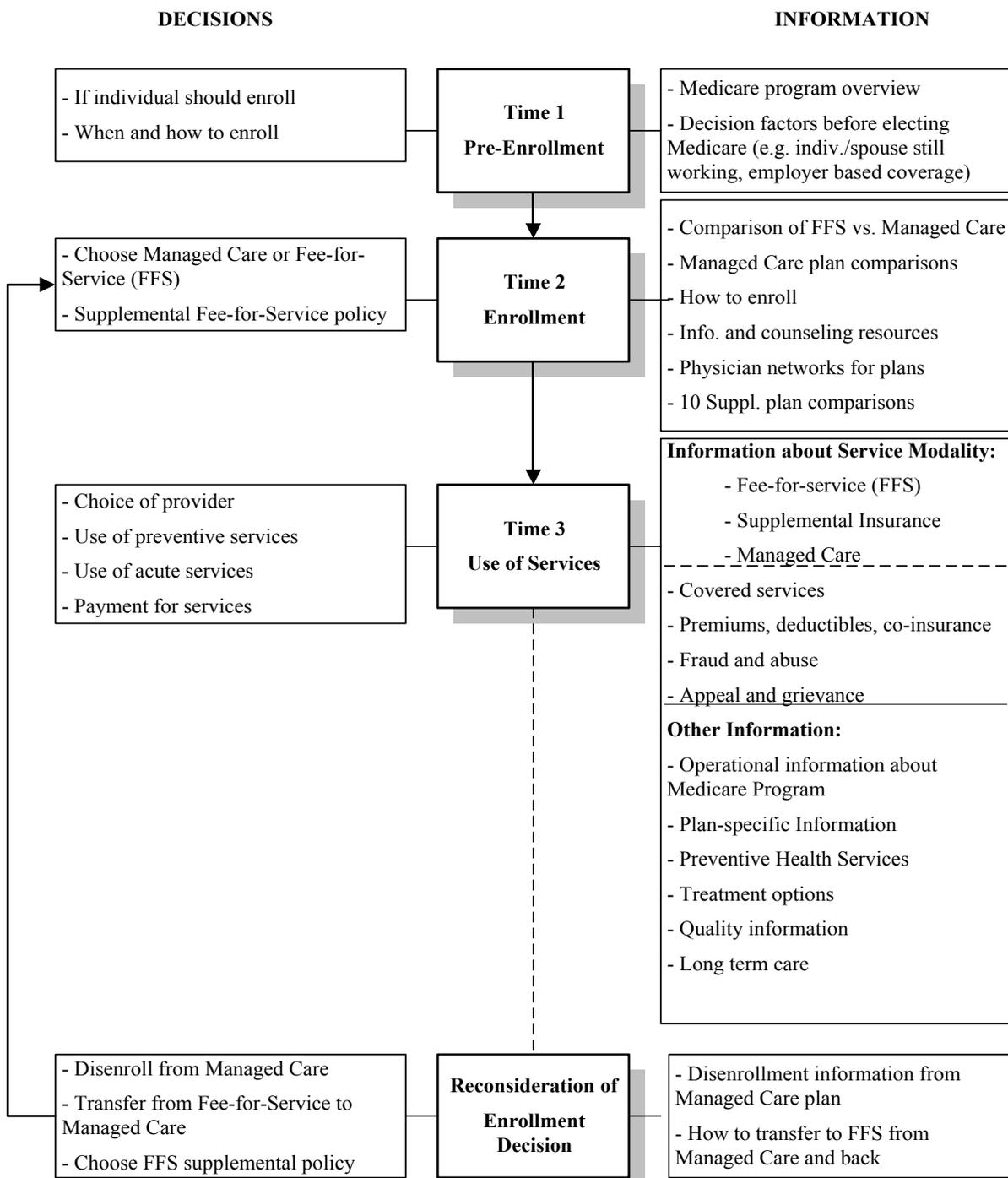
information on Medicare, so that when they received their Handbooks, they would be familiar with the concepts.

Figure 1 below, illustrates the types of information beneficiaries might need in order to make critical decisions at three different points in time: when they are about to enroll in Medicare; when they are new enrollees; and, when they have been in Medicare for a time and are using the program on an ongoing basis. Figure 1 is not intended to be an exhaustive summary of all possible types of information beneficiaries might need, but rather a way to illustrate that beneficiary information needs are determined by the type of decision they are facing, as well as their information preferences.

For individuals about to enroll in Medicare, information is likely to be best used if it provides an overview of the program and is organized in large information chunks. The information should emphasize the ways the individual can obtain more in-depth information if desired.

Figure 1
Example of Information Needed by Beneficiaries over Time*

*included for illustration only



The first important decision for beneficiaries is a two-stage process:

- ◆ one: first, whether to use the fee-for-service system, and
- ◆ second, whether to add a supplemental plan; or to join a managed care plan, and if so, which managed care plan to choose.

Many beneficiaries do not understand the distinction between the two delivery systems. In addition to information describing the features of each (such as the primary care provider/gatekeeper or “lock-in”) and how they vary, beneficiaries need to know that they can obtain individual assistance, counseling, or further information. Many beneficiaries do not seem to understand that there is a decision to be made, and that their decision will have implications for their future healthcare delivery. Of course, the decision is not irrevocable - the beneficiary can switch plans, or switch from fee-for-service to managed care and back as frequently as each month. Additionally, the choice will be highly specific to where the beneficiary lives. In some states, such as West Virginia, there are no Medicare managed care plans available.

The most important issue for beneficiaries is whether their doctors are included in a plan’s network.

If the beneficiary decides to enroll in a managed care plan, comparable descriptive information about available plans is needed in order for him or her to evaluate them. An individual’s health status will play an important role in this decision, so both message content and format will be important. Information regarding the coverage of DME or home health care, for example, might be relevant to certain groups of beneficiaries, and might need to be presented in a layered format. The most important issue, and one that is pivotal to this decision for most beneficiaries, is whether his or her doctors are in the network. Many beneficiaries have long-standing and established relationships with their physicians.

Once the individual has decided upon a plan, information needs often shift from descriptive to operational, such as the various features of the plan and how to access them. Important issues are those surrounding covered services, deductibles and co-payments, billing, claim status, providers who take assignment, appeals and grievances, recognizing and reporting fraud and abuse, among others. Where to obtain detailed information on Medicare coverage of hospital services may be relevant to an individual with acute care needs, whereas knowing where to obtain detailed information on coverage for prescription drugs may be relevant to an individual who manages a chronic health condition, such as diabetes or asthma.

In addition to information related to their coverage, at this point beneficiaries often want information about treatment options relevant to their particular situation. They will need information that helps them to formulate and ask the right questions. Studies show that in order for information to be most effective, it should be highly personal. Private

companies we interviewed, such as Xerox, often present benefits information within the framework of each employee's personalized total compensation package.

Finally, as their life situations change and they come to need information on long term care options, beneficiaries may wish to reconsider the enrollment decisions they have previously made. Beneficiaries will need to revisit the kinds of information they received at initial enrollment, and to obtain an understanding of the options that are currently available. Because of pre-existing conditions, they may not be able to reinstate their Medigap policy.

What is critical for HCFA's communication strategy is that information is made available at the right time, that the information is relevant to the decision or question at hand, and that beneficiaries know how or where to get additional information when they need it.

Beneficiary Health Status. The information beneficiaries usually want relates specifically to their own particular situation. In general, beneficiaries who are sick or manage chronic conditions are the most knowledgeable about Medicare because they have had to access available health services. Many beneficiaries wait until they are ill to learn about their insurance or treatment options, however which complicates their ability to absorb new information.

For example, beneficiaries with heart disease need different information than those who are basically healthy, including more detailed, technical information about treatment options for the disease. Time-Life Medical, for example, produces a series of 30-minute videos, each on a different disease or diagnosis, which outline treatments and major considerations for the particular condition. Optimally, information should be available at the time it is needed, because that is the time beneficiaries will be best able to attend to it. Furthermore, it should be presented clearly and simply, with concrete examples.

One possibility for HCFA might be to provide a range of tailored information packets to physicians, managed care plans, other providers, and community organizations that interact with seniors on a day-to-day basis. The packets should be accompanied by clear guidance on whom should receive which information and when. It is also important to develop a strategy for monitoring the information that is disseminated and using the results to make adjustments.

Characteristics of Local Managed Care Market. Managed care plan marketing materials often serve to educate beneficiaries about Medicare, although the information is often presented as a glowing description of the particular organization and beneficiaries often become confused. Some beneficiaries who are enrolled in managed care plans insist that they do not have Medicare anymore, or that Medicare is called by another name. An anecdotal incident illustrates: At a senior center, we were told about a beneficiary who believed Medicare had changed its name. Upon a moment's reflection, she recalled that Medicare was now being called "X", with "X" being the product name of the Medicare risk contractor.

Information needs of beneficiaries can vary, depending upon the particular care options that are available in the county. In mature managed care markets, for example, many consumers are generally knowledgeable about the features of HMOs, so the information these beneficiaries want will tend to be more specific than the information needed by a consumer in a market with low managed care penetration or who is being introduced to managed care for the first time.

A consumer in a mature managed care market, for example, might ask whether the physicians in an HMO have financial incentives to restrict referrals to specialists, whereas the beneficiary who is first being introduced to managed care might not understand the notion of a primary care provider acting as a gatekeeper. We found that beneficiaries living in southern Florida, which has a high managed care penetration, ask entirely different questions than those living in the northern part of the state, where managed care is relatively new. HCFA may need to conduct focus groups or other research on an ongoing basis in different markets and develop tailored packets of information for the various markets.

The above discussion is designed to illustrate three of the many factors that contribute to differences in beneficiary information needs. The importance of this finding for HCFA is that because beneficiary needs vary, a multifaceted communication strategy is needed to meet those needs.

2. While many beneficiaries may understand the major features of their coverage, there are gaps in their understanding, especially of the details.

There are significant gaps in beneficiary understanding.

Although most beneficiaries know about Medicare itself, and many generally know how the program works, they primarily know about its major features. Both the literature and interviews revealed that there are significant gaps in beneficiary understanding, especially of services that are infrequently used (such as long term care, second surgical opinion, or coverage of durable medical equipment) or recently implemented benefits (such as influenza and pneumonia shots).

The lack of depth of understanding was illustrated during a site visit in which ICA counselors noted that Medicare beneficiaries often confuse Medicare Part A and Medicare Part B with the standard Medigap policies that are also labeled as “A” and “B”. The confusion results simply from the fact that both are labeled “A” and “B”. A beneficiary who has a deeper understanding of the program, however, might not be confused by the labeling, recognizing that there are Medigap policies “E,” “F,” and so forth, and that the uniformity of the letters facilitates a comparison of one carrier’s Medigap policy “E” to the “E” policy of another carrier.

Furthermore, many minorities/low-income beneficiaries (especially recent immigrants) are confused by the plurality of the American health system and the ways that different agencies or components (e.g., different sources of payment for services) interact. These beneficiaries often have difficulty understanding the interactions between available public programs, and that eligibility in one program could affect eligibility in another program. They need to be able to understand not only the eligibility requirements of the Medicare program, but also the requirements of the individual state (for Medicaid). The complexities of the interrelationship among a comprehensive set of entitlement programs can be overwhelming to them. In addition, it is often difficult for these individuals to extrapolate abstract requirements of their entitlement to their own personal situation. Finally, confusion is created by the fact that programs can be referred to by different names in different states.

The focus groups and survey components of the Market Research for Beneficiaries project will provide HCFA with more details on the gaps in knowledge that may need to be addressed. The implication from the inventory is that current communication strategies are leaving important holes in beneficiary knowledge that are likely hindering their ability to utilize the Medicare program effectively.

3. An important information gap for many beneficiaries is in the area of managed care.

There are two primary areas of confusion regarding managed care. First, beneficiaries often do not see the distinction between the two systems: fee-for-service and managed care. They equate Medicare managed care with traditional Medicare plus supplemental insurance, often thinking that it is just another supplemental policy.

Second, many beneficiaries do not understand the unique features of managed care that will affect their costs and their ability to access certain health services. For example, some beneficiaries do not realize that the

widely advertised “zero dollar premium” for some HMOs does not eliminate the required Part B premium payment to HCFA. They do not understand the notion of the primary care provider (PCP) being a gatekeeper, the need for a PCP referral to see a specialist, or their own financial responsibilities if they use out-of-network providers.

Both the literature and our interviews suggest that relatively few beneficiaries and pre-beneficiaries are aware of how managed care functions under Medicare, and consumers outside of the areas where HMOs have high penetration and established reputations are particularly uninformed. Because managed care is a fairly new option in certain parts of the United States, there is considerable misinformation and distrust surrounding it. Knowledgeable consumers will age into the Medicare program over the next ten years, however, currently there is considerable confusion.

The inventory research makes clear that current beneficiaries need information on managed care that:

- ◆ Clearly identifies the differences between fee-for-service and managed care;
- ◆ Highlights the main unique features of managed care under Medicare, particularly those features that relate to the use of services and cost;
- ◆ Is tailored to the individual’s knowledge and past experience with managed care wherever possible; and
- ◆ Is tailored to include details of organizations that operate in beneficiaries’ local markets.

4. “Cost” is the most frequently mentioned concern of beneficiaries. To beneficiaries, “cost” includes premiums, deductibles and coinsurance, limiting charges, and Medicare-approved charges.

Beneficiary confusion about out-of-pocket costs is usually due to a lack of understanding rather than a lack of information.

Beneficiaries have two basic questions about cost: “How much will I have to pay for a service?” and “Why do I have to pay, I thought Medicare covered it?” Often beneficiaries are unsure of the portion of the bill paid by Medicare and the portion of the bill that must be paid by themselves or other insurance (employer-based, Medigap, Medicaid).

From the interviews with social service workers it was clear that confusion about the cost issue is usually due more to a lack of *understanding* than a lack of information. For example, many workers at senior organizations reported that beneficiaries think that the EOMB is a bill because it looks like a bill (even though it says plainly that it is not a bill.) This assumption results in immediate beneficiary confusion and

anxiety, and limits the ability of the EOMB to communicate any information. As such, the issue for HCFA becomes modifying existing communication tools to make them more easily understood, rather than creating additional information avenues to reach beneficiaries.

5. Beneficiaries think of “quality” in terms of their own experiences with obtaining care, rather than as a performance measure in the abstract.

There are a number of quality initiatives under way to provide consumers with comparative information about health plans (using measures like “use of preventive screenings”, or “vaccination rates”). A body of focus group and survey research suggests that many consumers may not yet be sophisticated enough or may not find these measures useful in their decisionmaking. Measures like “waiting time for an appointment” might be more useful, because this measure is concrete and applies to the beneficiaries.

Respondents noted that Medicare beneficiaries, like the general public, tend to define “quality” in terms of aspects that are most important to them in health care: their physicians and their own experience of receiving care. There is a great deal of interest, therefore, in information on physician qualifications (both primary care and specialists) and the communication skills of providers. Factors such as whether the provider listened to them, or whether they had to wait a long time before being seen, are the most important qualities to beneficiaries, and more relevant than some of the more abstract quality measures used in health services research. Secondly, while many beneficiaries do not understand the accreditation process for providers, they do seem to understand that it is good to have a board-certified doctor.

The inventory results point to a possible dilemma for HCFA. For quality issues, the information that beneficiaries want to know (and can readily understand) may be somewhat different than the information HCFA believes they need to know to make informed choices and best use of the Medicare program. For example, the beneficiary may want to know about waiting times for appointments; HCFA may think it is also important to know about preventive health screenings. This distinction may have implications for HCFA’s communication strategies. The information beneficiaries want to know about quality can be communicated in a clear, simple manner in a broadly targeted information brochure. Other more complex quality information may require a more intense educational campaign. Such strategies are discussed later in this report.

In summary, a beneficiary population that is well informed about the Medicare program will be able to make the best decisions and choices about their care, possibly leading to better use of the benefit.

Information beneficiaries want and need includes material on:

- ◆ General program operation,
- ◆ Cost,
- ◆ Managed care,
- ◆ Supplemental insurance,
- ◆ Health care providers, and
- ◆ Staying healthy.

Significant gaps in beneficiary knowledge and understanding of the Medicare program are in the area of managed care, where many beneficiaries do not understand the two systems of delivery - fee-for-service and managed care. Other beneficiaries think managed care is one of the supplemental plans, and do not understand the special provisions, like the gatekeeper, the penalty on out of plan use, and “lock in.”

Gathering Feedback and Assessing Information Needs

Understanding and meeting the needs of beneficiaries, or more broadly, of customers, is important to the success of an organization in serving its target population. We found a range of strategies for identifying and gathering information on the needs of customers used by the organizations we interviewed. These strategies include both formal and informal processes, and can be either proactive or reactive. In order for HCFA to most effectively and efficiently understand the information needs of its beneficiaries, a combination of the various strategies identified in the Inventory Report should be used.

Formal, proactive strategies, such as the current Market Research for Beneficiaries project are important because they provide systematic, representative, and ongoing information to the Agency.

Formal, proactive strategies, such as the current Market Research for Beneficiaries project are important because they provide systematic, representative, and ongoing information to the Agency. Formal, reactive strategies, such as a system to track and analyze all customer inquiries, provide valuable information on the issues that are most important to customers (since they have taken the time to inquire) and point to areas in which the organization may have particular problems. Informal strategies such as periodic ad hoc discussions between central and regional office staff, as well as HCFA and its partner organizations, improve the depth of understanding of customers’ interests, motivations, concerns, and information needs. Some formalization of these strategies is useful to ensure that this type of valuable information is obtained on a regular basis. Whatever the strategy used to collect information, it is critical that the information be incorporated into the ongoing business operations of HCFA.

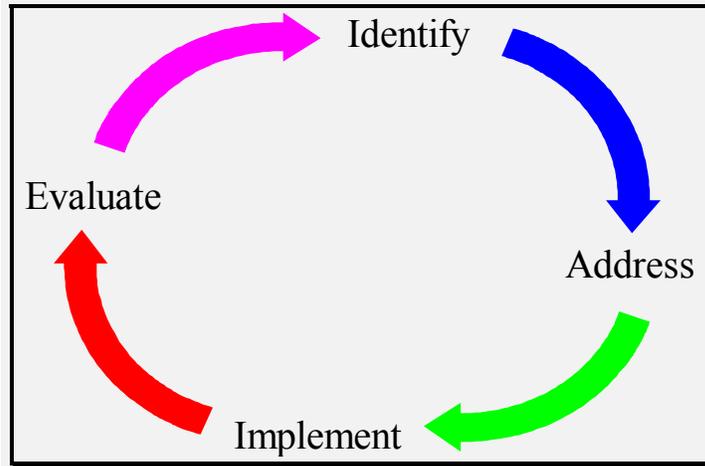
For the general Medicare population, the six major findings of the inventory relating to gathering feedback and assessing Information needs include the following:

- ◆ Gathering data on customer information needs is one component of the quality management cycle.
- ◆ Organizations use formal, proactive techniques such as surveys and focus groups at different points throughout the quality management process (planning, implementation, or evaluation stage).
- ◆ Effective organizations make it easy for customers to provide feedback; and they use the feedback to improve service.
- ◆ Organizations obtain information about their customers through a variety of third party sources, such as advocacy organizations and individuals knowledgeable about their customers, as well as the published literature.
- ◆ HCFA has already established many strong partnerships with organizations serving beneficiaries. Building on existing partnerships and developing others, HCFA can leverage them in order to obtain additional or targeted feedback on the information needs of beneficiaries.
- ◆ Informal processes can also address beneficiary information needs through raising the level of awareness of employees.

I. Gathering data on customer information needs is one component of the quality management cycle.

Understanding the information needs of customers is integral to an ongoing quality management process. Quality management begins with identification, or assessment of customer needs. Once needs have been identified, it is necessary to develop new programs or interventions to address them. During the implementation stage, organizations are usually able to integrate solutions into their organization's existing processes. The next phase of the cycle is to evaluate the success of the program or intervention, by either tracking progress throughout the duration of the program, or by conducting periodic evaluations of the program. The process begins again, as new information needs are identified and solutions are developed. Figure 2 below shows the ongoing and iterative operation of the quality management process.

Figure 2
Process for Quality Management



Many successful private organizations are committed to customer service and to continuous quality improvement. The vision statements of these organizations often exemplify the company's approach to serving their customers:

- ◆ Marriott: "Make people away from home feel that they're among friends and really wanted;"
- ◆ Wal-Mart: "We exist to provide value for our customer;" and
- ◆ IBM: "Spend a lot of time making customers happy."

Most organizations we interviewed expressed a similar level of commitment, often in their mission statements. For example, the information, counseling, and assistance (ICA) programs were established with the explicit goal of educating beneficiaries about their insurance options. The mission statement of one ICA, the Senior Health Insurance Program (SHIP) is: "To educate the citizens of Illinois about Medicare, Medicare Supplements and Long Term Care insurance. Individuals receive this information through public forums, presentations to various community organizations, senior citizen centers, radio, television and various publications."

Motorola is a corporation that is renowned for seeking a "Six Sigma" level of quality, a process that strives to produce virtually defect-free products, services and transactions. The Motorola "Six Sigma" process follows the steps to improve goods and services that is graphically represented in Figure 2:

1. measure every process and transaction;
2. analyze each of the processes/transactions;

3. improve processes/transactions assiduously; and,
4. evaluate processes/transactions with rigor for consistency.

Findings of the inventory clearly indicate the need for HCFA to incorporate the full cycle of activities into its ongoing operations, and to realize that the process is iterative--the cycle does not have a discrete ending point. Information needs change as the market evolves and as consumers become more savvy.

II. Organizations use formal, proactive techniques such as surveys and focus groups at different points throughout the quality management process (planning, implementation, and/or evaluation stage).

The private corporations we interviewed were consistent users of both surveys and focus groups to conduct many different types of on-going market research. Surveys are used to gather information broadly, and lend themselves to quantitative analysis, while focus groups are used to gather in-depth information about a narrow range of topics. Companies reported using these tools most commonly for three purposes:

- ◆ for developing marketing programs for new products;
- ◆ for evaluating the effectiveness of marketing programs or materials; and,
- ◆ for obtaining continual customer feedback on programs as they are implemented.

Surveys and focus groups should be conducted at different points in the quality management process. Both are used in the planning stage, in which initial needs identification is the focus. After a communication strategy has been developed, focus groups can be conducted to test various materials and provide important feedback on their effectiveness. (Prior to the implementation stage, it is important to test materials using a subset of the targeted audience. At this stage, any necessary changes can be made relatively easily.) During the implementation stage, organizations use surveys to assess the experience of the wider audience and make adjustments to the communication strategy where needed. Finally, both methods can be used to evaluate the success of the program in achieving desired goals.

AT&T used the above process to develop a strategy for communicating benefits information to their employees. The specific role of the Managed Care Administration and Employee Education (MCAEE) department is to teach employees how to obtain the proper information to make informed health benefit choices. During our interview, MCAEE provided us with a step-by-step illustration of their communications strategy. In 1995, AT&T introduced managed care to the benefit package within its management community. The implementation process for this new product involved a

comprehensive needs assessment. The MCAEE sought feedback from employees on the specific information they needed about managed care, and how best to provide this information.

The MCAEE conducted focus groups throughout the process of introducing the new benefits program. First, MCAEE conducted a survey on the way AT&T managers and their dependents. Currently use their health benefits, their experiences with carriers, and so forth. Next, MCAEE conducted focus groups with managers and retirees recently introduced to managed care. In total, they conducted 15 “communications focus groups” across the country. This effort, which combined focus groups with a subsequent pencil and paper survey, enabled the department to gain both a qualitative and quantitative perspective on a specific type of employees’ information needs. The information gathered from these surveys and focus groups was then integrated into the broader communication strategy--guiding the development of the materials and forums that would eventually be used to inform employees and retirees about changes to their benefits. The materials, in turn, were evaluated using focus groups, and information gleaned was used to make changes to the materials for the subsequent enrollment period.

A key point that emerged from our research was that formal, proactive information gathering strategies require a major commitment from the organization, both in terms of resource allocation and in possible changes to existing organizational processes. For example, one HCFA Regional Office recognized the importance of providing information to beneficiaries in the community, and made plans to hold informational sessions. Office staff realized that although they should solicit feedback from beneficiaries themselves on their information needs before conducting these sessions, the organization lacked the budget to hire trained facilitators and that conducting high quality, useful focus groups is a complex task. Management decided that without a trained facilitator the focus groups might not be able to fully or accurately elicit beneficiary information needs, and that resources would be better spent on other activities.

III. Effective organizations make it easy for customers to provide feedback; and they use the feedback to improve service.

We found that organizations use a range of reactive mechanisms for obtaining feedback from their customers, such as toll-free telephone lines and customer service representatives. These mechanisms allow the organization to quickly respond to customer inquiry, areas of confusion, or “hot” issues. For example, United Airlines has a separate toll-free customer service telephone line for their “Premier” customers, who fly

more frequently than regular passengers, and may have different issues from passengers who rarely fly on United.

While beneficiary-generated inquiry or feedback is less structured and often not representative, it does provide a window into the needs and concerns of the beneficiaries who do initiate contact with the organization. The most customer-centered organizations we interviewed provided clear and easily accessible avenues for receiving feedback, with the idea that the customer “knows his or her preferences best.” Multiple interviewees made the point that a single 1-800-MEDICARE toll-free number would be easier and less confusing to beneficiaries than the approximately 150 toll-free numbers that are currently in use.

On-going and systematic monitoring of inquiries, whether they originate from written, telephone, or electronic correspondence, is an important practice. Organizations often reported having formal structures in place to collect customer information, compile it, and integrate it into routine operations. We saw various methods of recording and monitoring customer feedback, ranging from simple, handwritten tick sheets to computerized tracking systems. The method of recording information, however, seemed to be secondary to the purpose for which the information was used. Most organizations reported compiling feedback into a usable format, such as a monthly report, and providing it to the appropriate individuals who would use it to then improve processes. Additionally, several organizations later used these reports to assess the success of particular interventions or to conduct historical analyses.

Our interviews with HCFA staff indicated that the Agency is taking steps to improve the avenues for beneficiary feedback and to track the information in a systematic way. For example, the Teleservice Pilot program, implemented by the Philadelphia HCFA Regional Office, uses a toll-free number to field Medicare-related calls which are transferred from the Social Security Administration. A pilot database was designed to track teleservice calls and monitor caller satisfaction. The goals of this effort are to document the types of inquiries, examine beneficiaries’ receptivity to alternative technology, determine the demographics of the caller population, and identify areas of improvement within the teleservice. HCFA is also pilot testing a software system (Documetrics 2000) to improve the collection and tracking of beneficiary inquiries that come from multiple sources. Though the project has multiple goals, the Executive Secretariat has established a primary goal of reducing turnaround time for response to written inquiries. Two keys to the successes of these and other HCFA initiatives will be the coordination of the various sources of beneficiary feedback and the design of processes to use the feedback to improve customer service. A database of customer feedback will not be effective unless the information is organized

effectively, delivered to operational units on a regular and timely basis, and used by those units as part of their routine work processes.

The key principle that became a repeated theme throughout our interviews is that the organization needs to be responsive to its customers.

The key principle that became a repeated theme throughout our interviews is that the organization needs to be responsive to its customers. For example, the two most salient concerns for the customer who calls with questions are:

- ◆ that he or she receive prompt service; and
- ◆ that he or she be able to speak to a knowledgeable representative who can provide answers to at least some of the questions.

In addition, some organizations reported that calls are usually person-specific for problems for which the customer wants help resolving.

IV. Organizations obtain information about their customers through a variety of third party sources, such as advocacy organizations and individuals knowledgeable about their customers, as well as the published literature.

In addition to obtaining feedback directly from customers, many organizations obtain information about their customers from third parties. Third party mechanisms can be formal or informal. An example of a formal mechanism is soliciting the opinion of a recognized expert in the relevant field and having him or her serve as a consultant to the organization. Other organizations search existing marketing or research literature to identify any “best practices” that might be reported therein. Organizations even reported obtaining information on their customers’ needs through competitors. Making use of reliable third party information can be extremely cost-effective.

An example of an organization obtaining information from a third party source was provided to us by Group Health Cooperative of Puget Sound (GHCPs) in Seattle. Based on input from a randomized controlled study conducted at the University of Washington of the effects of exercise on seniors, GHCPs designed an exercise program specifically for its Medicare members. The Lifetime Fitness Program began in April of 1996, and is being phased in throughout GHCPs’s network area over three years. Much of the program is identical to that provided in the University of Washington research study, including training instructors using the structured protocols that had been part of the research.

The importance of this third party mechanism of information-gathering is that it not only provides a degree of efficiency, in that it integrates others’ observations and analysis, but it also allows the organization to observe changes over time. The method also offers a vehicle for developing partnerships and linkages with organizations that serve beneficiaries. HCFA is well positioned to use this form of information gathering. This

inventory is an example of leveraging resources by obtaining data on beneficiary information needs from organizations that have considerable hands-on experience with HCFA's customers.

V. HCFA has already established many strong partnerships with organizations serving beneficiaries. The Agency can build on existing partnerships and develop others, in order to obtain additional or targeted feedback on the information needs of beneficiaries.

Many organizations have established linkages and partnerships with agencies that directly serve the elderly community. In addition, the organizations we interviewed seemed to be interested in sharing relevant information either among departments within their own organization, or among agencies and organizations with whom they had linkages. For example, the ICAs conduct an annual conference to discuss and share innovative strategies for reaching and serving the beneficiary population.

There are a variety of national, state, and local agencies and organizations that directly serve the Medicare beneficiary population with which HCFA has already established strong relationships. Building on existing partnerships and developing others, HCFA can leverage them in order to be able to obtain additional or targeted feedback on the information needs of beneficiaries. These can afford HCFA a comprehensive picture of the information needs of Medicare beneficiaries. Representatives from national and state-level organizations can also provide insight regarding the needs of Medicare beneficiaries on broad level. On the other hand, feedback from many local organizations, who have daily contact with beneficiaries, can give HCFA the more specific "ear to the ground" information.

On a national level, the HCFA Office of Beneficiary Relations (OBR) conducts liaison activities with groups that represent or serve as advocates for beneficiaries. Quarterly meetings are held with national senior organization representatives at which information is shared regarding changes occurring within HCFA and the Medicare program. On a local level, Medicare carriers create committees with representatives from different parts of the community in an effort to better understand the information needs of beneficiaries. For example, the Part B carriers include representatives from each of the local organizations that serve seniors on their Beneficiary Advisory Committees (BACs).

Insight gained from obtaining feedback on the information needs of constituents should be integrated into on-going organizational processes. For example, the ICA program in Washington state conducts frequent internal meetings with volunteers and sponsors to share observations from the field and to discuss the need for changes or additions to the services

provided. This specific communication mechanism keeps the ICA in touch with its consumer audience, so that programs can be developed or adapted to better serve consumer needs.

For example, through meetings and feedback from volunteers and sponsors, it became apparent that the needs of the disabled Medicare community were not being adequately addressed through current volunteer and information sessions. The number of specific questions regarding disability and health insurance was increasing, and volunteers were not equipped to answer them and sometimes incapable of doing so. Once this specific information need was identified, the ICA developed a campaign and volunteer program which would specifically cater to the disabled population, using disabled volunteers who were comfortable talking about disabilities and knowledgeable of the issues to enhance the exchange of information.

VI. Informal processes can also address beneficiary information needs through raising the level of awareness of employees.

Some organizations we interviewed did not have formal mechanisms with which to identify the information needs of beneficiaries/customers, but used informal means to gather and share this information. Unscheduled, casual discussion among individuals who had direct contact with beneficiaries/customers was important to synthesizing multiple impressions of customer information needs. Usually, the organization strove to create an atmosphere conducive to informal sharing of information. For example, United Airlines employees working in the Customer Service Call Center regularly share information regarding customer concerns with employees in human resources, who can then incorporate and address these concerns when conducting on-site presentations on retirement issues. Knowing about customer concerns in advance helps the individual giving the seminar to put him or herself into the shoes of the customer and to anticipate questions or areas that might be confusing. Casual conversations among employees can also be less threatening and can elicit better information.

CHAPTER 3 COMMUNICATION STRATEGIES

Both the literature review and the many interviews provide a wealth of information on effective strategies for communicating complex information, particularly about health benefits and health promotion. Although much of what we learned through the interviews is specific to Medicare beneficiaries, we saw effective communication strategies for other populations directly relevant to the Medicare population. Private companies and Federal agencies, in particular, provided examples of techniques used effectively with employees, retirees, and program participants to communicate information on health benefits, program eligibility, and to address participant questions.

The most important five results of the inventory in terms of “best practices” for communicating with beneficiaries relate to message content and format, or message dissemination, and include the following:

- ◆ Simplify Concepts;
- ◆ Target Distribution;
- ◆ Facilitate Access;
- ◆ Simplify the Interaction; and,
- ◆ Diversify Communication Methods

1. *Simplify Concepts*

Before any text is written, the material to be communicated should be broken down into its component ideas, and organized in basic conceptual “chunks”. This allows the audience to identify each single and basic concept, around which more detailed and complex information can then be presented. The chunks serve to organize the more detailed information in the recipient’s mind. In turn, these “chunked” concepts build a foundation for subsequent layers of more complex information.

New concepts, such as “managed care” and “point-of-service” or other seemingly contradictory concepts, are difficult for an audience to comprehend without mentally sorting through them and categorizing them. Organizing information into manageable “chunks” or single concepts helps the audience to do this, and then to make connections between related concepts. Simplification to a basic or concrete level is crucial for successful and effective transmission of confusing and abstract information, such as health insurance.

2. *Target Distribution*

A general principle of marketing and a main finding of this Inventory Report is that beneficiaries need and want information that is relevant to them. For example, a tenured beneficiary that is about to be discharged from the hospital may want detailed information about the coverage of durable medical equipment under Medicare, whereas a healthy beneficiary might not find that information helpful.

Most people do not utilize information until it is necessary to resolve a problem or make a decision. Timing of information delivery often determines whether or not the receiver will pay attention to it. For example, the pre-65 population currently receives very little information about Medicare. Providing limited information on the basics of Medicare, how and when to enroll, and the basic choices that individuals will have to make a few months in advance of eligibility is likely to be useful.

3. *Facilitate Access*

Confusion over health insurance often results from a lack of certain pieces of information as well as a misunderstanding of available information. Communication tools should be developed that are consistent with the target audience's level of comprehension and ability to access the information.

For example, community-based, one-on-one communication strategies are most important for populations with low levels of education. These populations often have language and cultural barriers to general communications, and may also distrust non-community-based efforts. In a one-on-one format, communication can be directed to the particular information gaps and sources of misunderstanding that are specific to the audience.

4. *Simplify the Interaction*

Medicare beneficiaries receive information about the program from a variety of sources including HCFA materials, friends and family, healthcare providers, senior groups, churches and civic organizations, and their health plans. Often, the first source refers them to a second, and a second refers them to a third, and so forth, before the beneficiary is finally able to obtain the specific information he or she needs. By this time, the beneficiary is often too confused or frustrated to be able to take in or process the information. We found that providing a simple process for the beneficiary to arrive at the appropriate information source reduces confusion and facilitates comprehension of the information. This principle is akin to "one-stop-shopping."

Important Issues for the 1-800 number:

- ◆ Caller speaks to a live operator quickly,
- ◆ First operator be able to answer most questions directly, and
- ◆ Referrals made for the caller within the call, so that the caller experience is “seamless.”

Most of the large and innovative companies we interviewed have instituted a single toll-free number for all health benefit information. Both the literature review and interviews suggest that many Medicare beneficiaries also would find a single 1-800-MEDICARE type of number useful. The elderly prefer to speak to a live operator, rather than use an automated voice tree. One large company we interviewed uses two different toll free numbers, one with a telephone tree for younger retirees, and one with a human operator for retirees 80 years of age or older.

5. *Diversify Communication Methods*

Individual methods of communication often lend themselves to specific purposes or audiences. For example, methods that are required for “forced” events (enrollment, plan choice, use of acute care services such as a hospitalization) differ from those used for “voluntary” events (use of preventive services such as influenza immunizations).

- ◆ For “forced” events, clear, concise general information is required regarding the logistics of the event, such as the day, time, and location. HCFA and its partners must then be able to provide tailored, issue-specific answers to the inevitable questions that will arise as beneficiaries attend the event or make the necessary choices.
- ◆ Effective communication for “voluntary” events is both more difficult and more costly. Therefore, these efforts must be carefully targeted by HCFA. To be effective, the audience must be both receptive to the message and able to attend to it. HCFA must integrate a variety of methods that are appropriate for the target audience, and not rely on any single method. Research has shown that effective strategies for increasing the use of specific prevention services rely on a coordinated and sustained combination of televised public information spots, poster/billboards in places frequented by seniors, personal contacts with high risk beneficiaries by a health professional or health plan, and follow-up contact. Because of the expense of this combination of techniques, it is essential to augment HCFA resources with the resources of its partners in the community. Examples of successful efforts include the flu shot and mammography campaigns.

Furthermore, providing information using a variety of communication methods allows beneficiaries to access it using their strongest or preferred learning style--an example would be to use printed materials, video, and personal instruction, all on the same topic. Each method reinforces the others. Other examples are including mailings with beneficiaries’ social security checks or deposit notifications, and a one-page Medicare

newsletter that can be distributed through a variety of channels, such as providers, DHS offices, and community groups. Combinations of methods can be used, such as using one vehicle to raise beneficiary awareness, and another to provide more detailed information.

5.a. Wherever possible, provide one-on-one in person communication.

It seems that one-on-one communication, though logistically difficult, is the most effective communication strategy for most elderly individuals. The size of the Medicare beneficiary population makes direct one-on-one contact between HCFA and beneficiaries difficult. However, HCFA does have the opportunity to work through the large numbers of individuals and organizations that come into contact with beneficiaries. The individuals and organizations include not only physicians, nurses, and managed care plans, but also community senior groups, churches, DHS offices, ICAs, and families and friends. Our interviews and the literature both indicate that the notion of “**partner**” is quite inclusive, as these individuals and organizations can be effective sources of information if they themselves have been given the information necessary to understand Medicare. Since personal contact is the elderly’s preferred method for receiving information, developing effective strategies for providing **partner organizations** and individuals with sufficient information to explain key aspects of Medicare to clients should be a high priority.

Possible starting points for the Agency are the Area Agencies on Aging and the Alliance for Information Referral Systems. HCFA also currently conducts a number of such activities through the ICAs. Additionally, the HCFA Market Research for Providers, a comparable initiative geared toward healthcare providers, may identify specific ways to improve health partner communications.

New communication technologies, such as the Internet, seem to be most effective when they are interactive and resemble the one-on-one communication preferred by Medicare beneficiaries. Examples of such electronic interactive strategies include: CD ROMs with interactive software that describe specific chronic conditions; on-line user groups or forums devoted to particular illnesses or conditions; and continually updated lists of frequently asked questions (FAQs) about Medicare or health conditions. For beneficiaries who do not have ready access to computers, there are several on-going public ally funded projects to make health information available in public facilities, such as libraries.

5.b. Simplify Language

Respondents stressed that in all communications with beneficiaries the Agency should avoid technical language, jargon, and difficult words. Use

active voice and simple sentence structure. Highlight major issues, using short sentences, and elaborate on confusing issues. For example, when insurance terms must be used, provide a clear explanation, either in a glossary, within the text, or in a margin. Reference to other insurance terms, or potentially unfamiliar words should be avoided. Also, unless previously explained, avoid nesting definitions within other undefined terms (e.g. when explaining the meaning of the term “Primary Care Physician”, do not refer to the PCP as the “gatekeeper” without explaining that the “gate” is the network of specialists and that the patient needs a referral to visit the specialist. Most beneficiaries will not automatically know the implications of the gatekeeping function).

With printed materials, the text should be written at an appropriate reading level for the average reader, rather than for the average health services researcher. This not only includes word choice, but the layout of the words on the page. A page of dense text can be as frustrating and difficult to comprehend as words in a foreign language. It is also important to write text that reads similar to dialogue used in everyday conversation.

Specific Communication Tools

Encompassing some or all of the six overall “best practices” listed above. Respondents noted that the most effective communication strategy is a totally integrated one. Within an integrated strategy even a single communication tool can become a powerful medium for communicating complex information.

In order to categorize the information flow between provider (the Agency) and recipient (the beneficiary), the tools listed below are grouped as non-interactive or interactive. Often, the non-interactive methods provide the foundation for an individual’s education about a specific topic, such as Medicare or a company’s benefits package, while the interactive methods serve as a support network to guide the individual, clarifying any points of confusion. Since a combined strategy is the most effective method for disseminating information, it is difficult to identify any particular tool or combination as being the “best”. Instead, the specific tools listed below represent a catalogue of those used most frequently by the organizations and companies interviewed, and include some of the graphic materials we received to illustrate the suggestions.

Non-Interactive Communication Tools. Non-interactive communication tools are ones that are used to provide a one-way delivery from the information source to the recipient. These tools include printed materials, video, and the full gamut of media (television, radio, movies, newspapers, magazines, electronic bulletin boards). The recipient controls how he or she accesses the information with some non-interactive communication, for example, printed materials can be read and reread or used for reference. Each tool is discussed below.

Printed Materials. Printed material will continue to provide a major vehicle for Medicare information over the next decade. Some key features to effective printed material for the elderly include:

- ◆ Use of second person voice;
- ◆ Use of bullets and short paragraphs of text;
- ◆ Large readable print;
- ◆ Avoidance of jargon or highly technical terms;
- ◆ Plenty of white space on the page;
- ◆ Easy to understand charts and pictures;
- ◆ Clear contrast in colors used in text;
- ◆ Use of tabs and indices; and,
- ◆ Use of a layered approach, with more detailed information building on and consistent with summary information.

Printed materials, currently the most widely used communication tool by most organizations, encompass a variety of formats. Materials include brochures, newsletters, pamphlets, booklets, handbooks, fliers and postcards. We include some materials collected from the interviews which are particularly good examples of clear and concise layout and language.

Each format has particular advantages and is more effective for communicating certain types of information. For example, brochures and pamphlets are well suited for explaining a single topic (such as “Limiting Charge” or “Fraud/Abuse”) while handbooks and booklets are better formats for presenting more comprehensive information (such as a description of the Medicare program or Medicare Managed Care). The SHINE program, a Miami ICA grantee, distributes fact sheets on single topics, then later provides more detailed information to beneficiaries in a one-on-one format. In addition, some formats such as postcards and fliers can be used to preface the arrival of a larger packet of information or to advertise upcoming events and services. AvMed Health Plans, also in Miami, asks seniors to use return mail postcards to RSVP to their events.

The booklet below was used to advertise the subsequent mailing of an enrollment kit. The booklet structures the information into two understandable action “chunks”: options and making decisions. This example was taken from an AT&T benefits packet for employees.

Second person voice for material text



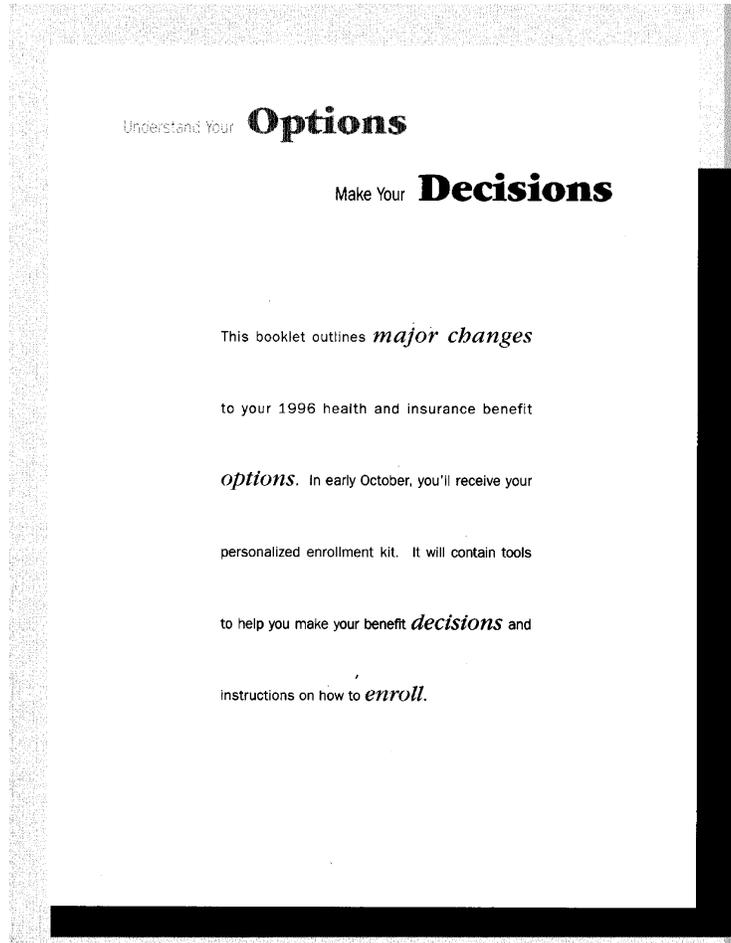
Bullet format or short paragraphs of text



Different fonts emphasize the key points of the booklet.



Plenty of white space on the page AT&T



The following example illustrates the use of a clear, step-by-step, guide to making a single decision. This example was taken from a Communications Workers of America enrollment packet for employee health benefits. In addition to providing an easy to follow chronology, the page contains a phone number to call in order to have questions answered. This is an example of how "seamless communication" can be handled in printed materials. The reader does not have to go to a different part of the brochure or to a separate publication to receive clarifying information.

Follow These Six Steps To Enroll

The special enrollment will take place from February 5 through February 16, 1996. Follow these six steps to make your enrollment easier.

1 Prepare

You must have an activated Personal Identification Number (PIN) to use the TelEXPRESS enrollment system. If your PIN has been activated, the number appears on your Personalized Fact Sheet & Benefits Record, below your name. If you don't have a PIN, call Benefits Administration any weekday from 8:00 a.m. to 5:00 p.m. eastern time, at the following numbers:

■ Inside the BA region (DC, DE, MD, NJ, PA, VA, WV)
1-800-734-1167

■ Outside the BA region
1-800-477-4474

■ Inside the Washington Metropolitan Area
1-800-236-1080

■ TTY (for employees with special hearing or speech needs)
301-989-3931



TelEXPRESS is available from 6:00 a.m. to 2:00 a.m. eastern time during the enrollment period, except on the first day of enrollment when it opens at 8:00 a.m., and the last day when it closes at 5:00 p.m.

2 Review & Clarify

Review this booklet and your Fact Sheet so you know what your benefit options are. Read the plan summaries in your BENEFITS Handbook so you understand the provisions of the MCN. If you can't find the answers you are seeking, call Member Services for your new MCN administrator.

If MCN is the shaded default option on your Fact Sheet and your dependent information is correct, you should still select a PCP if you wish to receive an ID card with his/her name printed on it.

For information about HMOs, call as soon as possible and leave a message on the Bell Atlantic HMO Information Line at 1-800-304-0016. Request an information packet on the HMO(s) you're interested in, using both the HMO name and option code.

3 Decide Before the Deadline

Make your medical and HICRA decisions before the special enrollment deadline.

4 Call TelEXPRESS to Enroll

To enroll, call TelEXPRESS from a touch-tone phone (except a mobile phone).

Dial 1-800-777-1313, then enter your Social Security number, your Bell Atlantic PIN and your daytime phone number (including area code). For security's sake, you have only three chances to enter these numbers before you are disconnected.

Then simply follow the recorded instructions. After you make your elections, TelEXPRESS will repeat them and ask you to confirm that they're correct.

Be sure to save your elections by following the recorded instructions.

5 Confirm Coverage

TelEXPRESS can tell you what new elections have been recorded as soon as you make them. Simply press "3" from the main menu and listen carefully. If you want something different from what TelEXPRESS has recorded, make the appropriate changes prior to 5:00 p.m. eastern time on February 16, 1996.

You can call and change your elections as many times as you wish during the enrollment period. Each election will replace your previous choices.

You'll receive your Acknowledgment Statement in mid-March confirming your final enrollment decisions. Call Benefits Administration immediately if your Acknowledgment Statement does not reflect your elections.

6 Complete Forms

After you record your elections, don't forget to submit these forms, if appropriate:

- PCP Selection Form
- Continuity of Care Application
- Medical Coverage Waiver Form

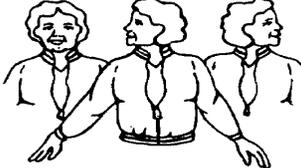
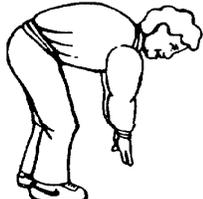
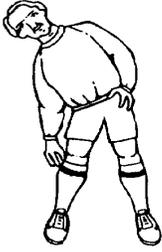


For questions about MCN, call Member Services:

- Aetna 1-800-247-5462
- CNA, a US Healthcare Company 1-800-BILL-679 (1-800-233-6799)

Communication Workers of America

This exercise guide for seniors, distributed by the Group Health Cooperative (GHCPS) of Puget Sound, supplements the text with pictures of the exercises in order to help seniors better visualize themselves performing the exercise. When possible, graphics or pictures should be used to supplement or even replace text, as seen below, while still maintaining an abundance of white space and an easy to follow layout.

<p>Flexibility exercises</p> <p>1. Neck circles: <i>Maintains joint motion.</i> Standing, or sitting in a chair, bend head forward, bringing chin toward chest, then roll head, bringing right ear toward right shoulder and left ear toward left shoulder, and forward again. (Refrain from rolling your head back.) Return to start position with head straight and turn head to right and left as if looking behind your shoulder.</p> <p>2. Flexed leg back stretch: <i>Maintains flexibility in torso, low back, and legs.</i> Stand with knees slightly bent and feet shoulder-width apart. Slowly and gently slide hands down front of legs, bringing finger tips toward the floor. You should feel a stretch in the back of your legs. Hold for the count of five when you start to feel the stretch. Stay within your comfort range—no more than five repetitions.</p> <p>3. Side bends: <i>Maintains trunk flexibility.</i> Stand with feet shoulder-width apart. Slide right hand down right leg towards knee. Repeat to left side. Hold five seconds; five repetitions to each side.</p> <p>4. Trunk rotation: <i>Maintains trunk flexibility.</i> Stand with feet shoulder-width apart and knees slightly bent. Turn from your waist to the right, then left.</p> <p>CAUTION: Anyone with arthritis or osteoporosis should avoid exercise #2, <u>Flexed leg back stretch</u>.</p> <p>22</p>	 <p>1. Neck circles</p>  <p>2. Flexed leg back stretch</p>  <p>3. Side bends</p>  <p>4. Trunk rotation</p> <p>23</p>
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Video. The video format allows the viewer to absorb information through television, capitalizing upon the simultaneous visual and oral transmission of ideas. Video allows for multiple viewings, or for stopping to repeat segments. Though not an interactive tool, video, like television programs, can achieve a unidirectional flow of information with the illusion of it being person-to-person. Often, the beneficiary relates better to information transmitted by a human being, especially an “expert”, rather than to information transmitted in written format. Time-Life Medical produces and distributes 30 one-half hour videos featuring former U.S. Surgeon General C. Everett Koop, each on a particular chronic condition and how to manage it. Because video can be so powerful, it should be reserved for specialized communications for which it is most effective. For example, showing videos in provider waiting rooms can be an effective complement to an overall public information campaign to encourage the use of preventive services. Videos can also be effective training materials for staff or volunteers who work directly with beneficiaries.

**Recommendations
for Video:**

- ◆ Clearly organized video with brief overview at beginning;
- ◆ Time limited - no more than 30 minutes;
- ◆ Written supplement which follows the format of, or makes reference to, the video; and
- ◆ Use shots of people “like me” in the video.

It is vital to provide framing for the video to contextualize it for the viewer. Framing can include communicating the purpose, the cost, and the justification for using the video. One large private sector employer blanketed its employees with video cassettes describing the company’s benefits. The reaction from employees was, “Why is the company spending all this money on video cassettes at a time of corporate downsizing?” Even though the unit cost of the video was quite inexpensive, employees had a negative reaction because the cost information had not been provided to them in advance. Because HCFA has access to in-house production staff and facilities, the unit cost of making videos can be low, making video a cost-effective vehicle for providing selected information to beneficiaries. An example of a particularly effective HCFA video is *How to Choose a Nursing Home*.

Media. Media is central to our society, and can be a powerful tool when used effectively. Most of the private organizations interviewed used media extensively to market their products. The media is widely used for advertising, through print ads or commercials, and can be used alone or in combination with other tools. Media can also be used as an in-depth information source, such as through newspaper columns and radio shows. Using media is a way to stimulate public discussion and frame the way individuals think about an issue. Media can be used to reach a broad audience, or can be targeted to particular audiences by buying air time in particular markets and time slots. Two suggestions were made during the interviews as ways to harness the enormous power of the media and direct the message to a targeted audience:

- ◆ to use local community newspapers, preferably in the language spoken by most of the residents; and,
- ◆ to introduce interaction into the communication wherever possible, such as on a radio show where listeners call in on the air with questions and comments.

Interactive Communication Tools

Seniors tend to respond extremely well to *interactive communication tools*, as a more comfortable and controlled setting can often be provided for them to voice their individual concerns and solicit advice. Because beneficiaries receive large quantities of complex and difficult written material regarding Medicare, communication through individual counseling or a telephone hotline is often crucial for a beneficiary to properly understand the information and use it appropriately to make health care decisions. The ICAs provide an excellent example of this interaction, and they can function in a variety of roles, depending on beneficiary need. Some beneficiaries simply need to know where to find information while others require in-depth counseling or advocacy, both of which can be and often are provided by the ICA.

Toll-Free Telephone. Most large companies use a single toll-free number for all health benefit information, and both the literature review and interviews suggest that this method can also be effective with beneficiaries. While the majority of individuals have used a toll-free number to obtain information, the elderly especially prefer to have a live person answer their call, rather than an automated voice tree.

Many beneficiaries currently are either unaccustomed to communication technology systems, such as menu driven teleservice, or have rotary dial telephones instead of touch-tone. As the next beneficiary generation becomes Medicare-eligible, dependence upon live operators should decrease somewhat. Telephone information lines are used for a variety of purposes by most organizations, from delivering information about the organization and its functions to providing advocacy and counseling services to callers. As with anyone working directly with seniors, operators should be well trained; should be age-sensitive and empathetic; and should keep referrals to a minimum, handling issues in-house wherever possible. Hold time should be kept to a minimum. Also, when using a menu driven system, instructions for operator default should be listed at the top of the menu options in order to avoid hang-ups from callers who only want to speak with an operator.



The Group Health Resource Line

A friendly place to call

The Group Health Resource Line is a free information and referral service available to all Group Health consumers. Our staff provides up-to-date information about health education, community resources, senior services, and Group Health itself. Whether you're looking for the closest maternity class, facts about Alzheimer's, or aid with an alcoholic parent, our staff can direct you to helpful resources both inside and outside Group Health.

Our specially trained team of volunteers use a customized data base to access most information. They also take the time to offer a friendly, sympathetic ear. Give us a call sometime.

Here's how we can help:

Patient Education Information

Resource Line staff can mail you any one of more than 350 different pamphlets on health topics such as smoking cessation, controlling cholesterol, stress reduction, arthritis, AIDS, high blood pressure, and parenting issues. Staff can also supply you with details on dozens of health-related classes and support groups available throughout Group Health.

Support Services

Resource Line staff can take requests for rides to medical appointments for frail elderly patients and others with no means of transportation. Rides are provided by volunteers in their own cars, or in a wheelchair lift-equipped van driven by a professional driver, both available as part of the Special Transportation Program. The rides are limited and on a first-come, first-serve basis.

Caregivers of the frail elderly may also call the Group Health Resource Line for encouragement and information on home services and self-care. Staff will provide follow-up calls and continuing support, if necessary.

Community Information

Resource Line staff connect callers with more than 600 organizations offering pamphlets, classes, support, and services. Staff specialize in providing information about programs serving seniors with listings on home care, transportation, and recreation.

Get the help you need from the friendly team at the Group Health Resource Line. Call weekdays from 9 a.m. to 4 p.m. at (206) 448-6448. Outside the Seattle dialing area, dial 1-800-992-2279.

The Group Health Resource Line is funded in part by The Group Health Foundation.



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Partnering with providers can considerably increase HCFA's reach using this method. Of the health plans and carriers we spoke with, all had a dedicated number for plan members and beneficiaries to call with questions about services, enrollment and disenrollment, health advice, or status change. We also found that the advocacy oriented lines, usually run by ICA grantee programs or senior groups like AARP, are more likely to have live representatives rather than an automated menu on their lines.

The flier shown here provides a good summary of the information members need to use the toll-free customer service line. The phone number is listed in two places so the member can find it easily, even if he or she is either reading the information for the first

time (number at bottom of text) or using the flier as a reference card (number at top left in large type). This flier also uses a graphic to illustrate the subject, and separate the summary topics from the detailed text with white space. This flier represents an example of using a non-interactive (print) method to advertise an interactive (the phone line) communication method implemented to improve customer service.

The wallet-sized card below from Aetna also illustrates the effect of using print to facilitate electronic communication through an automated response unit. The card can be carried with the beneficiary so that the knowledge of where to obtain information is with the beneficiary *at the time at which it is needed*. In this case the typeface is necessarily small, but white space helps to separate the different information "chunks." The listing of the telephone tree options is a good method for reducing the resistance that some beneficiaries

have to using automated systems. Beneficiaries know beforehand what to expect, can bypass the recorded voice if desired, and can refer to the card if they cannot understand or discern the electronic message (some beneficiaries have difficulty hearing). As HCFA designs its single toll-free number, it should also plan for the most effective ways to ensure that beneficiaries know the various uses of the number when they need it.

<p>Automated Response Unit</p>	<p>Aetna Medicare Part B</p>	
<p>Press 1 Claim and Deductible Status Press 1 Claim status by date of service Press 2 Claims status on 3 most recent claims Press 3 Deductible status</p>	<p>Aetna Life Insurance Co. 1301 5th Avenue Suite 1300 Seattle, Washington 98101</p>	<p>Washington Medicare Calling Card</p>
<p>Press 2 General Medicare Information Press 1 1996 Changes to Medicare Press 2 Part B Deductible Information Press 3 Medicare Card Information Press 4 Fraud and Abuse Information</p>	<p>Mailing Address: P.O. Box 91099 Seattle, Washington 98111-9199</p>	<p>HIC# Self: _____</p>
<p>Press 3 Copy of your Explanation of Medicare Benefits Press 4 Ordering MEDPARD booklet</p>		<p>HIC# Spouse: _____</p>
		<p>Medicare Telephone Hours: 9:00am - 4:00pm, Mon.-Fri.</p>

Front line Staff and Volunteers. In addition to being knowledgeable about health care and related issues, both staff and volunteers must also understand the beneficiary population and the specific needs of various sub-populations within it. Beneficiaries seem to respond well to those who are similar to themselves, either in age, ethnicity, or physical ability. We saw several examples in which the use of volunteers was especially powerful. The SHIBA program, the Washington State ICA grantee program, recognized an advocacy need from the disabled Medicare population. Because disabled beneficiaries responded particularly well to disabled counselors, a separate program was created using only disabled volunteers for counseling and one-on-one sessions with these beneficiaries.

Providers, such as AvMed in Miami and GHCPs in Seattle, also make use of senior volunteers in many of their activities as they have found that senior members often are more comfortable sharing personal information with their peers.

In order for staff or volunteers to be most effective, ongoing support should be provided by the organization. For example, using a comprehensive case intake

sheet for each introductory session with a beneficiary and keeping it on file allows the organization to provide a continuity in the information that might be needed for any subsequent counseling. Workers should be trained and supported so that they are comfortable enough to probe into a beneficiary's inquiry to uncover the larger issues or underlying problems. For example, one HMO enlisted a senior volunteer to design a computer database of useful information that volunteers can access by topic.

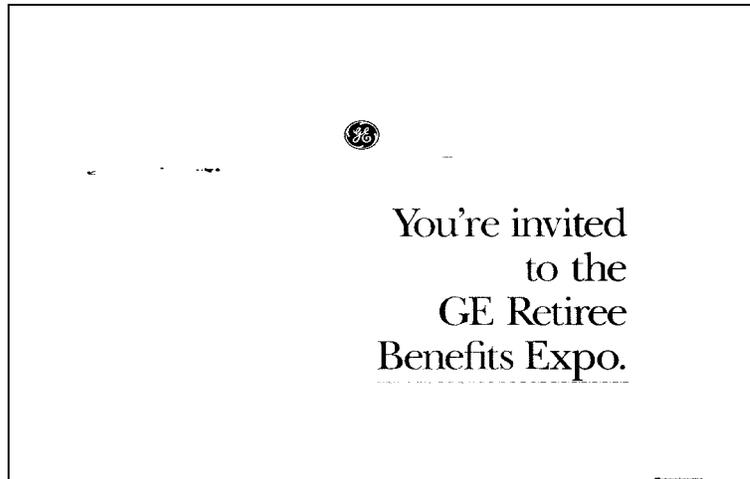
Finally, respondents recommended regularly evaluating staff or volunteers, and providing them with continued training as needed. Considerable human resource research supports regular performance evaluation as a means of maintaining employee morale. The evaluation process can not only provide useful insights into specific individual performance, but also provide a vehicle for gathering input about customer needs.

Seminars/Information Fairs. This communication tool provides a forum for small group discussion and individual questions within a person-to-person setting. Usually organized by health plans and private companies, seminars and information fairs provide a social and pleasant environment within which to learn about complex information such as health insurance and benefits. When possible, a speaker who can personally relate to the audience (e.g., through ethnicity, age, or disability) should be used, and an opportunity for questions and answers is often helpful.

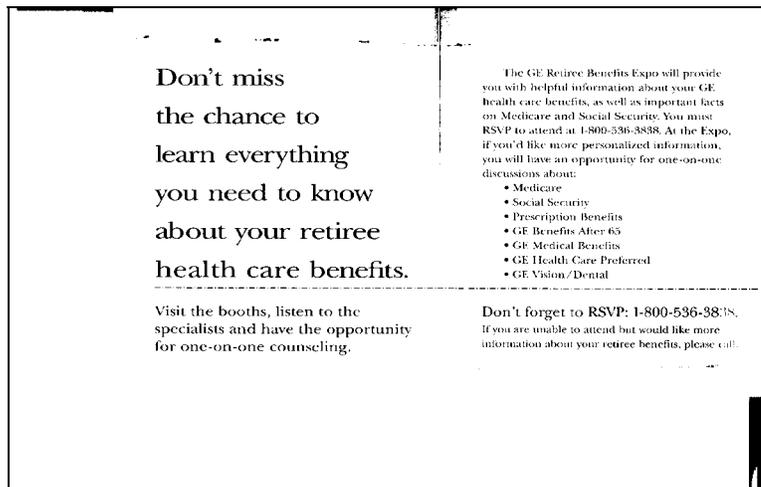
General Electric uses a "benefits expo" as a way for retirees to obtain information on managed care. In addition, the company is very aware of the "word of mouth" channel of information distribution in each interchange with a beneficiary. Beneficiaries are likely to pass along information, positive or negative, to other beneficiaries.

The invitation to the GE Benefits Expo is contained below. It directly invites the retiree to attend the event, outlining the topics and activities that will be available. Note again, the repetition of the phone number to call and the use of white space and different print sizes to distinguish the summary from detailed information. The use of the GE logo also immediately alerts the retiree that the information is from the company for which they worked not "just some advertising or sales gimmick."

Second person voice in conjunction with a targeted delivery personalizes this Expo for the retiree and makes it directly relevant to his/her life.



Hold the function in an easily accessible, central location (this Benefits Expo was held in several different community centers and hotels throughout the areas where GE employees live).

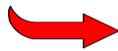


AvMed is a health plan that is very active in planning programs for members. The party advertised below was used as a vehicle to convey important prevention information to seniors.

Promote the function as a social event



Use graphics to convey basic subject.



Highlight both the social and educational purposes of the event.



HEALTHY COOKING FOR ONE, TWO OR A FEW

The AvMed Medicare Plan, the Jacksonville Cardiovascular Clinic, and Spice of Life are hosting a cooking party for seniors.

A cooking demonstration by Spice of Life Cafe and Caterers will show you how to take fat out of your favorite recipes and to cook for one, two or a few.

Our special guest, Lori Alexander, Nutrition Director from the Jacksonville Cardiovascular Clinic, will discuss how your diet and nutrition can positively affect your cholesterol, blood pressure and diabetes.

Best of all, we'll make a party of it!
We'll enjoy the food we prepare, and you will taste for yourself that eating can be scrumptious and fun.

DATE: February 26, 1996
TIME: 2:00 p.m.
PLACE: AvMed Health Plan
Medicare Conference Room
1300 Riverplace Boulevard
Suite 200

Please call Susan Thompson at 1-800-237-1255 to R.S.V.P. by February 22, 1996

AVMED
MEDICARE PLAN

AvMed is an HMO with a Medicare contract.

HCFA SW139 A1/95

AvMed Health Plans

Technology/On-Line. Technology driven tools, such as computer innovations, will be better received by the next generation of beneficiaries. While a large portion of beneficiaries does not have access to a computer or the Internet, there is a subset who actively seeks out access through family members or local libraries and universities. Some innovations that organizations reported using include:

- ◆ Intranet or E-Mail - Used mainly by corporations to communicate internally with their employees. An application for HCFA would be to have employer-sponsored access to the employed population through company Intranets. Many employees are actively involved in taking care of elderly family members and may have general questions about Medicare or more specific information needs, such as options for long-term care. Additionally, HCFA could communicate more easily with the

employed under-65 population, a group that has typically been hard to access.

- ◆ Internet - Is a useful tool for providing information to intermediaries. Can be a source for “one-stop shopping” for information or facilitated by links to related information, such as the HCFA home page. A possible application for HCFA is to have links to the home pages of its partners, so beneficiaries and intermediaries can easily move among sites to obtain specific information.
- ◆ Kiosks - Similar to ATM machines, can be used for Medicare enrollment or claims information. Kiosks are currently being used in the Philadelphia HCFA Regional Office’s Medicare Center Pilot Project, and among private corporations, by Motorola to provide benefits information to employees.

New technologies are continually being developed that make electronic communication more interactive, and in some ways resemble the one-on-one personal communication preferred by beneficiaries. The Time-Life/IBM “Health Village” is an example of an Internet information site that is easy to navigate and provides a wealth of information to the Internet user, including a medical library and links to the home pages of various health care organizations. As these techniques develop and more beneficiaries have access to the means to use these tools, on-line and other technologies will grow in importance to HCFA in the implementation of an integrated communication strategy.

Through its Market Research for Beneficiaries, HCFA is beginning the process of improving its communication with its primary customers--beneficiaries. Although these findings will be supplemented with much more information, it is clear that for HCFA to be successful in improving service to its customers, the Agency must *coordinate* its efforts, *integrate* the information on communications into ongoing business operations, *partner* with organizations that have day-to-day interaction with beneficiaries, and realize that *different information* is needed at *different points* in a beneficiary’s life.