

**ONE CARE: MASSHEALTH PLUS MEDICARE
EARLY INDICATORS PROJECT
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Preliminary Findings from a Focus Group with Spanish-speaking One Care Enrollees

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One approach used in the Early Indicators Project (EIP) was to conduct focus groups with MassHealth members who are eligible for One Care, to obtain their opinions and perspectives on the program. Focus groups are typically conducted with a small number of participants (8 – 10), and findings are not expected to be representative of the experiences of an entire population. However, focus group findings can help identify emerging trends, issues and concerns and can be very illuminating in the early implementation of a new program or service. The One Care focus group methods, including guiding questions and all related materials for the groups, were developed by members of the EIP Workgroup (identified at the end of this document).

Below is a brief summary of the preliminary findings from the third focus group, which included **Spanish-speaking members** who were recruited from those who self-selected or were auto-assigned (i.e. passively enrolled) into One Care in the early part of 2014. One Care eligible MassHealth members may be auto-assigned into One Care if they:

- Have not self-selected into One Care
- Have not opted-out of One Care, and
- Live in a county with multiple One Care Plans (including Hampden, Hampshire, Suffolk and Worcester Counties)

The focus group was held in **Springfield on March 31, 2014**.

Methods

Spanish-speaking MassHealth members, aged 21 to 64 years who were eligible for and were enrolled in One Care, were recruited to participate in the focus group. Using data provided by MassHealth, we attempted to contact by telephone all Spanish-speaking members living in Springfield, and identified 10 members who agreed to participate in the focus group. Reminder phone calls were made and reminder letters were sent prior to the group; **three (3) members actually participated**¹. The focus group participants included 2 women and 1 man; participants reported both psychiatric and medical conditions. All participants identified themselves as Hispanic, 1 participant identified his/her race as white, 1 as multi-racial, and one person did not answer this question.

Focus group questions sought information about participants' knowledge of One Care and reactions to informational materials from their One Care plan; their experiences with the plan, including with care coordination, and a long term services and supports coordinator (LTS Coordinator), if any; and their services and benefits under One Care.

The focus group was facilitated by Spanish-speaking staff from the Central Massachusetts Area Health Education Center (AHEC); a UMass researcher also attended. The group's discussion was audio-recorded, and detailed notes were taken by the AHEC staff. Audio-recordings and notes were transcribed for analysis purposes (with transcripts translated into English). At the end of the group

¹ The 10 recruited members included both those who had self-selected and been auto-assigned into One Care. However, the 3 participating members had all been auto-assigned.

discussion, participants were asked to complete an anonymous questionnaire that asked participants for feedback on the focus group and for demographic information.

Preliminary Findings

I. Basic Knowledge of One Care/Information about One Care

- Participants seemed to have limited knowledge of One Care and stated that they had only received information from MassHealth.
 - *“I’ve heard of it, but only when they called me.”*
 - *“They sent me a letter – that was the only thing.”*
- Two participants reported that the written information they received (brochures and other printed materials) was easy to understand.
- None of the participants had attended any public events on One Care.

II. Information from the One Care Plans

- Two participants were not aware that there are multiple One Care plans.
 - *“Oh! So this is bigger than it looks?... Oh – that’s really nice!”*
- Participants asked several questions about how to obtain information about the different plans.
- One participant had not read the materials sent by the plans and another participant reported skimming material to look for information about prescription drugs.
 - *“I received a fat pamphlet [participant demonstrated the large size of the pamphlet with his hands] about the program.”*
 - *“In reality, that is what one does...research the medication coverage.”*

III. Care Coordination and Long-Term Services and Supports Coordination

Care Coordination:

- Participants’ interactions with Care Coordinators were varied. One participant had met with the Care Coordinator. Another had spoken with a Care Coordinator, but felt no need to use the Coordinator yet. The third had not yet heard from the Care Coordinator.
 - *“They called me, they visited me at home, we talked for about an hour.”*
 - *“Not me. They haven’t called me.”*
- The two participants who had interacted with Care Coordinators/Navigators appreciated the benefit, particularly the home visit.
 - *“[I like] how this program has gone out of their way to send a navigator/coordinator to our homes. A lot of programs do not do that.”*
 - *“I think they have done an awesome job with the information, sending the Coordinators to the homes. They sit down with such patience. They arrived so prepared with the information I needed.”*
 - *“The program has inconvenienced itself, gone out of the way to inform people of what they are offering. That is a plus!”*
 - *“I’ve got two navigators . . . One is my nurse and the other would tell me, do you need me to check [on you]? She could make that kind of visit a couple of times or so.”*
 - *“She calls me at home asking if I need help. They tell me if I get sick or if I need help, somebody will help me with everything. They would come to my house and do that for me.”*

Long-Term Services and Supports Coordination:

- Only one participant knew what Long-Term Services and Supports (LTSS) were. After an explanation by the facilitator, two participants reported that they used LTSS.
- Two participants were unclear on the role of the LTS Coordinator; the difference between the Care Coordinator and the LTS Coordinator was not apparent to them.
 - *“Yes, [I know about the LTS Coordinator], but I don’t need that. Maybe when I turn 60 or 65, I go into one of those houses for elderly, LTS [Coordinator] could help...but it’s a while for me to get there.” “This is great for the future.”*
 - *“I have an idea [what the LTS Coordinator is], but not entirely. Is that like a health care proxy or something? Is that like some type of PCA thing? Yeah, I know that. That’s what the [care] coordinator explained to me.”*

IV. Getting Care under One Care

Services:

- All participants reflected with positive comments about the services they are receiving. Two participants described receiving care faster.
 - *“The process was fast. I didn’t have to wait. No more than a minute or two had gone by and quickly they called me in.”*
 - *“I went to visit my doctor and the process was much faster in terms of getting X-rays and referrals. I imagine the program [One Care] has to do with that.”*
 - *“[I am] very pleased with how things are functioning in the last few months.”*
- One participant described being very pleased with their new physician.
 - *“And the doctor was excellent. I have never, in the forty years I have been here, ever seen a doctor take their time to help their patient and know how to put me in the right path that I am supposed to be in.”*
- All participants were pleased with some of the additional services offered under One Care.
 - *“The thing about the transportation. No other health insurance has that. . . . That helps because many of us don’t drive.”*
 - *I have been able to keep seeing my dentist. In all honesty, it [the new program] has served me well.”*
- One participant expressed concern about changes in a provider.
 - *“She was fabulous, until she told me that she was leaving!”*

Prescription Medications and Supplies for Diabetes:

- Prescription medications and supplies for diabetes were a major concern for the participants.
 - *“I have noticed that they have changed [my insulin] because the [One Care] plan would not cover the kind I had before. . . . The medications are what worry me most.*
 - *When I’m doing good under a certain medication, they go and change the medication, and that’s when I start to [decline]. Until my body adapts to a new medication, everything changes.”*
 - *“The machine [for reading blood glucose levels] they gave me does not work. . . . I more or less know when my blood sugars are high or low in terms of how I feel.”*

V. Automatic Enrollment

- All of the participants had been auto-assigned into One Care.
 - *“I was told I was being changed automatically, and that’s what they did.”*
- Participants were surprised about the automatic change and expressed some concern about it.
 - *“This is the first time that they changed a plan for me like that.”*

- *“The older I get, the more I need things to get easier, in terms of my health – not more complicated.”*
- Two participants remembered being notified by mail about the option to enroll in One Care.
 - *“I simply opted not to answer the questions” [because I] felt very good as I was. I wanted to stay in [my same plan]. . . . “I ignored the letter because I felt neutral about it. ”*
 - *“They should have notified us [to say] ‘there is a new insurance plan [and] you are eligible.’”*
- Participants who remembered receiving a letter appeared to not understand that they would be automatically enrolled if they did not respond.
 - *“They didn’t ask me if I wanted to be [enrolled in this plan]. They simply automatically changed me... sent me a letter [saying] ‘now this is your insurance’”*
 - *“In no instance did it state that they would enroll me automatically².”*
- One participant expressed concern that they were being experimented on.
 - *“You are like a rat in a laboratory...they are experimenting with you.”*
- Another participant thought the automatic enrollment was good.
 - *“I imagined that [the new plan] was better than the one I had . . . I wanted to compare [and] so far, I feel this one is better.”*

VI. No thoughts of changing plans for now

- None of the participants are planning to change plans in the near future.
- Respondents were willing to continue to give One Care a chance.
 - *“I am going with what they’ve placed me with.”*
 - *“I feel satisfied with the plan. Since we are only in the beginning, let’s wait and see.”*
- Overall, the participants in this focus group wanted One Care to *“keep up the good work!”*

VII. Potential Reasons for Changing Plans in The Future

- All participants expressed their hope that One Care continues as well as it has started. They felt that it was very important that One Care continues to offer the same benefits.
 - *“Let’s hope they keep offering what they started since inception – not change things, like come and at the last minute and eliminate transportation.”*
 - *“Or no longer cover certain medications.”*
- Participants expressed concern that they could lose One Care coverage, benefits or be subject to frequent changes of providers. Two participants said they would have to reconsider if they experienced a catastrophic or severe illness because of concerns that One Care would no longer cover them or the services they need.
 - *“I’ll stay where I’m at, unless I go into a severe illness, or if they all of a sudden changed my medications and [wouldn’t] pay for certain ones.”*
- One participant also expressed concerns about frequent changes in providers and stated that this might cause them to change plans.
 - *“[I would change plans if One Care] continued to change medical providers, as in other programs. This has happened to me many times. This sets a patient back.”*
- Participants also expressed concern that the One Care program might end.
 - *“How long is the program going to last?” “With the services that they give right now, how long?” “[In the past,] “when one’s got something good, they come and POOF!”*

VII. Suggestions for improving One Care

² The One Care Enrollment Guide specifies that members may be automatically enrolled if they do not self-select into or opt-out of One Care.

- All of the participants agreed that transportation should be improved by increasing the number of drivers.
 - *“Some drivers have to squeeze in 20 to 30 appointments in a day. It’s not fair. Then what about the time it takes to help one person . . .”*
 - *“One time I arrived [to my appointment] a little late because of this – there were problems with the driver, he was lost and he was the only one. Let’s help those dudes a little bit more so that everyone arrives at their appointments as scheduled.”*
- Ensuring stability of providers and access to medications as previously described were also areas for needed improvement recommended by the participants.

VIII. Participant feedback

Participant feedback on the group was positive. All participants strongly agreed that they felt that their comments and concerns were understood, that their opinions were respected and felt comfortable during the discussion. All the participants understood the focus group questions.

EIP Workgroup Members:

One Care Implementation Council representatives – Dennis Heaphy, Ted Chelmow, Olivia Richard, Jeff Keilson

MassHealth representatives – Michele Goody, Dorothée Alsentzer, David Healey

UMass Medical School representatives – Alexis Henry, Wendy Trafton