



MEASURING THE PATIENT EXPERIENCE IN EXCHANGES

The insurance market reforms, health insurance exchanges, and subsidies put in place by the Affordable Care Act represent a significant step forward for the patient community. However, ensuring these reformed markets serve patients is critical to guaranteeing the Affordable Care Act achieves its goals of quality, affordable health care for all.

A PATIENT-FRIENDLY INSURANCE MARKET

In partnership with its member patient advocacy organizations, the National Health Council developed five principles for a more patient-focused insurance market:

- Ensure cost-sharing structures and other plan design elements do not discriminate against people with chronic conditions or impede access to care
- Create transparency standards to ensure patients have access to complete details about the coverage and cost of health insurance exchange plans
- Make insurance exchange plan materials easier for patients to understand by creating uniformity of content and design
- Establish continuity of care requirements that protect patients transitioning into new coverage
- Ensure that all health insurance exchange plans meet federal requirements

To further these goals, the National Health Council engaged Lake Research Partners, a nationally-recognized public opinion research firm, to evaluate the patient experience for exchange enrollees with chronic conditions.

FOCUS GROUPS AND ONLINE SURVEY

Together with Lake Research, the National Health Council conducted six focus groups in three cities to test the patient exchange experience. Focus groups were mixed gender, race, education, and income. However, all participants were patients, or parents of patients, with chronic conditions who used the exchanges to choose insurance. To test these qualitative findings, Lake Research conducted an online survey during the 2015 open enrollment period (November 17-24, 2014) when patients were engaged in insurance decision making. All 412 respondents were exchange enrollees, or parents of exchange enrollees, with chronic conditions.

RESEARCH FINDINGS

- **The majority of patients surveyed were favorable toward their new coverage.** Seventy percent of survey respondents were very favorable or somewhat favorable toward the insurance they purchased through the Affordable Care Act. Patients cited the ability to get insurance despite pre-existing conditions and the freedom to choose a job without regard to health insurance as particularly appealing features.
- **Enrollees want more information about their benefits when selecting exchange coverage.** Enrollees in gold plans reported that they had the information necessary to pick a plan 42% of the time, while patients in silver and bronze plans reported having necessary information 37% and 24% of the time respectively. This could suggest that patients with more information choose plans with additional cost-sharing protections.
- **While premiums were easy to find, information on other plan features was not as readily accessible.** Nearly half of patients (47%) reported premium costs were very easy to find. In contrast, only 30% of respondents said deductibles and copays were very easy to find, while 24% and 16% of respondents respectively said a list of participating providers and a list of prescription drugs were very easy to access.
- **Additional tools and transparency standards will ensure patients choose a plan that includes their providers.** The vast majority (79%) of patients checked to see if their provider was covered before picking a plan. However, some confusion existed between provider networks of exchange plans and non-exchange plans. Nearly half (47%) of patients reported they picked their plan because they thought the coverage offered by the carrier would be the same inside and outside the exchange, which is not always the case. Meanwhile, more than one-third (36%) of patients thought it was difficult to find a list of providers. Several focus group participants reported gaps in accessing care because of confusion about the provider network when picking a plan.
- **Likewise, patient education and easy-to-use tools can help patients understand if their medication is covered.** More than one-third (34%) of patients were confused about medication coverage when picking a plan: 13% did not know if their medication was covered; 13% were not sure if their medication was covered, but assumed insurance would provide a discount; and 8% thought their medication was covered, but had incorrect information. Focus group participants acknowledged reviewing cost sharing for drugs, while failing to check if their medications were covered by plans.
- **Patients should be supported through the decision-making process to ensure they consider all plan features when picking insurance.** Nearly half of enrollees (41%) cited premium costs as the most important plan feature, followed by deductibles (20%); provider network (18%); prescription drug coverage (10%); and other cost sharing (9%).

- **Consumers would welcome additional tools to help them choose a plan.** Eighty-eight percent of survey respondents said a standardized list of covered providers would be helpful, followed by a provider search tool (87%); standardized list of covered drugs (85%); a prescription drug search tool (85%); and a calculator to estimate out-of-pocket costs (83%).

NEXT STEPS FOR PATIENTS

Patients want to pick a plan that meets their needs. We need to provide them the tools to make it possible. The research findings described above support the National Health Council's advocacy principles and several specific imperatives for the patient community, including:

- Exchange websites that help patients consider plan design features other than premiums, including the role formularies play in plan coverage and the consequences for out-of-pocket costs.
- Transparent, accurate, and standardized information on plan features, including additional disclosures that benefits inside and outside the exchange may differ, and easy-to-access, standardized provider lists and formularies.
- Useful decision support tools, including provider and drug search tools as well as out-of-pocket cost calculators.



What Patients Think About & Want from the Insurance Marketplace

Celinda Lake



Navigating the ACA among Enrollees with Chronic Illnesses

Celinda Lake

March 20, 2015

Lake Research Partners

Washington, DC | Berkeley, CA | New York, NY

LakeResearch.com

202.776.9066



Methodology

- Lake Research Partners conducted focus groups with people chronic illnesses who enrolled in an exchange health care plan. Groups were mixed gender and mixed race.
 - September 24, 2014: Chicago, IL
 - September 29, 2014: Los Angeles, CA
 - October 1, 2014: Atlanta, GA
- Lake Research Partners designed and administered an online survey of 412 people with chronic illnesses or parents of children with chronic illnesses who enrolled in an exchange plan. The survey was conducted November 17 through 24, 2014, during the 2015 enrollment period. Respondents were randomly selected from a national panel. The margin of error for the entire survey is +/- 4.9% at the 95% confidence interval. The error is larger for subgroups.
- All numbers refer to percentages. Due to rounding, some graphed percentages do not add to 100%.

Key Findings



Key Findings

- **Strong majorities are favorable toward the insurance they have through the ACA, including majorities across demographic groups.** In the focus groups many participants expressed how thankful they are for affordable coverage.
- **While monthly premium costs were easy to find, information on other plan features was not as readily accessible.** While finding monthly premium amounts was less challenging, enrollees had a harder time finding a list of providers or prescription drugs covered by each plan or the out of pocket expenses, like deductibles and copays, when they were comparing plans.
- **Additional tools and transparency standards can help to ensure patients choose a plan that includes their providers.** While the vast majority of patients checked to see if their provider was covered before picking a plan, some confusion existed between on and off exchange plans. Nearly half of patients reported they picked their plan because they thought the coverage offered by the carrier would be the same inside and outside the exchange and a third of enrollees had a hard time finding a list of doctors or prescription drugs covered by each plan.

Key Findings

- **Nearly a third of enrollees had to switch their doctors because their doctor wasn't in the plan they chose and over a quarter had to switch their medication.** Additionally, nearly a third agreed that they experienced extra hurdles to get access to their medication.
- **A quarter of enrollees did not know their doctor was covered or thought their doctor was covered but then realized they had the wrong information.** Younger enrollees, and those with bronze plans, are among those who were more likely to experience confusion.
- **A third of enrollees chose their plan without fully knowing if their prescription drugs were covered.** Younger enrollees and those with bronze plans were more likely to not know.

Key Findings

- **When making decisions about which plan to choose enrollees find all the tested items very important, particularly those that focus on costs** – the yearly premium, followed by the out of pocket expenses, that their prescription drugs are covered, and that their doctor is included. When forced to choose, a plurality say the yearly premium cost is most important.
- **Enrollees would welcome additional tools to help them choose a plan.** Enrollees say all potential tools would be helpful when choosing an exchange plan, particularly a standardized list of covered providers, followed by a provider search tool, a standardized list of covered drugs, a prescription drug search tool, and a calculator to estimate out-of-pocket costs. Focus group participants think that a list of doctors would be helpful in choosing a new plan, as well as tools to evaluate their situation and recommend a plan that suits their needs.

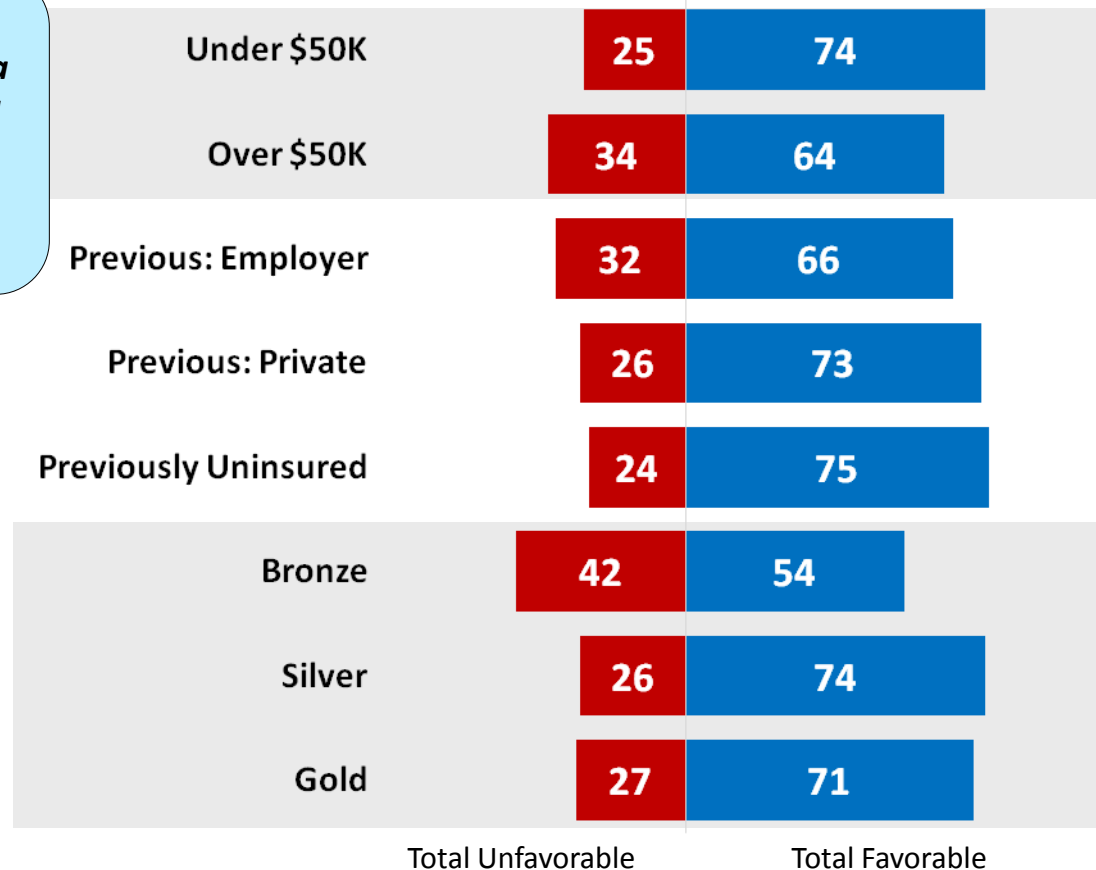
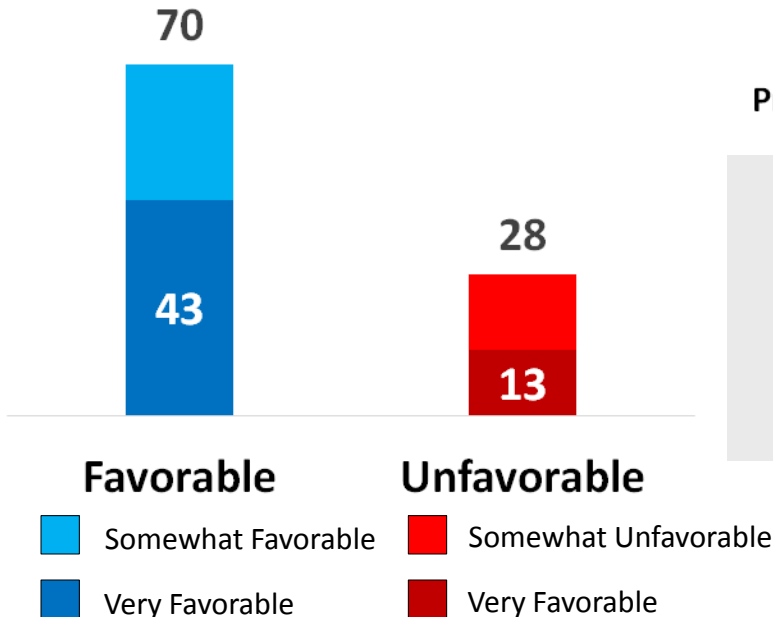
Current Coverage



Strong majorities are favorable toward the insurance they have through the ACA. Bronze enrollees are more divided.

How favorable do you feel about the insurance you have through the ACA?

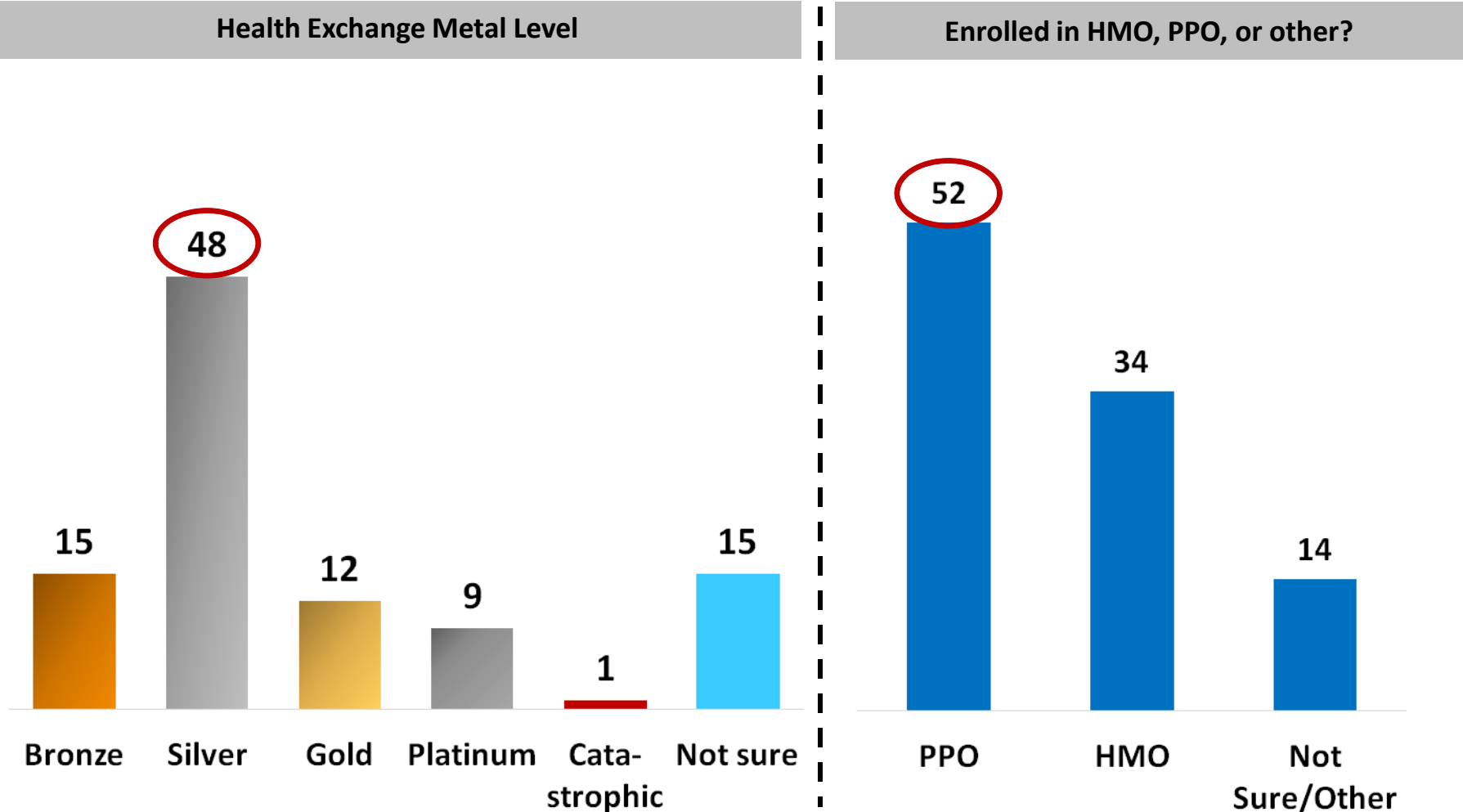
"I've got cancer, and without it I was not guaranteed to be able to buy insurance with a pre-existing, so, that's very good. And when I go to the doctor now, the annual physical is free, colonoscopy is free, certain other things are free, so that's all good." – Atlanta male



Many participants are very thankful for the ACA for expanding coverage and providing them coverage they can afford.

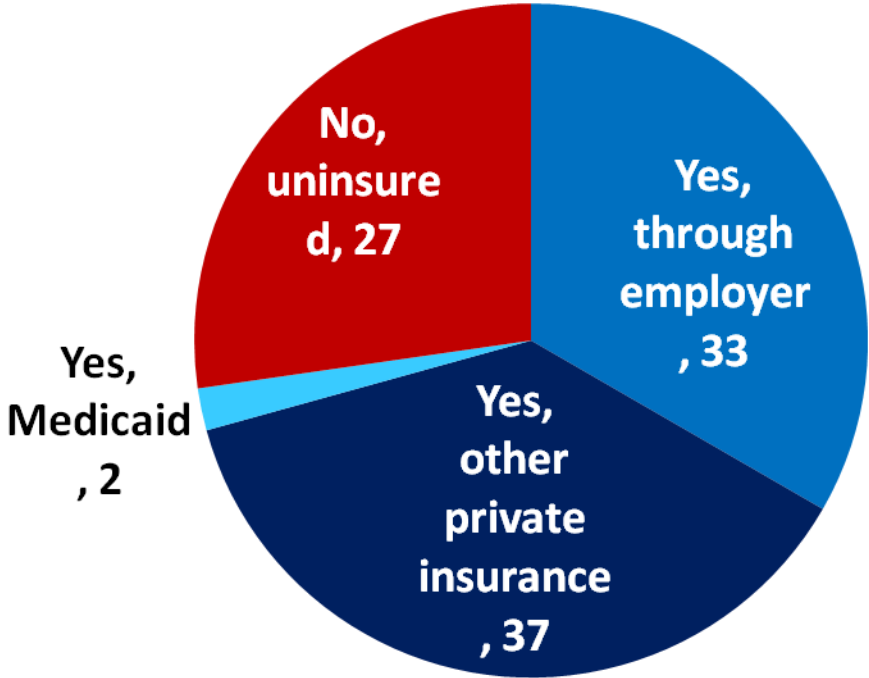
- **“Millions and millions of people have come onboard and I think that’s encouraging. It’s not a perfect law...everybody knew that...But, what it set out to do, I think it’s slowly doing it.” – Chicago male**
- **“For myself, as I said I’ve been recently retired. And when I left, when I retired, I received a package that they would pay for my health insurance for a year...which was fantastic but I have type II Diabetes, so, finding insurance with type two on your own is difficult or very, very expensive. So, this was almost like a Godsend to me.” – Chicago female**
- **“I was paying for my prescriptions and they were expensive. Now they're \$25, \$10 and \$5 pretty much.” – Los Angeles male**

48 percent of enrollees have a silver plan while 15 percent aren't sure which metal their plan is. 52 percent say they are enrolled in a PPO.



72 percent of enrollees had health insurance before the exchange, with a third who were previously enrolled through their employer. These enrollees were marginally more likely to enroll in an gold or platinum plan than other enrollees, but most enrolled in silver across coverage levels.

Did you have insurance before enrolling in the health insurance exchange?



Metal Levels by Previous Insurance

| | Employer | Private | Uninsured |
|--------------|----------|---------|-----------|
| Bronze | 11 | 17 | 17 |
| Silver | 45 | 47 | 53 |
| Gold | 15 | 14 | 7 |
| Platinum | 10 | 8 | 8 |
| Catastrophic | 2 | - | - |

Enrollment Process

The Health Insurance Marketplace is Open!

Enroll now in a plan that covers essential benefits, pre-existing conditions, and more.

Plus, see if you qualify for lower costs.

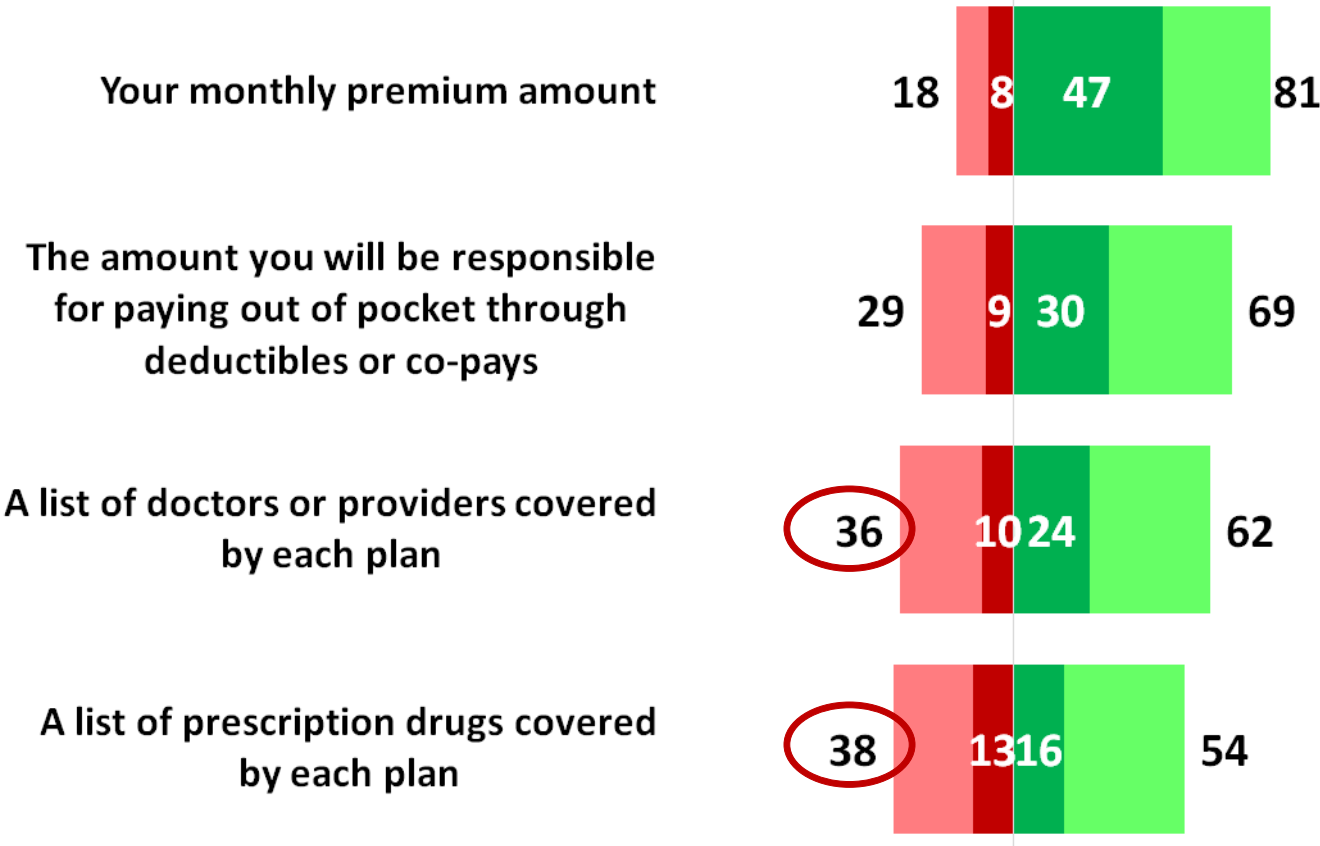
[APPLY NOW](#)



Enrollees had a hard time finding a list of doctors or providers (36 percent), or prescription drugs covered by each plan (38 percent) when they were comparing plans, while finding cost information was slightly less challenging.

How easy or hard was it to find this information when enrolling in your current plan?

Total Hard Very Hard Very Easy Total Easy



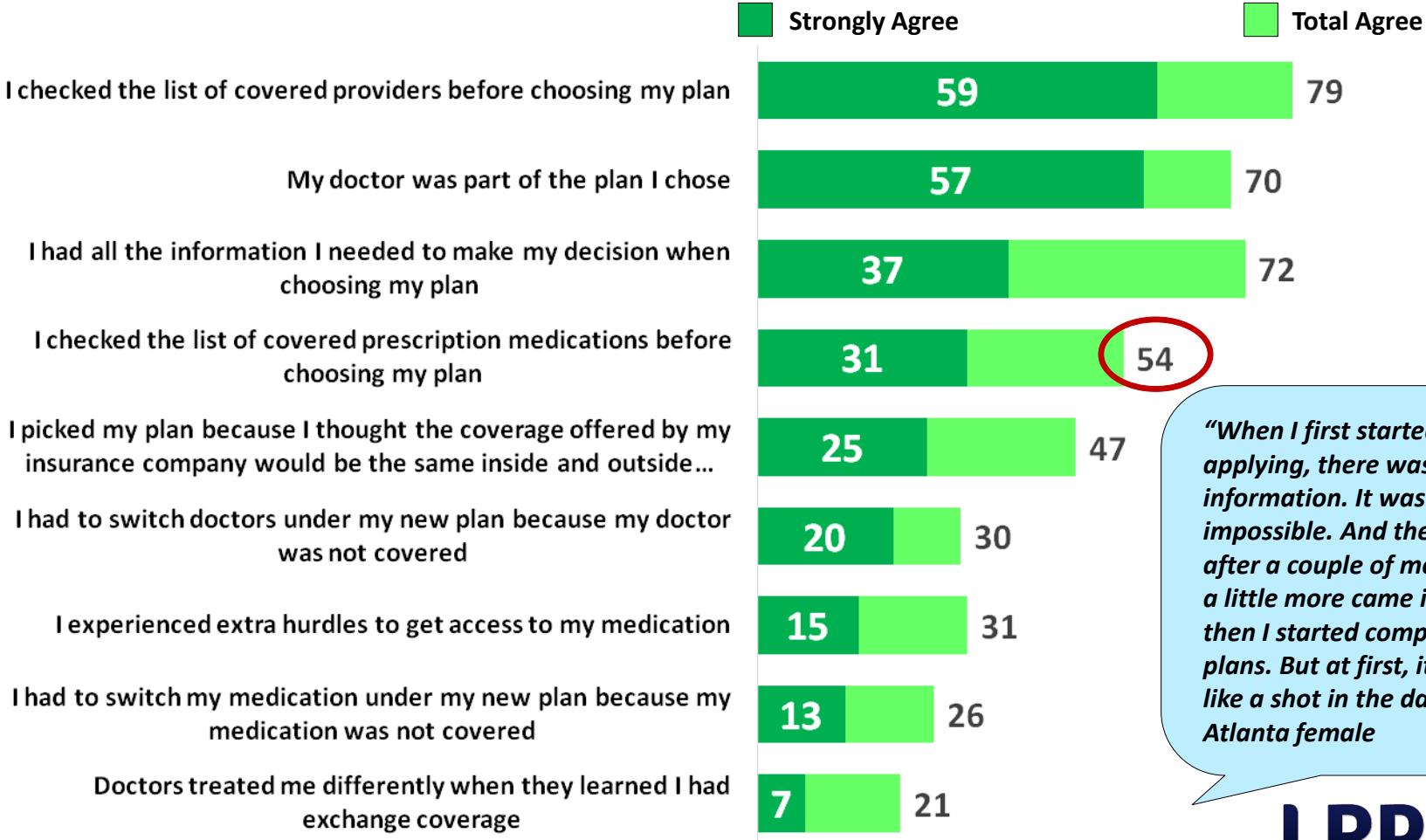
"I don't know what's going to happen next year....The year's coming up and I'm afraid I'm going to have to maybe go through things again but I have phone numbers and contacts and letters to where maybe it won't be as frustrating." – Los Angeles male

Participants had difficulty finding doctor coverage and information on prescription drug coverage when trying to enroll and encountered differing information that forced some to make assumptions when deciding.

- “Yeah I don't recall being able to find out if my doctor was on it during the initial shopping part. I would've picked something totally different if I would've known and I can probably still switch hopefully and I will because I pay out of pocket still to see this doctor.” – Los Angeles male
- “I think that's one of the **biggest frustrations that people in general, people that have the plan have is that, it didn't [give list of doctors]**, I guess their focus was on getting the website up and running, but not on really giving you the details that you need to make an informed decision about which plan you want. So you took what you were given and just I guess made the best guess you could at the time.” – Atlanta female
- “I could not for the life of me find any icon on the website or any type of tab at the bottom that said list of providers or you know um look for a physician nearest your area according to what plan you're signing and that would have been a big help to me.” – Los Angeles female
- “I know my wife had real difficulty. It **took several weeks to confirm that all of our medications were covered or not, and that was very frustrating. Very time consuming.** All on the phone, there's nothing online. The list they gave in the mailing to you, big plans was not definitive, they didn't cover everything.” – Atlanta male
- “I have diabetes 1 ...so for me when I was searching through the different plans, I didn't really see too much description of you know all the different medications that the doctor prescribes me for my diabetes **so I basically went according to cost** but it would have been helpful, beneficial for me to have information on what types of you know like insulin is it covered, all the different medications - **that part for me was disappointing because I wasn't well informed on medications topic so I had to base it just on price** and I mean are all my medications going to be covered so that worries me.” – Chicago female

Only 54 percent of enrollees say they checked the list of covered prescription medications before choosing their plan.

Coverage Items: Percent strongly agree, total agree



“When I first started applying, there was no information. It was impossible. And then after a couple of months, a little more came in. And then I started comparing plans. But at first, it was like a shot in the dark.” – Atlanta female

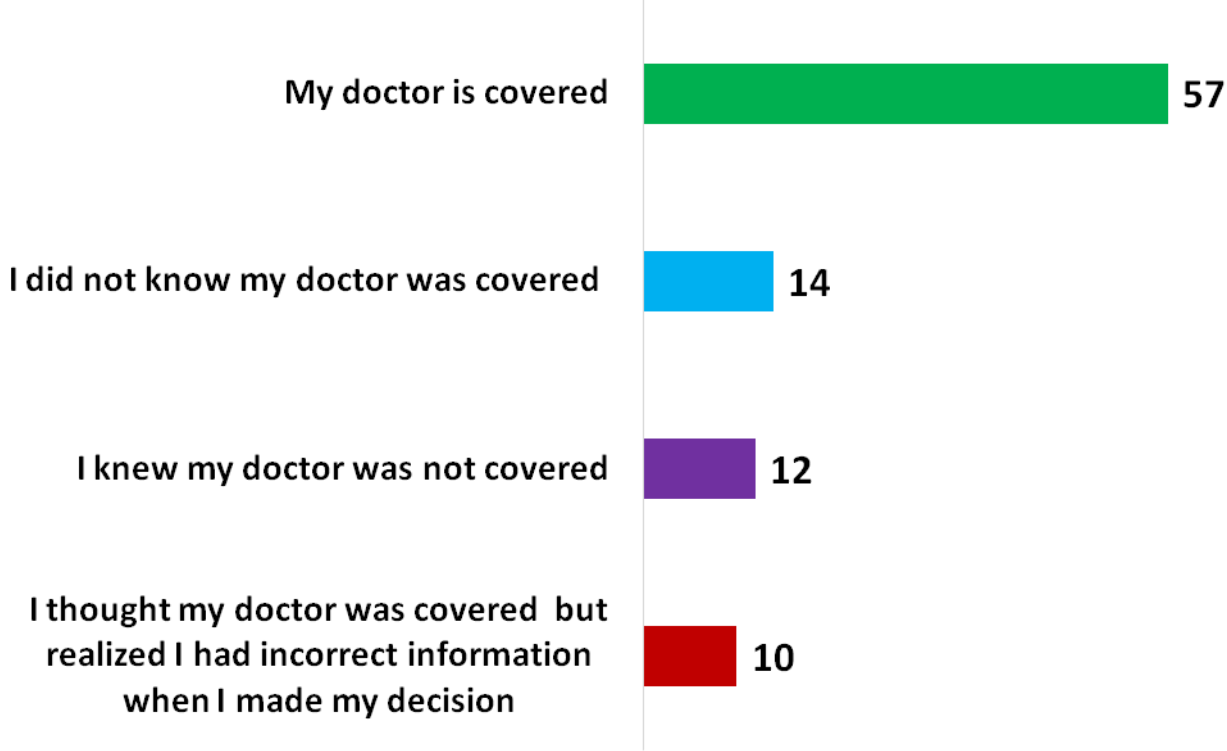
People with bronze plans are less likely to say they had all the information they needed when choosing plans.

Coverage Items: By Demographics

| % Strongly Agree | Metal Level | | |
|--|-------------|--------|------|
| | Bronze | Silver | Gold |
| I checked the list of covered providers before choosing my plan. | 53 | 65 | 57 |
| My doctor was part of the plan I chose. | 51 | 57 | 59 |
| I had all the information I needed to make my decision when choosing my plan. | 24 | 37 | 42 |
| I checked the list of covered prescription medications before choosing my plan. | 23 | 33 | 36 |
| I picked my plan because I thought the coverage offered by my insurance company would be the same inside and outside the exchange. | 22 | 24 | 27 |
| I had to switch doctors under my new plan because my doctor was not covered. | 21 | 22 | 18 |
| I experienced extra hurdles to get access to my medication. | 15 | 18 | 15 |
| I had to switch my medication under my new plan because my medication was not covered. | 14 | 13 | 13 |
| Doctors treated me differently when they learned I had exchange coverage. | 4 | 9 | 9 |

A quarter of enrollees did not know their doctor was covered or thought their doctor was covered but then realized they had the wrong information. Younger enrollees, and those with bronze plans, are among those who were more likely to experience confusion.

Doctor Coverage

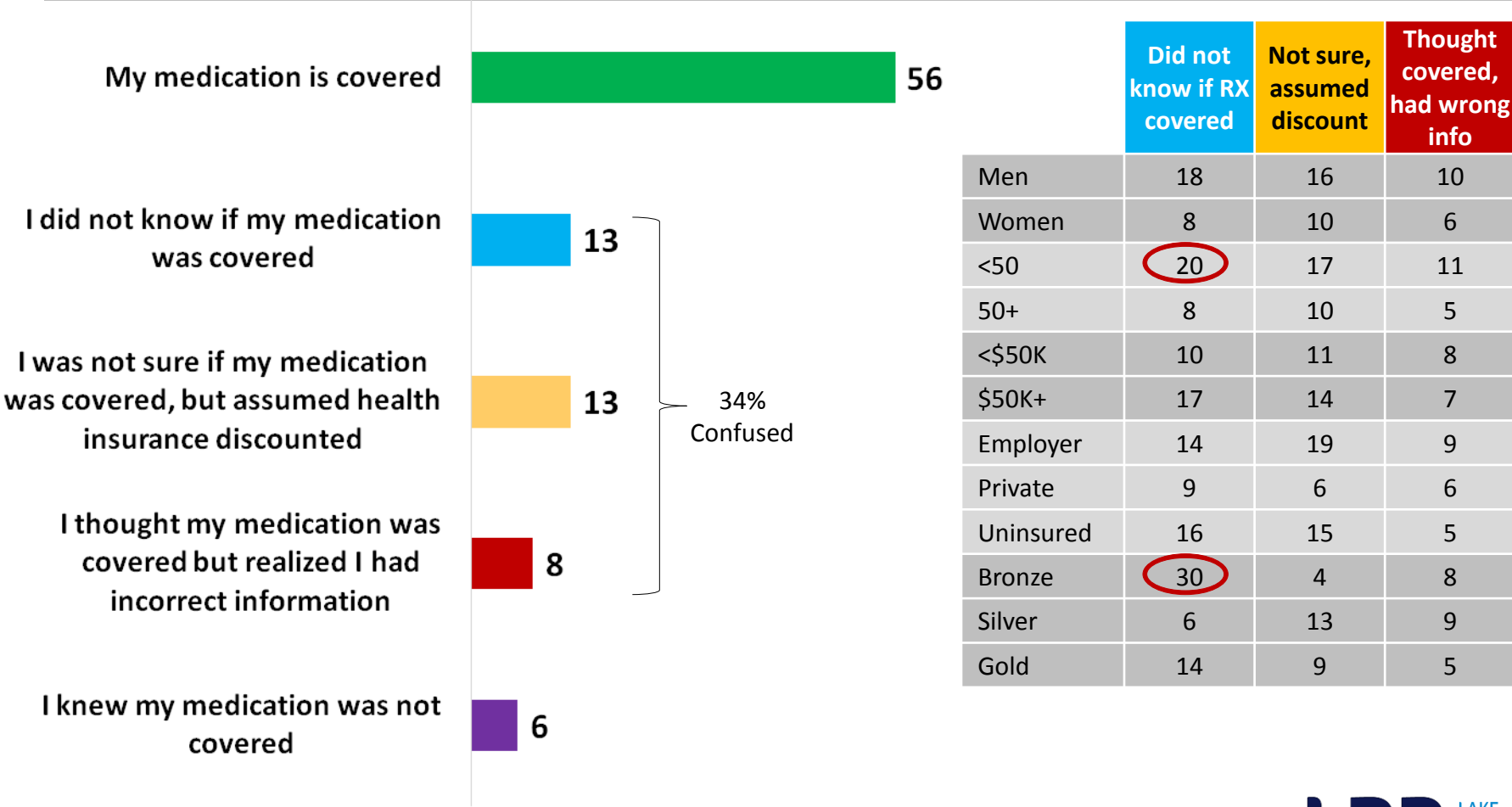


| | Did not know DR was covered | Thought DR covered, but was wrong |
|-----------|-----------------------------|-----------------------------------|
| Men | 16 | 13 |
| Women | 12 | 9 |
| <50 | 21 | 13 |
| 50+ | 9 | 9 |
| <\$50K | 15 | 8 |
| \$50K+ | 13 | 14 |
| Employer | 16 | 13 |
| Private | 7 | 9 |
| Uninsured | 18 | 8 |
| Bronze | 22 | 11 |
| Silver | 13 | 8 |
| Gold | 12 | 14 |

“I should’ve (checked) now that you say something. But luckily all my doctors would take it.” [Why didn’t it cross your mind?] “I don’t know. I was just thinking Blue Cross Blue Shield as a well-known insurance company that most people take; PPO.” – Chicago female

34 percent chose their plan without fully knowing if their prescription drugs were covered. Younger enrollees and those with bronze plans were more likely not to know.

Prescription Drug Coverage



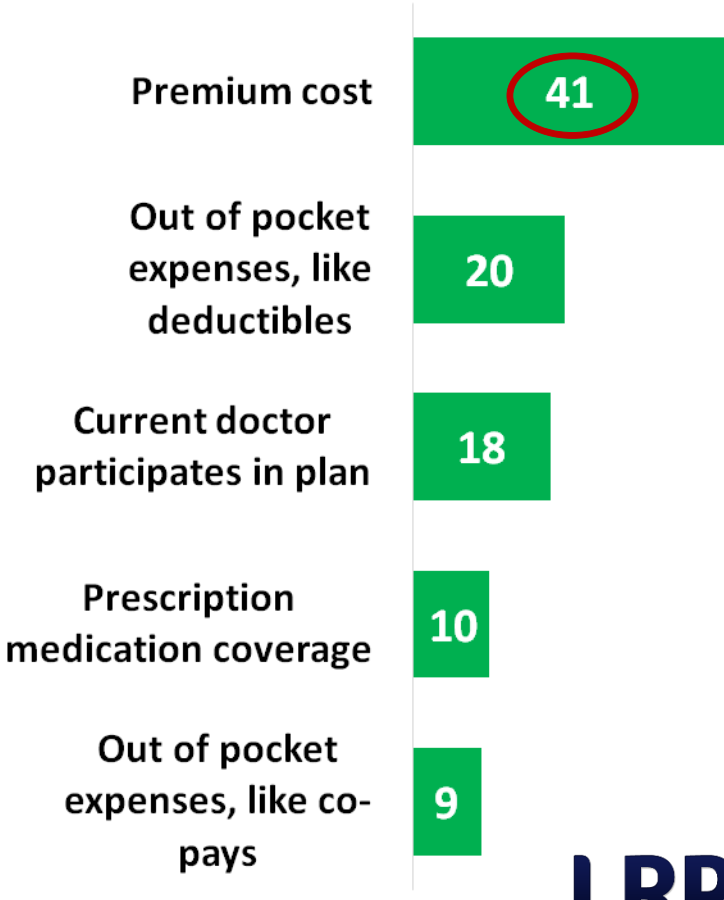
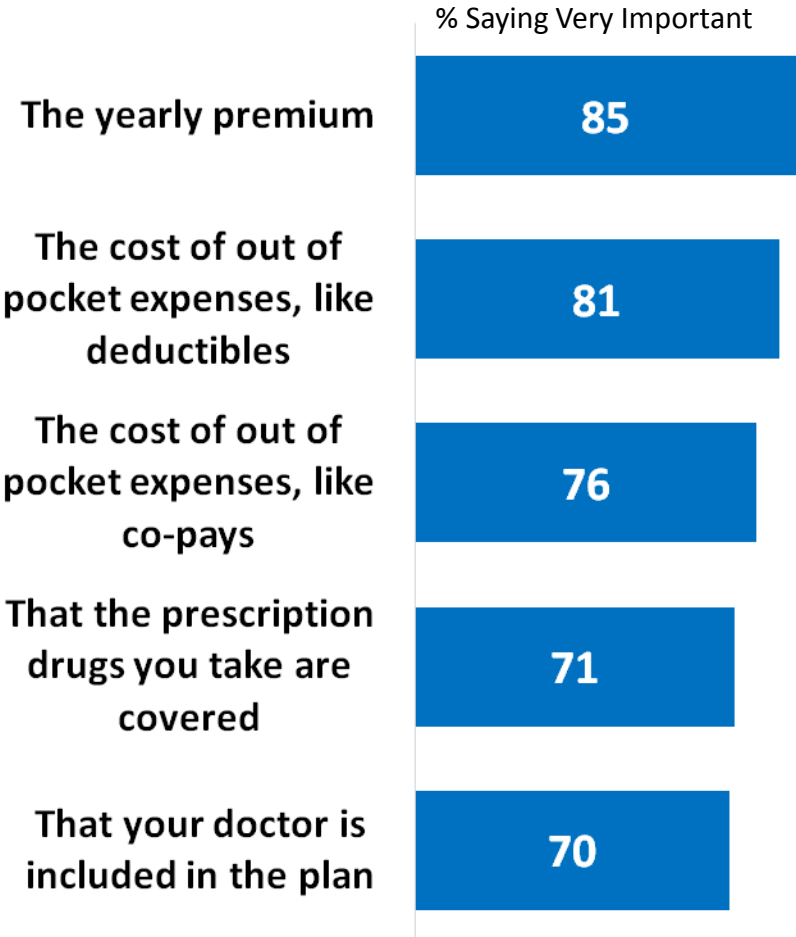
Decision Factors



Enrollees find all items very important, particularly those that focus on costs. When forced to choose, a plurality say premium cost is most important

How important is each when making decisions about which plan to choose?

Which is MOST important when deciding in which plan to enroll?

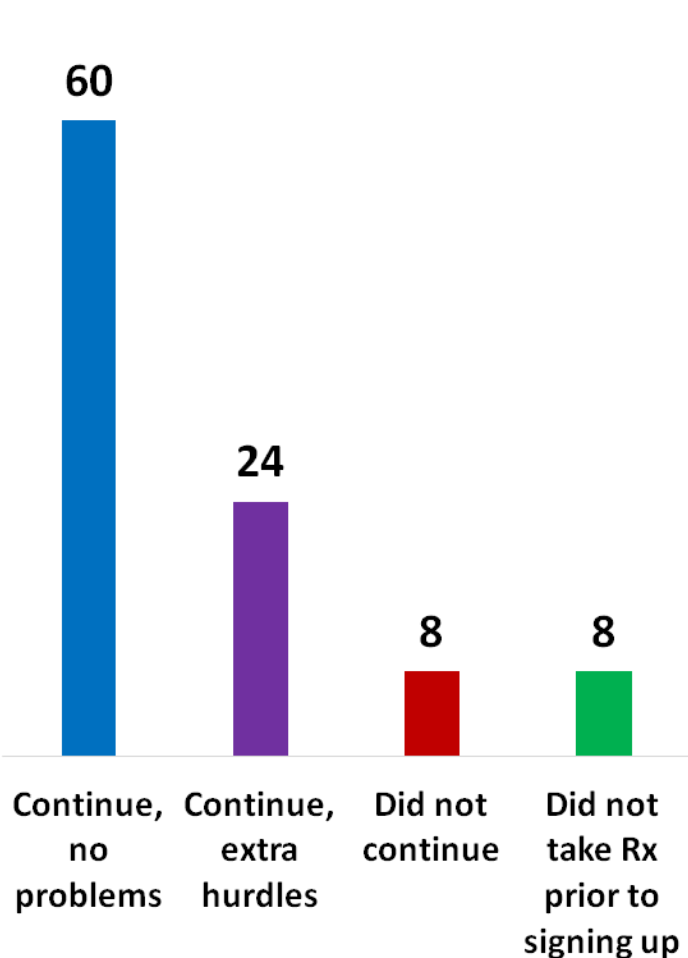


Costs and prescription coverage were driving factors among focus group participants.

- “For me it was cost. I wanted something that wasn’t, I wanted a low deductible, and I wanted to make sure that it covered all my specialty medicines and things like that.” – Atlanta female
- “The **prescription costs and the co-pays**. I wanted the **co-pays to be affordable** so that you know, I don’t feel guilty about going to the doctor, or making monthly visits to the dermatologist or if I don’t feel well I don’t get hit with that big co-pay and then the prescriptions too. **I just take prescriptions that are needed every day. So, that was a big part of it as well, as well as the deductible. I don’t want to have to put out a big amount of money** and then be crippled by it in a sense, and then have to pay on top of that with all the co-pays.” – Chicago female
- “I may look around. I don't know if it's worth my time because like I said, I'm going to go on Medicare the early part of next year so I really don't know what I'm going to do yet, but **I'd sure like to get my per month of premium down.**” – Atlanta female
- “If our premium was going to go up, I'd want to see if we had any other options, but at the same time I want to make sure that we can still get all our drugs at a discounted rate and have the same doctors.” – Atlanta male
- “yeah, I'd be willing [to change], **I will be interested in looking for a lower premium.**” – Chicago female

24 percent were able to continue their prescription coverage but only after experiencing difficulties. Those who previously had employer coverage are more likely to say they experienced hurdles.

Were you able to continue with that same prescription drug in your current plan with no problems, continue with some extra hurdles, or did you not continue with the same prescription drug?



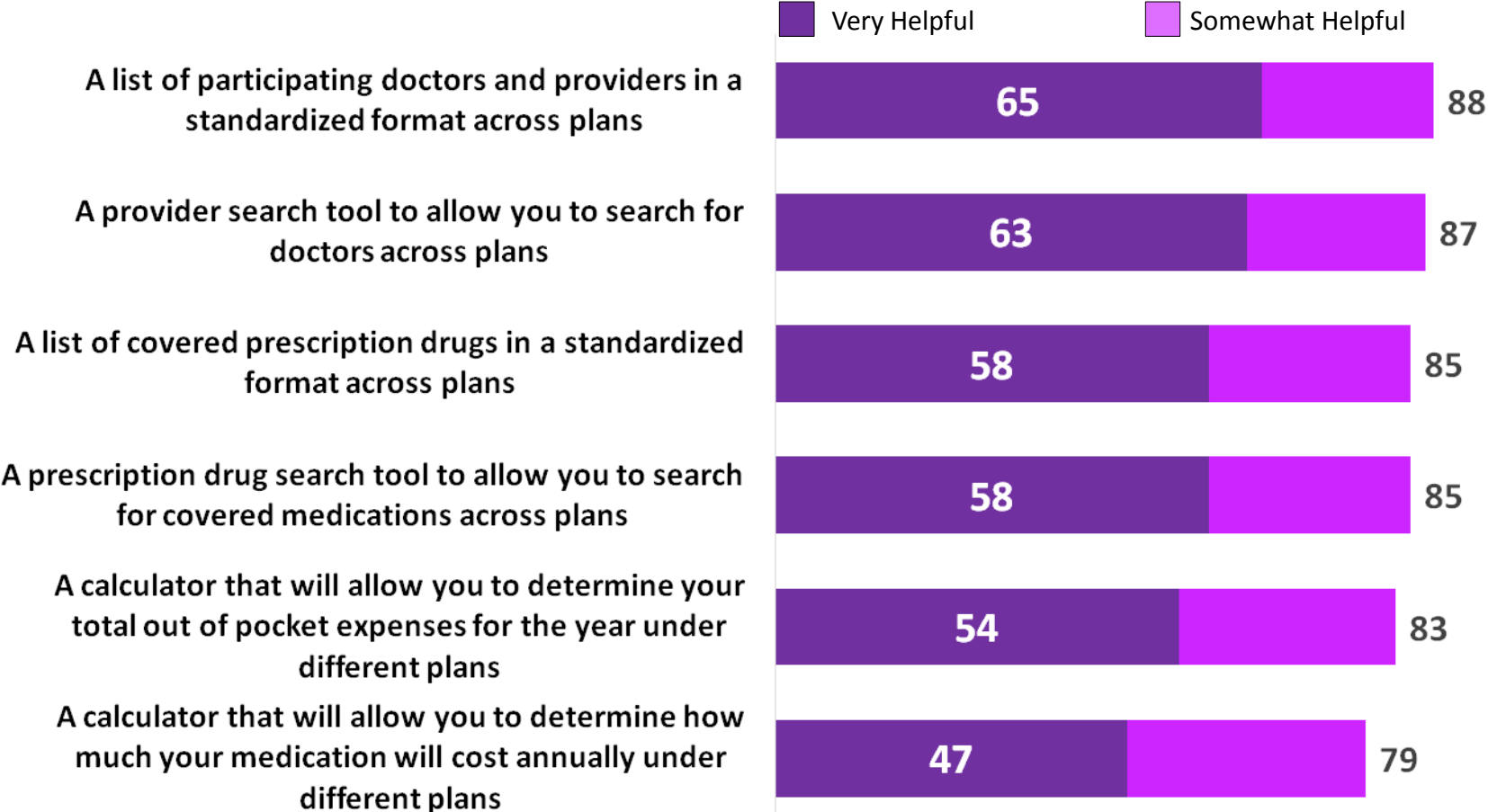
| | Continue, No Problems | Continue, extra Hurdles | Did not continue | Did not take Rx Prior |
|-----------|-----------------------|-------------------------|------------------|-----------------------|
| Men | 52 | 31 | 8 | 9 |
| Women | 67 | 18 | 8 | 8 |
| <50 | 47 | 30 | 9 | 13 |
| 50+ | 68 | 20 | 7 | 5 |
| <\$50K | 65 | 14 | 10 | 12 |
| \$50K+ | 54 | 36 | 5 | 5 |
| Employer | 54 | 36 | 7 | 2 |
| Private | 66 | 21 | 10 | 3 |
| Uninsured | 59 | 13 | 5 | 22 |
| Bronze | 53 | 31 | 10 | 6 |
| Silver | 65 | 21 | 6 | 8 |
| Gold | 56 | 32 | 8 | 4 |

Considering New Options



Enrollees say all potential tools would be helpful when choosing an exchange plan, particularly tools to help navigate which doctors are in each plan.

How helpful would you find this when choosing an exchange plan?



Participants think that a list of doctors would be helpful in choosing a new plan, as well as tools to evaluate their situation and recommend a plan that suits their needs.

- **“We have to spend so much time researching and I mean sometimes I will even dread just having to go through rigmarole of you know researching.** I'm the type of person that I really, even if I shop and I'm buying like a major appliance or something I really take the time to research different brands and I compare them so a lot of times I was even just reluctant to you know shop and purchase my insurance because I have to spend so much time comparing all different companies, all the different exclusions, all the different info so if they had something like that, I mean that would save so much time I think.” – Los Angeles female
- **“I think it would be kind of interesting if you could just, you know how you can go under like recipes and you can type this is what I have and then pull up the recipes that have all those ingredients?** This is what I'm looking for, what I need, I'll find the best plan there for me.” – Chicago female

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Washington, DC | Berkeley, CA | New York, NY

LakeResearch.com

202.776.9066

Celinda Lake

clake@lakeresearch.com