

# An Evaluation of the Effectiveness of *California's HMO Guide*

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Evaluation Conducted by  
**Center for Community Wellness**  
**University of California, Berkeley**

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## Acknowledgements

Thanks to the staff in the clinics, health centers, local agencies, and at the health fairs where *California's HMO Guide* was distributed for this evaluation.

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## Executive Summary

### An Evaluation of the Effectiveness of California's HMO Guide

#### Introduction

In September of 2002, the Office of the Patient Advocate (OPA) launched the statewide distribution of *California's HMO Guide* and its Spanish version, *La Guía de los Planes de Salud HMO de California*. During the first year of distribution, UCB conducted a two-phase qualitative evaluation of *California's HMO Guide*. To follow-up on that evaluation and to inform the distribution of the upcoming *California's HMO Guide for Seniors*, OPA funded this statewide quantitative study to evaluate:

- ◆ Consumers' retention and use of the HMO guide
- ◆ The effectiveness of the HMO guide
- ◆ The relative effectiveness of the distribution methods currently practiced
- ◆ The relative effectiveness of the HMO guide for seniors 65 or older versus adults under 65

#### Methods

HMO members and adults considering their health care options were given an HMO guide and recruited into the study from clinics affiliated with a large medical group and Independent Practice Associations (IPAs), support groups sponsored by an IPA management corporation, health fair booths sponsored by OPA, senior centers and a YMCA in the Bay Area. When recruiting many people at once, we briefly described the HMO guide in a minute or less as we handed it out. In almost all other situations, we thumbed through the HMO guide, providing a two-four minute orientation to its format and contents. We asked those who accepted an HMO guide if they would like to participate in a telephone interview about the guide's usefulness to them. Several weeks later, a reminder letter and \$10 incentive were sent to each agreeing participant. Of the 594 participants recruited, 500 completed an interview an average of 11 weeks after receiving their HMO guide.

#### Participants

The overall study population represented a full range of ethnicities, educational levels, and income levels. Most study participants (95%) were enrolled in some form of health insurance. More than twice as many females participated in the study than males (71% vs. 29%). Because the results of this evaluation are to inform future distribution of *California's HMO Guide for Seniors*, 38% of the participants were seniors 65 or older, and 37% were enrolled in Medicare. About equal percentages of the study participants were employed full time (42%) or were not employed (44%), with 14% employed part time.

#### Results

##### **Many participants used the HMO guide and shared it with others.**

Most participants (92%) remembered receiving an HMO guide. Advanced age was the only demographic variable related to whether or not someone remembered the guide. Of the 459 participants who remembered receiving an HMO guide:

- ◆ 98% took it home, and this did not vary by distribution setting or age.
- ◆ 93% kept it as a resource, and this did not vary by distribution setting or age.
- ◆ 73% said that they had read or looked at least some part of the HMO guide.
- ◆ 40% shared the HMO guide with other members of their household.

◆ 18% shared the HMO guide with a friend, relative not living with them, or a neighbor. Participants recruited from clinics or from the YMCA were more likely to have looked at their HMO guide and to have shared it with others ( $p < .01$ ). There were no significant differences in the use or sharing of the HMO guide by those under 65 and seniors 65 or older.

**The majority of participants used the HMO guide to better understand their benefits and other HMO issues, and they found it helpful.**

Of the 335 participants who used the HMO guide:

- ◆ 77% said they had looked at it out of general interest.
- ◆ 38% said they had looked at it to find answers to questions they had.
- ◆ 71% thought it was helpful in better understanding their benefits as an HMO member, and this percentage did not vary by distribution setting or by age.
- ◆ 69% said that they had found helpful information in the HMO guide, and this percentage did not vary by distribution setting.
- ◆ 75% of non-seniors compared with 59% of seniors said they had found helpful information in the HMO guide ( $p < .01$ ).

**Participants gained knowledge, confidence, and positive health practices from using the HMO guide.**

- ◆ 19% said that they had changed their thinking or had done something differently because of the HMO guide.
- ◆ Knowledge scores increased from 25 before to 33 after receipt of the HMO guide ( $p < .01$ ).
- ◆ Confidence scores increased from 24 before to 35 after receipt of the HMO guide ( $p < .01$ ).
- ◆ Health practice scores increased from 26 before to 33 after receipt of the HMO guide ( $p < .01$ ).
- ◆ These gains in knowledge, confidence, and positive behaviors did not vary by age.
- ◆ Gains in knowledge and confidence varied by distribution setting:
  - Participants from senior centers and the YMCA initially reported higher initial levels
  - Whereas those from clinics and health fairs reported higher gains.

**Conclusions and recommendations**

The results of this evaluation show that *California's HMO Guide* is effective in reaching adults through a range of institutional settings with effective information about their health care options. Consumers confirmed that the information in the HMO guide helped them to compare HMOs in California, to get the care and support they needed, and to better understand their benefits. Participants referred to the HMO guide for many reasons, and the impact of the HMO guide extended beyond those who initially received it. There were also some differences in the use of the HMO guide among distribution settings and among seniors versus non-seniors. Based on the results of this study, we recommend:

1. OPA continue to distribute *California's HMO Guide* in a range of settings so that a broad cross-section of Californian health care consumers can access its useful information.
2. Distributors of the *California's HMO Guide* take special care to introduce the guide to seniors and to periodically remind them about the information contained in the HMO guide so that it might better serve them in making health care decisions.
3. OPA continue their efforts to produce *California's HMO Guide for Seniors* so that more helpful information can be provided to seniors than is contained in the current HMO guide.

# An Evaluation of the Effectiveness of *California's HMO Guide*

## Introduction

### The HMO guide

In September of 2002, the Office of the Patient Advocate (OPA) launched the statewide distribution of *California's HMO Guide* and its Spanish version, *La Guía de los Planes de Salud HMO de California*. The HMO guide was designed and produced by the Center for Community Wellness at the University of California, Berkeley (UCB) in collaboration with OPA. During the HMO guide's development, UCB and OPA staff worked closely with HMO members, consumer advocates and health plan representatives throughout California to design the HMO guide's content and format.

*California's HMO Guide* is a 64-page brightly colored booklet to help consumers choose an HMO and to get the care they need from HMOs in California. Written at an 8<sup>th</sup> grade reading level, the HMO guide provides information about patient rights and about how HMOs work. The HMO guide opens with a table of contents, list of useful terms, and a topical index. The information in the HMO guide covers five overarching topic areas:

1. Taking Charge of Your Health Care—8 chapters
2. You and Your Doctor—5 chapters
3. About Your Benefits—9 chapters
4. If You Have a Problem—3 chapters
5. Finding Resources—2 lists

Each of the 25 chapters covers a particular issue such as pre-existing conditions or filing a complaint. For each issue, chapters offer consumers common questions and answers, things they can do, and where to find help. Throughout the HMO guide, photographs illustrate key points. The HMO guide closes with two lists of resources—one provides telephone numbers and websites for healthcare advocacy groups, and one provides member services numbers and websites for all of the HMOs operating in California.

### Building on Previous Evaluation Results

During the first year of distribution, UCB conducted a two-phase qualitative evaluation of *California's HMO Guide*. In January of 2003, UCB presented the results of 12 focus groups in English and Spanish assessing the use and effectiveness of *California's HMO Guide*. On average 95% of the focus group participants were satisfied with the HMO guide. Over 85% said they would use the HMO guide in the future, and two-thirds said the HMO guide made them feel more confident. They thought it was an excellent source of information, they learned about how OPA helps consumers, and they were enthusiastic about the layout of the HMO guide. They however wanted more information about dental, vision, hearing and preventative healthcare, and about alternative therapies and wellness.

In August of 2003, UCB presented the results of the second phase of the qualitative evaluation—a series of interviews with distributors of the HMO guide and an analysis of distribution records. From September 2002 to late summer 2003, 73 organizations (including OPA, HMOs, medical groups, and advocacy groups) ordered 350,000 HMO guides—260,000 English and 90,000 Spanish. HMO guides were most frequently distributed to consumers through health fairs. Organizations also distributed HMO guides in waiting rooms, one-on-one to clients who they thought would most benefit, and in client education programs.

While we found in 2003 that consumers from selected focus groups liked and used the HMO guide and felt more confident as a result, we did not know whether receiving an HMO guide under different real world circumstances would impact if or how a consumer might use the HMO guide. We also did not know if seniors 65 and older would keep the HMO guide and use it any differently than younger adults. To follow-up on the results of the 2003 qualitative evaluation and to inform the distribution of the upcoming *California's HMO Guide for Seniors*, OPA funded a quantitative study with 500 participants across California to evaluate:

1. Consumers' retention and use of the HMO guide
2. The effectiveness of the HMO guide
3. The relative effectiveness of the distribution methods currently practiced
4. The relative effectiveness of the HMO guide for those 65 years of age or older versus those under 65.

### Evaluation Questions

This study addressed the following evaluation questions:

- Did recipients take the HMO guide home and keep it as a resource?
- Did recipients use the HMO guide?
- For those who used the HMO guide, how was it used and how helpful was it?
- Did retention, use, and perceived helpfulness of the HMO guide vary by naturally occurring combinations of distribution methods?
- Did retention, use, and perceived helpfulness of the HMO guide vary for seniors versus those under 65?
- For those who used the HMO guide, did changes in knowledge, attitudes, and practices result?
- Did potential changes in knowledge, attitudes, and practices vary by distribution method?
- Did potential changes in knowledge, attitudes, and practices vary for seniors versus those under 65?

To provide a meaningful context for the results presented in this report, we also will describe the types of distribution practices that were employed in participating organizations during the evaluation. With the modest funds available for this follow-up quantitative study, we limited our sample of participants to English speakers who received *California's HMO Guide* rather than *La Guía de los Planes de Salud HMO de California*. This was necessary to permit an adequate study comparing the outcomes for people who received an HMO guide in different settings, and for seniors versus younger adults, rather than comparing the differences in outcomes experienced by English versus Spanish speakers.<sup>1</sup> Because these evaluation results will inform the upcoming distribution of *California's HMO Guide for Seniors*, our goal was to recruit a sample with at least 40% seniors.

<sup>1</sup> Spanish speakers in the previous focus groups generally found the guide equally or more helpful than English speakers did.



## Methods

### Collaborating organizations

During the early summer of 2004, UCB planned the study first with OPA, and then in collaboration with six types of organizations that had distributed (or were willing for us to distribute) sufficiently high numbers of *California's HMO Guide* to recruit 500 HMO consumers. Descriptions of those organizations are contained in **Table 1**.

**Table 1: Organizations participating in the evaluation**

Type	Name
Large medical group	HealthCare Partners (HCP)
Manager of affiliated Independent Practice Associations (IPAs)	North American Medical Management, California (NAMM)
State consumer advocacy agency	Office of the Patient Advocate (OPA)
Local agencies for senior recreation & affiliation	Senior Centers in Oakland and Berkeley, Berkeley Gray Panthers <sup>2</sup>
Student health center	Santa Rosa Junior College Student Health Center
YMCA	Albany, CA YMCA

These organizations had a geographic and institutional diversity similar to those distributing *California's HMO Guide* since the launch in 2002. All of these organizations serve consumers from a wide range of HMOs. The first three—HCP, NAMM, and OPA—were invited to participate in the study because they have distributed HMO guides to large numbers of seniors as well as younger HMO consumers since the guide's launch.

While none of the local senior agencies had previously distributed HMO guides, similar senior groups had. The Santa Rosa Junior College Student Health Center and the Albany YMCA were approached to participate in the study slightly later than the other organizations to increase both the range of organizations and individuals in the study.

### Recruiting Study Participants

From May 18 through June 18, 2004, HMO consumers in six California counties—Alameda, Contra Costa, Los Angeles, Sacramento, San Mateo, and Sonoma—were recruited into the study through the six types of organizations listed above. In almost all cases consumers received an HMO guide from a member of the UCB research team who then asked if they would like to participate in the evaluation study.<sup>3</sup> We had also planned to conduct concurrent interviews with providers in the study to find out how they were distributing the HMO guide and how effective they thought the

<sup>2</sup>The Berkeley Gray Panthers, a local group of politically active seniors, allowed us to recruit their members into the study during a regularly scheduled meeting.

<sup>3</sup>The UCB research team recruited over 490 of the 500 study participants. Connie Chan, the Statewide Health Education Supervisor of NAMM, California, recruited the remaining participants.

HMO guide was for their clients. However the lead administrator in every organization specifically requested that members of the UCB research team (rather than their staff) distribute HMO guides and recruit study participants.<sup>4</sup> Consequently, rather than conducting interviews with providers, we chose instead to document the distribution methods used by UCB staff and then to compare the results for each method.

While we needed to take into account the institutional realities of our collaborating organizations, the study was designed to compare the effectiveness of the distribution methods most often used since the launch of *California's HMO Guide*. UCB team members distributed the HMO guide in one of four ways:

1. **From a booth at a health fair**

We accompanied OPA staff at their booth during regularly scheduled health fairs. While their staff described OPA's role as an advocate for HMO consumers and distributed the agency's HMO Report Card, UCB staff asked people who approached the booth if they were currently HMO members or if they were considering their health care options. If they said yes to either question, we offered them an HMO guide. When many people approached the booth at once, we briefly described the HMO guide in a minute or less as we handed it out. With small numbers of people, we could take more time to thumb through pages of the HMO guide, providing a two-four minute orientation to its format and contents.

2. **Via one-on-one distribution in clinic waiting rooms**

We quietly asked people in the waiting room if they were HMO members or if they were considering their health care options. We offered an HMO guide to each person who said yes. We then thumbed through pages of the HMO guide, providing a two-four minute orientation to its format and contents.

3. **In a senior center or as part of a health education session for seniors**

As in other venues, we first asked seniors if they were HMO members or if they were considering their health care options, and then offered an HMO guide to each person who was. As we handed out HMO guides, we thumbed through the pages, providing a two-four minute orientation to its format and contents. In some sites this was done via a group presentation; other sites required one-on-one distribution.

4. **In a local YMCA**

As in other venues, we first asked people if they were HMO members or if they were considering their health care options, and then offered an HMO guide to each person who said yes. As we handed out HMO guides, we thumbed through the pages, providing a two-four minute orientation to its format and contents. At this site, about five people were recruited from a group exercise class, while others were given an HMO guide individually.

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<sup>4</sup> The sole exception to this policy was at NAMM, California as noted above.

When potential participants were given *California's HMO Guide*, they were asked if they would like to participate in a telephone interview five weeks later “to help us find out whether this new booklet tells you what you want and need to know to get the most from your HMO.” We also explained that they would receive a reminder letter and \$10 in cash prior to the interview. If they agreed, they were asked to complete a consent form and provide their telephone number(s) and address. Two to four weeks later, a reminder letter with a \$10 incentive was sent to each participant. Interviewers from Quantum Market Research, Inc., a survey research company, attempted to contact all study participants for their telephone interview approximately five weeks after they were recruited. Of the 594 participants we recruited into the study, 500 (84%) completed an interview an average of 11 weeks after receipt of an HMO guide and recruitment into the study.

### **The study population**

The demographic characteristics of the 500 people who completed an interview are listed in **Table 2** on the next page. Most study participants (95%) were enrolled in some form of health insurance. Very few (5%) were enrolled in Medi-Cal. More than twice as many females participated in the study than males (71% vs. 29%). Thirty-eight percent were 65 years of age or older, and 37% were enrolled in Medicare. About equal percentages of the study participants were employed full time (42%) or were not employed (44%), with 14% employed part time. There were also roughly equal percentages of African Americans (16%) and people of Hispanic origin (15%) represented in the study. The overall study population also represented a full range of educational and income levels.

### **Comparing participants from health fairs, clinics, senior agencies, and the YMCA**

Most seniors were recruited into the study from clinics (48% from clinics were 65 or older) or senior agencies (76% were 65 or older). It is not surprising that higher numbers of participants from those sites also were enrolled in Medicare (46% and 69% respectively). A slightly higher percentage of people from senior agencies (12%) were also enrolled in Medi-Cal, although this difference was not statistically significant from the percentages of participants from other sites who were enrolled in Medi-Cal. About equal numbers of participants from all site types were enrolled in some form of health insurance (ranging from 93% at health fairs to 100% from the YMCA).

Participants from senior agencies and the YMCA were, on average, more highly educated than participants from other sites (65% and 85% respectively had a college or university degree versus 46% from health fairs and 34% from clinics). The highest percentages of white participants were also recruited from senior agencies and the YMCA (71% and 85% respectively were white versus 50% from health fairs and 65% from clinics). As might be expected, more participants from senior agencies (76%) were not employed than participants from other types of sites (unemployment rates in other types of sites ranged from 15%-55%).

### **Comparing adults under 65 years of age and seniors 65 or older**

There was not a significant difference in the percentages of younger adults and seniors who had some form of health insurance. As might be expected however, most seniors (88%) were enrolled in Medicare, while very few (6%) younger adults were, and more seniors (9% vs. 2%) were enrolled in Medi-Cal. Most younger adults were employed either full time (64%) or part time (15%), while seniors were either employed part time (13%) or not at all (83%). Nineteen percent of adults under 65, and 9% of the seniors were Hispanic. On average, seniors had less education and their yearly household incomes were lower than that of adults under 65.

**Table 2: Demographic characteristics of study participants**

	<b>Total (n=500)</b>	<b>From fairs (n=156)</b>	<b>From clinics (n=273)</b>	<b>From senior centers (n=51)</b>	<b>From YMCA (n=20)</b>	<b>Adults under 65 (n=312)</b>	<b>Seniors 65+ (n=188)</b>
Had health insurance	95%	93%	96%	98%	100%	94%	97%
<b>Enrolled in Medicare</b>	37%	12%**	46%**	69%**	20%**	6%**	88%**
Enrolled in Medi-Cal <sup>5</sup>	5%	3%	4%	12%	0%	2%**	9%**
<b>Age</b>							
Under 30	4%						
30-39	8%						
40-49	18%						
50-59	23%	Under 65	Under 65	Under 65	Under 65	Under 65	
60-64	10%	90%**	52%**	24%**	80%**	100%	
65-69	9%	65 and up	65 and up	65 and up	65 and up		65 and up
70 or older	29%	10%**	48%**	76%**	20%**		100%
<b>Gender</b>							
Female	71%	78%	67%	74%	70%	74%*	65%*
Male	29%	22%	33%	26%	30%	26%*	35%*
<b>Employment</b>							
Full time	42%	67%**	34%**	4%**	40%**	64%**	4%**
Part time	14%	14%**	11%**	20%**	45%**	15%**	13%**
Not employed	44%	19%**	55%**	76%**	15%**	21%**	83%**
<b>Ethnicity</b>							
African American	16%	25%**	12%**	10%**	5%**	18%**	12%**
Asian/Pacific Islander	6%	4%**	6%**	14%**	5%**	6%**	6%**
Hispanic	15%	20%**	15%**	4%**	5%**	19%**	9%**
Native American	1%	1%**	1%**	0%**	0%**	1%**	0**
White	62%	50%**	65%**	71%**	85%**	56%**	73%**
Other	1%	0**	1%**	2%**	0%**	1%**	<1%**
<b>Education</b>							
12 years or less	22%	15%**	30%**	14%**	0%**	15%**	34%**
Voc sch/some college	35%	39%**	37%**	22%**	15%**	39%**	28%**
College or univ degree	43%	46%**	34%**	65%**	85%**	46%**	38%**
<b>Income<sup>6</sup></b>							
20k or less	18%	12%**	23%**	28%**	5%**	9%**	38%**
20-40k	25%	26%**	25%**	41%**	21%**	26%**	28%**
40-75k	30%	36%**	32%**	22%**	26%**	36%**	25%**
75k or more	21%	26%**	20%**	9%**	47%**	30%**	9%**

\* Statistically significant difference (chi-square, &lt;.05)

\*\*Statistically significant difference (chi-square, &lt;.01)

<sup>5</sup> Medi-Cal is California's Medicaid program.<sup>6</sup> For this report, all refused and "don't know" answers were set to missing and not considered in the percentage calculations. In most cases there were very few if any of those answers. For income however, 6% of the total group refused to answer the question or could not estimate their total yearly household income before taxes.

## **The Interview**

In addition to gathering basic demographic information from participants, the interview protocol assessed how people received an HMO guide, their retention of the HMO guide as a resource, their use of the HMO guide, the helpfulness of the HMO guide to those who used it, and a few other outcomes associated with its use. The interview protocol also asked about knowledge, confidence, and practice outcomes that were closely linked to the content of the HMO guide. These questions were asked for the present time, and for the time before receiving the kit. The interview protocol was pretested with four people who had received an HMO guide. Based on their responses, some of the interview questions were modified, and the instrument was retested with three additional people.

## **Analysis Methods and Sample Size Calculations**

Data from the interview protocol were analyzed (a) for the total group, (b) by distribution method, and (c) for seniors versus those under 65 with distribution method as a potential moderating factor. To address the evaluation questions regarding retention and use of the HMO guide, we calculated proportions of the sample who kept and who used the HMO guide, as well as proportions who engaged in specific uses of the HMO guide. This was done for the full group, separately for each of the four distribution methods, and separately for elders and non-elders.

To evaluate whether there were any differences among the four distribution settings in these retention and use proportions, chi square analyses were performed. The power to detect any existing differences is determined by the sample size as well as the magnitude of the differences.

Comparisons similar to the above were also conducted for the knowledge, confidence, and practices scales, using analysis of variance methods.

Additional analyses were done to compare those who received an HMO guide and used it (n=335), those who received an HMO Guide but did not use it (n=124), and those who did not remember receiving an HMO guide after being given a description of its appearance (n=41).

## Results

### **Most participants remembered receiving an HMO guide, took it home, and kept it as a resource.**

#### **Overall receipt**

Most participants (92%) remembered that they received an HMO guide at the site when they were recruited into the study. Of the 459 participants who remembered receiving an HMO guide, 98% said they took the guide home, and this percentage did not vary by distribution setting or age.

To compare the thoroughness of our distribution methods, we asked participants about their experience when the HMO guide was given to them. Of the 442 participants who could recall how the HMO guide was given to them:

- 23% reported that no one described the HMO guide to them
- 40% said that someone explained the HMO guide to them without opening it up
- 37% said someone opened it and explained what was inside

When asked what they had done with their HMO guide, 93% said they kept it, and this percentage did not vary significantly by distribution setting or age. Most of those participants (74%) simply said that they kept the HMO guide to refer to later. Another 15% specifically said that they keep their guide at home in a safe or handy place, while 2% said that they kept it at work. Two percent reported throwing the HMO guide away, another 2% said they gave it to someone else, and 5% weren't sure where it was or said they had misplaced it.

#### **Receipt by distribution setting and age**

The only demographic variable related to whether or not participants remembered receiving an HMO guide was age, with participants less than 65 years of age significantly more likely to remember having received it (96% of those under 65 v. 86% of 65 or older remembered,  $p < .01$ ). As might be expected with this difference, participants recruited in settings other than senior centers were more likely to remember receiving the HMO guide than participants recruited in senior centers (93% in clinics and at fairs, and 100% at the YMCA remembered, compared with 76% in senior centers ( $p < .01$ )).

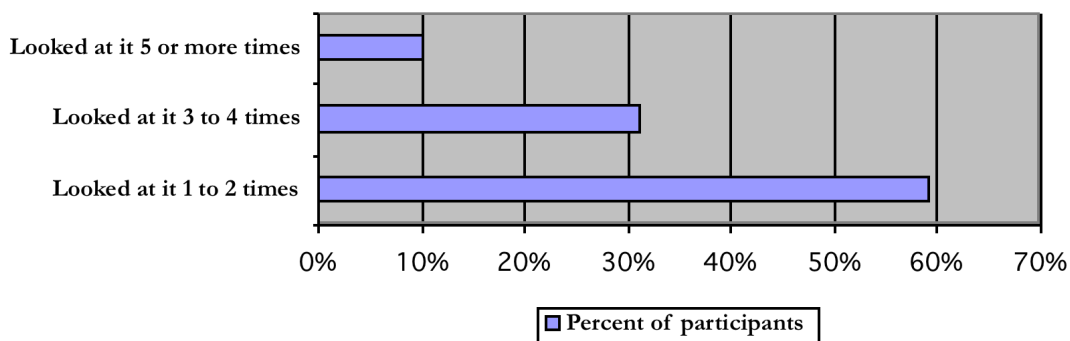
Participants younger than 65 were also more likely to say that someone explained the contents of the HMO guide to them when they received it (82% who were under 65 versus 67% who were 65 or older said the HMO guide was explained to them,  $p < .01$ ). Participants' recollections of how the HMO guide was explained also varied significantly by distribution setting ( $p = .01$ ). As might be expected with this finding, participants recruited from senior centers were less likely to recall that someone explained the contents of the HMO guide when it was given to them. As we reported earlier, there was also less opportunity to explain the contents of the HMO guide to participants recruited at health fairs when many people flocked to the booth at once, and participants from health fairs confirmed this.

## **Many participants used the HMO guide and shared it with others.**

### **Overall Use**

Of the 459 participants who remembered receiving an HMO guide, 73% said that they had read or looked at least some part of the HMO guide. As shown in **Figure 1**, of those who looked at their HMO guide, 59% looked at the HMO guide one to two times, 31% looked at it three to four times, and 10% looked at it five or more times.

**Figure 1: How many times participants looked at the HMO guide**



### **Overall sharing within households**

Forty percent said that they shared the HMO guide with other members of their household. We asked those who shared the HMO guide to describe how they had shared it. Of those who shared, 25% specifically reported sharing it with their partner, 11% with a child (usually grown), 7% with a parent, 5% with a sibling, and 6% with other family members or roommates. About a third of those who shared said that they had read it together, and 18% stated that the other person read it independently. About one-third said that they shared it so that the other person could gain specific information that he or she needed, and 22% said that they shared it for the general information that the HMO guide provided.

### **Overall sharing outside the home**

Eighteen percent said that they shared the HMO guide with a friend, relative not living with them, or a neighbor. Of those who shared it outside the home, 33% specifically reported sharing it with a family member not living with them, 27% shared it in their workplace, 20% shared it with a friend, and 15% shared it with a neighbor. Twenty percent of those who shared it outside the home said that they had read it together, and 10% stated that the other person read it independently. About one-third said that they shared it so that the other person could gain specific information that he or she needed, and 15% said that they shared it for the general information that the HMO guide provided.

**Use by distribution setting and age**

Participants recruited from clinics (79%) or from the YMCA (80%) were more likely to have looked at their HMO guide than participants recruited at health fairs (64%) and in senior centers (62%) ( $p < .01$ ). Across all distribution settings, there was no significant difference in use of the HMO guide by those under 65 and those 65 or older.

**Sharing by distribution setting and age**

Participants who received an HMO guide at in a clinic or at the YMCA (39% and 45% respectively) were more likely to share their HMO guide than those receiving their guide at a health fair or in a senior (24% and 22% respectively,  $p < .01$ ). When the data were compared across all distribution settings, there was no significant difference in the level of sharing of the HMO guide by those under 65 and those 65 or older.



## **Many participants found the HMO guide helpful, and they used it to better understand their benefits or other HMO issues.**

### **Using the HMO guide to understand benefits**

Of the 335 participants who used the HMO guide, 71% thought it was helpful to them in better understanding their benefits as an HMO member, and this percentage did not vary significantly by distribution setting or by age. Those who said it was helpful in understanding their benefits were asked if it had helped them with benefits related to eight specific health care issues. Those issues are shown in **Table 3** along with the percentage of participants who thought the HMO guide was helpful around a particular issue.

**Table 3: The HMO guide's helpfulness to participants in knowing their benefits**

<b>Benefits related to:</b>	<b>Of participants who found the guide useful in understanding their benefits (n=239), percentages who found it helpful related to 8 specific issues</b>
Specialist care	86%
Routine Care	80%
Prescription drugs	79%
Emergencies or urgent care	77%
Hospital care	76%
Mental health care	49%
End of life care	49%
Children's health care	30%

### **Looking at the HMO guide out of general interest or to answer a question**

When asked if they had looked at the HMO guide out of general interest or to answer a question, 77% said they had looked at it out of general interest, and 38% said they had looked at it to find answers to questions they had. When asked what kind of questions they had, participants named questions around a range of issues as shown in **Table 4** on the next page. Participants most often said that they referred to the HMO guide to answer their questions about: 1) how to compare HMOs or about COBRA, 2) their benefits, 3) their patients' rights, or 4) organizations that might be helpful to them.

**Table 4: Kinds of questions for which participants sought answers from the HMO guide**

	<b>Of participants with questions (n=128), percentages with a question related to particular issues</b>
To compare HMOs and learn about COBRA	27%
To learn about available benefits	21%
To learn about patients' rights	18%
For numbers or Web sites for organizations	16%
To choose doctors	10%
To learn about prescriptions	6%
For medical information about particular health issues	6%
For information about health care for seniors or Medicare	6%
To learn about co-payments	2%
To learn about low-cost or subsidized health plans	2%
Other	5%

### **Other reasons for referring to the HMO guide**

When asked if there was any other reason that they referred to the HMO guide, 27% of the 335 who used the guide said yes. While most (39% of 89) said they had sought general information, some of their reasons for referring to the HMO guide related to the same issues as participants mentioned in the earlier open-ended question about why they had referred to the HMO guide. In addition to seeking general information, the following reasons were most often mentioned by the 89 participants answering the question:

- 15% wanted to compare HMOs and learn about COBRA.
- 11% wanted numbers or Web sites for organizations.
- 10% wanted to learn about available benefits.
- 9% wanted to judge the HMO guide or compare it with materials from their HMO.
- 7% wanted to choose doctors.
- 7% wanted medical information about particular health issues.
- 6% wanted to learn about patients' rights
- 4% wanted information about senior health care or Medicare

While they were not prompted to do so, 7% of those who referred to the guide for another reason told their telephone interviewer that the HMO guide had provided the information they were seeking, and 2% said that it had not.

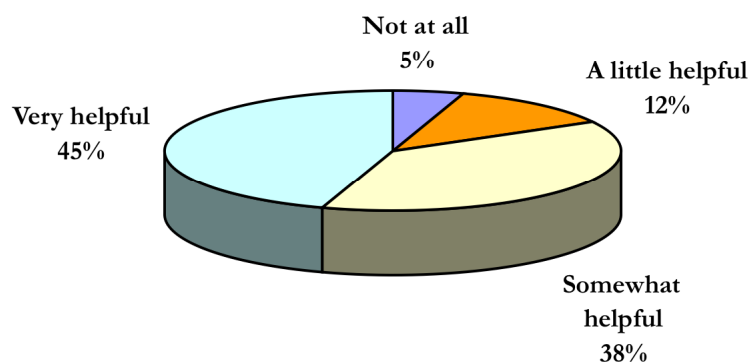
### Rating the helpfulness of the HMO guide

When asked, 69% of the 335 participants who used the guide said that they had found information in it helpful, and this percentage did not vary significantly by distribution setting. Ratings of helpfulness differed significantly by age: 75% of those under 65 and 59% of seniors found it helpful ( $p < .01$ ). When asked what in the HMO guide was helpful to them:

- 31% found it helpful for numbers or Web sites for organizations.
- 21% thought it was a good general reference.
- 19% found it helpful for comparing HMOs and learning about COBRA.
- 12% found it helpful for learning about patients' rights.
- 10% found it helpful for choosing doctors.
- 7% found it helpful for learning about their benefits as an HMO member.
- 6% found it helpful for learning about specialist care.
- 5% found it helpful because of the ease of getting information from it.
- 4% found it helpful for learning about senior health care or Medicare.

Later in the interview, participants were also asked to rate how helpful or unhelpful the HMO guide had been to them. The results of that question are shown in **Figure 2** below, and these results did not vary significantly by distribution setting or age. Most (83%) considered it helpful, while 17% thought it was only a little helpful, or not at all helpful. If participants thought it was not helpful, interviewers asked why they felt that way, and most often they (26) said that they had not yet needed to refer to the HMO guide. Nine said that they were already well informed, and eight participants believed the HMO guide was too simplified in its approach to be helpful to them. While for three participants, the content in the HMO guide was too overwhelming to be helpful.

**Figure 2. Perceived helpfulness or unhelpfulness of the HMO guide**



**For the 335 participants who used the HMO guide, positive changes in their knowledge, confidence, and practices resulted.**

Of the participants who used the HMO guide, 19% said that they had changed their thinking or had done something differently because of the HMO guide. When asked what they had changed, they mentioned a wide range of attitudinal and behavioral shifts. They most often mentioned the following kinds of changes:

- 42% shifted their attitude
- 27% compared their HMO with other health plans
- 17% received help from organizations listed in the HMO guide
- 6% received more member benefits
- 5% started sharing health care information with other people
- 5% kept the HMO guide for future reference

As shown in **Table 5**, participants who used their HMO guide were also asked a pair of questions for each of 21 health care issues directly addressed in the HMO guide. There were eight pairs of knowledge questions, eight pairs of confidence questions, and five pairs of practice questions.

**Table5: Issues addressed by pairs of knowledge, confidence, and practice questions**

Knowledge about...	Confidence about...	Practices related to...
1. Making the most of a doctor's visit.	1. Getting the information you need to compare HMO plans.	1. Finding the information you need about health care.
2. Keeping health records for your self.	2. Taking charge of your health care.	2. Writing down information your HMO, health plan, or your doctor tells you.
3. Finding help when you want to compare health plans.	3. Knowing the basic rights of HMO members.	3. Carrying your HMO or health plan card with you.
4. Sharing information with your doctor when you're prescribed a new drug.	4. Finding out what steps to take to file a complaint with your HMO or health plan.	4. Keeping your medical records in one place.
5. Checking up on a new prescription drug.	5. Asking questions to compare different treatments for an illness.	5. Keeping track of you medical care.
6. Finding out what you need to know before a stay in the hospital.	6. Finding the telephone number for Member Services in your HMO or health plan.	
7. Asking what is important when you want a referral to a specialist.	7. Avoiding costly surprises with your health care.	
8. About the Office of the Patient Advocate	8. Finding the resources to solve a problem with your health care.	

For each question pair, participants were first asked to assess their level of knowledge, confidence, or practice NOW (at the time of the interview—an average of 11 weeks after receiving the HMO guide). Participants were then asked to assess their level of knowledge, confidence, or practice around that same issue BEFORE they received the HMO Guide.

For each NOW and BEFORE knowledge and confidence question, the answer choices were:

1. Not at all knowledgeable/confident (assigned a value of one)
2. A little knowledgeable/confident (assigned a value of two)
3. Somewhat knowledgeable/confident (assigned a value of three)
4. Very knowledgeable/confident (assigned a value of four)

For NOW and BEFORE practice questions, answer choices were:

1. Almost never (assigned a value of one)
2. Sometimes (assigned a value of two)
3. Often (assigned a value of three)
4. Almost always (assigned a value of four)

Six scale scores were computed and compared to assess changes in knowledge, confidence, and practices now in comparison to before receiving the HMO guide:<sup>7</sup>

1. Knowledge NOW (eight items)
2. Knowledge BEFORE (eight items)
3. Confidence NOW (eight items)
4. Confidence BEFORE (eight items)
5. Practice NOW (five items)
6. Practice BEFORE (five items)

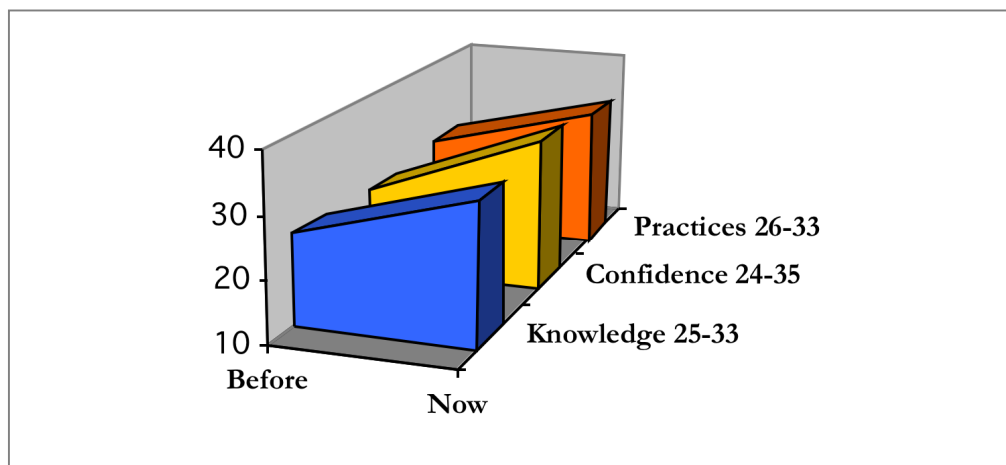
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<sup>7</sup> Scale scores were computed as the sum of the answer values (i.e., 1-4) for the included questions, divided by the number of questions, times 10, rounded to a whole number. The possible values of each scale ranged from 10 to 40. To test the reliability of the scales, Cronbach's coefficient alpha was computed for each of the six scales (alpha ranged between .82 and .88 for each of the knowledge and confidence scales, and was .60 for practices NOW and was .69 for practices BEFORE).

### Overall increases in knowledge, confidence, and positive health practices

As shown in **Figure 3**, as a result of receiving the HMO guide, participants reported significant increases in their knowledge (from a score of 25 before receiving the HMO guide to 33 at the time of the interview), confidence (from a score of 24 before to 35 at the time of the interview), and positive health practices (from a score of 26 before to 33 at the time of the interview), with all differences  $p < .01$ .<sup>8</sup> Standard deviations for these scales ranged from approximately five to seven.

**Figure 3: Overall increases in knowledge, confidence, and positive health practices**



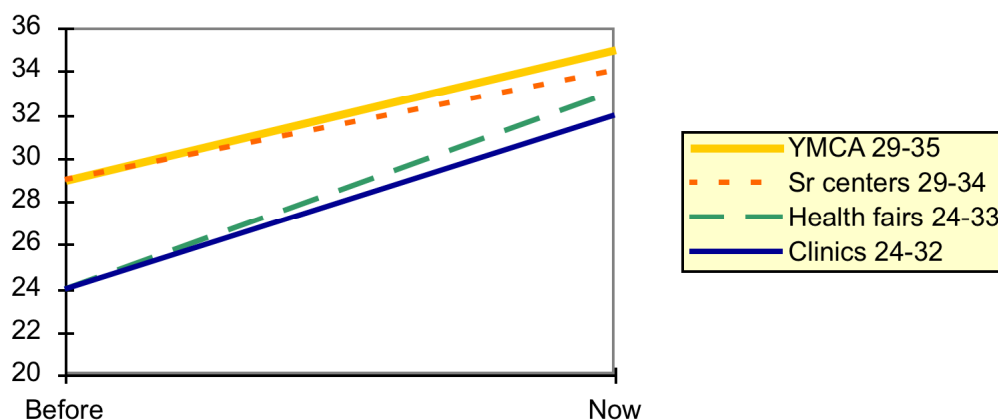
Gains in knowledge, confidence and practices were all statistically significant, ( $p < .01$ )

<sup>8</sup> To test the statistical significance of differences, two-way repeated measures analyses of variance were run for each scale set (knowledge, confidence, and practices) for time (BEFORE/NOW) by distribution method (clinic, fair, sr. center, and YMCA) and also separately for seniors 65 and older versus adults younger than 65.

### Increases in knowledge by distribution setting

As shown in **Figure 4**, while participants in all settings reported significant increases in knowledge as a result of receiving the HMO guide, there were significant differences across gains in self-reported knowledge of participants from clinics, health fairs, senior centers, and the YMCA over time ( $p < .05$ ). Participants from the YMCA and senior centers reported higher levels of knowledge before receiving the HMO guide (29 versus 24 points for participants from health fairs and clinics). Their gains in knowledge from prior to receiving the HMO guide to the time of the interview were five and six points respectively compared the eight--and nine-point gains of participants recruited from clinics and health fairs.

**Figure 4: Increases in knowledge by distribution setting**

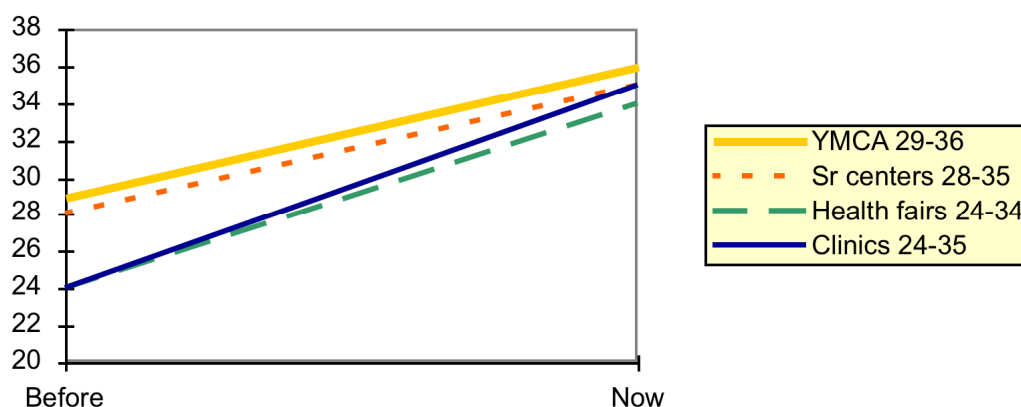


The differences in these gains were statistically significant, ( $p < .05$ )

### Increases in confidence by distribution setting

As shown in **Figure 5**, while participants in all settings reported significant increases in confidence as a result of receiving the HMO guide, there were significant differences in the confidence gains of participants from clinics, health fairs, senior centers, and the YMCA over time ( $p < .01$ ). Participants from the YMCA and senior centers reported higher levels of confidence before receiving the HMO guide (28 and 29 points respectively) than participants from clinics and health fairs (24 points each). When comparing report of prior and current confidence, there was a seven-point difference for participants from the YMCA and senior centers. This difference was less than for participants recruited from clinics and health fairs (the differences in their prior and current confidence were 11- and 10 points respectively).

**Figure 5: Increases in confidence by distribution setting**



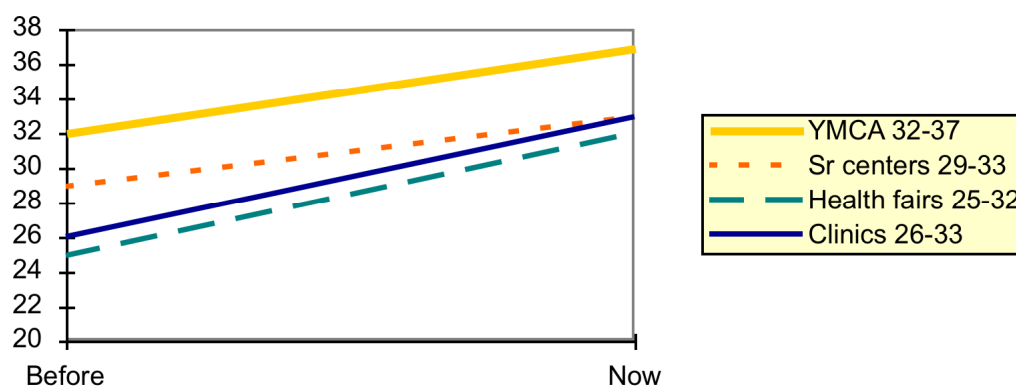
The differences in these gains were statistically significant, ( $p < .01$ )



### Increases in positive health practices by distribution setting

As shown in **Figure 6**, participants in all settings reported significant increases in positive health practices as a result of receiving the HMO guide and there were no significant differences in gains for participants by distribution setting. Participants in the YMCA and senior centers reported four point gains in their positive practices, while participants recruited from clinics and health fairs reported seven point gains.

**Figure 6: Increases in positive health practices by distribution setting**



The differences in these gains by distribution setting were not statistically significant.

### Equal gains in knowledge, confidence, and practices for seniors and younger adults

When the differences in gains over time in knowledge, confidence, and positive health practices were compared for participants younger than 65 and for those 65 or older, there were no statistically significant differences. Both younger and older participants reported significant increases in their knowledge, confidence, and positive health behaviors as a result of receiving the HMO guide.

### There were few differences in those who received a Guide and used it, those who did not use it, and those who said they did not receive an HMO guide.

When these groups of participants were compared, we found that a person's gender, employment, ethnicity, education, or income were not related to whether they used the HMO guide or did not remember receiving it. Advanced age was the only demographic variable related to whether or not a person remembered receiving an HMO guide. Connected to this finding, the highest percentage of participants who did not remember receiving an HMO guide was recruited from senior centers (24% v. 7% from clinics, 7% from health fairs, and none from the YMCA).

The highest percentages of participants who did not use their HMO guide were recruited from health fairs and senior centers (33% and 30% v. 19% from clinics and 20% from the YMCA).

## Summary and Conclusions

### **Most participants used the guide and found it helpful.**

Of the 500 participants recruited in a range of settings, 92% remembered receiving an HMO guide when their telephone interviewer asked them an average of 11 weeks later. Advanced age was the single factor associated with not remembering receiving an HMO guide (86% of those 65 or older versus 96% under 65 remembered). Regardless of age, almost all (98%) who remembered receiving a guide said that they took it home, and 93% said that they kept it as a resource either at home or at work.

Many participants used the HMO guide. Of the 459 participants who remembered receiving an HMO guide, 73% said that they had read or looked at least some part of the HMO guide. Of those who looked at their HMO guide, over 40% referred to it three or more times.

Almost 70% of the 335 participants who used the guide said that they had found information in it helpful, and this percentage did not vary significantly by distribution setting. Although the majority of seniors found it helpful, fewer seniors (59% versus 75% of those under 65) found it helpful. Participants found the HMO guide most helpful: 1) for numbers or Web sites for organizations, 2) as a good general reference, 3) for comparing HMOs and learning about COBRA.

### **The HMO guide helped participants find answers to many kinds of questions about their HMOs.**

Of the 335 participants who used the HMO guide, 71% thought it was helpful in better understanding their benefits as an HMO member, and this percentage did not vary significantly by distribution setting or by age. The HMO guide was most helpful to participants in understanding their benefits related to specialist care, routine care, prescription drugs, emergency care, and hospital care.

When asked, 77% of those who used the HMO guide said they had looked at it out of general interest, and 38% said that they had looked at it to find answers to questions they had. The kinds of questions for which participants most often sought answers were: 1) to compare HMOs and learn about COBRA, 2) to learn about available benefits, 3) to learn about patients' rights, and 4) for numbers or Web sites for organizations.

**Participants reported gains in their knowledge, confidence, and positive health practices because of the HMO guide.**

When asked if they had made any shifts in their attitudes or behavior as a result of the HMO guide, 19% said that they had changed their thinking or had done something differently. When asked what they had changed, they mentioned a wide range of changes, with most saying that: 1) they changed their attitude (give example), 2) they compared their HMO with other health plans, and 3) they received help from organizations listed in the HMO guide. In addition, participants from all distribution settings reported significant increases in their knowledge, confidence, and positive health behaviors (from before receiving the HMO guide to the time of the interview) related to 21 specific health care issues addressed in the HMO guide.

**Both age and distribution setting affected participants' memory of receiving the HMO guide and their subsequent use of it.**

Among participants who remembered receiving it, retention of the HMO guide did not vary by distribution setting or age. High numbers of both seniors and those under 65 used and shared the HMO guide with others. Use of the HMO guide was relatively high among all distribution settings (ranging from 62%-80%). Participants recruited from clinics or from the YMCA were more likely to have used or shared their HMO guide than participants recruited at health fairs and in senior centers.

Despite the fact that in all settings except health fairs, the HMO guide was shown and explained to participants when they were recruited, seniors were also less likely to remember that the HMO guide was explained to them (33% who were 65 or older said no one explained the guide v. 18% who were under 65). Confirmatory with their age, participants recruited from senior centers were less likely to say that someone explained the HMO guide to them.

Participants from health fairs confirmed that the HMO guide was not always explained to them at recruitment. At health fairs, participants were also introduced to a wide range of other health care products that may have drawn their attention away from the HMO guide. These reasons may have accounted for the lower use rate in that distribution setting. Reduced use and sharing of the HMO guide by participants from senior centers may have been related to seniors' lower memory of receiving the HMO guide, however as noted above, when use and sharing of the HMO guide were compared for seniors and those under 65 years of age, there were no significant differences.

**Gains in knowledge and confidence varied among distribution settings.**

Participants in all settings reported increases in knowledge and confidence as a result of receiving the HMO guide. Participants from senior centers and the YMCA reported higher levels of knowledge and confidence before receiving the HMO guide, and their report of gains in knowledge and confidence from prior to receiving the HMO guide to the time of the interview were five to seven points. These reported gains were more modest than the eight to 11-point gains reported by participants from clinics and health fairs.

**Seniors and adults under 65 years of age reported equally high gains in knowledge, confidence, and positive health behaviors.**

Both seniors and participants under 65 years of age reported increases in their knowledge, confidence, and positive health behaviors as a result of receiving the HMO guide. When the gains over time in knowledge, confidence, and positive health practices were compared for seniors and participants under 65, there were no significant differences.

**The impact of the HMO guide extends beyond those who initially receive it.**

Forty percent of the participants who remembered receiving an HMO guide said that they shared the HMO guide with other members of their household, and an additional 18% said that they shared the HMO guide with a friend, relative not living with them, or a neighbor. About one third of those who shared it at home and 20% of those who shared it outside their household took an active role in reading the HMO guide with the person they shared it with.

## Recommendations

The results of this evaluation suggest that *California's HMO Guide* is effective in providing adults through a range of institutional settings with pertinent information about their health care options. Consumers confirmed that the information contained in the HMO guide indeed helped them to compare HMOs in California, to get the care and support they needed, and to better understand their benefits. However there were differences in the use of the HMO guide among distribution settings and among seniors versus non-seniors that warrant attention.

Based on the results of this study, we recommend:

1. OPA continue to distribute *California's HMO Guide* in a range of settings including health fairs, clinic waiting rooms, senior centers, and local service organizations such as the YMCA so that a broad cross-section of Californian health care consumers can access the information provided in the HMO guide. While the impact of the HMO guide varied for participants in different settings and an earlier study showed that seniors and Spanish speakers benefited most from it, use of the HMO guide was high among the 500 participants in all settings in this more reliable study. In this study, there were significant changes in knowledge, confidence, and positive health behaviors for participants regardless of their age or where they received their HMO guide.
2. Distributors of *California's HMO Guide* take special care to introduce the guide to seniors and to periodically remind seniors of the information contained in the HMO guide so that they will continually be alerted that it might assist them in making health care decisions. Seniors who remembered receiving an HMO guide were just as likely to use and share the HMO guide as younger adults.
3. OPA continue their efforts to produce *California's HMO Guide for Seniors* so that more helpful information can be provided to seniors than is contained in the current HMO guide. While almost 60% of the seniors over 65 years of age found the information in the HMO guide helpful, this was below the percent of non-seniors (75%) reporting that it was helpful. While there were no differences in the gains of knowledge, confidence, and positive health behaviors for seniors and non-seniors, fewer seniors reported that the information contained in the HMO guide was helpful to them. A guide specifically targeted to seniors' needs may be more helpful, and it may also increase seniors' knowledge, confidence, and positive health behaviors.

## References

### Previous evaluation reports

Desai, M., Clayton, L. (January 2003). *An Evaluation of California's HMO Guide: Getting the Most from Your HMO*. University of California, Berkeley, Center for Community Wellness.

Desai, M., Clayton, L., Bowman, S., Koh, K. (August 2003). *California's HMO Guide Outreach and Distribution Evaluation Report*. University of California, Berkeley, Center for Community Wellness.