

Developing and Implementing a Mixed-Methods Research Program to Improve Outreach



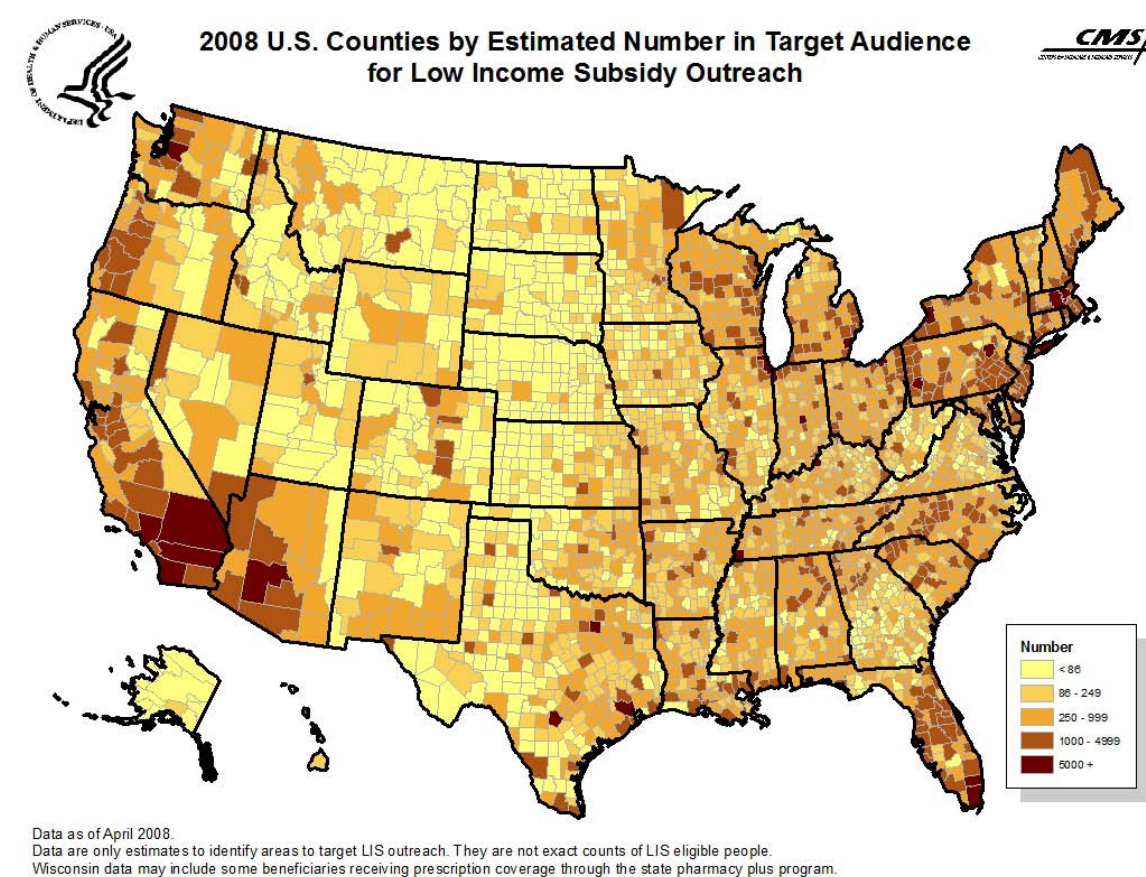
Effectiveness Among Low-Income Medicare Beneficiaries

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Abstract

This presentation provides an overview of the development and implementation of a mixed design research program that combines qualitative formative research (e.g., focus groups, IDIs), audience segmentation (via psychographic profiles and health care decision-making styles) analysis, and formal field experiments measuring behavioral outcomes using data from both survey and administrative databases. The research program is designed to inform health care communications and outreach aimed at increasing enrollment in the low-income subsidy (LIS) program that helps Medicare beneficiaries with limited means obtain their prescription drugs at no (or very low) out-of-pocket cost. The research program aims to achieve high levels of both internal and external validity by building on the strengths of diverse research strategies. Results from each approach are synthesized and insights are incorporated into subsequent communication campaigns which are themselves evaluated, generating new formative research questions. This iterative process has accelerated the development of core knowledge of the target population, produced measurable improvements in outreach effectiveness, and increased the return on investments in communication.

Geo-Mapping of Unmet Need



Initial Formative

Research Objectives:

- Identify effective messages, materials and tactics to reach low-income beneficiaries with information about the Low Income Subsidy.
- Gather insights about communicating with this audience from partners, counselors and other influencers who have experience working with rural, low-income seniors.

Methodology:

45 in-depth interviews/dyads with beneficiaries (and spouses, when possible) and 17 interviews with "influencers" and CMS partners such as SHIP counselors, pharmacists and representatives at senior centers who regularly advise beneficiaries about health plan issues. The beneficiary interviews were conducted in two rural markets—Beaver Dam, Wisconsin and Lebanon, Pennsylvania—and one urban market—Brooklyn, New York. Partners were interviewed in the same three beneficiary markets as well as in Bradenton, Florida; McMinnville, Tennessee; and Mount Pilot, North Carolina.

Findings:

- Beneficiary communications should focus on building basic awareness of the LIS and minimizing barriers related to confusion and intimidation.
- Increased messaging outside of traditional communications windows (i.e. prior to open enrollment) is likely to increase response to LIS mailings.
- The most common barrier to Part D/LIS enrollment is a perceived lack of need among beneficiaries who are not currently taking prescription drugs, and the expectation that they can enroll when the need arises.

Strategy:

- Findings from this study informed outreach to partners and low income beneficiaries in geographic areas with high levels of unmet needs.
- Topics for future research suggested included studies of audience segmentation (e.g., geographic, channel preference, decision-making style) and message testing.

Psychographics

Key Psychographic Themes:

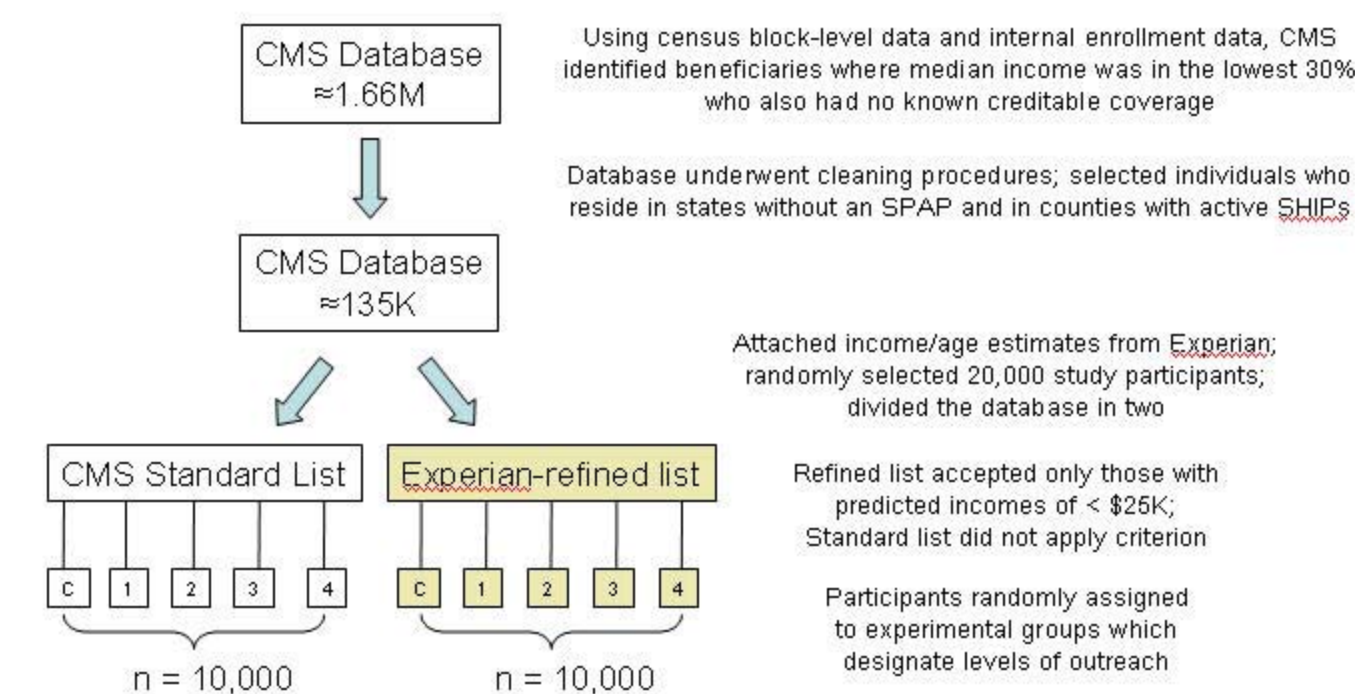
- Strong family orientation
- Enjoyment of outdoor activities
- Wanting and appreciating a "good deal"

Primary Communication Themes:

- "Stop & Smell the Roses" – Altruism, down to earth appeal
- "Buy American" – Focus on pride, heritage, stability



Experimental Field Study

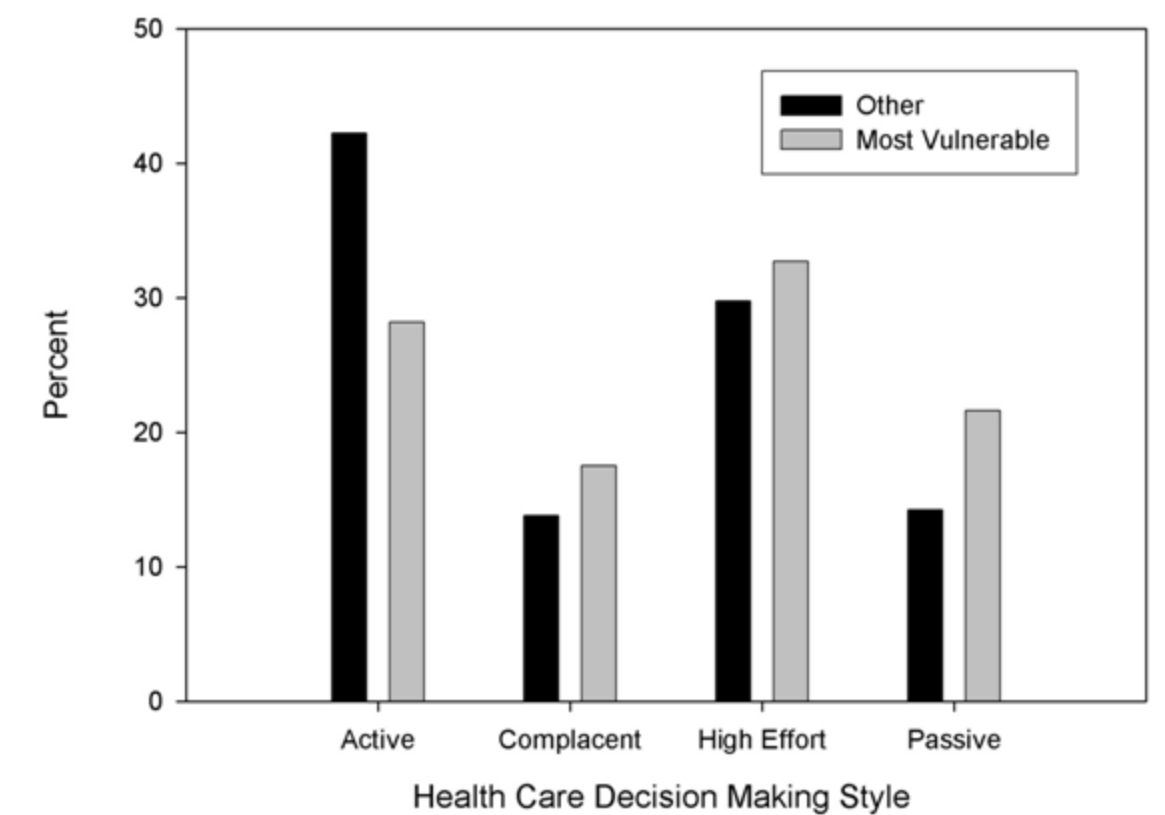


Reported Applying Low-Income Subgroup

	Odds Ratio	Std. Error	t	p
Aware of LIS	2.38	.744	2.76	0.006
Age < 65	2.21	.796	2.20	0.028
Married	0.59	.228	-1.36	0.175
High School or above	1.05	.365	0.13	0.898
Race White vs. Other	1.76	.993	1.01	0.314
Race Black vs. Other	1.17	.613	0.30	0.761
Male	1.52	.513	1.26	0.209
Active	0.73	.261	-0.86	0.388
CMS Letter	11.30	11.86	2.31	0.021
Self-Mailer + BRC	4.67	5.10	1.41	0.159
Invite + BRC + Recorded Calls	14.91	15.43	2.61	0.009
All + Enrollment Assistance	13.55	14.08	2.51	0.012

Decision-Making Style

People who were eligible for but not enrolled in the LIS Program had a less active healthcare decision making style. They need more than just information about the program; motivational and decision-making skill issues need to be addressed.



Message Refinement

IDIs (n=30) further evaluated channels and messages, finding that CMS/HHS letters incorporating messages encouraging beneficiaries to maximize benefits that were available and not doing without needed medications were seen as credible and motivating. Quantitative Max-Diff scaling (n=200) supported findings and suggested that stressing "staying healthy" was also motivating for those in good health. Results were replicated in testing with Hispanic beneficiaries. Summary of best practices have been developed and distributed. Planning for subsequent field testing is underway.

References

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