

Study suggests ways to simplify health insurance enrollment

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Enrolling in a health insurance plan can be confusing, especially for the previously uninsured. A new study, led by Washington University in St. Louis, looked at how plain language, graphics and stories can ease the enrollment process. Credit: E. Holland Durando

The federal health-care law has reduced the number of uninsured people by about 10 million. But challenges remain, including how to educate new enrollees about their coverage options.

New research shows that communicating new, sometimes confusing



information about the Affordable Care Act can be as simple as using plain language, providing comparisons to familiar contexts and using stories about how people might make health insurance decisions.

The study, led by Washington University in St. Louis, is one of the first to examine effective ways to explain key insurance terms and details to people who never have had health insurance. The research is now available online in the journal Medical Decision Making.

"Much of the insurance information that people receive is confusing, whether they're enrolling in a plan under the Affordable Care Act or through an employer," said first author Mary Politi, PhD, an assistant professor of surgery at the School of Medicine. "Anything we can do to ease the enrollment process benefits patients and their families—and simple solutions exist."

The study's 343 participants, from urban, suburban and rural areas, did not have health insurance previously or only recently had enrolled. They were randomly divided into three groups that saw plain-language tables alone, graphics that allowed participants to choose what information to see and in what order, or plain-language tables and stories about how other people make insurance decisions.

The researchers assessed knowledge about key terms such as "co-insurance," "deductible," "out-of-pocket maximum" and "formulary." (The latter is a list of medications that are approved under a health insurance policy.)

Researchers also determined the participants' confidence in choices they made. The plain language tables, graphics and stories all worked to help people make choices that were consistent with their stated preferences. For example, those primarily interested in low premiums or low copayments for medications selected plans with those features.



The study did find that getting the uninsured or newly insured up to speed can be as easy as using:

- Plain language in side-by-side comparisons of available insurance plans. An example is noting that deductibles work the same way with health insurance as they do with auto insurance.
- Graphics that allow enrollees to review individual plan benefits they're more likely to use. An example is a depiction of how each plan differs in regards to medication costs.
- Stories about how people might make decisions about health insurance, using plain language to take them through the steps of comparing plans and enrolling.

"People found all three methods very helpful," said senior author Timothy McBride, PhD, professor at the Brown School. "And they're helpful for people across all levels of health literacy."

The study also highlights the benefits of user-friendly formats – for example, presenting plan benefits in order of importance to enrollees rather than alphabetically, which is more typical.

Politi said the findings are useful for insurance companies, doctors' offices, hospitals, medical schools and other entities involving health insurance users.

"We should start by making sure enrollment materials are available and accessible to everyone," she said. "Then we can provide more details to people who want more. Starting with simple information is never a bad thing for people making complex decisions about <u>health insurance</u>."

More information: "A randomized trial examining three strategies for supporting health insurance decisions among the uninsured." *Medical Decision Making*, published online April 1, 2015.



mdm.sagepub.com/content/early/ ... 272989X15578635.full

Provided by Washington University School of Medicine in St. Louis

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