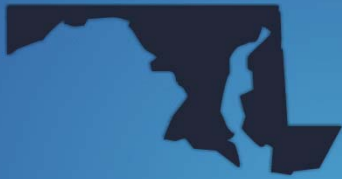


# Preliminary focus group findings on how best to discuss the Maryland hospital waiver with Consumers

January 2015

**HEALTH  
CARE  
for All**



**MARYLAND CITIZENS' HEALTH INITIATIVE**

# Background Method

## 5 Groups

- ◆ Columbia (October 29)
- ◆ Easton (October 30)
- ◆ Baltimore (Urban, people of color; November 5)
- ◆ Baltimore (Suburban, Caucasian; November 5)
- ◆ Bowie (November 6)



# Consumer Audience A



- ◆ Lower-income, younger
- ◆ Primary experience is with emergency department
- ◆ Financial striving/stress
- ◆ Significant feelings of discrimination based on ability to pay

# Consumer Audience B



- ◆ Older and chronically ill, or caregivers
- ◆ Experience with inpatient hospital care and scheduled procedures
- ◆ Higher baseline satisfaction with hospital care
- ◆ Translates into concern about change

# Reactions to discussion of health care system in general

- ◆ Urgent care facilities heavily utilized.
- ◆ Hard to imagine hospitals playing a preventative role.
- ◆ Hospitals seen as a business; consumers doubt their motives.
- ◆ No one is looking out for me!

## Reactions to discussion of the waiver concept

### **Audience A**

- ◆ Very comfortable with “global budgets” and “lump sum”

### **Audience B**

- ◆ Concerned about global budgets affecting status quo or preventing them from getting care they need.

# Reactions to discussion of the waiver concept

## Both Audiences

- ◆ “Community-based care” “Coordination” raised concerns about privacy
- ◆ Discussion of history of the waiver created confusion and unnecessary distraction
- ◆ Liked the concept of being “Proactive. Not reactive.”
- ◆ Liked the concept of a watch-dog to monitor budgets, watch for abuse, protect consumers, make sure hospitals have what they need—but few were aware that this watch-dog existed.
- ◆ Liked the idea of engaging faith community or other TRUSTED community care providers in care coordination.

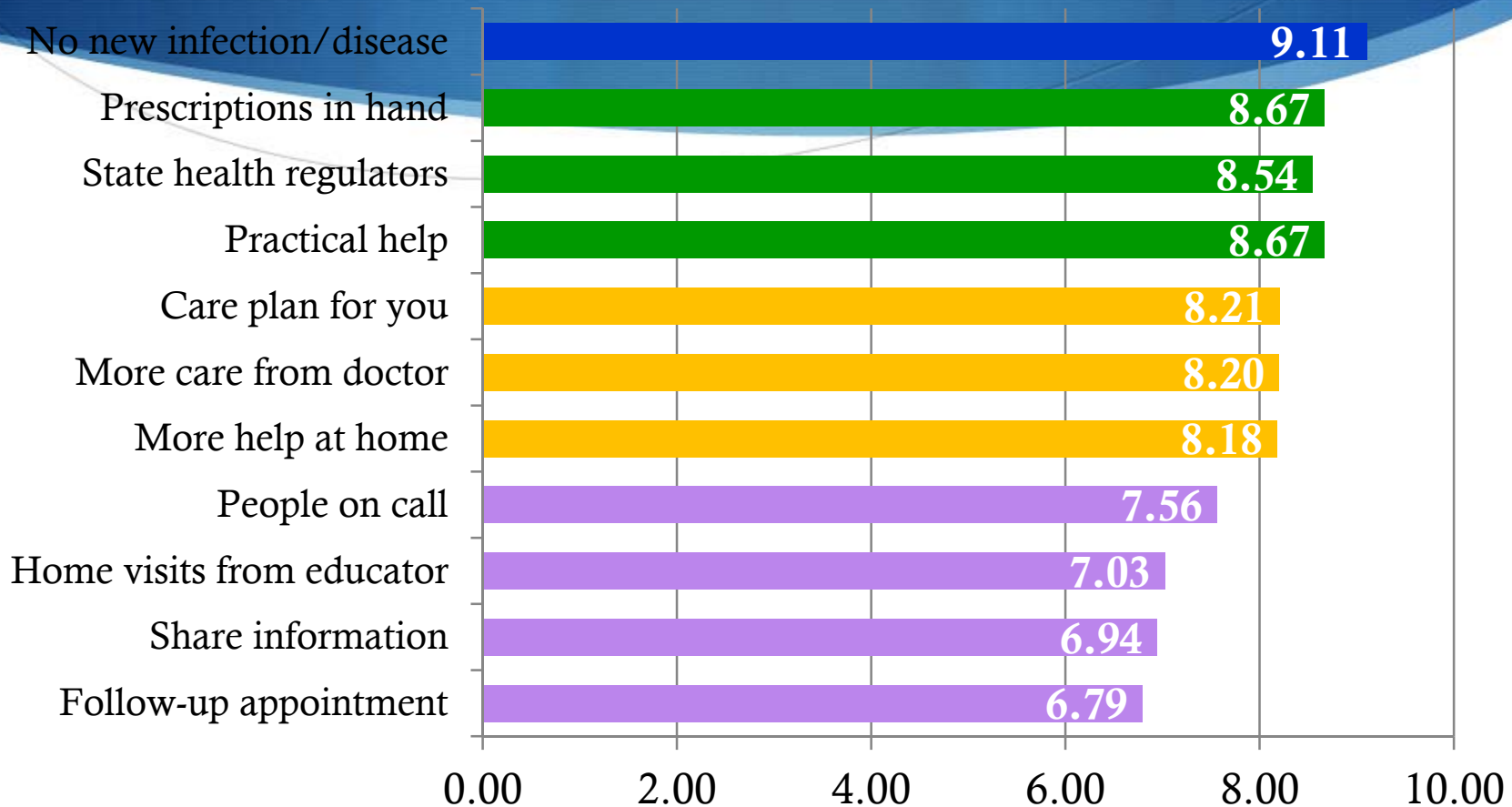


# Tested Messages and Ideas

- ◆ DO NO HARM: “When patients are in the hospital, everyone there will do everything they can to make sure patients don’t get a new infection or disease that makes them stay in the hospital longer.”
- ◆ PRACTICALITIES: “The hospital will make sure you have your prescriptions in hand before you leave the hospital.”
  - ◆ “After patients leave the hospital, they will get more of the help they need to remain healthy and stay out of the hospital – like clear instructions about medicines and the name and phone number of someone to call if they need help.”
- ◆ LOOK OUT FOR ME: “State health regulators will monitor the hospitals to make sure they are protecting consumers, and will penalize hospitals if they do anything to harm patient care.” (Most impactful on skeptical, worried consumers.)



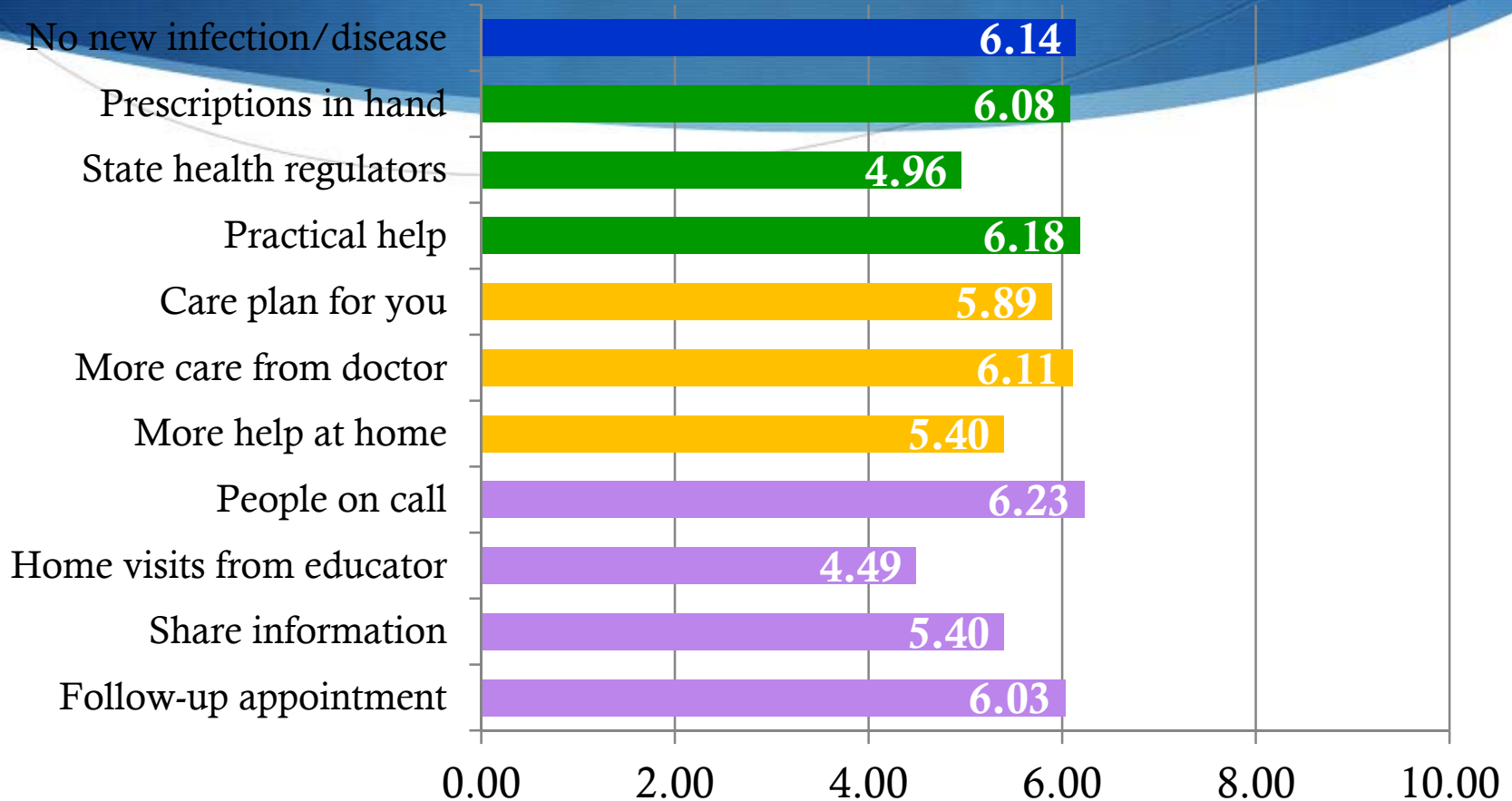
# Tested Messages and Ideas: IMPORTANCE



Please rate each of these statements about the Maryland Hospital Waiver.  
10=Very important to me. 5=50-50. 0=Not important at all.

# Tested Messages and Ideas: BELIEVABILITY

*How Believable to Me Personally (Scale 0-10)*



Please rate each of these statements about the Maryland Hospital Waiver.  
10=I strongly believe this is true. 5=I have my doubts. 0=I don't believe it at all.

# Recommendations

1. Look forward, not back.
2. De-emphasize payment model.
3. Emphasize practicalities.
4. Emphasize coordination of care (while being careful about privacy concerns.)
5. Identify watchdog.
6. Partner with faith community and other trusted messengers.

# Stay tuned!

- ◆ Final, tested language will be released soon!
- ◆ For questions call (410)235-9000
- ◆ For updates, check [www.healthcareforall.com](http://www.healthcareforall.com)

THANK YOU!