

Consumer Research Findings

Summary Report on the Rural Medicare Population

Executive Summary

Background

As part of its long-term strategic plan, the Health Care Financing Administration (HCFA) has undertaken an Agency-wide initiative to adapt its operations to improve communications with Medicare beneficiaries and with its provider partners. Helping beneficiaries to understand their choices among health care plans, providers, and treatment options and the implications of those choices on cost, quality, access and outcomes is especially important now that the Balanced Budget Act of 1997 (BBA) has expanded the health plan options available to beneficiaries. The full range of choices envisioned under BBA is not currently available in the market but an increasing number of beneficiaries will face a much more complex set of choices in the coming years. Medicare beneficiaries not only need to understand the various features of these different options in order to choose the design that best meets their needs, they also need basic knowledge about many aspects of the Medicare program.

Research Purpose and Methods

The Market Research for Beneficiaries project was designed to provide HCFA with answers to the two fundamental questions that underlie effective communication:

- What information do beneficiaries want or need from HCFA?
- What are the best ways to communicate that information to them?

The Market Research for Beneficiaries project collected data from three sources to answer the questions:

- An inventory of perceived information needs and effective communication strategies from a variety of organizations that work directly with Medicare beneficiaries,
- Focus groups with Medicare beneficiaries, and
- A national survey of the Medicare population—the Medicare Current Beneficiary Survey (MCBS).

Together, the three data sources can provide HCFA with an understanding of communication with beneficiaries that is broad in scope, deep in content, and representative of the elderly Medicare population. The survey of Medicare beneficiaries helps ensure that the information gathered is representative of elderly beneficiaries,¹ while the focus groups and inventory of organizations contribute more in-depth information than can be obtained from a large-scale survey. A description of methodologies for each of the data collection tools is contained in a separate appendix.²

As part of HCFA's commitment to adapt its operations and communication strategies to better serve all Medicare beneficiaries, the Agency identified a diverse set of beneficiary subgroups that it believes may have special information needs regarding the Medicare program or that may require innovative communication approaches to effectively convey information to the subgroup. This report synthesizes key findings from the three data sources for one of the identified "hard to reach" beneficiary subgroups – elderly beneficiaries who live in rural areas. The report compares the subgroup's information needs and best communication strategies with those of the general elderly Medicare population. Additional summary reports examine the information needs and best communication strategies for African American beneficiaries, Hispanic beneficiaries, those dually eligible for Medicaid and Medicare, beneficiaries with low education or literacy levels, and vision- and hearing-impaired beneficiaries.

The definition of "rural" used to report MCBS results throughout the report is defined as counties that do not lie within a Metropolitan Statistical Area (MSA). By this definition, rural areas include counties that are contiguous to urban centers but are not part of the MSA. These counties may have characteristics more like their urban neighbors, diminishing the ability of MCBS data to detect differences between beneficiaries living in rural areas and those in urban areas. The focus group and inventory results, however, are based on a more common definition of a rural area (e.g., an area that is relatively sparsely populated and geographically separated from an urban area).

Key Findings and Implications for HCFA

Key Findings

The rural beneficiary population is similar to the general Medicare population regarding most of its socio-demographic characteristics, information needs, knowledge of the Medicare program, and preferences for sources and modes of communication. Similar to beneficiaries in general, rural beneficiaries as a group:

- Lack basic information about the Medicare program;
- May underestimate the importance of this information and do not proactively search for it;
- Want more information on the Medicare program itself, staying healthy, and out-of-pocket payment for services;
- Turn to different information sources for different specific Medicare-related topics;
- Rely on general media sources and Medicare publications for obtaining general information about the Medicare program and for keeping up with new developments;
- Demonstrated an overwhelming preference for receiving information in person, especially for answering more specific and immediate questions; and
- Prefer brochures for ease in reviewing information and accessing information when needed, particularly for information on broad topics that may not require immediate answers.

However, rural beneficiaries as a group differ in some ways from beneficiaries in general. Compared with the general Medicare population, rural beneficiaries:

- Are slightly more likely to live alone, especially among the oldest beneficiaries (85 years and older);
- Are less likely to belong to a minority group;
- More frequently have low incomes (\$15,000 or less) and education levels (only completed 8th grade or less);
- Appear to have a greater lack of understanding about how Medicare HMOs operate;
- Rely to a much greater extent on health care providers for Medicare information;
- Trust the information received from the media and supplemental insurers less, and ranked family and friends much lower for amount of information received; and
- Have moderately less access to some newer forms of communication technologies.

Implications for HCFA

These key findings hold several implications for designing effective communication strategies for the diverse rural communities across the United States:

- Because rural beneficiaries are similar to the general Medicare population in terms of most information needs and communication preferences, HCFA can often reach these beneficiaries using the same messages, sources, and formats as used for the general Medicare population.
- However, due to the considerable heterogeneity among rural areas, HCFA should accommodate flexibility in message content, format, sources, and communication modes to effectively reach all rural beneficiaries (as it should for beneficiaries in general). For example, inventory results suggest using local and national media in conjunction with some form of interpersonal contact to maximize the likelihood that beneficiaries living in more isolated rural communities receive and understand HCFA's messages.
- HCFA should partner with rural providers to disseminate information to rural beneficiaries. It should also consider expanding the network of healthcare "providers" who serve as information intermediaries to include rural health clinics staffed by mid-level providers (e.g., nurse practitioners and physician assistants), school-based health centers, mobile mammography units, and other non-physician providers.
- Rural providers can be an important source of a variety of information for rural beneficiaries, including details about how HMOs operate. As HMOs enter rural areas, rural beneficiaries need even more information about their structure, advantages and disadvantages, and differences from fee-for-service delivery systems than beneficiaries in urban areas who may have more familiarity with HMOs. HMOs themselves may also be able to provide some of this education to rural beneficiaries as partners with HCFA.
- A communication strategy for reaching rural Medicare beneficiaries should be characterized by heavy reliance on partnering with local social service organizations, community health centers, and other community-based organizations that have served rural elderly over time. Local organizations

can provide the one-on-one assistance important to rural beneficiaries for understanding the Medicare program.

Organization of Report

This report is organized into four additional chapters:

- A profile of rural Medicare beneficiaries, with their characteristics compared with the general elderly Medicare population;
- A summary of rural beneficiaries' information needs;
- A discussion of information sources preferred by rural beneficiaries; and
- A summary of communication modes preferred by rural beneficiaries.

¹The MCBS data used in this report apply only to Medicare beneficiaries age 65 years old or older who were not living in a short-term or long-term care facility during the first two rounds of data collection in 1997.

²See the Appendix to Cahill, et al., *Increasing Medicare Beneficiary Knowledge Through Improved Communications: Summary Report on the General Medicare Population*, Final Draft, October 1988, Health Care Financing Administration.