

## **EXECUTIVE SUMMARY FOR FOCUS GROUPS**

**This research project was conducted for the  
Statewide Study of the Uninsured  
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# **With a hope and a prayer: Montanans face the healthcare crises**

## Executive summary

### **Focus groups conducted for the State Planning Grant on the Uninsured Department of Public Health and Human Services 2003**

This brief, initial report contains a summary of the themes from the focus group research conducted as a part of the larger Statewide Study of the Uninsured, commissioned by the Department of Public Health and Human Services. Focus groups were used to augment the breadth of the statewide study with the depth of understanding that qualitative research provides.

Six focus groups were conducted across the state of Montana during the timeframe of April 9 through May 1, 2003. Willing participants were identified, selected and recruited from the statewide study based upon their ability to represent the two broad categories of people primarily affected. Those categories were: 1) individuals who have personally experienced living without healthcare coverage, and 2) employers who do not offer health insurance as a benefit for their employees. Members varied by age, gender, occupation, income, and interests. Other than the place they lived, experience with the lack of healthcare insurance was the primary commonality among them.

Questions were developed and used to provide a framework for the discussion, but focus groups are designed to encourage knowledgeable participants to identify the salient issues for themselves. Therefore, while the questions were centered on the issue of healthcare insurance, every member in every group wanted to also talk about the high cost of healthcare, in general. They saw the problem as being much more complex than just the cost of health insurance. Thus, the full report contains the themes generated from a broad discussion of the topic of healthcare, as it relates to the focus group members' everyday lives as Montanans.

Included in a separate section (Questions and Answers) of this report are the original questions and brief representative answers, which are generally drawn verbatim from the transcripts. People politely and thoughtfully answered the questions, although they were more inclined to talk about the issues they considered to be most significant in their personal lives. Those are the issues that were developed into broad themes, and used as the framework for the full report. What follows here, then, is a summary presentation of those themes that participants identified through the focus group process.

## Consumers and employers identify and discuss **THE PROBLEMS...**

### **Medical costs should be reviewed and contained.**

The questions were developed around one topic: that of health insurance coverage. However in every focus group and from every one of the participants, there was the unanimous viewpoint that medical and related costs are too high. Participants felt very strongly and often spoke with anger about this theme. Comments about medical costs were discussed in every site. Agreement on this issue was 100% across every person and every group.

Participants specifically discussed the high cost of medical services for: hospitals, physicians, pharmaceuticals, medical transportation, and dental care. Mental health care was seen as both costly and generally not available.

### **Where uninsured people go for medical services.**

The majority of people reported that they don't use medical services because they simply can't afford it. In the groups of consumers, this was true not only for people without insurance coverage, but also for those few individuals who have health insurance coverage, as well. Those with insurance cited large deductibles, reduced allowable expenses, reduced allowable expenses, reduced percent of cost covered through insurance, pre-existing condition clauses that preclude coverage, and the other complexities of coverage that leave too much still owed by the individual consumer. Those without insurance who do access medical care use the following general providers: Deering Clinic, Walk-in Clinics, the ER, and physicians who are flexible about payment terms and allow people to pay what they can afford each month.

### **How people manage large medical bills.**

At least one person in nearly every consumer group said they hope and pray they can avoid large medical bills. For the most part, participants try to avoid them by not going to a doctor. If they can't avoid the bills, people reported being literally buried by them and this resulted in medical bankruptcy. In each consumer group, at least one person had used the bankruptcy route to deal with large medical bills. In the employer groups, members knew people who had used medical bankruptcy to deal with their large medical bills.

### **Rates for all medical services/procedures should be the same.**

The Billings, Miles City and Havre consumer groups were the ones who developed this particular theme. The underlying message is that, in their experience, everyone is not billed the same amount of money for the exact same procedure, item, or service. They don't like this system.

### **Participants find the cost of health insurance to be exorbitant.**

This issue, like the discussion about the high cost of medical and related services, also evidenced unanimous consensus across each member of every single group. In addition, people expressed more anger over the cost of health insurance than they did about any of the other themes they developed. That is saying something, because participants felt strongly and often expressed anger about most of the issues discussed in these groups. Someone in every single consumer group used the term "rip off" when discussing the health insurance industry.

They talked about how health insurance is so expensive that people are often left with catastrophic coverage only. People feel that they pay several hundred dollars a month and don't get any benefit from these payments at all, unless they experienced some very major health crises. In addition, pre-existing condition clauses virtually eliminate the value of health insurance to many consumers. So, for many members, the expense simply doesn't justify the benefit.

Other themes that developed during the discussions were: a.) Covering a family is considered to be cost-prohibitive, b.) Large groups are better able to negotiate more reasonable rates thus leaving individuals, families, and those employed by small businesses paying higher rates they typically can't afford, and c.) The complexity of policy and coverage information serves as a barrier to accessing health insurance.

Group members believe the cost of malpractice insurance to be a significant factor in the rising cost and healthcare, and cite insurance companies for charging both doctors and consumers high rates, and a litigious society as the root causes.

### **The risks of going without health insurance.**

The participants most likely to identify significant risks related to not having health insurance were some members of the employer group, and the older members of the consumer groups who had managed to accumulate some assets.

Although younger members recognized some risk, they were more likely to be willing to take a chance and go without coverage.

### **Where people have successfully accessed health insurance coverage.**

Every participant reported some experience with health insurance coverage. The employers (9 out of 12) were presently, or had been previously covered under various standard policies. Thus, most of the employers had coverage for themselves. On the other hand, their employees were generally not insured, unless they were covered under a spouse's plan. On the consumer side, participants shared personal (typically past) experiences with Medicaid, CHIP, MCHA, VA, and COBRA.

### **Where people find information on health insurance options.**

These responses were typical across all the sites. Employers reported using independent insurance agents or administrators to serve this function. Consumers use the Internet, the newspaper, and insurance agents.

### **Concerns specific to different age groups.**

Participants reported that younger people do not always see the importance of health insurance coverage, and cost is an ever-present issue. The problem of accessing coverage for older people is, quite simply, the cost of purchasing it.

### **The role of the Montana economy in the high numbers of uninsured.**

This is another theme that emerged during the discussions in most groups. Havre consumers and Miles City employers developed the theme of the lack of vitality in the business sector. Participants in the other sites talked about low wages and inflation as significant problems. The economy was seen as a major cause of migration of youth out of state. Finally, the Miles City employers discussed the special concerns that result from relying on a rural agricultural economic base.

## **AND SOME SUGGESTED SOLUTIONS...**

### **Adopt national healthcare/socialized medicine/a system like Canada or Mexico**

This was another area of agreement across all sites. Participants in every single site spontaneously made this suggestion as a potential solution to address the healthcare crises.

### **Use large, self-administered, self-insured groups.**

This theme was primarily developed by the Missoula professional services group, but was also suggested by the Miles City hospitality group. Beyond that, there was broad consensus that large groups are better able to negotiate reasonable rates, and this leaves single people, couples, and small businesses with much higher rates. This problem then dovetails with the suggested use of large, self-insured groups in order to make premiums affordable. Removing the middleman [the health insurance industry] is a specific feature of choosing large, self-insured, self-administered groups.

### **Premiums must be made affordable.**

This theme requires no discussion except to say that this solution was suggested in every group.

### **Provide regulation to control costs.**

This solution evolved from the discussion of the high costs of healthcare, and was suggested and discussed in every group. "If you have to force them, by law, to do the right thing, so be it."

### **Use a tiered approach to health care provision.**

Again, this solution was suggested in every group. Participants believe that a nurse, nurse practitioner, or a physician's assistant could competently address many minor medical problems. In fact, several people have used these types of services. The drawback people reported is that they have been billed an amount that is the same or nearly the same as they would have been for a physician's services. Their suggestion, then, is that while the use of a tiered approach could potentially offset rising costs, this potential benefit is predicated on the belief that charges for the services of a nurse, nurse practitioner, or physician's assistant should be made much more affordable.

### **Look to health promotion and disease prevention.**

The groups in Polson, Missoula and Miles City felt that prevention should be considered as a viable approach to reducing the overall costs of health care. They also felt that a cost savings on insurance should be made available to those who practice prevention.

**Provide resources so people can understand and access services.**

The Havre and Billings groups discussed the complexity of health insurance policies, and the need for informed consent before medical fees are charged so that people can understand, up front, what their financial obligations are.

**Use the tax structure to offset the cost of benefits.**

The discussion on tax incentives came from the people in Havre, Miles City and Missoula. Dollar for dollar tax credits [for the purchase of health insurance coverage] rather than tax deductions were recommended, along with using tax-free medical savings accounts. The “sin tax” proposal came from the Miles City employers.

**Become politically active with the legislature.**

This theme developed from discussions in the consumer groups in Billings and Havre, and the employer group in Miles City. They discussed the power of the insurance lobby, and believe that the insurance company lobbyists are controlling their own pockets, to the detriment of consumers.

**Re-visit our spending priorities nationally.**

The Miles City employer group discussed this issue, and suggested that government waste is a problem, and with better management there would be enough money to address the healthcare crises.

**ADDITIONAL PROBLEMS**

Just from the employer perspective...

**The cost of health insurance is too high.**

This was unanimous across every person in both groups except one. This person worked for a large national fast food franchise and considered their health insurance coverage to be of good quality and reasonably priced. However, no one below the level of store management has access to this benefit.

**Health insurance is only available to management or more highly paid employees.**

For both employer groups, this was an issue. In addition, someone from the Billings consumer group shared a similar personal experience, from the consumer perspective. This consumer worked for a company that provided insurance coverage only to managers.

**Offering healthcare coverage would be a benefit to businesses.**

The two groups believed that offering healthcare benefits would help with both attraction and retention of employees.

**How employees are presently covered.**

Employers report that, by and large, their employees are not covered by health insurance. For those few who have coverage, it is provided either through an employer directly, or through a spouse's employer.

**Issues arising from the Miles City employers (hospitality/travel) group.**

This group discussed the problems of high turnover, low wages, and dealing with a struggling economy. They felt that the high turnover rate among employees would create an insurmountable paperwork problem if they were to provide health insurance coverage. In addition, the low wages that employees are paid would make it impossible for them to share in the cost of the insurance. Finally, the struggling economy leads to lower profits for employers, and consequently they could not afford to provide this benefit to their employees.

**Missoula employers (professional) group.**

Missoula employers discussed the difficulties of trying to provide benefits to employees hired as independent contractors, and they spent some time brainstorming and expanding the theme of self-administered, self-insured groups. The discussion on self-insured groups is primarily contained within the Suggested Solution Section (page 70) of the full report.



## Research premise

The initial premise of this qualitative research study was that individual Montanans are an important source of knowledge and experience related to the complex issues surrounding access to health care insurance. Focus groups (conducted April 9 through May 1, 2003) were the method of inquiry selected because they are uniquely suited to understanding the personal experiences of the uninsured.

While questions were developed by the researchers and used to create a framework for the topical focus of the group, the researcher did not assume that those questions reflect either all of or even the most important of the issues that people face in their day to day lives (Gall, Borg & Gall, 1996). Indeed, they did not. Participants saw the broader picture of healthcare as a system in crisis. They talked about this total picture, and not just the problems related to living without health insurance. Using a semi-structured interview format, the groups were encouraged to develop the issues as they saw them. These group discussions uncovered factors that influenced opinions, behavior, and motivation related to what each and every participant perceived as the problems and potential solutions to this healthcare crisis. Group synergy was quite evident in this field-based research because the participants felt passionately about the topic, actively shared their personal thoughts and feelings with each other, and clearly saw the need for change.

## **Sample**

The participants in this research project were drawn from the larger sample of the Montana State Planning Grant on the Uninsured. Steve Seninger, Ph.D., conducted the sampling procedures. The sample was stratified into five layers:

### **Layer one: willingness to participate**

A number of people from the statewide survey group indicated a willingness to participate further in the focused studies. Thus, willingness to participate was the first layer in this stratified sample.

### **Layer two: representative location**

People were then selected from five representative regions. The sites chosen were Miles City (eastern, rural), Billings (south central, urban), Missoula (northwestern, urban), Havre (north central, rural), and Polson (north west, rural).

### **Layer three: personal experience**

Participants who demonstrated knowledge of and personal experience with the target problem were purposively selected from the remaining sample pool.

### **Layer four: consumers and employers**

For the fourth layer, participants were divided into two groups, a consumer group, and an employer group. For the consumer group (n=28), selection criteria were based upon identifying individuals who were either currently without insurance coverage, or had been without it in the past. Consumer groups were held in Billings, Miles City, Havre and Polson. The employer group (n=12) was chosen by identifying those persons in a position to decide whether health

insurance would be offered to employees as a benefit. Employer groups were held in Miles City and Missoula.

#### Layer five: representative demographically

The final layer focused on individual demographics and ensured a mix of gender, age, occupation, and income levels. The gender most represented in this sample was females (65% of the total, 75% of employers). Participants ranged in age from approximately 25 years to 62 years. Consumer group membership primarily included people who considered themselves to be among the middle class, but there were also individuals who were unemployed. Some members of the employer groups were financially able to pay for their own relatively large medical bills without the benefit of health insurance. Finally, it was assumed that nearly all the participants in all sites were Caucasians.

Thus the research sample contained information rich participants who were purposively selected to be representative of Montanans experienced with the lack of health insurance.

#### **Recruitment of participants**

Participants were recruited via telephone calls and were provided with a general description of the topic of this study, and the techniques for data collection that would be used. For those who agreed to participate, the date, place and time schedule were provided both verbally over the phone and through reminder letters mailed shortly before the scheduled focus group

meeting. A forty dollar stipend was offered as an incentive to participate, and was dispensed at the end of the group meetings to each participant.

### **Qualifications of moderators**

Two moderators, Nancy Arnold, Ph.D., Associate Professor, the University of Montana, and Kyle Colling, Ph.D., Assistant Professor, Montana State University-Billings conducted the groups. Both moderators were well experienced with focus groups and qualitative research, and in the art of creating comfortable, non-threatening, permissive environments necessary to promote self-disclosure among participants. Moderators served as listeners, observers and analysts.