CALIFORNIA
HEALTHCARE
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# Engaging Consumers in Designing a Guide to Medi-Cal Managed Care Quality

*Prepared for*
CALIFORNIA HEALTHCARE FOUNDATION

*by*
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## Acknowledgment

The authors of this paper are members of a team assembled by Shaller Consulting for the Medi-Cal consumer guide project. Shaller Consulting is a health care policy analysis and management consulting practice based in Stillwater, Minnesota, that provides education and technical assistance to state and local health care coalitions, purchasing groups and provider organizations in their efforts to measure and improve health care quality.

## About the Authors

Elizabeth W. Hoy, M.H.A, is President of Polaris Consulting, an independent consulting firm in Vienna, Virginia, specializing in health care quality measurement and reporting, including the design of quality reports to support consumer choice. Erin Kenney, Ph.D., is an evaluation research consultant in San Diego with extensive experience in designing and implementing qualitative and quantitative program evaluations, including the testing of Medicare beneficiary education materials. Ana C. Talavera, M.P.H., has extensive experience in Spanish language translation.

## About the Foundation

The **California HealthCare Foundation,** based in Oakland, is an independent philanthropy committed to improving California's healthcare delivery and financing systems. Formed in 1996, our goal is to ensure that all Californians have access to affordable, quality healthcare. For more information about CHCF, visit us online at www.chcf.org.

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# Contents

# I. Executive Summary

*This report details the results of the consumer testing of a prototype consumer guide and how the guide was modified in response.*

In 2002–2003, the California HealthCare Foundation (CHCF) partnered with the California Department of Health Services (DHS) to develop a model guide which presented quality-of-care information for a culturally diverse consumer population. The performance of Medi-Cal managed care plans was chosen for the project, with the resulting guide intended for distribution among Medi-Cal managed care consumers.

This report details the results of consumer testing of this prototype consumer guide and illustrates how the guide was modified in response to findings from this testing. The consumer testing used observational techniques and intensive one-on-one interviews at two different points in the development of the guide. Fifty-two Medi-Cal managed care beneficiaries in six geographically and demographically diverse counties participated in the testing.

The two rounds of consumer testing were conducted in April 2003 and June 2003. Each round monitored the consumers' ability to accurately navigate through the guide and to interpret its contents using observation, a "think aloud" technique, and extensive follow-up questioning. The protocol included questions about the substantive contents as well as the guide design and layout, alternative data displays for quality measures and health education programs, and the accuracy and appropriateness of both English- and Spanish-language text. Participants represented a diverse range of age, ethnicity, literacy, and experience with Medi-Cal.

After having reviewed the booklet, virtually all consumers interviewed said they liked it and reported that they would use it. None thought the guide contained too much information, although a few suggested that certain sections could be summarized and several consumers noted additional information that they would like to see. All but one consumer either skipped the information about where the data came from or indicated that the explanation was sufficient to establish credibility.

Most reported that the document was clear and not confusing, even those who did not appear to understand it or made incorrect assumptions about content. Some saw the document as helping them make a choice; others saw it as informational.

Consumers attended to information even if it did not pertain to them — for example, information relating to health conditions that they did not have. Many were primarily concerned with health care for people other than themselves because they were assisting with health care decisions for their children, parents, and others.

### Other key findings from the interviews include:

- Non–English speakers and bilingual respondents thought the information in the language services section of the guide was extremely important. Several bilingual respondents noted that they often serve as liaisons and conduits regarding health plan information for family and friends who do not speak English.
- Most consumers interviewed thought the information about health education programs offered by Medi-Cal managed care plans was important. Respondents preferred seeing a display that shows the full range of health education program options.
- During both rounds of interviews, English-speaking respondents in multi-plan counties were able to use the guide to choose a plan based on the information. While most Spanish-speaking respondents were also able to choose a plan based on the data, many needed assistance to do so. This appeared to be less related to issues of literacy than to differing expectations for quality of care.

### Likewise, key design decisions affected by results of the consumer testing include:

- Use of color photos to enhance the guide's appeal;
- Development of an eight-page format for Geographic Managed Care (GMC) counties with multiple plans;
- Use of a text-only version of the health education program descriptions;
- Use of a word icon display for the quality data;
- Modification of the labels on the word icons to address difficulties in interpretation; and
- Simplification of some graphic elements, such as the navigational cues.

Some matters specifically pertaining to the Medi-Cal content of this project might benefit from additional testing and research if there are to be future versions of the guide. In particular, additional testing might aid in the development of Medi-Cal quality reports that address the unique cultural and linguistic perspectives of Medi-Cal's diverse population. Both English- and Spanish-language versions of this guide were developed, and two-thirds of interview participants were Hispanic/Latino. By and large, the guide content is the same for both languages; however, some modifications were made to the Spanish-language translation to better reflect Hispanic/Latino understanding of health promotion and health education and to assure the use of language that is sensitive to Hispanic/Latino concerns.

In the present project, it was not feasible to create a separate set of culturally appropriate materials for each consumer population subgroup, both because of the extreme diversity of the Medi-Cal audience and because of limited resources for document design. However, several strategies were used to develop materials that are both useful and appropriate for a wide range of audiences. For example, photos and key messages affirm and respect a broad variety of ethnicities and cultures. Community members were involved in the design and development of the guide, both as consumer respondents and as members of the project advisory committee. The Spanish translation procedure included a quality control component: a process of translation, back-translation, and reconciliation. Accuracy

and cultural appropriateness were then checked through in-depth Spanish-language interviews. In sum, the project tried to reflect a sense of cultural awareness and a fundamental respect for the target audiences in decisions about content, organization, and design — understanding that there might be a variety of experiences and attitudes within different target audiences.

# II. Introduction

*An audience-centered approach to document design recognizes that consumers themselves are the best source for determining what information they want.*

A VARIETY OF PUBLICLY REPORTED QUALITY-OF-CARE information on commercial and Medicare health plans is available to California consumers. But virtually no analogous information is available on the managed care plans serving Medi-Cal beneficiaries.

In response to this need, in 2002–2003 the California HealthCare Foundation (CHCF) partnered with the California Department of Health Services (DHS) to develop a consumer guide on quality for Medi-Cal managed care beneficiaries. The overall aim of this project was to develop a consumer-friendly guide on the quality of Medi-Cal managed care health plans in California, to be distributed to Medi-Cal beneficiaries in those counties in which Medi-Cal managed care plans operate.

The guide is intended to facilitate informed choice and use of health plan services by (1) educating beneficiaries about health plan quality and explaining how to get high-quality care through their plans, and (2) presenting comparative information about health plan performance. The guide's quality information included selected Health Plan Employer Data and Information Set (HEDIS) and Consumer Assessment of Health Plans Survey (CAHPS) data currently collected by DHS. Other information important to this population, such as language services, was also included. Prototypes of the guide in English and Spanish were developed and tested with consumers. If DHS moves forward with distribution, the guide is expected to be translated and produced in all Medi-Cal threshold languages and updated on a regular basis to reflect current quality measures.

In 2001, 23 of the state's 58 counties participated in one of the three main Medi-Cal managed care models. These three models are defined as: Geographic Managed Care (GMC), County Organized Health System (COHS), and the Two-Plan Model, which includes Local Initiatives (LI) and Commercial Plans (CP). Based on the three Medi-Cal managed care models, the 23 counties participating in Medi-Cal managed care were grouped into two major categories related to beneficiary choice of health plan:

***Counties with plan choice.*** The GMC and Two-Plan Models offer beneficiaries a choice of health plan. For the two counties with GMC models, beneficiaries have a choice of multiple

plans (six in Sacramento and seven in San Diego). As its name indicates, the Two-Plan Model gives beneficiaries a choice of two plans. This model is currently implemented in 12 counties, and represents the largest number of Medi-Cal managed care enrollees in the state.

***Counties without plan choice.*** The COHS model is essentially a county-administered health plan that provides beneficiaries a choice of managed care providers but no choice of plan. This model is operational in nine counties.

The project team developed a separate document design for each of the three managed care model types. Additionally, the content of each version of the guide focused on the information relevant to beneficiaries in the counties in which they were enrolled. This helps assure that if the guide ultimately is distributed to consumers, it will target the specific information needs of the audience and avoid large amounts of extraneous information.

## The Value of Consumer Testing

An audience-centered approach to document design recognizes that health care consumers themselves are the best source for determining what information they want, what content and design will catch and hold their attention, and what materials are culturally and linguistically appropriate for their needs. Within this approach, consumer testing helps establish and maintain the consumer's position at the center of the development process. It keeps designers focused on the needs, interests, and concerns of the audience and helps to pinpoint problems that developers cannot anticipate. Consumer testing also provides a means to try alternative design options and other alternative solutions to problems as they arise in the testing process.

Different segments within any consumer population have diverse needs, interests, and capacities to comprehend and use the information presented. Consumer testing facilitates the development of materials that match the literacy skills and information needs of a wide range of consumers — in this case, Medi-Cal enrollees — once they are translated into target languages. And detailed consumer testing helps assure that content, design, and presentation do not create problems and barriers because of culturally inappropriate elements. It should be noted, however, that the immense diversity of the Medi-Cal program's population meant that addressing the cultural, linguistic, and literacy needs of each distinct audience segment within the program far exceeded the resources available for this prototype project.

## Overview of Testing Methods for the Medi-Cal Consumer Guide

### Approach

A number of techniques can be used to obtain structured feedback from consumers, including focus groups, observation of consumer behavior in structured settings, and one-on-one interviews. A particular testing technique may be more effective in one setting than another, though no single technique will precisely replicate consumer experience in a real-world environment.

The Medi-Cal consumer guide was consumer tested through in-depth one-on-one interviews with Medi-Cal enrollees. Each interview consisted of both an observation and "think aloud" section and a series of structured probes. Interviews were preferred over focus groups for this testing, for the following reasons:

- This is a diverse population, and individuals are more likely to express their honest opinions in a one-on-one session than in a larger group where participants of varying literacy skills, cultures, or gender may feel constrained. This is particularly true if an interviewer shares some cultural and linguistic characteristics with a participant.

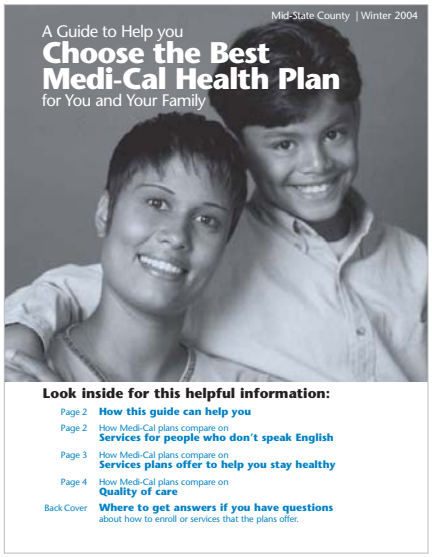
- Even relatively homogenous focus groups can suffer from "group think," where people in the group tend to agree in order to preserve group harmony. This phenomenon is avoided through one-on-one interviews.
- In reviewing print materials, it can be extremely useful to carefully observe how individuals navigate through the materials and how they comprehend the content. This is easier to do in one-on-one testing.
- This project sought in-depth responses from individuals about their perceptions, understanding, preferences, and ability to use these documents. Focus groups are not a good forum for obtaining this kind of in-depth information.

Two rounds of testing were conducted. A preliminary draft of the guide was presented to members of the project advisory committee for review and feedback. The guide was revised based on their feedback and then tested in the first round of interviews. The version tested in Round 1 (April 2003) was a two-color tri-fold brochure that measured 8.5-by-11 inches when folded. This was the equivalent of six 8.5-by-11-inch pages of content. Photographs used in this version were displayed as duotones (Figure 1).

The guide was revised again based on findings from Round 1 interviews, then tested again during a second round of interviews. The versions developed for Round 2 used a full-color design with color photographs (Figure 2). The brochure for the counties with the Two-Plan Model and the COHS model (which has one plan) continued the tri-fold format. The brochure for the GMC model counties (in which consumers could choose from up to seven managed care plans) used an eight-page, 8.5-by-11-inch format with a stapled binding because Round 1 results indicated that the required content could not legibly fit in a six-page format when displaying data for so many plans.

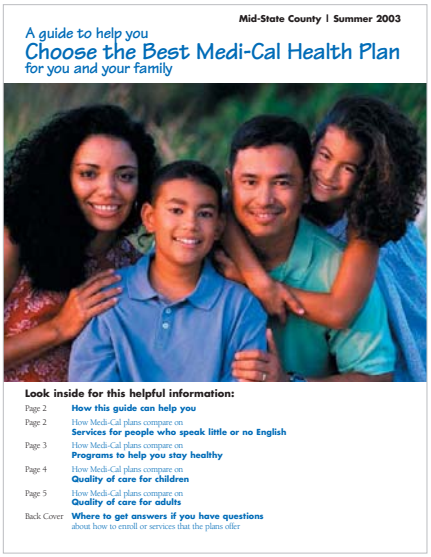
Each round included Medi-Cal enrollees in three counties — one representing each managed care model type. The counties were chosen to allow interviews with a broad range of beneficiaries enrolled in all three model types for Medi-Cal managed care in different parts of the state. A total of 52 interviews were conducted across the two rounds of testing. All 22 interviews in Round 1 were conducted in English. In Round 2, 15 interviews were conducted in English and 15 interviews in Spanish.

**Figure 1. Cover from Round 1 Testing**




> VIEW ENLARGED IMAGE

**Figure 2. Cover from Round 2 Testing**

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Interviews used a semi-structured protocol that was similar for both rounds of testing. The protocol for Round 1 focused on testing alternative data displays, relative importance of content elements (such as language services and health improvement programs), and the appropriateness of the amount of information in the guide. The protocol for Round 2 focused on appropriateness of the Spanish translation, refinement of contextual information, and modifications to the guide design, all of which responded to issues identified in the first round of testing (including additional testing of data displays). An example of the testing protocol can be found in Appendix C.

## Respondent Characteristics

Interview participants ranged in age from 18 to 67, with the majority of participants (81 percent) being between the ages of 18 and 40. Six males and forty-six females were interviewed. With respect to education, no one interviewed had a college degree; the majority (74 percent) had 12 years or less of education, and the remainder had some college or vocational school. Participants in the interviews conducted in Spanish had the least formal education; nine of the thirty participants had finished nine years of schooling or less. Participants represented a wide variety of racial and ethnic backgrounds, including white, African American, Asian, Pacific Islander, Hispanic, Native American, and multiracial. Slightly more than half of the English-speaking interview participants considered themselves to be of Hispanic origin. English and Spanish were most frequently spoken at home, though two participants spoke Vietnamese and one spoke Tagalog at home. Detailed information about respondent characteristics can be found in Appendix B.

## Interview Process

Interviews for this project were approximately one hour long. The interviews were conducted by three interviewers: Erin Kenney, Elizabeth Hoy, and Ana Talavera. Ms. Talavera, who is bicultural and bilingual, conducted all of the Spanish-language interviews. All interviews were audio taped. Most interviews were conducted by a single interviewer who took extensive written notes. A second interviewer observed approximately one-third of the interviews. All participants read and signed an informed consent statement. Participants were asked a few introductory questions to find out how they had made health plan choices in the past and what they considered important characteristics for choosing a plan. Then the interviewer introduced the booklet and modeled the concept of the "think aloud" procedure.

During the think aloud procedure, the consumer was asked to read the entire document at his or her own pace while talking out loud about what he or she was observing and thinking about the document. The interviewer observed how the consumer reviewed the document and made notes about these observations and the consumer's comments. This process allowed the interviewer to observe consumer behaviors that could reveal problems with the document that might go undetected by merely asking questions. For example, interview participants might consistently unfold a document incorrectly or skip certain pages while navigating through the document, but still report that the document was clear and understandable — not realizing what they had missed.

The interviewer then asked the consumer a series of questions, starting with general impressions about the document, followed by specific questions about each document page. The questions focused on what the consumer noticed, what appealed to the person, what was important to the person, and whether the information was confusing or unclear. Questions were also geared to determine whether the consumer understood the material. The consumer was asked about specific design features, such as photos and font size, and was shown alternative data displays and asked questions to elicit preferences and to evaluate understanding of the different ways the information was displayed.

# III. Summary of Key Findings

*Some consumers saw the document as helping them make a choice; others saw it as informational.*

After having reviewed the booklet, virtually all consumers interviewed said they liked it and reported that they would use it. Most reported that the document was clear and not confusing, even those who did not appear to fully understand it or who on occasion made incorrect assumptions about content. Some saw the document as helping them make a choice; others saw it as informational. Many consumers attended to information even if it did not pertain to them — primarily because they were assisting with health care decisions for their children, parents, and others. This was especially true of bilingual respondents, who often serve as a bridge between the health care system and non-English-speaking friends, neighbors, and family members. Impressions made by the guide varied somewhat between English- and Spanish-speaking consumers. When asked what they remembered about the guide, English-speaking respondents noted (in order of frequency) quality ratings, information about language services, information about health education programs, and phone numbers to call for assistance. Spanish-speaking respondents noted (in order of frequency) health education programs, language services, phone numbers, quality of care, and the concept of choosing a health plan.

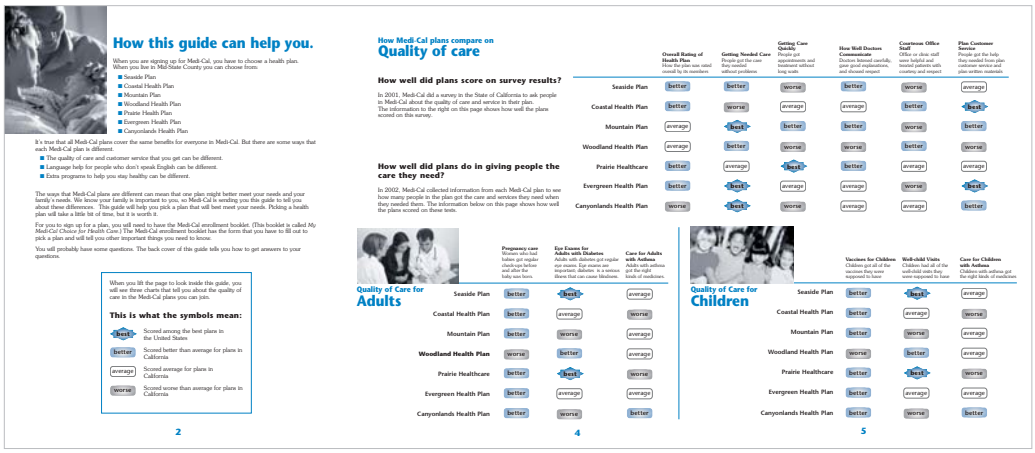
## Overall Design and Layout

### Tri-fold Format

The tri-fold (six-page) format appeared to work well for counties with one or two plans. A small number of respondents missed one page or the back cover on the first scan of the guide, but nearly everyone eventually read all six pages without prompting from the interviewer.

However, the tri-fold format did not work well in Sacramento County (Round 1), where respondents had six plans among which to choose. Fitting data for six plans into this format required putting three tables on one two-page spread (Figure 3). Most respondents were not sure how to read the spread; respondents with less education or poorer reading skills were visibly distressed when they turned to that part of the guide. One young man said, "I don't know where my eyes should go." A woman spontaneously exclaimed, "Yikes!" when she opened to that spread. Most respondents tried to find ways to

## Figure 3. Quality Data for GMC Counties from Tri-fold Format

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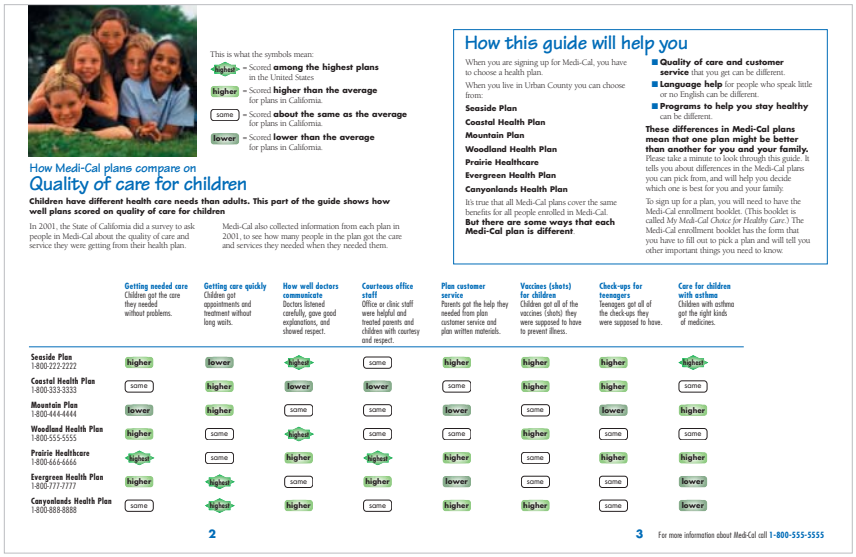
cope with the information overload—often by using their hand or another piece of paper to cover up part of the page. Another problem with the tri-fold format was that using it for Sacramento County required eliminating either the health education program information or the language services information, both of which were important to consumers.

## Eight-page Format

For Round 2, an eight-page format was developed for GMC counties, which allowed the quality measures for adults and children to be placed on separate pages and the inclusion of both the health education and language services information. The eight-page format was tested in San Diego County, where enrollees can choose from among seven plans. This format appeared to work much better than the six-page version tested in Sacramento County, by allowing readers to focus more clearly on the individual components of the guide. Respondents did not think the eight-page version was too long, nor did they appear to have more difficulty than respondents in the one-plan and two-plan counties in integrating the different types of data to make a plan choice.

## Figure 4. Quality Data for GMC Counties from Eight-page Format

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### Photos

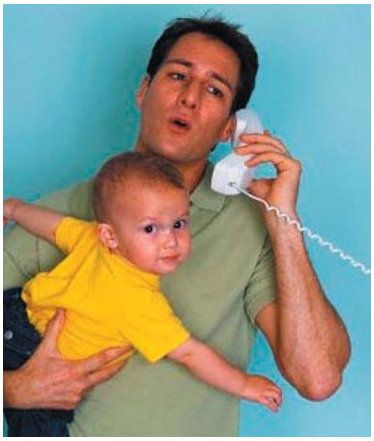
People with poor reading skills use photos and illustrations to help decode the content of text that is near the photos. Photos for the guide were selected with this in mind. For example, the photo accompanying information about quality of care for children contained only children and no adults, while the photo accompanying information about quality of care for adults contained only adults and no children.

In Round 1 interviews, virtually all consumers liked the photos but also mentioned that they should be in color—especially the cover photo. Almost all made comments similar to that of one respondent who said, "Black and white is boring, but I would read it anyway. Color is more likely to catch my attention." Several mentioned that the photos made them think that whoever published the document cared about them. Others noted that the people in the photos looked healthy, which indicated to them that Medi-Cal would keep them healthy. Other photos received generally favorable responses, except for the photo accompanying "Quality of Care for Adults," showing a doctor sitting down and going through written materials with two women. Readers disliked this photo because it was "boring" and they "couldn't tell what's going on."

**Figure 5. Photo Sample from Round 1 Testing**

In Round 2, the color photos received overall positive reviews from consumers, with a few idiosyncratic responses. For example, one Spanish-speaking respondent noted that Hispanic men are not likely to get involved in caring for a sick baby and calling the health plan. However, she also thought that maybe the photo provided a good role model for dads to emulate, to become more involved with their children. One respondent in Round 1 and one respondent in Round 2 requested a more obviously multiethnic group of people on the front cover to make it clear that the guide applied to everyone.

**Figure 6. Photo Sample from Round 2 Testing**



## Document Content

### Front and Back Covers and Table of Contents

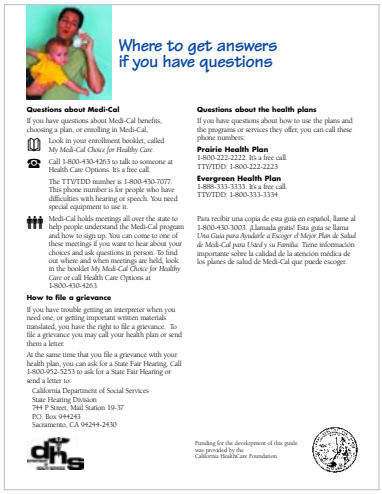
When first looking at the booklet, most people thought it was about Medi-Cal, choosing a health plan, or health care for families (because of the photo). One thought it was about dentistry because of the big smiles and white teeth in the photo. Almost all individuals interviewed thought the guide was appealing and said they would be interested to read it. They all noticed the table of contents. Most thought there would be information about medical services in the booklet. The front cover was not perceived as being unclear or confusing.

In Round 1, several respondents misinterpreted the table of contents item "Services plans offer to keep you healthy." They read it as "service plans" and expected that section of the guide to explain covered services. While some realized when they viewed the section itself that this title referred to health education programs offered by the plans, many continued to misinterpret the program descriptions as a listing of covered services in each plan. This issue was addressed by changing the title and refining the narrative text within the health education section of the guide.

Several respondents skipped the back cover until prompted. However, all thought the toll-free numbers on the back cover were very important (Figure 7). Several consumers suggested "highlighting" the number, either with bolder print or by putting it in a box. In all counties, most consumers were more comfortable calling their health plan rather than Medi-Cal; they know and trust their health plans, while Medi-Cal seems to them an unknown bureaucracy.

Although most respondents reported that the back cover was not confusing, several had questions, such as "What does TTY/TDD mean?" and "What is Health Care Options? Do people know this terminology?" Several commented that they had never heard of the meetings described on the back cover and wondered about that. One Spanish-speaking respondent suggested that the sentence on the back cover in Spanish (saying the booklet was available in Spanish) should be repeated in the other languages common in that county.

**Figure 7. Back Cover**


Where to get answers if you have questions

**Questions about Medi-Cal**

If you have questions about Medi-Cal benefits, choosing a plan, or enrolling in Medi-Cal,

Look in your enrollment booklet, called *My Medi-Cal Choice for Healthy Care.*

Call 1-800-430-4263 to talk to someone at Health Care Options. It's a free call.

The TTY/TDD number is 1-800-430-7077. This phone number is for people who have difficulties with hearing or speech. You need special equipment to use it.

Medi-Cal holds meetings all over the state to help people understand the Medi-Cal program and how to sign up. You can come to one of these meetings if you want to hear about your choices and ask questions in person. To find out where and when meetings are held, look in the booklet *My Medi-Cal Choice for Healthy Care* or call Health Care Options at 1-800-430-4263.

**How to file a grievance**

If you have trouble getting an interpreter when you need one, or getting important written materials translated, you have the right to file a grievance. To file a grievance you may call your health plan or send them a letter.

At the same time that you file a grievance with your health plan, you can ask for a State Fair Hearing. Call 1-800-952-5253 to ask for a State Fair Hearing or send a letter to:

California Department of Social Services
State Hearing Division
744 P Street, Mail Station 19-37
P.O. Box 944243
Sacramento, CA 94244-2430

**Questions about the health plans**

If you have questions about how to use the plans and the programs or services they offer, you can call these phone numbers.

**Prairie Health Plan**
1-800-222-2222. It's a free call.
TTY/TDD: 1-800-222-2223

**Evergreen Health Plan**
1-888-333-3333. It's a free call.
TTY/TDD: 1-800-333-3334

Para recibir una copia de esta guía en español, llame al 1-800-430-3003. ¡Llamada gratis! Esta guía se llama *Una Guía para Ayudarle a Escoger el Mejor Plan de Salud de Medi-Cal para Usted y su Familia.* Tiene información importante sobre la calidad de la atención médica de los planes de salud de Medi-Cal que puede escoger.

Funding for the development of this guide was provided by the California HealthCare Foundation.

> VIEW ENLARGED IMAGE

## How This Guide Can Help You

This section was the least attended to in both Round 1 and Round 2. One respondent commented, "It should be obvious to me when I read the booklet. I shouldn't have to read this." In addition, this section shares a page with the section entitled "Help for people who speak little or no English." Since these language services are very important to many consumers, they tended to skip the less salient text on the same page. In Round 2, design changes made key messages more prominent, except in the eight-page version where placement relative to "Quality of Care for Children" made this information seem out of sequence to readers. The information sequencing in the eight-page version of the guide has been addressed in the final version.

## Language Services

Nearly all consumers interviewed attended to the language services section of the guide. They felt these services were important even if they did not need information or help in another language. In both Round 1 and Round 2, the language services information was very important to respondents who were bilingual in any language or who interviewed in Spanish. Several bilingual respondents noted that they often serve as a liaison and conduit for health plan information for family and friends who do not speak English. Among those respondents who were native English speakers, some indicated that this information was not important to them, but several said that including the language services data showed a commitment by the plans and the Medi-Cal program to be inclusive.

The versions of the guide that were tested included a table showing five types of linguistic access services and the languages that each county Medi-Cal health plan supported with these services. The list of services was based on information published by the Office of the Patient Advocate. The following services were included:

- The plan translates its list of doctors into the target language.
- The plan has customer service staff who speak the target language.
- The plan translates important written materials into the target language.
- The plan provides information on how to schedule an interpreter for a visit to a doctor's office.

Respondents were asked which linguistic access services were most important to them. Overall, finding a doctor's office where the doctor/staff speak their language was most important. Finding plan customer service staff who speak their language and having written materials in their language followed in order of importance. Some Spanish-speaking respondents believed that all of the language services listed were very important.

However, it should be noted that the data displayed in the tables did not reflect all the language-related information consumers wanted to see. For example, some respondents reported problems accessing linguistic services, especially obtaining the services of an interpreter during emergency hospital visits or at night. One respondent noted that while her plan may state that it has customer service staff who speak Spanish, sometimes she has had to wait on the phone for over 20 minutes while they tried to find someone who spoke Spanish. These respondents wanted to see plan performance ratings on linguistic access. Such interviews highlight the need for improvement in accurately reflecting consumer experiences with linguistic access services, and ways in which DHS can best communicate to consumers about the linguistic access services they should receive.

In the final version of the guide recommended to DHS for publication, a description was included of the linguistic access services that a consumer has the right to expect. Since provision of these services is mandated by the state, there should be no variation among plans in the basic language access services available.

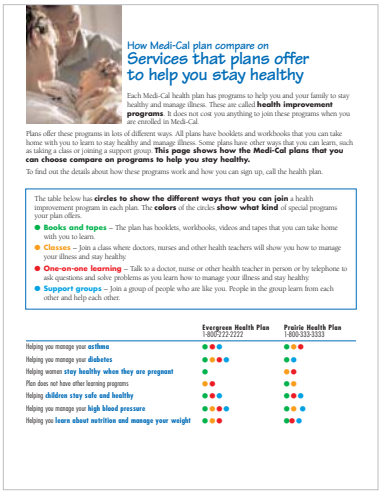
### Health Education Program Information

Most consumers interviewed thought the information about health education programs offered by Medi-Cal managed care health plans was important. All consumers interviewed said they would feel comfortable calling the plan for more information and several indicated that this information was important enough that they would definitely call. In the first round of interviews, some consumers mistook the health education information for a description of medical care services offered by the plan (see "Front and Back Covers and Table of Contents," above). In at least one case this confusion interfered with correct interpretation of the quality information.

Several respondents in the early interviews also wanted more information about health education programs offered by the plan. Some suggestions were made to include additional information about programs in nutrition, smoking cessation, weight control, and services for adults and children with special health care needs or HIV/AIDS.

In the second round of interviews, three versions of the health education program information were tested. Two versions used a table with colored circles to indicate which methods each plan used to provide five out of fourteen health education programs, as required of Medi-Cal plans (Figures 8 and 9). A third version used only text to describe the full range of programs offered and the possible methods each plan might use

### Figure 8. Left-aligned Circle Display


How Medi-Cal plan compare on
Services that plans offer to help you stay healthy

Each Medi-Cal health plan has programs to help you and your family to stay healthy and manage illness. These are called **health improvement programs**. It does not cost you anything to join these programs when you are enrolled in Medi-Cal.

Plans offer these programs in lots of different ways. All plans have booklets and workbooks that you can take home with you to learn to stay healthy and manage illness. Some plans have other ways that you can learn, such as taking a class or joining a support group. **This page shows how the Medi-Cal plans that you can choose compare on programs to help you stay healthy.**

To find out the details about how these programs work and how you can sign up, call the health plan.

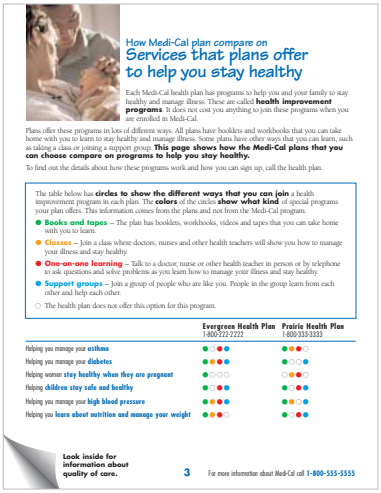
The table below has **circles to show the different ways that you can join** a health improvement program in each plan. The **colors** of the circles **show what kind** of special programs your plan offers.

- **Books and tapes** – The plan has booklets, workbooks, videos and tapes that you can take home with you to learn.
- **Classes** – Join a class where doctors, nurses and other health teachers will show you how to manage your illness and stay healthy.
- **One-on-one learning** – Talk to a doctor, nurse or other health teacher in person or by telephone to ask questions and solve problems as you learn how to manage your illness and stay healthy.
- **Support groups** – Join a group of people who are like you. People in the group learn from each other and help each other.

| | Evergreen Health Plan 1-800-222-2222 | Prairie Health Plan 1-800-333-3333 |
|---|---|---|
| Helping you manage your **asthma** | ● ● ● | ● ● ● |
| Helping you manage your **diabetes** | ● ● ● ● | ● ● |
| Helping women **stay healthy when they are pregnant** | ● | ● ● |
| Plan does not have other learning programs | ● ● | ● ● |
| Helping **children stay safe and healthy** | ● ● ● | ● ● ● |
| Helping you manage your **high blood pressure** | ● ● ● ● | ● ● ● |
| Helping you **learn about nutrition and manage your weight** | ● ● ● | ● ● ● |

> VIEW ENLARGED IMAGE

### Figure 9. Column-aligned Circle Display


How Medi-Cal plan compare on
Services that plans offer to help you stay healthy

Each Medi-Cal health plan has programs to help you and your family to stay healthy and manage illness. These are called **health improvement programs**. It does not cost you anything to join these programs when you are enrolled in Medi-Cal.

Plans offer these programs in lots of different ways. All plans have booklets and workbooks that you can take home with you to learn to stay healthy and manage illness. Some plans have other ways that you can learn, such as taking a class or joining a support group. **This page shows how the Medi-Cal plans that you can choose compare on programs to help you stay healthy.**

To find out the details about how these programs work and how you can sign up, call the health plan.

The table below has **circles to show the different ways that you can join** a health improvement program in each plan. The **colors** of the circles **show what kind** of special programs your plan offers. This information comes from the plans and not from the Medi-Cal program.

- **Books and tapes** – The plan has booklets, workbooks, videos and tapes that you can take home with you to learn.
- **Classes** – Join a class where doctors, nurses and other health teachers will show you how to manage your illness and stay healthy.
- **One-on-one learning** – Talk to a doctor, nurse or other health teacher in person or by telephone to ask questions and solve problems as you learn how to manage your illness and stay healthy.
- **Support groups** – Join a group of people who are like you. People in the group learn from each other and help each other.
- ○ The health plan does not offer this option for this program.

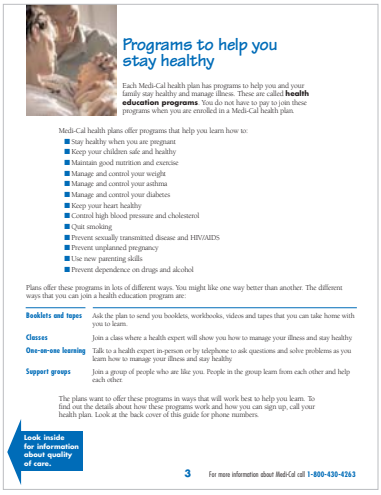
| | Evergreen Health Plan 1-800-222-2222 | Prairie Health Plan 1-800-333-3333 |
|---|---|---|
| Helping you manage your **asthma** | ● ○ ● ● | ● ● ● ○ |
| Helping you manage your **diabetes** | ● ● ● ● | ● ○ ○ ● |
| Helping women **stay healthy when they are pregnant** | ● ○ ○ ○ | ○ ● ● ○ |
| Helping **children stay safe and healthy** | ● ○ ● ● | ● ○ ● ● |
| Helping you manage your **high blood pressure** | ● ● ● ● | ● ● ○ ● |
| Helping you **learn about nutrition and manage your weight** | ● ● ● ○ | ● ○ ● ● |

Look inside for information about quality of care.

3 For more information about Medi-Cal call 1-800-555-5555

> VIEW ENLARGED IMAGE

### Figure 10. Text Display


Programs to help you stay healthy

Each Medi-Cal health plan has programs to help you and your family stay healthy and manage illness. These are called **health education programs**. You do not have to pay to join these programs when you are enrolled in a Medi-Cal health plan.

Medi-Cal health plans offer programs that help you learn how to:

- Stay healthy when you are pregnant
- Keep your children safe and healthy
- Maintain good nutrition and exercise
- Manage and control your weight
- Manage and control your asthma
- Manage and control your diabetes
- Keep your heart healthy
- Control high blood pressure and cholesterol
- Quit smoking
- Prevent sexually transmitted disease and HIV/AIDS
- Prevent unplanned pregnancy
- Use new parenting skills
- Prevent dependence on drugs and alcohol

Plans offer these programs in lots of different ways. You might like one way better than another. The different ways that you can join a health education program are:

| | |
|---|---|
| **Booklets and tapes** | Ask the plan to send you booklets, workbooks, videos and tapes that you can take home with you to learn. |
| **Classes** | Join a class where a health expert will show you how to manage your illness and stay healthy. |
| **One-on-one learning** | Talk to a health expert in-person or by telephone to ask questions and solve problems as you learn how to manage your illness and stay healthy. |
| **Support groups** | Join a group of people who are like you. People in the group learn from each other and help each other. |

The plans want to offer these programs in ways that will work best to help you learn. To find out the details about how these programs work and how you can sign up, call your health plan. Look at the back cover of this guide for phone numbers.

Look inside for information about quality of care.

3 For more information about Medi-Cal call 1-800-430-4263

> VIEW ENLARGED IMAGE

to deliver these programs, but did not include detailed information about how each actually delivers its programs (Figure 10).

More than two-thirds of respondents overall (including 100 percent of those interviewed in Spanish) preferred the text-only description of the health education programs over either of the data displays that used colored dots to show variations in program design. The Spanish-speaking interviewees felt the text-only version was easier to understand. Respondents liked seeing the full range of program options and noted that they would have to call the plan to get details in any case. Respondents suggested putting the phone number for each plan in a prominent place juxtaposed to the plan's descriptive text. Four respondents preferred the left-aligned colored circles, two preferred the display with column-aligned circles, and one would have preferred a combination of the text plus column-aligned circles.

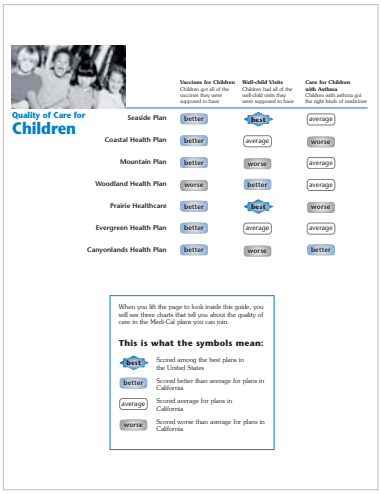
Almost all of the English-speaking respondents but only half of the Spanish-speaking respondents could, without assistance, accurately interpret the tables with the colored circles. Those in multi-plan counties were able to select a plan based on the table. They attended to the topics most relevant to them. They used the color-keyed words in the legend and the circles to interpret the graph.

## Quality Data

Respondents appeared not to skip anything on the pages displaying CAHPS and HEDIS information. In Round 1, where the legend was placed at the bottom, several respondents commented that it was misplaced and should be at the top of the page.

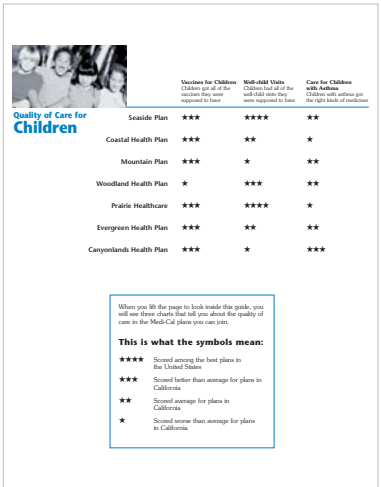
Respondents felt all the topics were important, although several noticed that the CAHPS items in the children's table and the adults' table were the same and felt they might be repetitive (not know-

### Figure 11. Word Icon Display



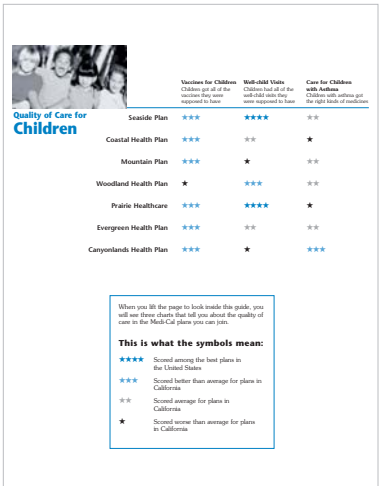

> VIEW ENLARGED IMAGE

### Figure 12. Single-color Star Display




> VIEW ENLARGED IMAGE

### Figure 13. Color-coded Star Display




> VIEW ENLARGED IMAGE

ing the survey questions were asked separately). Most could not choose any item to remove; all items were perceived to be important. When using the six-page tri-fold version of the guide, some respondents noted that the introductory text to "Quality of Care for Children" and "Quality of Care for Adults" was duplicative.

In both rounds of interviews, English-speaking respondents in multi-plan counties were able to use the information to choose a plan. Choosing a plan was somewhat more difficult for Spanish-speaking respondents. Most Spanish-speaking respondents were able to choose a plan based on the quality data, but needed assistance to do so. This appeared to be less related to issues of literacy than to differing concepts of quality of care. For some respondents, Medi-Cal was their first-ever experience with health care coverage, so evaluating the quality of care in health plans and choosing a plan based on the quality of care were new and somewhat difficult concepts to grasp.

The quality data were displayed in three formats: a word icon display (Figure 11), a single-color (black) star display (Figure 12), and a color-coded star display (Figure 13). Almost all consumers tested were able to determine which plans were performing better on a single quality dimension using both the word icon display and the single-color star display, though not all could use the color-coded star display. Also, almost all of the English- and Spanish-speaking respondents were able to choose a plan and give a logical explanation for their choice using the word icon data display. This indicates that they were able to recognize patterns of performance and integrate the scores across the multiple dimensions. Ability to choose a plan across multiple dimensions was not tested with the star displays.

All respondents read the legend on each data display, which used bolded words. A few suggested putting a box around the legend. However, comprehension of the performance scale was best using the word icon display. Consumers repeated-

ly commented that they did not need to read the legend to know which plans were performing better or worse on a dimension because the label was on the word icon.

In Round 1, respondents were shown the three data displays and asked for their preferences. Nearly two-thirds of respondents (13 of 22) preferred the word icons to either one of the star options presented. Seven preferred the one-color stars and two preferred the color-coded stars. In Round 2, respondents were evenly split overall — 15 preferred word icons and 15 preferred stars. There was no clear relationship between number of years of schooling and data display preference. However, responses varied dramatically between Spanish and English interviews. Ten of 15 Spanish-speaking respondents preferred the button display while ten of 15 English-speaking respondents preferred the one-color star display. This may indicate cultural factors that would argue in favor of using the word icon display for the broader Medi-Cal population.

A variety of reasons were given for preferring the word icon display. With both of the star displays, consumers noted that the displays looked "busier" and that they needed the legend to understand the values represented by the stars. Most noted that for the word icon the legend was not needed to understand which plans were performing better. Some indicated that stars represent an opinion or rating by a single person "like movie or restaurant ratings," though others indicated that the stars were a familiar data display. A number of Spanish speakers indicated that stars were appropriate for rating items related to recreation or popular culture, but were inappropriate for rating something as important as the quality of health care.

How word icons are labeled is a critical component of whether they are successfully interpreted. When interpreting the word icons in this guide, most English-speaking respondents used the words inside the buttons to figure out what the graph was telling them. Some people also used the shapes, and a few used the colors. Some referred back to the bolded words in the legend. Spanish-speaking respondents were more likely to use a combination of words and colors to interpret the buttons; a few used the shapes as well.

Consumer understanding that plan scores are displayed relative to the state average for plans was poor for all data displays. With the star displays, consumers noted that more stars meant better scores, but did not note that two stars indicated an average rating. When asked what "average" means, most used terms like "so-so," "could do better," and "about 50 percent." Respondents appeared to understand more clearly with the word icons that plans were being compared to one another, noting the use of the terms better/worse and higher/lower to indicate performance relative to other plans.

However, in Round 1, the label "best" was often interpreted as an absolute value. Consumer expectations of a plan that was labeled "best" were extremely high — often unrealistically so. In Round 2, "highest" seemed to work better, though several Spanish-speaking respondents suggested substituting "excelente" (excellent) for "muy superior" (highest or much higher). The label "same" was very problematic in Round 2. Respondents did not understand what "same" referred to, and many interpreted it to mean "same as the plan in the next column" even though that plan might have gotten a score of "highest," "higher," or "lower."

Most respondents did not pay much attention to the use of a national benchmark. Consumers attended to the label "highest" on the word icon or the four-star rating without considering how the value was determined. When questioned specifically about the benchmark, one respondent commented that the use of a national benchmark meant that "highest" was really good. A few felt that it would be better to use California data only, and one felt that either national or California data, but not both, should be used for all comparisons.

## Issues Specific to COHS Counties

Counties with a COHS managed care model have one plan throughout the entire county. With only one plan, respondents had more difficulty understanding and using the document. They found it more difficult to use the ratings because there are no other plans to compare to — the value of the information was less obvious. In Round 2, at least one respondent noted that some of the contextual information in the document refers to individual choice. They viewed this as inconsistent with the fact that they have no choice of plan.

Respondents in Orange County (Round 1) noted that they have a choice of networks within CalOPTIMA. They are accustomed to seeing CAHPS data at the network level when enrolling or choosing a network. They noted that data about CalOPTIMA overall was of limited utility for choosing a network.

# IV. Conclusion

*The results of the consumer testing affected some key design decisions.*

The development of this Medi-Cal consumer guide to health plan quality demonstrates how document design can be improved in response to consumer testing. A number of design changes were made in direct response to findings from in-depth observation and interviews with members of the target audience who would use the ultimate product. These changes were analyzed and verified in iterative rounds of testing. Some aspects of the guide would benefit from additional testing and research prior to the publication of future versions.

The results of the consumer testing affected some key design decisions, including the following:

- Use of color photos to enhance the guide's appeal;
- Development of an eight-page format for GMC counties with multiple plans;
- Use of a text-only version of the health education program descriptions;
- Use of a word icon display for the quality data;
- Modification of the labels on the word icons to address difficulties in interpretation; and
- Simplification of some graphic elements, such as the navigational cues.

One area that might particularly benefit from additional testing would be the development of Medi-Cal quality guides that address the unique cultural perspectives of Medi-Cal's diverse enrollment population. Two-thirds of interview participants in the present project were Hispanic/Latino, and both English- and Spanish-language versions of the guide were produced. By and large, the guide content is the same for both languages. However, some modifications were made to the Spanish-language translation to better reflect Hispanic/Latino understanding of health promotion and health education and to assure that the materials use language that is respectful of Hispanic/Latino culture.

To develop truly culturally specific reports, however, would require a more comprehensive approach. This might begin with the identification of each cultural subgroup's differing

perceptions of health care quality. Based on that initial work, key messages could be developed to help bridge the gap between their understanding and the Medi-Cal program's quality measurements and reporting initiatives.

In the present project, it was not feasible to create a separate set of culturally appropriate materials for each cultural subgroup, both because of the extreme diversity of the Medi-Cal audience and because of limited resources for document design. Nonetheless, the design of this Medi-Cal consumer quality guide has utilized several strategies to assure that materials developed are useful and appropriate for a wide range of audiences.

This cultural awareness and respect for the target audiences has been reflected in decisions about content, organization, and design. Photos and key messages affirm and respect a broad variety of ethnicities and cultures. Community members were involved in the design and development of the guide, through consumer testing and through a project advisory committee. The Spanish translation procedure included a quality control component, in a process of translation, back-translation, and reconciliation; accuracy and cultural appropriateness were then checked through in-depth Spanish-language interviews. If DSH moves forward with distribution, the guide is expected to be translated and produced in all Medi-Cal threshold languages and updated on a regular basis to reflect current quality measures.

## Appendices

**Figure 1. Cover from Round 1 Testing**

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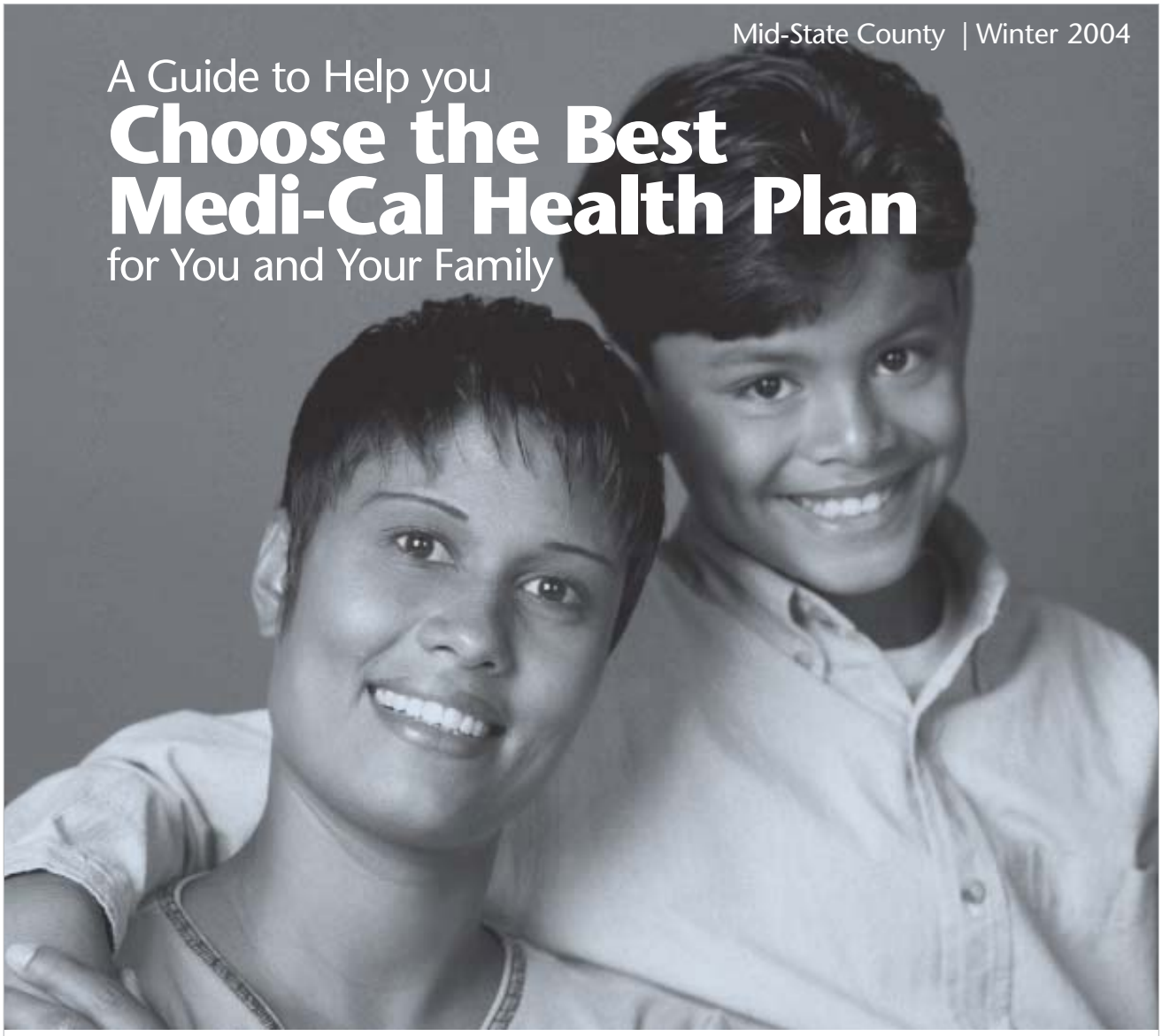

**Figure 2. Cover from Round 2 Testing**

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**Mid-State County | Summer 2003**

A guide to help you

# Choose the Best Medi-Cal Health Plan

for you and your family

## Look inside for this helpful information:

## Figure 3. Quality Data for GMC Counties from Tri-fold Format

> RETURN TO REPORT

# How this guide can help you.

When you are signing up for Medi-Cal, you have to choose a health plan. When you live in Mid-State County you can choose from:

- Seaside Plan
- Coastal Health Plan
- Mountain Plan
- Woodland Health Plan
- Prairie Health Plan
- Evergreen Health Plan
- Canyonlands Health Plan

It's true that all Medi-Cal plans cover the same benefits for everyone in Medi-Cal. But there are some ways that each Medi-Cal plan is different.

- The quality of care and customer service that you get can be different.
- Language help for people who don't speak English can be different.
- Extra programs to help you stay healthy can be different.

The ways that Medi-Cal plans are different can mean that one plan might better meet your needs and your family's needs. We know your family is important to you, so Medi-Cal is sending you this guide to tell you about these differences. This guide will help you pick a plan that will best meet your needs. Picking a health plan will take a little bit of time, but it is worth it.

For you to sign up for a plan, you will need to have the Medi-Cal enrollment booklet. (This booklet is called *My Medi-Cal Choice for Health Care.*) The Medi-Cal enrollment booklet has the form that you have to fill out to pick a plan and will tell you other important things you need to know.

You will probably have some questions. The back cover of this guide tells you how to get answers to your questions.

When you lift the page to look inside this guide, you will see three charts that tell you about the quality of care in the Medi-Cal plans you can join.

**This is what the symbols mean:**

- best — Scored among the best plans in the United States
- better — Scored better than average for plans in California
- average — Scored average for plans in California
- worse — Scored worse than average for plans in California



How Medi-Cal plans compare on

# Quality of care

### How well did plans score on survey results?

In 2001, Medi-Cal did a survey in the State of California to ask people in Medi-Cal about the quality of care and service in their plan. The information to the right on this page shows how well the plans scored on this survey.

### How well did plans do in giving people the care they need?

In 2002, Medi-Cal collected information from each Medi-Cal plan to see how many people in the plan got the care and services they need when they needed them. The information below on this page shows how well the plans scored on these tests.

| | **Overall Rating of Health Plan** How the plan was rated overall by its members | **Getting Needed Care** People got the care they needed without problems | **Getting Care Quickly** People got appointments and treatment without long waits | **How Well Doctors Communicate** Doctors listened carefully, gave good explanations, and showed respect | **Courteous Office Staff** Office or clinic staff were helpful and treated patients with courtesy and respect | **Plan Customer Service** People got the help they needed from plan customer service and plan written materials |
|---|---|---|---|---|---|---|
| Seaside Plan | better | better | worse | better | worse | average |
| Coastal Health Plan | better | worse | average | average | better | best |
| Mountain Plan | average | best | better | better | worse | better |
| Woodland Health Plan | average | better | worse | worse | better | worse |
| Prairie Healthcare | better | average | best | better | average | average |
| Evergreen Health Plan | better | best | average | average | worse | best |
| Canyonlands Health Plan | worse | best | worse | average | average | better |

## Quality of Care for Adults

| | **Pregnancy care** Women who had babies got regular check-ups before and after the baby was born. | **Eye Exams for Adults with Diabetes** Adults with diabetes got regular eye exams. Eye exams are important; diabetes is a serious illness that can cause blindness. | **Care for Adults with Asthma** Adults with asthma got the right kinds of medicines. |
|---|---|---|---|
| Seaside Plan | better | best | average |
| Coastal Health Plan | better | average | worse |
| Mountain Plan | better | worse | average |
| **Woodland Health Plan** | worse | better | average |
| Prairie Healthcare | better | best | worse |
| Evergreen Health Plan | better | average | average |
| Canyonlands Health Plan | better | worse | better |



## Quality of Care for Children

| | **Vaccines for Children** Children got all of the vaccines they were supposed to have | **Well-child Visits** Children had all of the well-child visits they were supposed to have | **Care for Children with Asthma** Children with asthma got the right kinds of medicines |
|---|---|---|---|
| Seaside Plan | better | best | average |
| Coastal Health Plan | better | average | worse |
| Mountain Plan | better | worse | average |
| Woodland Health Plan | worse | better | average |
| Prairie Healthcare | better | best | worse |
| Evergreen Health Plan | better | average | average |
| Canyonlands Health Plan | better | worse | better |

## Figure 4. Quality Data for GMC Counties from Eight-page Format

> RETURN TO REPORT

This is what the symbols mean:

highest = Scored **among the highest plans** in the United States

higher = Scored **higher than the average** for plans in California.

same = Scored **about the same as the average** for plans in California.

lower = Scored **lower than the average** for plans in California.

### How Medi-Cal plans compare on

# Quality of care for children

**Children have different health care needs than adults. This part of the guide shows how well plans scored on quality of care for children**

In 2001, the State of California did a survey to ask people in Medi-Cal about the quality of care and service they were getting from their health plan.

Medi-Cal also collected information from each plan in 2001, to see how many people in the plan got the care and services they needed when they needed them.

## How this guide will help you

When you are signing up for Medi-Cal, you have to choose a health plan.

When you live in Urban County you can choose from:

**Seaside Plan**

**Coastal Health Plan**

**Mountain Plan**

**Woodland Health Plan**

**Prairie Healthcare**

**Evergreen Health Plan**

**Canyonlands Health Plan**

It's true that all Medi-Cal plans cover the same benefits for all people enrolled in Medi-Cal. **But there are some ways that each Medi-Cal plan is different**.

- **Quality of care and customer service** that you get can be different.
- **Language help** for people who speak little or no English can be different.
- **Programs to help you stay healthy** can be different.

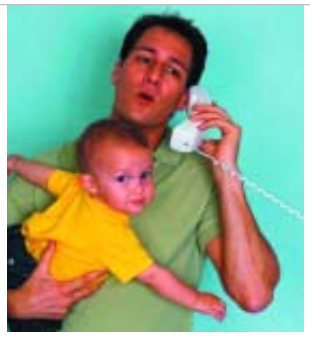
**These differences in Medi-Cal plans mean that one plan might be better than another for you and your family.** Please take a minute to look through this guide. It tells you about differences in the Medi-Cal plans you can pick from, and will help you decide which one is best for you and your family.

To sign up for a plan, you will need to have the Medi-Cal enrollment booklet. (This booklet is called *My Medi-Cal Choice for Healthy Care*.) The Medi-Cal enrollment booklet has the form that you have to fill out to pick a plan and will tell you other important things you need to know.

| | **Getting needed care** Children got the care they needed without problems. | **Getting care quickly** Children got appointments and treatment without long waits. | **How well doctors communicate** Doctors listened carefully, gave good explanations, and showed respect. | **Courteous office staff** Office or clinic staff were helpful and treated parents and children with courtesy and respect. | **Plan customer service** Parents got the help they needed from plan customer service and plan written materials. | **Vaccines (shots) for children** Children got all of the vaccines (shots) they were supposed to have to prevent illness. | **Check-ups for teenagers** Teenagers got all of the check-ups they were supposed to have. | **Care for children with asthma** Children with asthma got the right kinds of medicines. |
|---|---|---|---|---|---|---|---|---|
| **Seaside Plan** 1-800-222-2222 | higher | lower | highest | same | higher | higher | higher | highest |
| **Coastal Health Plan** 1-800-333-3333 | same | higher | lower | lower | same | higher | higher | same |
| **Mountain Plan** 1-800-444-4444 | lower | higher | same | same | lower | same | lower | higher |
| **Woodland Health Plan** 1-800-555-5555 | higher | same | highest | same | same | higher | same | same |
| **Prairie Healthcare** 1-800-666-6666 | highest | same | higher | highest | higher | same | higher | higher |
| **Evergreen Health Plan** 1-800-777-7777 | higher | highest | same | higher | lower | same | same | lower |
| **Canyonlands Health Plan** 1-800-888-8888 | same | highest | higher | same | higher | higher | same | lower |

**Figure 7. Back Cover**

> RETURN TO REPORT



# Where to get answers if you have questions

### Questions about Medi-Cal

If you have questions about Medi-Cal benefits, choosing a plan, or enrolling in Medi-Cal,

Look in your enrollment booklet, called *My Medi-Cal Choice for Healthy Care*.

Call 1-800-430-4263 to talk to someone at Health Care Options. It's a free call.

The TTY/TDD number is 1-800-430-7077. This phone number is for people who have difficulties with hearing or speech. You need special equipment to use it.

Medi-Cal holds meetings all over the state to help people understand the Medi-Cal program and how to sign up. You can come to one of these meetings if you want to hear about your choices and ask questions in person. To find out where and when meetings are held, look in the booklet *My Medi-Cal Choice for Healthy Care* or call Health Care Options at 1-800-430-4263.

### How to file a grievance

If you have trouble getting an interpreter when you need one, or getting important written materials translated, you have the right to file a grievance. To file a grievance you may call your health plan or send them a letter.

At the same time that you file a grievance with your health plan, you can ask for a State Fair Hearing. Call 1-800-952-5253 to ask for a State Fair Hearing or send a letter to:

California Department of Social Services
State Hearing Division
744 P Street, Mail Station 19-37
P.O. Box 944243
Sacramento, CA 94244-2430

### Questions about the health plans

If you have questions about how to use the plans and the programs or services they offer, you can call these phone numbers:

**Prairie Health Plan**
1-800-222-2222. It's a free call.
TTY/TDD: 1-800-222-2223

**Evergreen Health Plan**
1-888-333-3333. It's a free call.
TTY/TDD: 1-800-333-3334

Para recibir una copia de esta guía en español, llame al 1-800-430-3003. ¡Llamada gratis! Esta guía se llama *Una Guía para Ayudarle a Escoger el Mejor Plan de Salud de Medi-Cal para Usted y su Familia*. Tiene información importante sobre la calidad de la atención médica de los planes de salud de Medi-Cal que puede escoger.

Funding for the development of this guide was provided by the California HealthCare Foundation.

**Figure 8. Left-aligned Circle Display of Health Education Program Information**

> RETURN TO REPORT

## How Medi-Cal plan compare on
# Services that plans offer to help you stay healthy

Each Medi-Cal health plan has programs to help you and your family to stay healthy and manage illness. These are called **health improvement programs**. It does not cost you anything to join these programs when you are enrolled in Medi-Cal.

Plans offer these programs in lots of different ways. All plans have booklets and workbooks that you can take home with you to learn to stay healthy and manage illness. Some plans have other ways that you can learn, such as taking a class or joining a support group. **This page shows how the Medi-Cal plans that you can choose compare on programs to help you stay healthy.**

To find out the details about how these programs work and how you can sign up, call the health plan.

The table below has **circles to show the different ways that you can join** a health improvement program in each plan. The **colors** of the circles **show what kind** of special programs your plan offers.

- **Books and tapes** – The plan has booklets, workbooks, videos and tapes that you can take home with you to learn.
- **Classes** – Join a class where doctors, nurses and other health teachers will show you how to manage your illness and stay healthy.
- **One-on-one learning** – Talk to a doctor, nurse or other health teacher in person or by telephone to ask questions and solve problems as you learn how to manage your illness and stay healthy.
- **Support groups** – Join a group of people who are like you. People in the group learn from each other and help each other.

| | **Evergreen Health Plan** 1-800-222-2222 | **Prairie Health Plan** 1-800-333-3333 |
|---|---|---|
| Helping you manage your **asthma** | ●●● | ●●● |
| Helping you manage your **diabetes** | ●●●● | ●● |
| Helping women **stay healthy when they are pregnant** | ● | ●● |
| Plan does not have other learning programs | ●● | ●● |
| Helping **children stay safe and healthy** | ●●● | ●●● |
| Helping you manage your **high blood pressure** | ●●●● | ●●● |
| Helping you **learn about nutrition and manage your weight** | ●●● | ●●● |

**Figure 9. Column-aligned Circle Display of Health Education Program Information**

> RETURN TO REPORT

## How Medi-Cal plan compare on
# Services that plans offer to help you stay healthy

Each Medi-Cal health plan has programs to help you and your family to stay healthy and manage illness. These are called **health improvement programs**. It does not cost you anything to join these programs when you are enrolled in Medi-Cal.

Plans offer these programs in lots of different ways. All plans have booklets and workbooks that you can take home with you to learn to stay healthy and manage illness. Some plans have other ways that you can learn, such as taking a class or joining a support group. **This page shows how the Medi-Cal plans that you can choose compare on programs to help you stay healthy.**

To find out the details about how these programs work and how you can sign up, call the health plan.

The table below has **circles to show the different ways that you can join** a health improvement program in each plan. The **colors** of the circles **show what kind** of special programs your plan offers. This information comes from the plans and not from the Medi-Cal program.

- ● **Books and tapes** – The plan has booklets, workbooks, videos and tapes that you can take home with you to learn.
- ● **Classes** – Join a class where doctors, nurses and other health teachers will show you how to manage your illness and stay healthy.
- ● **One-on-one learning** – Talk to a doctor, nurse or other health teacher in person or by telephone to ask questions and solve problems as you learn how to manage your illness and stay healthy.
- ● **Support groups** – Join a group of people who are like you. People in the group learn from each other and help each other.
- ○ The health plan does not offer this option for this program.

| | **Evergreen Health Plan** 1-800-222-2222 | **Prairie Health Plan** 1-800-333-3333 |
|---|---|---|
| Helping you manage your **asthma** | ●○●● | ●●●○ |
| Helping you manage your **diabetes** | ●●●● | ●○○● |
| Helping women **stay healthy when they are pregnant** | ●○○○ | ○●●○ |
| Helping **children stay safe and healthy** | ●○●● | ●○●● |
| Helping you manage your **high blood pressure** | ●●●● | ●●○● |
| Helping you **learn about nutrition and manage your weight** | ●●●○ | ●○●● |

**Look inside for information about quality of care.**

**3**

For more information about Medi-Cal call **1-800-555-5555**

**Figure 10. Text Display of Health Education Program Information**

> RETURN TO REPORT

# Programs to help you stay healthy

Each Medi-Cal health plan has programs to help you and your family stay healthy and manage illness. These are called **health education programs**. You do not have to pay to join these programs when you are enrolled in a Medi-Cal health plan.

Medi-Cal health plans offer programs that help you learn how to:

- Stay healthy when you are pregnant
- Keep your children safe and healthy
- Maintain good nutrition and exercise
- Manage and control your weight
- Manage and control your asthma
- Manage and control your diabetes
- Keep your heart healthy
- Control high blood pressure and cholesterol
- Quit smoking
- Prevent sexually transmitted disease and HIV/AIDS
- Prevent unplanned pregnancy
- Use new parenting skills
- Prevent dependence on drugs and alcohol

Plans offer these programs in lots of different ways. You might like one way better than another. The different ways that you can join a health education program are:

| | |
|---|---|
| **Booklets and tapes** | Ask the plan to send you booklets, workbooks, videos and tapes that you can take home with you to learn. |
| **Classes** | Join a class where a health expert will show you how to manage your illness and stay healthy. |
| **One-on-one learning** | Talk to a health expert in-person or by telephone to ask questions and solve problems as you learn how to manage your illness and stay healthy. |
| **Support groups** | Join a group of people who are like you. People in the group learn from each other and help each other. |

The plans want to offer these programs in ways that will work best to help you learn. To find out the details about how these programs work and how you can sign up, call your health plan. Look at the back cover of this guide for phone numbers.

**Look inside for information about quality of care.**

**3** For more information about Medi-Cal call **1-800-430-4263**

**Figure 11. Word Icon Display to Convey Quality of Care Rating**

> RETURN TO REPORT

## Quality of Care for Children

| | **Vaccines for Children** Children got all of the vaccines they were supposed to have | **Well-child Visits** Children had all of the well-child visits they were supposed to have | **Care for Children with Asthma** Children with asthma got the right kinds of medicines |
|---|---|---|---|
| Seaside Plan | better | best | average |
| Coastal Health Plan | better | average | worse |
| Mountain Plan | better | worse | average |
| Woodland Health Plan | worse | better | average |
| Prairie Healthcare | better | best | worse |
| Evergreen Health Plan | better | average | average |
| Canyonlands Health Plan | better | worse | better |

When you lift the page to look inside this guide, you will see three charts that tell you about the quality of care in the Medi-Cal plans you can join.

### This is what the symbols mean:

- **best** — Scored among the best plans in the United States
- **better** — Scored better than average for plans in California
- **average** — Scored average for plans in California
- **worse** — Scored worse than average for plans in California

**Figure 12. Single-color Star Display to Convey Quality of Care Rating**

> RETURN TO REPORT

## Quality of Care for Children

| | **Vaccines for Children** Children got all of the vaccines they were supposed to have | **Well-child Visits** Children had all of the well-child visits they were supposed to have | **Care for Children with Asthma** Children with asthma got the right kinds of medicines |
|---|---|---|---|
| Seaside Plan | ★★★ | ★★★★ | ★★ |
| Coastal Health Plan | ★★★ | ★★ | ★ |
| Mountain Plan | ★★★ | ★ | ★★ |
| Woodland Health Plan | ★ | ★★★ | ★★ |
| Prairie Healthcare | ★★★ | ★★★★ | ★ |
| Evergreen Health Plan | ★★★ | ★★ | ★★ |
| Canyonlands Health Plan | ★★★ | ★ | ★★★ |

When you lift the page to look inside this guide, you will see three charts that tell you about the quality of care in the Medi-Cal plans you can join.

### This is what the symbols mean:

| | |
|---|---|
| ★★★★ | Scored among the best plans in the United States |
| ★★★ | Scored better than average for plans in California |
| ★★ | Scored average for plans in California |
| ★ | Scored worse than average for plans in California |

**Figure 13. Color-coded Star Display to Convey Quality of Care Rating**

> RETURN TO REPORT

## Quality of Care for Children

| | **Vaccines for Children** Children got all of the vaccines they were supposed to have | **Well-child Visits** Children had all of the well-child visits they were supposed to have | **Care for Children with Asthma** Children with asthma got the right kinds of medicines |
|---|---|---|---|
| Seaside Plan | ★★★ | ★★★★ | ★★ |
| Coastal Health Plan | ★★★ | ★★ | ★ |
| Mountain Plan | ★★★ | ★ | ★★ |
| Woodland Health Plan | ★ | ★★★ | ★★ |
| Prairie Healthcare | ★★★ | ★★★★ | ★ |
| Evergreen Health Plan | ★★★ | ★★ | ★★ |
| Canyonlands Health Plan | ★★★ | ★ | ★★★ |

When you lift the page to look inside this guide, you will see three charts that tell you about the quality of care in the Medi-Cal plans you can join.

### This is what the symbols mean:

| | |
|---|---|
| ★★★★ | Scored among the best plans in the United States |
| ★★★ | Scored better than average for plans in California |
| ★★ | Scored average for plans in California |
| ★ | Scored worse than average for plans in California |

# Appendix B: Demographic Characteristics of Respondents

### Table 1. Gender

| ROUND 1 | Male | Female | TOTAL |
|---|---|---|---|
| Alameda | 0 | 7 | 7 |
| Sacramento | 1 | 6 | 7 |
| Orange | 1 | 7 | 8 |
| **TOTAL** | **2** | **20** | **22** |
| **ROUND 2** | | | |
| **English Interviews** | | | |
| San Bernardino | 1 | 5 | 6 |
| San Diego | 0 | 4 | 4 |
| Monterey | 2 | 3 | 5 |
| **Spanish Interviews** | | | |
| San Bernardino | 1 | 4 | 5 |
| San Diego | 0 | 5 | 5 |
| Monterey | 0 | 5 | 5 |
| **TOTAL** | **4** | **26** | **30** |

### Table 2. Age

| ROUND 1 | ≤ 20 | 21–30 | 31–40 | ≥ 41 | TOTAL |
|---|---|---|---|---|---|
| Alameda | 0 | 2 | 3 | 2 | 7 |
| Sacramento | 2 | 3 | 2 | 0 | 7 |
| Orange | 1* | 2 | 3 | 2 | 8 |
| **TOTAL** | **3** | **7** | **8** | **4** | **22** |
| **ROUND 2** | | | | | |
| **English Interviews** | | | | | |
| San Bernardino | 1 | 2 | 2 | 1 | 6 |
| San Diego | 1 | 1 | 0 | 2 | 4 |
| Monterey | 0 | 2 | 3 | 0 | 5 |
| **Spanish Interviews** | | | | | |
| San Bernardino | 1 | 0 | 3 | 1 | 5 |
| San Diego | 0 | 0 | 3 | 2 | 5 |
| Monterey | 1 | 1 | 3 | 0 | 5 |
| **TOTAL** | **4** | **6** | **14** | **6** | **30** |

*This interview included a pair of sisters, ages 19 and 20.

### Table 3. Education Level*

| ROUND 1 | < 12 | 12 | > 12 | TOTAL |
|---|---|---|---|---|
| Alameda | 0 | 3 | 4 | 7 |
| Sacramento | 4 | 3 | 0 | 7 |
| Orange | 0 | 5 | 3 | 8 |
| **TOTAL** | **4** | **11** | **7** | **22** |
| **ROUND 2** | | | | |
| **English Interviews** | | | | |
| San Bernardino | 2 | 2 | 2 | 6 |
| San Diego | 0 | 3 | 1 | 4 |
| Monterey | 1 | 2 | 2 | 5 |
| **Spanish Interviews** | | | | |
| San Bernardino | 4 | 0 | 1 | 5 |
| San Diego | 2 | 2 | 1 | 5 |
| Monterey | 4 | 1 | 0 | 5 |
| **TOTAL** | **13** | **10** | **7** | **30** |

*Represented by grade completed. No one interviewed had a college degree.

### Table 4. Race/Ethnicity

| ROUND 1 | Caucasian | African American | Asian | Pacific Islander | Native American | Hispanic/ Latina | Multiracial* | TOTAL |
|---|---|---|---|---|---|---|---|---|
| Alameda | 0 | 3 | 0 | 1 | 0 | 2 | 1 | 7 |
| Sacramento | 0 | 1 | 0 | 0 | 0 | 5 | 1 | 7 |
| Orange | 0 | 0 | 2 | 0 | 0 | 5 | 1 | 8 |
| **TOTAL** | **0** | **4** | **2** | **1** | **0** | **12** | **3** | **22** |
| **ROUND 2** | | | | | | | | |
| **English Interviews** | | | | | | | | |
| San Bernardino | 1 | 2 | 0 | 0 | 0 | 3 | 0 | 6 |
| San Diego | 2 | 0 | 0 | 0 | 0 | 2 | 0 | 4 |
| Monterey | 0 | 0 | 0 | 1 | 1 | 3 | 0 | 5 |
| **Spanish Interviews** | | | | | | | | |
| San Bernardino | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 5 |
| San Diego | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 5 |
| Monterey | 0 | 0 | 0 | 0 | 0 | 5 | 0 | 5 |
| **TOTAL** | **3** | **2** | **0** | **1** | **1** | **23** | **0** | **30** |

*Multiracial respondents consisted of one Caucasian/Native American and two Caucasian/Hispanics.

### Table 5. Language Spoken at Home

| ROUND 1 | English | Spanish | Vietnamese | English & Spanish | English, Spanish & Filipino | TOTAL |
|---|---|---|---|---|---|---|
| Alameda | 4 | 1 | 0 | 1 | 1 | 7 |
| Sacramento | 3 | 2 | 0 | 2 | 0 | 7 |
| Orange | 1 | 0 | 2 | 5 | 0 | 8 |
| **TOTAL** | **8** | **3** | **2** | **8** | **1** | **22** |

| ROUND 2 | English | Spanish | English & Spanish | TOTAL |
|---|---|---|---|---|
| **English Interviews** | | | | |
| San Bernardino | 5 | 0 | 1 | 6 |
| San Diego | 2 | 0 | 2 | 4 |
| Monterey | 3 | 0 | 2 | 5 |
| **Spanish Interviews** | | | | |
| San Bernardino | 0 | 5 | 0 | 5 |
| San Diego | 0 | 5 | 0 | 5 |
| Monterey | 0 | 5 | 0 | 5 |
| **TOTAL** | **10** | **15** | **5** | **30** |

# Appendix C: Testing Protocol

## Breakdown of Interview Time

### Introduction — 5 minutes

[Make the interviewee comfortable and orient the interviewee to the task (e.g., getting accustomed to a "think aloud" process)]

### Think Aloud Review — 25 minutes

[Introduce the guide and observe the consumer as they read and comment on the guide using a "think aloud" process. Researcher observes the order of approach to the document, time spent on various parts of the document, and notes items for follow-up questions. We have one version of the guide specific to each county and some alternative data displays.]

### Report Design Discussion — 25 minutes

[Probe with questions aimed at eliciting comprehension and identifying specific features of the guide that work and don't work.]

### Wrap-up — 5 minutes

[Ask respondents for summary opinions, verify demographic information, thank them for their participation, and pay them.]

## Introduction

"Thank you for coming today. Your participation is very important. I'm [first name]. I'm working on a research project for the California Health Care Foundation. They are a non-profit organization committed to improving health care in California."

### Project Objective

"We're holding discussions like these for the agency that oversees the Medi-Cal program. Medi-Cal wants to give you more and better information to help you understand and choose a Medi-Cal plan. We do not work for your health plan or for the Medi-Cal program."

"To make a plan choice [to get the best health care from your plan] you want several types of information like what benefits are covered and whether your doctor is in the plan. For today, we'll focus on other information you may also want to take into account when you make a plan choice."

"Today I'm going to show you parts of a booklet being developed. This is a draft but before we finalize it we want to have people review it and get their reactions."

"Please keep in mind there are no right or wrong answers. It's not a test. You're helping us learn how people will use the booklet and how we can improve it."

"You won't hurt my feelings, no matter what you say about the booklet. So please feel free to say everything you think."

"What you say will be completely private. We won't connect your name with anything you say. Your Medi-Cal benefits won't be affected in any way, no matter what you say. Do you have any questions before we get started?

[Hand out consent forms. Explain a little about it. Have respondent read and sign it. Collect it.]

### Background Questions

- "How long have you been a member of the Medi-Cal plan that you are in now?"
- "How did you pick this plan?"
- "When you picked this plan, what kind of information did you want to know about the plan before you made your decision? OR "If you were to have to pick a new plan today, what would you want to know about a plan before you join?"

## Think Aloud Review

"For today's discussion, I'll ask you to read through a draft of the booklet that we are putting together for people on Medi-Cal. This booklet is a draft. The plan names are not real names. When it is finished, Medi-Cal will put the real information in the booklet and send it to everyone on Medi-Cal in this county and many other places throughout the state."

"Please read at your own pace, as if you were reading at home. After you have read the brochure, I will ask you some questions about what you read, what you liked and didn't like, and how you understood it."

"I want you to talk out loud as you read. That helps me know if we're on the right track." [Demonstrate think aloud techniques.]

"Please read through this booklet thinking out loud as I have shown you. Take as much time as you like to look it over."

[During think aloud, observe closely.

- What order do they read through the booklet?
- Do they skip any sections?
- What text or features do they pay attention to?
- Do you observe any misunderstandings or incorrect interpretations?
- Is there any body language or physical behavior that indicates problem areas?
- Please note if the reading level of the Spanish text seems to be appropriate for the audience. Note any alternative language that might be more easily understood.]

"Without looking back through the booklet, tell me what different kinds of information about Medi-Cal plan(s) you remember seeing in this booklet?"

"When you think about the different kinds of information in this booklet, which one is most important to you in choosing a health plan?"

### Cover

[If any of the following questions were obviously answered during the think aloud, they do not need to be repeated. If there is any doubt — especially about comprehension or interpretation—Ask.]

- "When you first looked at the cover, what did you think the guide was about?"
- "Is the guide appealing?" [Are they interested in opening the guide and reviewing the content?]
- "Did they notice the table of contents at the bottom? What did they think would be in each section of the guide?" [Particularly probe about what they thought would be in the programs to help you stay healthy and quality data.]
- "Do you think anything on the cover would be unclear or confusing to others? [Take a moment to review it again to see if anything is unclear]

### Inside First Fold

- "What did you notice or skip on these pages?"
- ***How this guide can help you.*** "Is this helpful? Is anything unclear?"
- ***Language services.*** "Can you accurately read the table? How important is this topic? Do you have trouble making the leap between the differing content? What kinds of information about language services are important to you or to people on Medi-Cal?"

- ***Programs to help you stay healthy.*** "Are you interested in this information? What would make this more interesting? Would you call the plan to get more information? Where it says "This information comes from the plans and not from the Medi-Cal program." What does that mean to you? Does it change the way you think about the information?"
- "Do you see the navigational cue? Is it helpful?"
- "Take a moment to review these pages again to see if anything is unclear. Do you think anything on pages would be unclear or confusing to others?"

## Inside Second Fold

- "What did you notice or skip on these pages?"
- "Do you notice the legend? Do you recognize that it defines what the buttons mean? How do you interpret highest/higher/same/lower?" [Does their interpretation match with the definitions of meaning in the key? Do they seem to understand the buttons or have trouble interpreting the buttons?]
- "Are there topics that you don't care about? Are there topics you really care about? If we had to drop one or two measures because of space considerations, which one would you prefer to drop?
- "If you were using this information to choose a plan, which plan would you choose?" [Not applicable in Orange County.]
- "Why did you choose this plan?" [or another questions that requires interpretation of the tables such as, "Tell me which plans had the best customer service?"]
- "How do you relate the information in the first fold (services) to the information behind the second fold (quality)?
- "Take a moment to review these pages again to see if anything is unclear. Do you think anything on pages would be unclear or confusing to others?

## Back Cover

{Note during observation if they look at the back cover. What did they notice or skip on these pages?]

"Take a moment to review these pages again to see if anything is unclear. Do you think anything on pages would be unclear or confusing to others?"

## General Questions

- "When you first looked at this brochure, did you think it looks like something that would be easy or hard to understand?"
- "What do you think of the photos that are used in the guide? Does the photo of an obviously Asian family next to the language service information in the 7-plan version seem incongruous or stereotyping from the interviewee's perspective?"
- "What do you think about the (font) size? Is it too big, too small, or about the right size?"
- "How would you see yourself using this guide?" OR "If it came to you in the mail, what would you do with it?"

## Report Design Discussion

### Quality Displays

[Show word icon version. Allow the respondent to study for up to a minute. Ask these (or similar) probing questions:]

- "You'll notice that in this guide, we used buttons or symbols to tell you how the plans scored on quality of care."
- "What elements on this page did you use to figure out what the graph was telling you about?" [Note if they refer to the legend, the question content wording, the symbol, the color cues, etc.]
- "Which plan do you think is doing better or worse on this measure of (getting care that is needed)?"
- "How did you decide which plan was doing better or worse?" [Try to get a sense of what they are using most to interpret — words, shapes, colors.]

[Show single-color and color-coded star versions. Allow the respondent to study for up to a minute. Ask these (or similar) probing questions:]

- "Now I'm going to show you another way of displaying quality information. The stars mean exactly the same thing as the buttons: plans receiving four stars scored among the highest plans in the U.S., plans receiving three stars scored higher than the average for plans in California, plans receiving two stars scored about the same as the average for plans in California, and plans receiving one star scored lower than the average for plans in California."
- "If you were given a choice of seeing this quality information (point to quality labels in the appropriate language) displayed as stars or buttons, which would you prefer?"

### Health Improvement Program Displays

[Show column-aligned circle display version. Allow the respondent to study for up to a minute. Ask these (or similar) probing questions:]

- "You'll notice that in this guide, we used colored circles to tell you what kind of programs the plans offer to help you stay healthy. Let's take a look at this page a little more closely." [Can they accurately interpret the table? Ask a question that requires interpretation, such as, "Tell me which plans offer support groups for people with diabetes." or "What kinds of programs does Evergreen Health Plan offer?"]
- "If you were to pick a plan for yourself, using just the information on this page, which plan would you pick. How did you decide which plan was the best one for you?" [Try to get a sense of what they are using most to interpret; e.g., number of circles per plan, content of programs, use of a particular learning method.]
- "What elements on this page did you use to figure out what the graph was telling you about?" [Note if they refer to the legend, the descriptive text, the table headings, etc.]
- "What do you think the empty circle means?"
- "There are other ways to show this information, and we would like to show them to you and get your reaction."

[Show text only version. Allow the respondent to study for up to a minute. Ask these (or similar) probing questions:]

- "Is this page telling you the same things that the page in the booklet tells you? What is different about this page?"
- "This page (text page) lists all of the programs to help you stay healthy that each plan offers, while the page in the booklet only has room for a few of the programs that plans offer. The page in the booklet tells you more about how each plan runs their programs even though it only has room to tell you about a few programs. Which is more important to

you — to know a little about all of the programs or more about a few of the programs?"

[Set text page aside for a moment and show page with left-aligned circles. Again, allow the respondent to study for up to a minute. Ask these (or similar) probe questions:]

- "What's different about this page from the page in the booklet?"
- "Does that make it easier, or harder to figure out what this graph is trying to tell you?" [Can they accurately interpret the table? Ask a question that requires interpretation, such as, "Tell me which plans offer support groups for people with diabetes." or "What kinds of programs does Evergreen Health Plan offer?"]
- "If you were to pick a plan for yourself, using just the information on this page, which plan would you pick. How did you decide which plan was the best one for you?" [Try to get a sense of what they are using most to interpret; e.g., number of circles per plan, content of programs, use of a particular learning method.]

[Show all three page options.]

- "Which of these options would you prefer to see in a guide like this?"

## Wrap-up

- "Looking back at the guide, do you have any final comments that you would like to make about it?"
- "Do you have any suggestions for ways that we can make the guide easier to read and understand?"
- "That's all of the questions I have for you today. Thank you very much for your time."

[Hand them the thank you letter and honorarium, and walk them to the door.

Questions for the interviewer to answer after the interview is over:

- Overall, how interested did the respondent seem to be in the draft materials?
- Overall, how well did you think the respondent understood the materials?
- Based on this interview: what words, concepts, or other things seem likely to confuse people?
- Did you get any ideas from this interview about other things that should be tested?
- Did you get any ideas from this interview about revisions to make in the document (including things to add or delete)?]

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