Report on Focus Groups for the Health Benefits Task Force

As part of the on-going effort by the Health Benefits Task Force to obtain information from the university community about their concerns pertaining to their health benefits, focus groups were conducted. Focus groups provide a mechanism for the university members to raise issues that concern them and enables the Task Force members to listen to these concerns and learn from them. Therefore, lines of communication were created in this manner, connecting both groups. In high quality focus groups, lively discussions are generated, as was the result in these groups. There were a total of six focus groups conducted, four on the main Lexington campus, one in Eastern Kentucky and one in Western Kentucky. The goal was to obtain viewpoints from different segments of the university population. The six focus groups were conducted as follows:

- Retired faculty: September 17, 2001
- Medical Center employees: September 18, 2001
- Physical Plant Division employees: September 24, 2001
- Faculty: September 26, 2001
- Eastern Kentucky employees: September 28, 2001
- Western Kentucky employees: October 2, 2001

Specifically, the Health Benefits Task Force members wanted to receive input and feedback from university members on their perceptions of their health benefits. Focus group transcripts were received and codes were created as the first step of the qualitative data analysis process. The data were coded on category cards using the "grounded approach" of qualitative data analysis. Various themes and patterns quickly emerged across focus groups. Throughout the entire process, these same themes and patterns surfaced repeatedly from the focus groups and are the threads that tie these groups together, enabling cross-case comparisons. This report will present data in focused form, that is, with excerpts and quotations, extracted so that the Health Benefits Task Force can draw warranted conclusions.

The following questions were asked in the focus groups:

1) What comes to mind with UK's health benefit plans?
2) Think back to the last time you needed information from someone about your health benefits. Tell us about your experience(s). What kinds of roadblocks did you run into?
3) Let's talk about the best and worst features of UK's plans. What do you like the best? What do you like the least?
4) How would you change the health benefits package?
5) Would you rather pay more money for a more inclusive, comprehensive plan or pay less money and have less benefits?
6) How can UK improve access to the providers? What would make them more accessible for you?
7) Of all the suggestions and needs that we have discussed, which do you feel is the most important?
8) Have we missed anything? Is there anything we should have talked about but didn’t?
9) What advice do you have for the Task Force members as they try to improve health benefits?
The main themes that occurred throughout all of the focus groups were a wide range of access problems, miscommunication and poor information dissemination, lack of choice with health benefit plan options, and high out-of-pocket costs. These themes will be examined much more closely below.

I. Access

Long waiting periods for appointments to see providers was a recurrent theme mentioned throughout the focus groups. There was a consensus among groups that there is a shortage of providers and over-booking is universal. As one faculty member participant explained, "If I'm sick... I need to get in to see a physician as soon as possible. How about next week? Well, I'm not going to have a fever next week. I'm not going to have a fever for ten days. I need to get in over the next day or so for those kinds of things. It's just impossible to do over there." Another participant explained how he received a card in the mail reminding him that it is time for a routine screening. Yet when he called, he was unable to get an appointment for 5 1/2 months. A PPD employee explained that since doctors are so over-booked that employees have no choice but to go to the emergency room for something that can't wait if the provider's office cannot see the employee for ten days. A suggestion was given in the PPD focus group to have more physicians dedicated full-time to taking care of university employees as opposed to working one Tuesday a month or whatever the case.

Another issue mentioned concerning access dealt with triage problems. As a faculty member stated, "I see a serious weakness in access. The front line operators that take your call for appointments, I feel that they cannot differentiate between important, urgent matters...that need to be looked at immediately and the routine appointments. I have had no luck when there are serious issues getting quick appointments. Most of the appointments that my wife or I have been able to get are in 6-8 weeks or longer."

An issue mentioned repeatedly throughout the focus groups relating to access issues was the need to have continuity of providers. One participant stated, "The worst thing [about UK health benefits] is access problems.... with family practice there is a lack of continuity in that you can't consistently see the same physician unless you are managing to schedule three months in advance and manage to have your crisis at the same time as your appointment. I'm trying to figure out how to do that."

Another concern relating to access that was mentioned in more than one focus group is acquisition of more than one month's supply of maintenance drugs. Participants explained that if a person takes more than one maintenance drug prescription and has to take off work each time in order to get to the pharmacy during their operation hours, it becomes cumbersome. One example given by a participant was that (s)he takes four different maintenance drugs and all of them are filled at different times of the month. Focus group participants also mentioned that access to drugs not on the formulary anymore has become a problem.

The Western and Eastern Kentucky focus groups felt that they do not have access to the same health benefits as the employees living near Lexington. One participant stated, "...they are not thinking of the employees outside of Lexington, in the western part or anywhere else in the state other than the Lexington area." Another person claimed, "I have lived in Lexington and was able to take advantage of the health care things that they have had right there on campus and it is dramatically different to what we have access to once you get outside of Lexington."
facilitator asked if the participants could go to hospitals in Lexington one person replied, "We can, but not with the same benefits the Lexington people have. Our policies don't apply. There is no equitable distribution of benefits whatsoever." They went on to explain that prescription drug benefits are more of an obstacle outside of Lexington, and specialists are not very accessible. The two groups outside of Lexington also felt that they pay more money out-of-pocket than those living in the Lexington area for services.

II. Poor Communication/Miscommunication and Poor Information Dissemination

A closely related theme to access mentioned throughout the focus groups is miscommunication by the health benefits office and poor information dissemination. Faulty or wrong information given to employees and retirees will hinder their access to the system. Members in the focus groups mentioned numerous times how they are frustrated with the benefits office. An emergent theme throughout the focus groups was that a person would call the benefits office and receive conflicting information. It was also stated that benefit office personnel do not always return phone calls, and when they do, it is not in a timely fashion. As one participant in the Western Kentucky focus group explained, "I think the worst part about trying to get information is that there is no accurate, consistent information out there for us. It totally depends on who answers the phone and who you get to talk to." Another one explained that (s)he couldn't obtain a list of drugs or providers when it was needed in order to make an informed choice during open enrollment. Another opined, "You call up and get one story, call back and get another story." A Physical Plant Division employee stated, "they are guessing and you have to go back again and get a different story from another person. Every time you go over there, there is a different variation." An exasperated participant from Western Kentucky stated, "They are so slow on giving you information that you could die." A retiree participant stated that the number on the Humana card was wrong and the information booklet by Humana is poorly designed. It was difficult to ascertain what is covered.

Spending hours on the phone to straighten out burdensome paperwork, inaccurate bills received, or to make an appointment with providers was also mentioned repeatedly. This is also an access issue. Members explained that they are frustrated when they make an appointment with a physician and then discover that they are seeing a physician assistant or physician extender after showing up for the appointment. They felt this was dishonest. A suggestion given by the PPD group for better communication by the health plans and providers would be to send a letter to employees when a provider leaves and suggest another provider or at least provide a list of available providers. It shouldn't come as a surprise to people when their provider is no longer available or accessible.

Another concern relating to poor communication stated repeatedly in the focus groups was that no explanation was given for the recent health care changes, particularly dropping Anthem BC/BS, and that no input was received from university members on these changes. As one focus group member in the faculty group stated, "Have we ever been told why all of a sudden we threw out United Health Care and Anthem and had to go to Humana as our one choice other than UKHMO? There has been no explanation and I actually resent that." A retiree focus group participant stated, "There was no information given as to how they decided, what was the basis for making that change? Were those rates dependent upon actuarial information or were they pulled out of the air?" Another participant explained, "We would probably be less irritated if we felt like we knew the basis for some of the decisions." Many groups asked the facilitator who made these decisions and why no one was consulted.
Another theme that emerged relating to lack of information or faulty information given pertained to the website. Participants in three of the six focus groups mentioned that they were referred by the health benefit office to the website and when logged on to find information, found it to be woefully out-of-date and not helpful. The PPD members stated that access to the website was an issue. As a faculty member stated, "I've called and been told to go to the website and then I went to their website and it had old information so I ended up tracking down the company myself."

III. Choice

An emergent theme, which is closely related to access and communication problems, is having more choices and options of plans. Obviously, having more choices available to university members would ultimately widen accessibility to providers. Participants stressed that there shouldn't be one "cookie-cutter" option and that university members want more choices in order to tailor the plan to their own needs. They did not want to be forced into one option or force others to be in their option either. Members of focus groups wondered why Anthem Blue Cross Blue Shield was dropped as an option and why choices have been increasingly limited. One participant explained how (s)he has seen the options dwindle over the years from five or six options down to only two choices. But many participants felt that there really wasn't a choice besides UKHMO due to high out-of-pocket costs with Humana. "I feel I've been forced to take UKHMO or else," explained one participant. It was suggested that an option outside of UK would be beneficial. One member wondered, "If you pick Humana your money still goes to UKHMO…why is there a middleman there?" Another faculty focus group member opined that (s)he would like a plan that allows people to select different kinds of providers. For example, "you might choose UK for one type of service and Central Baptist or St. Joe for another." People felt that trust was an issue with having the university and UKHMO being so closely connected. They felt that competition would be healthier and more cost-efficient. As one focus group member explained, "If I'm going to be contributing more money…I'd like to be given the choice to pick up and walk if I don't like what they are doing." Another one said that choice has become such a central topic because "we would no longer choose UKHMO."

IV. Cost

The issue of cost was also a recurrent theme in the focus groups. A PPD employee opined that cost is the worst part of UK's health benefits. Another PPD participant explained that there is a need to plan better for the future to offset these costs, perhaps by having a fundraiser or some way to come up with the necessary money. This issue was echoed in the retiree focus group that perhaps better planning would help in the future and poor planning caused these problems. Another PPD employee stated, "They say there is power in numbers, but that doesn't wash out here. UK is one of the biggest employers in the state of Kentucky. Why are their premiums so high?" A faculty member stated that "our out-of-pocket costs have gone up probably $1500 a year…and the medication I take is no longer on the formulary." It was expressed that UK Hospital is using UKHMO "as a way to cost shift money to other costs." Another focus group participant wondered if it's worth it to work here now due to these costs.

Many people expressed concern in the focus groups about recruitment of prospective employees and retention of employees. They fear that high health care costs will drive people away, therefore, making it worse for those who decide to stay. Participants also expressed concerns that these costs are taking huge bites out of their salaries and families have had to drop their children from the health care coverage. One participant asked if the Task Force knew how many people have been dropped as a result of these changes and high out-of-pocket costs.
Question 1: What comes to mind with UK's health benefit plans?

The retiree focus group mentioned that lack of information about the health plans came to mind, as well as the fact that it is very difficult to figure out what is covered. The recent changes of the health benefits came to mind first for the medical center group. The faculty group mentioned expense numerous times, poor communication, cost, too few choices, and lack of continuity with providers. The Eastern Kentucky focus group also mentioned expense, that benefits were decreasing, there isn't much choice and overwhelmingly that there's a discrepancy between the benefits they receive and the benefits received in Lexington. The Western Kentucky group first mentioned that frustration came to mind, access issues were repeatedly brought up, as well as the discrepancy in benefits that they receive in comparison to those close to Lexington. The PPD group was not asked this question.