

# RAND

*Report on Cognitive Interviews with Medicaid  
Mothers for Consumer Assessment of Health  
Plans Study (CAHPS)*

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**Summary of RAND Cognitive Interviews  
with Mothers Receiving Medicaid Benefits:  
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**Introduction**

RAND, Harvard and the Research Triangle Institute are working on a 5-year cooperative agreement, the Consumer Assessment of Health Plans Study (CAHPS), to develop instruments to assess consumer satisfaction with health plans, report this information back to consumers who are deciding among health plans, and evaluate the effect of providing this information. The consortia working with these grantees include many different health plans and service delivery settings, such as HMOs, fee-for-service plans, and public health clinics offering services to low-income individuals. CAHPS surveys, and reports for consumers based on survey information, will be tested at each of these sites.

This report summarizes cognitive interviews that RAND conducted with Medicaid beneficiaries in California and Kansas. The report is divided into three parts. The first part discusses English language interviews conducted in California, the second part summarizes English language interviews conducted in Kansas, and the third part summarizes Spanish language interviews conducted in both states.

## **Part I: English language interviews in California**

***Background Information and Method Description of Population:*** The RAND sample consists of women age 18 or older who are MediCal Beneficiaries, currently receive AFDC benefits (also known as ADC), and have at least one child under age 13. The sample was provided by a Los Angeles area HMO plan. The plan has multiple facilities, all located in Los Angeles. The sample includes African-American, Latina, and White women but the majority are African-American.

***Interviews Completed to Date:*** 18 Adult interviews and 8 Child (proxy) interviews have been completed. Child interviews are adult (mother) reports of child's experiences with the UHP health plan. All interviews were completed in English. All interviews were interviewer-administered.

***Method:*** Initial interviews were conducted as standard face-to-face interviews. Interviewers read the probes as written in the interviewer protocol, and debriefed Respondents after the interview. The purpose of the debriefing was to determine what topics were not covered that the Respondent felt should be, to review sections or questions that seemed confusing to the Respondent, and to review alternative section order with the Respondents. After, the first 10 interviews, we revised our procedures to instruct Respondents to think aloud as they answered each question (concurrent think-aloud interviews). All other procedures remained the same.

To date, all interviews have been audio-taped.

## Summary Report

This report references question and probe numbering found in Version 1.4 of the Basic Questionnaire (dated April 12, 1996) for Adult self-report and Version 2.0 of the Basic Questionnaire for Adult report of Child's health care.

**(Section One) About Your Health Insurance and Who is Covered:** As of this report we have experienced no obvious problems with this section. Almost all Respondents correctly identify the plan name. This is to be expected because we identify the plan as where we got Respondent's name and telephone number at the time of our enrollment call. With a lag of 1 to 7 days between the enrollment call and the actual interview, it is not surprising that this item has a high level of correct responses. Note that we have no plans to test the "sample plan card" approach in any of our interviews.

For all of our participants, this plan is the sole insurance plan. Half of the Respondents do not cover their children under this plan, but use "regular MediCal" (as they call it) for child's health care.

Note that question 6 (who pays insurance premium), is not appropriate for a Medicaid population, and seemed to confuse some of our Respondents (they thought the answer was obvious and didn't understand why we were asking).

**(Section Two) Last Visit You Made to a Doctor's Office or Clinic:** In past instrument work, other CAHPS grantees have found that Respondents are reluctant to report on or rate their last visit because it may have been unusually good or unusually bad, and that it may not represent their usual or typical experience under the plan.

We did not find this to be the case with any of the interviews we have done. But we do have problems with the last visit. They include:

- last visit was to a dental provider (MediCal includes dental care. This may be a problem specific to our California sample.)
- last visit was made to a clinic outside of the health insurance plan. (Approximately 25% of the Respondents we interviewed could not get an appointment when they wanted it and visited a county clinic rather than a plan facility).

A list of visit types to be included and excluded introduces this section. We need to add dental visits to the list. Of course we know from our focus group experience that many Respondents don't read the section introductions carefully. We know from our cognitive interviews that they don't listen carefully, because they have included family-member experiences in this section even though we (verbally) instruct them to consider only their own experience.

Visits outside the health insurance plan is a bigger problem. It may be a function of the site we used for our sample, or it may be that Respondents who are dissatisfied with their health plan are more willing to participate in the interview (it gives them a chance to voice their experience and unhappiness). My concern is that if we were not conducting cognitive interviews, we would not have found out that the last visit was outside the plan and would have analyzed the data as if it was a within plan visit. It should be noted that no visits outside of the plan were reported for Child interviews.

The majority of last visits were made to generalists, but there were some visits to mental health providers. One of our Respondents was reluctant to talk about the last visit because it was for treatment of her depression. This Respondent was reluctant to talk about her depression, her

mental health provider, and the care she received. In the Child interviews, most visits were to Pediatricians. It should be noted that some Respondents considered the pediatrician to be both a "regular doctor" and a specialist. So we have double reporting of these providers in such cases. We also have dentists reported as specialists and need to be sure to exclude dental care in the final version of specialist items.

In this section we tested the Yes/No vs. Very good to Not good at all response formats for these concepts:

- doctor (or nurse) listening carefully (13, 13A)
- amount of time doctor (or nurse) spent with you/your child(15A, 15B)
- thoroughness and carefulness of examination (16, 16A)
- thoroughness and carefulness of treatment (17, 17A)
- doctor's (or nurse's) ability to figure out what was wrong with you/your child(19A, 19)
- your involvement in making decisions about your care/your child's care(20A, 20)
- courtesy and respect of doctor (or nurse) (21, 21A)
- courtesy and respect of staff (22, 22A)

We also tested the Excellent to Poor response scale for:

- thoroughness and carefulness of examination (16B)
- thoroughness and carefulness of treatment (17B)

In probing these items our goal was to determine if one response set better matched the Respondent's experience and were easier for her to use. The scale that best matches a Respondent's experience and is easiest to comprehend can vary from item to item within and across Respondents. Overall, the trend is that the 0 to 10 rating scale better matches Respondent's experience and is easier for them to understand.

We did find that Respondents correctly understand and interpret the terms examination and treatment.

For question 15B which rates the amount of time the doctor (or nurse) spent with you (or your child), many Respondents wanted to report their experience using a quantity response rather than the rating scale. More than enough time, Just the right amount of time, Less than enough time (for example) would better capture their experience and match the thinking our Respondents did to answer the question ("he spent too little time with me so Not very good").

We had a problem with question 18B and 18B2 but this was due to an error in compiling the version of core items. Once we corrected the item the problems were resolved.

**(Section Three) About Your Regular Doctor (or Nurse):** Most Respondents have a regular doctor or nurse (most reported doctors, a few reported nurse practitioners). Regular providers range from general practitioners to OB/GYN to psychiatrists for adults. Less than one-third of our Respondents have more than one regular provider. When they do, this section is problematic: which "regular doctor" do we want them to report on? Respondent report that the ratings would vary for each provider. We probed Respondents to select one regular provider to

answer for in the section. In cases where one provider was a doctor and the other a nurse, Respondent's chose the doctor. In other cases, they chose the one they saw most often.

For child interviews, almost all the regular doctors were pediatricians. Very few children had more than one regular doctor. In all of the cases reporting no regular provider for their Child, the problem is access to a pediatrician. The pediatrician may practice only one day each week at their assigned clinic. One Respondent reports that her child is assigned to a pediatrician but has not seen that doctor in the last three years because he is never at the clinic when her child is sick or needs well-care.

Almost all of our Respondents saw a nurse for all or part of an individual physical health visit. Only a few of these Respondents thought of the nurse as one of their regular providers, but almost all mentioned that the ratings they gave the doctor do not represent the care they get from the nurse. In some cases the nurse would get a higher rating. In the case of Child interview, nurses are also seen for all or part of a visit, but the ratings nurses would get are lower than the rating Respondents give to the doctor.

We had one Respondent who reported the same doctor as her regular provider and as the specialist she visited in the last 6 months. This doctor is an OB/GYN and performed surgery on the Respondent. She treated the surgery as specialist care, and all other visits to this doctor as regular provider care. The overall ratings for the provider were consistent and she did not double count any visits.

In the Child interviews, pediatricians were "double-counted" as regular doctors and as specialists by most of the Respondents.

In this section we tested the Very good to Not good at all rating vs. the 0 to 10 scale vs. the Excellent to Poor rating for the overall rating of regular doctor (or nurse) (32, 33, 33A). Throughout our interviews the majority of Respondents find the 0 to 10 scale is easier .

We found that many Respondents needed clarification to question 31 (total visits to regular doctor in last 6 months). They needed to confirm that they should only include their own visits to this provider, and not count times they took their child or other family member to this same provider. For Child interviews, Respondents had difficulty limiting the count to visits made solely by the target child. They wanted to include visits made by all children.

We had no problems with question 34 (would you recommend regular doctor). No one voiced any confusion with the response options (Definitely not to Definitely yes), or seemed to disconnect the question from the response scale. I believe this was targeted as a possible problem item in one of our instrument calls.

**(Section Four) Your Medical Care in the Last 6 Months:** Respondents include dentists as specialists and most of our ratings for specialist care are for dentists. We had few mental health visits, and for at least one Respondent the total number of mental health visits is a double counting of visits to her regular provider. We had a second Respondent who considered her OB/GYN a specialist, but she counted the visits related to the surgery separately from the visits related to regular care -- no double counting in her case.

In the Child interviews dentists were reported as specialists and as mentioned above pediatricians were also reported (and double counted).

In this section we tested the Very good to Not good at all rating vs. the 0 to 10 scale for the overall rating of specialist care. Again the 0 to 10 scale was easier for Respondents.

Question 42 (total number of times you got medical care) is a very long and lists the inclusions and exclusions. Most of our Respondents included visits their children made, most could not follow the question and need all or part of it repeated more than once. In the Child interviews, Respondents tended to include visits made by all children. Overall, the data here is not very accurate.

**(Section Five) Getting the Medical Care That You Need:** In this section we tested the Very hard to Very easy response scale vs. the Yes/No format for these concepts:

- getting help over the phone in the last 6 months (44, 44A)
- getting care on evenings and weekends (47, 47A)

For all other questions we used the Yes/No format. Our experience here is the same as our experience in the Last Visit section (Section Two). While some Respondents better understand the Yes/No version of the item, the majority feel their experience is not a clear cut yes/no issue, and that the 0 to 10 scale is a better measure of what happened.

Our Respondents appear to have difficulty with question 49 (plan discourage you from getting tests/treatment) and question 50 (problems getting to see a specialist). Several of our Respondents told the interviewer that their regular doctor had refused them access to specialist care. These same Respondents respond NO to question 50. When probed, we found that one case was more than 6 months ago, but the others didn't interpret what occurred as a "problem". "Why didn't you just ask me if I got to see the specialist?" one asked. Another said the question wasn't specific enough.

Question 59 asks about getting an appointment in a reasonable amount of time. For our Respondents a "reasonable amount of time" is a same day appointment if you are sick. Almost all felt that waiting more than a week for a visit (when you weren't sick) was unreasonable.

**(Section Six) Overall Rating of Your Medical Care in the Last 6 Months:** In this section we tested the Very good to Not good at all scale, the 0 to 10 scale, and the Excellent to Poor scale. Most Respondents felt the 0 to 10 scale was the best way for them to rate their care.

Many Respondents had a hard time excluding the care family members had received and limiting the rating to just their own care. Especially if the care was for a child or was bad, Respondents wanted to tell us about it and thought it was important for us to take into account. In the Child interviews, Respondents had a tendency to report on the care received by all children, but were better able to exclude care received by other adults in the household.

**(Section Seven) Your Health Insurance:** We included a probe that asks Respondents what "red tape" means to them. While most think of it as a lot of paper work, or having to deal with the system, a couple defined it literally: tape that is red. These Respondents understood the question to ask about the amount of paper work they had to fill out, but they did not understand the concept of red tape at all.

Our Respondents all came from an HMO plan and had very little paperwork to fill out. We did not read the "There hasn't been any paperwork" option. A couple of Respondents volunteered that they had no paper work, the rest rated it as Very good or Good. We need to revise our procedures for the "not applicable" response option and read them throughout the questionnaire.

**(Section Eight) Overall Rating of Your Health Insurance Plan:** Many of our Respondents were able to separate the plan from their provider. This matches our focus group experience.



Many of our participants have had a problem and have contacted the plan and as a result of that experience are able to make the distinction. Respondents who haven't had a lot of plan contact, don't always separate the two. We should consider a reminder at the start of the section, similar to the reminder in Section One (the plan is not the same as where you go for care).

We tested the 0 to 10 scale against the Very good to Not good at all rating, and against the Excellent to Poor rating. The 0 to 10 scale reports as the easiest for our Respondents.

Respondents who have had problems with the plan and can separate plan from provider, are consistent in the ratings they give plan vs. provider (if an R blames the plan, she rates it lower than the provider).

In our focus groups we learned that MediCal beneficiaries are actively recruited by health plans. They are approached by door-to-door sales representatives, and by representatives outside of social services offices. Almost all of our Respondents had a choice between this plan and at least one other plan.

**(Section Nine) About You:** Questions 72 and 73 ask about health conditions or problems that began at least 3 months ago or require regular visits. At least two of our Respondents receive regular care and medication for mental health problems. Both Respondents said no to these two questions, and one said no to the medication question. They interpreted a health condition as being only physical. One misunderstood question 72 and thought it asked about a problem that started in the last 3 months.

This section includes a question about hospital stays in the last 12 months (question 77). We also change time frames within this section (currently, last 6 months, at least 3 months, last 12 months). Many Respondents are thrown by the shift in reference period and need to have the question repeated each time there is a shift. Several have thought that they already answered the hospital item elsewhere in the interview.

Question 83 asks about race or ethnicity. All of our Latina Respondents have responded that they are "Another race", and all Latina Respondents have commented that the answer choices seem silly or stupid.

Question 84 on total income last year, was revised. We narrowed the range and lowered the final option to \$40,000 or more.

**Overall Comments:** In general, we have no indication that changing the order of the sections would make the interview easier or more logical. Overall we find that Respondents have difficulty reporting for their own experiences when other family members are covered by the plan.

Overall, the 0 to 10 scale is easiest for Respondents to use and best matches their experience. This scale may presents problems for reporting consumer ratings across plans because it is not clear how or if you would label each rating point, how you would present ratings such as 7.2, and how such ratings would be interpreted by consumers.

In general, Respondents had difficulty excluding the experience of family members -- especially children -- in their reports. Respondents to the Child interviews had less difficulty excluding the experience of other adult family members, but some had difficulty excluding the care received by children other than the child targeted for the interview.

Several Respondents said that we didn't ask enough questions about "bad experiences" or "bad care", but this may represent the type of Respondent willing to participate in the interview, not plan members overall.

## Part II: English language interviews in Kansas City

### ***Background Information and Method Description of Population:***

The RAND sample consists of women age 18 or older who are Medicaid Beneficiaries, currently receive AFDC benefits (also known as ADC), and have at least one child under age 13. The sample was provided by the state of Kansas and includes women enrolled in one of two managed care plans: Primary care case management (Health Connect) and a traditional HMO (Primecare). All participants were enrolled in one of the two managed care plans between October and December 1995. The sample includes African-American, Latina, and White women but the majority are White.

***Interviews Completed:*** 21 Adult interviews were completed during a four-day visit to Kansas City, KS. All interviews were completed in English. All interviews were interviewer-administered. Respondents ranged in age from 18 to 42 years. Sixty-two percent are never married, 57% have completed 12 or fewer grades of school, 57% are African-American, 48% had a 1995 family income of less than \$5,000.

We are currently testing a Spanish-language version of the interview in Los Angeles. Testing will conclude July 9, 1996.

***Method:*** All interviews were conducted using the concurrent think-aloud method. Scripted probes were read as written in the interviewer protocol, and respondents were debriefed after the interview. The purpose of the debriefing was to determine what topics were not covered that the respondent felt should be, to review sections or questions that seemed confusing to the respondent, and to review alternative section order with the respondents.

Twenty of the twenty-one interviews were audio-taped.

### **Summary Report**

This report references question and probe numbering found in Version 3.1 Selected Core plus Medicaid Items dated June 8, 1996.

**(Section One) About Your Health Insurance and Who is Covered:** Fourteen of the twenty-one Respondents were unable to give the correct name of their health insurance plan. When probed almost all of those who incorrectly identified their plan did not recognize the correct name of their health plan. We reviewed a few Medicaid cards and could find no plan name listed on the cards. This presents problems for any screening based on use of a named health insurance plan built into the Core items fielded with Medicaid populations. It also makes items that use plan name fills meaningless to Medicaid respondents. We need to decide if we will field modified versions of the Core items for this population or if Core items need to be modified.

Because Medicaid is the only source of insurance for these Respondents question 2 (is this plan the main one you use) didn't make much sense to Respondents and we should consider excluding it from the Medicaid field test instrument.

Question 3 on length of plan enrollment is really a measure of Medicaid enrollment because most respondents did not recognize or report the name of their managed care health plan. This confusion caused errors in reporting child's coverage and the coverage of others in the household. Because "health insurance plan" = Medicaid for most of our Respondents, these items captured data on Medicaid enrollment not enrollment in the Respondent's managed care plan. Respondents do not distinguish between Medicaid, "health insurance plan", and the place they go for care.

**(Section Two) Visits you Made to a Doctor's Office or Clinic in the Last 6 Months:** In this section we tested the yes/no report, Excellent to Not good at all scale, and Excellent to Poor scale for the Medicaid item:

- transportation provided by the health plan (12, 13, 13A)

We tested the yes/no report vs. the Excellent to Not good at all scale for the Medicaid item:

- educational materials or programs to enhance your health (30, 31)

**We adapted the Very good to Not good at all scale to create a new scale:** Excellent to not good at all. Because no one reported that transportation was available through their health insurance plan, we did not test items 12-13A. The new scale worked well for the items on educational materials or programs to enhance your health. Three of the four Respondents who reported receiving educational materials or programs from their plan reported classes that were provided by WIC or the health department (not the plan). These respondents all identified their plan as Medicaid and don't seem to distinguish one type of entitlement from another. We know many of the other Respondents participated in the same programs, and these Respondents correctly understood that these programs were not provided by their health insurance plan.

In addition, Medicaid-targeted items were tested for these concepts:

- waiting time for appointment when you are not sick (8) waiting time for appointment when you are sick (9)
- travel time from home to place you went for medical care (10)
- vouchers for transportation place you receive medical care (14, 14a)
- type of provider seen most for medical care in the last 6 months (15)
- frequency of seeing same provider in the last 6 months (16)
- language preference and language difficulty at the place you get medical care (17-19a)
- sensitivity of doctors and nurse to your feelings and beliefs, needs and concerns (20, 21)
- treatment by providers in the last 6 months (22A-24)
- ability to get prescription medication from health plan (25-27A)
- cost of medication to you (28, 28A)
- going without care in the last 6 months (32, 32A)

Respondents thought first about waiting time for appointments when they are ill, so we need to reverse the order of questions 8 and 9. Seventeen of the twenty-one Respondents reported that questions 8 and 9 were different questions; four Respondents thought the questions were the same.

At least one respondent went to different plan locations for one visit each during the last 6 months. This made it difficult for her to answer question 10 (During the last 6 months, how long did it usually take you to go from your home to the place you went for medical care?). We resolved the difficulty by asking her to report her "average" travel time. Another respondent who sees her primary care provider frequently along with 4 other specialists (at a different

location) also had difficulty with this item because travel time varies between the two locations and her home.

Respondents had no experience with transportation or vouchers for transportation provided by the health insurance plan. Most of the fifteen "No" responses to question 11 are really "I don't know". This is true for question 14 (vouchers) as well.

All of the Respondents reported that the person they have seen most often for medical care in the last 6 months is a doctor (as opposed to a nurse or other provider). We know from probing that non-MD's were identified as doctors -- especially if they are male. For example, a licensed clinical social worker was reported as a doctor.

One Respondent saw several doctors and nurses on a routine basis (she had regularly scheduled appointments to 5 providers). On first hearing question 16 (seeing the same doctor when you went for care), she was confused because she always saw the same person at each type of visit. When the question was repeated, she was able to answer it.

All of our Respondents prefer to speak English and have had little difficulty with language barriers when dealing with providers or office staff. Only one Respondent reported difficulty speaking to a doctor (or nurse) because of a language problem. An third-party was needed to help her communicate with the doctor. She reported this third party as a translator and reported the translator was "always" available.

Items 20 and 21 do not work. From probing we know that Respondents defined "sensitivity of the doctors (and nurses)" as: how he treated me, whether he answered all my questions, how he handled the information in my file, his caring/concern/empathy, his communication skills, how well he understood my problem. "Feelings and beliefs" was a vague concept and most respondents could not define it. Those who did described it as: treating me with courtesy, answering my questions, being sensitive to my emotions. No one thought the question was asking about the sensitivity to cultural or religious beliefs. "Needs and concerns" in question 21 was defined as: my feelings, answering all my questions, doing what I needed.

In reporting on cost for medication (question 28) at least one Respondent thought back beyond the 6 month window to her prior plan. The amount she had to pay stood out in her mind because it was the last time she had filled a prescription. Respondents who reported having to pay, all paid a co-pay of \$2 (with the exception of one respondent who paid \$61 for allergy medication and over the counter medications her doctor told her to take).

Overall, respondents reported this amount was reasonable, but several reported times when they did not have the \$2 or had to make a choice between the \$2 and food for their kids (they fed their kids).

The phrase "in case you were to need it" needs to be dropped or re-worked in question 29. Some respondents thought we were asking if they needed counseling or mental health services, and resulted in an "I've never used it" response. An alternative version would be: "Whether you needed them or not, how would you rate the availability of counseling and mental health services from your health insurance plan during the last 6 months?"

**(Section Three) Your Last Visit to a Doctor's Office or Clinic:** In this section we tested the yes/no report vs. the Excellent to Not good at all scale for these concepts:

- amount of time doctor spent with you (36A, 36B)
- doctor's ability to figure out what was wrong with you (37A, 37B)

When presented with the yes/no report and the Excellent to Not good at all scale, fifteen of the twenty-one respondents report that the Excellent to Not good at all scale best matches their experience. In the words of one Respondent the scale gave "more variety to describe the visit". Another said that "Excellent may not mean that the problem was solved" but that the doctor did all he could to determine what was wrong with you.

It should be noted that one Respondent reported a dental visit as last visit.

**(Section Four) About Your Regular Doctor:** Sixteen Respondents have one regular doctor, four have more than one. Two of the four picked the doctor they see most often as their regular doctor. For one Respondent this turned out to be an LCSW rather than an MD. One respondent reported her childhood doctor as her regular doctor. She has not seen this doctor in 5 years because he does not accept Medicaid but considers him her "regular" doctor because he knows most about her medical history.

In this section we tested the Excellent to Not good at all scale, the 0 to 10 scale, and the Excellent to Poor scale for:

- Rating of regular doctor (46, 47, 47A)

When presented with the Excellent to Not good at all scale and the 0 to 10 scale, eight respondents reported the Excellent to NGA scale as best matching their experience; seven preferred the 0 to 10 scale, and three had no preference. Most respondents viewed the answer they gave on the number scale as the same as the answer they gave on the rating scale. When the Excellent to Poor scale is added to the comparison, eight preferred the 0 to 10 scale, two prefer both of the "word" ratings scales (Excellent to Not good at all, Excellent to Poor), four prefer the Excellent to Poor scale, and four have no preference (1 case was not applicable, and 1 has missing data).

In addition, Medicaid-targeted items were tested for these concepts:

- Gender of regular doctor (39)
- Preference for male/female doctor (40)
- Having enough doctors to choose from (42)
- Waiting time for scheduled appointment with regular doctor (43)

From the Spanish-language focus group we learned that participants preferred female doctors but usually saw men. In our interviews we see that almost all Respondents have a male regular doctor, but eleven of twenty-one don't know if they have a preference. Many Respondents said that it depends on the type of care. For visits related to gynecological care, Respondents would prefer a female doctor. For surgery, they want the best doctor. And if they are sick, it doesn't matter as long as they get to see someone.

There was some concern about the use of double negatives in question 42 (having enough doctors to choose from). Our experience in these interviews is that Respondents understood the question correctly and were not confused by the use of "not" in the question.

**(Section Five) Overall Rating of Your Medical Care in the Last 6 Months:** In this section we tested the Excellent to Not good at all scale, the 0 to 10 scale, and the Excellent to Poor scale for:

- Overall rating of medical care in last 6 months (48, 49, 49A)

One Respondent did not see questions 48, 49 and 49A as the same. Because we used the phrase "medical care" in question 49 and referred to all doctors, nurses and other health professionals in 48 and 49A, she interpreted 49 as asking about her "health plan." For all others, when presented with the Excellent to Not good at all scale vs. the 0 to 10 rating, eight preferred the fully-labeled scale, six preferred the numeric scale (four had no preference). One Respondent said that on the number scale "you don't know where good and bad meet". When the Excellent to Poor scale is added to the comparison, seven respondents prefer the 0 to 10 rating, four prefer the Excellent to Not good at all scale, four prefer the Excellent to Poor scale, and four have no preference. One respondent felt the care she received was "fair" (as in just) which led to her preference for the Excellent to Poor scale.

**(Section Six) Overall Rating of Your Health Insurance Plan:** In this section we tested the Excellent to Not good at all scale, the 0 to 10 scale, and the Excellent to Poor scale for:

- Overall rating of health insurance plan (52, 53, 53A)

Respondents who didn't get the concept of a health insurance plan, rated their overall care rather than the plan. Ten respondents preferred the 0 to 10 scale over the Excellent to Not good at all scale (six had no preference and four preferred the word scale). When the Excellent to Poor scale is added to the comparison, it looks like the 0 to 10 scale is still preferred (there is missing data here). In addition to cost of care and quality of care, some respondents considered the availability of doctors when they are sick, how willing a doctor is to write a prescription (covered) vs. prescribing an over the counter medication (not covered), and whether or not doctors answer all of their questions.

In addition, Medicaid-targeted items were tested for these concepts:

- Intention to switch to another plan (50)
- Enrollment process for current plan (50A, 50B)
- Information about plan prior to enrollment (50C-50E)

Many respondents defined switching "to a different health insurance plan" as "getting off of Medicaid" rather than switching from one Medicaid plan to another. The trend in probably not and definitely not is a measure of how likely they are to go off Medicaid in the foreseeable future rather than a desire for change.

Many respondents did not understand that they had an opportunity to select a managed care plan (they did not receive their advance letters telling them how to choose a plan, or they did not act on the letter). This made the items on the enrollment process problematic. For example respondents would say that they never picked this plan, yet report receiving brochures describing the plan or talking to plan representatives at church. Several who rated the quality of the written material they received, admit that they never read them.

**(Section Seven) Your Pregnancy History:** This section was developed as part of our Medicaid targeted item list. Only two of the twenty-one Respondents were pregnant at the time of the interview. Because most Respondents did not have children under age 5, detailed questions on number of prenatal visits, when prenatal care began, and well-baby visits were difficult to answer.

Question 57 (how long ago pregnant) presented problems because the largest category is seven or more months ago. We should add a "more than a year ago" category.

Question 58A (child's weight at birth) should allow for an answer in pounds and ounces rather than the range responses. Most if not all of the Respondents reported the exact weight of their baby. Babies weighing more than 7 pounds but less than 8 were reported as "6 to 7 pounds." Instead of rounding off to the nearest pound, these respondents dropped the ounces and just reported the pounds.

"Health insurance plan" in question 59A was interpreted as "Medicaid" by many respondents (again the same people who do not grasp the concept of a health insurance plan). The data we collected here is a report of Medicaid coverage not enrollment in the same plan.

Question 61 asks about quality of care received during the delivery. Many respondents needed clarification on whether or not to include prenatal care in their answer, and several would rate the doctor differently from the nurse or nurses who participated in the delivery. In some cases the ratings were so different that the respondent couldn't pick one answer (in such cases the doctor was rated).

When asked if the plan allowed them to schedule appointments for themselves and their children on the same day, one-third of the Respondents said that their children receive care at a different location (from them), one-third have the same care location and have scheduled same day appointments, and one-third ask "why would I want to do that?".

**(Section Eight) About You:** In this section we tested Medicaid-targeted items for these concepts:

- Overall rating of health (70, 83)
- Physical functioning (72-78)
- Emotional well-being (79-82)

The experience with Core items was similar to our earlier cognitive interviews, except that one respondent defined "regular medication" as prescription medication.

The rating of health presented no problems.

The activity list in question 72 does not match Respondents realm of activities (bowling and golf elicited "I don't do that" responses).

In questions 74-75 we need to clarify if are asking about limitations due to physical health or if the items include limitations due to physical health and/or emotional problems. Because questions 76 and 77 (problems with daily activities as a result of emotional problems) are a repeat of questions 74 and 75 (the only difference being that 74 and 75 do not explicitly ask about cause of limitations), respondents become confused and ask if 74 and 75 were only about physical health. Either we left some wording off in our rush to format and field this version, or we need to add wording to clarify the difference between questions 74, 75, 76, 77.



**Overall Comments:** Final decisions about Medicaid items can not be made until we have feedback from the Spanish-language interviews. Their may be items or scales that work well in English but are problematic for Spanish-speakers.

When the reports are tallied, more Respondents report that the 0 to 10 scale best matches their experience. The Excellent to Not good at all scale is a close second. Based on the report format focus group and the computer demonstration, I think the 0 to 10 scale could present problems for reporting, and that the Excellent to Not good at all scale might be easier for consumers to understand when reviewing plan ratings (we should test this in the next group). The Excellent to Poor scale presents problems for Spanish translation and in the words of one respondent "what if your care is worse than poor?".

We need to add "not applicable" responses to items that don't have them, especially items where one or more Respondents felt the question didn't apply.

### Part III: Spanish language interviews

Item numbers referenced in this report match Version 3.1 of selected Core plus Medicaid items (dated June 8, 1996).

**Target:** 10 completes (20% of cognitive interviews)

**Completes to date:** 7

**Pending appointments:** 2

**Respondents range from 19-40 years of age.**

**(Section One) About Your Health Insurance and Who is Covered:** Respondents correctly identified plan name and understood the difference between Medi-Cal, health insurance plan, and provider.

**(Section Two) Visits You Made to Doctors Office/Clinic in Last 6 Months:** We need a skip instruction for Respondents who answer "No" to question 7 (visit in last 6 months). More than half of the Respondents thought question 8 (waiting time for well visit) and 9 (waiting time for sick visit) were the same question and referred to a wait when you are ill. Respondents think first of visits when they are sick rather than check-up or well visits. Reversing the order of these items will help this problem.

Because the interviews were with UHP enrollees we were able to test part of the transportation battery. Unfortunately, all have tried unsuccessfully to use UHP transportation. It is only available one or two days a week (the days seem to vary by clinic). As one respondent said "What am I supposed to do, only get sick on Wednesday?"

No one had heard of vouchers (a few were going to call and find out if they are available).

For the Spanish translation, the phrase "when you went for medical care" in question 16 needs to be reworded to "when you went for medical care for you". The pronoun is needed to clarify that we are asking about your visits just for your care (excluding other family members).

In the language barrier items (18-19a), Spanish-speaking respondents assume "language problem" refers to their inability to speak English. English-speaking respondents assumed "language problem" was a two-way interaction: I can't understand the doctor or the doctor can't understand me.

As in the English version, question 20 (sensitive to feelings and beliefs) and 21 (sensitive to needs and concerns) are not clear. One respondent defined "feelings and beliefs" as cultural beliefs. The rest thought of: physical feelings of illness, how I act, whether the doctor really believes I have a pain where I say. Sensitivity was defined as: how the doctor treats me, if he explains options for treatment, if he explains side-effects or other consequences of treatment, if he treats me with courtesy, if he focuses on my case.

Question 25 includes a double negative in both the English and Spanish versions: During the last 6 months were you ever unable to get medicines you needed from your health plan? While this presented no problem in the English-language interviews, the double negative is a real problem for the Spanish-language respondents. Specifically Respondents weren't sure if a 'Si' (yes) response meant they had been unable or if they had always been able. We need to reword this item to read "were you always able" or "did you always get medicines you needed". (NOTE:

question 42 on not having enough doctors to choose from works fine in the Spanish interviews and is correctly understood.)

**(Section Three) Your Last Visit to a Doctor's Office/Clinic:** One Respondent was confused by the "Would you say" lead in to the answer choices in question 34 (how well remember visit). She thought we were asking her to rate the visit. "Would you say you remember" would have worked better for this Respondent.

While all of our Respondents understood the scales and were consistent in reports and ratings, roughly one-third of them could not grasp the concept of comparing the reports and scales to each other. They could not compare Excellent to Not good at all to Yes/No (or any other comparison). It seemed to require a level of abstract thought which they could not perform. For those who could make the comparison, the results are similar to the English interviews. The response set that best matches experience can vary across respondents and across items for individual respondents. Overall, the 0 to 10 scale is preferred and the Excellent to Not good at all is a close second. Respondents saw the Excellent to Poor scale as interchangeable with the Excellent to Not good at all scale. No problems with the ordinal ranking of the response categories was noticed or reported by the interviewers.

The concept of "rating" a doctor was difficult for one Respondent. She did not feel qualified to judge her doctors skill or competency in question 37B (rate ability to figure out what was wrong). Instead, she compared the doctor to other doctors she has had in the past and rated his performance in comparison to theirs.

**(Section Four) Your Regular Doctor or Nurse:** In the initial interviews we had some problems with the translation of "regular doctor". The words "regular" and "normal" were used (as in regular or usual doctor) and respondents did not understand the item. The word "personal" (as in personal doctor) was used, and respondents interpreted this as my personal or usual doctor. Respondents reported having more than one regular doctor so it appears that the new translation is appropriate and the Spanish item approximates the English version.

**(Section Five) Overall Rating of Medical Care Last 6 Months:** See section three for comments on response set preferences. No problems were reported with these items.

**(Section Six) Overall Rating of Health Insurance Plan:** Only one Respondent defined "switch to a different health insurance plan" as getting off of Medi-Cal. The rest understood the item correctly and their responses were consistent with their ratings of the care they received.

We need to add the response category "door to door representative" to question 50A (how signed up for health plan). Many Respondents report that UHP was their only choice because it is the only plan that approached them to sign up. Very few received any written materials (one Respondent only received them after she asked for something in writing).

All respondents avoided the "definite" responses in question 51 (would you recommend health plan) -- even respondents who said they were very unhappy with their care and the plan. Respondents who rated the plan 0 or 1 in question 53 responded they would "probably not" recommend the plan (as opposed to "definitely not"). Interviewers hypothesize that this may be due to culture (e.g., it's rude to be so outspoken), but we have no clear evidence.

**(Section Seven) Pregnancy History:** One Respondent asked if question 57 (how long ago pregnant) referred to when her last pregnancy started or when it ended. The report on these items is very similar to the English versions. We need to change the answer choice for weight at birth to allow for pounds and ounces (all Respondents remember the exact weight), and question

60 (number of prenatal visits) was very hard for Respondents with children over one year to answer.

**(Section Eight) About You:** Items 72 to 73 have "flow" problems in that the wording doesn't work in an interviewer administered format. The items are worded as if they are part of a grid, but need to be worded as if they are stand alone items. We have some problems with question 72 because half of the women had never heard of bowling (they didn't know what it was). Respondents were so hung up by activities they didn't understand or didn't do that they question had to be explained every time it was asked. At least one Respondent has never had a vacuum cleaner.

The current translation of question 74 and 76 (accomplished less than you would like) back translates directly to the English. In Spanish we need to add either a noun (as in accomplished less things than you would like) or a verb (have accomplished less than you would like) to make the item comprehensible.

Question 75 asks about limitations "en el tipo de trabajo" (in the type of work). Respondents interpret this as "work at a job" and since none of them worked felt the question did not apply. Using "en cualquier tipo de trabajo" (in all types of work, in all the work that you do) has been proposed as an alternative. One Respondent asked if "limited" meant limited by health or by emotions.

All but one Respondent needed to have question 78 (pain interfere with normal work) repeated and/or explained. The Spanish translation uses "el pain" as in "the pain" (some respondents said "What pain? We didn't talk about pain?"), "algun pain" as in "any pain" has been proposed instead.

One Respondent interpreted "regular medication" question 86 as over the counter medications. Everyone else correctly understood the term.

Everyone thought question 92 (ethnicity) was obvious and asked why the question is there. All responded "another race" in Q93 (race). This format will be a problem with Hispanics/Latinos and we need to discuss it in the call. Recent RAND immigrant studies have used the Black not Hispanic, white not Hispanic options with success and I need to discuss this with Beverly Weidmer. The feedback from experienced interviewers is that many Latinos and Hispanics do not self-identify as black or white, especially if they are descended from Mestizos.



