

The CHOICE Study: Methods

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Cal MediConnect Enrollment: Why Are Dual-Eligible Consumers in Los Angeles County Opting Out?

<http://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=1661>

Approach

We partnered with a community-based organization and used a qualitative and community-engaged approach to investigate the decision-making processes and health care preferences of dual eligible consumers. All study activities were guided by a Community Advisory Group (CAG) convened to guide the development and implementation of this research. We identified and invited health plans and community-based organizations serving dual eligible health care consumers in Los Angeles County to nominate both organizational and consumer representatives. The final CAG was comprised of 5 dual eligible health care consumers and 5 organizational stakeholders who met bi-monthly with the research team to advise the development of data collection tools and recruitment materials, the analysis and interpretation of data, and a plan for dissemination of the most relevant findings.

Study Design

The study involved two independent phases of recruitment and data collection: 1) one-on-one in-depth interviews and 2) focus groups. While the one-on-one interviews provided the opportunity to document a range of consumer experiences, perceptions, valuations, attitudes, beliefs and preferences, and explore topics that may have been sensitive to discuss in a group setting, the dynamic nature of the focus group discussions allowed us to build on the findings generated by the one-on-one interviews, identify points of agreement or controversy, and expand on individual insights through an iterative process of group discussion. The use of qualitative methodology

enabled us to account for the context and inherent complexity of health-related decision making and to examine differences and commonalities within and across different subgroups of dual eligible health care consumers.

Our primary community partner, the Westside Center for Independent Living, and CAG assisted with recruitment by posting and distributing recruitment flyers, and by taking names and contact information of interested prospective participants who were then directly contacted by members of the research team. As appropriate, we also invited participants from previous studies we have conducted with dual eligible health care consumers (i.e., the HOME and Dignity projects).

The majority of one-on-one interviews were conducted in person, in a place of the participant's choosing (e.g., in their residence, at a community/ public place). Focus groups were convened at community sites (e.g., senior centers, independent living centers, health plan informational and resource centers) purposefully selected in different geographic areas of the county. Incentives in the form of gift cards or cash were provided to all interview and focus group participants. All study protocols were approved by the UCLA Institutional Review Board.

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Study Sample

The sample for both data collection phases included non-institutionalized, community-dwelling dual eligible health care consumers in Los Angeles County, 21 years of age or older, English or Spanish speaking, who were eligible for Cal MediConnect (the State's dual demonstration program) and had recently decided (actively or by default) either to retain their Medicare fee-for-service (FFS) benefits or to transition to one of the five Cal MediConnect managed care plans in Los Angeles County for both their Medicare and Medicaid benefits.

In the first phase, we completed one-on-one interviews with 53 dual eligible consumers in two distinct age subgroups: 1) those 65+ years of age and older (n=28); 2) those 21-64 years of age (n=25). While the majority of interviews were conducted in person, 2 were completed by telephone. In the second phase, we recruited a sample of 36 dual eligible consumers for 6 separate focus groups (average of 6 participants per group): 2 of the focus groups were comprised of dual eligible consumers 65 years of age and older, 2 were comprised of dual eligible consumers <65 years of age, and 2 were comprised of Latino, Spanish-speaking dual eligible consumers. The focus group participants were independent of the one-on-one interview participant sample, thereby providing a point of data triangulation and validation.

Data Collection Instruments

We worked with the Community Advisory Group (CAG) to review concepts identified through a review of the literature and secondary data from The HOME Study and The Dignity Project to inform the content of the one-on-one interview guides (see Appendix A for a list of interview guide domains). The research team practiced with the draft interview guides and revised for clarity and plain language. The guides were then pilot tested with two consumer members of the CAG and once again reviewed and revised. Once finalized, the interview guides were translated into Spanish by a member of the research team and then back-translated by our community partner to ensure accuracy.

Preliminary findings from the Phase I one-on-one interviews were used to design the focus group guides,

with the goal of advancing the examination of health care valuation more broadly. In addition, we used the final part of the focus group to solicit participants' recommendations for improving the dissemination of health care plan information in the future (see Appendix B for a list of the primary focus group guide domains).

Data Collection and Analysis

Between March and August of 2016, we completed 53 one-on-one interviews that averaged 55 minutes in length. The majority of one-on-one interviews were conducted in person and the locations were scattered across different regions of Los Angeles County (see Appendix C for a map of zip codes included). The six focus groups were conducted between January and May of 2017, and lasted on average 88 minutes. The focus group sites were purposefully selected, both to include geographic areas of the county that were not well represented in the one-on-one interviews and to oversample Spanish-speaking participants. One-on-one interviews and focus groups were audiotaped (with participant permission) and transcribed verbatim. Two of the 53 one-on-one interview participants declined to be audiotaped and so for these participants we relied on interview notes taken for the purpose of analysis.

All data were analyzed using a constructivist grounded theory approach. Grounded theory is an inductive method in which theory is systematically derived from data through an iterative and rigorous process of constant comparison, an analytical process that compares data collected from different people, at different points in time, within and across different categories. It recognizes the interactive nature of data collection and analysis and emphasizes emergent characteristics of the generated knowledge.

The first round of data analysis was conducted by the UCLA research team. Verbatim transcripts were independently coded by two members of the team, using a line-by-line, "in vivo" coding process which stays as close as possible to the participant's words. Spanish language one-on-one interviews (n=10) were transcribed

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in Spanish and independently coded in English by two bilingual members of the research team.

After a preliminary sample of transcripts was analyzed and an initial set of codes generated, the team came together to compare and discuss codes, identify points of concurrence or divergence, and begin to develop a code list. This iterative process continued as the coders moved to the next level of abstraction, developing "axial codes" by grouping related "in vivo" codes into conceptual categories. Once an initial code list had been generated, the UCLA team shared it with the Community Advisory Group (CAG). Through an iterative process of review and discussion, the code list was refined and working definitions for codes and emerging categories were developed.

Within and across age groups, we analyzed the one-on-one interview data by comparing those who initially opted out to retain Medicare FFS benefits, with those who transitioned to managed care, with those who dis-enrolled from managed care to rejoin Medicare FFS. We analyzed for within-group and across-group differences or commonalities related to health care setting valuation. We also looked for any notable differences by race/ethnicity, educational level, and type of disability or chronic condition.

Part of the analytic process we used to validate our one-on-one interviews findings was the process of "member checking". We mailed a summary of preliminary findings to the study participants and solicited their feedback to ensure that they agreed that the findings authentically represented/reflected their experiences. Thirteen of the 53 participants (25 %) responded to our request by mail or phone, and virtually all agreed with our presentation of preliminary findings

All focus group data were analyzed using the same process of constant comparison analysis described above, within and across all groups to identify the primary factors that participants attributed to their decisions to receive their health care through FFS or MC. Focus group data from the two Spanish language groups was translated and transcribed in English.

Finally, findings from the two primary data sources

were compared, providing an additional method of validation. Then, reflecting the ongoing collaboration between the research team and the Community Advisory Group (CAG), the results of these analyses were shared with members of the CAG who further assisted with data interpretation and the identification of the most compelling and useful findings to disseminate to a wider audience.

The CHOICE Study: Consumer Health Care Options: Investigating Cal MediConnect Enrollment

The CHOICE study was a two-year project that examined the decision-making processes of those eligible for Cal MediConnect in Los Angeles County. The study was conducted by the **UCLA Center for Health Policy Research** in partnership with the Westside Center for Independent Living and a Community Advisory Group of five consumers and five stakeholders. Findings are drawn from 53 in-depth, one-on-one interviews and six focus groups (36 participants) conducted with dual-eligible consumers.

For more information about the CHOICE study methods and participants, including individual and composite case studies, please visit:

<http://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=1661>.

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3. Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative research*. Sage Publications Ltd, London.
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APPENDIX A

CHOICE Study One-On-One Interview Guide Domains

A. CAL MEDICONECT ENROLLMENT STATUS

B. UNDERSTANDING OPTIONS FOR HEALTH CARE SERVICES AND PROVIDERS

C. MAKING DECISIONS ABOUT HEALTH CARE SERVICES AND PROVIDERS

D. VALUATING, PRIORITIZING HEALTH CARE OPTIONS

E. DEMOGRAPHIC CHARACTERISTICS

APPENDIX B

CHOICE Study Focus Group Guide Domains

- A. HEALTH CARE PRIORITIES/PREFERENCES
- B. MANAGED CARE VS. "ORIGINAL" OR "OPEN" MEDICARE
- C. EXPERIENCE OF CHOICE IN HEALTH CARE DECISIONS
- D. DEVELOPING THE "IDEAL" HEALTH PLAN INFORMATION PACKET

APPENDIX C

Geographic Distribution of CHOICE Study One-on-One Interview Participants in Los Angeles County

