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# Access to Health Care Through Catamount Health;

## Do providers know enough to refer?

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### Background

On November 1, 2007, Vermont launched 'Catamount Health,' a state-sponsored private insurance plan. The goal: to close the gap between privately insured and Medicaid insured Vermonters. Previous programs such as Dr. Dynasaur and VHAP were already in place to care for children and low-income residents respectively. Now, under the umbrella title of "Green Mountain Care," Catamount Health joins them.

Catamount Health offers private coverage through either Blue Cross/Blue Shield of VT or MVP Health Care, the cost of which is offset by the state according to income level and household size. To qualify for Catamount, an individual must have an income of at least \$1,277 (lower incomes qualify for VHAP), and meet a number of criteria:

- Vermont residents 18 years or older
- Not currently eligible for other state-sponsored health insurance programs
- Have been living without health insurance for 12 months or more unless insurance was lost due to:
  - Loss of employment
  - Divorce from or death of a spouse/partner
  - Dis-enrollment from college or your parent's plan
  - No longer eligible for Medicaid or VHAP
  - No longer have COBRA coverage
- Do not have access to insurance through employer

The estimate of uninsured Vermonters is 65,000, or 10% of the state population (National rate: 15.7%).<sup>4</sup> 73% of all uninsured residents are between the ages of 18-49, which has been cited as the target population for Catamount.<sup>1</sup> The State of Vermont has budgeted close to \$1.6 million dollars to fund a large-scale advertising campaign on television, radio, newspaper, and on foot.<sup>2</sup> Following this campaign, there is a high likelihood that Vermonters will bring questions and concerns about Catamount to their physician offices and community leaders, emphasizing the importance of a well-educated provider.

### Objective

Our goal of clarifying the educational needs of health providers in Vermont with respect to Catamount health brought us to focus on counties with the highest number of uninsured Vermonters: Chittenden, Orleans, Rutland, Windham, and Franklin counties. We aimed to elucidate specific sources of confusion or uncertainty from health providers, in an effort to determine how best to educate caregivers.

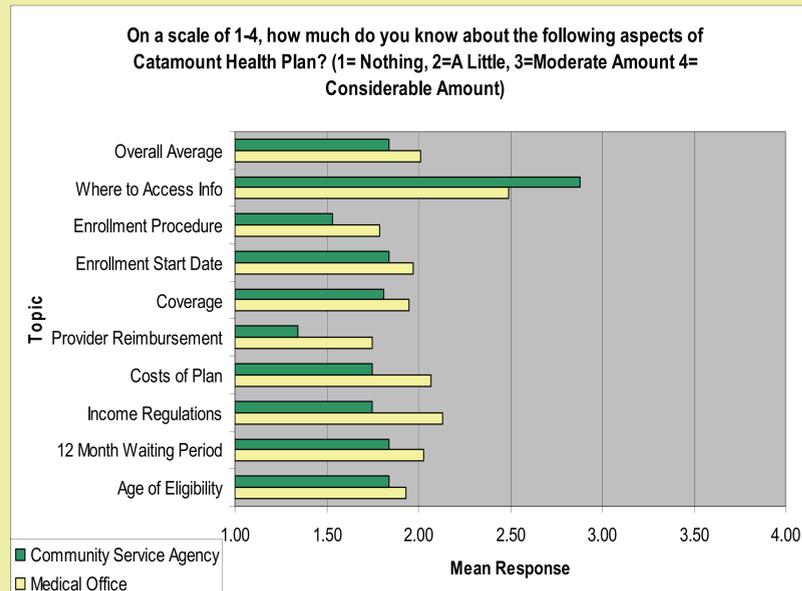


Figure 1: Average response, per category.

### Methods

A survey was designed to elicit provider confidence on a number of criteria. Using a scaled questionnaire (scored 1-4 from least to most familiarity), respondents graded their familiarity on nine distinct topics (see figure 1). Surveys were compiled through structured phone interview, fax, or direct contact with office staff. Medical office surveys were completed by medical students, while community organizations were contacted directly by staff from the Peace & Justice Center.

Additional data was collected on survey respondents, including practice size, setting, and location. Also, participants were asked how they first became aware of Catamount Health and how they could best be further educated.

Finally, In the interests of comparing educational outreach to medical offices versus community centers, we employed a chi-square analysis followed by a Fisher's exact test on collected scaled data (condensing data into 1&2 versus 3&4, P=0.5).

Data collection began on October 15, 2007, and ended November 30, 2007.

### Results

A total of 99 surveys were recovered during the study, 67 from medical offices and 32 from community service agencies. The medical respondent profile is seen in table 1. Figure 1 shows the mean response in each category, Figure 2 highlights the self-perceived familiarity across both medical and community service groups in Vermont.

When asked, "How did you first hear about Catamount," a few respondents (3) claimed that our survey was the first they had heard anything, but the most common responses were television (30), newspaper (20), and word of mouth (19). When asked, "What would be the best way to learn more about Catamount," seminars/presentations (41), email/mailings (28), and brochures (25) were the most popular responses. One particular respondent suggested that the seminars include a patient currently enrolled with Catamount insurance, to discuss their perspective.

There was no statistically significant difference between medical office responses and community service agency responses.

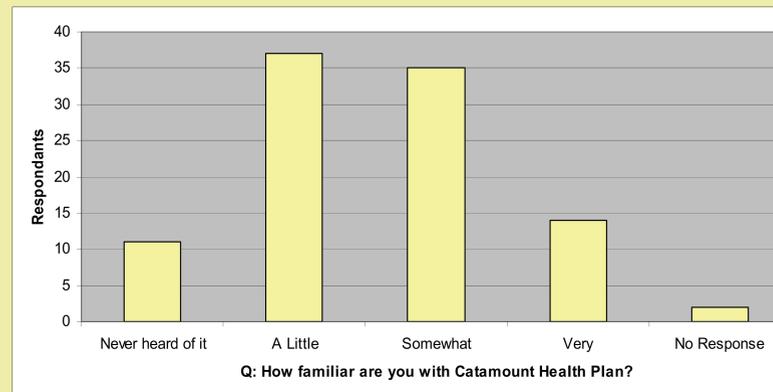


Figure 2: Self-reported familiarity, across all survey participants.

Respondent profile (Medical Offices): total 67	
Setting:	Clients seen in a normal week:
•Pediatrics: 9	•<5: 1
•Family Practice: 15	•5-40: 12
•Internal Medicine: 14	•41-80: 13
•Emergency: 1	•81-120: 7
•OB/GYN: 6	•>121: 32
•Community Health Clinic: 1	•No response: 2
•Other/No response: 21	Percent of patients receiving insurance counsel at office:
County:	•0-20%: 30
•Addison: 1	•21-40%: 16
•Chittenden: 37	•41-60%: 3
•Franklin: 1	•61-80%: 3
•Orleans: 5	•81-100%: 13
•Rutland: 15	•No response: 2
•Washington: 2	
•Windham: 6	

Table 1: Participant profile (medical offices).

### Conclusions

- Despite a generally low level of self-reported familiarity to program specifics, many participants felt somewhat confident in their ability to access information on Catamount.
- Anecdotal data from participants suggests that providers want more information directly from Catamount (17 out of 37 comments to this affect)
- Advertising has picked up during and after this survey, so the picture painted by these results may be changing rapidly.
- Future study, after completion of advertising/outreach, is suggested, and may be compared to this data to determine educational efficacy.

### Lessons Learned

- The needs of Vermont's uninsured population have been met, at least in part, by Catamount Health.
- The education of medical and social service professionals regarding new programs for the uninsured may be as essential as educating the uninsured themselves.
- The success of this novel insurance program may correlate with the degree of public awareness about the program.

### References

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