Consumer Subjectivity and US Healthcare Reform

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Available at: https://works.bepress.com/emily_west/20/
Recruitment Survey

Thank you for responding to this study. This study is being run by Emily West in the Department of Communication at UMass-Amherst. The research is for academic purposes only, and is not connected to any health insurance companies or health care providers.

Participation in this research is organized according to the kinds of experiences you’ve had with health care in the past. In order to complete your intake for this study, we will ask you some initial survey questions.

(on the phone) Do we have your permission to continue?

(online) Please continue to the next screen if you consent to participate in the intake survey.

(Health Security)

1. In the past 12 months, have you had any problems paying for health care or health insurance?

YES
NO

2. During the past 12 months, was there any time when you didn't get the medical care you needed?

YES
NO

3. Was there any time during the past 12 months when you put off or postponed getting medical care you thought you needed?

YES
NO

4. Health insurance comes in many forms – through an employer, purchased on the individual market, through family members, or from programs such as Medicaid, Medicare, and the Veterans’ Administration. Do you currently have health insurance?

YES
NO

(Health Status)

5. In the past 12 months, how many medical appointments have you had in addition to routine check-ups?
6. A chronic health condition is defined as a prolonged medical condition which requires ongoing treatment, or treatment for a period of at least three months. Some examples are asthma and diabetes. Have you experienced a chronic medical condition in the last three years?

YES
NO

7. A catastrophic health condition is defined as an emergency or serious illness that requires hospitalization and major medical intervention. Some examples are serious injuries, cancer, and heart attacks. Have you experienced a catastrophic health condition in your adult life?

YES
NO

(Demographics)

8. What is your current occupation?

IF RETIRED OR UNEMPLOYED

8a. What was your occupation before (RETIREMENT OR LOSING JOB)?

9. What is your age?

10. What is your gender?

11. How do you describe your race and ethnicity?

Thank you for participating in this intake survey. We’ll need some contact information to get back in touch with you to arrange your participation in the study.

12. What is your name? (ask them to spell it if on the phone)

13. What is the phone number you prefer to be reach at?
14. What is the email address you prefer to be reach at?

15. What is your preferred method for us to contact you? (pick one)
   a. Phone
   b. Email
Focus Group Interview Schedule

PREAMBLE:

Welcome. My name is Emily West, I’m an Assistant Professor in the Department of Communication at UMass. Thank you for participating in this study! Before we get to know each other, I’d like to explain some things about our focus group.

Today I’m going to ask you to discuss your perceptions and experiences with health care. I want to emphasize that there are no right or wrong answers to any of the questions or prompts I’m going to give you. I’m really just interested in how you see health care, using the words you would normally use to describe it. There may be some differences in the opinions and experiences in this group. That’s fine – I don’t necessarily expect us to see things in the same way, especially on a topic like health care. Feel free to offer opinions or experiences that are different, or that are similar, to what others are sharing.

The opinions you have about health care may be connected to past experiences that you or your family or friends have had. If you want to share those specific health care experiences, such as a particular surgery you had, or a specialist your spouse went to see, then you’re certainly welcome to. I just want to remind everyone to keep the things that other people share in our group confidential. So please don’t repeat any stories or information you learn today with other people. If you want to talk about a health care experience you had in very general terms, you’re also welcome to be vague. I don’t need to know exactly what health conditions you may have now or in the past, or what care you’ve received, for this research.

We’re going to be recording our conversation today. The audio-recording allows me to have the most accurate representation of our conversation possible. This recording will never be posted on the internet, or given to anyone other than a research assistant helping me with this project. When I type up the words from the tape, I’ll do it with everyone’s names removed. If you would like to make up your own fake name, you certainly can. If you’d like to make up a name for today’s discussion, you can do that as well. I do these things in order to protect your anonymity.

What questions do you all have at this point?

Now, let’s go around and get to know each other. Let’s introduce ourselves, say how long we’ve lived in Western Massachusetts, and our favorite television show (if you watch TV!). I’ll start.

What is health?

I’d like to start out thinking about health in general. I’d like to hear what health means to you.

FOLLOW UPS:
What does people’s health depend on? What supports our health?

What characteristics does a healthy person have? How does a healthy person differ from an unhealthy person?

“What are people in health care?” (Segal, 1997)
People who use or need health care are described using different terms, such as patient, consumer, customer, client, insurance-policy holder, and other terms I may not have thought of. What term best describes your relationship to health care? Which term do you use most often?

FOLLOW-UP: Are there experiences that you’ve had with the health care system that may have influenced what label or term you use?

Thinking about the term “health care consumer” for a moment – what type of person does this term bring to mind? What kinds of behaviors or attitudes do you associate with being a health care consumer?

**Dimensions of Health Care Consumerism**

Sometimes policymakers and the press compare health care to other goods and services, such as airline travel, or automobiles. Do you think health care is similar to other goods and services that you “shop for”? What similarities and differences do you see?

Can you think of a time when you “shopped” for health care? It could have been for insurance, or a prescription drug, or a doctor or hospital. Can you describe that experience?

FOLLOW UP: Was this experience of comparison-shopping for health care easy or difficult?

How important is it to you personally to have choices when it comes to health care? What kinds of choices are important to you?

Was there a specific time when having a choice was important to you? Or is there a choice in health care that you wish you had, but didn’t?

Was there a time when you had to make a choice in your health care even though you didn’t want to? Or when the choice was confusing or overwhelming?

**Consumerism as Discipline**

Some people have to pay for health care out of their pockets, and others with insurance often pay deductibles and co-pays. Do you think these payments make people more responsible in their use of healthcare, and less wasteful?

FOLLOW-UP: Can you think of a specific example, from your own experience or someone you know, that supports your view? Any counter-examples?

Some people think that the increasing costs of health care will encourage people to have healthier lifestyles, by losing weight and quitting smoking, for example. Do you agree with this view? Why or why not?

Some people think that if consumers have more choices that they will force insurance plans, hospitals, and doctors to provide a better service at a lower price. What is your response to this theory?
FOLLOW-UP: Can you think of a specific example that either supports or contradicts this theory?

*“Contributory Principle” or Universalism* (Gordon, 2003)

In the health care reform bill that was recently passed in Washington, a central objective was to expand health insurance coverage to more people. How would you describe your level of support or agreement with this goal?

Are there any groups or kinds of people you would single out as deserving greater access to health care than they currently have?

Are there any groups or kinds of people you think don’t deserve greater access to health care through health care reform?

In an insurance system, the premiums for healthier people help pay for the care of sicker people. How would you describe your level of comfort with this system?

FOLLOW UP: (For participants who indicate that they are not comfortable with this system) Are you more comfortable with the idea that everyone pays for the health care they individually need?

The amount of federal and state taxes we pay is based on how much money we make. If we paid our health care premiums through our taxes, they would probably vary depending on our incomes. How would you describe your level of comfort with this kind of system, where the amount you pay towards health insurance depends on your income?

**Wrap-up**

What opinions or insights do you have about the health care system that I didn’t ask you about today, but you think are important?

What remaining thoughts or questions do you have?

Thank you so much for your time!