Navigating the complexity of obtaining and utilizing health insurance: Taking a closer look at the impact of meaningful collaboration in rural communities

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Background

Rural areas face multiple barriers to accessing health care, including, but not limited to, health insurance status, confidence in communicating with providers, and health literacy. Between 2013 and 2016, the Federal Office of Rural Health Policy (FORHP) awarded grants to encourage innovative and comprehensive approaches to improve health care coverage and access to care in rural communities. Grantees developed formal and informal partnerships to outreach to uninsured individuals; assisted with enrollment in Medicare, Medicaid, the Children's Health Insurance Program, and private health insurance; educated newly insured about their benefits and how to use services; assisted with navigation of the complex system of health care; and provided assistance to targeted populations, such as seniors, veterans, farmers, and minorities.

This study
1. Examines how four FORHP grants helped rural and frontier communities expand access to insurance coverage and
2. Presents a typology of partnerships formed in this work, and describes the driving factors for collaboration, and how resources were leveraged to maximize efforts.

[1] https://www.ruralhealthinfo.org/topics/healthcare-access#barriers

Methodology

The authors reviewed program evaluation documents and program activities logs of rural health organizations that conducted enrollment and benefits counseling work between 2013 and 2016 through the following FORHP grants:

- Supplemental funding to Rural Health Care Services Outreach
- Delta States Rural Development Network
- Small Healthcare Provider Quality Improvement
- the Rural Outreach and Benefits Counseling program

Findings

After examining the experiences of 78 grantees, a typology of partnerships emerged. Different approaches to partnerships were driven by timing, the education and support needs of the newly insured, and grantees' own place in the local health care system.

Grantees developed partnerships that ensured outreach and education activities would build awareness and maximize capacity and reach (i.e., staff trainings and certification for enrollment, leveraging existing events, conducting outreach and enrollment on site at partner facilities, etc.). As funding levels for rural outreach and enrollment became more stable, grantees expanded their focus to include building capacity to support clients in enrolling and maintaining continuous health coverage and in facilitating access to care. To address clients' needs, grantees often worked with a range of traditional partners, including health departments, clinics, and non-profits and nontraditional partners, such as Legal Aid offices, insurance agencies, tax preparers, faith-based organizations, Community Action Agencies, schools, and employers.

The driving purpose behind collaboration differed based on the local context and focus of the grantees' efforts. Some partnerships were built to share in the expense and effort of staff training and to develop local learning communities across agencies. In other communities, partnerships were developed to build a "pipeline" into uninsured and hard to reach populations. Partnerships were useful in developing support and education for clients to assist them in maintaining continuity of coverage.

Finally, grantees developed new processes, lines of communications and relationships within their entities as a way to ensure that newly insured clients were connected to a source of care.

A Typology Of Collaboration To Expand Access And Utilization Of Coverage In Rural Communities

Analysis of the funded communities produced a typology of partnerships that describes the targeted purpose, composition and scope of collaboration.

Plug-In Partnerships

- Grantees and consortia focused on outreach and education on health insurance options and health insurance literacy often built new partnerships to extend their reach beyond the populations they typically serve into populations likely to be under and uninsured.
- By partnering with organizations that had existing entrée and relationships with these populations, grantee organizations were able to more easily establish trust and leverage the resources made available to them by these partnerships (e.g., space for meetings, existing events with targeted audiences, outreach and marketing support, culturally and linguistically appropriate resources, etc.).
- Grantees described the formation of these partnerships as "a treasure hunt" or as "tactical" in nature –as a flexible and agile strategy to connect with, or "plug into" a community to provide education and enrollment assistance.

Wrap Around Partnerships

- Grantees with an initial and singular focus on outreach and enrollment formed partnerships expand their work to ensure that clients better understand their benefits, are able to maintain coverage, and access care.
- New partnerships with insurance brokers and local, regional, and state entities focus on health insurance literacy with clients and building grantee staff capacity.
- Grantees developed partnerships with nontraditional entities like transportation services, financial education and planning organizations, and community action agencies. They provide direct financial and/or information and referral assistance to the newly enrolled help enrollees maintain coverage in the face of financial and other challenges.
- "Wraparound" partnerships that support consumers in understanding and more effectively utilizing their benefits, as well as supportive services that aid consumers in balancing competing financial demands, are needed to ensure continuity of coverage and access to care.

Capacity-Building Partnerships

- Training navigators and building staff capacity became a key driver for the development of partnerships in order to meet federal and state training and certification requirements, including annual certification and continuing education.
- Grantees turned to formal and informal learning communities to share challenges and lessons learned and build staff capacity through "grand rounds" around particularly challenging cases. These learning collaboratives often included other agencies employing navigators, social service agencies, patient care coordinators and community health workers.
- Partnerships were also formed to support state and federal training and certification requirements. Grantees formed training networks and offered shared training and CEUs to navigators as well as supplementary training focused on more effective consumer support around health insurance literacy, continuity of coverage and access to care.

Closed-Loop Partnerships

- For rural and frontier communities that are health systems, hospitals, or clinics, engaging in insurance coverage and access to care work involved a reorganization of relationships across departments within their entities. They established new referral processes and warm hand-off protocols to "close the loop" between enrollment and access to care.
- In these cases, internal process changes were driven by interest in connecting uninsured patients to a source of coverage and addressing patient/consumer health seeking behavior by encouraging utilization of preventive/wellness benefits in a primary care setting rather than through the emergency department.

Case Examples

Plug-In Partnerships

- A grantee in Oregon partners with parole and probation departments to assist the incarcerated, soon-to-be-released population enroll in coverage within thirty days of their release. They also partner with insurance brokers to refer those eligible for private insurance.
- A grantee in eastern Maryland established relationships with "gatekeepers" among their "hard-to-reach" population of employees within the fishing industry (e.g., Watermen Association and other associations in the fishing industry).
- A grantee in rural Georgia developed relationships with farmworker employers, the farms, and schools to reach their seasonal agricultural worker population.

Wrap Around Partnerships

- A Federally Qualified Health Center in Maryland recognized that some newly insured struggled to integrate premium payments in their monthly budgets. They partnered with their Community Action Agency to help consumers access to energy and food assistance. They also partnered with a university to develop relevant trainings for staff and navigators to address patient financial and health insurance literacy.
- The newly insured struggled to understand their benefits and access a local source of care. A rural hospital in Wisconsin engaged the state health literacy council to build their staff capacity to help develop materials to support their health insurance literacy efforts.

Capacity-Building Partnerships

- A provider network in Indiana convened a learning community of navigators and community health workers across the state to work on enrollment and benefits counseling. They hold regular calls and meetings to discuss cases and share tips to support their clients. In addition, they developed a series of e-learning courses for engaging with specific populations, including veterans and criminal justice-involved population.
- A grantee in Arizona developed a joint educator training program with local social service agencies, such as the housing authority, food bank, community development corporation, and the hospital. They met regularly to hold "grand rounds" on enrollment cases to trouble shoot and to share information about their enrollment efforts.

Closed-Loop Partnerships

- A hospital in Missouri placed their navigator in the financial counseling department to discuss eligibility options with uninsured that come in to the hospital and the local rural health clinics. The clinics are connected with the hospital, so her access to the scheduling system allowed her to assist those newly enrolled in scheduling an appointment.
- A clinic in rural Indiana embedded their navigator into the clinic setting and operations so she is part of the patient visit whenever possible. An uninsured patient will have back-to-back visits with the provider and the navigator.
- A critical access hospital in Maine created a "pipeline" for enrollment which included triage and different subject matter experts within the hospital to educate and enroll individuals based on where they were at.

Discussion

Outreach, education, and enrollment in rural communities is nascent and a clearer picture is emerging of the factors that support and enhance these efforts, including:

- One organization alone cannot accomplish this work. Partnerships are needed to assist individuals new to health insurance and new to the healthcare system -both of which are highly complex systems.
- Partnerships can take several forms, include a range of community agencies and organizations, and be used to expand efforts to a variety of populations.
- Partnerships are an efficient way to build individual, agency, and local community capacity and establish an integrated support system for the newly insured.

Rural health organizations that build upon partnerships are better positioned to understand and address the driving factors related to obtaining coverage and accessing care (e.g., local system capacity, health insurance and financial literacy, and other barriers to continuity of coverage), and create a local system to integrate the newly insured into care and utilize resources beyond traditional healthcare partners and funding.