

Issue 3



# Study Notes

April 2007

*Kansas Demonstration to  
Maintain Independence and Employment*

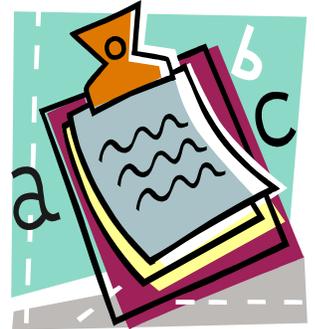
## Keeping You Up to Date

Happy Spring! *Study Notes* is a newsletter for DMIE participants. Its purpose is to help you stay informed and to thank you for being part of the study.

This issue of the newsletter provides an update on focus groups and findings about medical debt among study participants.

Surveys are complete until late this summer (check your calendar magnet). We are looking into the possibility of providing written copies of the surveys to participants prior to their telephone interviews so that you can follow-along and keep track of response choices.

As always, if you have any questions about the research aspects of the Demonstration project, please feel free to contact the University of Kansas Evaluation Team at (785) 864-3788.



## News from You: Focus Groups



A big thank you to participants in our first set of focus groups held in eastern Kansas. We appreciate hearing about your concerns and will work to promote change as much as possible. We asked participants to tell us about their illnesses, work, and access to health care, with highlights described below.

***Illnesses and work.*** Many participants reported that their illnesses limited their work efforts at least somewhat. For people with mental illness, slowed thinking processes and anxiety about being around other people were listed as barriers. For people with physical illnesses, conditions such as carpal tunnel syndrome prevented certain types of work and pain and fatigue from other conditions prompted many to work less than full time.

***Access to care.*** Almost all participants told us they avoided preventive care that could keep them healthier due to out-of-pocket costs, including services or procedures such as bone scans, dental care, annual physicals, blood tests, breathing tests, mammograms, and colonoscopies. Almost everyone expressed concerns about the high cost of prescription medications. In fact, we heard many creative strategies about how to make prescription drugs last longer (we won't share these because they may not be safe!).

Overall, participants shared that worrying about insurance is a large stressor in their lives. They think it is unfair for insurance companies to deny coverage on the basis of health events that occurred in the past and wish that their coverage were more affordable. These are all very important issues that we hope the project can powerfully illustrate for policy makers.

We will hold additional focus groups throughout the next couple of months, probably in Wichita, Salina, Chanute and Dodge City. Participants receive a \$25 cash stipend and reimbursement for their mileage if traveling more than 10 miles. If you checked on your application that you would be willing to participate and you live near any of these cities, you should be receiving a letter sometime soon to see if you are still interested. We look forward to having some meaningful and productive discussions with everyone. If you would like more information about the focus groups, please call us at (785) 864-3788.

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## Study Stats

Throughout the study, we want to share with you some of what we are learning about DMIE participants and their experiences. In this issue, we share some preliminary findings about medical debt and health care utilization. If there are topics you would like to see covered here, please give us a call.

Research has shown that having medical debt causes a person to behave as if they are uninsured even if they have insurance. People with medical debt are much less likely to have their prescriptions filled, to see specialists when needed, and to have needed tests or treatments. Our focus group participants confirmed that they avoid or delay care due to cost. Based on survey responses from participants in Cohort 1, we found that:

- 25% of people reported having medical debt
- About half of those with debt owed between \$1000 and \$5000 and almost 20% had debt greater than \$5000
- Medical debt was due to high deductibles, high co-insurance, and/or a service that was not covered
- 20% reported an unmet need for health care services

Additionally, based on an analysis of claims data for the study group, we have also found that our participants have a disease burden and expected level of health care services that is 4 times the level of the general working-age population. Obviously, access to affordable care is a very important issue as people strive to maintain their health.