

## EVALUATION OF MEDICARE INTERACTIVE

### Project Overview

The Broadband Education and Empowerment for People with Medicare (BEEP'M) project was funded by the Technology Opportunities Program, Department of Commerce. The goal of the BEEP'M project was to provide professionals who counsel seniors and people with disabilities on Medicare with access to the most up-to-date information on Medicare benefits and eligibility.

Through the BEEP'M project, a comprehensive Medicare counseling and assistance system—Medicare Interactive—was created to help people with Medicare, and the professionals who serve them, quickly and easily access the Medicare benefits and health care services they need. Medicare Interactive (MI) offers users four tools:

- **MI Counselor:** An interactive Medicare counseling system, complete with case examples, frequently asked questions and links to subject-specific web sites.
- **MI University:** An online series of training programs that allow you to learn the ins and outs of Medicare with interactive multimedia lessons.
- **MI Local Services:** A searchable database of local health care resources, including community service agencies and national helplines.
- **MI Community:** Bulletin boards and newsletters that allow you to stay up-to-date on health care issues, share your stories and learn from others.

Medicare counselors serving low-income people with Medicare at twenty-four sites throughout New York City were each given two computers, a printer, and a DSL connection, so that they could access Medicare Interactive. Additionally, the public has access to the Medicare Interactive Counselor over the World Wide Web through our partnership with AARP.

In designing the evaluation approach for the BEEP'M project, MRC felt that assessing the sites and their needs at the onset of this project would be essential to ensuring the responsiveness of Medicare Interactive. At the beginning of the project, interviews were conducted with the staff at the BEEP'M sites to assess their experience and level of comfort with computers and the Internet. This initial assessment also looked at client interaction, Medicare counseling, and their expectations and concerns regarding BEEP'M. The findings from these interviews were used in the design and development of Medicare Interactive (MI).

### EVALUATION PROCESS

Medicare Interactive became available to counselors beginning in July 2003. Throughout the process, the counselors and supervisors from the BEEP'M sites have

provided feedback on the usability and content of the Medicare Interactive website. To gain insight into the effectiveness of the BEEP'M program, this evaluation elicited feedback from clients who were counseled using Medicare Interactive and conducted group discussions with counselors and volunteers.

### **Client Feedback**

The primary users of the Medicare Interactive program were counselors. Only a few people with Medicare had direct access to Medicare Interactive. In order to gain direct feedback from this target audience, BEEP'M and MRC counselors asked for feedback from clients after counseling them using Medicare Interactive (MI). The purpose of the feedback was to gain insight into the perceived value of MI. These client feedback forms (see Appendix A) were collected for 8 weeks from all the BEEP'M sites and the counseling center at MRC. The results of these feedback forms are summarized in the Findings section of this report.

### **Group Discussions**

The goal of this evaluation was to gain insight into the strengths and weaknesses of Medicare Interactive in order to improve its value to those who serve people with Medicare. A qualitative approach was selected. Discussion groups were conducted with counselors using Medicare Interactive. These discussion groups highlighted the experiences the counselors had with MI and provided specific insight into what worked and how the program could be improved.

**Target Audiences.** The target audience for the group discussions included the counselors at the BEEP'M sites and their supervisors. The BEEP'M sites dealt with a wide range of needs and services and did not frequently counsel their clients on Medicare. Therefore, groups with other counselors whose primary focus was Medicare and who have been trained on Medicare Interactive were also conducted. These participants included both volunteers and community-based counselors.

**Approach.** The group discussions followed a focus group format. A moderator conducted the discussions using a discussion guide. Each group included up to 8 participants. For reporting purposes only, a note taker recorded the groups' discussions. The discussions were also tape recorded as back up for writing the final report. The participants have remained anonymous.

A total of 8 discussion groups were conducted. The breakout of the groups was as follows:

- BEEP'M Site Counselors                      3 groups
- BEEP'M Site Supervisors                      1 group
- MRC Volunteer Counselors                      2 groups
- Community-based Counselors                      2 groups.

For four counselors who could not attend the group discussions, individual interviews were conducted using the same discussion guide. No separate groups with

special populations counselors were conducted because each of the BEEP'M sites provided services to such a broad range of special populations, including Hispanics, Asian, Russian, and the disabled. The purpose of these discussion groups was to gain insight into the perceived value of Medicare Interactive, as well as the obstacles and barriers of using this program when counseling on Medicare. In the group conducted with the supervisors, the participants discussed management issues for the program, as well as the barriers and incentives for institutionalizing Medicare Interactive.

Incentives were provided to all participants. The participants for all these groups received a gift certificate to a bookstore to express appreciation for their time and effort.

**Discussion Guide Topics.** The discussion covered not only the perceived incentives and barriers to using MI, but also strived to examine the perceived value of the technology itself. The topics that were discussed are outlined below. A complete copy of the discussion guides for the counselors and for the supervisors has been included in Appendix B.

- Knowledge of Medicare
- Introduction to Medicare Interactive (MI)
- Training
- Using MI
- Technical Support
- MI Components
- Improving MI
- Technology (Tool versus Content)
- Clients and Technology.

## **FINDINGS**

### **Client Feedback Forms**

For a 4-week period, counselors were asked to complete feedback forms when they counseled on Medicare. The counselors were from the BEEP'M sites as well as the MRC volunteer counselors. Most of the client interaction at the BEEP'M sites were face-to-face, while all of the MRC volunteers conducted their counseling over the phone.

The feedback form was divided into two parts – the first was for feedback from the counselor on using Medicare Interactive and in the second the counselor recorded reactions from the client.

In the counselor section, counselors were asked to record the Medicare topic or question that was asked by the client; the client's gender; whether the information was available on Medicare Interactive; whether another reference was used and if so, which one; whether the question or problem was resolved; and the time required to respond.

In the client section, the counselors asked the clients whether they were satisfied with the answers to their questions, whether they understood the information provided, whether their question was resolved in a timely manner, what they thought about the counselor using a computer to answer their questions, and finally, whether they would use the Internet to find answer to their Medicare questions. The feedback forms at the BEEP'M sites and at MRC were the same with the exception of an additional question at the BEEP'M sites. Because the clients were counseled in a face-to-face setting, clients were asked to comment on their reaction to the counselor using a computer to answer their questions. The Client Feedback Forms used by the BEEP'M counselors and by the MRC Hotline volunteers have been included in Appendix A.

On the average, MRC Medicare hotline receives over 600 calls a month. The BEEP'M sites receive far fewer requests for information on Medicare since they counsel on a wide range of topics. In total there were 198 responses: 134 from the MRC counselors and 64 from the BEEP'M sites. Overall, there was little or no variation in the percentages of the responses from both the MRC Hotline and the BEEP'M sites. Therefore, the findings for both groups have been combined.

#### **Client Feedback Summary**

The questions on Medicare covered a full range of topics. The most frequent topics included Medicare eligibility and benefits, selecting a Medicare or Medigap plan, prescription drugs, and the Medicare Savings Program. Home health care and hospital coverage were also high on the list, along with affordability and paying for health care.

Nearly all of the counselors felt that the information they needed was available from Medicare Interactive. However, a little over one-third of the counselors used other references besides Medicare Interactive to resolve the question or problem. These other resources included the Social Security Hotline, the Medicaid manual, NYC.gov, Medicare.gov, in-house materials, and other materials from MRC.

Almost all of the questions were resolved. Only a small percentage was still pending either additional information or a decision, e.g., appeals for denied benefits. The majority of the time, the process required 10-20 minutes. Only a few required more than 30 minutes.

The clients' response was overwhelmingly positive. Almost all felt that their questions or problems were resolved to their satisfaction. They felt that they understood the information that was given to them and that the process occurred in a timely fashion. Additional comments from the clients reflected their appreciation for the care and attention they were given. Since much of the contact was on the phone rather than in person, it is interesting to note that several clients commented that they were not aware that the counselor was using a computer to locate the information. The process appeared to be seamless. For those who witness the use of the computer, the reaction was the same. One client commented, "Using the computer looked very professional."

When asked specifically if they would use the Internet to find answers to their Medicare questions, the majority answered no. Some of the clients said they had tried to use the Internet, but it was too hard to understand. They complained about getting lost. Many said they preferred to talk with someone. One gentleman shared that he was not computer literate and did not plan to be.

### **Discussion Group Summary**

To get the discussion going, the participants were asked to share what they loved about their jobs. Almost universally they enjoyed working with people, especially seniors. Participants felt they were making a difference. One counselor said, "In this job, I see that I'm tangibly making a difference, giving real resolutions to serious problems they couldn't solve on their own." The counselors found that providing information and empowering their clients were extremely rewarding. They felt it was essential to show their clients that they were not alone. "As they're getting older, it is really an obligation to help them live with dignity and independence for as long as they can," stated another counselor. Counselors felt that they also benefited from their efforts with their clients, "When I go home in the afternoon, I feel different. It's just great know that you can help someone." Providing the human touch was an added benefit. One counselor observed that "it's almost as if they're amazed to hear a human voice."

**Knowledge of Medicare.** When asked about the Medicare questions that come up most frequently, the participants cited the areas of concern as basic Medicare information, e.g., eligibility, Parts A and B, benefits; prescription drugs, Medigap or supplemental insurance; and choosing a Medicare plan. Almost all agreed that Medicare was very complicated and constantly changing. Their clients received a lot of information in the mail that they didn't understand so they came to the counselors for help. One counselor related that a client came in with a shopping bag full of brochures. Others came in with letters and seemed most confused by the MSN or "This is Not a Bill" statements, which the counselors repeatedly had to reassure their clients that they did not need to pay.

Another problem was when clients changed from original Medicare to a new insurance option and didn't realize it. Many of the clients attended presentations and would sign up without really understanding what the new policy would cover. One counselor gave an example of an insurance company that "offered each person a chicken, and he's thinking that he's getting a free chicken. He did not know that he was signing up for the program."

Many felt that their clients made assumptions about what Medicare would provide and never really attempted to understand what was covered until a crisis arose. One counselor observed, "Medicare is usually taken for granted. The card is in the wallet. They think Medicare is going to take care of everything. Then they learn quickly that it doesn't." Clients seemed to look to the counselors for more than information. They wanted to know what to do. Clients asked, "What would you tell your mother to get?"

With regard to their strongest area of Medicare knowledge, most counselors felt they had a solid understanding of Parts A and B, Medigap or supplemental insurance, and enrollment and eligibility. With regard to the Medicare drug discount card, one counselor said, "I've been to every seminar that's been out there for the new drug card. I think I'm pretty knowledgeable." Some had less confidence of their knowledge, "I almost never answer a question before I go and check."

Parts C and D were of concern and not yet clear to many of the counselors. Coverage for mental health, how Medicare coordinated with other insurance, and Veteran benefits were also mentioned as areas that were not well understood. Many find that answering about benefits for a specific situation, e.g., nursing homes, skilled home care, and billing problems required additional information and research. Some felt that understanding all the different programs in Medicare was as big a challenge for them as it was for their clients.

The most recent changes the counselors cited included the change in the increase in Part B premiums, the drug discount cards, the Part D bill, and Medical Savings Plans. Most had heard about the changes through Dear Marci, an e-newsletter from MRC; e-mail from various Medicare-related organizations; staff meetings and training; and from their clients who bring in mail they've received on Medicare. This new information was stored in centrally located binders. Some stored the information on their computers. A few kept personal files in their desks. With Dear Marci, some of the counselors saved each issue on their hard drives. Others did not have adequate memory and asked if they could go to a central location to look up back issues of Dear Marci. It was suggested that a bibliography of the issues could be accessed through Medicare Interactive.

**Introduction to Medicare Interactive.** For the counselors at the BEEP'M sites, most learned about Medicare Interactive when their supervisors introduced the program or sent them to the BEEP'M training program. The MRC volunteers heard that their information binders were going to be replaced with an online program. One of the volunteers noted, "Our manuals that we had were heavy with all this information. One day they were removed, and we were told to use the screen to access any questions we had." Others learned about the program by e-mail or at professional meetings. The supervisors of the BEEP'M sites were less concerned. They were aware that they would be participating in the development of Medicare Interactive and would have many opportunities to comment on how the program functioned and the information it provided.

Initial reactions varied from excitement to extreme caution. One counselor felt reassured, "Coming from training, it was a relief to know I wouldn't have to keep all that information in my head." Another said, "I thought, it's too good to be true."

Others felt uncomfortable. However, most reported that once they had an opportunity to work with MI, their reservations and concerns disappeared. A BEEP'M counselor said, "I had first thought it would be too complicated. When I got there, it was much clearer than I expected. Very clear."

Counselors also expressed concern about using MI while talking with the client. One counselor expressed his concern, “. . . that I couldn’t find the answer quickly enough and that people would expire on the line.” While many shared this concern, most found that if they told the client that they were moving slowly, they all understood. One counselor said, “My clients enjoy watching me. They’re amazed how quickly you can get the information, even faster than over the phone. They like it, simple and sweet.”

**Training.** Training on using Medicare Interactive was presented in several different formats. Most of the community-based counselors participated in a hands-on training session. For those who had limited or no previous experience using computers, a separate computer class was provided. Others attended a demonstration of MI. Most of the community-based counselors did not have any introduction to using MI.

The counselors who attended the hands-on training were very positive about the experience. Most felt that the training was well structured and planned. The hands-on practice with MI was viewed as extremely valuable. The additional computer classes were also welcomed, especially by those with limited knowledge of computers. It appeared to increase their comfort levels.

For those counselors who are experienced with computers, the hands-on practice did not seem to matter. They were comfortable playing with the system and figuring it out on their own.

Those who were less computer literate felt that more guidance would have made starting up much easier. However, all the participants felt that once they got over the initial obstacle of understanding how MI worked, they found the system to be very user friendly.

One of the suggestions for improving the training was to bring the training to the sites. Traveling to Manhattan was difficult for many and limited who could attend. By conducting the training onsite, several felt that their volunteers could have also participated and benefited from the session. Another suggestion was to continue to have follow-up sessions where MI could be reviewed, especially for those counselors who did not have the opportunity to use MI very often.

**Using MI.** Many of the counselors who attended the training reported using MI within a week of the session. Accessibility to a computer, e.g., having one on their desk, was frequently the reason they began to use MI. When the computer was located in another location then they tended to use it for researching only difficult questions.

Another motivator seemed to be encouragement from their supervisors. Again those who were computer friendly were using MI more quickly. Those who were more cautious about the technology were more hesitant to log on. One supervisor observed, “Some people had computer phobia at first and didn’t want to touch it. Others were computer literate and spent time going through it. As they became familiar with MI, they

realized it was more user friendly than they thought.” Another incentive the counselors cited were changes in Medicare. Changes in Medicare, such as the discount drug card or the increase in Part B premiums, presented opportunities to start using MI.

A few reported some initial problems with passwords and some hardware issues. However, all reported that MRC was responsive in assisting them to correct the problems. Some reported practicing at home, using their own computers.

The greatest challenge to using MI was time. The counselors felt that there was no quiet time when they could sit down and learn the program. The telephones were always ringing and people were constantly dropping by. When asked what they believed a center needed to successfully implement MI, the counselors underscored the need for training. They felt that the training would help those who were not familiar with computers become more comfortable and that they would see the benefits of using MI.

Making the transition from printed references to using MI was a great challenge for some. One counselor shared his experience; “The books we used had our names on it. When I first started using MI, my book was a kind of crutch at first. Now I’m weaned off it.” Another agreed, “I used to rely very heavily on the manual because I knew just where everything was. I was distraught when it was taken away. After a week or so, I never even thought about using it.” Also a few mentioned relying on old resources or calling agencies, such as Social Security, out of habit instead of using MI. One counselor observed, “I guess I end up calling Social Security out of habit. I have to get out of that habit. You know you’re just used to doing things a certain way.”

Many of the counselors were very impressed with how well laid out MI was. Several commented on that there were multiple ways of finding an answer. They believed this was important since “...people conceive of questions in different ways and look up answers in different ways.”

The scripts on what counselors should say to their clients about a certain topics were well received. Some felt, however, that the client would realize that the answer is being read to them and would feel that the counselor did not know the information. At first several counselors were concerned about using MI while working with their clients either on the phone or in person. However, most said that the people on the phone did not mind waiting while they look up the correct answer.

One of the concerns expressed by several counselors was being able to retrace the steps they took to find an answer. They did not always remember the keyword they used. Several of the counselors commented that the index is not detailed enough. “When you click on a subject heading, you have to keep clicking. I find that very inefficient. They wanted to make it so plain and navigable. I’m not sure why they made it so truncated. You really have to dig once you get inside.” One of the volunteer counselors developed his own cross reference of all the topics he had found on MI and then noted where exactly that answer was located in MI. When he answered a call, he looked at his quick

reference sheet. He had shared his index with the other volunteer counselors, and they had also found it to be a time saver.

Another area of confusion seemed to be with the "GO TO" boxes that provided linkages to other websites. Some thought that the list of linkages seemed confusing. A counselor shared, "Sometimes the GO TO is not really clear until you click on it."

Several of the counselors have printed materials from MI to give to their clients. One counselor said, "I love printing out from MI. When I find an example, I print it out and put it in an envelope." Another counselor felt, "It reinforces exactly what you've said. If the caller asks if I am sure, I can say that I am really sure because I'm reading it off a piece of paper and so will you. You're going to get a copy." Topics mentioned included home health care, hospice care, applications, such as for the Medicare Savings Program. A few mentioned the cost of printing; their budgets limited printing out information from the computer.

When asked how MI had impacted their ability to serve their clients, they felt that they could respond quicker and felt it gave them greater credibility. "I can get an answer right away. I don't have to wait for fifteen phone calls. I can go on, find the answer, and then give it to them. Makes me look much smarter." A few, however, did express a concern about the materials from MI looking legitimate, because they were colloquial. They would like the print outs to look more official with source citations.

Counselors were asked whether some knowledge of Medicare was necessary in order to effectively using the program. Most felt that for the basic Medicare information no previous knowledge was necessary. "Possibly someone could go in pretty cold. It might take a little longer, but they could do it." "It's a wonderful tutorial. . . . It leads you to one thing and then the text. As long as you're not computer phobic and you know how to point and click, you're fine." Others felt that in order to search the user needed some experience, especially for the more complex questions.

**Technical Support.** All were pleased with the technical support provided to them by MRC. Many simply e-mailed their questions about MI while others would call. The User Manual for MI was also thought as very helpful. Some used it frequently to help navigate MI. Some have onsite technical assistance for the computers, but many of the BEEP'M sites have relied on MRC to handle their hardware and software problems.

**MI Components.** The counselors were shown a list of the different components in MI – MI Counselor, MI Local Services, MI Community, MI University, and MI Help. All had used the MI Counselor. It was the most frequently used component. In general, the counselors felt that MI Counselor was straightforward and precise. Some also have used MI Local Services. They felt it gave many good contacts and referrals.

A few of the counselors were familiar with MI University. They thought it was very helpful for learning about a new topic. One counselor noted, "The ability to stop

and continue is what I like.” Most did not know that a user could stop the tutorial at any time and return when time allowed.

MI Community had been used by a few to provide feedback on MI to the Medicare Rights Center. Most were unaware of what was available in this component. No one had used MI Help.

In general, those that had attended the hands-on training appeared to be more aware of the various components and their functions. Those who had learned the program on their own seemed to be less likely to use components other than MI Counselor, regardless of their computer abilities.

**Improving MI.** When asked how MI could be improved, the groups were full of ideas. One suggestion was to add a side box that would prompt the counselor “did you remember to ask” additional or related information. Other content suggestions included providing a place where they could post information they had not found in MI for others to see. Counselors also felt that adding more than the 2 case examples now included on each page would be very helpful.

Another suggestion was to provide more information about other agencies and make it easier to go to sites for other services, such as Medicaid, food stamps, EPIC, Social Security, for their clients. This would eliminate the need to search other sites.

Because the topics at times could be too broad, a few of the counselors requested that drop down boxes be added for the index so that they could look at all the subtopics related to that subject. That would be especially helpful to those who are unsure of what they were looking for.

Counselors felt that the ability to compare different pages and flip back and forth would be helpful. This would allow users stay on the original page and look at the subheadings of their options without having to leave the page until they knew where they wanted to go next. Several expressed frustration with not being able to get back to the page where they started. There was also interest in being able to type in a question to find an answer rather than having to navigate the system. They also wanted this feature to provide for more difficult questions.

Adding an audio feature to MI that would help guide the users through the system was also considered to be of interest. Although, they recognized that the costs would be prohibitive. One counselor commented, “If it’s going to mimic real communication, it should talk.”

And finally, one counselor wanted the time needed to complete a course in MI University to have a more prominent placement. Another practical request was to provide a feature to manage printing. Counselors liked being able to print the whole course at once but felt that it was also important to be able to select what sections or pages they would like to print.

Refresher training was also suggested. Counselors believed it would be helpful to bring back the counselors to see how they've done and to show them what MRC has done to further develop MI. One of the counselors suggested, "Probably May or June next year, call us back together to see what has happened in the last six months since we've been on our own." Continued technical support was also viewed as important.

The counselors were asked to discuss the importance of translating the information in MI. The counselors all dealt with many clients who were limited English proficient. They believed that having access to Medicare information in other languages would be invaluable. They felt that the translated text would not only benefit their clients but also empower the family and friends. The languages that were cited as important included Spanish, Chinese, and Russian. They also felt that even if they did not speak the language of the client, the translated materials could be very helpful.

The counselors cautioned that translations were difficult. Many times the meaning was lost. "Regardless of the language, they need to watch losing sight of the goal of communicating the essence versus creating credibility." The content would have to be kept very simple. When it becomes more complex, the harder it is to translate it well. Including definitions of terms, such as spend down, would also help to make the translation more effective. The translation needs to be concept translation versus a literal translation. Some of the translations that other agencies have done are not understood. For example there are 22 Spanish-speaking countries, words can have different meanings to people from these different countries. All emphasized that it was important to have the translation reviewed by two or three native speakers.

If MI were made available to the public, there should be a very basic section of the program. This version would offer a "Reader's Digest" version so that the user would not be overwhelmed with all the information.

MI should offer online reminders to encouraged users to try different components or offer "Did you know?" comments that would cue the user on how to use MI or what a component contained. They suggested that MRC should also include announcements on what was new or had been updated.

Supervisors commented that a key to keeping this program going was making sure MI continued to serve a real need. The centers also needed to let their clients know that this service was available. One supervisor said, "We did a big mailing, over 500 letters. Outreach with these letters has brought a lot of new seniors into the center. I have a lot who come who received the letter a while back and they keep coming." They also felt that seniors and their families should also have access to MI. One supervisor commented, "What makes it sustainable is the degree to which people use it."

One of the discussion groups ended with this statement, "I take my hat off to whoever designed that system. Very Useful."

## **Technology (Tool versus Content)**

In this portion of the group discussion, we hoped to learn about how the counselors felt about the Internet in general, not just Medicare Interactive. The range in computer access varies across sites. Many have computers on their desks while others must go to another place in the office to get online. One of the counselors commented on the growing information gap, "Increasingly, not everyone on our mailing list has access to e-mail; in our poor communities this is a serious problem. If the providers don't have access to computers, then access to information and the dissemination of information becomes much more complicated."

When asked where they researched a question or problem, many said they asked their supervisors and colleagues or used the central reference binder or file. Just as many used the Internet and cited various search engines and government websites. Sites that were mentioned included Medicare Interactive, Department of the Aging, Social Security, and NYC.gov. One counselor stated, "Why do Google when I have the MI links. I've always been very pleased. MI has credibility with me."

Some counselors felt that it was easier to use printed materials because it was easy to find again. Some said although they knew that the information was all there, the information wasn't always up-to-date. They did note that having the information in print made it easier to share copies with clients and colleagues. Also it was easy to read at lunch or on the train ride home.

Counselors saw that computers were the information sources of the future. They liked that it was quick, but said that many times there were too many sites. One counselor felt that sometime when he used the Internet, "All of a sudden you have all this information. Sometimes it's good to go to just one place and get the answer." They also felt that it was difficult to know if the information from the Internet was accurate or up-to-date.

Some did not like reading from the computer screen. The inevitable challenges of technology, such as when the computer freezes could be very frustrating. One counselor offered, "I'm finding that I am using the computer more and more than going into my files or making a call. But for the last three weeks we haven't been able to use the computer, so it's been rough. You don't realize how much you really depend on it, all your files, everything in is there. It's really difficult."

Some still felt unsure about using the computer. "I still have this guilt thing that the time I spend on the web is not ok time, like I'm not really working, but this is so valuable."

Regarding policies surrounding the use of computers, a few said that there were policies that provided guidelines about proper use of e-mail and staying on work related sites, and taking care of the computers. However, it appeared that most did not have formal policies.

**Client and Technology.** Only a few BEEP'M sites have provided computer training to their seniors. One site had provided computer classes, but found that when the classes stopped the seniors lost what they had learned. Most felt that using the mouse and keyboard was a challenge for their clients. Language and the ability to read the print on the screen were also obstacles. Even when the seniors could navigate the Internet, there was still concern over whether they understood what they found.

Despite these concerns, many still believed it would be important to provide seniors with access to MI. One supervisor said, "In some situations you have to advocate for a senior, call an agency, but in cases where they can get the information it would relieve staff time."

**Trends in Information Needs and Services.** In some of the groups, we had a little extra time at the end so we asked what they saw as the current trends in information needs and services. Home care was frequently mentioned. Another issue was preparing the new generation of young seniors. They felt that this generation would be healthier and would be facing their health crises in when they hit their 70s and 80s. Some felt that these younger seniors were in denial about this happening; most of them were still thinking about their parents.

The counselors felt that most seniors were not informed. Some counselors suggested that TV was a good resource for seniors. Many seniors were up late at night. There should be something on then to educate seniors on Medicare, Medicaid, and how to get the health care they need. The counselors felt that there seemed to be a lot of information available, but the seniors did not know whom to believe. Seniors were going to different places to get answers, and they were not really sure whom the credible and reliable sources were.

Many expressed concern about whether Social Security and Medicare would be here much longer. They asked what would happen to the aging population. Having enough money to make ends meet continued to be a big problem. Housing was getting more expensive so seniors had no choice but to move. One counselor said one of her clients told her, "If I buy my prescription, I have to buy less food at the market." Others reported that clients are cutting their medication to make it last.

## SUMMARY

**Conclusion #1:** Medicare is a complicated topic that is constantly changing. Counselors need access to current, up-to-date information about Medicare and how it applies to their clients. The counselors value the fact the MI is being kept up-to-date by MRC and have learned to depend on it for updates on changes brought about by new Medicare law.

- Recommendation:** MRC should assess what would be needed to expand MI to wider audience that needs to be kept abreast of changes, including incorporating information for all the states.
- Conclusion #2:** Changes in Medicare motivated many counselors to start using MI.
- Recommendation:** When changes to Medicare occur, encourage MI users to log on to get detailed information and refreshers on the new information. MRC can make these suggestions in vehicles, such as Dear Marci, its e-newsletter, and other communications with the MI users. MRC should also make it easier for counselors to identify what information is new on MI.
- Conclusion #3:** Many counselors receive news of changes from Dear Marci, MRC's e-newsletter.
- Recommendation:** MRC should design its Dear Marci outreach as a way to build traffic to MI and make the link between Dear Marci and MI clearer. This would help counselors to understand that the information they are getting from Dear Marci is also available on MI but in greater detail.
- Conclusion #4:** Computer literacy classes for those with limited or no previous experience proved to be valuable in the acceptance and use of MI.
- Recommendation:** MRC should provide organizations preparing to use MI with suggestions for preparing the staff. Whenever possible, it would be advisable to have the introduction to computers as a pre-requisite to taking MI training.
- Conclusion #5:** Training provided not only an understanding of what MI offered but also demonstrated its value.
- Recommendation:** Training should be viewed as an opportunity to demonstrate to the counselors its value in finding answers on Medicare. Plenty of hands-on role-playing should be provided at the training to get the counselors' buy in for using the program and to demonstrate how simple and timesaving MI is.
- Conclusion #6:** Encouragement from supervisors motivated counselors to use MI.
- Recommendation:** Counselors will look to their supervisors about the value of using MI. When implementing MI at a center, it is important to gain the full support and enthusiasm of the supervisors. They will set the expectations for their staff. MI can provide supervisors with

reminders about encouraging their staff to use MI. These reminders could include strategies and tips. For example, when an update or change in Medicare has occurred, MI could suggest that the supervisor have a staff meeting using MI to cover the new information or ask the counselors to log on to MI to review the new material.

**Conclusion #7:** Traveling to central training sites is difficult for some centers. If training could be conducted on site, more staff and volunteers could attend.

**Recommendation:** Whenever possible, bring the training to the various centers. As the program grows, MRC should identify supervisors or staff at the centers that can conduct staff and volunteer training. A how-to train your staff on Medicare Interactive could be developed as part of the program materials. An online training session could also be included in MI University. This would be valuable in training new staff.

**Conclusion #8:** Changing the habit of using print materials or other Medicare sources is difficult.

**Recommendation:** Help supervisors and counselors develop strategies for making the switch to MI as their primary information source on Medicare. These strategies can be presented in the training, as part of refresher training, and as a special announcement in MI or in Dear Marci.

**Conclusion #9:** Counselors have concerns about using MI while counseling their clients even though clients report a positive experience during the interaction.

**Recommendation:** Give the counselors practice in using MI in a counseling situation. Training should include exercises that will address the concerns, such as requiring too much time, making mistakes in front of their clients. If new users have not attended the training, MRC can provide them with how to practice at their centers alone or with other colleagues. Supervisors can also be encouraged to provide this practice.

**Conclusion #10:** Counselors had difficulty retracing how they got an answer.

**Recommendation:** MI could provide counselors with the ability to save their searches and key words so that they can return later. A cross-referenced index could also be provided to help them find the answers faster.

- Conclusion #11:** GO TO boxes in MI were helpful but not always clear on what was offered at that other site.
- Recommendation:** MI should look at ways to provide additional insight into what a link will provide the counselor.
- Conclusion #12:** The materials that can be printed from MI need to have the source clearly identified to demonstrate the credibility of the information.
- Recommendation:** MI should consider displaying the source and last update at the end of the information. Providing the user with these references will maintain the confidence in the accuracy and timeliness of the information.
- Conclusion #13:** MI users are not very familiar with any of the components except *MI Counselor*.
- Recommendation:** Reminders and prompts about these other features should be provided to the users. MI should develop incentives for using them, such as including a quick overview on a change in Medicare in the MI University or when possible direct the user to these other components within the text of *MI Counselor*, e.g., an organization listing that is in *MI Local Services*.
- Conclusion #14:** Counselors would welcome reminders and prompts from MI on what else they should be considering when researching a problem.
- Recommendation:** Provide the user with a list of important relevant considerations related to their search. This will be especially valuable to those who are new to Medicare or do not frequently counsel on Medicare.
- Conclusion #15:** Counselors would welcome tools to help manage their time on MI University.
- Recommendation:** Tools that help counselors with printing only the section or page they are interested in, estimated times for taking a class at MI University, and other ways of managing how they use MI University would encourage the counselors to take advantage of what MI University has to offer.
- Conclusion #16:** Searches can still be time consuming and somewhat confusing.
- Recommendation:** MI should continue to develop features that simplify the process and assist the user to more effectively identify the best key words for their question.

- Conclusion #17:** Translating the materials in MI is very important given the diverse population the MI counselors serve.
- Recommendation:** MI should assess which materials are used the most with the non-English speaking clients that the MI users serve. Care should be taken to ensure the translations communicate effectively. Whenever possible, MRC should test these materials before wide dissemination.
- Conclusion #18:** The counselors felt that understanding Medicare, even with the easy-to-understand format of the information on MI, could be difficult for people with Medicare.
- Recommendation:** MI should consider adding a special area for seniors and other people with Medicare that is extremely easy to read and provides the basics. The text should be in clear, concise language.
- Conclusion #19:** With the continuing shift of information dissemination toward e-mail and the Internet, those communities who lack the funds to maintain up to date computers will fall behind in getting the information they need to service their constituency.
- Recommendation:** MRC should continue to seek funding for hardware for these communities whenever they apply for grants to roll out MI. Communities should be encouraged to form partnerships with the private sector to gain access to the new technology.
- Conclusion #20:** There are a tremendous number of information sources for seniors and people with disabilities, and counselors want direction on how to use them.
- Recommendation:** MI should draw attention to the fact that it is a source of information as well as a portal for getting more details on Medicare, Social Security, and other related topics for seniors and the disabled. By highlighting the links it offers to key subject-specific sites, MI will become the first place they go. The more they become accustomed to using MI, the more valuable it will become.
- Conclusion #21:** Counselors need to have access to their information even when the computer or Internet connection is not working or when they are on a site visit and there is no access to MI.
- Recommendation:** To help counselors move away from dependency on print materials, MI should develop a back up that the counselors can use

when they cannot use their computers or the Internet. This could include a version for CD-ROM or handheld devices.

**Conclusion #22:** Getting people with Medicare to go online with MI to find answers to their questions will empower them as well as help with the staffing shortages so many centers are experiencing.

**Recommendation:** MRC should develop partnerships with groups that target seniors to make MI known and available directly to people with Medicare and their caregivers. MRC should help develop a model for training seniors. Whenever possible, funding requests should include training seniors and providing access to MI.

**Conclusion #23:** People with Medicare frequently do not understand what services Medicare provides until they have a health crisis.

**Recommendation:** Continued efforts to help people with Medicare become better health consumers and self-advocates are essential. Collaboration among organizations, agencies, and businesses is needed in order to effectively reach this target audience.

**Conclusion #24:** Seniors prefer to talk with a person.

**Recommendation:** A special senior component could incorporate audio. The MI counselor would talk them through the key points. We know that the more senses that are engaged, the more the user will learn. This would also make MI accessible to the blind and sight impaired. MRC should also consider making the information on MI Counselor available through a Voice Recognition System so people without Internet or computer access or who are more comfortable using the phone could get the same assistance.

**Conclusion #25:** Even seniors who access Medicare information directly may eventually need more direct assistance with more detailed questions or appeals.

**Recommendation:** MRC should look into developing a system that would allow it to use all its functionality to train remote counselors through MI University and who would then be available to counsel by e-mail or phone those people who needed further assistance in using MI.

**Appendix A**  
**Client Feedback Forms**

*Please fill this out for each client that receives Medicare advice at your center.*

Medicare Interactive  
Client Feedback Form

**Counselor provides:**

1. Name of Center:
2. Date
3. Topic/Question
4. Client's Gender (circle one)      M      F
5. Was information available on MI?     Yes     No
6. Did you use another reference other than MI?     Yes     No  
Which ones?
7. Was the question/problem resolved?     Yes     No     Pending/additional follow up required
8. How long did the process take?

**Questions for Client**

“Would you be willing to answer a few questions about the information you received today? We are evaluating the effectiveness of the information system we use to answer your questions. It will only take a few minutes. Your feedback will be a great help.”

1. Are you satisfied with the answer(s) to your question(s)  Yes     No
2. Did you understand all the information given to you?     Yes     No
3. Was your question/problem resolved in a timely fashion  Yes     No
4. What did you think about the counselor using a computer to answer your question? Was it helpful?
5. Would you use the Internet to find answers to your Medicare questions?  
 Yes     No

Medicare Interactive  
Medicare Hotline  
Feedback Form

**Counselor provides:**

1. Date
  
2. Topic/Questions
  
3. Client's Gender (circle one)      **M**      **F**
  
4. Was information available on MI?     Yes     No
  
5. Did you use another reference other than MI?     Yes     No  
Which ones?
  
6. Was the question resolved?     Yes     No     Pending/additional follow up required
  
7. How long did the process take?

**Questions for Client**

“Would you be willing to answer a few questions about the information you received today? We are evaluating the effectiveness of the information system we use to answer your questions. It will only take a few minutes. Your feedback will be a great help.”

1. Was your question/problem resolved to your satisfaction?     Yes     No
  
2. Did you understand all the information given to you?       Yes     No
  
3. Was your question/problem resolved in a timely manner?     Yes     No
  
4. Would you use the Internet to find answers to your Medicare questions?     Yes     No

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**Appendix B**  
**Discussion Guides**

## General Discussion Guide Counselors

Good morning/afternoon. My name is Ruth. I am a communications consultant. I am conducting the evaluation of this project. How many of you have ever heard of or participated in a focus group? The whole purpose of this discussion will be to get your thoughts and opinions on the Medicare Interactive program. So today my role will be to ask you questions and to moderate the discussion.

There are just a few guidelines I would like you to follow

- This session will be tape recorded. The recordings and the notes that (name) is taking will only be used to write the final report.
- All discussions will be completely confidential. No one's name or affiliation will appear in the report.
- Please be open and completely honest. The results from these discussions will help to improve the Medicare Interactive program. So your opinions and experiences are very valuable.
- Please speak one at a time. This will ensure that we will hear everyone's comments.
- Please avoid any side conversations or comments. We all want to hear your thoughts.
- This session will last about 2 hours. Please feel free to help yourself to the refreshments.
- The restrooms are....

Introductions/Warm up

- Go around the room and give your name, affiliation, and primary focus of your program.
- What do you love most about your job?

Knowledge of Medicare

- What Medicare questions are you most frequently asked?
- What do you consider to be your strongest area of knowledge on Medicare?
- Your weakest?
- What was the last change in Medicare that you remember?
- How do you find out about the changes in Medicare?
- Where do you get your information about Medicare? (When other sources are mentioned, probe for what they like about those sources.)
- Where do you keep this information? (Binders, files?)

Intro to MI

- How did you first hear about MI?
- What was your initial reaction?
- What impressed you the most?
- What were your concerns?

### Training

- Did you receive training on MI?
- Describe the training session.
- When you left the training session, how well prepared to use MI did you feel?
- What do you think could be done to make the MI training more effective?

### Using MI

- How long after the training did you first use MI on your own?
- What motivated you to start using MI?
- How did it go? (PROBE: Comfort level)
- What was helpful?
- What was confusing?
- How often do you use MI? (If don't use MI infrequently, probe for what keeps them from using it.)
- What could be added to MI to encourage you to use the site more often? What could be changed?
- How did MI change your ability to serve your clients? In what way?
- What types of materials do you give your clients to take home?
- Have you ever given them anything printed from MI?
- What level of knowledge of Medicare is necessary to get counselors to use MI?
- What do you think a center needs in order to successfully implement MI?

### Technical Support

- Did you get any help or support in using MI?
- What kind of support did you get? (PROBE: Over the phone? Print? Onsite?)
- How helpful was it?
- Have any of you ever used the MI User Manual? (PROBE: topics consulted) Did you find it helpful?
- If you had a problem, whom did you contact?
- Is there anything else that would have made using MI easier?

MI Components (Throughout, probe for obstacles to using these components; what would make it possible to use MI.)

- Which of the MI components have you used? (hold up list of components)
- Which most frequently? Least?
- What did you like the most about MI Counselor? Why?
- What was the most valuable feature of MI Community? Why?
- What about MI Local Services?
- Have any of you used MI University? Which course did you take? Was it helpful? Did you take another?
- Have you ever used MI Help? What did you like most about it? Least?

### Technology (Tool vs Content)

- When you have to research a problem, what resources do you use?
- Do you use the Internet?
- How long have you used to Internet?

- How often?
- What do you like about having access to information online?
- What don't you like?
- If you could use only one source for information, what would you use? Why?
- What are the strengths about getting your information from the Internet?  
Weaknesses?
- What are the strengths about getting your information from hardcopy sources?  
Weaknesses?

#### Clients and Technology

- Have you or your agency trained your clients on using a computer? The Internet?
- What were some of their concerns?
- What do you think were some of the obstacles to their using the Internet?
- What were some of the strategies you used that helped seniors to use the Internet?
- Do any of your clients have access to MI?
- How important is it to provide your clients with direct access to MI?

#### Improving MI

- Given your experience with MI, how would you change it?
- How important is translating MI into other languages? Which languages do you think are most important?
- When translating, what should MRC take into consideration? (PROBE: important features and considerations)
- What cultural factors are particularly important when developing MI for other languages?

If there is extra time...

#### Information/Services Trends (not for Hotline) (MAYBE)

- In your experience, what are the current trends in information needs or services?
- How have the needs of your clients changed in the last year?
- What do you think is coming next?

## Supervisor Discussion Guide

Good morning/afternoon. My name is Ruth. I am a communications consultant. I am conducting the evaluation of this project. How many of you have ever heard of or participated in a focus group? The whole purpose of this discussion will be to get your thoughts and opinions on the Medicare Interactive program. So today my role will be to ask you questions and to moderate the discussion.

There are just a few guidelines I would like you to follow

- This session will be tape recorded. The recordings and the notes that Laura is taking will only be used to write the final report. No one else will have access to the tapes.
- All discussions will be completely confidential. No one's name or affiliation will appear in the report.
- Please be open and completely honest. The results from these discussions will help to improve the Medicare Interactive program. So your opinions and experiences are very valuable.
- Please speak one at a time. This will ensure that we will hear everyone's comments.
- Please avoid any side conversations or comments. We all want to hear your thoughts.
- This session will last about 2 hours. If I find that we are running behind schedule, I may ask that we move on.
- Please feel free to help yourself to the refreshments.
- The restrooms are....

Introductions/Warm up

- Go around the room and give your name, affiliation, and primary focus of your program.
- What do you love most about your job?

Existing agency activities

- Describe your clients.
- What services do you provide?
- How frequently do they ask about Medicare? (PROBE: health care access, denied payment, home care, prescription drugs)

Knowledge of Medicare

- What Medicare questions come up most frequently?
- What do you consider to be your staff's strongest area of knowledge on Medicare?
- Their weakest?
- What was the last change in Medicare that you remember?
- How do you and your staff find out about the changes in Medicare?

- Where do they get their information about Medicare? (When other sources are mentioned, probe for what they like about those sources.)

#### Keeping up with Medicare

- How is information on Medicare distributed to staff?
- What Medicare training is given to the staff?
- How do you manage turn over?

#### Access to the Internet

- How familiar is your staff with computers and the Internet?
- Does your staff currently have access to the Internet?
- What kind of access does the staff have to computers? The Internet?
- Does your organization offer any training on computers and the Internet to the staff?
- Do you have onsite technical support available to the staff?
- Does your organization have any policies concerning the Internet?

#### Intro to MI

- When MI was first introduced to you, what were you told?
- Did your initial perceptions match the actual system?

#### Implementing MI

- Describe briefly how MI was introduced to your staff.
- What was the initial reaction?
- What were their incentives for using MI? Obstacles?
- What about your existing work environment made implementing MI easier?
- Was there anything that made it harder?
- If you were to set up MI in another center, what do you think would be essential elements to ensure the programs success?
- What could be added to MI to encourage your staff to use the site more often? What could be changed?
- How did MI change your ability to serve your clients? In what way?
- What level of knowledge of Medicare is necessary to get counselors to use MI?
- What do you think a center needs in order to successfully implement MI?

#### Training

- Did your staff receive training on MI?
- How did the staff feel about these sessions?
- How did the training sessions prepare your staff to use MI?
- What do you think could be done to make the MI training more effective?  
(PROBE: scheduling, location)

#### Technical Support

- Did you get any help or support in using MI?
- What kind of support did you get? (PROBE: Over the phone? Print? Onsite?)
- How helpful was it?

- Have any of you ever used the MI User Manual? (PROBE: topics consulted) Did you find it helpful?
- If you had a problem, whom did you contact?
- Is there anything else that would have made using MI easier?

#### Clients and Technology

- Have you or your agency trained your clients on using a computer? The Internet?
- What were some of their concerns?
- What do you think were some of the obstacles to their using the Internet?
- What were some of the strategies you used that helped seniors to use the Internet?
- Do any of your clients have access to MI?
- How important is it to provide your clients with direct access to MI?

#### Improving MI

- Given your experience with MI, how would you change it?
- How important is translating MI into other languages? Which languages do you think are most important?
- When translating, what should MRC take into consideration? (PROBE: important features and considerations)
- What cultural factors are particularly important when developing MI for other languages?

#### Sustainability

- When you think of all the different programs you've worked with, which ones endured? Why?
- What does new staff need on MI?
- New Supervisors?
- Should additional training/demonstrations be made available? How often?
- What other strategies would help ensure the continuation of MI (i.e., support networks)?

If there is extra time...

#### Information/Services Trends

- In your experience, what are the current trends in information needs or services?
- How have the needs of your clients changed in the last year?
- What do you think is coming next?