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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; and 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 examined:

1. Analysts of the FORHP's pilot grant program to determine if and how grantees were leveraging existing events, conducting outreach, and building grantee capacity.

Methodology

The authors reviewed program evaluation documents and program activity 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 common among (a) those that focused on 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 care coverage and in facilitating access to care. To address client needs, grantees often worked with a range of traditional partners, including health departments, clinics, and non-profit and non-traditional 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 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 purposes, components, and strategies of the outreach, education, and support needs of the newly insured, and grantees’ own place in the local health care system.

1. Examines partnerships to outreach to uninsured individuals; assisted with navigation of the complex system of health care, and provided assistance to targeted populations, such as seniors, veterans, farmers, and minorities.

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

Case Examples

Plug-In Partnerships

- A grantee in Oregon partners with parole and probation departments to assist the incarcerated, seasonally released population with enrollment in health coverage.
- A grantee in Georgia’s “hard-to-reach” populations through their “hard-to-reach” expansion of the community to ensure continuity of coverage.

Wrap Around Partnerships

- A Federally Qualified Health Center in Maryland recognized that some newly insured struggled to integrate premium payments in their monthly budgets.
- A grantee in Arizona developed a joint educator training program with local social service agencies.

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.
- 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 on where they were.

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 individual clients to enroll in 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 and organizational, 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.