- recognize that significant social changes often relate to significant technological changes
- analyze the criteria used by individuals to make a value judgment
- recognize how financial plans change as values, goals, needs, resources, and stage of the life cycle change
- analyze the management of human and material resources.

### Completing the Learning Assessment Plan

After writing the learning objectives, the committee will complete the LAP by identifying how students' achievement of those objectives will be assessed and the local expectations for student achievement. A district may use commercial tests or locally developed tests to assess outcomes. If the district chooses to develop an assessment tool, it must meet certain criteria. The district must establish the instrument's validity and reliability, provide evidence that it is not discriminatory, and use the test throughout the district. Commercial tests selected must also be nondiscriminatory and have established validity and reliability. The district's expectations for student achievement will be written as the percent of students expected to achieve each objective by the end of the specified grade level.

Because the LAP specifies what the district expects its students to know and be able to do as a result of their education, the LAP process can be an educational experience. Each district will have the opportunity to review its entire curriculum and eliminate duplication. Once the LAP is completed, parents, teachers, and students will have a clear educational plan to follow.

### References

1. Illinois State Board of Education, *State Goals for Learning and Sample Learning Objectives,* Springfield: ISBE, December 1986.

### Editor's Note

This article was invited by the editor. Resources mentioned in this article, including copies of [1], lists of commercially available tests, and sample learning objectives, are available from the district superintendent or the Illinois State Board of Education.

## ELDERLY CONSUMERS' KNOWLEDGE OF HMOs

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As the health care marketplace becomes more diverse, consumers often face unfamiliar choices. Health maintenance organizations (HMOs) are one example of a relatively unfamiliar model of health care for many Americans. While HMOs are not new, their

number is growing significantly and they are receiving increased attention as a way to finance and deliver health care to those over 65 years of age [1,5,8].

Like most consumers, the elderly are more familiar with traditional fee-for-service health care options than with HMOs, which combine financing and delivery of health care through prepaid services to an enrolled population. Harris and Associates [4] found 41 percent of HMO nonmembers were very or somewhat unfamiliar with HMOs. In a study of older consumers in Minnesota, 52 percent knew nothing about HMOs and only 18 percent had a working knowledge of how HMOs compare to fee-for-service options [9]. Without additional information, consumers of all ages may find that misunderstandings and misinformation contribute to inappropriate decisions, unmet expectations, and dissatisfaction with care.

The focus of this study was health care consumers over age 65. The specific research question was whether elderly consumers understand how HMOs differ from fee-for-service options. The results can help to guide the development of educational programming designed to increase informed consumer decision making.

## Methodology

The sample was a group of elderly consumers who were enrolled in HMOs in selected counties in Wisconsin. In 1986, the Wisconsin HMO Elderly Subsidy Pilot Project was funded by the legislature to offer incentives to low-income elderly to enroll in HMOs. The incentives were a financial subsidy and increased education and awareness of HMOs.

The Coalition of Wisconsin Aging Groups provided consumer education to potential enrollees in three formats: group training sessions, a booklet *(A Senior Citizen's Guide to HMOs in Wisconsin)*, and personal contacts by phone. As a result of the enrollment incentives, 613 low-income elderly consumers enrolled in HMOs for up to 12 months.

Four months after enrolling, all 613 elderly who were HMO members were mailed a questionnaire designed to gather demographic information and assess levels of understanding about HMOs. Questionnaires were returned by 472 enrollees for a 77 percent response rate.

Among the responding HMO enrollees, the 65 to 74 and 75 to 84 age groups were equally represented (44 percent each). A smaller proportion (11.5 percent) were 85 years or older. Nearly all had incomes that met established eligibility requirements. Three-fourths



had incomes between the Federal poverty level and 140 percent of poverty while 20 percent had incomes below the poverty level. As might be expected of low-income older consumers, educational levels were relatively low. Slightly over one-third (40 percent) did not complete school beyond the eighth grade. Just under one-fifth had some high school, 26 percent completed high school, and 14 percent had further education.

To assess enrollees' levels of understanding about HMOs, a 13-item evaluation tool was developed. The 13 items were selected after a review of the literature discussing major differences in HMO enrollment compared to fee-for-service health care options [2,3,6,10,11,12]. The assessment tool was pilot tested with 40 elderly consumers who were considering HMOs as a health care option.

## Results

As Table 1 indicates, more than two-thirds of the respondents were familiar with the following HMO characteristics: restriction to HMO doctors and pharmacies (84.1 percent); cost the same for one visit or six (82.4 percent); elimination of need to file claims (80.3 percent); referral and emergency procedures (77.8 percent); and no deductibles or co-payments (73.7 percent).

Elderly enrollees knew less about other HMO characteristics. Almost one-half agreed they should (29.7 percent) or were not sure if they should (17.3 percent) have a Medicare supplemental policy in addition to HMO coverage. In most cases, having a supplemental policy with HMO coverage means duplication of benefits and unnecessary expense. HMO plans typically provide a wide range of benefits beyond Medicare-covered services but 54 percent disagreed or were not sure about this feature.

**Table 1. Elderly Consumers' Understanding of HMO Characteristics (N = 472)**

| | Responses | | | |
|---|---|---|---|---|
| Statements | Agree | Disagree | Not Sure | No Response |
| HMO members must use the HMOs' doctors & pharmacies | 84.1% | 3.4% | 6.6% | 5.9% |
| HMO costs are the same for one visit to the doctor or six | 82.4 | 1.1 | 9.3 | 7.2 |
| HMOs eliminate claims filing | 80.3 | 4.9 | 10.2 | 4.6 |

**Table 1. Elderly Consumers' Understanding of HMO Characteristics (continued)**

| Statements | Responses | | | |
|---|---|---|---|---|
| | Agree | Disagree | Not Sure | No Response |
| HMOs allow care by other providers with a referral or in an emergency | 77.8% | 1.5% | 17.4% | 3.3% |
| HMO members pay monthly premiums but not deductibles or co-payments | 73.7 | 3.0 | 13.0 | 10.3 |
| Choice of providers is limited | 55.9 | 15.7 | 21.2 | 7.2 |
| If I leave the HMO, I may not get the same insurance coverage and rates as before | 54.7 | 4.7 | 34.3 | 6.3 |
| HMOs allow for planned health costs due to fixed payments | 43.5 | 5.7 | 42.4 | 8.4 |
| Many HMOs provide benefits in addition to Medicare-covered services | 35.7 | 13.4 | 40.6 | 10.3 |
| I need a Medicare supplemental policy and my HMO coverage | 29.7 | 46.0 | 17.3 | 7.0 |
| HMO members submit Medicare claim forms for reimbursement | 16.9 | 58.9 | 12.5 | 11.7 |
| The more expensive the HMO, the better the benefits | 14.9 | 40.0 | 38.1 | 7.0 |
| An HMO is a good choice for those who winter in Florida | 8.7 | 25.2 | 53.8 | 12.3 |

Just over one-half (53.8 percent) were not sure about the limitation of coverage outside the geographic area for those who travel or spend winters elsewhere. While HMO policies differ on out-of-area coverage, routine care is often not covered for those planning lengthy stays. Less than one-half (40 percent) recognized that better HMO benefits are not always more expensive. Nonresponse rates in Table 1 should also be noted as they may indicate areas of confusion for consumers.



## Conclusions

The data suggest that education combined with experience with HMOs appears to have improved the surveyed consumers' knowledge about HMOs as a health care option. Although no data were collected prior to enrollment, experience with potential enrollees confirmed that a majority were not initially familiar with HMOs and were confused about Medicare coverage as well. Previous studies have not found elderly consumers to be familiar with HMOs, Medicare, or supplemental insurance options [7,9]. The elderly consumers in this study appeared to understand some of the major characteristics of HMOs after enrollment. The results suggest, however, that consumers are more likely to understand key economic and operational differences in HMOs in comparison to fee-for-service care rather than how HMOs relate to government and private health care protection options.

## Implications for Consumer Educators

Helping consumers of all ages make informed decisions about options in the ever-changing health care marketplace will be an ongoing challenge. The Wisconsin Elderly HMO Subsidy Pilot Project results provide encouragement that educational efforts can improve decision making.

Educators are challenged to develop resources to help consumers understand major economic, phiosophical, and structural differences in HMOs and fee-for-service health care options. The assessment tool developed in this study can provide the content basis for an activity in which consumers assess their own levels of knowledge about HMOs. Statements addressing HMO quality of care myths and facts could be added to address further issues. Handouts defining commonly used terminology and worksheets offering a system to compare features of HMOs versus fee-for-service options would also be valuable decision making resources for consumers.

In addition to educating consumers about HMOs as a health care option, educators can help consumers to understand how HMOs relate to the larger health care risk protection picture. Effective decision making in the health care marketplace involves understanding how private options (HMOs, fee-for-service insurance plans, supplemental insurance) can be combined with government options (Medicare, Medicaid) and personal resources (savings and investments) to best meet potential health care needs. For example, the results of this study and others suggest that elderly consumers need particular help to determine how HMOs relate to Medicare,

Medigap policies, and long-term care insurance. Personal contacts made by outreach workers in Wisconsin who could explain Medicare and analyze individual insurance policies proved to be very successful in assisting the elderly in such decisions. Outreach efforts also helped to identify consumers with multiple supplemental insurance policies as well as those eligible for other assistance programs. Perhaps cooperative education with agency personnel in the service sector as well as training volunteer educators would help in the delivery of more effective educational efforts.

Understanding the facts about HMOs and fee-for-service options as well as how HMOs relate to the larger health care system will help consumers to develop realistic expectations and to appropriately match health care needs and preferences to available options. Educators can play an important role in providing consumers with the information needed for more informed health care decisions.

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### Editor's Note

The Illinois Department of Insurance's Senior Health Insurance Program or SHIP helps Illinois senior citizens answer questions about health insurance. SHIP recruits and trains volunteers to serve as teachers, advocates, and resource persons for Illinois seniors. The volunteers are given an initial 25 hours of training in the basics of insurance and continue to receive training on a monthly basis. For more information about SHIP, contact the Illinois Department of Insurance, 320 W. Washington, Springfield, IL 62767 (217/782-0004).

### Changes in Illinois Auto Insurance Requirements

Beginning January 1, 1990, Illinois law requires motorists to have liability coverage on their automobiles or to face stiff penalties. Motorists will comply with the mandatory insurance law if they have liability coverage in the following amounts: $20,000 for injury or death of one person in an accident, $40,000 for injury or death of more than one person, and $15,000 for damage to another person's property. The new law requires motorists to carry in their vehicles an insurance card provided by their insurance company. Any motorist who is stopped for a traffic violation or involved in an accident will be expected to show the card as proof of insurance. Penalties for violating the law are stiff. Motorists convicted of driving an uninsured vehicle will be subject to a minimum $500 fine and a two-month license plate suspension. Two months after the registration has been suspended, the motorist can reinstate it by submitting proof of insurance and paying the reinstatement fee ($50 for first-time offenders, $100 for repeat offenders).

The Secretary of State's office will sample a randomly selected group of registered vehicle owners to verify insurance coverage. Selected vehicle owners will receive a form to complete. The form will ask if the vehicle was insured on a specific date. If it was, all the consumer will need to do will be to indicate the name of the insurance company, the policy number, and the effective dates of the policy and return the form.

For more information about the mandatory insurance law, call 800/252-8980.

*Brenda Cude, Editor*