What's Health Insurance Anyway?

Assessing Health Insurance Literacy in Adolescent Patients with Congenital Heart Disease During Transition to Adult Care

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Background

- 95% of children with congenital heart disease (CHD) live to adulthood.
- Lapses in accessing adult care occur in 30-60% of patients who are then twice as likely to present in need of emergency care.

Evidence for Problem

- A major barrier to successful transition to adult care is a lack of insurance coverage and health insurance literacy (HIL).
- Higher health insurance literacy is associated with increased utilization of primary care and preventative health services.
- Most cardiac transition programs have no insurance education.

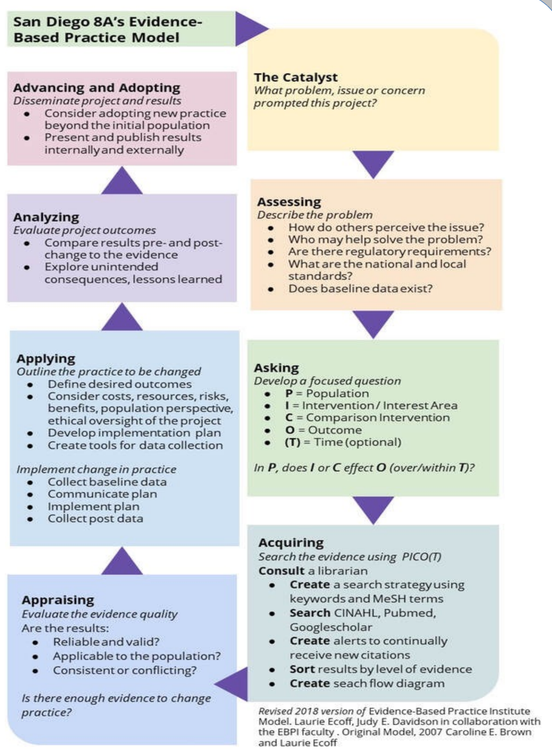
Purpose

- To identify knowledge gaps in health insurance and improve health insurance literacy in an adolescent population with congenital heart disease.

Evidence-Based Intervention/Benchmark

- Health Insurance Knowledge (HIK) Quiz: 10 question validated tool
- Health Insurance Literacy Measure (HILM): 21 question validated tool of self-evaluated ability and confidence levels
- Assigned to patients 16-21 years old in the electronic patient portal pre/post cardiac transition appointments

Framework/EBP Model



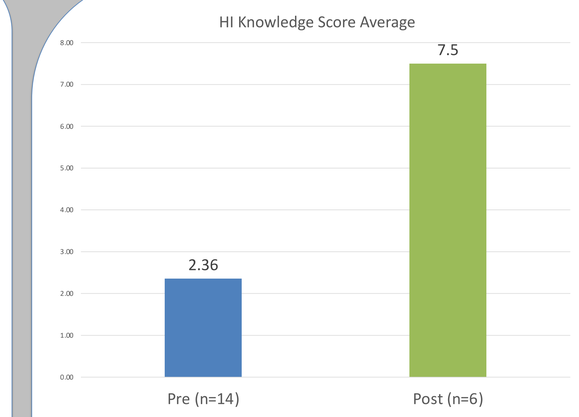
Project Plan Process

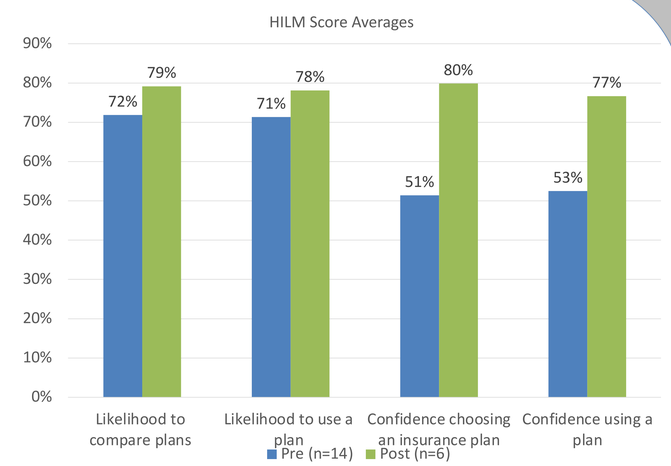
Identify
- Literature review
- Identify RCH's transition program barriers: SDOH, lack of insurance
- Identify evidence-based assessment tools: HIK & HILM

Intervene
- Identify patients (n = 25) with scheduled cardiac transition appointments
- Provide insurance education and resources and assign pre/post HIK and HILM
- Resources via achaheart.org

Analyze
- Evaluate pre- and post-intervention data
- Appraise results and apply findings to clinical practice as applicable

Results





14 patients completed pre-assessments, 10 patients received the intervention, 6 completed post data. After providing teaching and educational resources on health insurance, the patients' average HIK score increased by 5.1 points. Patient's self-reported ability to use HI increased 7% and confidence in choosing and using HI increased 29% and 24%.

Demographics & Secondary Outcomes

- Sex: Male (6), Female (8)
- Age: 16-17 y/o (5), 18-20 y/o (9)
- 16 patients had public insurance [California Children's Services or Medi-Cal (Medicaid)]. Their insurance as an adult is unknown.
- 9 patients had private insurance and would possibly be able to stay on parental insurance up to age 26.
- 60% of patients (n =15) did not show up for their scheduled transition telehealth appointments.

Implications for Clinical Practice

- Health insurance literacy education and teaching about continued health insurance coverage into adulthood are important to include in adolescent cardiac transition programs.
- With a high no-show rate, even with telehealth visits, providers need to explore alternate methods to increase patient attendance at visits.

Conclusions and Next Steps

- CHD patients' health insurance knowledge and literacy and patients' self reported confidence in choosing and using HI improved with educational intervention.
- Future efforts to determine if patients attend their 1st adult cardiology appointment is needed.

References