

North Dakota CHAT executive summary

Choosing Healthplans All Together

About CHAT

Choosing Healthplans All Together, or CHAT, is a computerized exercise developed by the National Institutes of Health and the University of Michigan. CHAT asks players to design a basic health insurance plan—in this case, for everyone in North Dakota. There's a catch, though: there are more choices than resources. Players must pick and choose between the available options and come up with the most basic health plan they can afford.

North Dakota was the fifth state in the nation to conduct a CHAT study, and the first organization to incorporate webCHAT, an internet version of the exercise.

Two hundred and twenty-two North Dakotans participated in CHAT: 79 via webCHAT and 143 in facilitated sessions.

Participating in CHAT

Seventeen CHAT sessions were held July through October 2009 in Bismarck, Bottineau, Devils Lake, Dickinson, Fargo, Grand Forks, Harvey, Jamestown, Minot and Wahpeton.

Each facilitated session lasted about two and a half hours, with up to 15 attendees participating. Participants were charged with being policymakers for the state of North Dakota. They were asked to consider that the plans they created would be a basic coverage plan for everyone in the state. They were asked to ignore federal and state mandates, along with any community programs that offer health care services or equipment for free.

A facilitated CHAT session consists of four rounds:

- Round 1: Create a basic health insurance plan individually
- Round 2: Create a plan in small groups
- Round 3: Create a plan with all participants as a group
- Round 4: Create a basic health insurance plan individually again, providing the opportunity to make adjustments after group collaboration in round 3

After rounds 1 and 2, hypothetical health events were generated by the CHAT software, allowing participants to test the plan that they just built. After sharing

these health events as a group, participants discussed whether or not the coverage was adequate and fair for a basic plan.

WebCHAT was used as a supplemental activity to the traditional facilitated CHAT sessions. WebCHAT participants completed round 1, in which they were asked to create a basic health insurance plan. Then, CHAT generated hypothetical health events for participants to review. Next, participants moved on to round 4, where they again created a basic health insurance plan. Round 4 gave them a chance to make adjustments to their original plan after reading the hypothetical medical situations. Rounds 2 and 3 were not used in webCHAT because those rounds required group interaction.

Participant demographics

Of the total 222 participants, 70 percent were female.

The ages of participants was varied.

18-29	8%
30-39	13%
40-49	24%
50-59	29%
60+	26%

Twelve percent of participants had no health insurance at the time of participation. The remaining participants had coverage varying from employer group plans to Medicaid.

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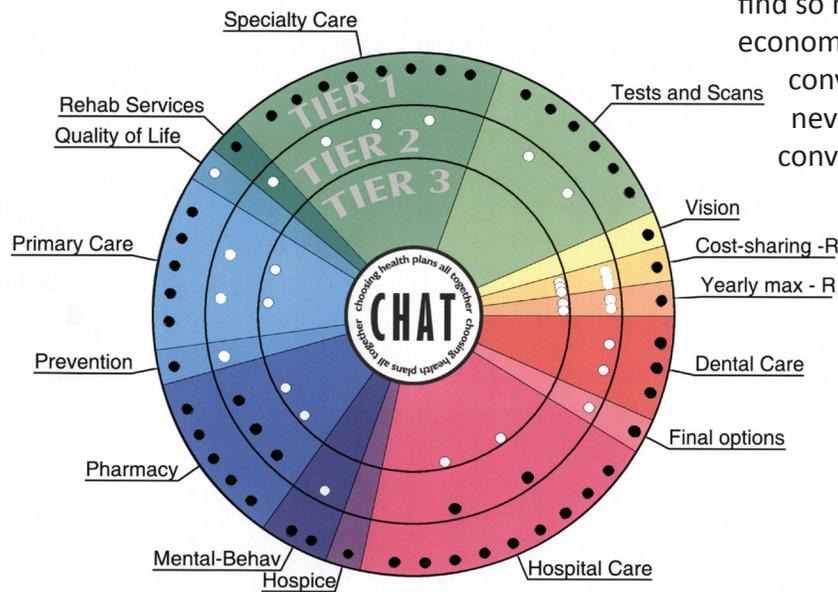
Sixty-six percent were employed full-time; 18 percent were unemployed.

Participant income was varied.

\$0-\$10k	12%
\$10k-\$21k	6%
\$21k-\$45k	18%
\$45k-\$60k	16%
\$60k-\$90k	26%
\$90k+	22%

Most common health plan

The chart below depicts the most commonly-chosen health insurance plan among all CHAT groups in round 3 when making a group decision.



In general, participants chose to cover 14 of the 15 categories. All 17 facilitated groups excluded Quality of Life coverage, which provides coverage for problems in function, appearance or comfort that are not seriously disabling but may impact quality of life (i.e. treatment for infertility, impotence and hair loss).

For detailed category and tier descriptions, see Appendix D of the CHAT report.

What's next?

The information gathered from the CHAT sessions is valuable in several ways.

Because it is the first time that North Dakotans were asked directly what is important in health insurance coverage, CHAT represents the start of a conversation, but not a final solution, to the cost, quality or need for insurance in our population.

The data shows that citizens want broader coverage rather than richer coverage if their ability to pay is limited. The study revealed that no matter the occupation or income level of the participant, it was personal health situations that guided their choices.

Most importantly, the Department was pleased to find so many North Dakotans of different socio-economic status willing to have intelligent, productive conversations about health insurance. There has never been a more important time to have this conversation.

Thank you to our partners

Dakota Medical Foundation

North Dakota Department of Human Services

NDSU Extension Services