Educating Healthcare Providers about ACA: A Study of Simple Interventions

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Introduction

The Affordable Care Act (ACA) will play a large role in the careers of physicians in the coming years, yet it is unclear how much medical students, resident physicians, and attending physicians currently understand about the law (1,2). A recent survey among physicians showed that only 25% of respondents reported that they understood the ACA “very well” and 23% reported “not too well” or “not at all well.” It is also evident that ACA knowledge may impact physicians’ outlook on the future of their practice (3).

Another recent cross-sectional survey demonstrated similar results among nearly 3000 medical students (4). A second study of medical students assessed their knowledge of the ACA and called for further health reform education within medical schools. However, it is not clear how many medical schools and Graduate Medical Education programs currently engage residents in such education. This may be due to a lack of resources and time. Therefore, it is our purpose to investigate the efficacy of a short lecture and small pocket card in educating incoming first-year residents about the basic tenants of the Affordable Care Act.

Objectives

1. To determine whether understanding of the ACA improves following the completion of a short PowerPoint lecture and use of an informational pocket card.
2. To determine whether initial and final knowledge about the ACA varies by planned specialty or opinion of the law.
3. To provide basic education about the Affordable Care Act.

Methods

An initial Survey Monkey™ quiz was designed using sample questions from the Kaiser Family Foundation and emailed to all first-year incoming residents at Loyola University Medical Center to assess knowledge of basic elements of the Affordable Care Act. The quiz consisted of 9 knowledge questions, 5 demographic questions, and one 5-10 digit passcode which was an arbitrary identifier for tracking progress of quiz scores. At the GMF Residency Orientation, we provided a pocket card (pictured above) and presented a short PowerPoint with the same figures and text. Two months later, a questionnaire with the same quiz was emailed to the residents and also included opportunities for feedback about the educational interventions provided. See “Affordable Care Act Questionnaire” for the quiz questions.

Survey results were first examined at baseline, and then compared to the follow-up survey results to assess the effectiveness of the educational interventions provided to the incoming resident class.

Regarding baseline knowledge:

- 57 of 89 incoming residents completed the initial baseline survey (64% response rate)
- The average score of these residents was 6.2 out of 9
- Residents displayed the least knowledge about the following topics:
  - Whether the ACA created a government-run health insurance plan (27% correct)
  - Whether the ACA provided insurance for undocumented immigrants (52% correct)
  - How much income a person could earn and still receive financial assistance for healthcare (64% correct)
  - Whether or not some patients are required to seek a new provider as a result of the ACA (64% correct)
  - Whether the ACA provided insurance for undocumented immigrants (52% correct)

Regarding educational interventions:

- 27 out of 89 new residents responded to the follow-up survey (30% response rate)
- The educational interventions of giving residents the pocket card and presenting a short PowerPoint during orientation averaged 6.4, and those with a neutral or negative opinion averaged 5.9
- Intending to enter Primary Care versus a subspecialty did not impact baseline knowledge—Primary Care scored 6.2 on average, while Subspecialties scored 6.1 (p<0.08)
- Whether or not the resident had a positive opinion about the ACA did not impact their score—Those with a positive opinion averaged 6.4, and those with a neutral or negative opinion averaged 5.9 (p>0.17)

Results

Survey results were first examined at baseline, and then compared to the follow-up survey results to assess the effectiveness of the educational interventions provided to the incoming resident class.

Discussion

There was no significant difference in the baseline and follow-up questionnaire in any major groups, nor was there improvement on an individual basis. We intentionally started our educational intervention with the least expensive and time intensive method. It is clear that such a method is ineffective in teaching about the Affordable Care Act in an impactful way. Nevertheless, residents expressed that they did not feel prepared to discuss the ACA with patients. Our data suggests that engagement of residents is required in a more robust manner.

Our suggestions for continuing health reform education are as follows:

1. Integrate education and discussion of ACA more frequently throughout medical school curriculum and physician training, as one-time interventions are shown to be ineffective in this study.
2. Tangible tools such as the pocket cards may be more useful when used in conjunction with additional educational interventions such as a required online module utilizing the same format and information.
3. Given the lack of knowledge of ACA among trainees, it is important to advocate team-based patient care involving other medical professionals who can supplement the education surrounding these issues for the patients.

References