

# Automatic Enrollment

## Purpose of the Study

The purpose of this three-month pilot study is to assess whether automatic enrollment (“opt-out”) as a recruitment strategy improves *Healthy Solutions for Life* pediatric asthma program participation.

## Significance and Preliminary Studies

The *Healthy Solutions for Life* pediatric asthma program provides families with access to a telephone-delivered self-management program at no cost. Preliminary enrollment and utilization metrics for similar programs reveal that just over 20 percent of all eligible families take up such health and wellness benefits.

Behavioral scientists and economists recognize that take-up behaviors such as these are a function of routine-cognitive and psychological biases (Becker, 1962; Bondt & Thaler, 1994; Jolls, Sunstein, & Thaler, 1998; Sunstein, 2003; Ariely, 2009). Biases like procrastination, inertia and maintaining the status quo oftentimes pose as barriers to participating in programs and acting on one’s preferences. (Johnson, Steffel, & Goldstein, 2005; Lee, Amir, & Ariely, 2009).

Growing evidence from behavioral and decision science research indicates that opt-out default options can offset these barriers (Sunstein, 2013). In this scenario, an individual is enrolled in a program by default, requiring that they opt out of the program and choose an alternative (Choi et al., 2004). Research demonstrates that individuals tend to not choose these default options more often, but choose to stay with the default option rather than specifying alternatives or opting out. (Choi et al., 2005).

The use of automatic enrollment and opt-out defaults in public health or applied clinical sciences have only recently taken shape. Opt-out defaults have been effective in boosting participating in self-management programs for patients with angina (Junghans, Feder, Hemingway, Timmis, & Jones, 2005) and childhood obesity (Lacy et al., 2012). Importantly, health interventions designed with these default options have been well received by participants and health consumers (Vellinga et al., 2011; White, Scribner, Martin, & Tsai, 2012; Hunt, Schlomo, & Addington Hall, 2013).

Health policymakers have taken notice of this evidence. In 2010, Louisiana automatically enrolled over 11,000 eligible children into Medicaid coverage, generating as much as \$1.1 million in enrollment costs, and filled a significant coverage gap for thousands of uninsured children (Dorn, Hill, & Adams, 2012).

To date, the bulk of this evidence suggests that automatic enrollment methods are promising, especially for those most likely to face barriers to important health-related resources and services. Although the evidence suggests that these methods can be effective in the health domain more generally, there is limited evidence on the implementation in low-touch, scalable wellness programming for at-risk children and their families. Further, there is scant research to evaluate the implementation of these methods in applied health settings. This study corrects these gaps by implementing and evaluating automatic enrollment in a pediatric asthma self-management program for at-risk children in the Medicaid population.



## Study Description

Envolv will test if automatically enrolling members in the pediatric asthma *Healthy Solutions for Life* program over a three-month period will increase program participation rates. Member communications (welcome letter and welcome script) will include language that assumes member inclusion in the program and include opt-out information. Members will be contacted telephonically, and utilizing a new script will be welcomed to the program and scheduled for a follow-up call with a health coach. Members will then participate in the coaching program as usual with no curriculum or other changes.

Washington University will receive de-identified data from Envolv to compare automatically enrolled members to a group of members who previously joined the program under the conventional “opt-in” method.

## Principal Investigator and Support Staff

The study team responsible for the design and implementation of the study includes Michal Grinstein-Weiss, Rachel Tabak and Samuel Taylor from Washington University in St. Louis; and Karyn Quinn, Pat Kristen, Angie Simmons, Blair Spector and Montserrat Urnek from Envolv.

## Study Metrics and Expected Outcomes

Automatically enrolling members removes barriers to enrollment. As a result, we expect that more members will participate in and benefit from the program. We will use participation, outcomes metrics and member satisfaction information to evaluate the study. This information will be used to inform the design of other programs. A summary of the study results will be shared with the participating health plan and other stakeholders at the conclusion of the study.

Data collected at baseline will be used in analysis for descriptive purposes only. This includes using baseline data to analyze (1) enrollment rates, (2) sample balance, (3) attrition from the program, (4) characteristics of the sample, and (5) characteristics of the sample compared to the study population.

Following the intervention period (six months), appropriate methods will be used to perform intent to treat (ITT) analyses of the effect of automatic enrollment on:

1. Enrollment from baseline to follow-up
2. Attrition from program between baseline and follow-up
3. Number of calls completed between baseline and follow-up
4. Completion of six or more coaching calls between baseline and follow-up
5. Duration (minutes) of coaching calls
6. Missed coaching call sessions
7. Completion of full program from baseline to follow-up

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