



Getting Health Care
When You Are
Uninsured:
*A Survey of Uninsured Patients
at Four Facilities in
Southwest Georgia*

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The Access Project is a national initiative supported by the Robert Wood Johnson Foundation and the Annie E. Casey Foundation. It works in partnership with the Heller Graduate School for Advanced Studies in Social Welfare at Brandeis University and the Collaborative for Community Health Development. It began its efforts in early 1998. The mission of The Access Project is to improve the health of our nation by assisting local communities in developing and sustaining efforts that improve healthcare access and promote universal coverage, with a focus on people who are without health insurance.

If you have any additional questions, or would like to learn more about our work, please contact us.

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The **Southwest Georgia Community Health Institute (CHI)** is a private, not-for-profit corporation founded in 1993. The mission of the organization is to encourage the provision of adequate, affordable health care for all citizens of Southwest Georgia. One of its main purposes is to facilitate coordinated and collaborative health planning and service delivery through an integrated process involving community stakeholders. Since 1993, CHI has worked to create partnerships for health, develop innovative models to reduce healthcare costs while maintaining high quality, provide technical support for program evaluation and community benefit programs, design and conduct health planning research, and initiate discussions about healthcare in Southwest Georgia.

In February 1998, CHI became affiliated with the Phoebe Putney Health System (PPHS), while retaining its separate corporate status. CHI began providing staff to the PPHS planning department. Since this union, CHI and the PPHS Planning Department have undertaken a variety of projects, including assisting the Southwest Georgia Regional Medical Center in completing its Critical Access Hospital application, developing a handicap ramp program in conjunction with the Office on Aging, and conducting customer satisfaction and primary care access surveys.

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EXECUTIVE SUMMARY

The number of uninsured Americans rose significantly over the last decade—according to current estimates, 43 million people are now without health insurance. While it is often assumed that the uninsured can easily obtain health care, much research demonstrates that lack of insurance leads to reduced access to health care and poorer health outcomes. Moreover, recent changes in the healthcare market have exposed healthcare providers to financial pressures that may be limiting their ability to provide care for the uninsured. However, access to care for the uninsured varies greatly across regions and communities.

The Community Access Monitoring Survey (CAMS) project, an initiative of The Access Project, provided support to organizations in 24 communities to survey uninsured patients receiving care at local facilities. The goals of the project were to investigate the effectiveness of local facilities in responding to the needs of the uninsured and to document barriers the uninsured face when seeking care.

This report summarizes national data on the impact of health insurance on access to care and health outcomes, and presents the results of the survey in Albany and Cuthbert, Georgia. The survey was conducted in the summer of 2000 and gathered information from 843 uninsured patients who obtained health care at Phoebe Putney Memorial Hospital, Palmyra Medical Center, Southwest Georgia Regional Medical Center, and Albany Area Primary Health Care in the previous year. The report also compares their experiences with those of uninsured patients surveyed at other CAMS sites across the country who received care at similar facilities.

KEY FINDINGS

PHOEBE PUTNEY MEMORIAL HOSPITAL AND PALMYRA MEDICAL CENTER

- ◆ Phoebe Putney respondents were more likely to have used an outpatient clinic than respondents for Palmyra or for all urban and suburban hospitals included in the CAMS project nationally, while Palmyra respondents were more likely to have used the emergency room than Phoebe Putney respondents. The respondents for both hospitals reported using the facilities to treat a chronic problem more frequently than the CAMS average for all urban and suburban hospitals.
- ◆ Both hospitals have a very good reputation generally for serving the uninsured. A greater percentage of respondents reported positively about their hospital's openness to and respect for uninsured patients, and of the quality of its

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services, than CAMS urban and suburban hospital respondents nationally.

- ◆ Respondents also generally reported positively about the accessibility of the facilities with respect to hours and location. Though waiting times both to get an appointment and on the day of the appointment compared favorably with national CAMS results, a significant percentage of respondents said that these waiting times were a problem at least “sometimes.”
- ◆ Most respondents who received prescriptions paid for the medications out-of-pocket. A majority found it very difficult to pay for medications, and a significant minority either did not fill any of the prescriptions or only filled some of them because of the cost. Two-thirds of the respondents for both hospitals reported needing help paying for prescriptions, but most of them said they were never offered any form of assistance.
- ◆ Similarly, three-quarters of respondents said they needed help paying their medical bills, but most said they were never offered assistance. When help was offered, it was most often an arrangement to pay the bill in monthly installments. Bill reduction, bill waivers, and assistance finding a charitable organization to help pay the bill were more common at Phoebe Putney than at Palmyra.
- ◆ Many respondents said they have unpaid bills at the hospital, and some reported that the debt would deter them from seeking care there in the future. However, a large majority at both hospitals said they would use their facility in the future if they had health insurance.

SOUTHWEST GEORGIA REGIONAL MEDICAL CENTER

- ◆ Southwest Georgia Regional Medical Center (Southwest) respondents were more likely than the average for all rural hospitals included in CAMS nationally to have used the facility multiple times over the past year; many used the emergency room and the outpatient clinic. Southwest respondents were twice as likely as respondents for rural hospitals included in CAMS nationally to have used the facility to treat a chronic problem.
- ◆ Most Southwest respondents thought the hospital had a good reputation for serving people without health insurance, though one-third reported that they were accepted only “reluctantly.” Most respondents rated their interactions with staff favorably. Notably, however, one-quarter of respondents said they were dissatisfied with the service they received from billing clerks.



- ◆ Respondents did not see the hospital's location or hours as a problem, but a fifth or more said the waiting times both to get an appointment and on the day of an appointment were a problem at least sometimes.
- ◆ One-quarter of the respondents who received prescriptions said they got the medications free, but more than two-thirds were not able to get all of their medications because of cost. Almost all respondents said that paying for medications was very difficult and that they needed financial help, but a majority said they were never asked whether they needed assistance.
- ◆ Nearly all respondents also reported that paying their medical bills was very difficult. Fewer than half said they were offered help. Of those who received help, the most likely form was a monthly billing plan or help in finding a charitable organization.
- ◆ Most Southwest respondents said they had unpaid bills at the hospital, and nearly a third said that debt would deter them from seeking care in the future. Nine out of ten, however, said they would use the facility in the future if they had health insurance.

ALBANY AREA PRIMARY HEALTH CARE

- ◆ Most Albany Area Primary Health Care respondents said they visited the clinic more than once over the past year, and they were twice as likely as respondents for all rural clinics included in CAMS nationally to have visited the facility more than 10 times. They were also twice as likely as the national average to have visited the clinic to treat a chronic problem.
- ◆ Most respondents reported that the clinic had been open and accepting of them even though they had no health insurance. Respondents reported generally positive interactions with physicians and clinic staff, and most said they were always treated with respect.
- ◆ Although the average reported waiting times both to get an appointment and on the day of an appointment were at or below the national CAMS average for rural clinics, a significant minority of respondents said they found the waiting times a problem at least sometimes.
- ◆ Many respondents who received prescriptions said they got their medications free of charge, although over half said they paid for some medications out-of-pocket. However, about one in six said they were not able to fill at least some of their

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prescriptions because of the cost. Most respondents who said they needed help paying for prescriptions said they were offered assistance at least sometimes, but three in ten reported never being asked if they needed help.

- ◆ Most respondents said they needed help paying their medical bills. Three-quarters said they were sometimes offered assistance, but a quarter said staff never offered help. The most common types of assistance offered were monthly billing arrangements or reductions in the bill. Two percent said their bills were waived.
- ◆ Four out of five respondents had unpaid bills at the clinic, but fewer than one in ten said this would deter them from seeking care there in the future. The vast majority said they would use the clinic if they had health insurance.



INTRODUCTION

In 1998, 44 million people in the United States were uninsured, representing a 38% increase in the number of uninsured since 1987.¹ While this number fell slightly between 1998 and 1999, according to current estimates 43 million people are still without health insurance.² The ability of the uninsured to gain access to health care is thus a major national issue, but it is at the community level that the consequences are most apparent.

Many assume that even when people are uninsured, they are readily able to obtain health care. A 1999 survey of college-educated people in the United States found that 57 percent believed that uninsured people are able to get the care they need from doctors and hospitals, up from 43 percent in 1993.³ However, research has consistently demonstrated that individuals without insurance see health providers less frequently, receive fewer preventive health services, and delay care. As a result, when the uninsured do get care, they often require more expensive care. For example, the uninsured tend to come into the hospital more severely ill, and are hospitalized more frequently for conditions that could have been treated on an ambulatory, and less costly, basis.

Structural changes in the health care environment over the last decade have only increased the barriers to care facing the uninsured. Managed care companies have negotiated aggressively with health care providers to reduce their fees; as a result, providers have fewer financial resources available to subsidize care for the uninsured. At the same time, the number of uninsured has risen, increasing the demand for services, while various direct and indirect public subsidies that in the past helped support care for the uninsured have been eroding. All types of health care providers are affected by these changes, but perhaps the hardest hit are the "safety net" providers—those that, either by legal mandate or explicitly adopted mission, are dedicated to providing health care regardless of patients' ability to pay—as they generally treat the largest number of uninsured patients.

The situation, however, is not uniform across communities. Comparing the provision of care in different metropolitan statistical areas (MSAs), the author of a recent study said, "One of the most striking findings from our analysis...is the tremendous variation in the provision of uncompensated care by MSAs across the country. Our MSA-level analysis indicates that there are pockets in the country where the uninsured have very limited access to hospital care."⁴

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COMMUNITY ACCESS MONITORING SURVEY PROJECT

To gather information about the barriers to care facing the uninsured in particular communities and at particular facilities, The Access Project initiated the Community Access Monitoring Survey (CAMS) project. The CAMS project funded 24 organizations across the country to survey uninsured individuals who received care at key facilities in their communities.

PROJECT GOALS

The goals of the project were to

- ◆ Learn directly from those without health insurance about their experiences and perceptions when obtaining health care
- ◆ Investigate the effectiveness of local facilities in responding to the needs of the uninsured
- ◆ Document barriers to care for the uninsured
- ◆ Use survey data to stimulate dialogue and promote change
- ◆ Put a local face on the problem of the uninsured

THE SURVEY DESIGN

The survey instrument was developed by Dennis Andrulis, Ph.D., Research Professor at SUNY Health Science Center in Brooklyn, NY. It was used to gather information about the experiences of over 10,000 uninsured patients at 58 facilities nationwide, and results were reported for each of the participating communities. The survey asked respondents a range of questions about their experiences when they received care at a particular facility while they were uninsured, such as their perceptions of the facility's willingness to provide care, satisfaction with interactions with staff, waiting times for appointments, ability to obtain needed medications, and difficulties paying for care.

Survey Limitations

The survey was designed to gather data about key providers that care for the uninsured in various communities. It was not intended to provide definitive conclusions, and readers should be aware of the limitations of the methodology.

The survey was based on a convenience rather than a random sample. Respondents were recruited at a variety of local sites, such as homeless shelters, employment offices, and housing projects, sometimes with the intent of collecting information from a particular group or groups, and the number of people who were eligible but refused to participate was not recorded. For these reasons, survey



responses cannot be generalized either to all uninsured people or to all uninsured patients who used a given facility--rather, they reflect the experiences only of those surveyed.

In addition, while all surveyors received uniform training in administration of the survey, it was not possible to evaluate actual implementation at each site. The authors also did not have access to other sources of data, such as medical records, that might have added to or verified individuals' reports, and they were not able to assess environmental factors, such as the volume of uninsured patients treated, operating budget, and staff size, which might have affected a facility's provision of care. Finally, the surveys gathered information only from uninsured individuals who were able to access care at particular facilities; they did not capture either the numbers or the experiences of those who were unable or never tried to access care.

Intended Uses of the Survey

The survey was intended to provide information on a frequently overlooked topic, the actual experiences of the uninsured when they obtain care. Notwithstanding its limitations, the authors expect that the results will be useful to providers, local officials, community representatives, and others in suggesting issues related to the provision of care for the uninsured in their communities that may benefit from further discussion or more rigorous and comprehensive study. It is hoped that this information will assist communities in improving access to care for their uninsured residents.

ABOUT THIS REPORT

This report, along with reviewing some of the general research documenting the impact of lack of insurance on healthcare access and on health outcomes, describes the survey results at one CAMS site, Southwest Georgia. The survey was conducted by the Southwest Georgia Community Health Institute (CHI) in the summer of 2000, and gathered information from uninsured individuals who received care at Phoebe Putney Memorial Hospital, Palmyra Medical Center, Southwest Georgia Regional Medical Center, or the Albany Area Primary Health Care clinic in the previous year. Along with providing the results of the survey for these facilities, the report compares the results with aggregate responses for all similar facilities surveyed as part of the CAMS project nationwide. A report presenting the overall findings for all surveyed sites will be released in Summer 2001.



LACK OF INSURANCE IS DANGEROUS TO YOUR HEALTH

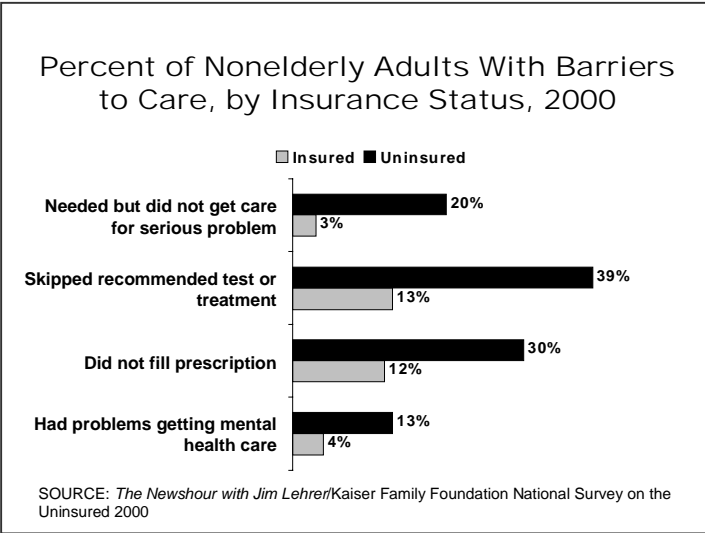
With great consistency, national research has demonstrated that insurance status affects the amount and type of care individuals receive. Lack of health insurance is related to both reduced access to care and to poorer health outcomes. In addition, many of the changes in the health care market over the last decade have increased the difficulties the uninsured face in obtaining care.

LACK OF INSURANCE AND ACCESS TO CARE

Research has shown that lack of insurance is associated with reduced utilization of health services. Some studies have found that:

- ◆ One third of uninsured U.S. residents reported problems of access to care, and about two-thirds had delayed care, because of problems in paying for health services;⁵
- ◆ The uninsured were almost six times more likely than the insured to have postponed health care for a serious condition because they couldn't afford it;⁶
- ◆ Uninsured pregnant women were at greatest risk for starting prenatal visits late and having an inadequate number of visits compared to both privately insured women and those with Medicaid;⁷
- ◆ Among persons with severe mental illnesses, the uninsured were less likely to access needed health care than those covered by insurance;⁸
- ◆ Uninsured adolescents were twice as likely as insured adolescents not to have had a doctor's visit in the past year;⁹
- ◆ Lack of insurance was related to substandard care, such as using fewer procedures and having shorter inpatient stays.^{10,11}

A recent national survey by the Kaiser Family Foundation, for example, found that the uninsured were much more likely than the insured to not have gotten care for a serious problem, skipped a recommended test or treatment, not filled prescriptions, and had problems getting mental health care.¹²



LACK OF INSURANCE AND HEALTH OUTCOMES

Research has also found that lack of health insurance correlates with poorer health outcomes. Some studies have shown, for example, that

- ◆ Children living in poverty were more likely to receive lower quality care and to die in infancy;¹³
- ◆ Uninsured children were much more likely not to have received medical care for common conditions like ear infections—illnesses that if left untreated could lead to more serious health problems;¹⁴
- ◆ The uninsured were more likely to be hospitalized for conditions that could have been avoided, such as pneumonia and uncontrolled diabetes.¹⁵
- ◆ Patients without insurance were more likely to die in the hospital,¹⁶ suggesting that they had postponed care until it was too late;
- ◆ Uninsured women were at significantly greater odds of late stage diagnosis of cervical cancer;¹⁷ while those with breast cancer had lower survival rates;¹⁸
- ◆ Young adults without insurance had higher mortality rates because they were unable to obtain needed care.¹⁹

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BENEFITS OF IMPROVED ACCESS TO HEALTH CARE

While lack of insurance is a serious barrier to receiving care, making health services available to the uninsured has been shown to lead to significant improvement in the use of critical services and in health status. One recent study found, for example, that uninsured individuals who obtained insurance coverage had better access to care based on indicators such as having a usual source of care, higher satisfaction with providers, and a greater number of physician visits in the previous year.²⁰ Another study in the Seattle area found that having insurance was strongly related to ease of access to care, and was the strongest predictor for having a regular source of care.²¹ When previously uninsured individuals were enrolled in a managed care program, investigators found their use of health care services similar to that of a commercially enrolled group.²²

Increased access to care for individuals infected with HIV represents one of the most recent dramatic instances of improvements in both mortality and morbidity. According to the Centers for Disease Control and Prevention, the first decrease in AIDS-related opportunistic infections occurred in 1997.²³ One of the major reasons cited was increased availability of new anti-retroviral therapies. The proportion of patients using this treatment regimen—for which many rely on public sector support through Medicaid and other programs—increased from 24% to 60% in just one year (1995 to 1996). This dramatic change is one demonstration of how access to critical treatments can make the difference between life and death.

Making health related services available to the uninsured at little or no cost has also led to improved outcomes. For example, the Women, Infants, and Children program, which provides food assistance to low-income children starting with the prenatal period, has helped reduce the prevalence of iron-deficiency anemia in infants and children.²⁴ Similarly, a study in Wisconsin showed that children at an initial preventive health visit who did not have access to the free Early and Periodic Screening, Diagnosis, and Treatment program had a greater number of medical and dental health problems and fewer preventive dental care visits than their contemporaries who had had continual access to the program.²⁵

THE HEALTH CARE MARKET AND CARE FOR THE UNINSURED

Over the last decade, changes in the health care market have significantly affected the provision of care to the uninsured.²⁶ Rising premiums and eroding employer-offered coverage have left increasing numbers of workers, especially low-income workers in small firms, without access to affordable health insurance. The rising numbers of uninsured increase the demand for uncompensated care on "safety net" providers—those that are charged by legal mandate or by mission with providing care to all regardless of ability to pay—as well as on other charity providers.

This increased demand is occurring simultaneously with other market changes that make it more difficult for providers to respond. An increasingly competitive health care environment, increased efforts to contain costs, and the growth of managed care have reduced the financial resources available to providers to subsidize care for the uninsured.

For example, many states have enrolled Medicaid recipients in managed care plans in an effort to reduce costs. These plans generally negotiate with providers for lower fees and also contract with multiple providers to provide services to Medicaid clients in order to obtain the best rates. However, while these changes may help reduce the overall costs of the program, they can have indirect effects on the ability of charity providers to care for the uninsured. Because major charity providers usually treat large numbers of both Medicaid and uninsured patients, they have traditionally depended on Medicaid revenues to help subsidize care for those who are unable to pay. If their Medicaid revenues decline, both because they see fewer Medicaid patients and because they receive lower fees for those they do treat, less money is available to cross-subsidize uncompensated care for the uninsured.

Research studies have in fact found that the penetration of managed care plans in a market and pressure on reimbursements are associated with reduced access to care for the uninsured. They have shown that

- ◆ In general, access to health care for low-income uninsured people is lower in states with high Medicaid managed care penetration, compared to uninsured persons in states with low Medicaid managed care penetration; access to care for low-income uninsured persons is also lower in areas with high uninsurance rates.²⁷

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- ◆ Physicians involved with managed care plans and those who practice in areas with high managed care penetration tend to provide less charity care.²⁸
- ◆ Between 1988 and 1997, while national hospital costs for uncompensated care remained around 6% of annual operating costs, the ratio of per capita expenses for the uninsured to per capita expenses overall declined by 22%. This change, which was associated with reductions in Medicaid reimbursement rates, indicated that the uninsured were losing ground compared to the insured in the number, level, or quality of services received.²⁹

In this environment, some safety net providers have in fact been forced to close, raising the question, "Where...will the safety net reside for the large number of uninsured in the community who do not qualify for [public] programs?"³⁰



COMMUNITY CONTEXT

Note: Information in this section was provided by the Southwest Georgia Community Health Institute (CHI).

Many call the Southwest corner of Georgia south of Macon “the other Georgia” because it has not participated in the economic boom occurring in the rest of the state. The region, which borders on Alabama and Florida, is mainly rural and agricultural. Albany, Georgia, with a population of 75,000, is the region’s hub for culture, recreation and health care.

The small towns and agricultural regions of Georgia have been burdened by extremely high rates of unemployment, high school dropouts, and children born into poverty. Lack of education and employment has left many families without insurance and without access to health care. In the region, a recent survey found that nearly 50 percent of children are born into poverty, more than 30 percent of the population reports they do not have a family doctor, and nearly one out of three families has used a hospital emergency room in the past six months. Not surprisingly, Southwest Georgia had higher mortality rates than state or national averages for all leading causes of death.³¹

Cuthbert, with a population of 9,000, is the largest town in Randolph County. Randolph is the poorest county in Georgia and has the second highest unemployment rate in the state at 13.35 percent. One in three Cuthbert residents receives Medicaid, while one in four receives Food Stamps.³²

For the CAMS project, CHI surveyed patients who had received care while uninsured at one of the four facilities listed below. Southeast Georgia Regional Medical Center is affiliated with Phoebe Putney Health System; the other two facilities are not affiliated.

Phoebe Putney Memorial Hospital is a 443 bed, full-service, private, not-for-profit hospital in Albany, Georgia. The hospital’s mission is to serve all persons, regardless of ability to pay. In addition to the hospital, Phoebe Putney operates rural clinics and convenient care centers. In 1999, the hospital and associated facilities provided more than \$19 million in indigent and charity health care to the community. The hospital’s emergency center has about 50,000 visits per year, many by patients who do not have health insurance or a primary care physician.³³

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Palmyra Medical Center, also located in Albany, has over 200 on-staff physicians, a medical support staff of more than 600 employees, and over 100 volunteers. It is a 248-bed medical center that is fully accredited by the Joint Commission on the Accreditation of Healthcare Organization (JCAHO). Palmyra's centers of excellence include the Ambulatory Surgery Center, the Center for Occupational Health, the Diabetes Treatment Center, the Diagnostic Imaging Center, the Emergency Center, the Laser Center, the Palmyra Regional Rehabilitation Center, the Goodlife Sports Medicine Center, the Outpatient Services Center, the Pain Treatment Center, the Sleep Studies Center, and the Stone Treatment Center.

Southwest Georgia Regional Medical Center (SWGRMC), located in Cuthbert, Georgia, is a rural health system that is affiliated with the Phoebe Putney Health System. It includes a 35-bed hospital, a nursing home and two physician health practices. SWGRMC was designated Georgia's first Critical Care Access Hospital. It is the largest employer in Randolph County.

Albany Area Primary Health Care (AAPHC) is the regional Community Health Center system. With five sites in Dougherty, Lee, Terrell, Baker and Calhoun Counties, the system serves 24,222 patients and provides more than 75,000 visits per year. Approximately 18 percent of its patients have no health insurance.³⁴ In addition to its five clinics, AAPHC also operates a Model Rural HIV clinic and case management program.

The Southwest Georgia Community Health Institute (CHI) and the participating institutions undertook the CAMS survey to help assess the perceptions of the quality of care of uninsured patients who use these facilities and to improve access to, and the quality of, care for this population.



SURVEY METHODOLOGY

Members of CHI's own staff of trained surveyors conducted the surveys. The surveyors attended a full-day training session in survey administration in May 2000, which was conducted by trainers from the Health Training Innovations Program of The Medical Foundation in Boston, Massachusetts.

All surveys were completed between mid-April and early July of 2000. Each surveyor was given a packet with information, surveys, and gift certificates. Surveyors worked three to four hour shifts in groups of two or three at the following locations: Phoebe Putney's Emergency Center, Palmyra's Emergency Center, Albany Area Primary Health Care, Southwest Georgia Regional Medical Center, Georgia Department of Labor, and Harvey's Supermarket. Potential respondents were approached and asked a series of questions to determine if they or a child had received services at one of the designated facilities in the past year while uninsured. Participants who completed the survey received reimbursement for their travel and a \$10 gift certificate.

A total of 843 surveys were completed, including surveys for 464 patients who received care while uninsured at Phoebe Putney Memorial Hospital, 134 patients at Palmyra Medical Center, 183 patients at Albany Area Primary Health Care, and 201 patients at Southwest Georgia Regional Medical Center. The Access Project arranged for entry of the data by an independent firm. The data were analyzed by Dennis Andrulis and Christina An of the State University of New York, Health Science Center at Brooklyn, and by Nanette Goodman, a health policy consultant.

Because the respondents were not randomly selected from the population of uninsured patients using these facilities, the survey responses cannot be generalized to the entire population; they reflect the experiences only of those surveyed.

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SURVEY FINDINGS

This section describes the survey results for respondents who received care while uninsured at the four facilities surveyed in Southwest Georgia. The results are also compared with the aggregate results for all similar CAMS sites: Phoebe Putney Memorial Hospital and Palmyra Medical Center are compared with All Urban and Suburban Hospitals (AUSHs) included in CAMS nationally, Southwest Georgia Regional Medical Center with All Rural Hospitals (ARHs), and Albany Area Primary Health Care with All Rural Clinics (ARCs). All comparisons are statistically significant unless otherwise indicated (ns = non-significant).

Note: For the purpose of analysis, all facilities included in the CAMS project were grouped by type (hospital or clinic), and by location (urban/suburban or rural.) These designations were determined by the organizations that sponsored the surveying. See Appendix A for tables with the results for the Southwest Georgia facilities and aggregate results for all similar CAMS sites. See Appendix B for a list of all facilities included in the project nationally.

PHOEBE PUTNEY MEMORIAL HOSPITAL
AND PALMYRA MEDICAL CENTER

RESPONDENT CHARACTERISTICS

Over 90 percent of respondents for both hospitals were African-American and most were between the ages of 18 and 64.

Most respondents were adults between the ages of 18 and 64. A small proportion of respondents for each facility answered on behalf of a child.

Over 90 percent of the respondents for both facilities identified themselves as Black, which was much higher than the 46 percent average for All Urban and Suburban Hospitals (AUSHs) included in CAMS nationally.

All of the respondents answered the survey in English. In comparison, the average proportion of respondents for AUSHs who answered the survey in Spanish was 28 percent.

USE OF HEALTH SERVICES

Phoebe Putney respondents were more likely to have used an outpatient clinic than respondents for Palmyra or the AUSH average, while Palmyra respondents were more likely to have used the emergency room than Phoebe Putney respondents.

Emergency room use: Palmyra respondents were more likely to have used the emergency room in the past year than either Phoebe Putney or AUSH respondents. Nine of ten Palmyra respondents had used the emergency room compared to eight of ten Phoebe Putney respondents.

Outpatient clinic use: Phoebe Putney respondents were more likely to have used the hospital’s outpatient clinics than Palmyra respondents (39% compared to 17%). Outpatient clinic use among respondents for both hospitals was lower than the average for AUSHs (45%).

Inpatient hospital use: Three of ten respondents for both facilities —29 percent—reported that they had been an inpatient at least once in the past year. The average for AUSHs was 32 percent.

Frequency of use: Repeat visits to the hospital were just as common among both respondent groups. Three of four (75%) respondents stated that they had been to their respective facility more than once in the past 12 months. The average proportion of respondents for AUSHs reporting multiple visits was slightly smaller: 62 percent.

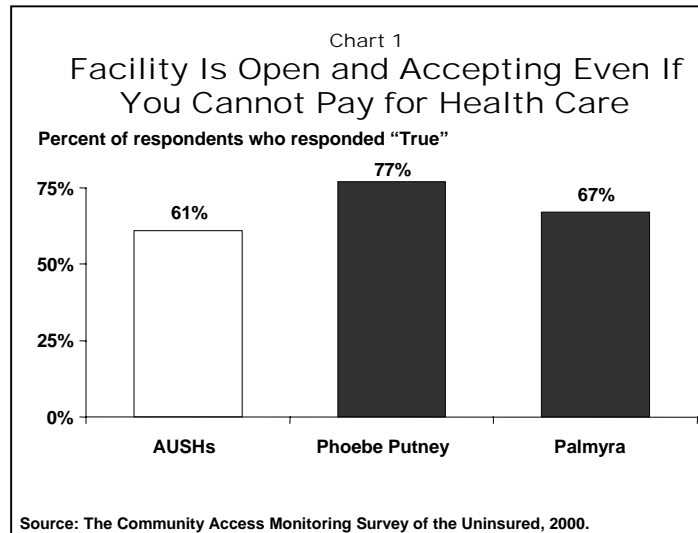
The proportion of respondents who said they used the facility to treat a chronic problem was high. One-half (49%) of Phoebe Putney respondents and 44 percent of Palmyra respondents said they used the hospital to treat a chronic problem. In comparison, 32 percent of respondents for AUSHs said they sought care to treat a chronic health problem.

OPENNESS TO THE UNINSURED AND SATISFACTION WITH PROVIDERS

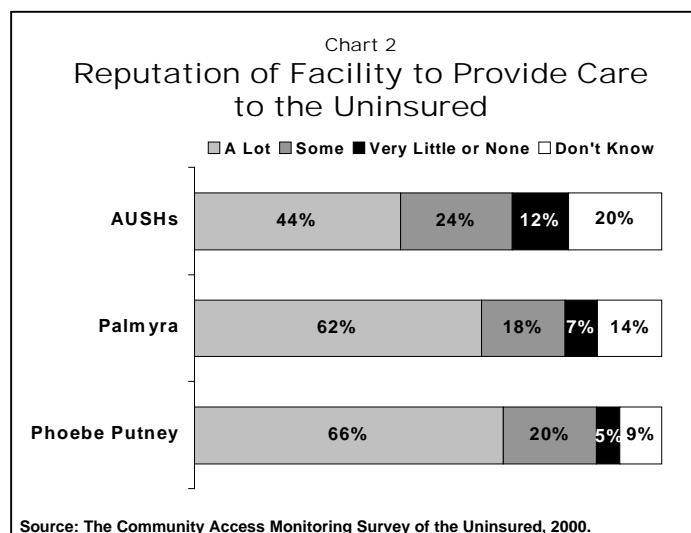
Respondents for Phoebe Putney were more likely to say the hospital was open to those unable to pay and that it had a reputation for providing care for the uninsured than either Palmyra respondents or the average for AUSHs. However, respondents for both hospitals were much more likely to say their hospital had a positive reputation in the community for providing care to the uninsured than the average for AUSHs. In addition, respondents rated interactions with staff at both hospitals more positively than the AUSH average.

“I have never been turned away and I am not able to pay.”
 Phoebe Putney
 Respondent

More than three of four (77%) respondents for Phoebe Putney reported that the hospital was “open and accepting” to them even if they were unable to pay for their care. In comparison, 67 percent of Palmyra respondents and an average of 61 percent of respondents for AUSHs reported positive experiences. (Chart 1)



When asked about their hospital’s reputation in the community for providing care to the uninsured, most respondents reported that their hospital had a positive reputation. Two-thirds (66%) of Phoebe Putney and 62 percent of Palmyra respondents said their hospital had a reputation for providing “a lot” of care to the uninsured. The average for AUSHs was 44 percent. (Chart 2)





More than 90 percent of each respondent group reported that they were satisfied with the care and service they received from receptionists, nurses, physicians and physician assistants. These figures were higher than the averages for AUSHs.

“The staff will go the last mile of the way to take care of you, but the bill collector on the phone is rude.”
Phoebe Putney
Respondent

Although in line with the average for AUSHs, the proportion of Palmyra respondents who reported that they were dissatisfied with the service they received from billing clerks was twice that reported by Phoebe Putney respondents (19% vs. 8%, respectively).

Notably, while an average of 61 percent of respondents for AUSHs reported that they were “always” treated with respect by staff, 85 percent of Phoebe Putney respondents and 84 percent of Palmyra respondents said they were “always” treated with respect.

ACCESSIBILITY

While the hours and the location of the facility were not often seen as a problem, two of five respondents reported that the waiting time to see a provider on the day of the appointment was a problem at least sometimes.

Over 90 percent of both respondent groups reported that their respective facility’s hours and its emergency room’s hours were “never a problem.” Fewer than ten percent of either group said it was a problem even sometimes.

More than four-fifths of the respondents for both facilities reported that the location of their respective facility was “never a problem.” About one of seven Palmyra respondents and one in ten Phoebe Putney respondents did find the location to be inconvenient at least sometimes. These figures were lower than the average for AUSHs (21%). Fewer than 10 percent reported that convenience to public transportation was a problem even sometimes.

The average waiting time to get an appointment for both respondent groups was about five days. This was considerably shorter than the average for AUSHs, which was two weeks. Nevertheless, about one of five respondents for both facilities said the waiting time to get an appointment was a problem at least “sometimes.” In comparison, the average for AUSHs was 36 percent.

Two of five respondents at both facilities reported that the waiting time on the day of the appointment was likely to be a problem at least “sometimes.” The average reported waiting time for Phoebe Putney respondents was 51 minutes and the average for Palmyra respondents



Among the respondents who needed help, 68 percent of Phoebe Putney and 76 percent of Palmyra respondents said staff “never” offered any form of assistance. In comparison, 64 percent of AUSHs respondents who needed help said they were “never” asked if financial assistance was needed.

CONCERNS OVER PAYMENT FOR HEALTH CARE

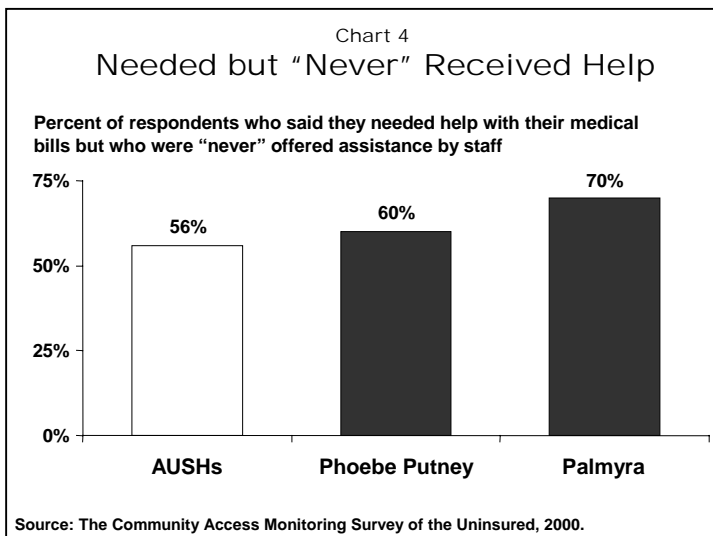
Three quarters of respondents reported that they needed help paying their medical bill. A majority of these respondents said they were never offered help at either facility. When help was offered, it was most often an arrangement to pay the bill in monthly installments.

The majority of respondents—62 percent for Phoebe Putney and 65 percent for Palmyra—reported that paying their medical bills was “very difficult.”

The same proportion of respondents (73%) for each facility said they needed help to pay their medical bills. Among those who needed assistance, Phoebe Putney respondents were more likely to report receiving help at least “sometimes” than Palmyra respondents (41% vs. 30%), but most respondents at both facilities said they were never offered assistance (Chart 4)

“Phoebe has some kind of assistance in helping people with paying bills, however they do not inform you of the assistance”
Phoebe Putney Respondent

“Some people will not go to this facility because of the fact of the payment up front.”
Palmyra Respondent



Among those respondents who were offered help at either facility, a monthly billing plan was the most common form of assistance. A monthly plan was offered to 53 percent of Phoebe Putney respondents and 76 percent of Palmyra respondents. Bill reduction, bill waivers and help finding a charitable organization to pay the bill were more common at Phoebe Putney than at Palmyra.

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SEEKING CARE IN THE FUTURE

One of six Palmyra respondents and one in eleven Phoebe Putney respondents reported that their experience paying bills would cause them to use another facility in the future. Many respondents said they had unpaid bills at the hospital. For some, this will deter them from seeking care there in the future.

“The staff is wonderful at Phoebe and they will always be my first choice.”
Phoebe Putney
Respondent

One of six Palmyra respondents (16%) reported that their experiences paying for medical care would make them use a different facility in the future. At the same time, three of ten respondents thought that their bill paying experiences at Palmyra would make it easier to seek care there in the future, while 44 percent reported that it would make no difference. In comparison, fewer Phoebe Putney respondents said their experiences would be deterred from using the facility in the future (9%), but fewer also said their experiences would make it easier to seek care (22%). Phoebe Putney respondents were more likely to report that their past payment experiences would make no difference in whether they sought care again.

Two out of three respondents reported that they were in debt to their hospital. Among those who were in debt, one of five (18%) respondents for Phoebe Putney and one of eight (12%) respondents for Palmyra said the debt would make them not seek care there again in the future (AUSH average: 28%).

“I would definitely use them again. They were very generous and nice.”
Palmyra Respondent

The majority of respondents for both hospitals—93 percent for Phoebe Putney and 82 percent for Palmyra—said they would use the facility in the future if they had health insurance. In comparison, the average for AUSHs was 77 percent.

SOUTHWEST GEORGIA REGIONAL MEDICAL CENTER

RESPONDENT CHARACTERISTICS

Respondents for Southwest Georgia Regional Medical Center (Southwest) were predominantly African-American, and two-thirds were between the ages of 30 and 50.

Four of five (79%) respondents identified themselves as Black and 18 percent said they were White. All of the respondents chose to answer the survey in English.

Respondents varied in age, but very few (4%) answered on behalf of a child. Sixty-three percent were between the ages of 30 and 50, and all were under age 65.



USE OF HEALTH SERVICES

Southwest respondents were more likely than the average for All Rural Hospitals (ARHs) included in CAMS nationally to say they used the facility more than once in the past year and that they used both the emergency room and the outpatient clinic.

Nine of ten (89%) Southwest respondents reported using the hospital's emergency room at least once in the past year. In comparison, the average for ARHs was 77 percent. Sixty-one percent of Southwest respondents said they had used the outpatient clinic, compared to an average of 54% for ARHs.

*"Most of the people can't pay so they use the E.R."
Southwest Respondent*

A larger proportion of Southwest respondents reported that they used the facility five or more times in the past 12 months than the average for ARHs (31% vs. 15%, respectively).

Nearly two-thirds of the Southwest respondents reported that they sought care to treat a chronic problem, compared to an average of one-third for all ARHs.

OPENNESS TO THE UNINSURED AND SATISFACTION WITH PROVIDERS

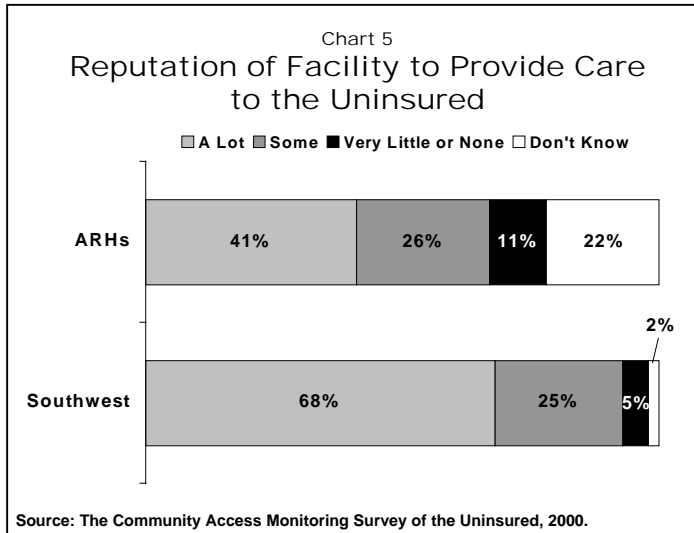
While most Southwest respondents said the facility has a reputation in the community for providing care to the uninsured, one-third reported that, in their experience, the hospital accepted them only "reluctantly."

When respondents for Southwest were asked whether they thought the hospital had been open and accepting to them even if they were unable to pay for their care, almost two-thirds (63%) reported that the facility had been accepting. However, one-third reported that the facility accepted them only "reluctantly."

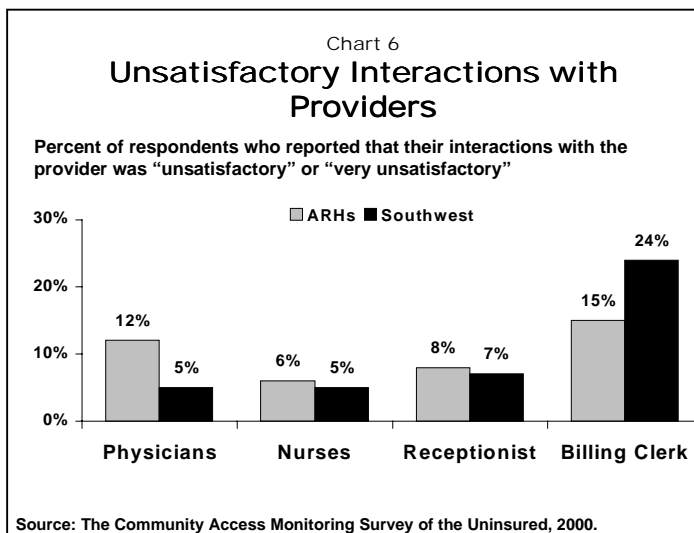
*"They knew at the hospital I could not pay, but they still treated me and when I was ready to go home they did not make me feel bad because I could not pay. They gave me a pay scale, compared to my take-home pay."
Southwest Respondent*

Most Southwest respondents (68%) reported that the hospital had a reputation in the community for providing "a lot" of care to the uninsured, and an additional 25 percent said that the hospital had a reputation for providing "some care." In comparison, 41 percent of ARH respondents reporting that their facility had a reputation for providing "a lot" of care, and 26 percent that it provided "some care." (Chart 5)

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Southwest respondents were likely to rate their interactions with staff favorably: fewer than 7 percent reported unsatisfactory interactions with any categories of staff except for billing clerks. However, about one of four Southwest respondents reported that they were either unsatisfied or very unsatisfied with the service they received from billing clerks. In comparison, the average for ARHs was 15 percent. (Chart 6)



About two-thirds (64%) of the Southwest respondents reported that health care professionals "always" treated them with respect, and 34 percent said they were treated with respect "sometimes." The averages for ARHs were nearly identical.



ACCESSIBILITY

While few respondents reported problems with the hospital's hours of operation or its location, many said that the waiting time to get an appointment and the waiting time to see a provider on the day of the appointment were problems.

Very few Southwest respondents reported problems with the hospital's hours, its emergency room's hours, and its location. Convenience to public transportation and transportation assistance were also not an issue for most respondents.

Similar to the ARH average, one of four (25%) Southwest respondents stated that the waiting time to get an appointment was a problem at least "sometimes." However, half of the Southwest respondents said they got an appointment in less than two days, and few reported waiting more than five days. For ARHs, most respondents reported that they were able to get an appointment in two days, but many reported very long waits.

The waiting time to see a provider on the day of the appointment for Southwest respondents was about the same as the average for ARHs (31 minutes and 36 minutes, respectively). Nevertheless, a higher proportion of Southwest respondents than the average for ARHs reported that the waiting time was a problem for them at least sometimes (46% vs. 37%, respectively).

OBTAINING PRESCRIPTION MEDICATIONS

While one-quarter of Southwest respondents who were prescribed medications said they received their medications free, more than two-thirds said they were not able to get all of their medications because of cost.

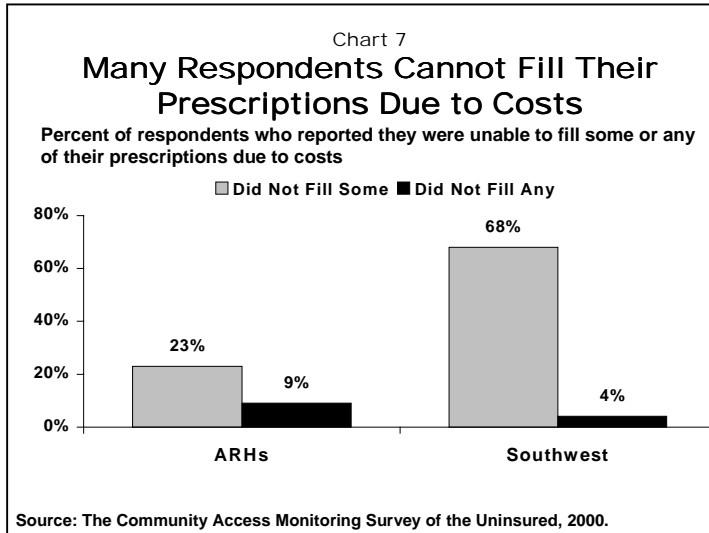
Nearly all of the Southwest respondents—98 percent—said they received prescriptions for medications. The average for ARHs was 72 percent.

About one-fourth (23%) of respondents who received prescriptions said they received their medications free, the same proportion as for ARHs. Another 17 percent said they obtained their medications at a drug store and paid for them out-of-pocket. This figure was much lower than the average for ARHs (56%). However, more than two-thirds of the respondents—68 percent—said that although they were able to get some of their medications, they were unable to fill all of their prescriptions due to costs. In contrast, the average for ARHs was 23

*"It's getting to where you can't go to the doctor because if the office visit won't kill you, the price of the medication will."
Southwest Respondent*

*"Sometime I pay \$10 and get a little, then go back and buy \$10 more."
Southwest Respondent*

percent. A small number of Southwest respondents (4%) said they were not able to obtain any of their medications due to cost. (Chart 7)



Almost all Southwest respondents—94 percent—said paying for their medications was “very difficult,” while the average for ARHs was markedly lower: 52 percent. Nearly all—97 percent—also reported that they needed financial help to pay for their medications. In comparison, an average of 61 percent of respondents for ARHs said they needed assistance. Furthermore, among the Southwest respondents who said they needed help, only one-third said staff “always” offered help, while 59 percent stated staff “never” asked whether help was needed.

CONCERNS OVER PAYMENT FOR HEALTH CARE

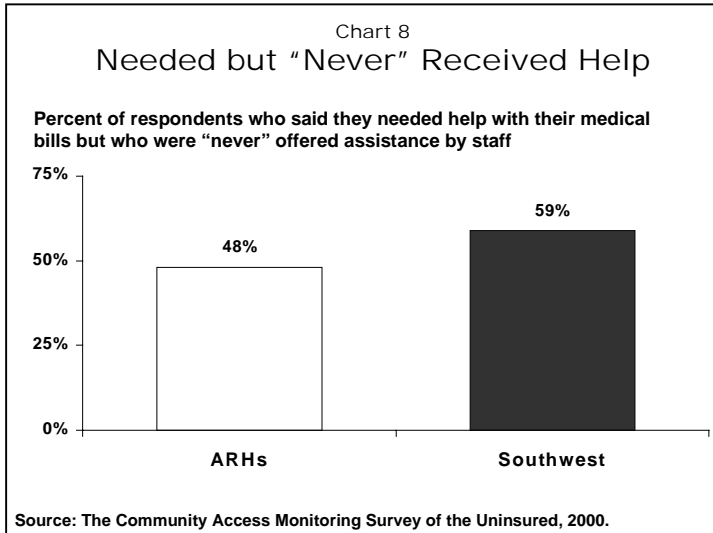
Nearly all of the Southwest respondents reported that paying their medical bills was “very difficult” and that they needed help to pay them. More than half said staff never offered help. For those respondents who did receive help, the most common form of assistance offered was a monthly billing plan or help in finding a charitable organization.

“I don’t know what the people is Shellman and Cuthbert are going to do. The cost of health care is getting to be too hard to pay and if you are sick, what can you do? Pay the bill or buy food to eat?”
 Southwest Respondent

Southwest respondents were considerably more likely to report that they found paying for their medical bills “very difficult” than respondents for ARHs (97% vs. 69%, respectively).

Nearly all—99 percent—of Southwest respondents reported that they needed financial assistance to pay their medical bills. In comparison, 80 percent of respondents for ARHs said they needed help.

Among the Southwest respondents who needed help with their medical bills, about one-third (30%) said they were “always” offered help by staff but 59 percent stated that they were “never” offered any assistance. (Chart 8)



Of those who did receive help, the most common form of assistance they reported being offered was referral to a charitable organization (85%). The proportion of respondents who said their bill was waived was significantly below the average for ARHs (3% vs. 22%, respectively).

SEEKING CARE IN THE FUTURE

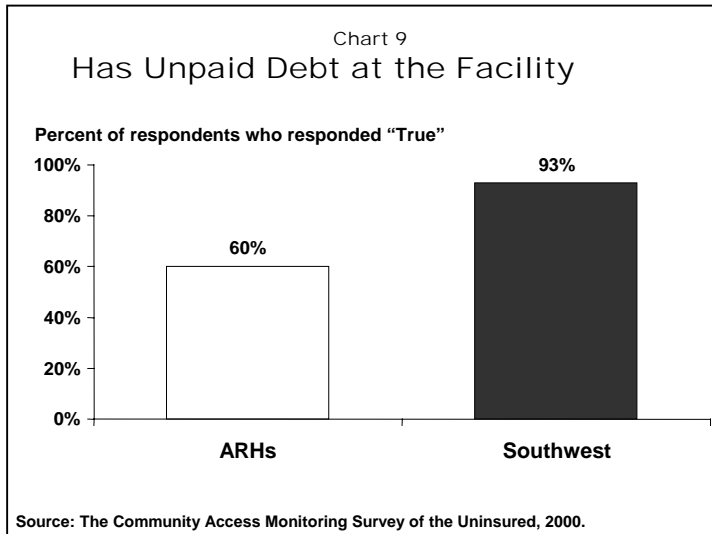
Most Southwest respondents had unpaid bills at the facility. Many said the debt would deter them from seeking care there again.

When asked how their past experience paying bills at the hospital would affect their future care, the overwhelming majority of Southwest respondents—92 percent—said that it would “make no difference.”

“I’ll go wherever the closest place is.”
Southwest Respondent

More than nine out of ten (93%) Southwest respondents said they had owed money to the facility. In comparison, the average for ARHs was 60 percent. (Chart 9)

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"Sometimes I hate to go knowing I owe them money."

Southwest Respondent

Of those with unpaid bills, 30 percent said the debt would deter them from seeking care again (ARH average: 29%).

The majority of respondents—91 percent—said they would use the facility in the future if they had health insurance.

ALBANY AREA PRIMARY HEALTH CARE

RESPONDENT CHARACTERISTICS

Respondents were predominately African-American and many were over age 50.

Four of five Albany respondents (82%) identified themselves as Black and 15 percent as White. All the respondents chose to answer the survey in English.

Respondents varied in age, but 35 percent of the respondents were 50 years of age or older, higher than the 17 percent average for All Rural Clinics (ARCs) included in CAMS nationally.

USE OF HEALTH SERVICES

Most Albany respondents said they used the clinic more than once during the past year, and one-fourth said they had visited more than ten times. Three-quarters of the respondents said they went to the facility to treat a chronic condition.

Nine of ten Albany respondents (91%) said they used the clinic more than once in the past year, and one-fourth said they used the clinic more than ten times. In comparison, the average proportion of ARC respondents reporting multiple visits was 76 percent, with 12 percent visiting more than ten times.

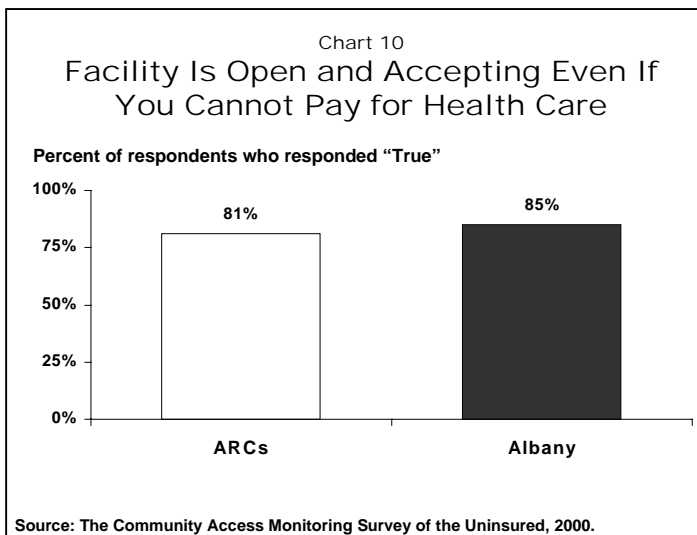
Three-fourths of the Albany respondents—75 percent—said they went to the clinic to treat a chronic problem such as asthma or diabetes. In comparison, the average for ARCs was 34 percent.

OPENNESS TO THE UNINSURED AND SATISFACTION WITH PROVIDERS

Most respondents reported that the clinic had been open and accepting of them even though they were uninsured. In addition, respondents reported generally positive interactions with providers.

When respondents were asked whether they thought Albany had been open and accepting to them even if they were unable to pay for their care, 85 percent reported that the clinic had been open to them, while 12 percent believed that the clinic accepted them only reluctantly. (Chart 10)

“I have been treated with respect and very politely by the staff and they treated my children the same. They work with you and talk to you, they are professional and polite.”
Albany Respondent



Seventy-two percent of the Albany respondents said that the clinic had a reputation in the community for providing “a lot” of care for those who cannot pay. The average proportion of respondents for ARCs was very similar (70%).

Overall, satisfaction with clinic staff was very high and similar to or above the average ratings for ARCs; fewer than three percent of respondents reported unsatisfactory interactions with physicians,

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nurses, physician assistants, social workers or pharmacists. Six to seven percent of respondents reported they were dissatisfied with interactions with billing clerks and receptionists.

Similar to the average for ARCs, 91 percent of Albany respondents said they were “always” treated with respect.

ACCESSIBILITY

A smaller proportion of Albany respondents reported that the waiting times to get an appointment and to see a provider on the day of an appointment were problems, although one of four respondents cited waiting times as a problem at least sometimes.

More than four-fifths of the Albany respondents (83%) reported that the clinic’s hours and its location were “never a problem” for them. However, about one of seven respondents said the hours and location were a problem at least sometimes.

Albany respondents were less likely than respondents for ARCs overall to report that the waiting time either to get an appointment or to see a provider on the day of an appointment was a problem. While one of five (20%) respondents for Albany said the waiting time to get an appointment was a problem for them at least sometimes, more than a third of the respondents for ARCs (34%) said it was problem. The average waiting time to get an appointment reported by Albany respondents was similar to the average reported waiting time for ARCs (7.2 days vs. 8 days, respectively).

Twenty-seven percent of Albany respondents reported problems with the waiting time on the day of the appointment, compared with 45 percent for ARCs. Correspondingly, the average reported waiting time was shorter for Albany respondents than for ARCs (43 minutes vs. 55 minutes).

Only 6 to 7 percent of Albany respondents reported problems with convenience to public transportation and assistance with public transportation, compared to 15 percent of ARC respondents.



OBTAINING PRESCRIPTION MEDICATIONS

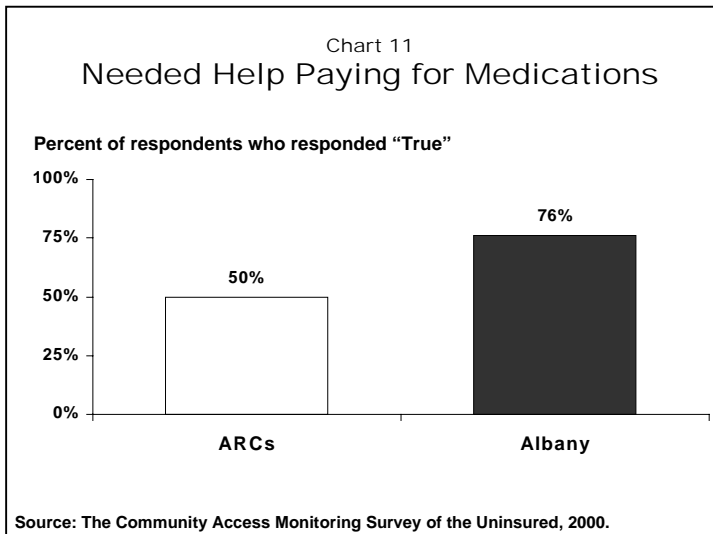
While almost all Albany respondents said they received prescriptions for medications, one in six said they were not able to get some of their medications because of cost.

Nearly all of the Albany respondents—96 percent—reported that they had medications prescribed. Three of five (62%) said they received some of their medications free, in line with the average for ARCs (59%). Fifty-five percent of the respondents stated that they obtained some medications at a drug store and paid themselves. This figure was similar to the average for ARCs (59%). About one of six respondents (17%) reported that although they obtained some of their medications, they were unable to fill all their prescriptions due to cost. The average for ARCs was the same.

“When I couldn't get medicine, they would give me samples.”
Albany Respondent

“The doctor says he couldn't do anything for me and I went five days without medication.”
Albany Respondent

A higher proportion of Albany respondents reported that paying for their medications was “very difficult” than the average for ARCs (58% vs. 43%, respectively). Albany respondents were much more likely than respondents for ARCs to say they needed help paying for their medications (76% vs. 50%, respectively). (Chart 11)



Among the respondents who needed help, most said they were offered help at least sometimes. However, 30 percent said they were “never” asked if help was needed (ARC average: 31%).

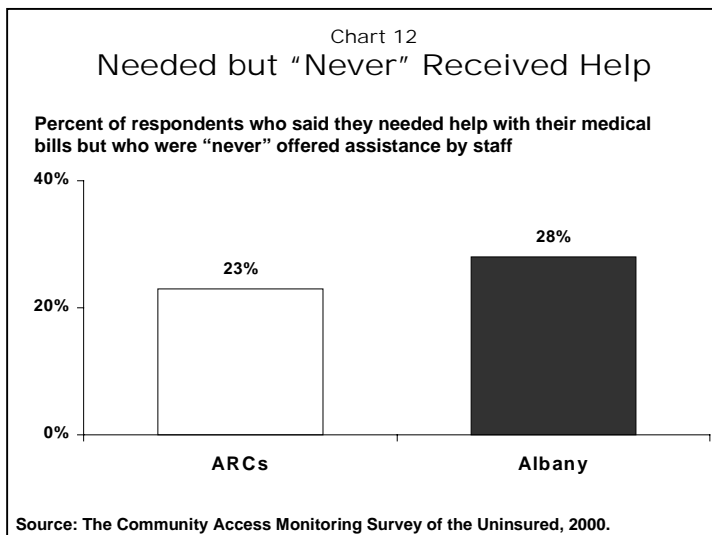
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CONCERNS OVER PAYMENT FOR HEALTH CARE

Many Albany respondents said that they needed help paying their medical bills, but more than one-fourth said staff never offered help. Of those receiving help, most were offered a monthly billing arrangement or bill reduction.

Albany respondents were more likely to report that they found paying their medical bills “very difficult” than the average for ARCs (60% vs. 45%, respectively). Eighty-one percent of Albany respondents stated that they needed financial assistance to pay for them. In comparison, 56 percent of respondents for ARCs said they needed help.

Among the Albany respondents who said they needed help with their medical bills, most (72%) said they were “sometimes” offered help by staff, but 28 percent stated that they were “never” offered any assistance. (Chart 12)



Of those who did receive help, the most common form of assistance offered was a monthly billing arrangement (62%), followed by bill reduction (50%). Only two percent said that their bills were waived (ARC average: 7%).

SEEKING CARE IN THE FUTURE

Most respondents reported that they owed money to Albany, but few said that the debt would deter them from seeking care there in the future.

When asked how their past bill paying experience at the clinic would affect their future care, the majority of respondents—46 percent—said



that it would make it “easier to seek care,” and another 43 percent said that it would “make no difference.”

A very high proportion of respondents for Albany (80%) reported that they had unpaid bills at the facility (ARC average: 48%). However, only eight percent said this debt would deter them from seeking care there again.

The vast majority of Albany respondents—93 percent—said they would use the clinic again if they had health insurance.



DISCUSSION

This section discusses some of the perceived strengths of each of the four facilities suggested by the survey results. In addition, it highlights issues that might warrant further discussion.

PHOEBE PUTNEY MEMORIAL HOSPITAL

STRENGTHS

- ◆ A majority of Phoebe Putney respondents thought the facility was “open and accepting” to those who were unable to pay for services and that the facility had a reputation for providing care to the uninsured.
- ◆ Respondents generally reported positive interactions with staff.
- ◆ The hours and location of the facility were rarely cited as problems.
- ◆ Most respondents reported that they were treated with respect
- ◆ Almost all respondents said they would use the facility even if they had health insurance.

ISSUES FOR FURTHER CONSIDERATION

- ◆ Forty percent of respondents reported that the waiting time to see a provider on the day of the appointment was a problem at least sometimes. On average, the waiting time was over 50 minutes.
- ◆ Fifteen percent of respondents said they were unable to fill all or some of their prescriptions because of cost.
- ◆ While three of four respondents reported that they needed financial assistance to pay their medical bills, a majority said they were never offered any assistance.
- ◆ Many respondents were in debt to the hospital, and one-fifth felt that this debt would deter them from seeking care there in the future.



PALMYRA MEDICAL CENTER

STRENGTHS

- ◆ Respondents were generally satisfied with their interactions with the medical staff--physicians, physician assistants, and nurses.
- ◆ The hours and location of the facility were not a problem for most respondents.

ISSUES FOR FURTHER CONSIDERATION

- ◆ While two-thirds of the respondents thought the facility had been open and accepting even though they did not have insurance, 15 percent felt that they were accepted only “reluctantly.”
- ◆ Respondents reported generally positive interactions with all providers except the billing clerks. One fifth rated their interactions with billing clerks unsatisfactory—more than twice the rate for Phoebe Putney.
- ◆ Forty percent of respondents reported that the waiting time to see a provider on the day of the appointment was a problem, although the average waiting time was 25 minutes, half the waiting time at Phoebe Putney.
- ◆ Although three out of four respondents reported needing financial help to pay their medical bills, most said they were never offered help. Of those who received help, the form of assistance most commonly reported was a monthly billing plan. Few respondents said their bill was reduced or waived.
- ◆ One in six respondents reported that their experiences paying bills at the hospital would cause them to use another facility in the future.

SOUTHWEST REGIONAL MEDICAL CENTER

STRENGTHS

- ◆ Hours and location were not a problem for most respondents.
- ◆ Most respondents said they would use the hospital even if they had insurance.

ISSUES FOR FURTHER CONSIDERATION

- ◆ One-third of the respondents reported that the hospital accepted them only “reluctantly” because they were unable to pay.

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- ◆ One-third reported that they were treated with respect “sometimes” rather than “always.”
- ◆ More than two-third of respondents said that they were unable to fill some or all of their prescriptions because of cost.
- ◆ Virtually all respondents said that they needed financial help to pay their medical bills, but 60 percent said that they were never offered help.
- ◆ Almost all respondents said they were in debt to the hospital, and 30 percent felt that the debt would deter them from seeking care there again.

ALBANY AREA PRIMARY HEALTH CARE

STRENGTHS

- ◆ Albany respondents reported problems related to the waiting times to get an appointment and to see a provider on the day of the appointment less often than average, although one of four respondents cited waiting times as a problem at least sometimes.

ISSUES FOR FURTHER CONSIDERATION

- ◆ Most respondents said the facility had been open and accepting even though they were uninsured, but 12 percent reported that they had been accepted only “reluctantly.”
- ◆ Four of five respondents said that they needed financial help to pay their medical bills. Although most of them (78%) said they were offered help at least sometimes, 22 percent said they were never offered help.
- ◆ Similar to the average for ARCs, 17 percent of respondents were unable to obtain some or all of their prescriptions for medications because of cost.
- ◆ Eighty percent of respondents had unpaid debt at the facility. However, only 8 percent said they would be deterred from using the facility again because of their debt.



CONCLUSION

This report provides information on a topic that has not often been investigated, the experiences of the uninsured when they access health care at their local health facilities. Given the large numbers of uninsured in our country, it is a topic of increasing importance.

Because the survey was not based on a random sample, the results are more suggestive than definitive. Notwithstanding its limitations, however, the authors expect that the results will be useful in suggesting issues and questions that would benefit from further discussion and investigation as communities attempt to ensure and improve access to care for their uninsured residents.

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