



Getting Health Care
When You Are
Uninsured:
*A Survey of Uninsured
Patients at North Adams
Regional Hospital*

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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 Northern Berkshire Community Coalition is a coalition of health and social service providers, educational institutions, and representatives of local government, neighborhoods, and youth dedicated to organizing people and resources to improve the quality of life for residents of Northern Berkshire County, Massachusetts. The Coalition was formed in 1986 to create and coordinate health and social services to assist area residents in the wake of a major local plant closing. Since that time, the Coalition's mission has expanded to reflect a broad-based concept of community health, and its membership has increased to engage a broader representation from the community. Ensuring access to a range of health care services for members of the community continues to be a central priority.

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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 one community, North Adams, Massachusetts. The survey was conducted in the summer of 2000 and gathered information from 152 uninsured patients who obtained health care at the North Adams Regional Hospital 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.

The survey results indicate the following:

- ◆ Most respondents (about 60 percent) reported using hospital services more than once in the previous year; three-quarters of respondents used the emergency room at least once. A lower proportion of respondents used outpatient services than the average for all rural hospitals included in the CAMS project nationwide, and a greater proportion were admitted as inpatients.
- ◆ Respondents generally thought well of the services North Adams Regional Hospital provides to the uninsured. About three-quarters said the hospital was “open and accepting” even if they were unable to pay, and half said that the hospital has a reputation for providing “a lot” of care to the uninsured. About four out of five respondents said they were “very satisfied” or “satisfied” with the care and service they received from receptionists, nurses and doctors.

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- ◆ More than one-third of the respondents for North Adams reported that paying for their medications was very difficult and that they needed help with payment. More North Adams respondents said they were given their medications at no cost, and fewer said they did not fill their prescriptions because of cost, than the averages for all rural hospitals.
- ◆ Half of the North Adams respondents said that paying their medical bills was very difficult and that they needed financial assistance. Of those who needed help, half said they were offered assistance by hospital staff. In addition, they were twice as likely to say that their bill was waived as the average for rural hospitals overall.
- ◆ The majority of respondents said that their past experiences paying for care would either make it easier or make no difference in whether they sought care at North Adams again. (Some respondents noted that it was the only hospital within a reasonable distance.) Over 4 in 10 said they owed the hospital money; of these respondents, about 30 percent said the debt would cause them not to seek care at the hospital again. Nearly all of the respondents said that they would use the facility again 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, in order to assist them in improving access to care for this population.

ABOUT THIS REPORT

This report, along with reviewing some of the research documenting the impact of lack of insurance on healthcare access and on health outcomes, describes the survey results at one CAMS site, North Adams, Massachusetts. The survey was conducted by the Northern Berkshire Community Coalition in the summer of 2000, and gathered information from uninsured individuals who received care at North Adams Regional Hospital in North Adams in the previous year. Along with providing the results of the survey for this facility, 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 Spring 2001.



LACK OF INSURANCE IS DANGEROUS TO YOUR HEALTH

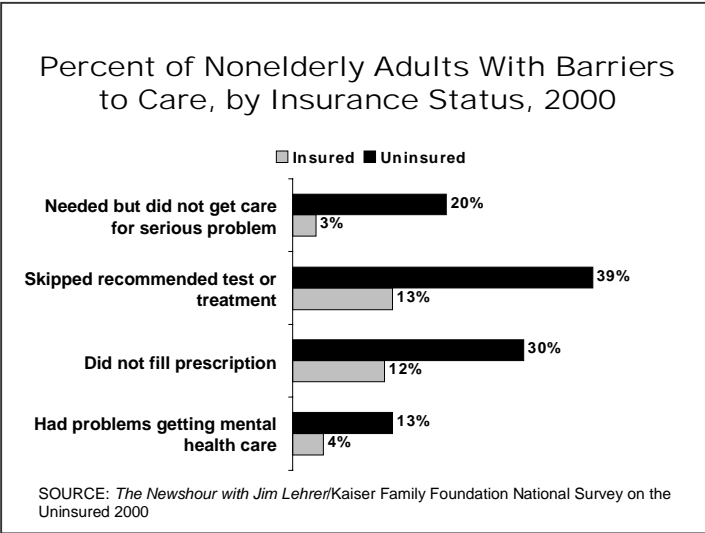
With great consistency, national research has demonstrated that insurance status affects the amount and type of care individuals receive. Lack of health insurance is related to both reduced access to care and to poorer health outcomes. In addition, many of the changes in the health care market over the 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 Northern Berkshire Community Coalition.

Northern Berkshire County is a community of 40,000 people located in the Berkshire Mountains in the northwest corner of Massachusetts. Its hill towns and concentrated valley settlements are isolated from major urban centers and highways. Between 1980 and 1990, the region saw the closing of a major manufacturing facility that had provided jobs for generations of area residents, and the closure and downsizing of several other smaller firms. This loss of over 5,000 jobs created serious challenges for health and social service providers. Not only did needs increase, but as part-time service jobs replaced manufacturing jobs, more and more residents lacked access to employer supported health insurance. An estimated 4,000 people in the region are chronically without health insurance.³¹

North Adams Regional Hospital (NARH) is a private, non-profit, acute care community hospital, serving residents of Northern Berkshire County, as well as some residents of Southern Vermont and Western New York State. It is the only hospital in the community. It is licensed for 136 beds, and provides a full range of in-patient services, as well as outpatient psychiatric, lab, medical imaging, chemotherapy and surgical services. It also maintains a 24-hour emergency room. NARH does not refuse treatment to anyone because of an inability to pay. In 1999 NARH spent \$3 million to meet the expenses of free care and bad debt.³²

Despite the openness of the hospital to providing care for the uninsured, the community is still concerned with controlling the costs associated with care for the uninsured, as well as with providing that care in the most timely and effective manner. To these ends, the Northern Berkshire Community Coalition (NBCC) has worked on a number of initiatives to ensure high quality, cost-effective health care for all residents.

Most significantly the Coalition, the hospital, and other community partners worked to establish Ecu-Health Care, a local agency that works with the uninsured and underinsured to secure access to health care. Ecu-Health Care helps eligible individuals receive benefits from MassHealth, the state health insurance program that encompasses Medicaid and the Children's Health Insurance Program. Ecu-Health also works with local doctors to provide health services at reduced costs to Ecu-Health clients who are uninsured but earn too much to

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qualify for state-run insurance programs. Other priorities for Ecu-Health Care are helping clients access free medications from drug companies and enrolling clients in state-sponsored programs that subsidize the costs of medications.

Although Ecu-Health Care aggressively promotes its services and reaches some 1,500 individuals annually, a majority of the estimated 4,000 chronically uninsured individuals in the area have not yet explored the insurance and health care access options that Ecu-Health Care facilitates. In addition to a lack of knowledge about Ecu-Health Care and the health care options it provides, Northern Berkshire residents' pride often gets in the way of their acceptance of the health care entitlements for which they may be eligible.

The CAMS survey was undertaken to help the Northern Berkshire Community Coalition, Ecu-Health Care, and the hospital better understand the actual health care experiences of the uninsured, and any contribution these experiences make to the reluctance of the uninsured population to use the available healthcare resources in the community. The results are especially important as North Adams Regional Hospital is currently exploring the feasibility of restructuring its emergency room services to deal more efficiently with non-acute care needs.



SURVEY METHODOLOGY

The CAMS survey was administered by ten surveyors who were recruited from a local college and from the community at large. The surveyors were supervised by a survey director, and all received training on the survey instrument and interviewing techniques.

Respondents were identified through referrals from social service agencies; through door-to-door canvassing in low-income housing areas; through recruiting in places such as welfare and unemployment offices and in front of supermarkets; and through personal visits to small employers. A total of 152 respondents who received services at North Adams Regional Hospital while uninsured were interviewed between May and July 2000.

Surveys were administered in interviewees' homes, workplaces, public meeting places such as coffee shops, and agency waiting rooms. Consideration was given to ensuring that adequate privacy was available in the more public settings.

Because respondents were not randomly selected, the survey results cannot be generalized to the entire population of uninsured persons or of individuals receiving care at North Adams Regional Hospital. *The results reflect the experiences only of those surveyed.*

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SURVEY FINDINGS

This section describes the survey results for respondents who received care at North Adams Regional Hospital while uninsured and compares them with averages for All Rural Hospitals (ARHs) included in CAMS nationwide. All comparisons were statistically significant unless otherwise indicated (ns = non-significant).

Note: Facilities were designated as rural, suburban, or urban by the community organizations that sponsored the surveying. See Appendix B for a list of all facilities included in the project nationally. See Appendix A for a table of the results for North Adams, as well as for the aggregate results for all rural hospitals.

RESPONDENT CHARACTERISTICS

Respondents varied in age. Most respondents were white.

Three of four (74%) respondents identified themselves as white. Twelve percent identified themselves as African-American or Hispanic, a proportion slightly smaller than the ARH average of 22 percent. All respondents chose to take the survey in English. Seven percent of respondents answered on behalf of a child.

USE OF HEALTH SERVICES

Most respondents used the emergency room at least once, and were likely to have used the hospital multiple times in the past year.

Three-fourths (74%) of the respondents reported that they used the emergency room at least once in the past year, a figure very similar to the average for ARHs (77%).

Use of the outpatient clinic among North Adams respondents was lower than the average for ARHs (36% vs. 54%, respectively). The proportion of respondents who were admitted as inpatients was higher than the average for ARHs (34% vs. 22%, respectively).

Three of five (60%) respondents for North Adams reported that they used the facility more than once in the past year, similar to the average for ARHs (58%).

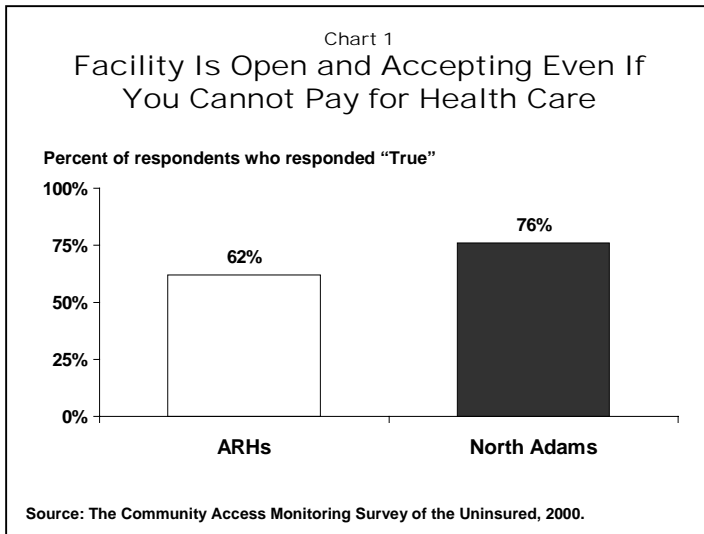
North Adams respondents were just as likely as respondents for ARHs to report that they sought care to treat a chronic problem such as asthma (35% vs. 34%, respectively).



OPENNESS TO THE UNINSURED AND SATISFACTION WITH PROVIDERS

In general, respondents for North Adams said that the hospital had been open and accepting even if they were unable to pay for care, and that it had a good reputation in the community for providing care to the uninsured. In addition, most respondents reported that they were satisfied with their interactions with staff.

Three of four respondents stated that, in their experience, the hospital had been “open and accepting” to them even if they were unable to pay for their care. This proportion was slightly larger than the ARH average. (Chart 1)



“I didn’t feel like I was treated any differently because I didn’t have insurance.”

North Adams Respondent

“Lots of signs saying that they will provide free care.”

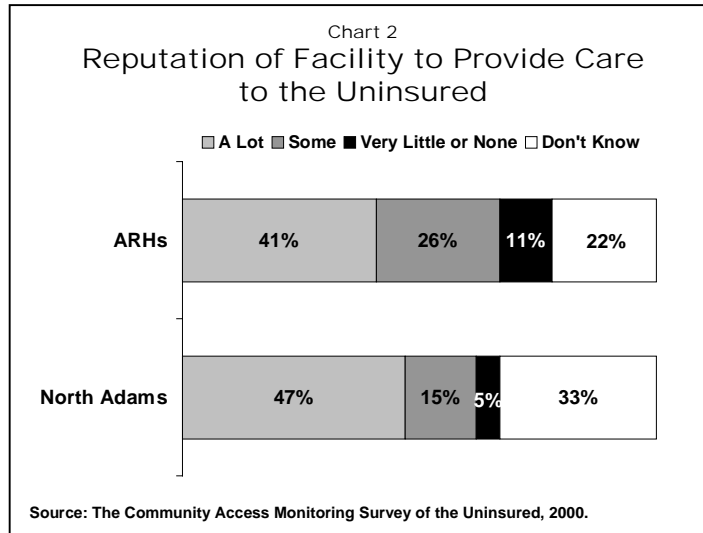
North Adams Respondent

“Treated great. Wonderful, really helpful – took care of me and did their best. Went out of their way for me.”

North Adams Respondent

Nearly one-half of the respondents for North Adams reported that the hospital had a reputation in the community for providing “a lot” of care to the uninsured. The average for ARHs was very similar. Notably, however, one-third of North Adams respondents said that they did not know the reputation of the facility. (Chart 2)

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At least four out of five respondents reported that they were “very satisfied” or “satisfied” with the care and service they received from receptionists, nurses, and doctors. These ratings were similar to the averages for ARHs.

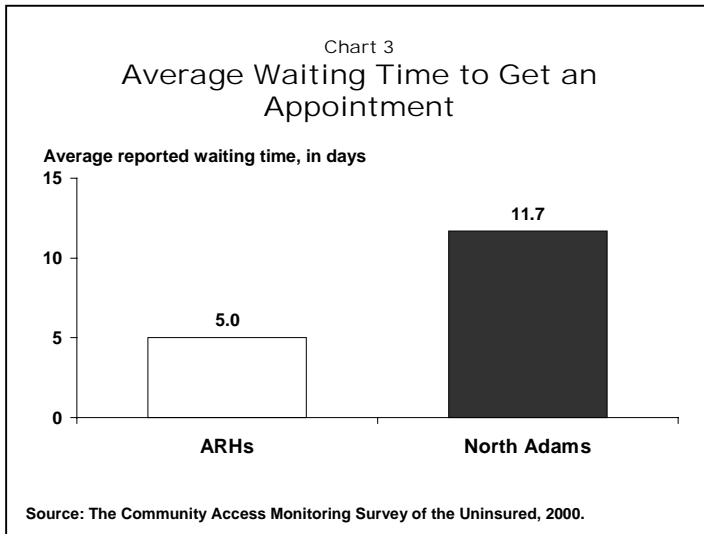
ACCESSIBILITY

Many respondents reported that waiting times were a problem for them, but most did not report problems related to other accessibility indicators such as location and hours.

North Adams respondents did not report that they experienced problems related to most indicators of accessibility. For example, 93 percent reported that they “never” had a problem with the emergency room’s hours and 78 percent said they never experienced a problem with the location of the hospital. These figures were the same as for ARHs.

“Hard to get evening and Saturday appointments.”
North Adams

However, nearly three of ten (28%) respondents had difficulty at least “sometimes” with the waiting times to get an appointment. The average reported waiting time for an appointment was nearly 12 days. This was a full week longer than the average for ARHs, which was about 5 days. (Chart 3)



Waiting time on the day of the appointment was an issue for one-third of the respondents, a slightly smaller proportion than for ARHs (37%). The average waiting time reported by North Adams respondents was 15 minutes shorter than for ARHs (21 minutes versus 36 minutes).

“The only problem is the waiting at the emergency area.”
North Adams Respondent

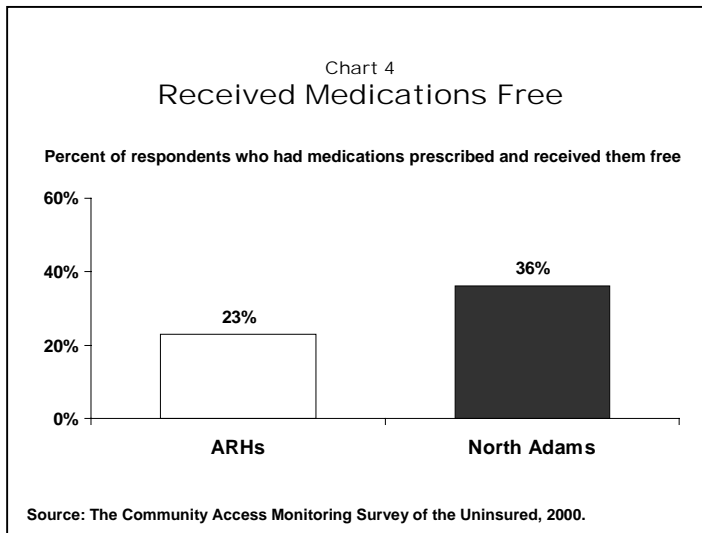
OBTAINING PRESCRIPTION MEDICATIONS

More than one-third of the respondents for North Adams reported that paying for their medications was very difficult and that they needed help with payment. However, North Adams respondents were more likely than the ARH average to receive at least some medications at no cost.

Three of five respondents reported that they had medications prescribed. Sixty-one percent of the respondents who received prescriptions said they obtained their medications at a drug store and paid for them out-of-pocket. This figure was similar to the average for ARHs (56%). A higher proportion of North Adams respondents reported that they were given their medications free than the average for ARHs. (Chart 4)

“They gave me some to last until pharmacy opened because it was night.”
North Adams Respondent

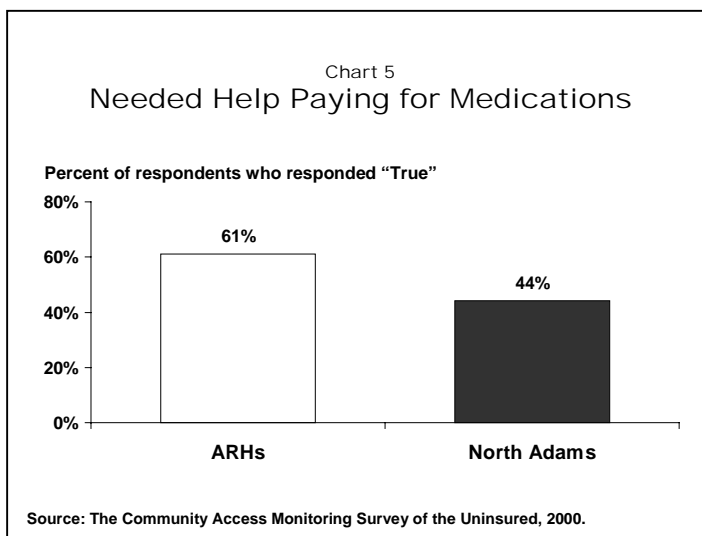
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In addition, among respondents who received prescriptions, only eight percent said they were unable to fill any of them due to cost, much lower than the ARH average of 23 percent.

“Got some free samples, but paid for the rest myself, which is very expensive.”
North Adams respondent

Respondents for North Adams were much *less* likely than the ARH average to report that paying for their medications was “very difficult” (36% vs. 52%, respectively). North Adams respondents were also less likely to need help paying for their medications than respondents for ARHs overall. (Chart 5)



However, among North Adams respondents who needed financial assistance, 84 percent said they were “never” offered help.



Nearly all (99%) of the respondents said they understood their medication instructions. However, a few respondents did comment on their confusion about the instructions they received.

“Sometimes they would be careful to explain the instructions and other times they wouldn’t even write them down.”
North Adams Respondent

CONCERNS OVER PAYMENT FOR HEALTH CARE

About one-half of the respondents for North Adams stated that paying their medical bills was very difficult and that they needed help paying for them. Many of the respondents who needed help had their bills waived.

“Very difficult to pay – so many different bills – hard to decide who to pay first. So I sent a little to each one so they don’t hound me about it.”
North Adams Respondent

Nearly half of the North Adams respondents stated that paying for their medical bills was “very difficult” for them, a proportion smaller than the average for ARHs (69%).

Seventy-seven percent of the respondents stated that they needed financial assistance paying their medical bills, similar to the ARH average (80%). Among the North Adams respondents who needed help paying their medical bills, about half (47%) said they were offered help by staff at least sometimes, but 53 percent stated that they were “never” offered any assistance.

“They sent me to the financial office and helped to get a plan that could work on my budget.”
North Adams Respondent

Of the respondents who did receive help, the most common type of assistance offered was waiving the bill (47%). In comparison, only 22 percent of ARH respondents said their bills were waived.

“They didn’t ask if I needed help paying the bill until the 90-day period, or until they call for collection.”
North Adams Respondent

SEEKING CARE IN THE FUTURE

Although the majority of respondents said that their past experiences paying bills would not affect whether they sought care at North Adams again, 13 percent said it would cause them to not seek care there again. However, nearly all the respondents said that they would use the facility again if they had health insurance.

“It would not make a difference because it is the only hospital in North Adams.”
North Adams Respondent

When asked how their past experiences paying bills at the hospital would affect their future care, the majority—56 percent—said that it would make no difference. However, 13 percent of the respondents said that it would cause them not to seek care at the hospital again.

“Go as little as possible unless really sick. Going for something could really wipe you out financially. Makes it hard, especially for the self-employed.”
North Adams Respondent

More than two-fifths (44%) of the respondents for North Adams reported that they owed money to the hospital (ARH average: 60%). Among those who had unpaid bills, 29 percent stated that the debt would deter them from seeking care at the hospital in the future.

“Only hospital within a reasonable distance.”
North Adams Respondent

The overwhelming majority—95 percent—of respondents reported that they would use the facility again if they had health insurance.

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DISCUSSION

This section discusses some of the perceived strengths and issues for further consideration suggested by the survey results for North Adams Regional Hospital.

STRENGTHS

- ◆ More than three-fourths of the respondents reported that in their experience the hospital had been open and accepting to them even if they could not pay.
- ◆ Respondents were likely to be satisfied with their interactions with staff, particularly with receptionists, nurses and doctors. Responses were similar to the average for All Rural Hospitals (ARHs) included in CAMS nationwide.
- ◆ North Adams respondents were less likely than the average for ARHs to say that paying for medical care and prescriptions was very difficult.
- ◆ Nearly all the respondents said they would use the hospital again if they had health insurance.

ISSUES FOR FURTHER CONSIDERATION

- ◆ More than one-third of the respondents said they had been an inpatient and/or a clinic outpatient at least once in the past year. In contrast, 74 percent of the respondents said they had used the emergency room at least once.
- ◆ Nearly half of the North Adams respondents reported that the hospital has a reputation in the community for providing “a lot” of care. Notably, however, one-third of the respondents said they did not know the reputation of the facility.
- ◆ Three-fourths of the respondents reported that they needed financial assistance to pay for medical bills and 44 percent said that they needed help to pay for medications. Among those who needed financial assistance, about one-half reported that staff never asked if help was needed paying medical bills, and 84 percent said staff never asked if help was needed paying for medications.



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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³¹ The estimate of the number of uninsured is based upon the Census Bureau's estimate of a 10.3% rate of uninsurance for Massachusetts in 1998 (www.census.gov/hhes/hlthins/hlthins98/3yr98.html accessed 2/26/00). This translates into 4,068 individuals without insurance out of a population of 39,495.

³² Information from Paul Hopkins, Director of Community Relations, North Adams Regional Hospital.

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