



Getting Health Care
When You Are
Uninsured:
*A Survey of Uninsured Patients
at Wake Medical Center in
Raleigh, North Carolina*

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

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North Carolina Fair Share, established in 1987, is a statewide membership, advocacy, and leadership development organization dedicated to working with low-income North Carolinians on grassroots issues, health care in particular. Currently chapters exist in Wake, Durham, Chapel Hill, Pender, Rocky Mount, Granville, Mecklenburg and Robeson Counties. North Carolina Fair Share membership has successfully prevented four North Carolina public hospitals (Wake Medical Center, Pitt Memorial, Pender Memorial and Durham Regional) from becoming “for profit.” These efforts maintained the hospitals commitment to indigent and uninsured patients.

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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, Raleigh, North Carolina. The survey was conducted in the summer of 2000 and gathered information from 299 uninsured patients who obtained health care at Wake Medical Center 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

- ◆ Most Wake Medical Center respondents (69%) reported that, in their experience, the hospital had been open and accepting to them even though they could not pay, and one-half reported that the hospital has a reputation in the community for providing a lot of care to the uninsured. These proportions were similar to the averages for All Urban and Suburban Hospitals (AUSHs) included in the CAMS project nationwide. However, nearly half of the respondents said either that the facility provides only “some care” or provides care “reluctantly” if they could not pay, higher than the averages for AUSHs.
- ◆ Respondents were more likely than the average for AUSHs to say they were satisfied with their interactions with staff. However, only three of five respondents said they were “always” treated with respect (similar to the AUSH average of 61%).

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- ◆ Respondents reported heavy use of the facility, especially of the emergency room: 95 percent reported using the emergency room at least once in the past year.
- ◆ The average waiting time reported to see a provider on the day of the appointment was almost an hour and a half. This was longer than the average of 63 minutes for AUSHs, and nearly half of the respondents said the waiting time was a problem for them at least sometimes.
- ◆ Among the respondents who said they received prescriptions for medications, Wake Medical Center respondents were more likely than the AUSH average to say they received some of their medications for free. Nonetheless, one of five said they were unable to obtain some of them due to cost, and another ten percent said they were unable to obtain *any* of them due to cost. Of the 70 percent of respondents who said they needed help to pay for their medications, about a third (34%) said staff never offered assistance.
- ◆ Wake Medical Center respondents were more likely than the AUSH averages to say that paying their medical bills was very difficult, and that they needed help to pay them. Among those who said they needed help, nearly half (47%) said that staff never offered any form of assistance.
- ◆ While most respondents said that their past experiences paying bills at Wake Medical Center would not affect their likelihood of seeking care there in the future, 15 percent said that it would deter them from seeking care again and 13 percent said it would cause them to use a different facility.
- ◆ Three-fourths of the Wake Medical Center respondents said they were in debt to the facility, which was higher than the AUSH average (61%). While these respondents were less likely than the AUSH average to say that the debt would deter them from using the facility again, about one of five (18%) said their indebtedness would be a deterrent.
- ◆ When respondents were asked if they would use the Wake Medical Center if they had health insurance, the vast majority (91%) responded that they would.



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, Raleigh, North Carolina. The survey was conducted by North Carolina Fair Share in the summer of 2000, and gathered information from uninsured individuals who received care at Wake Medical Center in Raleigh in the previous year. Along with providing the results of the survey for this facility, the report compares the results with aggregate responses at 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

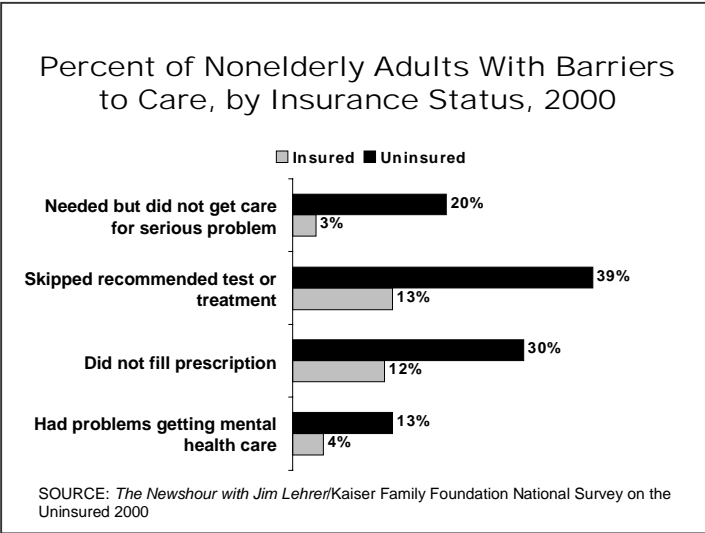
With great consistency, national research has demonstrated that insurance status affects the amount and type of care individuals receive. Lack of health insurance is related to both reduced access to care and to poorer health outcomes. In addition, many of the changes in the health care market over the 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
- ◆ Physicians involved with managed care plans and those who practice in areas with high managed care penetration tend to provide less charity care.²⁸

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- ◆ 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 North Carolina Fair Share.

According to U.S. Census Data, almost one in five people in Raleigh live in high poverty areas, and over 14% of the city's children live in poverty. In many communities in the areas outside of Raleigh, there are homes that do not have indoor plumbing and residents are exposed to contaminated water and hazardous landfills. Some residents of these areas have no easy access to medical facilities, a situation that is exacerbated by lack of mass transportation to and from Raleigh. In 1999 Wake County, which includes the city of Raleigh, had 56,000 uninsured residents; many are employed or reside in households with employed persons but do not qualify for Medicaid.³¹

North Carolina Fair Share surveyed uninsured individuals who received services at Wake Medical Center (WakeMed) New Bern Avenue campus in the previous year. The Medical Center, based in Raleigh, opened in 1961 as the Memorial Hospital of Wake County. It was built by the Wake Commissioners to replace the ill-equipped St. Agnes Hospital for Negroes. As a general hospital, its purpose was to provide services to all citizens in the community. In 1976, the hospital changed its name to Wake Medical Center.

Wake Medical Center was originally a county-owned public hospital, but converted to private non-profit status in 1997. The North Carolina Fair Share Wake County Chapter and its allies successfully advocated to ensure that the hospital continued to provide the same amount of indigent care after the conversion--\$43 million annually--as it had prior to the change in its ownership status.

Since its establishment, the hospital has grown from a 350-bed facility with 50 doctors on staff to a 746-bed six-hospital system.³² The WakeMed health care system has approximately 4,900 nurses, technologists, and support staff that works with over 800 affiliated physicians. It is the largest hospital in Wake County and the seventh largest hospital in North Carolina. The New Bern Avenue campus now includes the newly built WakeMed Heart Center and Pediatric Emergency Department. Its Emergency Department is the largest in Raleigh and is the only state-designated Trauma center in Wake County. It also has the only neuro intensive care unit in Wake County. It is a teaching hospital that is affiliated with the School of Medicine at the University of North Carolina at Chapel Hill.

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In addition, the WakeMed health care system includes the 68-bed WakeMed Rehab hospital; the 80-bed Western Wake Medical Center, a full-service primary care hospital in Cary (Wake County); the WakeMed Fuquay Varina skilled nursing facility; and WakeMed Zebulon-Wendell, which provides skilled nursing care and outpatient services.

North Carolina Fair Share undertook the CAMS project to provide information to the Wake Medical Hospital Administration and Wake County Commissioners on the experiences of the uninsured in the county when they access care at Wake Medical Center, and to document any barriers to care that this population may face. In addition, North Carolina Fair Share conducted the surveys to gather information that will assist in the development of the recently-funded Access Program for the Wake County uninsured. This program is designed to provide access to primary care, specialty services, medications, and hospital services for uninsured residents whose incomes do not exceed 185 percent of the federal poverty level (\$25,678 for a family of three in 1999). Most of the services for the program will be donated. The program grew out of a recommendation by the Wake County Uninsured and Indigent Commission, in which North Carolina Fair Share participated.

SURVEY METHODOLOGY

The CAMS surveys in Raleigh were conducted by four surveyors, all of whom were members of North Carolina Fair Share, which contracted with them to do the surveying. All of the surveyors attended a full-day training session in survey administration. The session was led by trainers from the Health Training Innovations Program of The Medical Foundation in Boston, Massachusetts.

The surveys were conducted in face-to-face interviews between May and July of 2000. North Carolina Fair Share participated in a pilot CAMS project in 1999. Participants for the current CAMS project were identified at many of the same sites as for the pilot study, as well as at some additional sites. The sites included The Women's Center of Raleigh, Cornerstone Health Clinic, the Salvation Army Family Shelter, The Richard B. Harrison Library, the Raleigh Rescue Mission and the Wake County Employment Security Commission (an unemployment office).

Prospective respondents were asked if they had used Wake Medical Center in the last year. If they answered yes, they were then asked if they had health insurance (including Medicaid) when they used Wake Medical Center. Only individuals who had used Wake Medical Center when uninsured were then interviewed.

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.

A total of 299 surveys were completed. 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 Wake Medical Center. *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 Wake Medical Center New Bern Avenue Campus (Wake MC) while uninsured and compares them with averages for All Urban and Suburban Hospitals (AUSHs) included in CAMS nationwide. All comparisons are statistically significant unless otherwise indicated (ns = non-significant). See Appendix A for a table of the results for Wake Medical Center, as well as for the aggregate results for all urban and suburban hospitals included in CAMS.

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 B for a list of all facilities included in the project nationally.

RESPONDENT CHARACTERISTICS

Three of four Wake MC respondents were African-American. Respondents varied in age, but more than half were between the ages of 30 and 50.

Three of four respondents for Wake MC identified themselves as African-American, and 15 percent said they were White.

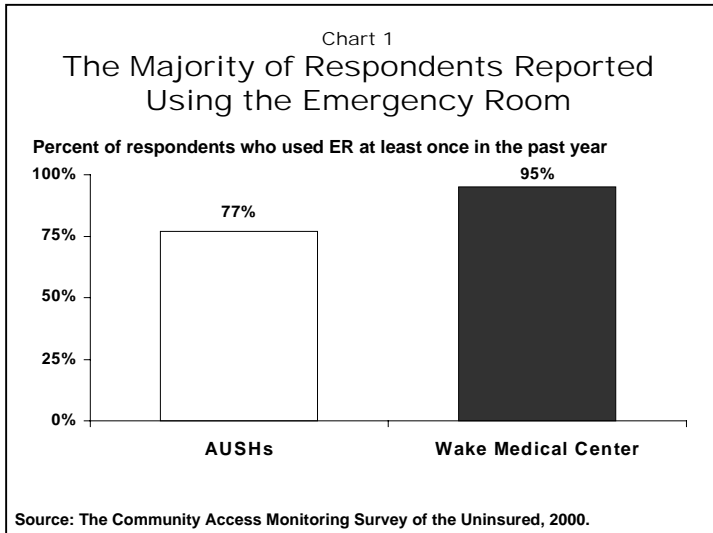
Respondents varied in age, but more than half (56%) were between the ages of 30 and 50, and only one percent answered on behalf of a child. In comparison, 44 percent of respondents for AUSHs were between 30 and 50, while 15 percent answered on behalf of a child.

All the respondents chose to take the survey in English.

USE OF HEALTH SERVICES

Almost all respondents had used the emergency room in the past year. More than half had used the outpatient clinic as well.

Nearly all of the Wake MC respondents—95 percent—reported using the hospital's emergency room at least once in the past year. In comparison, the average for AUSHs was 77 percent. (Chart 1)



Wake MC respondents were also more likely to have used an outpatient clinic than the average for AUSHs (59% vs. 45%, respectively).

Thirty-eight percent of Wake MC respondents said they used the facility only once in the past year, while 16 percent used it five times or more. These proportions were similar to AUSH averages.

One-third of the Wake MC respondents reported that they sought care to treat a chronic problem such as asthma or diabetes. This was similar to the average for AUSHs.

OPENNESS TO THE UNINSURED AND SATISFACTION WITH PROVIDERS

Two-thirds of respondents felt that the hospital had been open and accepting to them even if they were unable to pay for their care. Almost half reported that the hospital had a reputation in the community for providing a lot of care to the uninsured. Wake MC respondents were more likely to report being satisfied with their providers than averages for AUSHs.

When respondents were asked whether they thought the hospital had been open and accepting to them even if they were unable to pay for their care, 69 percent reported that Wake MC had been open to them. Most others said that the facility had accepted them reluctantly. In comparison, 61 percent of AUSH respondents felt that their facility had been open and accepting.

Nearly half (46%) of the respondents for Wake MC reported that the hospital had a reputation in the community for providing “a lot” of

“I don't have medical insurance. Wake has an orthopedic clinic that takes me. It's the only hospital in the area that will.”
Wake MC Respondent

“They provide care but they seem unwilling. They ask me “how are you going to pay for this if you're homeless?””
Wake MC Respondent

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“Wake has always treated me fair and friendly...very professional.”
Wake MC Respondent

“I was scared and they helped calm me down and gave me an inhaler.”
Wake MC Respondent

“It was very hard and I felt more like a deli number at a sandwich shop than like a person.”
Wake MC Respondent

“I was pleased with Wake Medical, but the people in the billing office were not nice to me because I could not say how I will pay the bill.”
Wake MC Respondent

“It would help if they had a night clinic for walk-ins. They used to have it years ago. Especially when you're sick right then but you're told to come in a month. It takes forever but with no insurance what do you expect?”
Wake MC Respondent

“The wait in the emergency room is too long...I waited for four hours...that's just too long for somebody to wait in pain.”
Wake MC Respondent

care to the uninsured. The average for AUSHs was similar—44 percent.

Over 90 percent of the respondents for Wake MC said that they were “satisfied” or “very satisfied” with the care and service they received from receptionists, nurses, and doctors. A small proportion (11% or less) reported that they were dissatisfied with their interactions with physician assistants, social workers, billing clerks, or pharmacists. The average dissatisfaction ratings for AUSHs were slightly higher.

Three of five respondents (59%) for Wake MC reported that health care professionals “always” treated them with respect. The average for AUSHs was similar (61%).

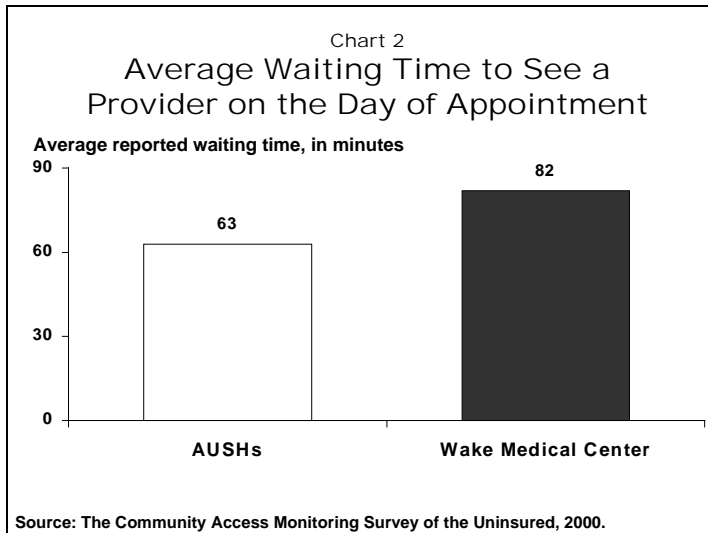
ACCESSIBILITY

The average reported time to see a provider on the day of an appointment was almost an hour and a half, and nearly half of the respondents said the waiting time was a problem at least sometimes. In addition one-third of respondents said that the waiting time to get an appointment was a problem at least sometimes.

The overwhelming majority of Wake MC respondents (over 90%) reported that the hospital’s hours and the emergency room’s hours were “never a problem” for them. Four of five respondents (81%) reported that the location was “never a problem;” the average for AUSHs was 69 percent. Notably, the average reported travel time for Wake MC respondents was the same as the AUSH average: 21 minutes.

One-third (34%) of the Wake MC respondents reported that the waiting time to get an appointment was a problem at least sometimes. The average for AUSHs was similar (36%). In fact, the average time to get an appointment reported by Wake MC respondents was similar to the AUSH average (15 days vs. 14 days, respectively).

Forty-seven percent of Wake MC respondents said the waiting time to see a provider on the day of an appointment was a problem at least sometimes; the AUSH average was 52 percent (ns). The average waiting time reported by Wake MC respondents was 82 minutes, significantly longer than the AUSH average of 63 minutes. (Chart 2)



Although most respondents said that convenience to public transportation was not a problem, one-fourth of the respondents reported that convenience to public transportation and assistance with transportation were problems at least sometimes. These proportions were similar to AUSH averages.

“Sometimes it’s a problem at night when the busses aren’t running. If I needed bus fare, Wake Med would give me a bus ticket.”
Wake MC Respondent

OBTAINING PRESCRIPTION MEDICATIONS

Although almost half of the respondents said they received some of their medications free, more than one-third said that they were not able to fill part or all of their prescriptions because of cost.

Four of five respondents for Wake MC (80%) said they received prescriptions for medications. Nearly half of these respondents (46%) said they received some of their medications free from staff. In comparison, the average for AUSHs was 27 percent. Fifteen percent of Wake MC respondents said they used a pharmacy card to get their medications, compared to 8 percent of AUSH respondents. Thirty percent of respondents reported that they used a drug store and paid for their medications out-of-pocket. In comparison, the average proportion for AUSHs was nearly twice as high: 57 percent.

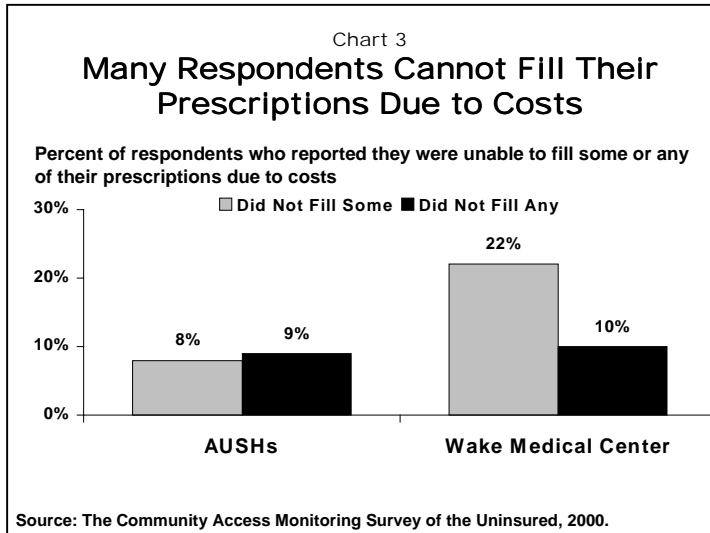
“Staff gave me samples. I had to buy some but did not get everything because of cost.”
Wake MC Respondent

Nonetheless, more than one of five respondents (22%) reported that they were unable to afford some of their medications. In contrast, the average for AUSHs was nine percent. In addition, ten percent of the Wake MC respondents said that they did not fill *any* of their prescriptions due to costs. (Chart 3)

“When I used the Wake Med pharmacy card I still had to pay for my son’s medicine, but it was cheaper than it would have been at an outside drugstore.”
Wake MC Respondent

“I have to reuse some needles and I sometimes cut back on insulin.”
Wake MC Respondent

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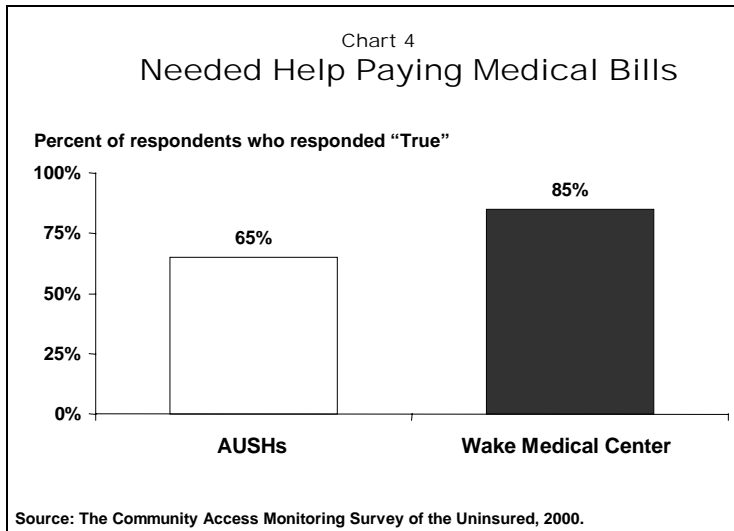
One-half (49%) of the Wake MC respondents reported that paying for their medications was “very difficult.” In comparison, the average for AUSHs was 40 percent. In addition, Wake MC respondents were much more likely than the AUSH average to say they needed help paying for their medications (71% vs. 47%, respectively). Of respondents who said they needed help, about a quarter (26%) said staff “always” offered help, while about a third (34%) said staff “never” offered help. The percentage of AUSH respondents who said staff never offered help was 64 percent.

CONCERNS OVER PAYMENT FOR HEALTH CARE

Eighty-five percent of Wake MC respondents said that they needed financial assistance to pay their medical bills. Of these, about half said that staff offered assistance at least sometimes. Of those who did receive help, the most common type of assistance was a monthly billing plan.

Wake MC respondents were more likely to report that they found paying their medical bills “very difficult” than respondents for AUSHs (72% vs. 61%, respectively). In addition, 85 percent of the respondents stated that they needed financial assistance to pay their medical bills. In comparison, 65 percent of respondents of AUSHs said they needed help. (Chart 4)

“When an assessment was done it was determined that I should pay 100%. I don’t understand how on my income.”
Wake MC Respondent



"They need to stop contacting the credit bureau when you can't pay-especially for homeless people. They ought to set up some kind of payment through the hospital instead of the credit bureau."

Wake MC Respondent

Among the Wake MC respondents who said they needed help, about half (53%) said staff offered assistance at least sometimes, but 47 percent stated that they were "never" offered any assistance. In comparison, the average for AUSHs was 56 percent.

"The billing clerk in discharge said my bill was reduced for surgery services, but I still had a big bill."

Wake MC Respondent

Of those who did receive help, the most common form of assistance offered was a monthly billing plan (82%). Similar to the AUSH average, very few respondents (7%) said their bills were waived.

SEEKING CARE IN THE FUTURE

Three-quarters of the respondents said they were in debt to Wake MC. Almost one in five of these respondents said this debt would deter them from seeking care at the facility again. The vast majority of respondents said they would use the facility if they had insurance.

When asked how the amount and the way that they had to pay for medical care would affect their likelihood of seeking care at Wake MC in the future, the majority of respondents —77 percent—said that it would make no difference. Fifteen percent of the respondents said their past experiences paying for care would cause them not to seek care again, and 13 percent said they would another facility.

"If I get sick enough to need care, I won't let a bill stop me from going to the hospital."

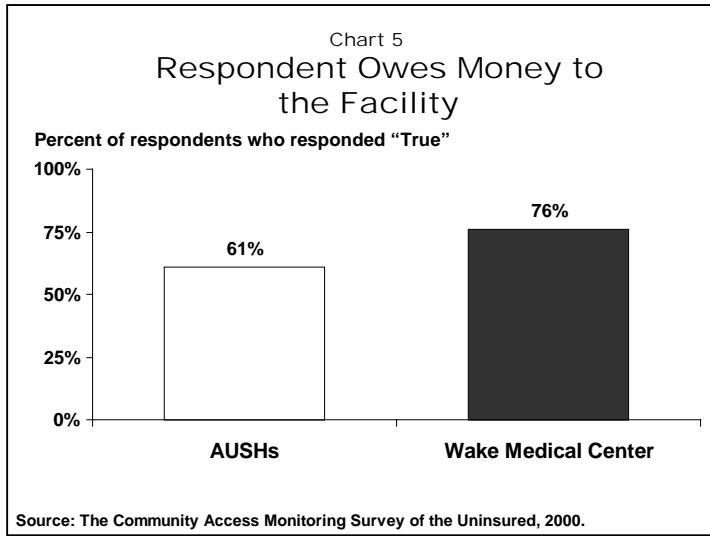
Wake MC Respondent

Three of four Wake MC respondents (76%) reported that they were in debt to the facility, higher than the AUSH average of 61%. (Chart 5) Among those who were in debt, 18 percent said the debt would deter them from seeking care at Wake MC again, less than the average for AUSHs (28%).

"I want to pay off my bills before going back to Wake Med."

Wake MC Respondent

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The overwhelming majority of respondents—91 percent—said that they would use the facility again if they had health insurance. The average for AUSHs was 77 percent.

DISCUSSION

This section summarizes the results of the surveys and discusses some of the perceived strengths of Wake Medical Center suggested by the survey results, as well as highlighting some issues that might warrant further discussion.

- ◆ Most respondents (69%) reported that in their experience the hospital had been open and accepting to them even though they could not pay, and one-half reported that the hospital has a reputation in the community for providing a lot of care to the uninsured. These proportions were similar to the averages for All Urban and Suburban Hospitals (AUSHs) included in CAMS nationwide. However, nearly half of the respondents said either that the facility provides only “some care” or provides care “reluctantly” if they could not pay, higher than the averages for AUSHs.
- ◆ Respondents were more likely than the average for AUSHs to say they were satisfied with their interactions with staff. However, only three of five respondents said they were “always” treated with respect (similar to the AUSH average of 61%).
- ◆ Respondents reported heavy use of the facility, especially of the emergency room: 95 percent reported using the emergency room at least once in the past year.
- ◆ Most respondents did not report having problems with the facility’s location, hours of operation, or convenience to public transportation. However, one quarter of the respondents did say that convenience to public transportation was a problem for them at least sometimes.
- ◆ The average time reported to get an appointment was two weeks. While this was similar to the average for AUSHs, about a third of the respondents felt that the time to get an appointment was a problem at least sometimes.
- ◆ The average time reported to see a provider on the day of the appointment was almost an hour and a half. This was longer than the average of 63 minutes for AUSHs, and nearly half of the respondents said the waiting time was a problem for them at least sometimes.
- ◆ Among the respondents who said they received prescriptions for medications, Wake Medical Center respondents were more likely than the AUSH average to say they received some of their medications for free. Nonetheless, one of five said they were

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unable to obtain some of them due to costs, and another ten percent said they were unable to obtain any of them due to costs. Of the 70 percent of respondents who said they needed help to pay for their medications, about a third (34%) said staff never offered assistance.

- ◆ Wake Medical Center respondents were more likely than the AUSH averages to say that paying their medical bills was very difficult, and that they needed help to pay them. Among those who said they needed help, 47 percent said that staff never offered any form of assistance.
- ◆ While most respondents said that their past experiences paying bills at the facility would not affect their likelihood of seeking care there in the future, 15 percent said that it would deter them from seeking care again and 13 percent said it would cause them to use a different facility.
- ◆ Three-fourths of the Wake MC respondents said they were in debt to the facility, which was higher than the AUSH average (61%). While these respondents were less likely than the AUSH average to say that the debt would deter them from using the facility again, about one of five (18%) said their indebtedness would be a deterrent.
- ◆ When respondents were asked if they would use the Wake Medical Center if they had health insurance, the vast majority (91%) responded that they would.

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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³² Information on WakeMed health care system is at www.wakemed.org.



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Claudia Egelhoff, North Carolina Fair Share Survey Project Coordinator, has 25 years experience in planning, conducting, and analyzing surveys. She holds a Masters Degree in Public Health Policy and Administration.

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James Williams, Survey Interviewer, is the CEO of IntroSpect Development Group and Director of the Center for Progressive Leadership. He has over 10 years experience conducting and analyzing surveys.

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