



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

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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. For more information, contact:

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**West Virginia Community Voices (WVCV)** is a partnership of West Virginia University Systems, the Higher Education Policy Commission, the Community Council of Kanawha Valley, the Regional Family Resource Network, and the West Virginia Governor's Cabinet on Children and Families, as well as other community-based organizations and advocacy groups. It is one of 13 sites nationwide funded by the W.K. Kellogg Foundation to improve access to health care for underserved and uninsured populations. The mission of WVCV is to enhance the capacity of communities to improve access to health care for the medically underserved through creative programs and partnerships. WVCV has worked toward this goal through building partnerships and sustainable systems, improving utilization of the Children's Health Insurance Program (CHIP), identifying policy issues, and bringing the voices of the community to legislators and other policy makers.

The **Community Council of Kanawha Valley**, one of the WVCV core partners, coordinated the Community Access Monitoring Survey project. The Community Council of Kanawha Valley serves the uninsured and underserved through program planning, service delivery, advocacy, and policy education. The Council does community planning, conducts community forums, and performs research and evaluation in a four-county area. The Council utilizes the information gathered for strategic planning to provide social and health care services, advocacy, and policy education. To ensure access to care for its clients, the Community Council also collaborates with health care providers in its service area. For more information, contact:

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**TABLE OF CONTENTS**

**Executive Summary**.....5  
**Introduction** .....9  
    Community Access Monitoring Survey Project..... 10  
    About This Report..... 11  
**Lack of Insurance is Dangerous to Your Health**.....12  
    Lack of Insurance and Access to Care..... 12  
    Lack of Insurance and Health Outcomes..... 13  
    Benefits of Improved Access to Health Care..... 14  
    The Health Care Market and Care for the Uninsured ..... 15  
**Community Context**.....17  
**Survey Methodology** .....20  
**Survey Findings** .....21  
    Boone Memorial Hospital ..... 21  
    Clay Primary Care Center..... 29  
    West Virginia Health Right and Women Care & Family Care .... 35  
**Discussion**.....43  
**References** .....47  
**Appendix A: Tables of Survey Results** .....A-1  
**Appendix B: Surveyed Facilities by CAMS Sponsoring  
    Organization and by Type**.....B-1  
**Appendix C: Locations of CAMS Sponsoring Organizations  
    and State Uninsurance Rates 1997-98**.....C-1  
**Appendix D: Survey Instrument** .....D-1  
**Acknowledgements**

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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 West Virginia. The survey was conducted in the summer of 2000 and gathered information from 559 uninsured patients who obtained health care in the previous year at Boone Memorial Hospital, or at one of three clinics--Clay Primary Care Center, WomenCare & FamilyCare, or West Virginia Health Right. 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

#### ***BOONE MEMORIAL HOSPITAL***

- ◆ Ninety-two percent of respondents reported at least one emergency room visit in the past year, while only 26 percent said they used the outpatient clinic. More than three of five respondents reported that they used the hospital more than once in the past year.
- ◆ Most respondents (84%) found the hospital open and accepting to them even if they could not pay, and about half said the facility had a reputation for providing a lot of care to the uninsured. These proportions were higher than the averages for All Rural Hospitals (ARHs) included in the CAMS project nationwide.
- ◆ The great majority of respondents reported that they were satisfied with the care and service they received from staff.

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However, 15 percent said they were dissatisfied with the care they received from physicians.

- ◆ Respondents reported an average waiting time on the day of the appointment of one hour and 15 minutes, considerably longer than the average for ARHs (36 minutes).
- ◆ Respondents were more likely than the ARH average to report that convenience to public transportation was a problem, and they were twice as likely as the ARH average to report problems getting transportation assistance when needed.
- ◆ Nearly one of four respondents (23%) who had medications prescribed did not get all of the medications due to cost. Of the 60 percent of respondents who said they needed assistance paying for medications, 73 percent said they were never offered any form of assistance by staff.
- ◆ Three of four respondents said they needed help paying their medical bills. However, 79 percent of those who needed help said they were never offered any financial assistance by staff. In addition, one in ten said that because of their past experiences paying bills, they would not seek care at the hospital again, while another 7 percent said they would use a different facility. Four out of five respondents said they were in debt to the hospital.

#### **CLAY PRIMARY CARE CENTER**

- ◆ Most respondents (86%) said the clinic had been “open and accepting” to them even if they could not pay for their care, and four of five said it has a reputation for providing a lot of care to the uninsured.
- ◆ Ninety-five percent or more of respondents were satisfied with the care they received from receptionists, physician assistants, nurses, and doctors. However, 16% said they were dissatisfied with the service they received from billing clerks.
- ◆ The average reported waiting times both to get an appointment and to see a provider on the day of the appointment were significantly shorter than the averages for All Rural Clinics (ARCs) included in the CAMS project.
- ◆ While three of five Clay Primary Care Center respondents said they received their medications free, a significant proportion—41 percent—said they were unable to fill some of their prescriptions due to cost. Of the 84 percent of respondents who said they needed help paying for their medications, one third (32%) said they were never offered any assistance by staff.

- ◆ Nearly all of the respondents —93 percent—said they needed help paying their medical bills; of these, nearly nine out of ten said they were offered some form of assistance by staff.
- ◆ Few respondents said that their experience paying bills at the clinic would cause them not to seek care there in the future. However, more than half of the respondents said they owed money to the clinic, and about one-fourth of these respondents said the debt would deter them from seeking care at the clinic again.
- ◆ Most respondents (93%) said they would use the clinic again if they had health insurance.

***WEST VIRGINIA HEALTH RIGHT AND WOMENCARE & FAMILYCARE***

For both clinics, survey responses indicated the following:

- ◆ Nearly all of the respondents said that, in their experience, the clinics had been open and accepting to them even if they could not pay for their care, and that they have a reputation in the community for providing a lot of care to the uninsured.
- ◆ Respondents reported high levels of satisfaction with their interactions with staff; few respondents reported dissatisfaction.
- ◆ Over 90 percent of respondents said they were always treated with respect by staff.
- ◆ Nearly all the respondents said they understood their medication instructions.
- ◆ About nine of ten respondents said their past experiences paying bills would make it easier for them to seek care at their clinic again.

In addition, responses for West Virginia Health Right, which is a free clinic, indicated that:

- ◆ Most respondents were older (over 40), and a majority—89 percent—reported that they sought care to treat a chronic problem. Twenty-seven percent said they used the clinic 10 or more times in the past year.
- ◆ The average reported waiting time to see a provider on the day of an appointment—almost two and a half hours—was much longer than the average for All Urban and Suburban Clinics (AUSCs) included in the CAMS project nationwide.
- ◆ Since West Virginia Health Right is a free clinic, more than 95 percent of respondents said they received their medications free, and that it was easy to pay for their medical care.

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Responses for WomenCare & FamilyCare indicated the following:

- ◆ Almost three-quarters of the respondents who received prescriptions said they received their medications free; almost none said they couldn't fill their prescriptions because of cost. However, among those who said they needed help paying for their medications, about one-half (46%) said they were never offered any assistance by staff.
- ◆ Of respondents who said they needed help paying their medical bills, most —85 percent—said they were offered assistance at least sometimes, most commonly in the form of a monthly billing plan. Few respondents (3%) said their bill was waived.
- ◆ Nearly all of the respondents—98 percent—said they would use the clinic again even 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.<sup>1</sup> While this number fell slightly between 1998 and 1999, according to current estimates 43 million people are still without health insurance.<sup>2</sup> 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.<sup>3</sup> 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."<sup>4</sup>

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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 for facilities included in the CAMS project in West Virginia. The survey was conducted by West Virginia Community Voices in the summer of 2000, and gathered information from 559 uninsured individuals who received care at Boone Memorial Hospital, Clay Primary Care Center, WomenCare & FamilyCare, or West Virginia Health Right in the previous year. Along with providing the results of the survey for these facilities, 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

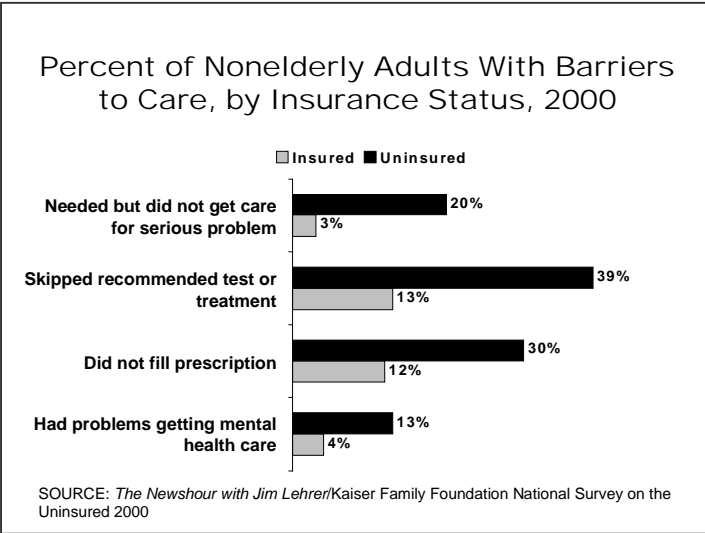
With great consistency, national research has demonstrated that insurance status affects the amount and type of care individuals receive. Lack of health insurance is related to both reduced access to care and to poorer health outcomes. In addition, many of the changes in the health care market over the 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;<sup>5</sup>
- ◆ 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;<sup>6</sup>
- ◆ 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;<sup>7</sup>
- ◆ Among persons with severe mental illnesses, the uninsured were less likely to access needed health care than those covered by insurance;<sup>8</sup>
- ◆ Uninsured adolescents were twice as likely as insured adolescents not to have had a doctor's visit in the past year;<sup>9</sup>
- ◆ Lack of insurance was related to substandard care, such as using fewer procedures and having shorter inpatient stays.<sup>10,11</sup>

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.<sup>12</sup>



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;<sup>13</sup>
- ◆ 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;<sup>14</sup>
- ◆ The uninsured were more likely to be hospitalized for conditions that could have been avoided, such as pneumonia and uncontrolled diabetes.<sup>15</sup>
- ◆ Patients without insurance were more likely to die in the hospital,<sup>16</sup> 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;<sup>17</sup> while those with breast cancer had lower survival rates;<sup>18</sup>
- ◆ Young adults without insurance had higher mortality rates because they were unable to obtain needed care.<sup>19</sup>

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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.<sup>20</sup> 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.<sup>21</sup> 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.<sup>22</sup>

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.<sup>23</sup> 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.<sup>24</sup> 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.<sup>25</sup>



## 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.<sup>26</sup> 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.<sup>27</sup>
- ◆ Physicians involved with managed care plans and those who practice in areas with high managed care penetration tend to provide less charity care.<sup>28</sup>

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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.<sup>29</sup>

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?"<sup>30</sup>



## COMMUNITY CONTEXT

**Note:** Information in this section was provided by West Virginia Community Voices.

West Virginia Community Voices (WVCV) focuses on problems of access to health care in a largely rural area that includes four counties: Boone, Clay, Putnam, and Kanawha. The four counties in 1998 had a population of 289,823,<sup>31</sup> which represented 16% of the total population of the state. Kanawha is the most populous county, with 202,011 residents; the populations of the other counties are between approximately 10,000 and 50,000.

Many of the counties' residents live in remote rural areas with poor roads and no public transportation. One fourth to one half of residents lack a high school degree, and poverty rates range from 12% in Putnam County to 39% in Clay County.<sup>32,33</sup> According to West Virginia County Health Profiles, major health problems in all of the counties include cigarette smoking, sedentary lifestyles, hypertension, cardiovascular diseases, diabetes and obesity.<sup>34</sup>

In 1997, the U.S. Census Bureau estimated that 15.8% of the state's population between the ages of 18 and 64 was uninsured.<sup>35</sup> In 1997 the uninsurance rate for adults ages 18-64 in the counties was 22.5% in Boone, 21.6% in Clay, 16.9% in Kanawha, and 15.2% in Putnam.<sup>36</sup> The uninsured include those who work for small employers, low-wage workers, and those who are self-employed.

Health institutions are sparse in the rural parts of the county; most are located in urban areas. Boone County, for example, has only one hospital, while Clay County has no hospital. Getting to a hospital in Clay County may require a drive of an hour or more, but many residents do not own a car and public transportation is not available. Lack of insurance coverage is also a barrier to accessing medical care.

Because of lack of awareness, significant numbers of families are not enrolled in the programs that are available for the uninsured. While aggressive outreach efforts have resulted in increased enrollment of children in Medicaid and the Children's Health Insurance Program, many eligible children and their families remain uninsured. Moreover, no public insurance programs target uninsured adults or the working poor. Although some health care facilities have policies to help the uninsured, case studies have documented that uninsured people are not receiving adequate and quality health care.<sup>37</sup>

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WVCV conducted interviews with people who had received care at any of four facilities, one in each of the four targeted counties. To be eligible to participate in the survey, respondents had to have received care at one of the facilities during the past year while uninsured. These facilities were selected because they have a large number of uninsured patients and are located in areas with many uninsured people; they thus offered good opportunities for investigating the experiences and identifying the concerns and needs of uninsured people when they access health care.

*Clay Primary Care Center* is a primary care center in Clay County that provides services for the uninsured. Most services are free, but some are provided on a sliding scale. The center is funded from state, county and private sources. Services include adult health care; immunizations; family planning; prenatal care; well child, TB, and sexually transmitted disease clinics; home health; skilled nursing; Women's, Infant, and Children's nutrition services; environmental health; and injury prevention.

*Boone Memorial Hospital* is a 38 bed, acute-care facility that serves Boone County and parts of Lincoln and Logan Counties. It has a 24-hour emergency room, a Rural Health Clinic operative within the emergency department (during designated hours), and a clinical laboratory. It is also an MD-TV site, which provides interactive education for continuing education and medical consultation. It provides a range of services, such as minor surgery; echocardiography; MRI; CAT scanning; mammography; cardiac rehabilitation; stress testing; wellness and exercise physiology; radiology; physical, massage, speech, and occupational therapy; home care services; and geriatric care. Its staff includes 12 consulting doctors, as well as nurse practitioners and physician assistants. Boone Memorial accepts all types of insurance, including Medicare and Medicaid. Boone Memorial Hospital is also the lead agency of the Rural Health Education Partnership (RHEP), a five-county consortium to train physicians and other medical professional students.

*WomenCare & FamilyCare* serves the uninsured population in Putnam County and its surrounding areas. WomenCare & FamilyCare offers primary health care for families, and offers services including preventive medicine, annual physical exams, geriatric care, employment physicals, minor surgeries, gynecological care, and obstetric care. The clinic is funded from fees, grants, Medicaid payments, and other sources. It accepts most insurance plans, including Medicare and Medicaid. For uninsured patients, it offers flexible payment plans and provides services on a sliding scale.



*West Virginia Health Right* is a clinic that provides free services using volunteer doctors, pharmacists, nurses, office workers, and others. Its services include primary health care, diagnosis, treatment, prescriptions, laboratory services, x-rays, and referrals. The clinic is funded by the United Way, foundations, churches, Valley Health Systems, and the West Virginia Department of Health and Human Services. This facility is located in Kanawha County, but provides care for uninsured and impoverished individuals throughout West Virginia.

WVCV undertook the CAMS project in order to better assess the needs of the uninsured across the state, identify priority problems, and advocate for policies to address them.

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## SURVEY METHODOLOGY

Eighteen surveyors administered the surveys; they included Vista and AmeriCorps volunteers, staff, and individuals hired specifically to do the interviewing. Prior to conducting the interviews, the surveyors attended a full-day training session in survey administration, which was conducted by trainers from the Health Training Innovations Program of The Medical Foundation in Boston.

To be eligible to participate, respondents had to have received services at one of the targeted facilities within the past year while they were uninsured. The surveys were conducted between May 8 and July 14, 2000.

At Clay Primary Care Center, WomenCare & FamilyCare, and West Virginia Health Right, respondents were identified at the facilities. All patients were asked at the registration desk to complete a form determining their eligibility and willingness to participate in the survey. Individuals who were uninsured and willing to participate were then directed to a private room in a secluded part of the facility to meet with the surveyor and complete the survey.

At Boone Memorial Hospital, respondents were identified in a variety of ways. The survey coordinator contacted individuals on a list of uninsured patients who had received services at the hospital, letters were sent to parents of local students, and survey administrators approached people as they entered local stores. The surveys were administered in peoples' homes, outside of stores and businesses, and at two elementary schools.

Surveys were completed for 100 respondents at Boone Memorial Hospital, 154 respondents at Clay Primary Care Center, 151 respondents at WomenCare & FamilyCare, and 154 respondents at West Virginia Health Right. 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.

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 the targeted facilities. *The results reflect the experiences only of those surveyed.*

## SURVEY FINDINGS

This section describes the survey results for respondents who received care at Boone Memorial Hospital, Clay Primary Care Center, WomenCare & FamilyCare, or West Virginia Health Right while uninsured, and compares them with averages for all similar facilities included in the CAMS project nationwide. All comparisons are statistically significant unless otherwise indicated (ns = non-significant). See Appendix A for a table of the results for these facilities, as well as for the aggregate results for all similar facilities 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.

### BOONE MEMORIAL HOSPITAL

This section presents survey results for respondents who received care at Boone Memorial Hospital while uninsured. It also compares these results with results for All Rural Hospitals (ARHs) included in the CAMS project nationwide.

#### *RESPONDENT CHARACTERISTICS*

**Nearly all the Boone Memorial Hospital respondents were white. One of five respondents answered on behalf of a child.**

Ninety-six percent of the respondents for Boone Memorial Hospital identified themselves as white. In comparison, the average proportion of white respondents for ARHs was 72 percent. All the respondents chose to take the survey in English.

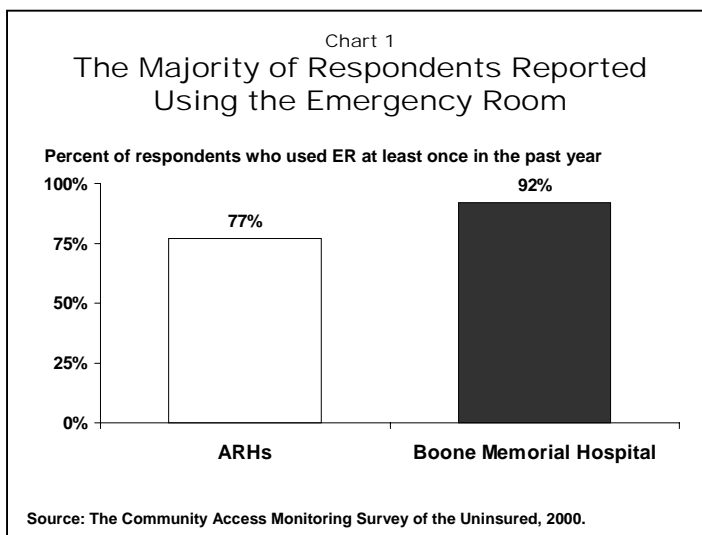
Respondents varied in age, but Boone Memorial Hospital respondents were twice as likely as the ARH average to have responded on behalf of a child (20% vs. 11%, respectively).

#### *USE OF HEALTH SERVICES*

**Nine of ten respondents for Boone Memorial Hospital reported that they used the emergency room at least once in the past year, higher than the ARH average. In addition, two-thirds of the respondents used the facility more than once in the past year.**

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*Emergency room use:* An overwhelming majority of the Boone Memorial Hospital respondents—92 percent—said that they used the emergency room at least once in the past 12 months. In comparison, the average for ARHs was 77 percent. (Chart 1)



*Outpatient clinic use:* The proportion of Boone Memorial Hospital respondents who reported using the outpatient clinic was much lower than the average for ARHs (26% vs. 54%, respectively).

*Inpatient hospital use:* One of ten (11%) respondents for Boone Memorial Hospital reported that they had been admitted to the hospital. The average for ARHs was 22 percent.

*Frequency of use:* Two of three (65%) respondents said they used the facility more than once in the past year. The average for ARHs was slightly lower—58 percent.

*Reason for use:* Two of five (40%) respondents stated that they sought care to treat a chronic problem such as asthma, a figure only slightly higher than the average for ARHs (34%) (ns).

#### **OPENNESS TO THE UNINSURED AND SATISFACTION WITH PROVIDERS**

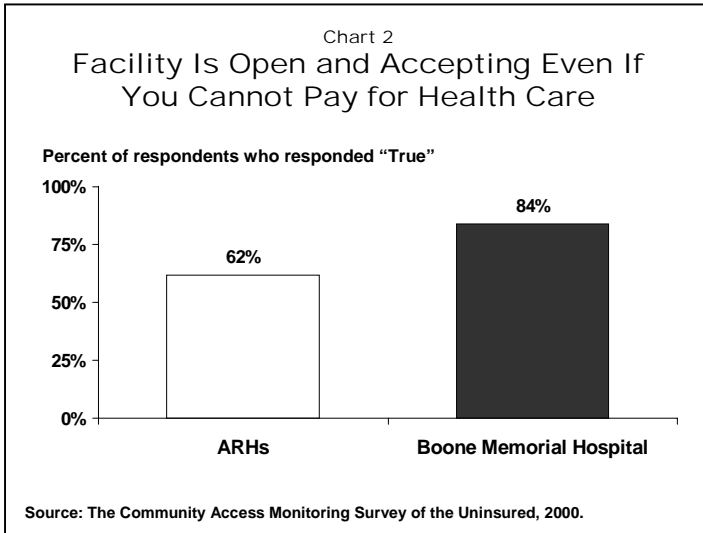
**The majority of the respondents said the hospital had been open and accepting to them even if they were unable to pay for their care. In addition, more than half reported that the hospital had a positive reputation in the community for providing care for the uninsured. Boone Memorial Hospital respondents were generally satisfied with their interactions with staff.**



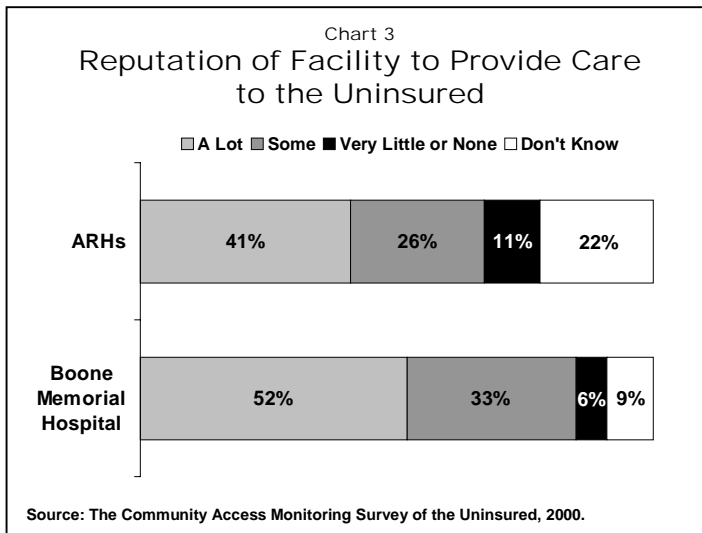
More than four of five (84%) Boone Memorial Hospital respondents reported that the hospital had been “open and accepting” to them even if they were unable to pay for their care. In comparison, the average for ARHs was 62 percent. (Chart 2)

*“I was treated very well even though I didn’t have medical insurance.”*  
Boone Memorial Hospital Respondent

*“They wouldn’t deny any services even if you couldn’t pay. Very open. No problem.”*  
Boone Memorial Hospital Respondent



About half (52%) of the respondents said Boone Memorial Hospital has a reputation in the community for providing “a lot” of care to the uninsured, compared with an average of 41 percent for ARHs. Another 33 percent of Boone Memorial Hospital respondents said the hospital has a reputation for providing “some” care to those who cannot pay, while the ARH average was 26 percent. (Chart 3)



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The great majority of Boone Memorial Hospital respondents reported that they were either “satisfied” or “very satisfied” with the care and service they received from staff members. For example, over 90 percent of the respondents said they were satisfied with the care and service they received from receptionists and nurses. In addition, respondents were likely to report either that they were satisfied with care they received from social workers, billing clerks and pharmacists, or that they did not know; only two percent or less said they were unsatisfied.

However, while nearly four of five (78%) respondents reported that they were satisfied with the care they received from their examining physicians, 15 percent said either they were “unsatisfied” or “very unsatisfied.”

#### **ACCESSIBILITY**

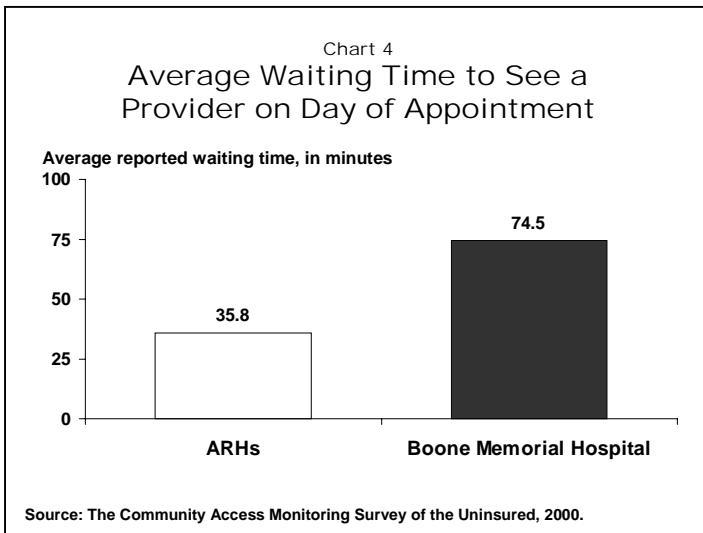
**More than half the respondents reported that the waiting time to see a provider on the day of an appointment had been a problem for them at least sometimes. In addition, more than one-third of the respondents reported that access to public transportation and getting assistance with transportation when needed were a problem at least sometimes.**

Over 80 percent of the Boone Memorial Hospital respondents said that the facility’s hours and its location were never a problem for them, while four percent of respondents said the hours were a problem for them at least sometimes and 17 percent said the location was sometimes a problem. These responses did not differ significantly from the ARH averages.

Three of ten (29%) respondents said that the waiting time to get an appointment was a problem at least sometimes. This proportion was similar to the ARH average of 26 percent.

One-half (52%) of the respondents reported that the waiting time to see a provider on the day of an appointment had been a problem at least sometimes. In contrast, the ARH average was 37 percent. Indeed, the average waiting time reported by Boone Memorial Hospital respondents was more than twice as long as the average waiting time for ARHs: 75 minutes versus 36 minutes, respectively. (Chart 4)

“The waiting time to see a doctor is two hours or more at times.”  
Boone Memorial  
Hospital Respondent



More than a third (36%) of the Boone Memorial Hospital respondents said that convenience to public transportation was a problem for them at least sometimes, while the average for ARHs was 20 percent. In addition, respondents reported that getting transportation assistance when needed was a problem at least sometimes twice as often as the average for ARHs (37% vs. 18%).

*“Transportation is a big problem for me.”*  
Boone Memorial Hospital Respondent

**OBTAINING PRESCRIPTION MEDICATIONS**

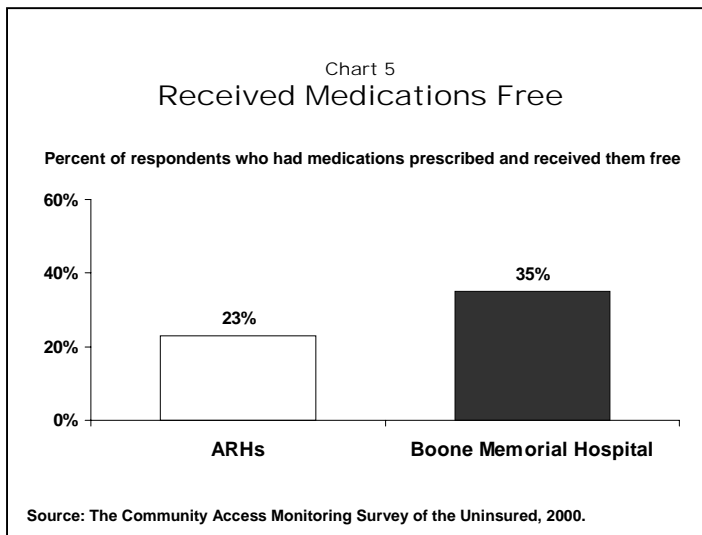
**More than four of five respondents said they had medications prescribed. Of these respondents, 60 percent reported that paying for their medications was very difficult and that they needed financial assistance, while 73 percent said staff never offered to find out if assistance was available.**

*“The services were fine, but we couldn’t get the medicine because of no insurance.”*  
Boone Memorial Hospital Respondent

Among Boone Memorial Hospital respondents, 84 percent reported they had medications prescribed. About one-third (35%) of these respondents said they received their medications free, higher than the average for ARHs of 23 percent. (Chart 5) Another three of five respondents (63%) said they paid for their prescriptions out-of-pocket. However, nearly one of four respondents (23%) said they were unable to fill all of their prescriptions because of the cost. This proportion was identical to the ARH average.

*“I got the medication unless it was too expensive. Then I didn’t get it. I did without.”*  
Boone Memorial Hospital Respondent

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Three of five respondents (61%) reported that paying for their medications was “very difficult” for them. This proportion was not significantly different from the ARH average of 52 percent. Sixty percent of respondents reported that they needed help paying for the medications, almost identical to the ARH average (61%). Finally, among the respondents who said they needed help, nearly three-fourths (73%) said they were “never” offered any form of financial help, similar to the ARH average of 71 percent.

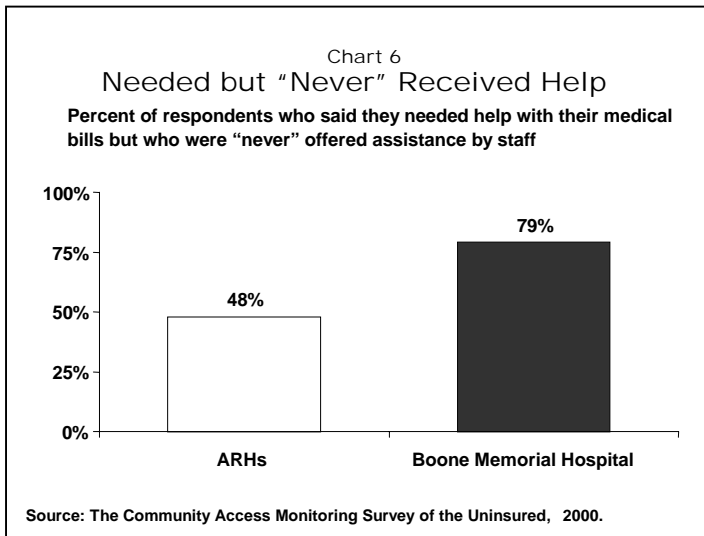
**CONCERNS OVER PAYMENT FOR HEALTH CARE**

**The majority of Boone Memorial Hospital respondents reported that paying their medical bills was very difficult and three-fourths said that they needed help to pay. Four of five respondents who needed help, however, reported that they were never offered assistance.**

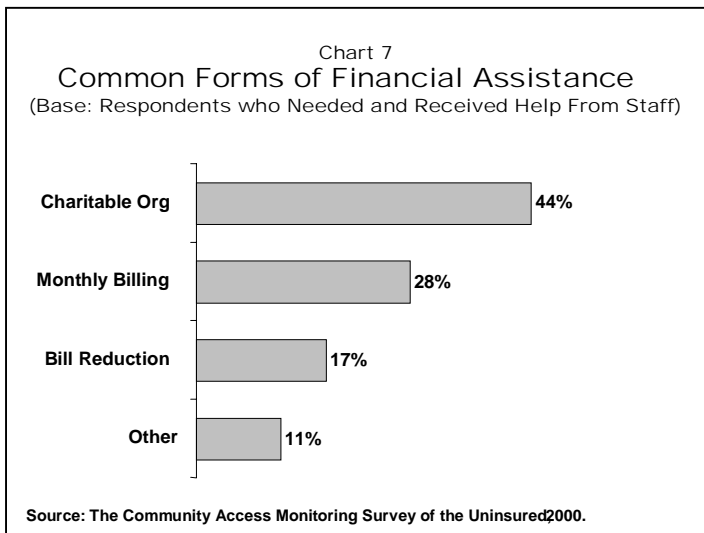
*“I asked them if I could receive help and was told no.”*  
Boone Memorial Hospital Respondent

*“I paid some every month, but they never offered me a plan.”*  
Boone Memorial Hospital Respondent

More than four of five (83%) Boone Memorial Hospital respondents said that they had difficulty paying their medical bills, compared with an average of 69 percent for ARHs. In addition, most respondents (77%) reported that they needed help paying their bills. Among the respondents who needed financial assistance, however, only about one of five respondents (21%) said they were offered assistance even sometimes. In fact, most respondents—79 percent—were *never* offered any assistance, a proportion much larger than the ARH average. (Chart 6)



Among the respondents who did receive assistance, referral to a charitable organization and arrangements for paying in monthly installments were the most common forms of assistance offered. (Chart 7)



### SEEKING CARE IN THE FUTURE

**Most respondents were in debt to the hospital. More than four-fifths of the respondents reported that they would use the facility again if they had health insurance.**

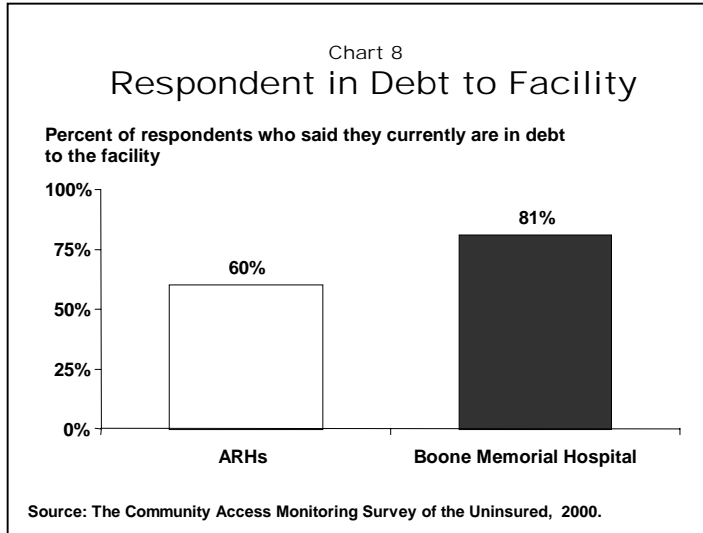
Eleven percent of respondents reported that their past experiences paying bills would make them not seek care at Boone Memorial Hospital again. However, most respondents (67%) said that their past

*"They will see me here  
even if I don't have  
insurance."  
Boone Memorial  
Hospital Respondent*

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experiences would not affect the likelihood of seeking care there in the future, and 15 percent reported it would make it easier to seek care.

The majority of the respondents (81%) said they owed money to the hospital. (Chart 8) However, only 9 percent said this debt would deter them from seeking care at the hospital again. The average for ARHs was higher (29%).



Finally, 82 percent of Boone Memorial Hospital respondents said they would use the facility again if they had health insurance, a proportion only slightly lower than the ARH average of 90 percent.



## CLAY PRIMARY CARE CENTER

This section presents survey results for respondents who received care at Clay Primary Care Center while uninsured. It also compares these results with results for All Rural Clinics (ARCs) included in the CAMS project nationwide.

### **RESPONDENT CHARACTERISTICS**

**Clay Primary Care Center respondents were predominantly white and more than half were between the ages of 18 and 39.**

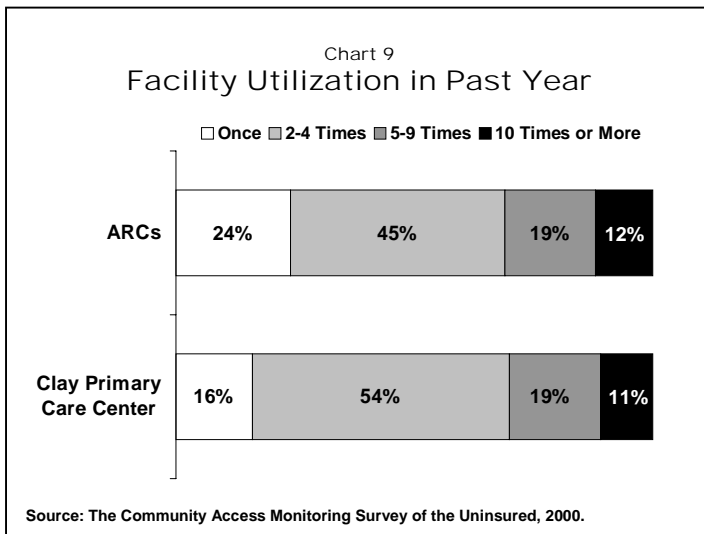
The overwhelming majority of respondents—94 percent—identified themselves as white. In comparison, the average proportion of white respondents for ARCs was 24 percent.

More than three of five (63%) respondents for Clay Primary Care Center were between the ages of 18 and 39, compared with an average of 41 percent for ARCs. However, only 4 percent answered on behalf of a child, compared to 20 percent for ARCs.

### **USE OF HEALTH SERVICES**

**More than four of five respondents said they used the clinic more than once in the past year. Two of five respondents said they sought care to treat a chronic problem.**

More than half (54%) of Clay Primary Care Center respondents used the clinic between two and four times in the past year, while the average for ARCs was 45 percent. Thirty percent said they used the clinic five or more times, almost identical to the average for ARCs. (Chart 9)



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Two of five (41%) Clay Primary Care Center respondents sought care to treat a chronic problem, such as asthma and diabetes, while the average for ARCs was 34 percent (ns).

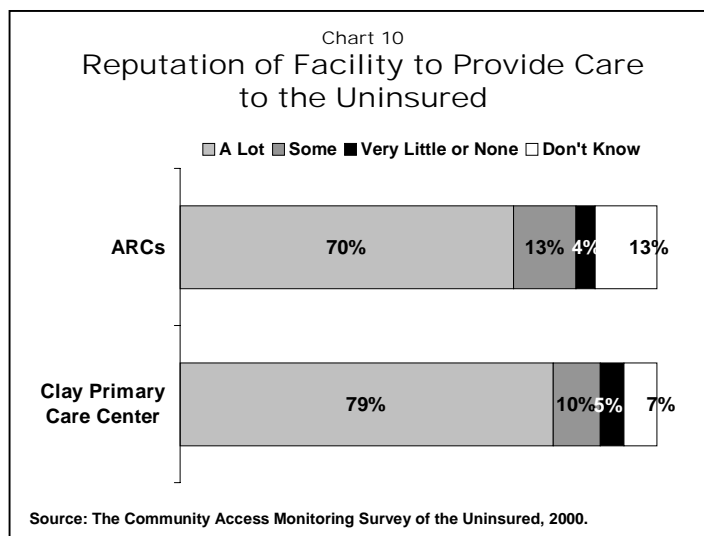
**OPENNESS TO THE UNINSURED AND SATISFACTION WITH PROVIDERS**

**The majority of respondents reported that Clay Primary Care Center had been open and accepting to them even if they were unable to pay. In addition, four of five respondents said that the clinic has a reputation for providing a lot of care to those who cannot pay. Nearly all the respondents were satisfied with their interactions with staff.**

*“A lot of people come here with no insurance and they give them free medicine. I can’t afford to go anywhere else.”*  
Clay Primary Care Center Respondent

The overwhelming majority of respondents—86 percent—said that Clay Primary Care Center had been open and accepting to them even if they could not pay for their care, while the average for ARCs was 81 percent. Moreover, four of five respondents for Clay Primary Care Center reported that the clinic has a reputation in the community for providing “a lot” of care to the uninsured. (Chart 10)

*“A lot of people don’t have insurance and come here because of the sliding scale.”*  
Clay Primary Care Center Respondent



*“Even if it’s a walk-in, they try to get you in. They’re pleasant.”*  
Clay Primary Care Center Respondent

Nearly all (95% or more) Clay Primary Care Center respondents said they were either “very satisfied” or “satisfied” with the care and service they received from receptionists, physician assistants, nurses and doctors at the clinic. Notably, however, 16 percent of the respondents reported that they had been “unsatisfied” or “very unsatisfied” with the service they received from billing clerks, twice the average for ARCs (8%). In addition, several respondents commented that they had difficulty understanding their physicians, for whom English was not their first language.

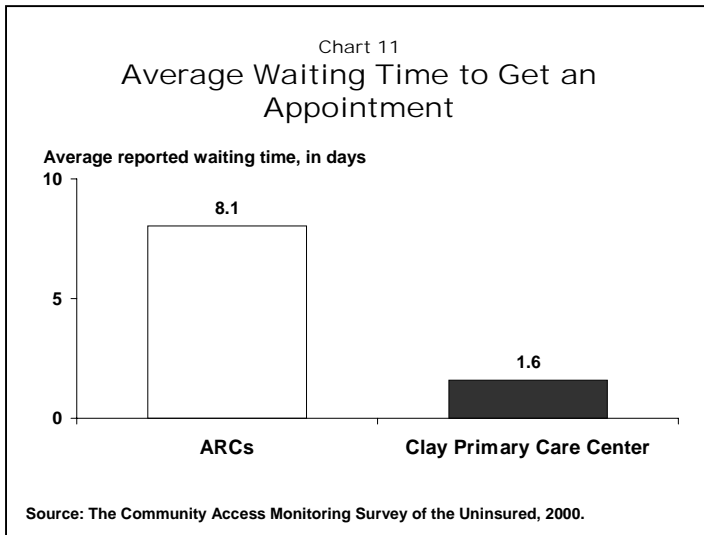
*“It is hard to understand the doctor. I usually just nod my head yes and hope I’m giving the right answers.”*  
Clay Primary Care Center Respondent

**ACCESSIBILITY**

**Most of the respondents reported that the clinic’s hours and its location were never a problem for them. However, more than two-thirds of the respondents reported that the waiting time to see a provider on the day of an appointment was a problem for them at least sometimes.**

Ninety percent or more of the Clay Primary Care Center respondents reported that they never had a problem with either the clinic’s hours or its location.

One of five respondents (22%) reported that the waiting time to get an appointment had been a problem for them at least sometimes, smaller than the ARC average of 34 percent. In fact, the average reported waiting time to get an appointment was less than 2 days for Clay Primary Care Center respondents, while the average for ARCs was 8 days. (Chart 11)



In contrast, waiting time to see the provider on the day of the appointment was a concern for many Clay Primary Care Center respondents. Two-thirds (65%) of the respondents said the waiting time was a problem at least sometimes, while the average for ARCs was 45 percent. However, the average reported waiting time to see a provider for Clay Primary Care Center respondents was about 39 minutes, while the average for ARCs was about 55 minutes.

*“I once had to wait 2½ hours to see the doctor.”*  
Clay Primary Care Center Respondent

*“Very slow.”*  
Clay Primary Care Center Respondent

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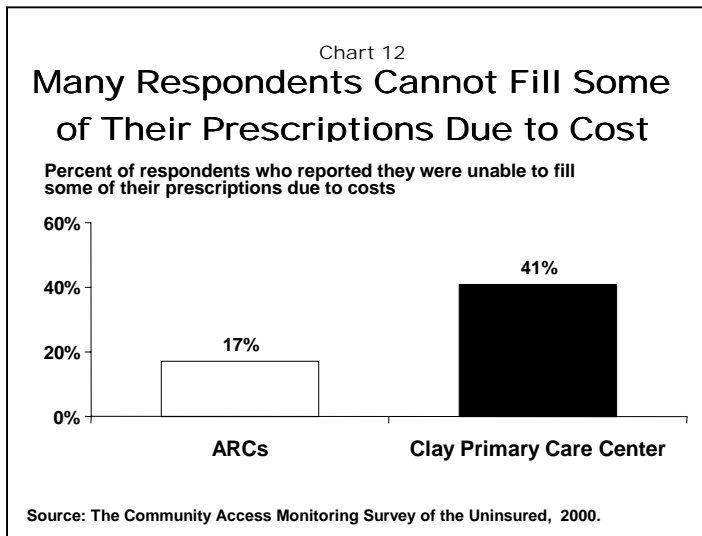
**OBTAINING PRESCRIPTION MEDICATIONS**

**The overwhelming majority of Clay Primary Care Center respondents received prescriptions for medications. Among the respondents who received prescriptions, more than 60 percent said they received their medications free from clinic staff. However, 41 percent said they were unable to fill all of their prescriptions because of the cost.**

*“Often it did me no good to go the doctor because I couldn’t afford the medicine he prescribed.”*  
Clay Primary Care Center Respondent

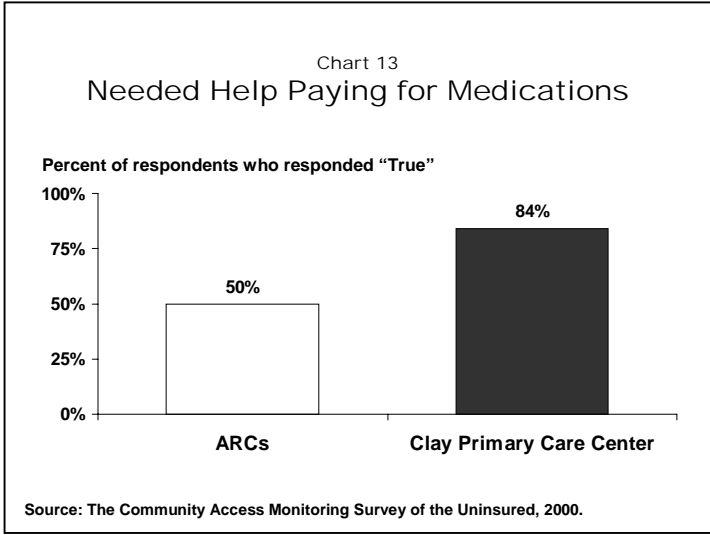
*“I can’t usually pay for the full prescription. I take half hoping to get well.”*  
Clay Primary Care Center Respondent

Nearly all of the respondents (93%) had medications prescribed. Three of five respondents (62%) reported receiving their prescriptions free by staff, while 70 percent said they went to a pharmacy and paid for their medications out-of-pocket (70%). Nevertheless, 17 percent of the respondents who had medications prescribed reported that they were unable to fill *any* of their prescriptions because of cost. In addition, two of five reported that they were unable to fill some of their prescriptions because of cost. (Chart 12)



*“When you have a family, any money coming out of your budget for medical puts a burden on you. Sometimes you have to make a choice between eating and taking medicine.”*  
Clay Primary Care Center Respondent

Three of four (75%) Clay Primary Care Center respondents said paying for their medications was “very difficult,” compared with an average of 43 percent for ARCs. Furthermore, 84 percent of respondents for Clay Primary Care Center said they needed help paying for their medications, compared with half of the respondents for ARCs. (Chart 13) Among the respondents who said they needed help, about one-third reported that they were never offered any assistance by staff, which was almost identical to the average for ARCs.

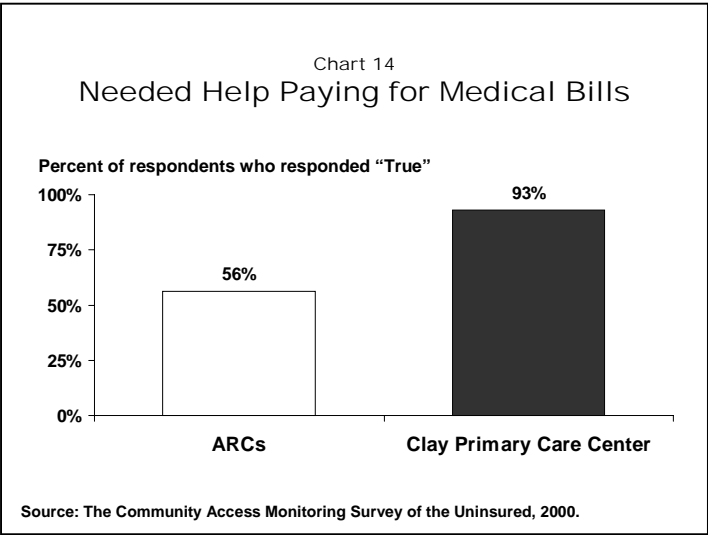


**CONCERNS OVER PAYMENT FOR HEALTH CARE**

**Two of three respondents for Clay Primary Care Center reported that paying for their medical care was very difficult. The vast majority said they needed financial assistance to pay their bills.**

Nearly two-thirds (64%) of the Clay Primary Care Center respondents said paying for their medical care was "very difficult." In comparison, the average for ARCs was 45 percent. In addition, the overwhelming majority of Clay Primary Care Center respondents (93%) said they needed help paying their medical bills, much higher than the average for ARCs. (Chart 14)

*"I have to borrow money every time I go to the doctor."*  
Clay Primary Care Center Respondent



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*“I was told to pay what I could every month and to keep coming back when I needed to.”*  
Clay Primary Care Center Respondent

Among the respondents who said they needed financial help, 87 percent reported that staff offered to find out if financial assistance was available at least sometimes. In comparison, the average for ARCs was 77 percent. Among the respondents who did receive help, 96 percent reported that the amount of their bill was reduced and 40 percent said that they were able to pay in installments.

*“I was supposed to be on the sliding scale. I applied over two months ago and still haven’t heard anything.”*  
Clay Primary Care Center Respondent

#### **SEEKING CARE IN THE FUTURE**

**About half of the respondents reported that they are in debt to the clinic, and a quarter of these respondents said the debt would cause them not to seek care there in the future. Over 90 percent of the respondents said they would use the clinic again if they had health insurance.**

*“I only come when I am very sick.”*  
Clay Primary Care Center Respondent

While a few respondents said that their past experiences paying bills at the clinic would make them not seek care there in the future (4%) or use a different facility (4%), 48 percent reported their experiences would make it easier to seek care and another 44 percent said it made no difference.

*“If I could find some place cheaper, I would go somewhere else.”*  
Clay Primary Care Center Respondent

A little more than half (55%) of the Clay Primary Care Center respondents said that they were in debt to the facility, a proportion similar to the ARC average of 48 percent. However, Clay Primary Care Center respondents who were in debt to the clinic were twice as likely as the ARC average to state that the debt would discourage them from seeking care at the clinic again (24% vs. 12%, respectively).

*“I wish that they could get something better for people who are chronically sick and really need help and can’t afford it.”*  
Clay Primary Care Center Respondent

The vast majority—93 percent—of respondents said that if they had insurance they would use the clinic again. The ARC average was 90 percent (ns).



## WEST VIRGINIA HEALTH RIGHT AND WOMENCARE & FAMILYCARE

This section presents survey results for respondents who received care at the West Virginia Health Right or WomenCare & FamilyCare clinic while uninsured. It also compares these results with results for All Urban and Suburban Clinics (AUSCs) included in the CAMS project nationwide.

### *RESPONDENT CHARACTERISTICS*

**Respondents for West Virginia Health Right were generally older than respondents for WomenCare & FamilyCare (Women Care). Respondents for both clinics were predominantly female.**

Ninety-six percent of the Women Care respondents said they were 39 years of age or younger, while 74 percent of those using West Virginia Health Right said they were 40 years of age or older.

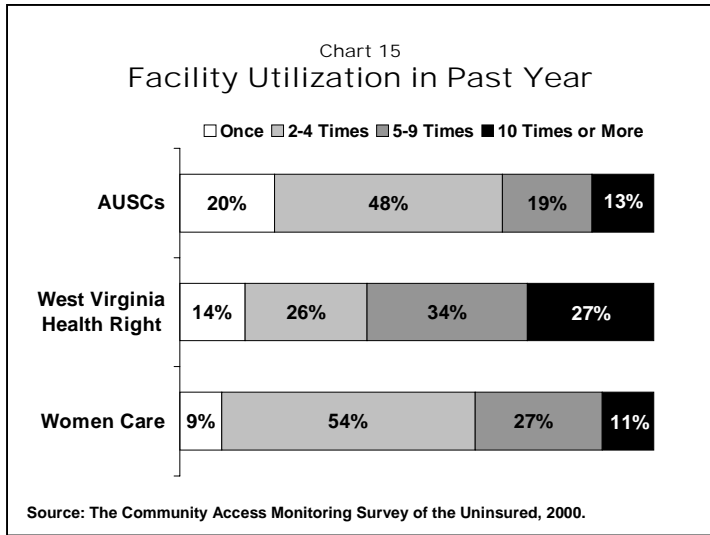
Respondents for both clinics were predominantly women (Women Care 97% and West Virginia Health Right 76%).

About one of five (21%) West Virginia Health Right respondents identified themselves as Black or Other, compared to only six percent of Women Care respondents. All the respondents chose to take the survey in English.

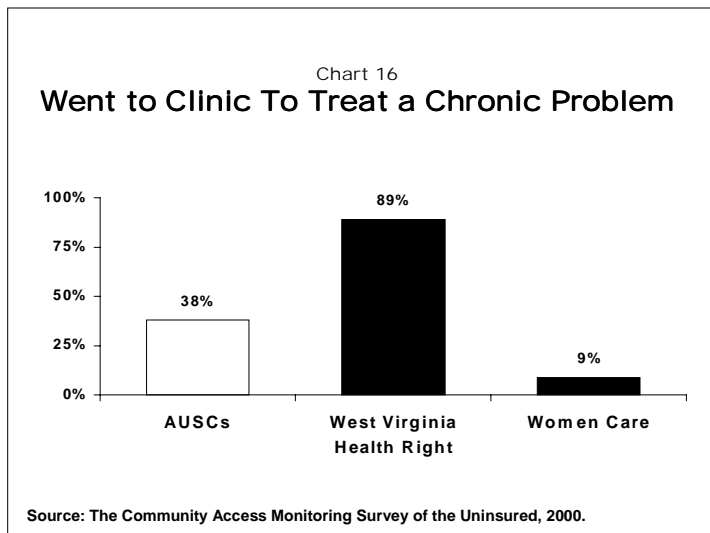
### *USE OF HEALTH SERVICES*

**The majority of respondents for both clinics said they used their facilities more than once in the past year. In addition, nearly 90 percent of West Virginia Health Right respondents said they sought care to treat a chronic condition.**

Eighty-seven percent of West Virginia Health Right respondents and over 90 percent of Women Care respondents said they used their respective clinic more than once in the past year. The corresponding average for AUSCs was 80 percent. Notably, 27 percent of respondents for West Virginia Health Right said they used the clinic 10 or more times in the past year. (Chart 15)



Nearly nine of ten West Virginia Health Right respondents sought care to treat a chronic condition such as diabetes or asthma, while the proportions for Women Care and the average for AUSCs were significantly lower.

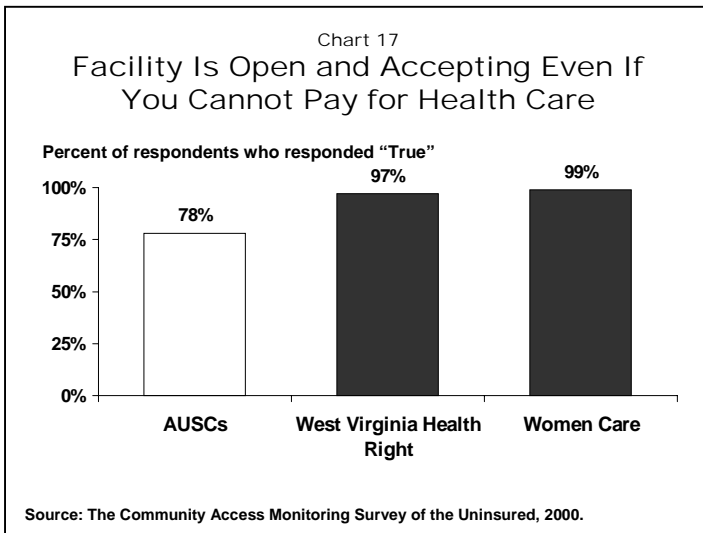




**OPENNESS TO THE UNINSURED AND SATISFACTION WITH PROVIDERS**

Nearly all the respondents for both facilities reported that their respective clinics had been open and accepting to them even if they were unable to pay. In addition, more than four of five respondents for both clinics said that their facility had a reputation for providing a lot of care to the uninsured. Respondents rated their interactions with staff very highly; few said they were dissatisfied with the care they received.

Nearly all of the West Virginia Health Right and Women Care respondents reported that their clinic had been “open and accepting” to them even if they were unable to pay for their care. In comparison, the average for AUSCs was 78 percent. (Chart 17)

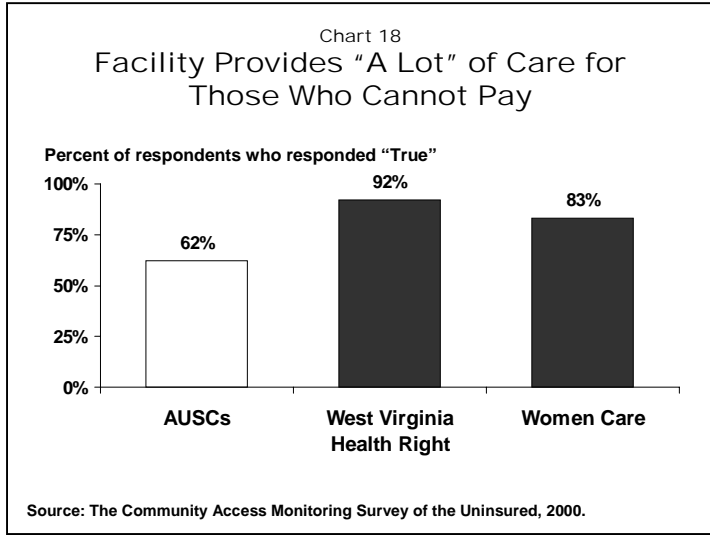


*“They’re great to me. I cannot say enough about this organization. Always treated me nice. I get \$600 worth of medications. They never refused me.”*  
West Virginia Health Right Respondent

*“They don’t make you feel like a charity case. They treat everyone the same – polite and courteous.”*  
West Virginia Health Right Respondent

More than 80 percent of the respondents for West Virginia Health Right and Women Care said that their clinic has a reputation in the community for providing “a lot” of care to those who cannot pay. The average for AUSCs was much lower. (Chart 18)

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*"Comfortable in coming here. They let you know if something is wrong. They make sure you keep up with your yearly visits."*  
Women Care Respondent

Respondents for both clinics were likely to report either that they were satisfied with the care and service they received from staff or that they did not know. Over 95 percent of the respondents for both clinics reported that they were either "very satisfied" or "satisfied" with the care and service they received from receptionists and nurses, while less than 3 percent of the respondents reported that they had been dissatisfied with their interactions with doctors, physician assistants, social workers, billing clerks, or pharmacists.

**ACCESSIBILITY**

**Ten to 30 percent of the respondents reported that their clinic's hours, location, and waiting time to get an appointment were a problem at least sometimes. Notably, respondents for West Virginia Health Right reported waiting times to see a provider on the day of an appointment that were nearly three times longer than the AUSC average and more than four times longer than for Women Care.**

*"Facility hours are sometimes a problem, but it's not Health Right's fault. It's understandable that you have to wait a long time for services."*  
West Virginia Health Right Respondent

About one of five respondents for both clinics reported that the facility's hours were a problem for them at least sometimes. The AUSC average was similar. In addition, several respondents for West Virginia Health Right (13%) and Women Care (16%) reported that the location of the facility was a problem for them at least sometimes. Notably, the average travel time reported by West Virginia Health Right respondents (35 minutes) was longer than the average travel time reported by both Women Care respondents (20 minutes) and the average for AUSCs (19 minutes).

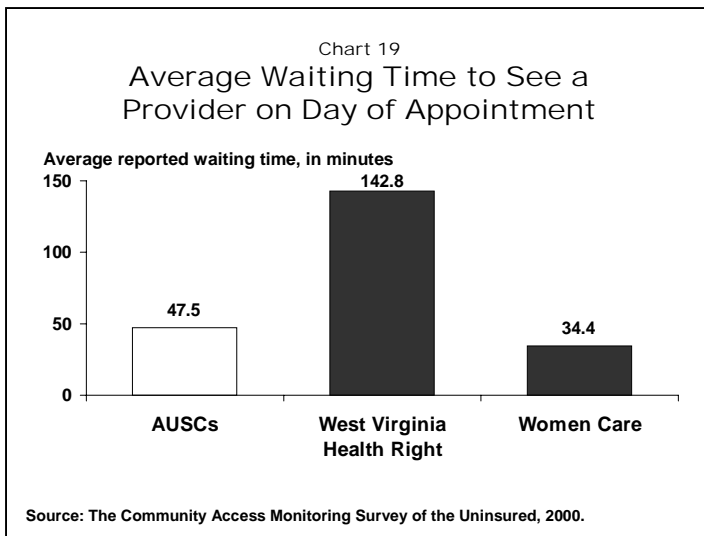


Women Care respondents were three times more likely than West Virginia Health Right respondents to report that the waiting time to get an appointment was a problem at least sometimes (30% vs. 10%, respectively). In fact, with respect to reported wait times, Women Care respondents said it took, on average, over a week to get an appointment, compared to five days for West Virginia Health Right respondents. However, the average for AUSCs was nearly nine days.

*“Since they have moved locations, wait time has decreased, but still a long wait. I expect to wait and take my turn. Can’t complain for free medication.”*  
West Virginia Health Right Respondent

Two of three (67%) respondents for Women Care reported that the waiting time to see a provider on the day of an appointment was a problem at least sometimes. In comparison, the average for West Virginia Health Right was 41 percent. However, the average waiting time reported by West Virginia Health Right respondents was substantially longer than for Women Care respondents: two hours and 23 minutes versus 35 minutes, respectively. (Chart 19)

*“The wait is so long because of so many uninsured people.”*  
West Virginia Health Right Respondent



**OBTAINING PRESCRIPTION MEDICATIONS**

**Two-thirds of Women Care respondents and 90 percent of West Virginia Health Right reported that they received prescriptions for medications. The majority of respondents for both clinics said they received their medications free. However, as many as one-fourth of the respondents said they needed help paying for their medications.**

*“They gave prescriptions in three month supplies.”*  
West Virginia Health Right Respondent

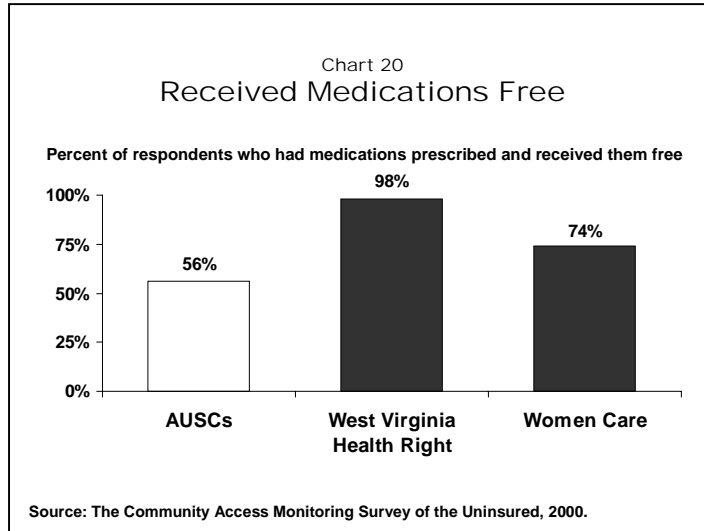
Nine in ten (90%) respondents for West Virginia Health Right said they received prescriptions for medications, as did almost two-thirds (64%) of Women Care respondents. Nearly all of the West Virginia Health Right respondents—98 percent—reported that they received medications free, compared with 74 percent of Women Care

*“Since I have been coming to Health Right I have been getting the medications I need.”*  
West Virginia Health Right Respondent

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*"It's really good that Health Right supplies medications to people who can't afford it."*  
West Virginia Health Right Respondent

respondents and an average of 56 percent of respondents for AUSCs. (Chart 20)



Seven percent of the West Virginia Health Right respondents reported that they did not get some of their medications due to cost. An additional six percent of West Virginia Health Right respondents said they were unable to fill any of their prescriptions due to cost.

Between 11 and 13 percent of the respondents for both clinics said that paying for their medications was “very difficult,” while the average for AUSCs was much higher—27 percent. One-fourth of the West Virginia Health Right respondents and 16 percent of Women Care respondents reported that they needed help paying for their medications. The AUSC average was 36 percent. Among these respondents who needed assistance, 26 percent of West Virginia Health Right respondents and 46 percent of Women Care respondents said they were never offered assistance.

Nearly all (over 96%) of the respondents for both facilities reported that they understood their medication instructions.

#### **CONCERNS OVER PAYMENT FOR HEALTH CARE**

**Nearly all the West Virginia respondents and close to half of the Women Care respondents said paying for their medical care was easy. Between 24 and 30 percent of the respondents reported that they needed financial help to pay for their bills. Among those who needed help, the majority did receive assistance at least sometimes.**



Ninety-six percent of West Virginia Health Right respondents reported that paying for their medical bills was “easy.” In contrast, 45 percent of Women Care respondents said it was easy and another 43 percent stated that it was “not so difficult.” These proportions were higher than the averages for AUSCs.

*“Because the services are basically free, I don’t need financial assistance.”*  
West Virginia Health Right Respondent

Three of ten respondents for Women Care (30%) and 24 percent of West Virginia Health Right respondents said they needed help paying for their medical bills. Among the respondents who needed help, 64 percent of West Virginia Health Right respondents and 71 percent of Women Care respondents said they were “always” offered assistance by staff, higher than the AUSC average of 41 percent. However, 33 percent of West Virginia Health Right and 16 percent of Women Care respondents said they were “never” offered assistance. Among the Women Care respondents who were offered assistance, 40 percent said they were offered monthly installment plans, another 13 percent said they had the amount of their bill reduced, and one-fourth (24%) said staff helped find a charitable organization. Most West Virginia Health Right respondents—92 percent—reported that they had their bill waived. In contrast, the average for AUSCs was 26 percent.

*“Health Right is in a good location and it’s good for helping people in West Virginia because a lot of people can’t afford health care.”*  
West Virginia Health Right Respondent

*“They are really nice and they asked me how much I could afford to pay a month and accepted it, where other doctors won’t.”*  
Women Care Respondent

**SEEKING CARE IN THE FUTURE**

**Nearly all the Women Care respondents, but only 63 percent of West Virginia Health Right respondents, said they would seek care again at the clinic even if they had insurance.**

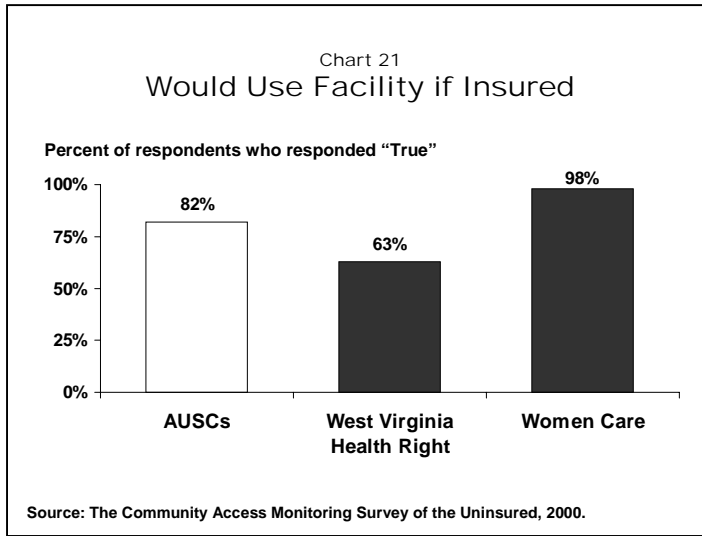
About nine of ten respondents—89 percent for West Virginia Health Right and 88 percent for Women Care—said that their past experiences paying bills would make it easier for them to seek care at their clinic again. In contrast, the AUSC average was 53 percent.

*“It depends. I’ve never come here for sickness. If I had to choose between a hospital and here, then I’d choose here.”*  
Women Care Respondent

Nearly all the Women Care respondents—98 percent—said they would use the clinic again in the future if they had health insurance. The proportion for West Virginia Health Right respondents was lower—63 percent. (Chart 21)

*“I think it’s really good for them to have this place. Need more of them.”*  
West Virginia Health Right Respondent

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## 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.

### BOONE MEMORIAL HOSPITAL MEMORIAL

- ◆ Boone Memorial respondents reported high emergency room use-- ninety-two percent reported at least one emergency room visit in the past year. In contrast, only 26 percent of respondents said they used the outpatient clinic. In addition, more than three of five respondents reported that they used the hospital more than once in the past year.
- ◆ Most respondents (84%) found the hospital open and accepting to them even if they could not pay. About half the respondents said the facility had a reputation in the community for providing a lot of care to the uninsured. These proportions were higher than the averages for All Rural Hospitals (ARHs) included in the CAMS project nationwide.
- ◆ The great majority of respondents reported that they were satisfied with the care and service they received from staff. However, while nearly four of five (78%) said they were satisfied with the care they received from physicians, 15 percent said they were dissatisfied.
- ◆ The average waiting time on the day of the appointment was one hour and 15 minutes for Boone Memorial Hospital respondents. This was considerably longer than the average for ARHs, which was 36 minutes.
- ◆ Boone Memorial Hospital respondents were more likely than the ARH average to report that convenience to public transportation was a problem, and they were twice as likely as the ARH average to report problems getting transportation assistance when needed.
- ◆ While about a third of the Boone Memorial Hospital respondents said they received their medications free, nearly one of four respondents (23%) who had medications prescribed did not get all of the medications due to cost. Of the 60 percent of Boone Memorial Hospital respondents who said they needed assistance paying for medications, 73 percent said they were never offered any form of assistance by staff.

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- ◆ An overwhelming majority—83 percent—of Boone Memorial Hospital respondents had difficulty paying for their medical care, and three of four respondents said they needed help paying their medical bills. However, 79 percent of those who needed help said they were never offered any financial assistance. In addition, one in ten said that because of their past experiences paying bills at Boone Memorial Hospital, they would not seek care there again, while another 7 percent said they would use a different facility. Four out of five respondents said they were in debt to the hospital.

#### CLAY PRIMARY CARE CENTER

- ◆ Most of the respondents for Clay Primary Care Center (86%) said the clinic had been “open and accepting” to them even if they could not pay for their care. Four of five respondents also reported that the clinic has a reputation in the community for providing a lot of care to the uninsured.
- ◆ Ninety-five percent or more of respondents were satisfied with the care they received from receptionists, physician assistants, nurses, and doctors. However, 16% said they were dissatisfied with the service they received from billing clerks.
- ◆ The average waiting times both to get an appointment and to see a provider on the day of the appointment were significantly shorter for Clay Primary Care Center respondents than the average for All Rural Clinics (ARCs) included in the CAMS project. Specifically, Clay Primary Care respondents reported an average of two days to get an appointment, compared with more than eight days for ARCs. While two thirds of the respondents said the waiting time on the day of an appointment was a problem at least sometimes, their average reported waiting time was about 15 minutes less than the average for ARCs.
- ◆ While three of five Clay Primary Care Center respondents said they received their medications free, a significant proportion—41 percent—said they were unable to fill some of their prescriptions due to cost. Of the 84 percent of respondents who said they needed help paying for their medications, one third (32%) said they were never offered any assistance by staff.
- ◆ Nearly all of the respondents —93 percent—said they needed help paying their medical bills. All but 13 percent were offered some form of assistance by staff. Among those who were offered assistance, 96 percent of the respondents reported that the amount of their bill was reduced.

- ◆ Few respondents said that their experience paying bills at Clay Primary Care Center would cause them not to seek care there in the future. However, more than half of the respondents said they owed money to the clinic, and about one-fourth of these respondents said the debt would deter them from seeking care at the clinic again.
- ◆ Most respondents (93%) said they would use the clinic again if they had health insurance.

#### WEST VIRGINIA HEALTH RIGHT AND WOMENCARE & FAMILYCARE

For both West Virginia Health Right and WomenCare & FamilyCare, survey responses suggested a number of strengths.

- ◆ Nearly all of the respondents said that, in their experience, the clinics had been open and accepting to them even if they could not pay for their care, and that they have a reputation in the community for providing a lot of care to the uninsured.
- ◆ At both clinics, respondents reported high levels of satisfaction with their interactions with staff; few respondents reported dissatisfaction.
- ◆ Over 90 percent of respondents for both clinics said they were always treated with respect by staff.
- ◆ Nearly all the respondents said they understood their medication instructions.
- ◆ About nine of ten respondents for each clinic said their past experiences paying bills would make it easier for them to seek care at their clinic again.

Other key findings for West Virginia Health Right included the following:

- ◆ Almost all of the respondents were 40 years of age or older, and a majority—89 percent—reported that they sought care to treat a chronic problem. Twenty-seven percent said they used the clinic 10 or more times in the past year.
- ◆ Two-thirds of the respondents said waiting time to see a provider on the day of an appointment was a problem at least sometimes and, in fact, the average reported waiting time—almost two and a half hours—was much longer than the average for All Urban and Suburban Clinics (AUSCs) included in the CAMS project nationwide.

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- ◆ Since West Virginia Health Right is a free clinic, nearly all of the respondents—98 percent—received their medications free, and 96 percent said it was easy to pay for their medical care.

Other key findings for WomenCare & FamilyCare included the following:

- ◆ Thirty percent of respondents said the time to get an appointment was a problem at least sometimes. However, the average reported time (7 days), while longer than for West Virginia Health Right, was shorter than the average for AUSCs (9 days).
- ◆ Almost three-quarters of the respondents who received prescriptions said they received their medications free; almost none said they couldn't fill their prescriptions because of cost. However, among those who needed help paying for their medications, about one-half (46%) said they were never offered any assistance by staff.
- ◆ Of respondents who said they needed help paying their medical bills, most —85 percent—said they were offered assistance at least sometimes, most commonly in the form of a monthly billing plan. Few respondents (3%) said their bill was waived.
- ◆ Nearly all of the respondents—98 percent—said they would use the clinic again even if they had health insurance.

#### 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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