



DATA BRIEF | NOVEMBER 2023

## Pennsylvania Survey Respondents Worry about High Hospital Costs and Consolidation; Have Difficulty Estimating Cost/Quality of Care; and Express Bipartisan Support for Government Action

### KEY FINDINGS

Hospitals provide essential services and are vital to the well-being of our communities. However, a demographically balanced survey of more than 1,400 Pennsylvania adults, conducted from July 11 to July 24, 2023, found that:

- Roughly 1 in 8 respondents were unable to access their preferred care provider due to a merger;
- Nearly 3 in 5 respondents are worried about losing access to care due to a merger;
- 3 in 4 respondents believe hospitals charging too much money is a major reason for high health care costs; and
- Across party lines, respondents express strong support for government action, and multiple government policies had support from at least **85%** of respondents.

### HARDSHIP AND WORRY ABOUT HOSPITAL COSTS

A substantial portion of Pennsylvania respondents worry about affording health care costs both now and in the future, and many reported experiencing financial hardship resulting from medical bills. Over three in five (**61%** of) respondents reported being “worried” or “very worried” about affording medical costs from a serious illness or accident.

Pennsylvania respondents may have cause to worry about affording hospital care—of the **25%** of respondents who reported receiving an unexpected medical bill in the past year, **44%** say that at least one such bill came from a hospital.

### IMPACT AND WORRY ABOUT HOSPITAL CONSOLIDATION\*

In addition to the above health care affordability burdens, the survey reveals that some Pennsylvania respondents are also negatively impacted by health system consolidation. In the past year, **32%** of all respondents were aware of a merger or acquisition in their community, and **12%** of those respondents reported that they or a family member were unable to access their preferred health care provider because of a merger that made their preferred organization out-of-network.

Out of those who reported being unable to access their preferred health care provider due to a merger, respondents reported a variety of new issues occurring due to mergers, including:

- **52%**—Skipped recommended follow-up visits
- **45%**—Delaying or avoiding going to the doctor or having a procedure done

- 38%—Changed your preferred doctor or hospital
- 24%—Skipped filling a prescription medication
- 20%—Changed health plan coverage to include your preferred doctor or hospital
- 11%—Stayed with preferred health care provider and now pay out-of-network/out-of-pocket costs
- 6%—Switched to telehealth options to continue seeing your preferred doctor

Out of those who reported that the merger caused some other type of burden for them or their families, when asked about the greatest burden hospital mergers had created for respondents and their families, respondents reported it created the following challenges:

- 34%—Added wait time when searching for a new provider who is accepting new patients;
- 23%—Added financial burden;
- 15%—Created a hard time finding a new provider that I trust or respect; and
- 10%—Added transportation burden.

While the share of respondents unable to access their preferred health care organization because of a merger was relatively small, 58% reported that, if mergers or acquisitions were happening in their community, they would be somewhat, moderately, or very worried. When asked about their largest on concern, respondents reported:

- 27%—I’m concerned I will have fewer choices of where to receive care
- 27%—I’m concerned my doctor may no longer be covered by my insurance
- 20%—I’m concerned I will have to pay more to see my doctor
- 15%—I’m concerned I will have to travel farther to see my doctor
- 12%—I’m concerned I will have a lower quality of care

Interestingly, respondents living in rural areas more frequently reported concerns about the impact of hospital consolidation compared to those living in urban areas (see Table 1). In addition, worry about the impacts of hospital consolidation were more frequently reported by respondents in Northwest and North Central PA and Southwest PA compared to other geographic areas.

**Table 1**  
**Share Worried About the Impact of Hospital Consolidation by Geographic Setting, Rural vs. Urban**

	Worry About the Impacts of Hospital Consolidation
Geographic Setting	
Northeast and North Central PA	58%
Northwest PA	61%
South Central PA and the Lehigh Valley	50%
Southeast PA	50%
Southwest PA	60%
Rural or Urban	
Rural	61%
Urban	52%

Source: 2023 Poll of Pennsylvania Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

\*Note: The sample size of respondents who said they were affected by a merger was not large enough to report reliable estimates, so the values in this section should be interpreted with caution.

Survey respondents were also asked to share their experiences following hospital consolidation. Selected responses are listed below in Table 2.

**Table 2**

**Selected Responses to the Open-Text Question “Over the last 12 months, please describe any issues that have occurred due to the merger that affected your preferred health care organization.”**

“After the merger, patients had to wait almost a year to be seen.”
“Because of a hospital I was going to no longer affiliated with the doctor I was seeing I had to find another doctor.”
“I had to get a new PC, rarely see the doctor only a PA. In December the new PC recommended I get a CPAP it is now July and I still don’t have one because of the length of time it took to see a specialist, get tested and the PA forgot to order one.”
“I have not been able to get to appointments due to the hospital system that accepts my insurance being too far away.”
“My [gynecologist] office was closed by the hospital system and had to find a new gyn office to continue care for severe issues (previous [gynecologist] was going to do surgery).”
“The mental healthcare provider I had been on a waitlist for was acquired by a larger corporation and this reset their waitlist, unbeknownst to me.”

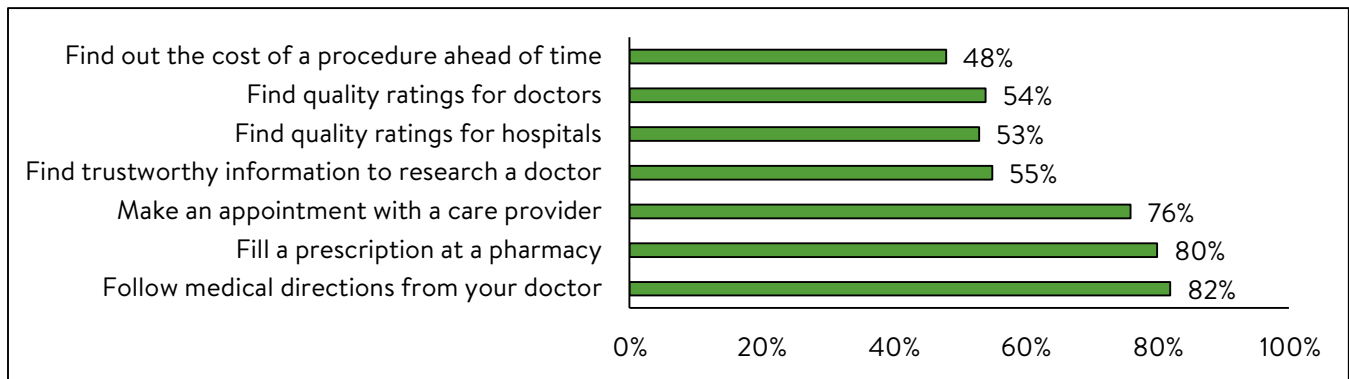
Source: 2023 Poll of Pennsylvania Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

**NAVIGATING HOSPITAL COSTS AND QUALITY INFORMATION**

Pennsylvania respondents reported fairly high levels of confidence in the ability to navigate typically common tasks such as making an appointment with a primary care provider, following medical directions given by a provider, or filling a prescription at a pharmacy. However, they were less confident in navigating other tasks such as finding out the cost of a procedure ahead of time, finding quality ratings for doctors, or finding quality ratings for hospitals (see Figure 1). Understanding the cost of hospital care is important in part because many people must pay for their care independently until they reach their deductible. The average Pennsylvania family deductible was \$3,301 as of 2022 and \$1,814 for individuals.<sup>1</sup> Navigating hospital care includes knowing how much care will cost, particularly when one may be expected to pay for the full cost of care all at once up to thousands of dollars.

Pennsylvania respondents’ lack of confidence may be reflected in the low rates of searching for hospital price and quality information. Out of all respondents, only **27%** tried to find the cost of a hospital stay ahead of time. Out of those respondents who tried to find hospital cost information or needed a hospital stay, only **39%** reported finding the information they were looking for, while **24%** reported they did not find the information they were looking for and **37%** did not attempt to find cost information when they needed a hospital (see Figure 2). This suggests that this information may be hard to find and/or not desirable to pursue for other reasons.

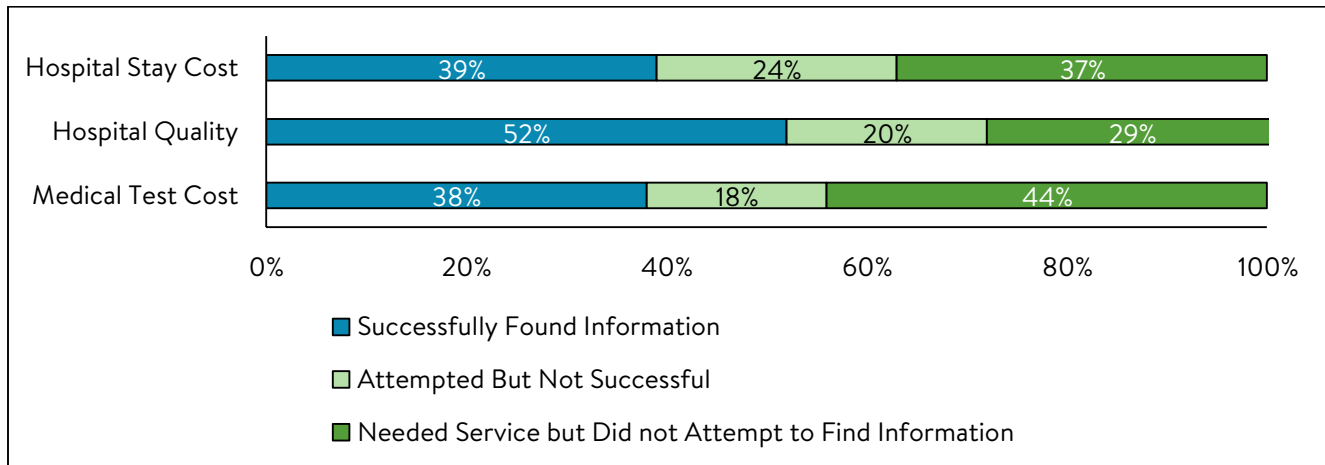
**Figure 1**  
**Percent Who Feel “Very” or “Extremely” Confident They Can...**



Source: 2023 Poll of Pennsylvania Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

Thirty-nine percent of all respondents reported that they have tried to find quality information on hospitals. Out of those respondents who tried to find hospital quality information or needed a hospital stay, 52% were successful at finding quality information, 20% were unsuccessful and 29% did not attempt to find quality information when they needed a hospital (see Figure 1). Figure 1 also captures other health care costs integral to hospital services, including medical tests.

**Figure 2**  
**Of Those Who Needed a Service or Tried to Find the Out-Of-Pocket Cost/Quality of Hospital Services in the Past 12 Months, Percent Who Reported Being Successful and Unsuccessful**



Source: 2023 Poll of Pennsylvania Adults, Ages 18+ - Altarum Healthcare Value Hub’s Consumer Health care Experience State Survey. Note: due to rounding, totals may not equal 100%.

**MOTIVATION AND BARRIERS TO ACCESSING COST AND QUALITY INFORMATION**

Among respondents who needed a service but did not seek out price or quality information, the most frequently reported reasons for not seeking information were:

- 37%—Followed their doctors’ recommendations or referrals
- 23%—Did not know where to look
- 23%—Looking for information felt confusing or overwhelming

- 22%—It never occurred to me to look for provider quality or price information
- 17%—Did not have time to look

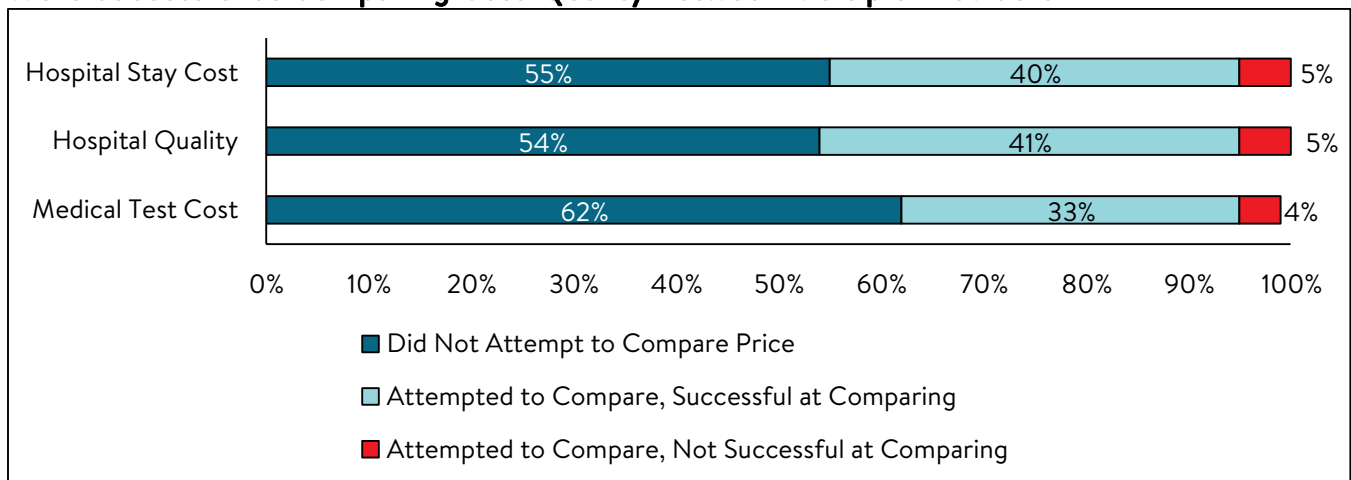
Notably, few of these respondents reported that out-of-pocket cost or quality were unimportant to them (12% and 6%, respectively).

Respondents who attempted to find hospital cost or quality information but were unsuccessful faced a variety of barriers. Among those who were unsuccessful at searching for cost information, respondents reported that resources available to search for price information were confusing (41%), their insurance plan or provider/doctor/hospital would not give them a price estimate (32% and 29%, respectively) and that price information was insufficient (32%). In unsuccessful searches for hospital quality information, respondents reported that resources available to search for quality information were confusing (28%) and that the quality information available was not sufficient (19%).

### COMPARING COST AND QUALITY ACROSS HOSPITALS

Among those who were successful at finding hospital cost or quality information, over half (55%) did not attempt to compare prices between providers and 54% did not compare quality information between providers (i.e. “shopping”) (see Figure 3). Still, 40% successfully compared cost between hospitals, and 41% successfully compared quality between hospitals.

**Figure 3**  
**Of Those Who Were Successful at Finding Hospital Cost/Quality Information, Percent Who Were Successful at Comparing Cost/Quality Between Multiple Providers**



Source: 2023 Poll of Pennsylvania Adults, Ages 18+ - Altarum Healthcare Value Hub’s Consumer Health care Experience State Survey. Note: due to rounding, totals may not equal 100%.

Among those that compared cost or quality information for different services, many reported that the cost or quality comparison ultimately influenced their choice of which provider to seek care from. Eighty-seven percent of respondents who compared medical test costs and 86% of those who compared hospital stay costs said that comparison shopping influenced their choice. Among those who looked for hospital quality information, 90% had their choice influenced by the information.

Although many of the respondents who sought out hospital price and quality information were ultimately successful, many respondents never attempted to find this information. Even among those who were

successful at finding hospital cost or quality information, a little over half did not compare prices or quality between providers (i.e. “shopping”). Respondents identified a variety of barriers to finding and comparing cost and quality information, including following doctors’ recommendations, confusion over where or how to find cost or quality information, and providers and insurers not providing cost estimates. These reasons could also be influenced by this information not being accessible, despite federal price transparency mandates for hospitals.<sup>2</sup>

It could also stem from the fact that some consumers don’t view health care as a shoppable commodity, especially in emergency situations and settings that lack a selection of treatments/providers. Lack of knowledge of hospital quality and potential costs impedes Pennsylvania residents’ ability to plan for needed care and budget for the expense of a hospital stay, which can be costly,<sup>3</sup> particularly for residents who are uninsured or under-insured.

### SUPPORT FOR “FIXES” ACROSS PARTY LINES

Hospitals, along with drug manufacturers and insurance companies, are viewed as a primary contributor to high health care costs. When given more than 20 options, those that Pennsylvania respondents most frequently cited as being a “major reason” for high health care costs were:

- **74%**—Drug companies charging too much money
- **73%**—Hospitals charging too much money
- **70%**—Insurance companies charging too much money
- **57%**—Large hospitals or doctor groups using their influence to get higher payments from insurance companies

Pennsylvania respondents strongly endorse several hospital-related strategies, including:

- **91%**—Require hospitals and doctors to provide up-front cost estimates to consumers
- **90%**—Set standard payments to hospitals for specific procedures
- **89%**—Stop hospitals from engaging in anti-competitive practices, such as giving favorable pricing to a single insurer and preventing others from negotiating a lower price
- **87%**—Impose price controls on contracts between insurers and health care providers
- **86%**—Strengthen policies to drive more competition in health care markets to improve choice and access
- **84%**—Empower the Attorney General to stop the sale or purchase of hospitals or doctor practices, or monitor those sales for harmful effects to patients such as reduced access or increased prices
- **82%**—Review proposals to buy or sell hospitals or doctor practices to determine if there are negative impacts to patients or health care prices

What’s even more interesting is the level of support for some of these strategies across party lines (see Table 3).

**Table 3**  
**Percent Who Agreed/Strongly Agreed, by Political Affiliation**

Selected Survey Statements/Questions	Total Percent of Respondents	Generally speaking, do you think of yourself as...		
		Republican	Democrat	Neither
The government should require hospitals and doctors to provide up-front cost estimates to consumers	91%	90%	91%	92%
The government should set standard payments to hospitals for specific procedures	90%	88%	93%	89%
The government should stop hospitals from engaging in anti-competitive practices, such as giving favorable pricing to a single insurer and preventing others from negotiating a lower price	89%	87%	93%	87%
The government should strengthen policies to drive more competition in health care markets to improve choice and access	86%	87%	88%	83%
The government should lower the amount patients are charged for the treatment and maintenance of conditions that disproportionately affect disadvantaged groups of people, such as diabetes	86%	82%	92%	83%
The government should set up an independent entity to rate doctor and hospital quality, such as patient outcomes and bedside manner	85%	83%	90%	82%
The government should empower the Attorney General to stop the sale or purchase of hospitals or doctor practices, or monitor those sales for harmful effects to patients such as reduced access or increased prices	84%	80%	89%	82%
The government should set limits on health care spending growth and penalize payers or providers that fail to curb excessive spending growth	82%	80%	85%	80%
The government should require a minimum amount of spending that payers and providers in the state must devote to services that keep people healthy, such as primary care	82%	77%	89%	78%
The government should review proposals to buy or sell hospitals or doctor practices to determine if there are negative impacts to patients or health care prices	82%	81%	87%	77%
The government should set a minimum amount that nonprofit hospitals must spend on Community Benefit and require them to devote a portion of the funds to programs intended to reduce health disparities	81%	77%	87%	78%

Source: 2023 Poll of Pennsylvania Adults, Ages 18+ - Altarum Healthcare Value Hub's Consumer Health care Experience State Survey

## CONCLUSION

The findings from this survey suggest that Pennsylvania respondents are somewhat motivated when it comes to searching for hospital cost and quality information to help inform purchasing decisions and plan for future medical expenses. Still, over half did not search for this information at all, suggesting that effort to influence consumer shopping through price transparency initiatives may not be effective for everyone.

It is not surprising that Pennsylvania respondents express strong support for government-led solutions to make price and quality information more readily accessible and to help consumers navigate hospital care. Many of the solutions that respondent's support would take the burden of research and guesswork off consumers, such as standardizing payments for specific hospital procedures, requiring hospitals and doctors to provide consumers cost estimates for certain procedures, and establishing an entity to conduct independent quality reviews. Policymakers should investigate the evidence on these and other policy options to respond to respondents' bipartisan call for government action.

## Notes

1. *Average Annual Deductible per Enrolled Employee in Employer-Based Health Insurance for Single and Family Coverage*. KFF. <https://www.kff.org/other/state-indicator/average-annual-deductible-per-enrolled-employee-in-employer-based-health-insurance-for-single-and-family-coverage/>
2. As of January 1, 2021, the Centers for Medicare and Medicaid Services (CMS) requires hospitals to make public a machine-readable file containing a list of standard charges for all items and services provided by the hospital, as well as a consumer-friendly display of at least 300 shoppable services that a patient can schedule in advance. However, low compliance from large hospitals indicates that the rule has yet to demonstrate the desired effect. See: (1) <https://www.cms.gov/hospital-price-transparency/hospitals> and (2) Kelly, Susan, "Hospitals Still Fall Short on Price Transparency, Consumer Group Says," Health care Dive (Aug. 10, 2023). See also: Kurani, Nisha, et al., Early Results from Federal Price Transparency Rule Show Difficulty in Estimating the Cost of Care, Kaiser Family Foundation, (April 9, 2021).
3. According to Health Forum, an affiliate of the American Hospital Association, hospital adjusted expenses per inpatient day in Pennsylvania were \$2,825 in 2021, similar to the national average. See: Kaiser Family Foundation, State Health Facts Data: Hospital Adjusted Expenses per Inpatient Day. Accessed August 31, 2023. <https://www.kff.org/health-costs/state-indicator/expenses-per-inpatient-day/>

### ABOUT THE ALTARUM HEALTHCARE VALUE HUB

With support from Arnold Ventures, the Healthcare Value Hub provides free, timely information about the policies and practices that address high health care costs and poor quality, bringing better value to consumers. The Hub is part of Altarum, a nonprofit organization with the mission of creating a better, more sustainable future for all Americans by applying research-based and field-tested solutions that transform our systems of health and health care.

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HEALTHCARE VALUE HUB



**Methodology**

Altarum’s Consumer Health care Experience State Survey (CHESS) is designed to elicit respondents’ unbiased views on a wide range of health system issues, including confidence using the health system, financial burden and possible policy solutions.

This survey, conducted from July 11 to July 24, 2023, used a web panel from online survey company Dynata with a sample of approximately 1,500 respondents who live in Pennsylvania. Data was cleaned and weighted to the appropriate demographic balance of the state. While this survey is not generalizable to the entire state, it does allow for important insights into a balanced sample of adults in Pennsylvania. Information about Dynata’s recruitment and compensation methods can be found [here](#). The survey was conducted in English or Spanish and restricted to adults ages 18 and older. Respondents who finished the survey in less than half the median time were excluded from the final sample, leaving 1,444 cases for analysis. After those exclusions, the demographic composition of respondents was as follows, although not all demographic information has complete response rates:

Demographic Characteristic	Frequency	Percentage
<b>Gender</b>		
Woman	827	57%
Man	593	41%
Transwoman	2	<1%
Transman	4	<1%
Genderqueer/Nonbinary	8	1%
<b>Insurance Type</b>		
Health insurance through employer or family member’s employer	482	33%
Health insurance I buy on my own	128	9%
Medicare, coverage for seniors and those with serious disabilities	461	32%
Medicaid, coverage for low-income earners	271	19%
TRICARE/Military Health System coverage	10	1%
Department of Veterans Affairs (VA) Health care	6	<1%
No coverage of any type	52	4%
I don’t know	34	2%
<b>Race</b>		
American Indian or Native Alaskan	20	1%
Asian	37	3%
Black or African American	153	11%
Native Hawaiian or Other Pacific Islander	3	<1%
White	1237	86%
Prefer Not to Answer	19	1%
Two or More Races	35	2%
<b>Ethnicity</b>		
Hispanic or Latino	123	9%
Non-Hispanic or Latino	1,321	91%
<b>Age</b>		
18-24	206	14%
25-34	218	15%
35-44	217	15%
45-54	244	17%
55-64	296	21%
65+	254	18%

Demographic Characteristic	Frequency	Percentage
<b>Household Income</b>		
Under \$20K	232	16%
\$20K - \$29K	150	10%
\$30K - \$39K	181	13%
\$40K - \$49K	145	10%
\$50K - \$59K	151	10%
\$60K - \$74K	141	10%
\$75K - \$99K	175	12%
\$100K - \$149K	176	12%
\$150K+	93	6%
<b>Self-Reported Health Status</b>		
Excellent	149	10%
Very Good	415	29%
Good	555	38%
Fair	263	18%
Poor	62	4%
<b>Disability</b>		
Mobility: Serious difficulty walking or climbing stairs	258	18%
Cognition: Serious difficulty concentrating, remembering or making decisions	159	11%
Independent Living: Serious difficulty doing errands alone, such as visiting a doctor’s office	115	8%
Hearing: Deafness or serious difficulty hearing	91	6%
Vision: Blindness or serious difficulty seeing, even when wearing glasses	78	5%
Self-Care: Difficulty dressing or bathing	58	4%
No disability or long-term health condition	961	67%
<b>Party Affiliation</b>		
Republican	490	34%
Democrat	564	39%
Neither	390	27%

Source: 2023 Poll of Pennsylvania Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Health care Experience State Survey

Percentages in the body of the brief are based on weighted values, while the data presented in the demographic table is unweighted. An explanation of weighted versus unweighted variables is available [here](#). Altarum does not conduct statistical calculations on the significance of differences between groups in findings. Therefore, determinations that one group experienced a significantly different affordability burden than another should not be inferred. Rather, comparisons are for conversational purposes. The groups selected for this brief were selected by advocate partners in each state based on organizational/advocacy priorities. We do not report any estimates under N=100 and a co-efficient of variance more than 0.30.