



DATA BRIEF | DECEMBER 2023

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

Hospitals provide essential services and are vital to the well-being of our communities. However, a survey of more than 1,400 Georgia adults, conducted from July 26 to July 31, 2023, finds that many Georgia residents worry about hospital costs and support a variety of government-led solutions across party lines.

HARDSHIP AND WORRY ABOUT HOSPITAL COSTS

A substantial portion of Georgia 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. Georgia respondents may have cause to worry about affording hospital care—of the 31% of respondents who reported receiving an unexpected medical bill in the past year, 48% say that at least one such bill came from a hospital.

IMPACT AND WORRY OF HOSPITAL CONSOLIDATION*

In addition to the above health care affordability burdens, the survey reveals that some Georgia respondents are also negatively impacted by health system consolidation. From 2016 to 2021, there were 23 changes in ownership involving hospitals through mergers, acquisitions, or changes of ownership (CHOW) in Georgia.^{1,2} Georgia requires notice of nonprofit health care entity transactions and reviews the transactions based on cost, affordability, or access criteria, but does not have the power to approve or deny the transaction.³

In the past year, 29% of respondents reported that they or a family member were unable to access their preferred health care organization 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:

- 46%—Skipped recommended follow-up visits;
- 45%—Delaying or avoiding going to the doctor or having a procedure done;
- 33%—Changed your preferred doctor or hospital;
- 26%—Skipped filling a prescription medication;

*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.

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 burdens:

- 24%—Added wait time burden when searching for a new provider who is accepting new patients;
- 39%—Added financial burden;

Survey respondents were also asked to share their experiences following hospital consolidation. Selected responses are listed below in Table 1.

While a small portion of respondents reported being unable to access their preferred health care organization because of a merger, (54%) reported being somewhat, moderately or very worried about the impacts of mergers in their health care organizations. When asked about their largest concern, respondents reported:

- 23%—I’m concerned I will have fewer choices of where to receive care
- 25%—I’m concerned my doctor may no longer be covered by my insurance
- 27%—I’m concerned I will have to pay more to see my doctor
- 12%—I’m concerned I will have to travel farther to see my doctor
- 13%—I’m concerned I will have a lower quality of care

Table 1
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.”

“[I am] not able to go to the nearest hospital in case of an emergency. [It is now] a concern.”
“Skipped appointments and put off my eye exam, and dental exam because I can’t afford to pay out of pocket.
“Costs have changed (additional charges). Can’t get directly in touch with a physician’s office.”
“When Emory Healthcare took over my primary care provider’s business here in Tucker, my primary care physician was no longer available.”
“Had to postpone a routine yearly exam until the healthcare merger issue was resolved.”
“My doctor is missing in action and his office was moved further away from where I live. They only have two NP there now and no doctors at all, ever.”
“After I had an out-patient procedure, the merger caused my local hospital to no longer accept my insurance... I can’t afford the entire amount.”

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

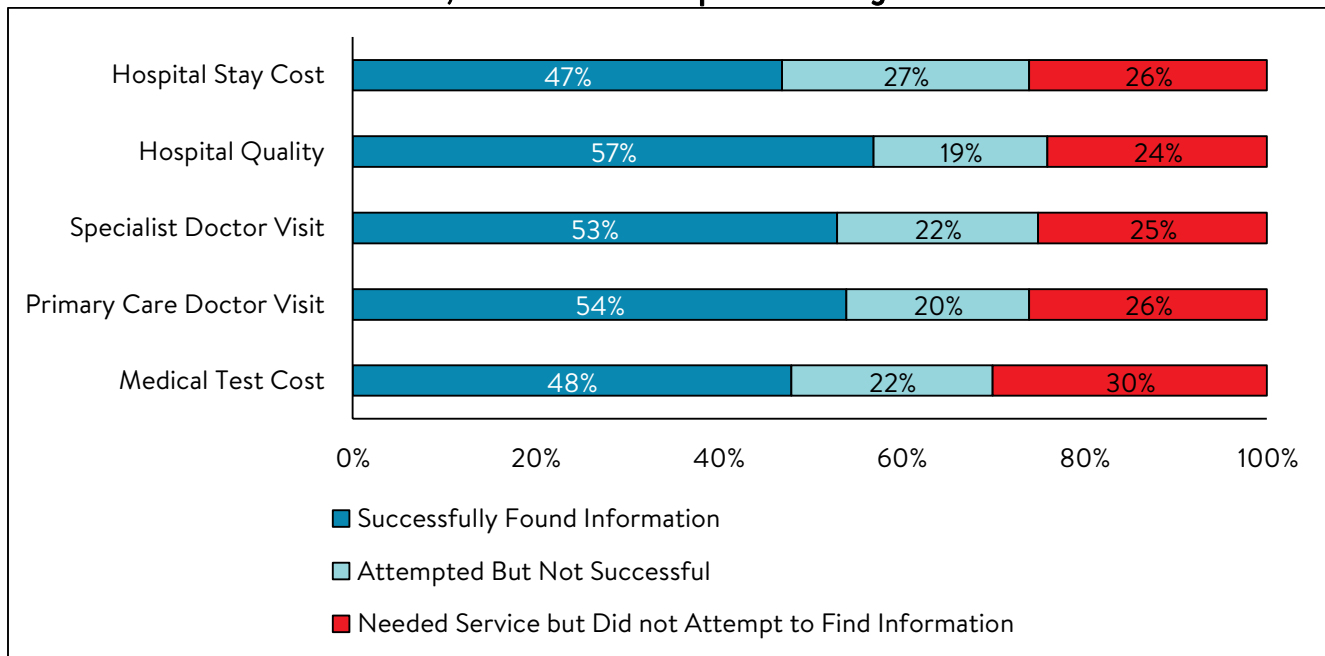
SKILLS NAVIGATING HOSPITAL CARE

Georgia respondents reported fairly high confidence in their ability to know when to seek emergency care, with **67%** reporting that they are very or extremely confident about knowing when to go to the emergency department versus a primary care provider. However, they are slightly less confident in their ability to find hospital costs and quality information. Fifty-four percent of respondents are NOT confident they can find out the cost of a procedure ahead of time, and many are NOT confident they can find quality ratings for doctors (**54%**) or hospitals (**55%**).

Georgia respondents' lack of confidence may be reflected in the low rates of searching for hospital price and quality information. Out of all respondents, only **35%** tried to find the cost of a hospital stay ahead of time and **13%** needed a hospital stay but did not search for cost information. Out of those respondents who tried to find hospital cost information or needed a hospital stay, **47%** reported finding the information they were looking for, **27%** reported they did not find the information they were looking for, and **26%** did not attempt to find information when they needed a hospital.

Forty-eight percent of all respondents reported that they have tried to find quality information on hospitals and **16%** needed a hospital but did not try to look for quality information. Out of those respondents who tried to find hospital quality information or needed a hospital stay, **57%** were successful at finding quality information, **19%** were unsuccessful and **24%** 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 and primary care/specialist doctor visits.

Figure 1
Of Those Who Needed a Service or Tried to Find the Out-Of-Pocket Cost/Quality of Services in the Past 12 Months, Percent Who Reported Being Successful and Unsuccessful



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

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:

- **34%**—Followed their doctors' recommendations or referrals;

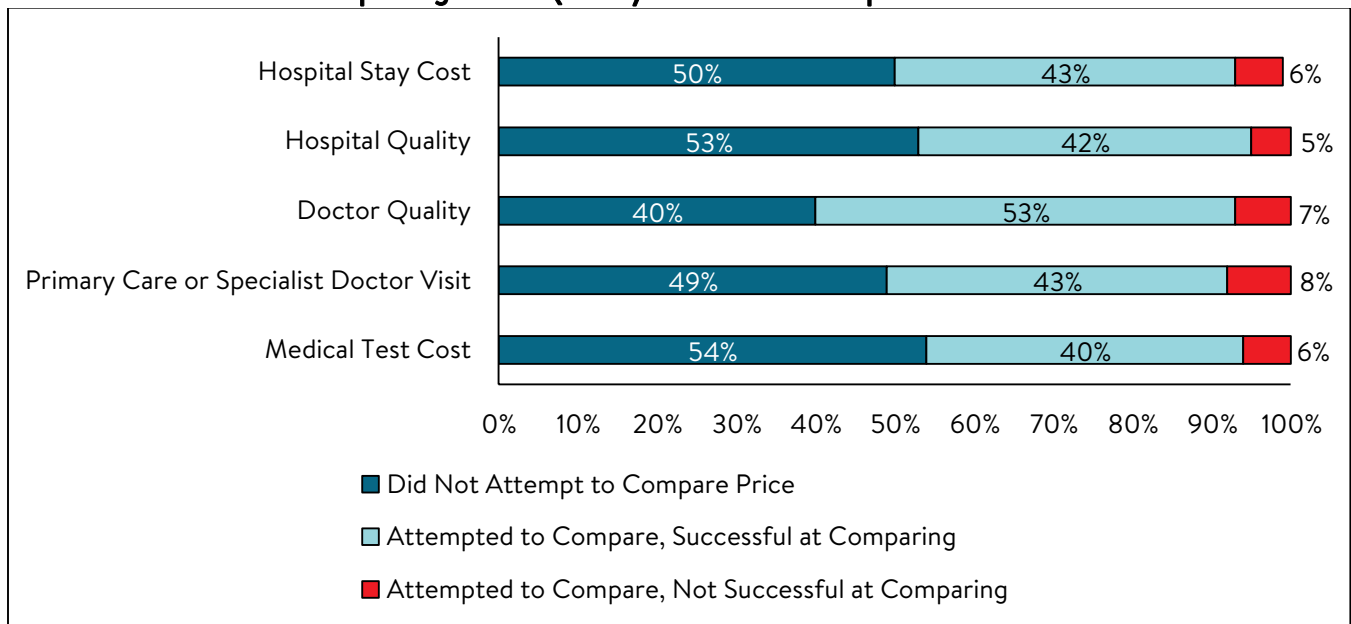
- 29%—Did not know where to look;
- 28%—Looking for information felt confusing or overwhelming;
- 14%—It never occurred to me to look for provider quality or price information; and
- 21%—Did not have time to look.

Notably, few of these respondents reported that out-of-pocket cost or quality were unimportant to them (10% 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 (38%), their insurance plan or provider/doctor/hospital would not give them a price estimate (32% and 37%, respectively) and that price information was insufficient (27%). In unsuccessful searches for hospital quality information, respondents reported that resources available to search for quality information were confusing (26%) and that the quality information available was not sufficient (17%).

Among those who were successful at finding the cost for a hospital stay or quality information, over half reported NOT attempting to compare prices or quality between providers (i.e. “shopping”) (see Figure 2). Still, 87% successfully compared cost of a hospital stay, and 90% successfully compared quality across hospitals.

Figure 2
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 Georgia Adults, Ages 18+ - Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

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 those who compared primary care or specialist doctor visit costs said the comparison influenced their choice, as did 87% of those who compared medical test costs and 87% of those who

compared hospital stay costs. Among those who looked for hospital quality information, **87%** 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.⁴

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 Georgia residents’ ability to plan for needed care and budget for the expense of a hospital stay, which can be costly,⁵ 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 Georgia respondents most frequently cited as being a “major reason” for high health care costs were:

- **69%**—Drug companies charging too much money
- **69%**—Hospitals charging too much money
- **67%**—Insurance companies charging too much money
- **57%**—Large hospitals or doctor groups using their influence to get higher payments from insurance companies

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

- **89%**—Require hospitals and doctors to provide up-front cost estimates to consumers
- **86%**—Set standard payments to hospitals for specific procedures
- **86%**—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

Interestingly there is a level of support for some of these strategies across party lines (see Table 2).

CONCLUSION

The findings from this poll suggest that Georgia respondents are somewhat motivated when it comes to searching for hospital cost and quality information to help inform purchasing decisions and plan for a future medical expense. 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.⁶

It is not surprising that Georgia 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.

Table 2
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
Major reason for rising health care costs: <i>Hospitals charging too much money</i>	69%	72%	64%	71%
The government should require hospitals and doctors to provide up-front cost estimates to consumers	89%	90%	90%	87%
The government should set standard payments to hospitals for specific procedures	86%	84%	89%	86%
The government should impose price controls on contracts between insurers and health care providers.	86%	85%	89%	84%
The government should strengthen policies to drive more competition in health care markets to improve choice and access	86%	87%	86%	86%
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	85%	80%	90%	85%
The government should set up an independent entity to rate doctor and hospital quality, such as patient outcomes and bedside manner	85%	83%	88%	85%
The government should set limits on health care spending growth and penalize payers or providers that fail to curb excessive spending growth	81%	79%	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	81%	78%	85%	80%
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	79%	73%	86%	79%

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

Notes

1. Centers for Medicare and Medicaid Services. (2023). Hospital Change of Ownership. Retrieved October 4, 2023, from <https://data.cms.gov/provider-characteristics/hospitals-and-other-facilities/hospital-change-of-ownership>
2. A CHOW typically occurs when a Medicare provider has been purchased (or leased) by another organization. The CHOW results in the transfer of the old owner's identification number and provider agreement (including any Medicare outstanding debt of the old owner) to the new owner...An acquisition/merger occurs when a currently enrolled Medicare provider is purchasing or has been purchased by another enrolled provider. Only the purchaser's CMS Certification Number (CCN) and tax identification number remain. Acquisitions/mergers are different from CHOWs. In the case of an acquisition/merger, the seller/former owner's CCN dissolves. In a CHOW, the seller/former owner's CCN typically remains intact and is transferred to the new owner. A consolidation occurs when two or more enrolled Medicare providers consolidate to form a new business entity. Consolidations are different from acquisitions/mergers. In an acquisition/merger, two entities combine but the CCN and tax identification number (TIN) of the purchasing entity remains intact. In a consolidation, the TINs and CCN of the consolidating entities dissolve and a new TIN and CCN are assigned to the new, consolidated entity. Source: Missouri Department of Health and Senior Services, Change of Ownership Guidelines—Medicare/State Certified Hospice. Retrieved August 23, 2023, from <https://health.mo.gov/safety/homecare/pdf/CHOW-Guidelines-StateLicensedHospice.pdf#:~:text=Acquisitions%2Fmergers%20are%20different%20from%20CHOWs.%20In%20the%20case,providers%20consolidate%20to%20form%20a%20new%20business%20entity.>
3. The Source on Health care Price and Competition, Merger Review, Retrieved October 4, 2023 from <https://sourceonhealthcare.org/market-consolidation/merger-review/>
4. 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. See: <https://www.cms.gov/hospital-price-transparency/hospitals>
5. According to Health Forum, an affiliate of the American Hospital Association, hospital adjusted expenses per inpatient day in Georgia were \$2,147 in 2021, similar to the national average. See: Kaiser Family Foundation, State Health Facts Data: Hospital Adjusted Expenses per Inpatient Day. Accessed October 4, 2023. <https://www.kff.org/health-costs/state-indicator/expenses-per-inpatient-day/>
6. This survey was conducted after the Centers for Medicare and Medicaid Services' rule requiring hospitals to publicly display all standard charges for all items and services, as well as shoppable services, in a consumer-friendly format went into effect. However, low compliance from large hospitals indicates that the rule has yet to demonstrate the desired effect. See: 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).

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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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 26 to July 31, 2023, used a web panel from online survey company Dynata with a demographically balanced sample of approximately 1,500 respondents who live in Georgia. 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 1,473 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
Gender		
Woman	866	59%
Man	587	40%
Transwoman	5	<1%
Transman	3	<1%
Genderqueer/Nonbinary	10	1%
Insurance Type		
Health insurance through employer or family member’s employer	472	32%
Health insurance I buy on my own	216	15%
Medicare, coverage for seniors and those with serious disabilities	329	22%
Medicaid, coverage for low-income earners	183	12%
TRICARE/Military Health System coverage	44	3%
Department of Veterans Affairs (VA) Health care	25	2%
No coverage of any type	162	11%
I don’t know	42	3%
Race		
American Indian or Native Alaskan	29	2%
Asian	35	2%
Black or African American	442	30%
Native Hawaiian or Other Pacific Islander	9	<1%
White	946	64%
Prefer Not to Answer	27	2%
Two or More Races	37	3%
Ethnicity		
Hispanic or Latino	141	10%
Non-Hispanic or Latino	1332	90%
Age		
18-24	333	23%
25-34	253	17%
35-44	246	17%
45-54	228	16%
55-64	226	16%
65+	168	12%

Demographic Characteristic	Frequency	Percentage
Household Income		
Under \$20K	271	18%
\$20K-\$29K	187	13%
\$30K - \$39K	164	11%
\$40K - \$49K	144	10%
\$50K - \$59K	153	10%
\$60K - \$74K	129	9%
\$75K - \$99K	166	11%
\$100K - \$149K	159	11%
\$150K+	100	7%
Self-Reported Health Status		
Excellent	206	14%
Very Good	451	31%
Good	509	35%
Fair	258	18%
Poor	49	3%
Disability		
Mobility: Serious difficulty walking or climbing stairs	257	17%
Cognition: Serious difficulty concentrating, remembering or making decisions	170	12%
Independent Living: Serious difficulty doing errands alone, such as visiting a doctor’s office	143	10%
Hearing: Deafness or serious difficulty hearing	99	7%
Vision: Blindness or serious difficulty seeing, even when wearing glasses	84	6%
Self-Care: Difficulty dressing or bathing	81	5%
No disability or long-term health condition	963	65%
Party Affiliation		
Republican	535	36%
Democrat	473	32%
Neither	465	32%

Source: 2023 Poll of Georgia 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.