



DATA BRIEF | AUGUST 2024

Colorado Survey Respondents Worry about High Hospital Costs, Have Difficulty Estimating Quality and Cost of Care; 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 Colorado adults, conducted from March 26 to April 12, 2024, revealed widespread concern about hospital costs and bipartisan support for government-led solutions.

HARDSHIP AND WORRY ABOUT HOSPITAL COSTS

Eighty-three percent (83%) of Colorado respondents reported being worried about affording health care both now and in the future. Likewise, 37% reported experiencing a cost burden due to medical bills, and nearly two in every three (63% of) respondents reported being “worried” or “very worried” about affording medical costs in the event of a serious illness or accident. These concerns may be justified — of the 24% of respondents who reported receiving an unexpected medical bill in the past year, 45% say that at least one came from a hospital.

SKILLS NAVIGATING HOSPITAL CARE, COST AND QUALITY INFORMATION

Colorado respondents are fairly confident in their ability to recognize when to seek emergency care. Sixty-two percent (62%) of respondents are very or extremely confident that they know when to visit the emergency department as opposed to an urgent care center or a primary care provider. However, they are less confident in their ability to find hospital costs and quality information. Fifty-two percent (52%) of respondents are not confident in their ability to find the cost of a procedure in advance, and half lack confidence in their ability to find quality ratings for doctors (52%) or hospitals (51%).

Those figures may be reflected in the low rates of searching for hospital price and quality information. Only 29% of all respondents attempted to find the **cost** of a hospital stay ahead of time, and 13% needed a hospital stay but did not search for cost information (see Figure 1). Among the respondents who tried to find hospital cost information or needed a hospital stay, 42% were able to find the information they needed; 27% attempted to find hospital cost information but were unsuccessful; and 31% did not attempt to find information when they needed a hospital (see Figure 1).

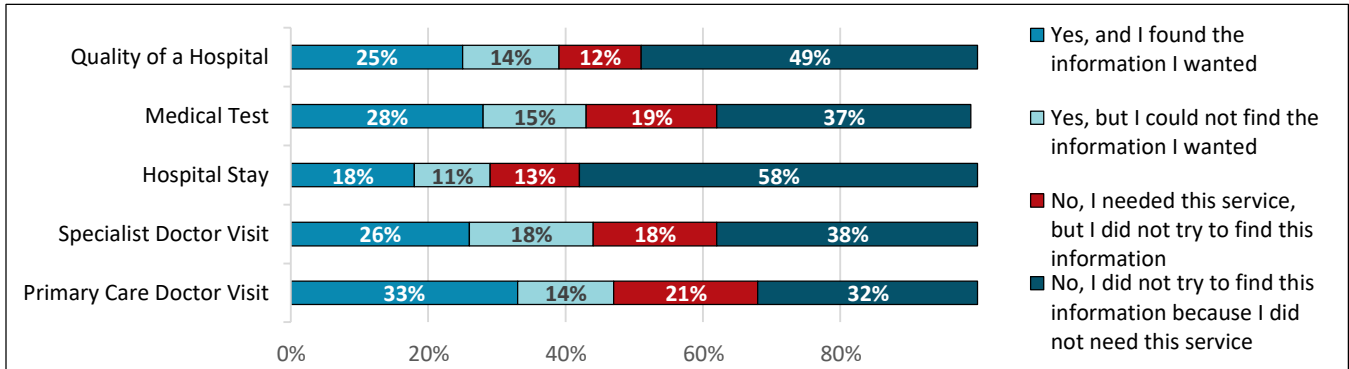
Similarly, fewer than two in five (39% of) respondents reported searching for hospital **quality** information, and 12% reported needing a hospital stay but not searching for quality information (see Figure 1). Of those who did search for hospital quality information or needed a hospital stay, 49% were successful in their search; 27% searched for hospital quality information but were unsuccessful; and 23% did not attempt to find quality information despite needing a hospital stay (see Figure 1).

Despite federal price transparency mandates for hospitals, hospital costs and quality ratings are still not always accessible.¹ This is reflected in the most frequently cited reasons respondents gave for not searching for cost or quality information, which include:

- 33% — They followed their doctors’ recommendations or referrals;
- 28% — Looking for information felt confusing or overwhelming;
- 27% — They did not know where to look;
- 19% — They did not have time to look; and
- 18% — It did not occur to them to look for provider quality or price information.

Notably, a small number of respondents reported that cost or quality is not important to them (12% and 4%, respectively).

Figure 1
Percent of Respondents Who Reported Searching or Not Searching for Select Cost/Quality Information in the Past Year, by Outcome

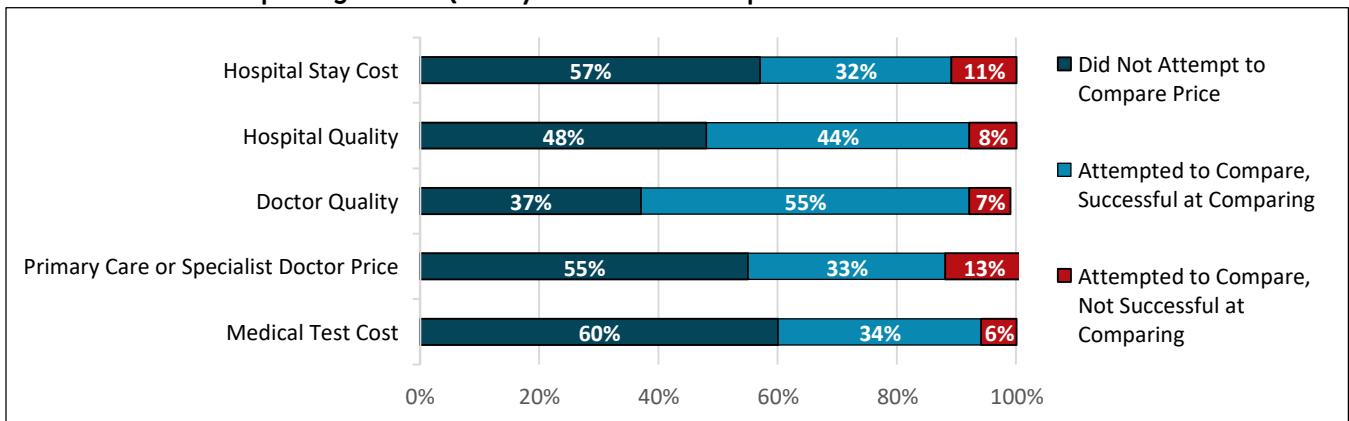


Source: 2024 Poll of Colorado Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
 Note: Due to rounding, totals may not equal to 100%

Respondents who were unsuccessful in their search for hospital **cost** information described several challenges. Forty-seven percent (47%) reported that the available **cost** information was confusing; 36% reported that their provider or hospital would not provide a price estimate; 33% reported that their insurer would not provide a price estimate; and 33% reported that the price information was insufficient. Likewise, among respondents who were unsuccessful in their search for hospital **quality** information, 29% reported that the resources were confusing, and 20% reported that the quality information was not sufficient.

However, among those who were successful in their search for cost or quality information, 32% reported they were able to find enough information to successfully compare the costs of a hospital stay between two or more options, and 44% reported finding enough information to compare quality ratings across hospitals (see Figure 2). Many of these respondents reported that the comparison ultimately influenced their choice of which provider to seek care from. Seventy-six percent (76%) of respondents who compared the cost of a primary care or specialist doctor visit, 86% of those who compared the cost of medical test providers and 89% of those who compared the cost of a hospital stay reported that the comparison influenced their choice of hospital or provider. Likewise, 85% of respondents who searched for hospital quality information reported that the comparison influenced their decision of hospital.

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: 2024 Poll of Colorado Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
 Note: Due to rounding, totals may not equal to 100%

IMPACT OF AND WORRY RELATED TO HOSPITAL CONSOLIDATION*

In addition to the above healthcare affordability burdens, a small share of Colorado respondents reported being negatively impacted by health system consolidation. Between 2018 to 2023, there have been 4 changes in ownership involving hospitals through mergers, acquisitions, or CHOW in Colorado.^{2,3}

Colorado requires that the State Attorney General be notified of all hospital transactions but does not grant the authority to approve or deny transactions.⁴ However, the state does require that nonprofit hospitals must provide annual reports indicating that the change in ownership has not negatively impacted access to health services in the affected communities for five years following the transaction.

In the past year, 32% of respondents reported that they were aware of a merger or acquisition in their community—of those respondents, 19% 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 healthcare provider due to a merger:

- 43% – delayed or avoided going to the doctor or having a procedure done because they could no longer access their preferred health care organization due to a merger;
- 37% – skipped recommended follow-up visits due to a merger;
- 36% – changed their preferred doctor or hospital to one that is in-network;
- 19% – have changed their preferred provider due to a merger resulting in a service closure;
- 17% – changed their health plan coverage to include the preferred doctor or hospital;
- 17% – stayed with their preferred health care provider and now pay out-of-network prices; and
- 17% – have switched to telehealth options to continue seeing their preferred provider.

Out of those who reported that the merger caused an additional burden for them or their families, the top three most frequently reported issues were:

- 30% – The merger created an added financial burden
- 27% – The merger created a gap in the continuity of my care
- 26% – The merger created an added wait time when searching for a new provider

While a smaller portion of respondents reported being unable to access their preferred health care organization because of a merger, far more respondents (57%) reported being somewhat, moderately or very worried about the impacts of mergers in their health care organizations. When asked about their largest concern respondents most frequently reported:

- 29% – I'm concerned I will have fewer choices of where to receive care
- 26% – I'm concerned I will have to pay more to see my doctor
- 25% – I'm concerned my doctor may no longer be covered by my insurance
- 10% – I'm concerned I will have a lower quality of care
- 9% – I'm concerned I will have to travel farther to see my doctor

To further examine the impact of health system consolidation on Colorado residents, survey respondents were also asked to share their experiences seeking care following a merger, acquisition or other change of ownership (see Table 1).

* 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.

Table 1

Select Responses to: “Over the last 12 months, please describe any issues that have occurred due to the merger that affected your preferred health care organization.”

<ul style="list-style-type: none"> • It made visits more expensive and less convenient because the location is further away. • My doctor seems really stressed and unhappy since the merger. • Not personally, but for friend who is pregnant now has to travel over an hour to get care because there is no one at the hospital that is in that field. • Since my local provider’s practice was purchased by a hospital from another county, my insurance wouldn’t cover this new arrangement for many months. • Las retrasos en los procedimientos. (Had delays to procedures.) • The places would not take my insurance anymore. • Trying to find a good doctor I liked was time consuming.

Source: 2024 Poll of Colorado Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

SUPPORT FOR SOLUTIONS ACROSS PARTY LINES

Hospitals, along with drug manufacturers and insurance companies, are viewed as a primary contributor to high health care costs. Out of fifteen possible options, Colorado respondents most frequently reported believing that the reason for high health care costs is unfair prices charged by powerful industry stakeholders, such as:

- 79% – Drug companies charging too much money
- 71% – Hospitals charging too much money
- 71% – Insurance companies charging too much money
- 55% – Large hospitals or physician groups using their influence to increase payments from insurance companies

Respondents endorsed a number of strategies to address high health care costs, including:

- 94% – Require hospitals and doctors to provide up-front cost estimates to consumers;
- 87% – 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; and
- 81% – Establish an independent entity to rate doctor and hospital quality.

Table 2

Percent Who Agreed or Strongly Agreed that the Government Should Employ Select Strategies, by Political Affiliation

Selected Survey Statements/Questions	Total Percent	Do you consider yourself a...		
		Republican	Democrat	Neither
Major reason for rising health care costs: Hospitals charging too much money	71%	65%	71%	76%
Require hospitals and doctors to provide up-front cost estimates to consumers	94%	94%	94%	93%
Establish standard payments to hospitals for specific procedures	86%	85%	91%	84%
Impose price controls on contracts between insurers and health care providers	86%	80%	92%	85%
Strengthen policies to drive more competition in health care markets	86%	85%	88%	84%
Set up an independent entity to rate provider quality, e.g., patient outcomes and bedside manner	81%	79%	87%	79%

Source: 2024 Poll of Colorado Adults, Ages 18+ - Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

CONCLUSION

The poll findings indicate that while some Colorado respondents are motivated to search for hospital cost and quality information to inform their decisions and plan for future medical expenses, over half did not seek this information at all. This suggests that price transparency initiatives alone may not effectively influence consumer behavior.

Unsurprisingly, Colorado respondents strongly support government-led solutions to make price and quality information more accessible and to help consumers navigate hospital care. Many favored solutions would reduce the burden on consumers, such as standardizing payments for specific procedures, requiring cost estimates from hospitals and doctors, and establishing an independent entity for quality reviews. Policymakers should consider these and other policy options to address the bipartisan call for government action.

NOTES

1. 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, Compliance from hospitals has been mixed, indicating that the rule has yet to demonstrate the desired effect. <https://www.healthaffairs.org/content/forefront/hospital-price-transparency-progress-and-commitment-achieving-its-potential>
2. Centers for Medicare and Medicaid Services. (2023). Hospital Change of Ownership. Retrieved June 5, 2024, from <https://data.cms.gov/provider-characteristics/hospitals-and-other-facilities/hospital-change-of-ownership>.
3. 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,provider%20consolidate%20to%20form%20a%20new%20business%20entity.>
4. The Source on Health Care Price and Competition, Merger Review, Retrieved August 23, 2024 from <https://sourceonhealthcare.org/market-consolidation/merger-review/>

ABOUT THE ALTARUM HEALTHCARE VALUE HUB

With support from the Robert Wood Johnson Foundation and Arnold Ventures, the Healthcare Value Hub provides free, timely information about the policies and practices that address high healthcare 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 healthcare.

Contact the Hub:

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HEALTHCARE VALUE HUB

METHODOLOGY

Altarum’s Consumer Healthcare Experience State Survey (CHESS) is designed to elicit respondents’ 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 March 26 to April 12, 2024, used a web panel from Dynata with a demographically balanced sample of approximately 1,500 respondents who live in Colorado. 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 1,412 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/Orientation		
Woman	792	56%
Man	594	42%
Transwoman	3	<1%
Transman	2	<1%
Genderqueer/Nonbinary	12	1%
LGBTQ+ Community	181	13%
Insurance Type		
Health insurance through my or a family member’s employer	496	35%
Health insurance I buy on my own	135	10%
Medicare, coverage for seniors and those with serious disabilities	347	25%
Health First Colorado, Colorado Medicaid	279	20%
TRICARE/Military Health System	43	3%
Department of Veterans Affairs	19	1%
No coverage of any type	72	5%
I don’t know	21	1%
Race		
American Indian/Native Alaskan	47	3%
Asian	35	2%
Black or African American	144	10%
Native Hawaiian/Other Pacific Islander	11	1%
White	1,023	72%
Prefer Not to Answer	21	1%
Two or More Races	138	10%
Ethnicity		
Hispanic or Latino	274	19%
Non-Hispanic or Latino	1,138	81%
Age		
18-24	205	15%
25-34	253	18%
35-44	236	17%
45-54	215	15%
55-64	267	19%
65+	226	16%
Party Affiliation		
Republican	347	25%
Democrat	466	33%
Neither	599	42%

Demographic Characteristic	Frequency	Percentage
Household Income		
Under \$20K	201	14%
\$20K-\$29K	122	9%
\$30K - \$39K	115	8%
\$40K - \$49K	120	8%
\$50K - \$59K	134	9%
\$60K - \$74K	135	10%
\$75K - \$99K	204	14%
\$100K - \$149K	230	16%
\$150K+	151	11%
Education Level		
Some high school	37	3%
High school diploma/GED	228	16%
Some college or training/certificate program	364	26%
Associate degree	148	10%
Bachelor’s degree	343	24%
Some graduate school	36	3%
Graduate degree	256	18%
Self-Reported Health Status		
Excellent	194	14%
Very Good	472	33%
Good	508	36%
Fair	194	14%
Poor	44	3%
Disability		
Mobility	216	15%
Cognition	137	10%
Independent Living	86	6%
Hearing	100	7%
Vision	78	6%
Self-Care: Difficulty dressing or bathing	63	4%
No disability or long-term health condition	988	70%

Source: 2024 Poll of Colorado Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare 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.