



DATA BRIEF | AUGUST 2024

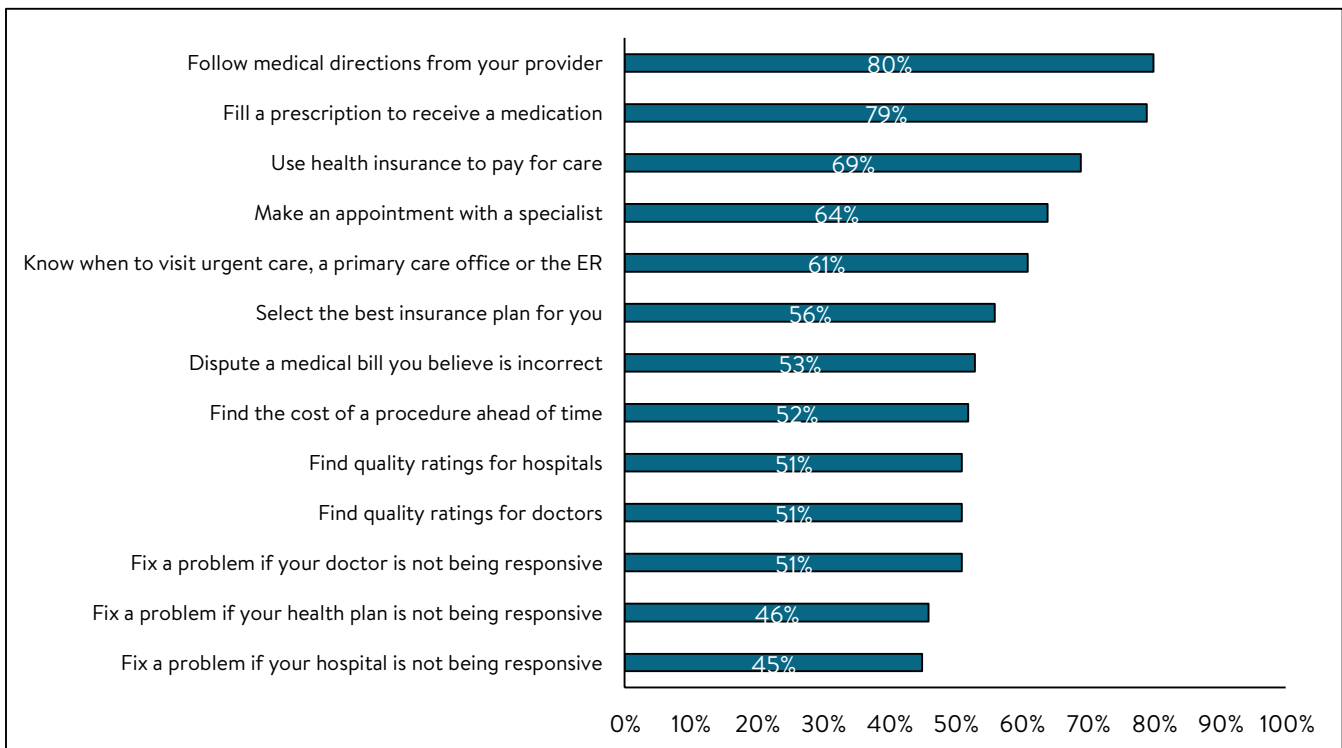
## Oregon Survey Respondents Face Challenges Navigating the Health Care System, Understanding Cost-Sharing Obligations; Express Bipartisan Support for Government Action

A 2024 survey of more than 1,400 Oregon adults, conducted from June 6 to June 17, 2024, found that many respondents face challenges confidently navigating the health care system and understanding their cost-sharing obligations. These challenges are sometimes attributed to insufficient levels of *health insurance literacy* or *health literacy*, which is associated with poorer health outcomes, lower patient satisfaction and higher costs.<sup>1,2,3</sup> This brief surfaces respondents' experiences operating within the health care system and interpreting their cost-sharing obligations, and highlights support for related policy solutions.

### CONFIDENCE OBTAINING CARE, UNDERSTANDING COST, RESOLVING ISSUES

Many Oregon respondents report being confident in their ability to fill a prescription or follow directions provided by their doctor. However, fewer are confident in their ability to resolve concerns related to financial obligations, such as disputing a medical bill or determining how much a procedure may cost. For example, fewer than half (46% of) respondents feel very or extremely confident they could resolve an issue if their a health plan was not responsive to their concerns (see Figure 1).

**Figure 1**  
Percent of Respondents Who Feel “Very” or “Extremely” Confident They Can Complete Select Health Care Related Tasks



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

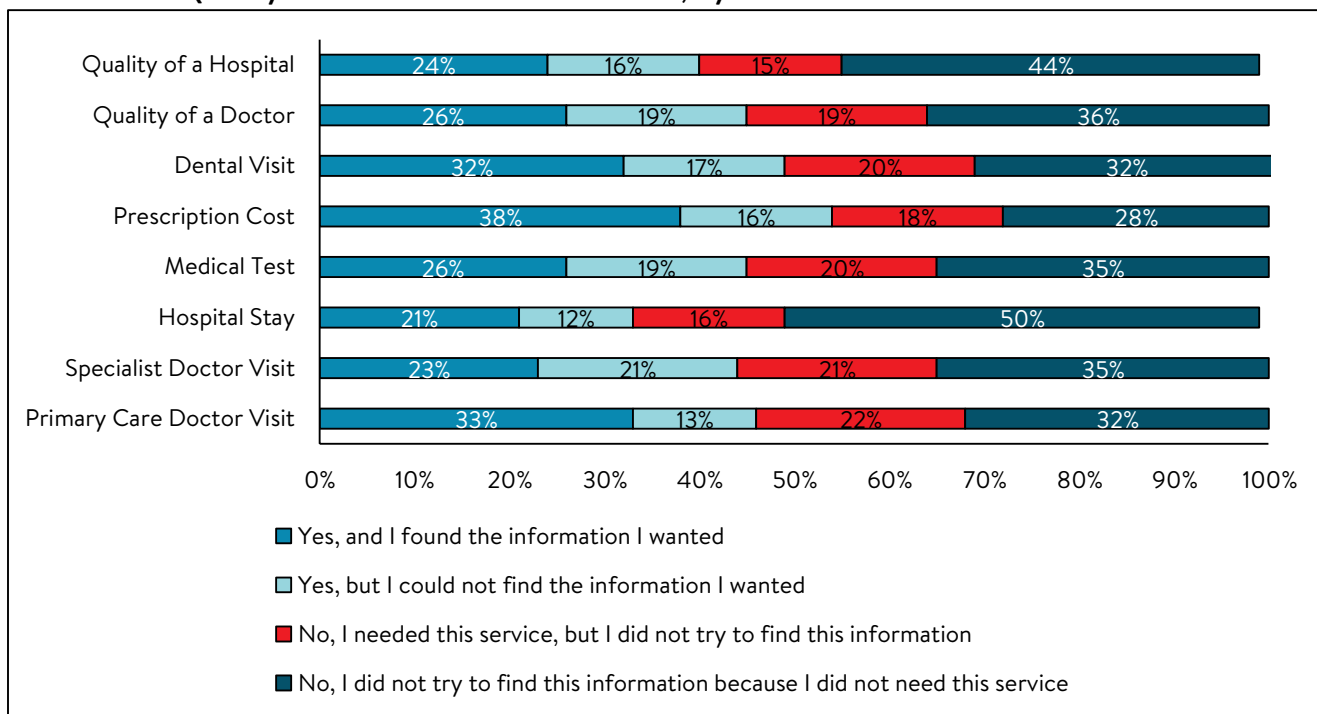
FINDING/INTERPRETING HEALTH CARE COST AND QUALITY INFORMATION

Limited knowledge of health care quality or costs can hinder consumers' ability to budget for care, which can be especially detrimental to the under- and uninsured.<sup>4</sup> Among Oregon respondents, roughly half (52%) feel confident in their ability to find the cost of a procedure in advance. In fact, among those who reported that they **did not search** for cost or quality information before a required procedure, 27% reported that the act of looking for information felt confusing or overwhelming, and 21% reported that they did not know where to look.

Although most respondents who searched for cost or quality information were successful, there were some who reported that they were unable to find the information they needed (see Figure 2). Over one-third (36%) of respondents who searched for, but could not find hospital **cost** information, reported that the available cost information was confusing, 27% reported that their provider or hospital would not provide a price estimate, 35% reported that their insurer would not provide a price estimate and 29% reported that the price information was insufficient.

Likewise, among respondents who were unsuccessful in their search for hospital **quality** information, 30% reported that the resources were confusing, and 19% reported that the quality information was not sufficient. Notably, a small number of respondents reported that cost or quality is unimportant to them (12 and 5%, respectively). These challenges persist despite federal hospital price transparency mandates.<sup>5</sup>

**Figure 2**  
Percent of Respondents Who Needed a Service and Reported Searching or Not Searching for Select Cost/Quality Information in the Past Year, by Outcome



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

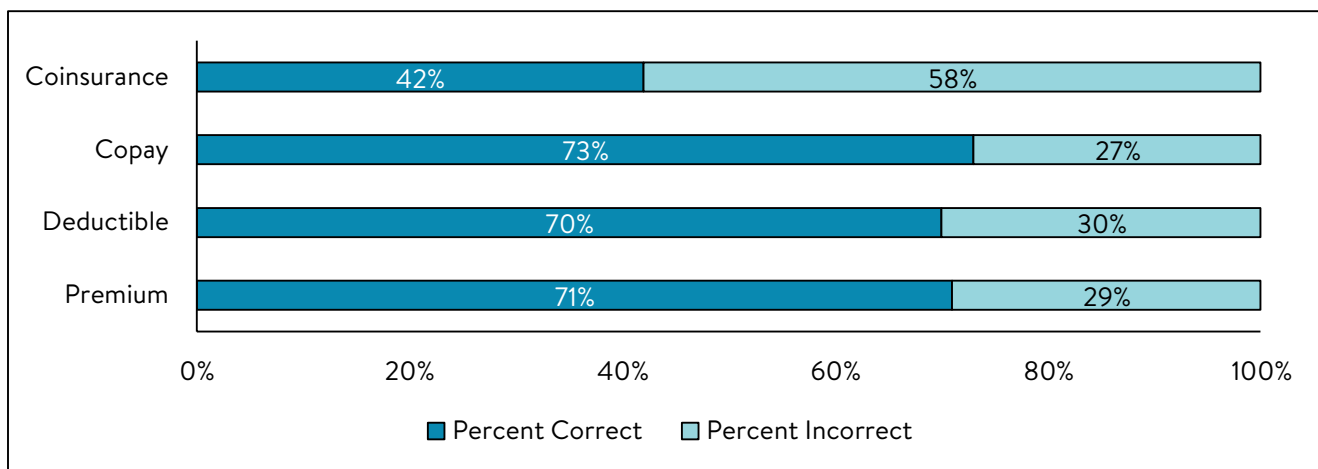
Research shows little correlation between the quality and the price of medical services.<sup>6</sup> However, 40% of respondents reported that they **would** be willing to pay more to see a doctor with higher quality rankings. Additionally, 57% of Oregon respondents reported that the out-of-pocket costs would be a “very” or “extremely” important deciding factor if they had to choose between two providers with similar quality

ratings. Likewise, 57% reported that quality ratings are an important factor when deciding between two physicians providing services for the same price.

## DIFFICULTY UNDERSTANDING COMMON HEALTH CARE TERMS

Research indicates that nearly half of insured adults find at least one aspect of their insurance difficult to understand, highlighting the need for efforts to improve health insurance literacy.<sup>7</sup> When given multiple choices, nearly three out of four (71% of) respondents were able to correctly define “premium,” and a similar amount were able to correctly define “deductible” (70%) and “copay” (73%). However, fewer than half (42%) were able to accurately define “coinsurance” (see Figure 3). Of note, more educated respondents correctly identified the first three terms, but difficulty defining coinsurance was present across all education levels (see Table 1).

**Figure 3**  
Percent Who Chose the Correct Insurance Term Definition



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

**Table 1**  
Percent Who Correctly Defined Select Insurance Terms, by Education Level

	Coinsurance	Premium	Deductible	Co-Pay
High School Diploma or GED	28%	64%	61%	72%
Some College, Training, or Certificate	39%	84%	80%	89%
Associate Degree	37%	76%	81%	73%
Bachelor’s Degree	49%	75%	75%	74%
Graduate School	47%	63%	61%	64%

Source: 2024 Poll of Oregon Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey  
Definitions: “Premium” is a fee paid on a regular schedule for an insurance policy; “deductible” is the money you pay before an insurance company will pay a claim; and “coinsurance,” which is the percentage of a health care bill you pay after the deductible is met.

## UNEXPECTED MEDICAL BILLS

Eighteen percent of Oregon respondents received a surprise medical bill in the past year. Among those, respondents with employer-sponsored health insurance (26%) most frequently reported receiving a surprise medical bill followed by those enrolled in Medicare coverage (20%); respondents enrolled in Oregon Medicaid program (19%); and respondents who purchase their own insurance (e.g. through the health care Marketplace) (8%).

When asked about the nature of their surprise medical bill, nearly half (49%) of respondents reported that the amount was higher than anticipated, and 35% reported that the bill was from a provider that they didn't expect to receive a bill from. In smaller numbers, 19% reported being charged out-of-network rates by a provider they believed was in-network, 9% reported being charged for services they did not receive and 20% reported experiencing something else unexpected.

Beyond describing the nature of and/or reason the bill was unexpected, respondents also reported various attempts to resolve the issue. Of those who received an unexpected medical bill in the past year, less than half (46%) took more than one step in their attempt to resolve their unexpected medical. Many contacted their health plan (45%) or provider (42%), some paid the bill without disputing it (17%), and few (8%) filed an insurance appeal (see Table 2).

**Table 2**

**Among Those Who Received an Unexpected Medical Bill, Percent Reporting Select Actions**

Action	Percent
Contacted the health plan or consulted insurance policy	45%
Contacted the doctor, hospital, or lab	42%
Paid the bill without disputing it	17%
Contacted a consumer assistance or advocacy program	17%
Contacted a state government agency	13%
Attempted to challenge the bill or negotiate a lower bill	11%
Contacted a state legislator or member of Congress	11%
Asked a friend or family member for help	8%
Filed an insurance appeal	8%
Filed a formal complaint	5%
Solicited donations using a crowdfunding platform	3%
Contacted a lawyer	2%

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

Only 37% of respondents with an unexpected medical bill indicated that the issue was resolved to their satisfaction (see Table 3). Notably, respondents who reported being dissatisfied with their bill's resolution more often reported paying the original bill without disputing compared to those who were satisfied with their bill's resolution.

**Table 3**

**Out of Those Who Received an Unexpected Medical Bill, Level of Satisfaction by Resolution Status**

Resolution Status	Percent
Issue was resolved satisfactorily	37%
Issue was resolved, but not satisfactorily	28%
The issue is still not resolved	29%

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

Note: Components do not add to 100% due to some respondents being unsure of bill resolution.

Regardless, most respondents who received an unexpected bill reported that they settled their bills by paying in full (39%) or through a payment plan (17%), while a smaller number successfully negotiated a lower bill (10%) or had their bill dismissed (8%) (see Table 4). In a small number of cases (1%), respondents reported filing for bankruptcy due to an unexpected medical bill. Some respondents (11%) also reported being contacted by a collection agency.<sup>8</sup>

**Table 4**  
**Out of Those Who Received an Unexpected Medical Bill, Percent Reporting Select Resolutions**

Resolution Method	Percent
Paid original bill in full	39%
Paying original bill through a payment plan	17%
The billing issue remains unresolved	13%
The bill was sent to collections and remains unpaid	11%
Successfully negotiated a lower bill	10%
The billing issue was dismissed or written off	8%

Source: 2024 Poll of Oregon Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey  
 Note: Components do not add to 100% due to some respondents being unsure of bill resolution.

## SUPPORT FOR SOLUTIONS ACROSS PARTY LINES

The burden of health care costs and the widespread support for reform indicate that elected leaders and other stakeholders must prioritize addressing these consumer challenges. Oregon respondents overwhelmingly endorsed several transparency-oriented strategies, including:

- **93%** – Show what a fair price would be for specific procedures;
- **92%** – Require hospitals and doctors to provide up-front cost estimates to consumers;
- **92%** – Require insurers to provide up-front cost estimates to consumers;
- **91%** – Require drug companies to provide advanced notice of price increases;
- **88%** – Establish standard payments to hospitals for specific procedures;
- **88%** – Impose price controls on contracts between insurers and health care providers;
- **87%** – Strengthen policies to drive more competition in health care markets;
- **85%** – Set up an independent entity to rate doctor and hospital quality, such as patient outcomes and bedside manner; and
- **83%** – Establish limits on health care spending growth.

Support for these solutions extended across the aisle, reflecting bipartisan agreement on the need for greater health care price transparency and policies designed to reduce the frequency of surprise medical bills (see Table 5). It must be noted that, although price transparency tools can help identify unwarranted price variation, these tools alone do not make markets more efficient and generally fail to encourage consumers to shop for lower-priced services.<sup>9</sup> Instead, policymakers should consider a combination of transparency tools and evidence-based policies to effectively address these issues.

**Table 5**  
**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
Show what a fair price would be for specific procedures	93%	91%	93%	94%
Require hospitals and doctors to provide up-front cost estimates to consumers	92%	90%	93%	92%
Require insurers to provide up-front cost estimates to consumers	92%	91%	91%	94%

Selected Survey Statements/Questions	Total Percent	Do you consider yourself a...		
		Republican	Democrat	Neither
Require drug companies to provide advanced notice of price increases	91%	91%	90%	93%
Establish standard payments to hospitals for specific procedures	88%	85%	89%	89%
Impose price controls on contracts between insurers and health care providers	88%	83%	90%	89%
Strengthen policies to drive more competition in health care markets	87%	87%	87%	88%
Set up an independent entity to rate provider quality, e.g., patient outcomes and bedside manner	85%	83%	86%	86%
Establish limits on health care spending growth, penalties for failing to curb excessive growth	83%	81%	86%	82%

*Source: 2024 Poll of Oregon Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey*

**CONCLUSION**

While Oregon respondents report confidence in following their doctor's directions or filling prescriptions, they are less confident in handling cost issues and resolving problems with providers, health plans, and hospitals. Furthermore, poor understanding of common terms can make it difficult to anticipate out-of-pocket costs and budget for health care expenses. These difficulties may contribute to unexpected medical bills, increased affordability burdens, and challenges in resolving bills satisfactorily. State legislators and advocates should consider a variety of interventions, including price transparency resources and evidence-based policies, to improve health literacy, health insurance literacy and access to comprehensive health care cost and quality information.

## NOTES

1. A person's ability to seek, obtain, and understand health insurance plans, and once enrolled, use their insurance to seek appropriate health care services.
2. A person's ability to obtain, process, and understand basic health information and services needed to manage one's health and make appropriate health decisions.
3. Shahid, R., Shoker, M., Chu, L.M. *et al.* Impact of low health literacy on patients' health outcomes: a multicenter cohort study. *BMC Health Serv Res* **22**, 1148 (2022). <https://doi.org/10.1186/s12913-022-08527-9>
4. According to Health Forum, an affiliate of the American Hospital Association, hospital adjusted expenses per inpatient day in Oregon were \$4,003 in 2022. See: Kaiser Family Foundation, [State Health Facts Data: Hospital Adjusted Expenses per Inpatient Day](#) (Accessed June 27, 2024).
5. 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>
6. Pollitz, K., Pestaina, K., Montero, A., Lopes, L., Valdes, I., Kirzinger, A., Brodie, M., KFF Survey of Consumer Experiences with Health Insurance, (KFF, June 15, 2024) <https://www.kff.org/report-section/kff-survey-of-consumer-experiences-with-health-insurance-methodology/> (Accessed September 26, 2023).
7. "What Do We Know About Prices and Hospital Quality?", Health Affairs Blog, July 29, 2019. <https://www.healthaffairs.org/content/forefront/do-we-know-prices-and-hospital-quality> (Accessed September 26, 2023).
8. For more survey data on collections and medical debt, see: *Oregon Respondents Struggle to Afford High Healthcare Costs; Express Across Party Lines Support for a Range of Government Solutions*, *Healthcare Value Hub*, August 2024
9. Benavidez G, Frakt A. Price Transparency in Health Care Has Been Disappointing, but It Doesn't Have to Be. *JAMA*. 2019;322(13):1243–1244. <https://jamanetwork.com/journals/jama/fullarticle/2752049> (Accessed on September 26, 2024).

### 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:

[www.HealthcareValueHub.org](http://www.HealthcareValueHub.org) | [@HealthValueHub](https://twitter.com/HealthValueHub)

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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 June 6 to June 17, 2024, used a web panel from Dynata with a demographically balanced sample of approximately 1,551 respondents who live in Oregon. 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 1,499 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	Demographic Characteristic	Frequency	Percentage
<b>Gender/Orientation</b>			<b>Household Income</b>		
Woman	808	54%	Under \$20K	190	13%
Man	670	45%	\$20K - \$29K	128	9%
Transwoman	3	<1%	\$30K - \$39K	110	7%
Transman	8	1%	\$40K - \$49K	106	7%
Genderqueer/Nonbinary	12	1%	\$50K - \$59K	113	8%
LGBTQ+ Community	178	12%	\$60K - \$74K	171	11%
<b>Insurance Type</b>			\$75K - \$99K	298	20%
Health insurance through my or a family member’s employer	383	26%	\$100K - \$149K	229	15%
Health insurance I buy on my own	313	21%	\$150K+	154	10%
Medicare, coverage for seniors and those with serious disabilities	417	28%	<b>Education Level</b>		
Oregon Health Plan, Oregon Medicaid	279	19%	Some high school	41	3%
TRICARE/Military Health System	16	1%	High school diploma/GED	205	14%
Department of Veterans Affairs	23	2%	Some college or training/certificate program	313	21%
No coverage of any type	42	3%	Associate degree	142	9%
I don’t know	26	2%	Bachelor’s degree	415	28%
<b>Race</b>			Some graduate school	131	9%
American Indian/Native Alaskan	51	3%	Graduate degree	252	17%
Asian	53	4%	<b>Self-Reported Health Status</b>		
Black or African American	196	13%	Excellent	238	16%
Native Hawaiian/Other Pacific Islander	14	1%	Very Good	493	33%
White	1,114	74%	Good	516	34%
Prefer Not to Answer	22	1%	Fair	205	14%
Two or More Races	93	6%	Poor	47	3%
<b>Ethnicity</b>			<b>Disability</b>		
Hispanic or Latino	156	10%	Mobility	264	18%
Non-Hispanic or Latino	1,343	90%	Cognition	173	12%
<b>Age</b>			Independent Living	197	13%
18-24	156	10%	Hearing	151	10%
25-34	327	22%	Vision	117	8%
35-44	280	19%	Self-Care: Difficulty dressing or bathing	76	5%
45-54	211	14%	No disability or long-term health condition	893	60%
55-64	223	15%	<i>Source: 2024 Poll of Oregon Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey</i>		
65+	299	20%			
<b>Party Affiliation</b>					
Republican	489	33%			
Democrat	568	38%			
Neither	442	29%			

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.