



DATA BRIEF | AUGUST 2024

Oregon 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 Oregon adults, conducted from June 6 to June 17, 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 Oregon respondents reported being worried about affording health care both now and in the future. Likewise, 43% reported experiencing a cost burden due to medical bills, and over two in every three (61%) 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 18% of respondents who reported receiving an unexpected medical bill in the past year, 46% say that at least one came from a hospital.

SKILLS NAVIGATING HOSPITAL CARE, COST AND QUALITY INFORMATION

Oregon respondents are fairly confident in their ability to recognize when to seek emergency care. Sixty-one percent (61%) 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. Forty-eight percent (48%) 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 (49%) or hospitals (49%).

Those figures may be reflected in the low rates of searching for hospital price and quality information. Only 33% of all respondents attempted to find the **cost** of a hospital stay ahead of time, and 16% 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, 43% were able to find the information they needed; 24% attempted to find hospital cost information but were unsuccessful; and 33% did not attempt to find information when they needed a hospital.

Similarly, two in five (40% of) respondents reported searching for hospital **quality** information, and 15% 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, 43% were successful in their search; 29% searched for hospital quality information but were unsuccessful; and 27% did not attempt to find quality information despite needing a hospital stay.

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:

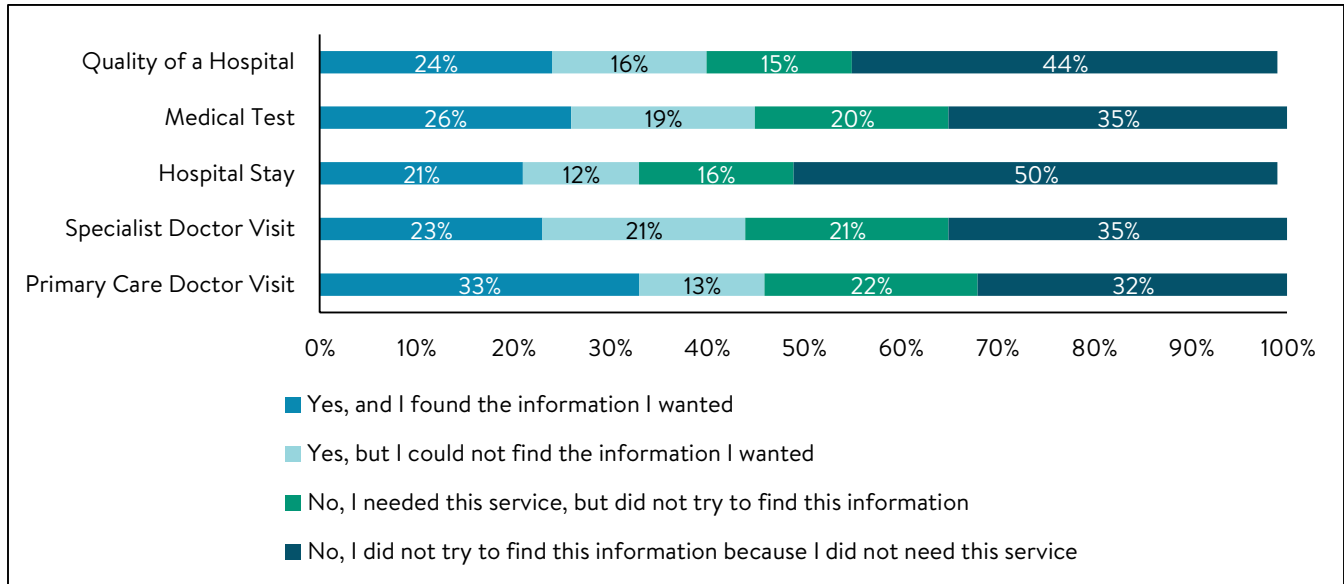
- 31% – They followed their doctors’ recommendations or referrals;
- 27% – Looking for information felt confusing or overwhelming;

- 21% – They did not know where to look;
- 17% – It did not occur to them to look for provider quality or price information; and
- 14% – They did not have time to look.

Notably, a small number of respondents reported that cost or quality were not important to them (12% and 5%, 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 Oregon Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey



Note: Due to rounding, totals may not equal to 100%.

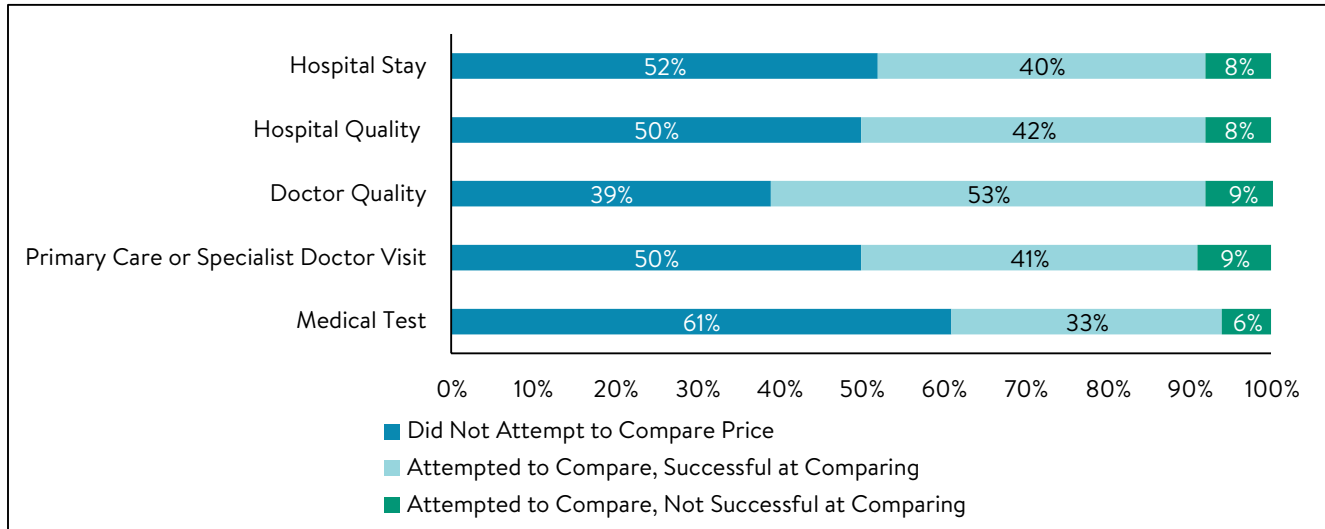
Respondents who were unsuccessful in their search for hospital **cost** information described several challenges. Thirty-six percent (36%) reported that the available cost information was confusing; 35% reported that their insurer would not provide a price estimate; 27% reported that their provider or hospital 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.

However, among those who were successful in their search for cost or quality information, 40% reported they were able to find enough information to successfully compare the costs of a hospital stay between two or more options, and 42% 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. Eighty-one percent (81%) of respondents who compared the cost of a primary care or specialist doctor visit, 79% of those who compared the cost of medical test providers and 81% of those who compared the cost of a hospital stay reported that the comparison influenced their choice of hospital or provider. Likewise, 87% 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 Oregon 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 Oregon respondents reported being negatively impacted by health system consolidation. In 2018, there was 1 change in ownership involving hospitals through mergers, acquisitions, or CHOW in Oregon.^{2,3}

Oregon requires that the State Attorney General and Oregon Health Authority be notified of nonprofit hospital transactions but does not grant the authority to approve or deny transactions.⁴

In the past year, 35% of respondents reported that they were aware of a merger or acquisition in their community—of those respondents, 30% 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:

- 40% – changed their preferred doctor or hospital to one that is in-network;
- 31% – skipped recommended follow-up visits due to a merger;
- 30% - skipped filling a prescription medication;
- 26% – 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;
- 22% – changed their health plan coverage to include the preferred doctor or hospital;
- 14% – have switched to telehealth options to continue seeing their preferred provider;
- 9% –stayed with their preferred health care provider and now pay out-of-network prices; and
- 3% – have changed their preferred provider due to a merger resulting in a service closure.

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:

- 27% – The merger created an added wait time when searching for a new provider;
- 20% – The merger created a gap in the continuity of my care;
- 20% – it has created an added transportation burden; and
- 18% – The merger created an added financial burden.

While a smaller portion of respondents reported being unable to access their preferred health care organization because of a merger, more respondents (66%) 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 to pay more to see my doctor;
- 25% – 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;
- 13% – I’m concerned I will have a lower quality of care; and
- 8% – I’m concerned I will have to travel farther to see my doctor.

To ascertain additional information on the specific ways that health system consolidation impacts Oregon residents, survey respondents were asked to share their experiences following hospital consolidation (see Table 1).

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">• “Confusion about where to go for care.”• “Decreased availability of services.”• “I have to drive further away to continue with my long time provider and I have to pay more since she is no longer in network due to a merger.”• “Loss of my favorite doctor.”• “The clinic closed and transferred my care to out of state location which I refused to go to, I had to find another clinic and wait six months for an opening with a doctor unfamiliar to me at an out of the way clinic.”• “The office I usually visit has closed and now I have to drive 2.5 hours out of town.”

Source: 2024 Poll of Oregon 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, Oregon respondents most frequently reported believing that the reason for high health care costs is unfair prices charged by powerful industry stakeholders, such as:

- 70% – Drug companies charging too much money
- 65% – Insurance companies charging too much money
- 64% – Hospitals charging too much money
- 49% – 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:

- 92% – Require hospitals and doctors to provide up-front cost estimates to consumers;⁵
- 88% – Set 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; and
- 85% – 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	64%	51%	70%	70%
Require hospitals and doctors to provide up-front cost estimates to consumers	92%	90%	93%	92%
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

The poll findings indicate that while some Oregon respondents are motivated to search for hospital cost and quality information to inform their decisions and plan for future medical expenses, depending on service type, 15-22% did not seek this information at all when they needed a service, and 39-61% of those who did find cost or quality information did not compare prices. This suggests that price transparency initiatives alone may not effectively influence consumer behavior. Lack of knowledge of hospital quality and potential costs may impede residents’ ability to plan for needed care and budget for the expense of a hospital stay, which can be costly, particularly for residents who are uninsured or under-insured.⁵

Oregon respondents 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.providers%20consolidate%20to%20form%20a%20new%20business%20entity.>

4. The Source on Health Care Price and Competition, Merger Review, Retrieved July 9, 2024 from <https://sourceonhealthcare.org/market-consolidation/merger-review/>
5. 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 28, 2024. <https://www.kff.org/health-costs/state-indicator/expenses-per-inpatient-day/>

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.

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HEALTHCARE VALUE HUB

METHODOLOGY

Altarum’s Consumer Healthcare Experience State Survey (CHES) 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
Gender/Orientation		
Woman	808	54%
Man	670	45%
Transwoman	3	<1%
Transman	8	1%
Genderqueer/Nonbinary	12	1%
LGBTQ+ Community	178	12%
Insurance Type		
Health insurance through my or a family member’s employer	383	26%
Health insurance I buy on my own	313	21%
Medicare, coverage for seniors and those with serious disabilities	417	28%
Oregon Health Plan, Oregon Medicaid	279	19%
TRICARE/Military Health System	16	1%
Department of Veterans Affairs	23	2%
No coverage of any type	42	3%
I don’t know	26	2%
Race		
American Indian/Native Alaskan	51	3%
Asian	53	4%
Black or African American	196	13%
Native Hawaiian/Other Pacific Islander	14	1%
White	1,114	74%
Prefer Not to Answer	22	1%
Two or More Races	93	6%
Ethnicity		
Hispanic or Latino	156	10%
Non-Hispanic or Latino	1,343	90%
Age		
18-24	156	10%
25-34	327	22%
35-44	280	19%
45-54	211	14%
55-64	223	15%
65+	299	20%
Party Affiliation		
Republican	489	33%
Democrat	568	38%
Neither	442	29%

Demographic Characteristic	Frequency	Percentage
Household Income		
Under \$20K	190	13%
\$20K - \$29K	128	9%
\$30K - \$39K	110	7%
\$40K - \$49K	106	7%
\$50K - \$59K	113	8%
\$60K - \$74K	171	11%
\$75K - \$99K	298	20%
\$100K - \$149K	229	15%
\$150K+	154	10%
Education Level		
Some high school	41	3%
High school diploma/GED	205	14%
Some college or training/certificate program	313	21%
Associate’s degree	142	9%
Bachelor’s degree	415	28%
Some graduate school	131	9%
Graduate degree	252	17%
Self-Reported Health Status		
Excellent	238	16%
Very Good	493	33%
Good	516	34%
Fair	205	14%
Poor	47	3%
Disability		
Mobility	264	18%
Cognition	173	12%
Independent Living	197	13%
Hearing	151	10%
Vision	117	8%
Self-Care: Difficulty dressing or bathing	76	5%
No disability or long-term health condition	893	60%

Source: 2024 Poll of Oregon 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.