



DATA BRIEF | AUGUST 2024

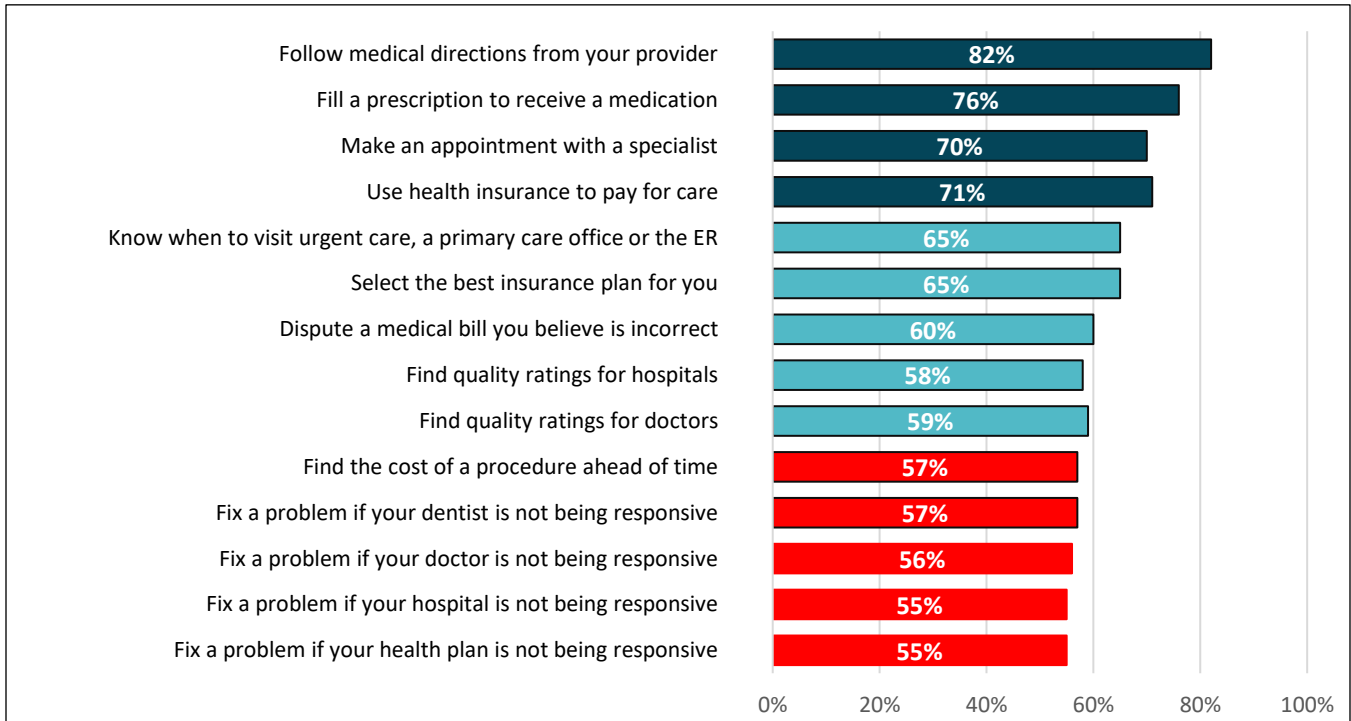
District of Columbia Survey Respondents Face Challenges Navigating the Health Care System, Understanding Cost-Sharing Obligations; Express Bipartisan Support for Government Action

A 2024 survey of more than 1,000 District of Columbia adults, conducted from March 14 to May 15, 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.^{1,2,3} This brief surfaces respondents' experiences operating within the health care system, interpreting their cost-sharing obligations and highlights support for related policy solutions.

CONFIDENCE OBTAINING CARE, UNDERSTANDING COST, RESOLVING ISSUES

Many District of Columbia 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, just over half (55%) 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 District of Columbia Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

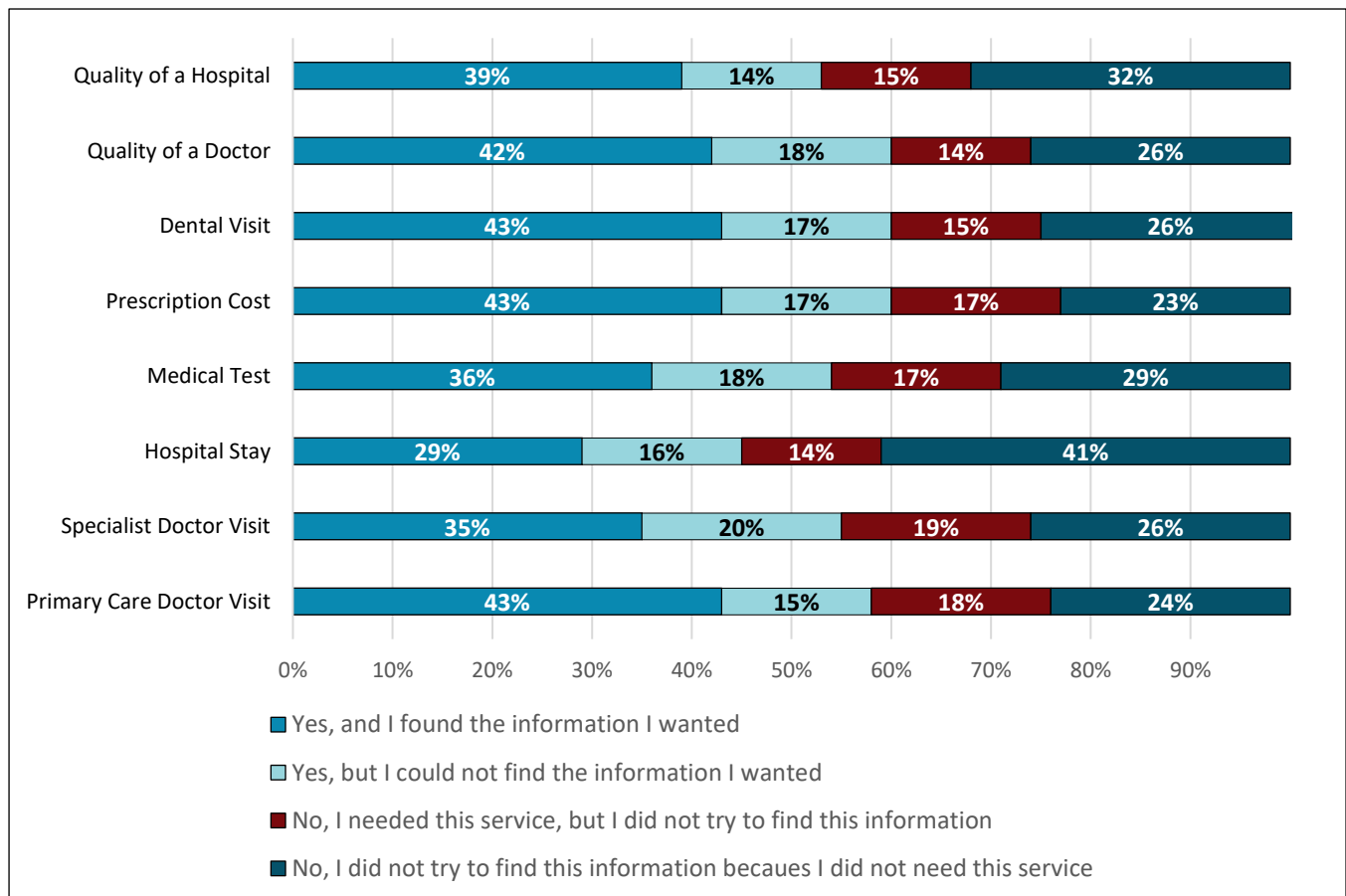
FINDING/INTERPRETING HEALTH CARE COST AND QUALITY INFORMATION

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.⁴ Among District of Columbia respondents, more than half (57%) of respondents feel confident in their ability to find the cost of a procedure in advance. However, among those who reported that they **did not search** for cost or quality information before a required procedure, 33% reported that the act of looking for information felt confusing or overwhelming, and 32% 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). Nearly two in five (38% of) respondents who searched for, but could not find hospital **cost** information, reported that the available cost information was confusing, 41% reported that their provider or hospital would not provide a price estimate, 40% reported that their insurer would not provide a price estimate and 26% reported that the price information was insufficient.

Likewise, among respondents who were unsuccessful in their search for hospital **quality** information, 26% reported that the resources were confusing, and 23% reported that the quality information was not sufficient. Notably, a small number of respondents reported that cost or quality is unimportant to them (13 and 8%, respectively). These challenges persist despite federal hospital price transparency mandates.⁵

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



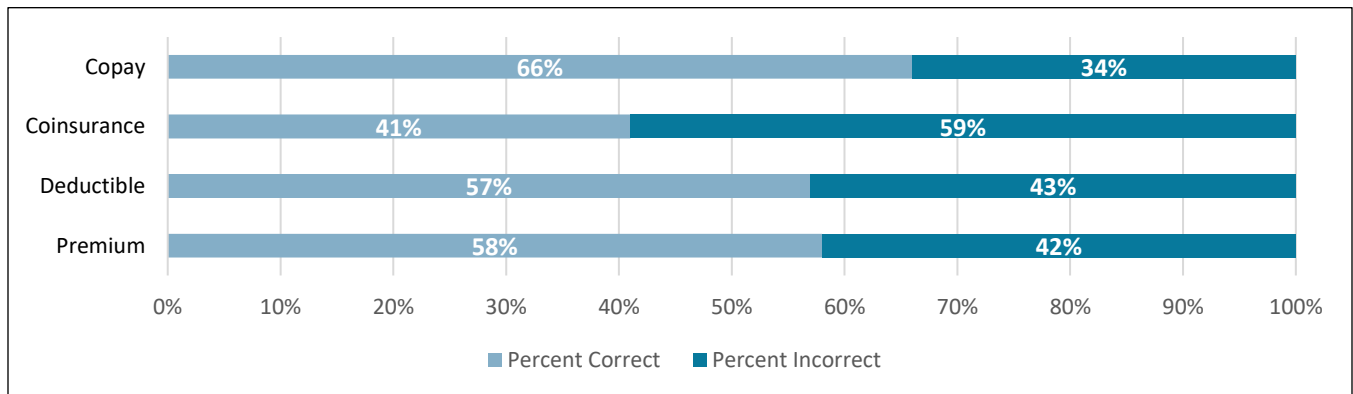
Source: 2024 Poll of District of Columbia Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
 Note: Due to rounding, totals may not equal to 100%

Research shows little correlation between the quality and the price of medical services.⁶ However, **59%** of respondents reported that they **would** be willing to pay more to see a doctor with higher quality rankings. Additionally, **55%** of District of Columbia respondents reported that the out-of-pocket costs would a “very” or “extremely” important deciding factor if they had to choose between two providers with similar quality ratings. Likewise, **61%** 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.⁷ When given multiple choices, nearly three out of five (**58%** of) District of Columbia respondents were able to correctly define “premium,” and a similar amount (**57%**) were able to correctly define “deductible.” However, fewer than half (**41%**) were able to accurately define “coinsurance” (see Figure 3). Of note, more educated respondents generally performed better when asked to define these terms (see Table 1).

Figure 3
Percent Who Chose the Correct Insurance Term Definition



Source: 2024 Poll of District of Columbia 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; “coinsurance,” which is the percentage of a health care bill you pay after the deductible is met; and “co-pay” is the portion you pay for using specific covered services.

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

	Coinsurance	Premium	Deductible	Co-Pay
High School Diploma or GED	27%	36%	30%	45%
Some College, Training, or Certificate	31%	64%	62%	67%
Associate Degree	43%	58%	44%	68%
Bachelor’s Degree	44%	72%	68%	73%
Graduate School	47%	59%	62%	72%

Source: 2024 Poll of District of Columbia Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey
*Respondents who reported completing some high school, graduating from high school or receiving a GED are represented in the “High School Diploma or GED” row; respondents who reported that they attended some or completed a graduate degree program are represented in the “Graduate School” row. 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; “coinsurance,” which is the percentage of a health care bill you pay after the deductible is met; and “co-pay” is the portion you pay for using specific covered services.

UNEXPECTED MEDICAL BILLS

Thirty percent of District of Columbia respondents received a surprise medical bill in the past year. Among those, respondents who purchase their own insurance (e.g., through the health care Marketplace) most frequently reported receiving a surprise medical bill (33%), followed by respondents with employer-sponsored health insurance (32%); respondents enrolled in Medicare coverage (32%); and those enrolled in DC Healthy Families, the state Medicaid program (17%).

When asked about the nature of their surprise medical bill, over half (51%) of respondents reported that the amount was higher than anticipated, and 39% reported that the bill was from a provider that they didn't expect to receive a bill from. In smaller numbers, 22% reported being charged out-of-network rates by a provider they believed was in-network, 13% reported being charged for services they did not receive and 14% 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, slightly over half (51%) took more than one step in their attempt to resolve their unexpected medical. Many contacted their health plan (56%) or provider (43%), some paid the bill without disputing it (13%), and few (12%) 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	56%
Contacted the doctor, hospital or lab	43%
Attempted to challenge the bill or negotiate a lower bill	9%
Contacted a consumer assistance or advocacy program	20%
Paid the bill without disputing it	13%
Filed an insurance appeal	12%
Asked a friend or family member for help	10%
Solicited donations using a crowdfunding platform	9%
Contacted a state legislator or member of Congress	8%
Contacted a state government agency	8%
Filed a formal complaint	7%
Contacted a lawyer	5%

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

Only 41% of respondents with an unexpected medical bill indicated that the issue was resolved to their satisfaction (see Table 3). Notably, satisfied respondents often reported employing less common strategies such as contacting a customer assistance program or consumer advocacy program more often, whereas respondents who reported being dissatisfied with the resolution reported paying the original bill without disputing more often.

Table 3

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

Resolution Status	Percent
Issue was resolved satisfactorily	34%
Issue was resolved, but not satisfactorily	41%
The issue is still not resolved	19%

Source: 2024 Poll of District of Columbia 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, the majority of respondents reported that they settled their bills by paying in full (43%) or through a payment plan (20%), while a smaller number successfully negotiated a lower bill (9%) or had their bill dismissed (11%) (see Table 4). In a small number of cases, (<1%) respondents reported filing for bankruptcy due to an unexpected medical bill. Some respondents (6%) also reported being contacted by a collection agency.⁸

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

Resolution Method	Percent
Paid original bill in full	43%
Paying original bill through a payment plan	20%
The billing issue was dismissed or written off	11%
Successfully negotiated a lower bill	9%
The bill was sent to collections and remains unpaid	6%
The billing issue remains unresolved	11%

Source: 2024 Poll of District of Columbia 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. District of Columbia respondents overwhelmingly endorsed several transparency-oriented strategies, including:

- 89% – Require hospitals and doctors to provide up-front cost estimates to consumers;
- 89% – Require insurers to provide up-front cost estimates to consumers;
- 89% – Show what a fair price would be for specific procedures;
- 88% – Require drug companies to provide advanced notice of price increases;
- 86% – Impose price controls on contracts between insurers and health care providers;
- 86% – Strengthen policies to drive more competition in health care markets;
- 85% – Establish standard payments to hospitals for specific procedures;
- 85% – Set up an independent entity to rate doctor and hospital quality, such as patient outcomes and bedside manner;
- 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.⁹ 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
Require drug companies to provide advanced notice of price increases	88%	82%	93%	82%
Require hospitals and doctors to provide up-front cost estimates to consumers	89%	84%	93%	84%
Require insurers to provide up-front cost estimates to consumers	89%	79%	94%	83%
Show what a fair price would be for specific procedures	89%	87%	93%	81%
Establish standard payments to hospitals for specific procedures	85%	79%	91%	77%
Impose price controls on contracts between insurers and health care providers	86%	79%	92%	77%
Strengthen policies to drive more competition in health care markets	86%	82%	91%	77%
Establish limits on health care spending growth, penalties for failing to curb excessive growth	83%	75%	89%	74%
Set up an independent entity to rate provider quality, e.g., patient outcomes and bedside manner	85%	80%	90%	78%

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

CONCLUSION

While District of Columbia 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 District of Columbia were \$4,068 in 2022. See: [Kaiser Family Foundation, State Health Facts Data: Hospital Adjusted Expenses per Inpatient Day](#), (Accessed July 15, 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. "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).
7. 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 July 15, 2024).
8. For more survey data on collections and medical debt, see: *District of Columbia 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 July 15, 2024).

ABOUT THE ALTARUM HEALTHCARE VALUE HUB

With support from Robert Wood Johnson 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 | [@HealthValueHub](https://twitter.com/HealthValueHub)

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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 March 14 to May 15, 2024, used a web panel from Dynata with a demographically balanced sample of approximately 1,180 respondents who live in District of Columbia. 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 1,079 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
Gender/Orientation			Household Income		
Woman	619	57%	Under \$20K	151	14%
Man	435	40%	\$20K - \$29K	87	8%
Transwoman	7	1%	\$30K - \$39K	60	6%
Transman	1	<1%	\$40K - \$49K	55	5%
Genderqueer/Nonbinary	11	1%	\$50K - \$59K	85	8%
LGBTQ+ Community	254	24%	\$60K - \$74K	66	6%
Insurance Type			\$75K - \$99K	132	12%
Health insurance through my or a family member’s employer	470	44%	\$100K - \$149K	183	17%
Health insurance I buy on my own	225	21%	\$150K+	260	24%
Medicare, coverage for seniors and those with serious disabilities	128	12%	Education Level		
DC Healthy Families, District of Columbia Medicaid	171	16%	Some high school	28	3%
TRICARE/Military Health System	17	2%	High school diploma/GED	174	16%
Department of Veterans Affairs	12	1%	Some college or training/certificate program	170	16%
No coverage of any type	23	2%	Associate degree	62	6%
I don’t know	33	3%	Bachelor’s degree	233	22%
Race			Some graduate school	50	5%
American Indian/Native Alaskan	29	3%	Graduate degree	362	34%
Asian	70	6%	Self-Reported Health Status		
Black or African American	413	38%	Excellent	311	29%
Native Hawaiian/Other Pacific Islander	19	2%	Very Good	394	37%
White	540	50%	Good	277	26%
Prefer Not to Answer	17	2%	Fair	86	8%
Two or More Races	74	7%	Poor	11	1%
Ethnicity			Disability		
Hispanic or Latino	72	7%	Mobility	122	11%
Non-Hispanic or Latino	1007	93%	Cognition	109	10%
Age			Independent Living	99	9%
18-24	272	25%	Hearing	45	4%
25-34	307	29%	Vision	49	5%
35-44	181	17%	Self-Care: Difficulty dressing or bathing	55	5%
45-54	133	13%	No disability or long-term health condition	753	70%
55-64	92	9%	<i>Source: 2024 Poll of District of Columbia Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey</i>		
65+	79	7%			
Party Affiliation					
Republican	170	16%			
Democrat	617	57%			
Neither	292	27%			

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.