



DATA BRIEF | AUGUST 2024

District of Columbia 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 1,000 District of Columbia adults, conducted from March 14 to May 15, 2024, revealed widespread concern about hospital costs and bipartisan support for government-led solutions.

HARDSHIP AND WORRY ABOUT HOSPITAL COSTS

Seventy-six percent (76%) of District of Columbia respondents reported being worried about affording health care both now and in the future. Likewise, 46% reported experiencing a cost burden due to medical bills, and over half (54%) 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 30% of respondents who reported receiving an unexpected medical bill in the past year, 43% say that at least one came from a hospital.

SKILLS NAVIGATING HOSPITAL CARE, COST AND QUALITY INFORMATION

District of Columbia respondents are fairly confident in their ability to recognize when to seek emergency care. Sixty-five percent (65%) 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-three percent (43%) 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 (41%) or hospitals (42%).

Those figures may be reflected in the low rates of searching for hospital price and quality information. Only 45% of all respondents attempted to find the **cost** of a hospital stay ahead of time, and 14% 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, 50% were able to find the information they needed; 27% attempted to find hospital cost information but were unsuccessful; and 23% did not attempt to find information when they needed a hospital.

Similarly, over half (53% 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, 58% were successful in their search; 21% searched for hospital quality information but were unsuccessful; and 22% did not attempt to find quality information despite needing a hospital stay.

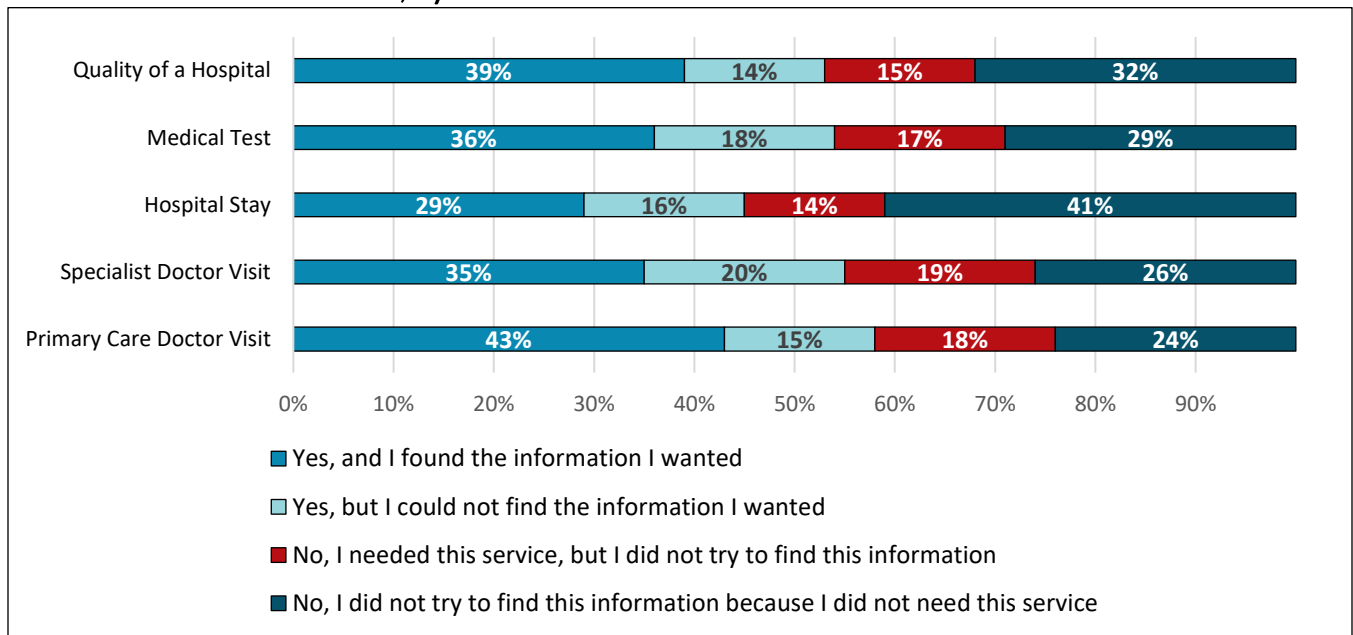
Additionally, despite federal price transparency mandates for hospitals, hospital costs and quality ratings are still not always accessible.¹ This is reflected in the most frequently cited reasons respondents gave for not searching for cost or quality information, which include:

- 33% – Looking for information felt confusing or overwhelming;
- 32% – They did not know where to look;

- 29% – They followed their doctors’ recommendations or referrals;
- 24% – 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 (13% and 8%, respectively).

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



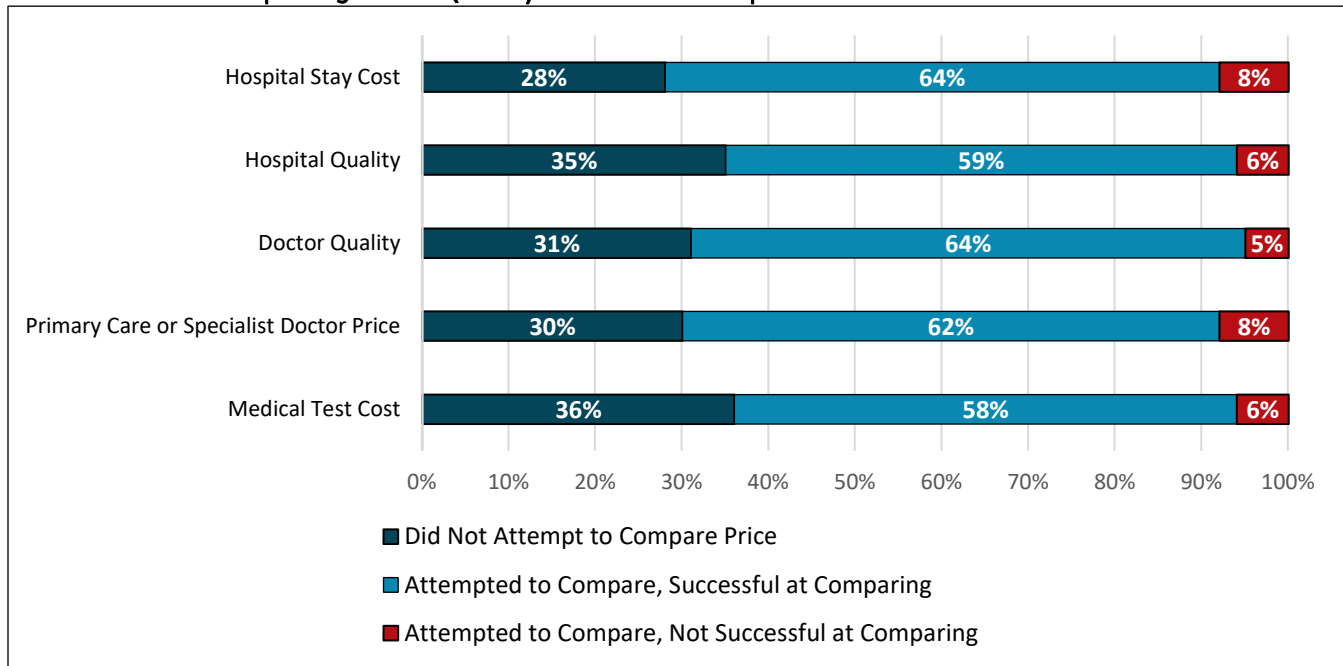
Source: 2024 Poll of District of Columbia Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
 Note: Due to rounding, totals may not equal to 100%

Respondents who were unsuccessful in their search for hospital **cost** information described several challenges. Forty-one percent reported that their provider or hospital would not provide a price estimate; **40%** reported that their insurer would not provide a price estimate; **(38%)** reported that the available **cost** information was confusing 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.

However, among those who were successful in their search for cost or quality information, **64%** reported they were able to find enough information to successfully compare the costs of a hospital stay between two or more options, and **69%** 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-eight percent (**88%**) of respondents who compared the cost of a primary care or specialist doctor visit, **83%** of those who compared the cost of medical test and **91%** of those who compared the cost of a hospital stay reported that the comparison influenced their choice of hospital or provider. Likewise, **91%** 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 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%

IMPACT OF AND WORRY RELATED TO HOSPITAL CONSOLIDATION

In addition to the above health care affordability burdens, a small share of District of Columbia respondents reported being negatively impacted by health system consolidation.

District of Columbia does not require that the State Attorney General be notified of hospital transactions.² However, the state does have approval authority for all transactions involving nonprofit hospitals only.

In the past year, 35% of respondents reported that they were aware of a merger or acquisition in their community—of those respondents, 41% 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:

- 62% — 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;
- 31% - skipped filling a prescription medication;
- 28% — skipped recommended follow-up visits due to a merger;
- 22% — changed their health plan coverage to include the preferred doctor or hospital;
- 19% — have switched to telehealth options to continue seeing their preferred provider;
- 17% — changed their preferred doctor or hospital to one that is in-network;
- 17% —stayed with their preferred health care provider and now pay out-of-network prices; and
- 10% — 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:

- 38% — The merger created an added wait time when searching for a new provider

- 23% – The merger created an added financial burden
- 18% – The merger created a gap in the continuity of my care

While a portion of respondents reported being unable to access their preferred health care organization because of a merger, respondents also (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:

- 27% – I’m concerned I will have fewer choices of where to receive care
- 24% – I’m concerned I will have to pay more to see my doctor
- 22% – I’m concerned my doctor may no longer be covered by my insurance
- 14% – 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

To ascertain additional information on the specific ways that health system consolidation impacts District of Columbia 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">• “I was no longer able to see my regular primary care physician and had to wait several months to get an appointment with a doctor who was accepting new patients. I also feel that my quality of care has been compromised as my new doctor is not as familiar with my medical history, and very often does not take the time to ask questions and listen.”• “Lack of effective communication.”• “It has created an added financial burden.”• “It became more stressful and charged me more.”• “It has created hard time in finding new provider.”• “It caused a delayed appointment.”• “I have to travel longer and further”• “Prices went up and lack of quality care.”• “Quality of care and services has decreased somewhat due to consolidation.”• “I can’t get in to see my primary care doctor. The system is broken. I cannot get care, yet I pay \$1052 a month.”

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

- 63% – Drug companies charging too much money
- 61% – Hospitals charging too much money
- 61% – Insurance companies charging too much money
- 51% – 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:

- 89% – Require hospitals and doctors to provide up-front cost estimates to consumers;
- 86% – Impose price controls on contracts between insurers and health care providers;
- 86% – Strengthen policies to drive more competition in health care markets;
- 85% – Set standard payments to hospitals for specific procedures; 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	61%	55%	64%	58%
Require hospitals and doctors to provide up-front cost estimates to consumers	89%	84%	93%	84%
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%
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

The poll findings indicate that while some District of Columbia respondents are motivated to search for hospital cost and quality information to inform their decisions and plan for future medical expenses, close to half did not seek this information at all. This suggests that price transparency initiatives alone may not effectively influence consumer behavior. Unfortunately, the lack of knowledge of hospital quality and potential costs may impede District of Columbia 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.³

District of Columbia respondents support government-led solutions to make price and quality information more accessible and to help consumers navigate hospital care. Many favored solutions could 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. The Source on Health Care Price and Competition, Merger Review, Retrieved July 15, 2024 from <https://sourceonhealthcare.org/market-consolidation/merger-review/>
3. 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, similar to the national average. See: Kaiser Family Foundation, State Health Facts Data: Hospital Adjusted Expenses per Inpatient Day. Accessed July 15, 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 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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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
Gender/Orientation		
Woman	619	57%
Man	435	40%
Transwoman	7	1%
Transman	1	<1%
Genderqueer/Nonbinary	11	1%
LGBTQ+ Community	254	24%
Insurance Type		
Health insurance through my or a family member’s employer	470	44%
Health insurance I buy on my own	225	21%
Medicare, coverage for seniors and those with serious disabilities	128	12%
DC Healthy Families, District of Columbia Medicaid	171	16%
TRICARE/Military Health System	17	2%
Department of Veterans Affairs	12	1%
No coverage of any type	23	2%
I don’t know	33	3%
Race		
American Indian/Native Alaskan	29	3%
Asian	70	6%
Black or African American	413	38%
Native Hawaiian/Other Pacific Islander	19	2%
White	540	50%
Prefer Not to Answer	17	2%
Two or More Races	74	7%
Ethnicity		
Hispanic or Latino	72	7%
Non-Hispanic or Latino	1007	93%
Age		
18-24	272	25%
25-34	307	29%
35-44	181	17%
45-54	133	13%
55-64	92	9%
65+	79	7%
Party Affiliation		
Republican	170	16%
Democrat	617	57%
Neither	292	27%

Demographic Characteristic	Frequency	Percentage
Household Income		
Under \$20K	151	14%
\$20K-\$29K	87	8%
\$30K - \$39K	60	6%
\$40K - \$49K	55	5%
\$50K - \$59K	85	8%
\$60K - \$74K	66	6%
\$75K - \$99K	132	12%
\$100K - \$149K	183	17%
\$150K+	260	24%
Education Level		
Some high school	28	3%
High school diploma/GED	174	16%
Some college or training/certificate program	170	16%
Associate degree	62	6%
Bachelor’s degree	233	22%
Some graduate school	50	5%
Graduate degree	362	34%
Self-Reported Health Status		
Excellent	311	29%
Very Good	394	37%
Good	277	26%
Fair	86	8%
Poor	11	1%
Disability		
Mobility	122	11%
Cognition	109	10%
Independent Living	99	9%
Hearing	45	4%
Vision	49	5%
Self-Care: Difficulty dressing or bathing	55	5%
No disability or long-term health condition	753	70%

Source: 2024 Poll of District of Columbia 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.