



DATA BRIEF | DECEMBER 2024

Ohio 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 1,600 Ohio adults, conducted from September 26 to October 14, 2024, revealed widespread concern about hospital costs and bipartisan support for government-led solutions.

HARDSHIP AND WORRY ABOUT HOSPITAL COSTS

Eighty percent (80%) of Ohio respondents reported being worried about affording health care both now and in the future. Likewise, 36% reported experiencing a cost burden due to medical bills, and nearly three in every five (59% 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 22% of respondents who reported receiving an unexpected medical bill in the past year, 49% say that at least one came from a hospital.

SKILLS NAVIGATING HOSPITAL CARE, COST AND QUALITY INFORMATION

Ohio 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-eight percent (48%) of respondents are not confident in their ability to find the cost of a procedure in advance, and less than half lack confidence in their ability to find quality ratings for doctors (42%) or hospitals (39%).

Those figures may be reflected in the low rates of searching for hospital price and quality information. Only 18% of all respondents attempted to find the **cost** of a hospital stay ahead of time, and 15% 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; and 22% attempted to find hospital cost information but were unsuccessful.

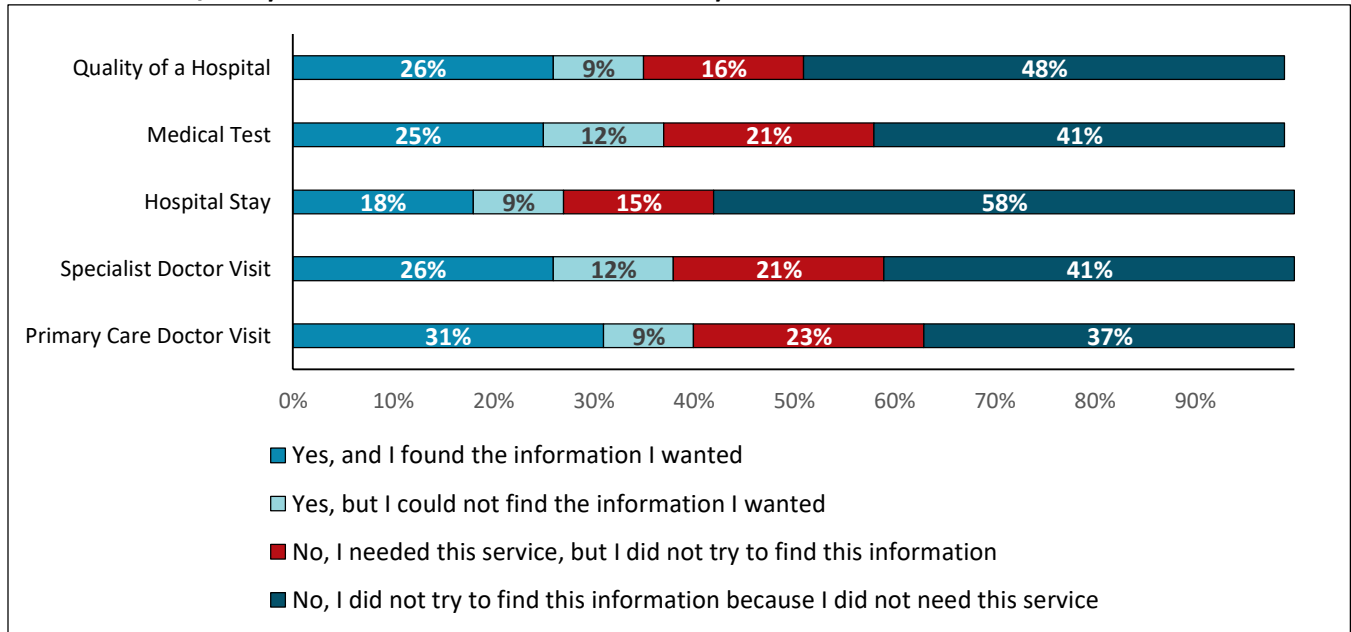
Similarly, fewer than two in five (35% of) respondents reported searching for hospital **quality** information, and 16% reported needing a hospital stay but not searching for quality information (see Figure 1). Of those who did search for hospital quality information or needed a hospital stay, 51% were successful in their search; and 17% searched for hospital quality information but were unsuccessful.

Notably, a small number of respondents reported that cost or quality is not important to them (17 and 7%, respectively). 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:

- 37% – They followed their doctors’ recommendations or referrals;
- 35% – They did not know where to look;
- 29% – Looking for information felt confusing or overwhelming;

- 24% – They did not have time to look; and
- 24% – It did not occur to them to look for provider quality or price information.

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



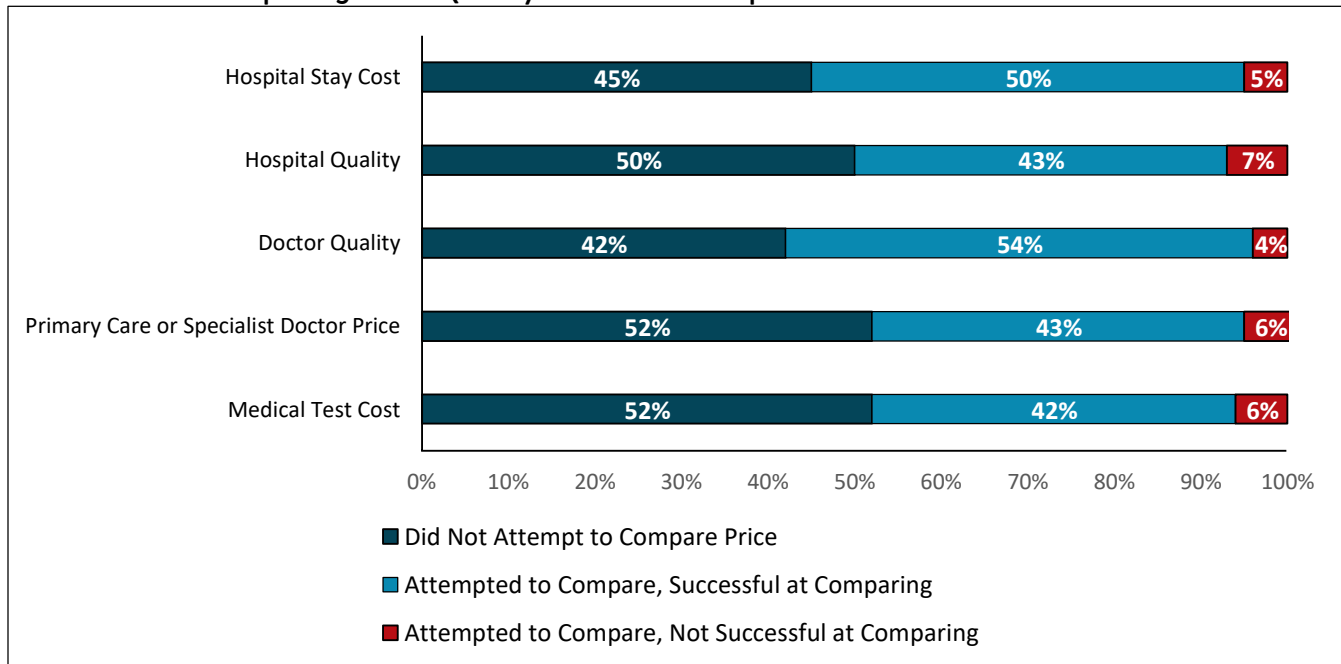
Source: 2024 Poll of Ohio Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
 Note: Due to rounding, totals may not equal to 100%

Respondents who were unsuccessful in their search for hospital **cost** information described several challenges. Forty-one percent (41%) reported that the available **cost** information was confusing; 30% reported that their insurer would not provide a price estimate; 29% reported that the price information was insufficient; and 26% reported that their provider or hospital would not provide a price estimate. Likewise, among respondents who were unsuccessful in their search for hospital **quality** information, 31% reported that the resources were confusing, and 17% reported that the quality information was not sufficient.

However, among those who were successful in their search for cost or quality information, 50% reported they were able to find enough information to successfully compare the costs of a hospital stay between two or more options, and 43% 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-nine percent (79%) of respondents who compared the cost of a primary care or specialist doctor visit, 88% 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, 90% 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 Ohio 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 Ohio respondents reported being negatively impacted by health system consolidation. Between 2017 to 2023, there have been 5 changes in ownership involving hospitals through mergers, acquisitions, or CHOW in Ohio.^{2,3}

Ohio requires that the State Attorney General be notified of non-profit hospital transactions and grants 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, 22% of respondents reported that they were aware of a merger or acquisition in their community—of those respondents, 22% 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:

- 41% – changed their health plan coverage to include the preferred doctor or hospital;
- 37% - skipped filling a prescription medication;
- 35% – changed their preferred doctor or hospital to one that is in-network;
- 33% – skipped recommended follow-up visits due to a merger;
- 30% – 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;
- 20% – have switched to telehealth options to continue seeing their preferred provider;
- 17% –stayed with their preferred health care provider and now pay out-of-network prices; and
- 9% – have changed their preferred provider due to a merger resulting in a service closure.

*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.

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:

- 42% – The merger created an added wait time when searching for a new provider
- 18% – The merger created a gap in the continuity of my care
- 15% – The merger created an added financial burden
- 15% - The merger created an added transportation burden

While a smaller portion of respondents reported being unable to access their preferred health care organization because of a merger, far more respondents (53%) 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
- 25% – I’m concerned my doctor may no longer be covered by my insurance
- 22% – I’m concerned I will have to pay more to see my doctor
- 10% – I’m concerned I will have a lower quality of care
- 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 Ohio 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">• “In the past 12 months, I experienced longer wait times for appointments and some confusion about insurance coverage due to the merger, which made it harder to get the care I needed in a timely manner. Additionally, there were changes in the availability of certain specialists, leading to delays in treatment.”• “I lost my primary care doctor and the only one and the location I was going to was a wait of 4 months.” I got sick and had to see a random doctor because I didn’t have a primary physician.”• “My local hospital changed hands twice then went bankrupt, just because the FTC felt the previous merger would give a local multi-hospital system a couple of percent advantage in OB care. After forcing the divestiture, the second out of state company closed my preferred local hospital within a year.”• “Limited appointment availability, longer wait times, reduced personalized care, higher costs, staff shortages, and less transparency emerged.”• “The merger led to longer wait times and reduced availability of specialists at my preferred healthcare organization, making it more difficult to get timely care.”• “The new facility did not accept my health insurance.”

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

**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.*

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, Ohio respondents most frequently reported

believing that the reason for high health care costs is unfair prices charged by powerful industry stakeholders, such as:

- 76% – Drug companies charging too much money
- 71% – Insurance companies charging too much money
- 67% – Hospitals 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:

- 91% – Require hospitals and doctors to provide up-front cost estimates to consumers;
- 88% – Set standard payments to hospitals for specific procedures;
- 87% – Strengthen policies to drive more competition in health care markets;
- 86% – Impose price controls on contracts between insurers and health care providers; and
- 86% – 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
Require hospitals and doctors to provide up-front cost estimates to consumers	91%	92%	92%	90%
Establish standard payments to hospitals for specific procedures	88%	84%	93%	86%
Strengthen policies to drive more competition in health care markets	87%	86%	90%	84%
Impose price controls on contracts between insurers and health care providers	86%	81%	92%	85%
Set up an independent entity to rate provider quality, e.g., patient outcomes and bedside manner	86%	82%	91%	85%

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

CONCLUSION

The poll findings indicate that while some Ohio 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. The lack of knowledge of hospital quality and potential costs may impede Ohio 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

Unsurprisingly, Ohio 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 December 5, 2024, 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 December 5, 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 Ohio were \$3,392 in 2022, similar to the national average. See: Kaiser Family Foundation, State Health Facts Data: Hospital Adjusted Expenses per Inpatient Day. Accessed December 5, 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 September 26 to October 14, 2024, used a web panel from Dynata with a demographically balanced sample of approximately 1,700 respondents who live in Ohio. 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 1,670 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	950	57%	Under \$20K	287	17%
Man	704	42%	\$20K - \$29K	206	12%
Transwoman	1	<1%	\$30K - \$39K	186	11%
Transman	5	<1%	\$40K - \$49K	162	10%
Genderqueer/Nonbinary	6	<1%	\$50K - \$59K	176	11%
LGBTQ+ Community	156	9%	\$60K - \$74K	149	9%
Insurance Type			\$75K - \$99K	170	10%
Health insurance through my or a family member’s employer	522	31%	\$100K - \$149K	207	12%
Health insurance I buy on my own	124	7%	\$150K+	127	8%
Medicare, coverage for seniors and those with serious disabilities	525	31%	Education Level		
Ohio Medicaid	380	23%	Some high school	70	4%
TRICARE/Military Health System	11	<1%	High school diploma/GED	474	28%
Department of Veterans Affairs	16	<1%	Some college or training/certificate program	371	22%
No coverage of any type	67	4%	Associate degree	204	12%
I don’t know	25	1%	Bachelor’s degree	309	19%
Race			Some graduate school	37	2%
American Indian/Native Alaskan	30	2%	Graduate degree	205	12%
Asian	12	<1%	Self-Reported Health Status		
Black or African American	220	13%	Excellent	197	12%
Native Hawaiian/Other Pacific Islander	10	<1%	Very Good	481	29%
White	1,399	84%	Good	618	37%
Prefer Not to Answer	9	<1%	Fair	302	18%
Two or More Races	42	3%	Poor	72	4%
Ethnicity			Disability		
Hispanic or Latino	29	2%	Mobility	313	19%
Non-Hispanic or Latino	1,641	98%	Cognition	171	10%
Age			Independent Living	137	8%
18-24	153	9%	Hearing	124	7%
25-34	233	14%	Vision	86	5%
35-44	306	18%	Self-Care: Difficulty dressing or bathing	84	5%
45-54	299	18%	No disability or long-term health condition	1119	67%
55-64	354	21%	<i>Source: 2024 Poll of Ohio Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey</i>		
65+	319	19%			
Party Affiliation					
Republican	611	37%			
Democrat	569	34%			
Neither	490	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.