



Nevada Residents Worry about High Hospital Costs; Have Difficulty Estimating Quality/Cost of Care; and Express Bipartisan Support for Government Action

KEY FINDINGS

Hospitals are important healthcare providers and vital members of our communities. However, a survey of more than 1,130 Nevada adults, conducted from June 21 to July 8, 2022, found that many Nevada residents worry about hospital costs and support a variety of government-led solutions across party lines. The survey found that:

- 3 in 4 (74%) believe that hospitals charging too much money is a major reason for high healthcare costs;
- 1 in 2 (48%) are not confident they can find out the cost of a procedure ahead of time; and
- Just 1 in 3 (29%) attempted to find the cost of a hospital stay ahead of time and an additional 14% needed a hospital stay but did not search for cost information.

HARDSHIP AND WORRY ABOUT HOSPITAL COSTS

A substantial portion of Nevada respondents worry about affording healthcare costs both now and in the future, and many reported experiencing financial hardship due to hospital costs. Three in five (64%) of respondents reported being “worried” or “very worried” about affording medical costs from a serious illness or accident. Nevada respondents may have cause to worry about affording hospital care—of the 25% of respondents who reported receiving an unexpected, or “surprise,” medical bill in the past year, 45% say that at least one such bill came from a hospital.

SKILLS NAVIGATING HOSPITAL CARE

Nevada respondents reported fairly high confidence in their ability to know when to seek emergency care, with 66% reporting that they are very or extremely confident about knowing when to go to the emergency department versus a primary care provider. However, they are less confident in their ability to find hospital costs and quality information. Forty-eight percent of respondents are not confident they can find out the cost of a procedure ahead of time, and 52% are not confident they can find quality ratings for hospitals.

Nevada respondents’ lack of confidence in their ability to find information on hospital costs and quality may be reflected in their low rates of searching for hospital price and quality information. Out of all respondents, 29% 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.

Out of those respondents who attempted to find hospital cost information or needed a hospital stay but did not search for cost information:

- 40% reported they found the information they were looking for;
- 28% did not find the information they were looking for; and
- 32% did not attempt to find cost information when they needed a hospital stay.

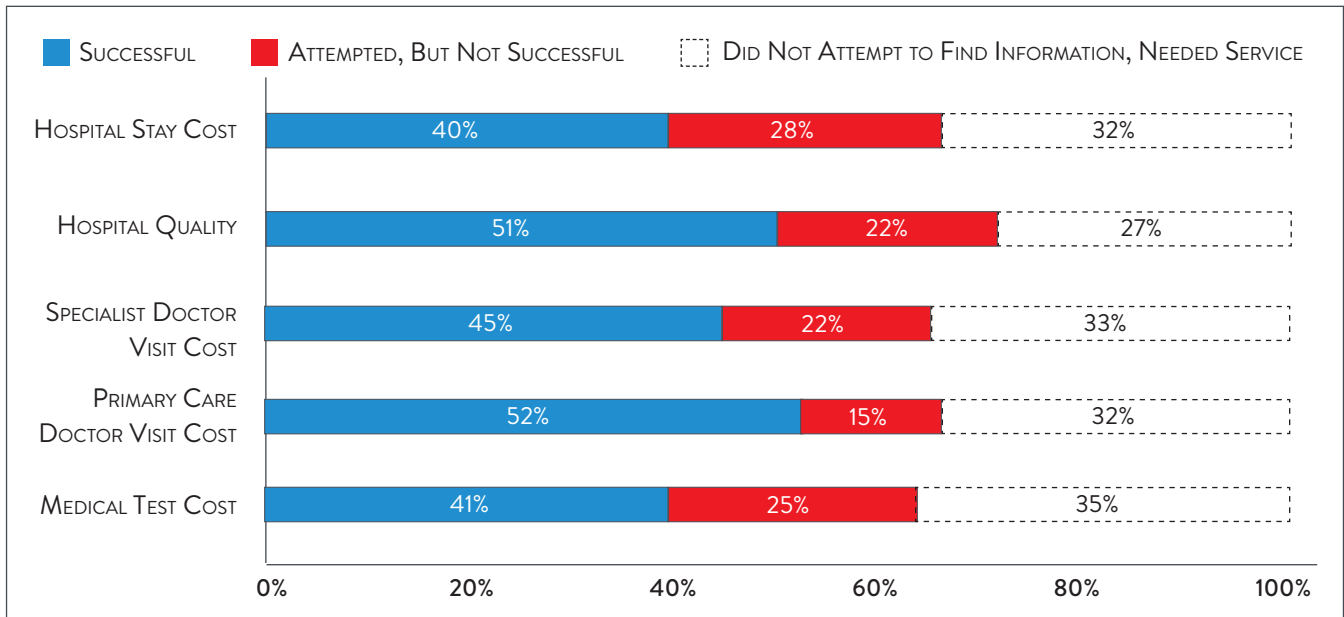
Thirty-nine percent of all respondents reported that they have tried to find quality information on hospitals and 14% reported that they needed a hospital stay but did not try to look for quality information. Out of those respondents who tried to find hospital quality information or needed a hospital stay but did not search for quality information:

- 51% were successful at finding quality information;
- 22% were unsuccessful; and
- 27% did not attempt to find quality information when they needed a hospital stay (see Figure 1).

Figure 1 also captures other healthcare costs integral to hospital services, including medical tests and primary care/specialist doctor visits.

Figure 1

Out of Those Who Tried to Find the Out-of-Pocket Costs or Quality of Hospital Services in the Past 12 Months, Percent Who Reported Being Successful and Unsuccessful



Source: 2022 Poll of Nevada Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Among respondents who needed a hospital stay but did not seek out price or quality information information, the most frequently reported reasons for not seeking information were:

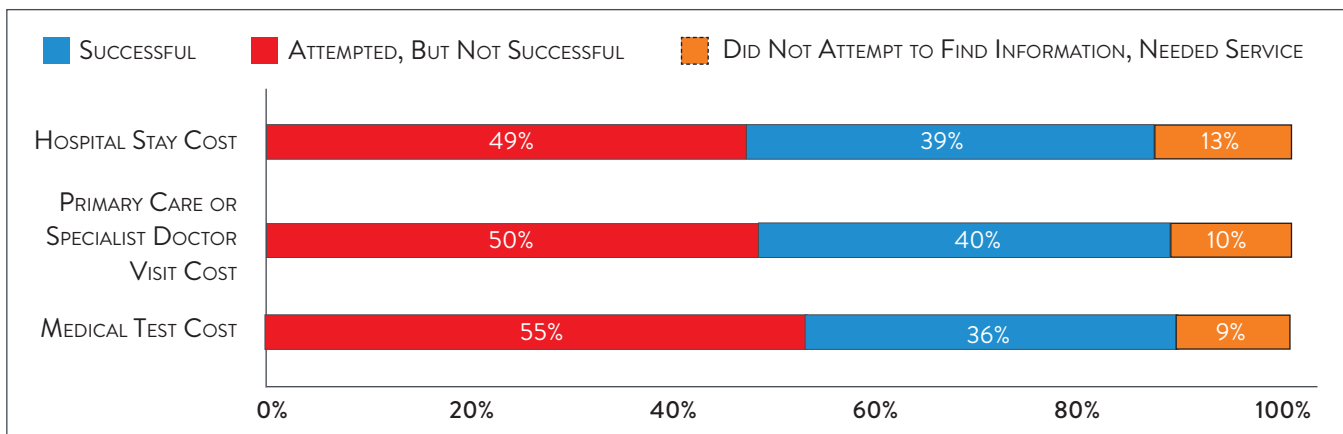
- 35% followed their doctors' recommendations or referrals;
- 27% felt that the act of looking for information felt confusing or overwhelming;
- 26% did not know where to look; and
- 23% did not have time to look.

Notably, few of these respondents reported that out-of-pocket cost or quality were unimportant to them (13% and 5%, respectively).

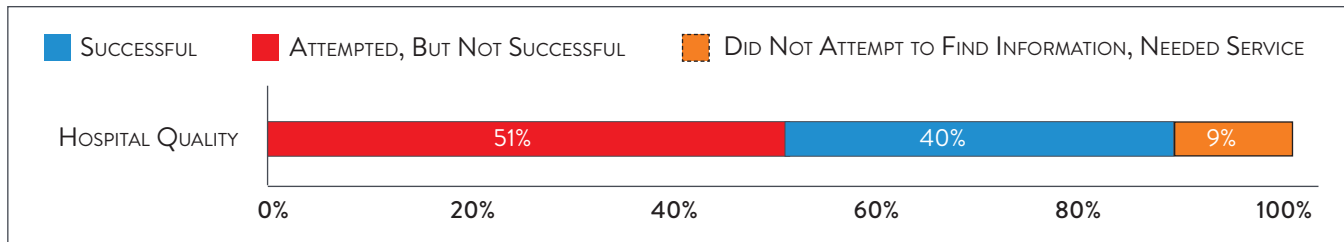
Respondents who attempted to find hospital cost or quality information but were unsuccessful faced a variety of barriers. Among those who were unsuccessful, respondents reported that resources available to search for price information were confusing (38%), their insurance plan or provider/doctor/hospital would not give them a price estimate (33% and 30%, respectively) and that price information was insufficient (29%). In unsuccessful searches for hospital quality information, respondents reported that resources available to search for quality information were confusing (26%) and that the quality information available was not sufficient (26%).

Among those who were successful at finding hospital cost or quality information, roughly half reported not comparing prices or quality between providers (i.e., “shopping”). Still, 39% compared costs between multiple hospitals and 40% compared quality between multiple hospitals (see Figures 2 and 3). Among those who did compare cost or quality information for different services, many reported that the cost or quality comparison ultimately influenced their choice of which provider to seek care from. Eighty-three percent of those who compared primary care or specialist doctor visits costs, 80% of those who compared medical tests costs and 92% of those who compared hospital stay costs said the comparison influenced their choice. Among those who looked for hospital quality information, 84% had their choice influenced by the information.

Figure 2
Out of Those Who Were Successful at Finding Hospital Cost Information, Percent Who Were Successful at Comparing Cost Between Multiple Providers



Source: 2022 Poll of Nevada Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

Figure 3**Out of Those Who Were Successful at Finding Hospital Cost Information, Percent Who Were Successful at Comparing Cost Between Multiple Providers**

Source: 2022 Poll of Nevada Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Although many of the respondents who seek out hospital price and quality information were ultimately successful, many respondents never attempted to find this information. Even among those who were successful at finding hospital cost or quality information, roughly half did not compare prices or quality between hospitals (i.e., “shopping”). Respondents identified a variety of reasons for not seeking and comparing cost and quality information, including following doctors' recommendations, confusion over where or how to find cost or quality information and providers and insurers not providing cost estimates.

These reasons could also be influenced by this information not being accessible, despite federal price transparency mandates for hospitals.¹ It could also stem from the fact that some consumers don't view healthcare as a shoppable commodity, especially in emergency situations and settings that lack a selection of treatments/providers. Lack of knowledge of hospital quality and potential costs impede Nevada residents' ability to plan for needed care and budget for the expense of a hospital stay, which can be costly,² particularly for residents who are un-or under-insured.

SUPPORT FOR “FIXES” ACROSS PARTY LINES

Hospitals, along with drug manufacturers and insurance companies, are viewed as primary contributors to high healthcare costs. When given more than 20 options, Nevada respondents *most frequently* cited the following options as being a “major reason” for high healthcare costs:

- 74%—Hospitals companies charging too much money
- 73%—Drug companies charging too much money
- 68%—Insurance companies charging too much money
- 59%—Large hospitals or doctor groups using their influence to get higher payments from insurance companies

Nevada respondents strongly endorse a number of hospital-related strategies, including:

- 92%—Require hospitals and doctors to provide up-front cost estimates to consumers³
- 88%—Set standard payments to hospitals for specific procedures
- 88%—Strengthen policies to drive more competition in healthcare markets to improve choice and access
- 85%—Set up an independent entity to rate doctor and hospital quality, such as patient outcomes and bedside manner

- 85%–Impose price controls on contracts between insurers and healthcare providers
- 81%–Set limits on healthcare spending growth and penalize payers or providers that fail to curb excessive spending growth
- 81%–Require a minimum amount of spending that payers and providers in the state must devote to services that keep people healthy, such as primary care

What’s even more interesting is the level of support for some of these strategies across party lines (see Table 1).

Table 1
Percent Who Agreed/Strongly Agreed, by Political Affiliation

SELECTED SURVEY QUESTIONS/STATEMENTS	TOTAL	GENERALLY SPEAKING, DO YOU THINK OF YOURSELF AS...		
		REPUBLICAN	DEMOCRAT	NEITHER
MAJOR REASON FOR RISING HEALTHCARE COSTS: <i>HOSPITALS CHARGING TOO MUCH MONEY</i>	74%	72%	73%	75%
THE GOVERNMENT SHOULD REQUIRE HOSPITALS AND DOCTORS TO PROVIDE UP-FRONT COST ESTIMATES TO CONSUMERS	92%	91%	93%	92%
THE GOVERNMENT SHOULD SET STANDARD PAYMENT TO HOSPITALS FOR SPECIFIC PROCEDURES	88%	82%	92%	88%
THE GOVERNMENT SHOULD STRENGTHEN POLICIES TO DRIVE MORE COMPETITION IN HEALTHCARE MARKETS TO IMPROVE CHOICE AND ACCESS	88%	88%	91%	86%
THE GOVERNMENT SHOULD IMPOSE PRICE CONTROLS ON CONTRACTS BETWEEN INSURERS AND HEALTHCARE PROVIDERS	85%	80%	90%	83%
THE GOVERNMENT SHOULD SET UP AN INDEPENDENT ENTITY TO RATE DOCTOR AND HOSPITAL QUALITY, SUCH AS PATIENT OUTCOMES AND BEDSIDE MANNER	85%	81%	89%	85%
THE GOVERNMENT SHOULD LOWER THE AMOUNT PATIENTS ARE CHARGED FOR THE TREATMENT AND MAINTENANCE OF CONDITIONS THAT DISPROPORTIONATELY AFFECT DISADVANTAGED GROUPS OF PEOPLE, SUCH AS DIABETES	84%	79%	90%	82%
THE GOVERNMENT SHOULD SET LIMITS ON HEALTHCARE SPENDING GROWTH AND PENALIZE PAYERS OR PROVIDERS THAT FAIL TO CURB EXCESSIVE SPENDING GROWTH	81%	78	88%	77%
THE GOVERNMENT SHOULD REQUIRE A MINIMUM AMOUNT OF SPENDING THAT PAYERS AND PROVIDERS IN THE STATE MUST DEVOTE TO SERVICES THAT KEEP PEOPLE HEALTHY, SUCH AS PRIMARY CARE	81%	76%	89%	77%
THE GOVERNMENT SHOULD SET A MINIMUM AMOUNT THAT NONPROFIT HOSPITALS MUST SPEND ON COMMUNITY BENEFIT AND REQUIRE THEM TO DEVOTE A PORTION OF THE FUNDS TO PROGRAMS INTENDED TO REDUCE HEALTH DISPARITIES	78%	69%	89%	74%

Source: 2022 Poll of Nevada Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

CONCLUSION

The findings from this poll suggest that Nevada respondents are somewhat motivated when it comes to searching for hospital cost and quality information to help inform purchasing decisions and plan for a future medical expense. However, Nevada respondents searched for hospital cost information less than other services and were less successful at finding hospital costs than other services, despite recent action at the federal level to make hospital prices more transparent.⁴

It is not surprising that Nevada respondents express strong support for government-led solutions to make price and quality information more readily accessible and to help consumers navigate hospital care. Many of the solutions respondents support would take the burden of research and guesswork off of consumers' shoulders by standardizing payments for specific hospital procedures, requiring hospitals and doctors to provide consumers with cost estimates for certain procedures and establishing an entity to conduct independent quality reviews. Policymakers should investigate the evidence on these and other policy options in order to answer Nevada respondents' bipartisan call for government action.

NOTES

1. As of Jan. 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. For more information, see: <https://www.cms.gov/hospital-price-transparency/hospitals>
2. According to Health Forum, an affiliate of the American Hospital Association, hospital adjusted expenses per inpatient day in Nevada were \$2,397 in 2020—just below the national average. See: Kaiser Family Foundation, *State Health Facts Data: Hospital Adjusted Expenses per Inpatient Day*. Accessed June 10, 2022.
3. Ibid.
4. This survey was conducted after the Centers for Medicare and Medicaid Services' rule requiring hospitals to publicly display all standard charges for all items and services, as well as shoppable services, in a consumer-friendly format went into effect. While survey respondents may be reflecting on their experiences before the rule went into effect, the well-documented low compliance from large hospitals indicates that the rule has yet to demonstrate the desired effect. See: Kurani, Nisha, et al., *Early Results from Federal Price Transparency Rule Show Difficulty in Estimating the Cost of Care*, Kaiser Family Foundation, (April 9, 2021). See also: Henderson, Morgan, and Morgane C. Mouslim, "Low Compliance from Big Hospitals on CMS's Hospital Price Transparency Rule," *Health Affairs Blog* (March 16, 2021).



ABOUT ALTARUM'S HEALTHCARE VALUE HUB

With support from 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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Methodology

Altarum’s Consumer Healthcare Experience State Survey (CHES) is designed to elicit respondents’ unbiased views on a wide range of health system issues, including confidence using the health system, financial burden and views on fixes that might be needed.

The survey used a web panel from Dynata with a demographically balanced sample of approximately 1,371 respondents who live in Nevada. 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 1,139 cases for analysis. After those exclusions, the demographic composition of respondents was as follows, although not all demographic information has complete response rates:

Demographic Composition of Survey Respondents

DEMOGRAPHIC CHARACTERISTIC	FREQUENCY	PERCENTAGE	DEMOGRAPHIC CHARACTERISTIC	FREQUENCY	PERCENTAGE
HOUSEHOLD INCOME			GENDER		
Under \$20K	166	15%	WOMAN	728	64%
\$20K - \$30K	142	12%	MAN	386	34%
\$30K - \$40K	113	10%	TRANSWOMAN	2	<1%
\$40K - \$50K	116	10%	TRANSMAN	3	<1%
\$50K - \$60K	106	9%	GENDERQUEER/NONBINARY	8	1%
\$60K - \$75K	110	10%	INSURANCE STATUS		
\$75K - \$100K	148	13%	HEALTH INSURANCE THROUGH EMPLOYER OR FAMILY MEMBER’S EMPLOYER	383	34%
\$100K - \$150K	159	14%	HEALTH INSURANCE I BUY ON MY OWN	87	8%
\$150K+	79	7%	MEDICARE	296	26%
AGE			NEVADA MEDICAID	226	20%
18-24	178	16%	TRICARE/MILITARY HEALTH SYSTEM	29	3%
25-34	231	20%	DEPARTMENT OF VETERANS AFFAIRS (VA) HEALTH CARE	21	2%
35-44	180	16%	NO COVERAGE OF ANY TYPE	79	7%
45-54	139	12%	I DON’T KNOW	18	2%
55-64	205	18%	RACE/ETHNICITY		
65+	196	17%	AMERICAN INDIAN OR NATIVE ALASKAN	41	4%
HEALTH STATUS			ASIAN	75	7%
EXCELLENT	154	14%	BLACK OR AFRICAN AMERICAN	116	10%
VERY GOOD	387	34%	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	22	2%
GOOD	389	34%	WHITE	895	79%
FAIR	179	16%	PREFER NOT TO ANSWER	23	2%
POOR	30	3%	TWO OR MORE RACES	53	5%
DISABILITY					
MOBILITY: SERIOUS DIFFICULTY WALKING OR CLIMBING STAIRS	185	16%	HISPANIC OR LATINX – YES	179	16%
COGNITION: SERIOUS DIFFICULTY CONCENTRATING, REMEMBERING OR MAKING DECISIONS	110	10%	HISPANIC OR LATINX - NO	960	84%
INDEPENDENT LIVING: SERIOUS DIFFICULTY DOING ERRANDS ALONE, SUCH AS VISITING A DOCTOR’S OFFICE	81	7%	PARTY AFFILIATION		
HEARING: DEAFNESS OR SERIOUS DIFFICULTY HEARING	95	8%	REPUBLICAN	329	29%
VISION: BLINDNESS OR SERIOUS DIFFICULTY SEEING, EVEN WHEN WEARING GLASSES	62	5%	DEMOCRAT	402	35%
SELF-CARE: DIFFICULTY DRESSING OR BATHING	54	5%	NEITHER	408	36%
NO DISABILITY OR LONG-TERM HEALTH CONDITION	784	69%			

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Notes: Percentages in the body of the brief are based on weighted values, while the data presented in the demographic table is unweighted, except for race/ethnicity. We do not conduct statistical calculations to determine the significance of differences in findings. Comparisons are for conversational purposes only and are determined by advocate partners in each state based on organizational/advocacy priorities. We do not report any estimates based on fewer than 100 respondents (N=100) and a co-efficient of variance more than .30.

Geographic Regions: Rural and Non-Rural counties were defined by the Patient Protection Commission of the Nevada Department of Health and Human Services. Non-Rural Counties: Carson City, Clark, Washoe. Rural Counties: Churchill, Douglas, Elko, Esmerelda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine.