



Getting Health Care  
When You Are  
Uninsured:  
*A Survey of Uninsured Patients  
at Four Hospitals in  
Cleveland, Ohio*

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**The Access Project** is a national initiative supported by the Robert Wood Johnson Foundation and the Annie E. Casey Foundation. It works in partnership with the Heller Graduate School for Advanced Studies in Social Welfare at Brandeis University and the Collaborative for Community Health Development. It began its efforts in early 1998. The mission of The Access Project is to improve the health of our nation by assisting local communities in developing and sustaining efforts that improve healthcare access and promote universal coverage, with a focus on people who are without health insurance.

If you have any additional questions, or would like to learn more about our work, please contact us.

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**Universal Health Care Action Network of Ohio (UHCAN Ohio)** is a statewide organization committed to the achievement of health care justice in its interdependent components of universal coverage, access to care, quality care, and public accountability. UHCAN Ohio strives to bring about health reform through education, development of strategies, grassroots organizing, and collaboration with individuals and organizations across Ohio. Because of its concern for health care justice, UHCAN Ohio gives special attention to those most at risk in the present system. UHCAN Ohio has offices in Cleveland and Columbus.

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## EXECUTIVE SUMMARY

The number of uninsured Americans rose significantly over the last decade—according to current estimates, 43 million people are now without health insurance. While it is often assumed that the uninsured can easily obtain health care, much research demonstrates that lack of insurance leads to reduced access to health care and poorer health outcomes. Moreover, recent changes in the healthcare market have exposed healthcare providers to financial pressures that may be limiting their ability to provide care for the uninsured. However, access to care for the uninsured varies greatly across regions and communities.

The Community Access Monitoring Survey (CAMS) project, an initiative of The Access Project, provided support to organizations in 24 communities to survey uninsured patients receiving care at local facilities. The goals of the project were to investigate the effectiveness of local facilities in responding to the needs of the uninsured and to document barriers the uninsured face when seeking care.

This report summarizes national data on the impact of health insurance on access to care and health outcomes, and presents the results of the survey in one community, Cleveland, Ohio. The survey was conducted in the summer of 2000 and gathered information from 680 uninsured patients who obtained health care at MetroHealth Hospital, University Hospital, Huron Hospital, or Cleveland Clinic in the previous year. The report also compares their experiences with those of uninsured patients surveyed at other CAMS sites across the country who received care at similar facilities.

The survey results indicated the following:

- ◆ The majority of respondents at each of the facilities reported use of the emergency room at least once. The rate was highest at Huron Hospital, where 93 percent of respondents said they had used the emergency room. The high rate of emergency use suggests that uninsured respondents may not be using other service settings in their facilities for receiving care.
- ◆ Respondents who received care at Cleveland Clinic were the least likely to say their facility was “open and accepting” to them even if they couldn’t pay—31 percent of respondents said Cleveland Clinic was open and accepting compared to 48 to 60 percent at the other three facilities. Cleveland Clinic respondents were also the least likely to say that their facility had a reputation for providing “a lot” of care to the uninsured (13%), and the most likely to report it had a reputation for providing “very little or no care” (34%).

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- ◆ Respondents who received care at MetroHealth Hospital were the most likely to report both that they had problems at least sometimes scheduling a timely appointment and problems with waiting times to see a provider on the day of an appointment. Respondents who received care at University Hospital and Huron Hospital tended to report the fewest difficulties in accessing care.
- ◆ Overall, the majority of respondents were either satisfied or very satisfied with providers at their facilities. Ratings tended to be highest for providers at Huron Hospital.
- ◆ Most respondents experienced high levels of financial stress when trying to pay for their medical care, and many did not receive assistance from staff at their facilities in dealing with their financial issues.
  - The majority of respondents said they needed help paying for their medical bills, and the majority of these patients said staff at their facility never offered to help them find out if financial assistance was available. At University Hospital and Cleveland Clinic, more than two-thirds of respondents who needed help said that staff never offered to see if financial assistance was available.
  - At three of the four facilities, substantial proportions of respondents reported that they did not obtain any or filled only some of their prescribed medications because they could not afford them. For example, nearly one out of four patients at MetroHealth Hospital who received a prescription, and one out of five at Huron Hospital, were unable to afford at least some of their medications. Cleveland Clinic respondents were the least likely to report that staff offered help finding financial assistance to pay for medications, even sometimes.
  - Sixty to 70 percent of each respondent group said they owed money to their facility. More than 3 in 10 of these respondents said their debt would make them not seek care at the facility in the future.

## INTRODUCTION

In 1998, 44 million people in the United States were uninsured, representing a 38% increase in the number of uninsured since 1987.<sup>1</sup> While this number fell slightly between 1998 and 1999, according to current estimates 43 million people are still without health insurance.<sup>2</sup> The ability of the uninsured to gain access to health care is thus a major national issue, but it is at the community level that the consequences are most apparent.

Many assume that even when people are uninsured, they are readily able to obtain health care. A 1999 survey of college-educated people in the United States found that 57 percent believed that uninsured people are able to get the care they need from doctors and hospitals, up from 43 percent in 1993.<sup>3</sup> However, research has consistently demonstrated that individuals without insurance see health providers less frequently, receive fewer preventive health services, and delay care. As a result, when the uninsured do get care, they often require more expensive care. For example, the uninsured tend to come into the hospital more severely ill, and are hospitalized more frequently for conditions that could have been treated on an ambulatory, and less costly, basis.

Structural changes in the health care environment over the last decade have only increased the barriers to care facing the uninsured. Managed care companies have negotiated aggressively with health care providers to reduce their fees; as a result, providers have fewer financial resources available to subsidize care for the uninsured. At the same time, the number of uninsured has risen, increasing the demand for services, while various direct and indirect public subsidies that in the past helped support care for the uninsured have been eroding. All types of health care providers are affected by these changes, but perhaps the hardest hit are the "safety net" providers—those that, either by legal mandate or explicitly adopted mission, are dedicated to providing health care regardless of patients' ability to pay—as they generally treat the largest number of uninsured patients.

The situation, however, is not uniform across communities. Comparing the provision of care in different metropolitan statistical areas (MSAs), the author of a recent study said, "One of the most striking findings from our analysis...is the tremendous variation in the provision of uncompensated care by MSAs across the country. Our MSA-level analysis indicates that there are pockets in the country where the uninsured have very limited access to hospital care."<sup>4</sup>

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## COMMUNITY ACCESS MONITORING SURVEY PROJECT

To gather information about the barriers to care facing the uninsured in particular communities and at particular facilities, The Access Project initiated the Community Access Monitoring Survey (CAMS) project. The CAMS project funded 24 organizations across the country to survey uninsured individuals who received care at key facilities in their communities.

### ***PROJECT GOALS***

The goals of the project were to

- ◆ Learn directly from those without health insurance about their experiences and perceptions when obtaining health care
- ◆ Investigate the effectiveness of local facilities in responding to the needs of the uninsured
- ◆ Document barriers to care for the uninsured
- ◆ Use survey data to stimulate dialogue and promote change
- ◆ Put a local face on the problem of the uninsured

### ***THE SURVEY DESIGN***

The survey instrument was developed by Dennis Andrulis, Ph.D., Research Professor at SUNY Health Science Center in Brooklyn, NY. It was used to gather information about the experiences of over 10,000 uninsured patients at 58 facilities nationwide, and results were reported for each of the participating communities. The survey asked respondents a range of questions about their experiences when they received care at a particular facility while they were uninsured, such as their perceptions of the facility's willingness to provide care, satisfaction with interactions with staff, waiting times for appointments, ability to obtain needed medications, and difficulties paying for care. (See Appendix C for a copy of the survey instrument.)

### ***Survey Limitations***

The survey was designed to gather data about key providers that care for the uninsured in various communities. It was not intended to provide definitive conclusions, and readers should be aware of the limitations of the methodology.

The survey was based on a convenience rather than a random sample. Respondents were recruited at a variety of local sites, and the number of people who were eligible but refused to participate was not recorded. For these reasons, survey responses cannot be generalized

either to all uninsured people or to all uninsured patients who used a given facility--rather, they reflect the experiences only of those surveyed.

In addition, while all surveyors received uniform training in administration of the survey, it was not possible to evaluate actual implementation at each site. The authors also did not have access to other sources of data, such as medical records, that might have added to or verified individuals' reports, and they were not able to assess environmental factors, such as the volume of uninsured patients treated, operating budget, and staff size, which might have affected a facility's provision of care. Finally, the surveys gathered information only from uninsured individuals who were able to access care at particular facilities; they did not capture either the numbers or the experiences of those who were unable or never tried to access care.

### ***Intended Uses of the Survey***

The survey was intended to provide information on a frequently overlooked topic, the actual experiences of the uninsured when they obtain care. Notwithstanding its limitations, the authors expect that the results will be useful to providers, local officials, community representatives, and others in suggesting issues related to the provision of care for the uninsured in their communities that may benefit from further discussion or more rigorous and comprehensive study, in order to assist them in improving access to care for this population.

### ABOUT THIS REPORT

This report, along with reviewing some of the research documenting the impact of lack of insurance on healthcare access and on health outcomes, describes the survey results at one CAMS site, Cleveland, Ohio. The survey was conducted by UHCAN in the summer of 2000, and gathered information from uninsured individuals who received care at MetroHealth Hospital, University Hospital, Huron Hospital, or Cleveland Clinic in the previous year. Along with providing the results of the survey for these facilities, the report compares the results with aggregate responses at all similar facilities surveyed as part of the CAMS project nationwide. A report presenting the overall findings for all surveyed sites will be released in Spring 2001.

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## LACK OF INSURANCE IS DANGEROUS TO YOUR HEALTH

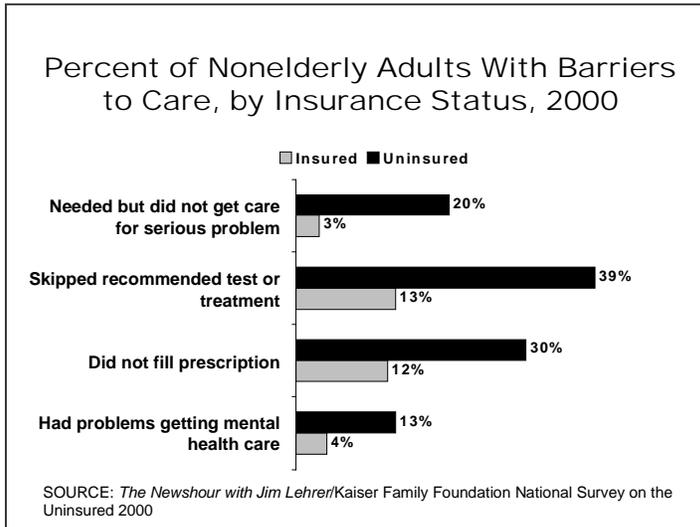
With great consistency, national research has demonstrated that insurance status affects the amount and type of care individuals receive. Lack of health insurance is related to both reduced access to care and to poorer health outcomes. In addition, many of the changes in the health care market over the last decade have increased the difficulties the uninsured face in obtaining care.

### LACK OF INSURANCE AND ACCESS TO CARE

Research has shown that lack of insurance is associated with reduced utilization of health services. Some studies have found that:

- ◆ One third of uninsured U.S. residents reported problems of access to care, and about two-thirds had delayed care, because of problems in paying for health services;<sup>5</sup>
- ◆ The uninsured were almost six times more likely than the insured to have postponed health care for a serious condition because they couldn't afford it;<sup>6</sup>
- ◆ Uninsured pregnant women were at greatest risk for starting prenatal visits late and having an inadequate number of visits compared to both privately insured women and those with Medicaid;<sup>7</sup>
- ◆ Among persons with severe mental illnesses, the uninsured were less likely to access needed health care than those covered by insurance;<sup>8</sup>
- ◆ Uninsured adolescents were twice as likely as insured adolescents not to have had a doctor's visit in the past year;<sup>9</sup>
- ◆ Lack of insurance was related to substandard care, such as using fewer procedures and having shorter inpatient stays.<sup>10,11</sup>

A recent national survey by the Kaiser Family Foundation, for example, found that the uninsured were much more likely than the insured to not have gotten care for a serious problem, skipped a recommended test or treatment, not filled prescriptions, and had problems getting mental health care.<sup>12</sup>



#### LACK OF INSURANCE AND HEALTH OUTCOMES

Research has also found that lack of health insurance correlates with poorer health outcomes. Some studies have shown, for example, that

- ◆ Children living in poverty were more likely to receive lower quality care and to die in infancy;<sup>13</sup>
- ◆ Uninsured children were much more likely not to have received medical care for common conditions like ear infections—illnesses that if left untreated could lead to more serious health problems;<sup>14</sup>
- ◆ The uninsured were more likely to be hospitalized for conditions that could have been avoided, such as pneumonia and uncontrolled diabetes.<sup>15</sup>
- ◆ Patients without insurance were more likely to die in the hospital,<sup>16</sup> suggesting that they had postponed care until it was too late;
- ◆ Uninsured women were at significantly greater odds of late stage diagnosis of cervical cancer;<sup>17</sup> while those with breast cancer had lower survival rates;<sup>18</sup>
- ◆ Young adults without insurance had higher mortality rates because they were unable to obtain needed care.<sup>19</sup>

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## BENEFITS OF IMPROVED ACCESS TO HEALTH CARE

While lack of insurance is a serious barrier to receiving care, making health insurance and health services available to the uninsured has been shown to lead to significant improvement in the use of critical services and in health status. One recent study found, for example, that uninsured individuals who obtained insurance coverage had better access to care based on indicators such as having a usual source of care, higher satisfaction with providers, and a greater number of physician visits in the previous year.<sup>20</sup> Another study in the Seattle area found that, having insurance was strongly related to ease of access to care, and was the strongest predictor for having a regular source of care.<sup>21</sup> When previously uninsured individuals were enrolled in a managed care program, investigators found their use of health care services similar to that of a commercially enrolled group.<sup>22</sup>

Increased access to care for individuals infected with HIV represents one of the most recent dramatic instances of improvements in both mortality and morbidity. According to the Centers for Disease Control and Prevention, the first decrease in AIDS-related opportunistic infections occurred in 1997.<sup>23</sup> One of the major reasons cited was increased availability of new anti-retroviral therapies. The proportion of patients using this treatment regimen—for which many rely on public sector support through Medicaid and other programs—increased from 24% to 60% in just one year (1995 to 1996). This dramatic change is one demonstration of how access to critical treatments can make the difference between life and death.

Making health related services available to the uninsured at little or no cost has also led to improved outcomes. For example, the Women, Infants, and Children program, which provides food assistance to low-income children starting with the prenatal period, has helped reduce the prevalence of iron-deficiency anemia in infants and children.<sup>24</sup> Similarly, a study in Wisconsin showed that children at an initial preventive health visit who did not have access to the free Early and Periodic Screening, Diagnosis, and Treatment program had a greater number of medical and dental health problems and fewer preventive dental care visits than their contemporaries who had had continual access to the program.<sup>25</sup>

## THE HEALTH CARE MARKET AND CARE FOR THE UNINSURED

Over the last decade, changes in the health care market have significantly affected the provision of care to the uninsured.<sup>26</sup> Rising premiums and eroding employer-offered coverage have left increasing numbers of workers, especially low-income workers in small firms, without access to affordable health insurance. The rising numbers of uninsured increase the demand for uncompensated care on "safety net" providers—those that are charged by legal mandate or by mission with providing care to all regardless of ability to pay—as well as on other charity providers.

This increased demand is occurring simultaneously with other market changes that make it more difficult for providers to respond. An increasingly competitive health care environment, increased efforts to contain costs, and the growth of managed care have reduced the financial resources available to providers to subsidize care for the uninsured.

For example, many states have enrolled Medicaid recipients in managed care plans in an effort to reduce costs. These plans generally negotiate with providers for lower fees and also contract with multiple providers to provide services to Medicaid clients in order to obtain the best rates. However, while these changes may help reduce the overall costs of the program, they can have indirect effects on the ability of charity providers to care for the uninsured. Because major charity providers usually treat large numbers of both Medicaid and uninsured patients, they have traditionally depended on Medicaid revenues to help subsidize care for those who are unable to pay. If their Medicaid revenues decline, both because they see fewer Medicaid patients and because they receive lower fees for those they do treat, less money is available to cross-subsidize uncompensated care for the uninsured.

Research studies have in fact found that the penetration of managed care plans in a market and pressure on reimbursements are associated with reduced access to care for the uninsured. They have shown that

- ◆ In general, access to health care for low-income uninsured people is lower in states with high Medicaid managed care penetration, compared to uninsured persons in states with low Medicaid managed care penetration; access to care for low-income uninsured persons is also lower in areas with high uninsurance rates.<sup>27</sup>
- ◆ Physicians involved with managed care plans and those who practice in areas with high managed care penetration tend to provide less charity care.<sup>28</sup>

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- ◆ Between 1988 and 1997, while national hospital costs for uncompensated care remained around 6% of annual operating costs, the ratio of per capita expenses for the uninsured to per capita expenses overall declined by 22%. This change, which was associated with reductions in Medicaid reimbursement rates, indicated that the uninsured were losing ground compared to the insured in the number, level, or quality of services received.<sup>29</sup>

In this environment, some safety net providers have in fact been forced to close, raising the question, "Where...will the safety net reside for the large number of uninsured in the community who do not qualify for [public] programs?"<sup>30</sup>

## COMMUNITY CONTEXT

**Note:** Information in this section was provided by UHCAN Ohio.

Both local and national studies have indicated that lack of health insurance and access to health care are serious problems in the Cleveland area.

The Ohio Family Health Survey<sup>31</sup> reported in March of 1999 that Greater Cleveland's rate of uninsurance was one-fifth higher than the state average. In Cleveland's east side and the suburban areas of East Cleveland, Newburgh Heights and parts of Cuyahoga Heights, a quarter of all adults and 21% of children did not have insurance. 61% of the uninsured in Greater Cleveland were from working families. In addition the survey reported that the uninsured had greater difficulty accessing needed health care in the previous year than the insured. Men were five times as likely, and women six times as likely, to have difficulties accessing health care as the insured overall.

A study sponsored by the Robert Wood Johnson Foundation and published in the Journal of the American Medical Association showed that, based on 1996-97 data, Cleveland ranked highest among 12 metropolitan areas in the percentage of its uninsured residents who had problems accessing care.<sup>32</sup> Forty percent of uninsured Cleveland residents reported problems accessing health care, a rate that was one-third higher than the national average and more than twice as high as the Metropolitan Statistical Area with the lowest rate (Orange County, CA).

In the past two years, the problems of health care access in Greater Cleveland have been exacerbated by the closing of two east side hospitals, Mt. Sinai and St. Luke's. Both hospitals were religious non-profit hospitals that had missions to serve the community and the poor. Both were taken over by out-of-state for-profit corporations and, following their purchases, were ultimately closed

Mt. Sinai Hospital, a 430-bed facility, was an anchor in its northeastern Cleveland neighborhood, and a major safety net hospital that provided care to the area's low-income and uninsured residents. St. Luke's Hospital, a 406-bed facility, was an anchor in the southeastern section of Cleveland. It also was a major safety net provider.

The unexpected closings of the two safety net hospitals have strained the resources at the 728-bed MetroHealth Hospital, which has had to

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absorb many of the patients displaced by the other hospitals' closings. In the past year MetroHealth, which is Ohio's only public hospital, has incurred debts of over \$8 million.<sup>33</sup> Some of the primary reasons for this shortfall are increased demand for uncompensated care, inadequate reimbursement from both Medicaid and the Health Care Assurance Plan (a state program that reimburses hospitals for a portion of their uncompensated care), and losses resulting from provisions of the federal Balanced Budget Amendment of 1997.<sup>34</sup> MetroHealth is currently operating at 110% of capacity<sup>35</sup> and this year provided \$100 million of uncompensated care to the uninsured, up from \$70 million in 1998. MetroHealth has reported that its new patients have primarily come from the neighborhoods surrounding the closed hospitals.

Three other hospitals, Huron, University, and the Cleveland Clinic, have also absorbed many of the Medicaid and uninsured patients that previously went to Mt. Sinai and St. Luke's. The 309-bed Huron Hospital, which is part of the Cleveland Clinic health system, is located in the city of East Cleveland. It is the closest hospital for many former Mt. Sinai patients residing in the Glenville and Forest Hills areas of Cleveland. The hospital recently underwent a \$3.7 million renovation, financed by the Cleveland Clinic, that included an expansion of its emergency room. The 823-bed University Hospital is the closest hospital for most of the patients who previously went to St. Luke's (which University acquired prior to its closing), as well as for many former Mt. Sinai patients. The 960-bed Cleveland Clinic is Cleveland's largest medical institution. It is the closest hospital for former Mt. Sinai patients residing in the Hough and Fairfax areas of Cleveland, as well as for many patients residing in the Buckeye area who previously went to St. Luke's.

The CAMS project was undertaken to examine the impact of the hospital closings on the provision of care to the uninsured at these remaining Cleveland area hospitals. Surveys were conducted at all four of the hospitals described above: MetroHealth, Huron, University, and Cleveland Clinic.

## SURVEY METHODOLOGY

Twenty-two surveyors were recruited by UHCAN Ohio and other community organizations in the area to conduct the surveys. The surveyors received training in administration of the survey.

Surveys were conducted primarily in the areas served by the closed hospitals, as well as in the general area served by MetroHealth Hospital. The targeted neighborhoods included Glenville, Hough, Forest Hills, Buckeye/Woodland, Fairfax, and the Near West Side/Tremont areas of Cleveland, as well as the city of East Cleveland. Most respondents were identified and interviewed at local community centers, meals programs, churches, and health clinics not directly affiliated with local hospitals. To be eligible to participate, respondents had to have received care at one of the targeted facilities during the past year while uninsured. All surveys were conducted between May 24 and July 14, 2000.

Because respondents were not randomly selected, the survey results cannot be generalized to the entire population of uninsured persons or of individuals receiving care at the targeted facilities. *The results reflect the experiences only of those surveyed.* 196 surveys were completed for patients who had received services at MetroHealth Hospital while uninsured, 174 surveys for patients at University Hospital, 181 surveys for patients at Huron Hospital, and 129 surveys for patients at Cleveland Clinic.

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## SURVEY FINDINGS

This section describes and compares the survey results for respondents who received care while uninsured at the four hospitals included in the CAMS project in Cleveland: MetroHealth Hospital, Huron Hospital, University Hospital, and Cleveland Clinic. The results for each facility are also compared with the aggregate results for All Urban and Suburban Hospitals (AUSHs) that were included in the CAMS project nationwide. All comparisons were statistically significant unless otherwise indicated (ns=non-significant).

See Appendix A for a table of the results for each of the Cleveland hospitals, as well as for AUSHs.

### RESPONDENT CHARACTERISTICS

**At three of the four facilities, the majority of respondents were black.**

Over 80% of the respondents for University Hospital, Huron Hospital, and Cleveland Clinic identified themselves as black. In contrast, the ethnic composition of MetroHealth Hospital and AUSH respondents was very diverse.

**Nearly all the respondents took the survey in English.**

Except for five percent of MetroHealth Hospital respondents who took the survey in Spanish, and 15 respondents who took the survey in Arabic, almost all respondents at the four sites took the survey in English.

**At each of the facilities, respondents represented all age groups.**

However, MetroHealth Hospital, Huron Hospital, and Cleveland Clinic had a higher percentage of respondents over 40 years of age than either University Hospital or AUSHs.

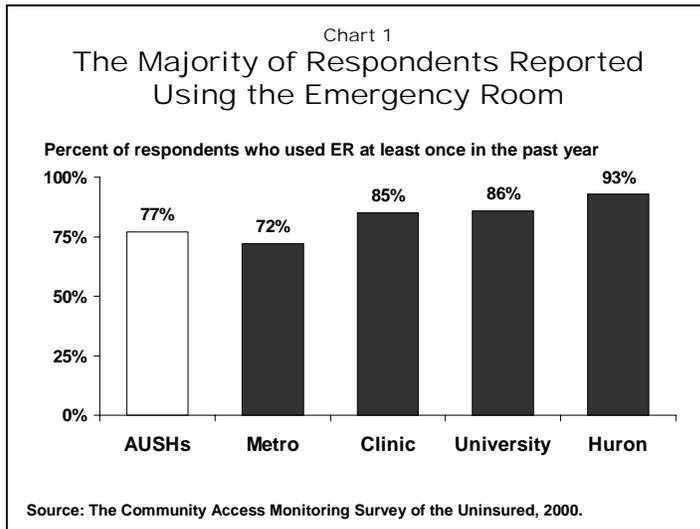
### USE OF HEALTH SERVICES

**Respondents were likely to have used the facilities several times in the past 12 months. The majority of respondents at all four facilities reported using the emergency room for care.**

**MetroHealth Hospital respondents were most likely to be seeking treatment for a chronic condition.**

*Emergency Room Use:* Emergency room use was high among the survey respondents at all four facilities. Use was particularly high at

Huron Hospital, where more than nine of ten respondents—93 percent—reported using the emergency room at least once in the past year. Percentages for University Hospital and Cleveland Clinic were also significantly higher than for AUSHs. (Chart 1)

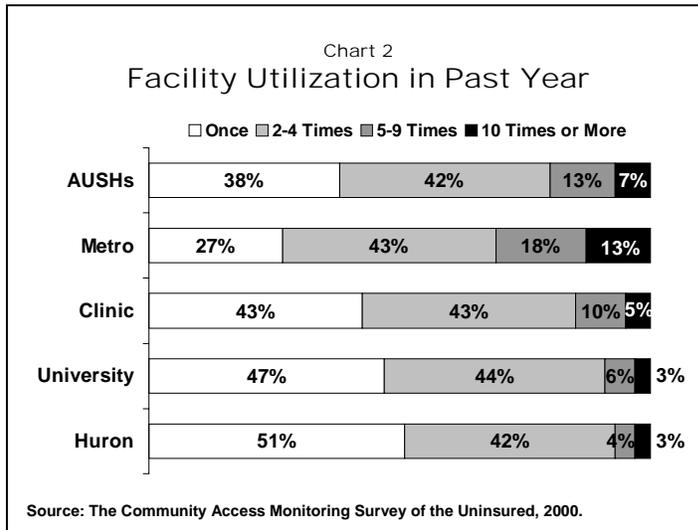


*Outpatient Clinic Use:* MetroHealth Hospital respondents were much more likely to report visiting an outpatient clinic at least once in the past year compared with Huron Hospital respondents (70% vs. 38%). Percentages for both University Hospital and the Cleveland Clinic fell between these figures; nearly one-half (46%) of respondents at each facility reported visiting an outpatient clinic at least once in the past year.

*Hospitalization.* Inpatient hospitalization rates were slightly higher for University Hospital and Cleveland Clinic respondents (about 30% at each facility) than for respondents for either MetroHealth Hospital or Huron Hospital (about 23% at each facility).

*Frequency of Use:* Respondents for MetroHealth Hospital were the most likely to state that they used their facility more than once; three of ten (31%) reported visiting the facility five or more times in the past year compared with 15 percent of Cleveland Clinic respondents, 9 percent of University Hospital respondents, and 7 percent of Huron Hospital respondents. The average for AUSHs was 20 percent. (Chart 2)

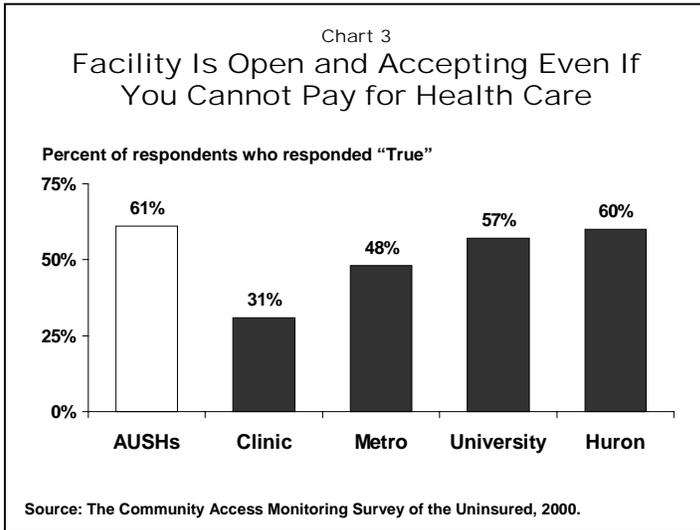
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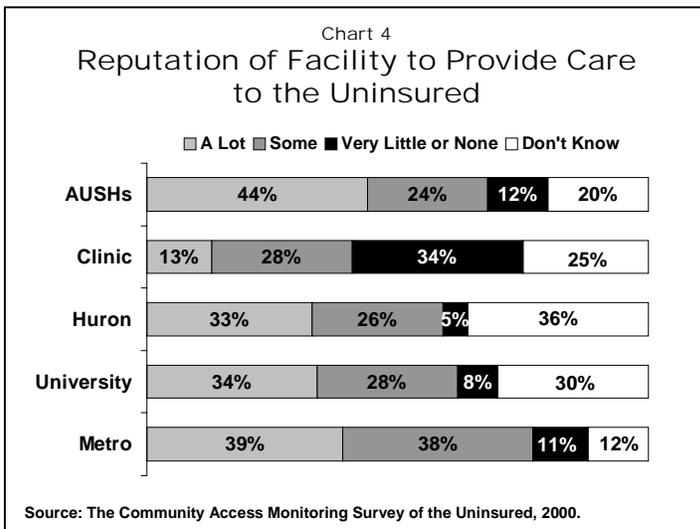
OPENNESS TO THE UNINSURED AND SATISFACTION WITH PROVIDERS

**Among the four facilities, respondents for Cleveland Clinic were the *least* likely to report that, based on their experiences, the facility was open and accepting to the uninsured. Cleveland Clinic respondents also had the least positive responses when asked about their facility’s reputation for providing care for the uninsured.**

*Facility Openness:* Based on their experience, three of ten Cleveland Clinic respondents said their facility was “open and accepting” to them even if they could not pay for their care. This percentage was much lower than for the other three facilities; close to one-half or more of the respondents at each of these facilities reported that they were “open and accepting.” Moreover, Cleveland Clinic respondents were half as likely to find their facility open and accepting as respondents for AUSHs. (Chart 3)



*Facility Reputation:* Respondents were also asked what kind of reputation their facility had in the community for providing care to the uninsured. Cleveland Clinic respondents were the least likely to report that their facility had a reputation for providing “a lot” of care to the uninsured and the most likely to report that it had a reputation for providing “very little or no care.” Respondents for the other three facilities were more likely to report a positive reputation. Notably, around a third of University and Huron Hospital respondents said they did not know the reputation of their facility. (Chart 4)



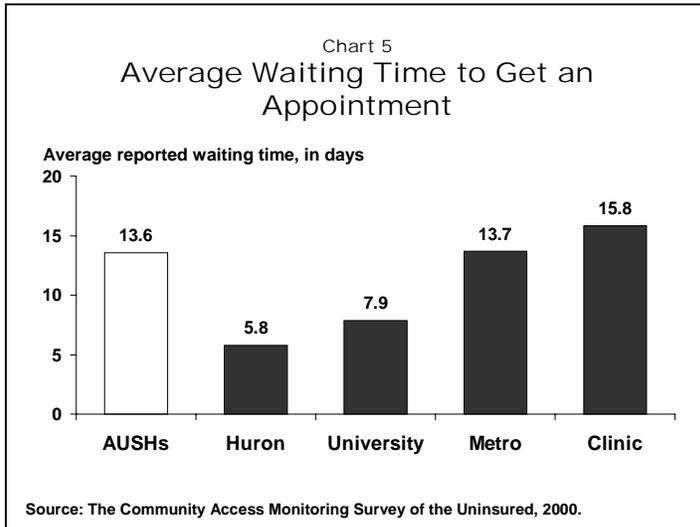
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*Satisfaction with Providers:* Overall, the majority of respondents, were either satisfied or very satisfied with providers at their respective facilities. For example, over 80 percent of respondents for each facility reported that they were either “very satisfied” or “satisfied” with the care and service they received from receptionists, nurses, and doctors, with Huron Hospital generally receiving the highest ratings. At the same time, slightly higher proportions of respondents for MetroHealth Hospital and Cleveland Clinic reported that they were dissatisfied with the care and service compared with the other two facilities. There were few statistically meaningful differences between any of the facilities and the average satisfaction ratings for AUSHs.

#### ACCESSIBILITY

**Of the four facilities, respondents for MetroHealth Hospital were the most likely to report accessibility issues, such as long waiting times, followed by respondents for Cleveland Clinic. Respondents for University and Huron Hospitals tended to report the fewest difficulties.**

*Waiting times for appointments:* Respondents were asked to rate whether making an appointment at their facility was a problem. Two of three (65%) Metro respondents reported they had problems at least sometimes scheduling a timely appointment, compared with 37 percent of Cleveland Clinic respondents, 28 percent of University Hospital respondents, and 24 percent of Huron Hospital respondents. In fact, the waiting times reported by respondents for University and Huron Hospitals were nearly a week shorter than the approximately two-week waiting times reported by MetroHealth Hospital, Cleveland Clinic, and AUSH respondents. (Chart 5)



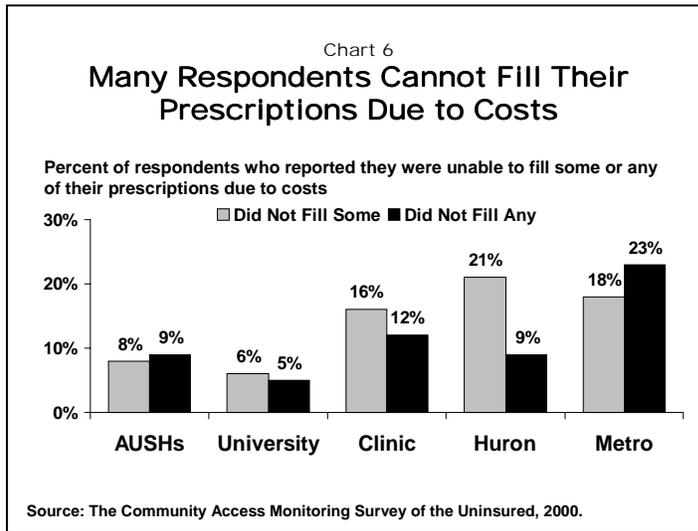
*Waiting times to see providers:* Similarly, nearly two-thirds (64%) of MetroHealth Hospital respondents found waiting times to see a provider on the day of the appointment to be a problem at least sometimes, compared with 38 percent of Cleveland Clinic respondents and 32 percent of both University and Huron Hospital respondents. The average reported waiting time ranged from 41 minutes (University) to 58 minutes (MetroHealth). In comparison, the average waiting time for AUSHs was 63 minutes.

#### OBTAINING PRESCRIPTION MEDICATIONS

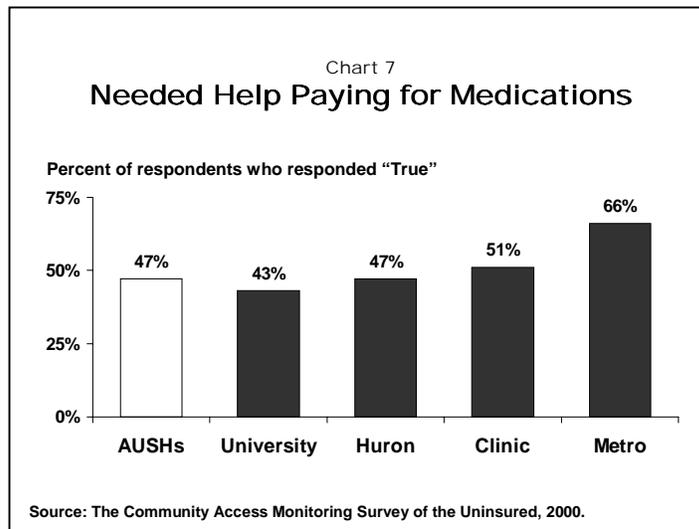
**Most respondents at all four facilities received prescriptions for medications. However, respondents for MetroHealth Hospital were most likely to report that they were unable to obtain any or filled only some of their prescriptions due to costs. MetroHealth respondents were also the most likely to report both having difficulty and needing help paying for their medications. The proportion of University Hospital respondents reporting these problems was comparatively low.**

Between 69 and 79 percent of respondents for each facility reported they received prescriptions for medications. Twenty-seven percent of MetroHealth Hospital respondents who received prescriptions got their medications free from staff, compared to 36 to 46 percent of the respondents for the other three hospitals. At the same time, nearly one-fourth of the MetroHealth Hospital respondents who received prescriptions reported that they could not afford to fill any of them. More than one of six respondents for MetroHealth Hospital and one of five respondents for Huron Hospital said that they were unable to afford some of their medications. (Chart 6)

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Three of five (60%) MetroHealth Hospital respondents said they found paying for their medications very difficult, compared with 51 percent of respondents for Cleveland Clinic, 49 percent for Huron Hospital, and 32 percent for University Hospital. Responses to whether respondents needed help paying for their medications were similar. Two-thirds of the MetroHealth Hospital respondents reported that they needed help. Cleveland Clinic respondents were the next most likely to need help (51%), followed by respondents for Huron Hospital (47%) and finally University Hospital (43%). (Chart 7)

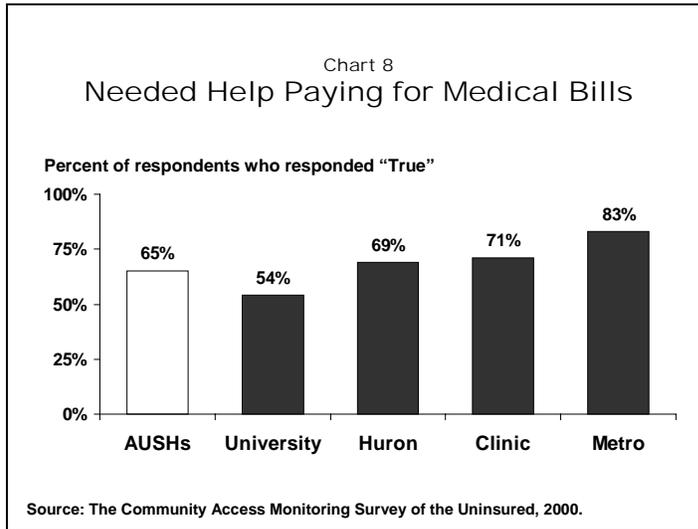


Among those who needed help paying for their medications, Cleveland Clinic respondents (22%) were the *least* likely to report that staff offered help at least sometimes, compared with MetroHealth (35%), University (31%), and Huron (31%) respondents. At all of the facilities, more than two of three respondents who needed financial assistance said they “*never*” received any help.

#### CONCERNS OVER PAYMENT FOR HEALTH CARE

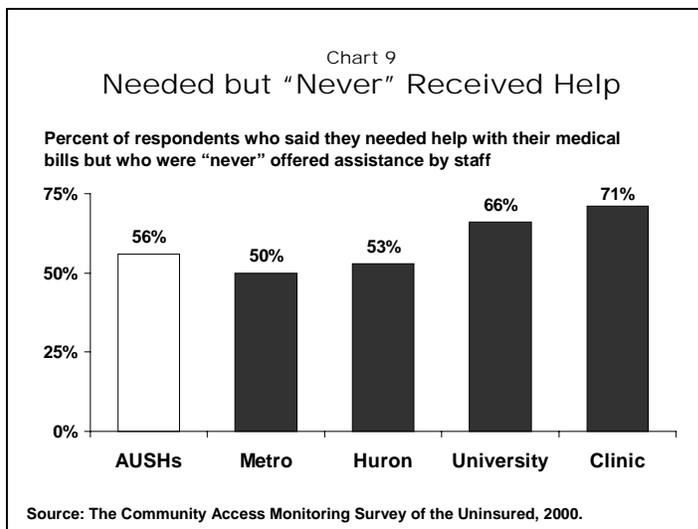
Many respondents reported that paying for their medical care was very difficult and that they needed help paying their bills. On both measures, MetroHealth Hospital and Cleveland Clinic respondents had the most difficulty.

More than half of respondents at each of the facilities reported both that they had difficulty paying their medical bills and that they needed help paying them. Nearly three of four (73%) MetroHealth Hospital respondents and 70 percent of Cleveland Clinic respondents reported that paying for their medical care was “very difficult,” while 66 percent of Huron Hospital and 52 percent of University Hospital respondents said paying was very difficult. The percentages of respondents who said they needed help paying for their medical bills were even higher. Indeed, more than four of five MetroHealth respondents reported that they needed help, with percentages for the other three facilities ranging from 54 to 71 percent. By comparison, the average for AUSHs was 65 percent. (Chart 8)



**Among those who said they needed help, more than two-thirds of the University Hospital and Cleveland Clinic respondents said they *never* received any assistance from staff; approximately one-half of MetroHealth and Huron Hospital respondents said they never received help.**

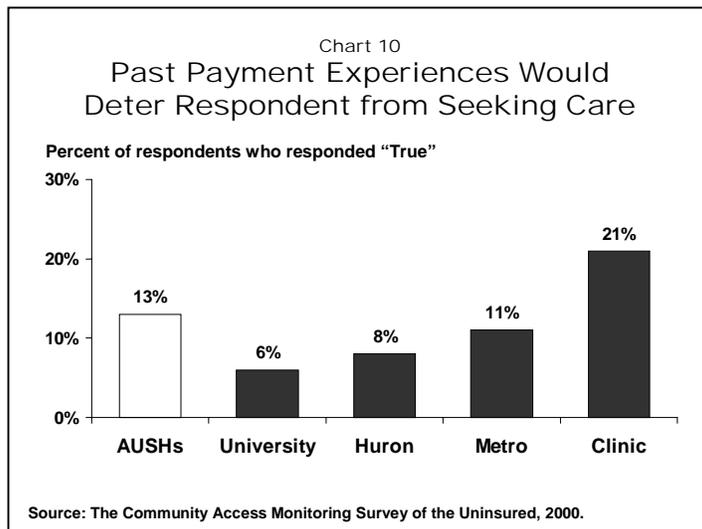
One-half of the MetroHealth respondents and 46 percent of the Huron Hospital respondents who said they needed help paying their medical bills reported that staff offered to find out if financial assistance was available at least sometimes, while about one-half reported that they were never offered any help. This compared to only one-third of University Hospital and Cleveland Clinic respondents who reported that they were offered assistance at least sometimes, and two-thirds or more who said they were never offered help. (Chart 9)



## SEEKING CARE IN THE FUTURE

**One of five Cleveland Clinic respondents said that, because of their experiences paying for care, they would not seek care at the facility again. Sixty percent or more of respondents at each facility reported that they currently owed the facility money.**

A marked proportion of Cleveland Clinic respondents —21 percent— said their experiences paying for care at the facility would make them not seek care there in the future. This compared to 11 percent of MetroHealth Hospital respondents who said they would not seek care there in the future, while the percentages for Huron and University respondents were somewhat lower. The average for AUSHs was 13 percent. (Chart 10)



Between 60 (University Hospital) and 72 percent (Cleveland Clinic) of respondents said they currently owed money to their facility. For all four facilities, about one of three respondents who owed money to their facility also reported that this debt would deter them from seeking care at the same facility in the future.

Finally, University Hospital (91%) and Huron Hospital (85%) respondents were more likely to say they would use the facility again in the future if they had health insurance, compared with respondents for MetroHealth Hospital (76%), Cleveland Clinic (80%), and AUSHs (77%).

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## DISCUSSION

This section discusses some of the perceived strengths and issues that might warrant further discussion suggested by the survey results for each of the four facilities. In addition, it presents some general issues that relate to all of the facilities.

### METROHEALTH HOSPITAL

Based on respondent responses, the major strengths of MetroHealth Hospital are its favorable reputation for providing care to the uninsured, its relatively high satisfaction ratings for providers, and the likelihood that staff offers help to those who need assistance paying for either their medical care or prescriptions. Respondents for MetroHealth Hospital also reported the highest outpatient utilization rate and the lowest emergency room utilization rate of the four surveyed facilities. This suggests that MetroHealth may be more successful than the other facilities in providing non-urgent care for the uninsured in clinic, rather than emergency room, settings.

MetroHealth Hospital respondents also reported difficulties in several areas. Less than one-half of MetroHealth respondents found their facility open and accepting, and many thought MetroHealth's hours and its location to be a problem at least some of the time.<sup>36</sup> Moreover, waiting times both to get an appointment and to see the provider on the day of the appointment were much longer for MetroHealth respondents than for respondents at the other three facilities. These difficulties may in part clarify why the MetroHealth respondents were the *least* likely to say they would use the facility if they were insured compared with the other three groups.

Finally, nearly one-third (31%) of MetroHealth Hospital respondents used the hospital five or more times in the past 12 months. This finding suggests that many respondents may be dependent on this hospital for ongoing care.

### CLEVELAND CLINIC

Although respondents for Cleveland Clinic reported faring better on many measures than respondents for MetroHealth Hospital, Cleveland Clinic had comparatively low ratings on several measures.

In particular, Cleveland Clinic respondents were the least likely to report that the facility was open and accepting to them or that it has a reputation for providing care to the uninsured. In addition, Cleveland Clinic respondents who needed help paying for either medications or

medical care reported that staff were not likely to offer them financial assistance.

Cleveland Clinic respondents did report relatively high satisfaction with their providers.

#### UNIVERSITY HOSPITAL

University Hospital respondents reported high levels of provider satisfaction. The hospital also received comparatively high ratings on a number of accessibility issues: for example, it had the highest percentage of respondents who said that the waiting time to see a provider on the day of an appointment was never a problem, and one of the lowest who said it was often or always a problem.

Respondents for this facility were also the least likely among the four facilities to say they found paying for their medical bills or prescriptions very difficult, and the least likely to say they didn't obtain some or all of their medications because of cost.

#### HURON HOSPITAL

Respondents for Huron Hospital reported high levels of satisfaction with providers, and they were the least likely to report accessibility problems related to hospital or emergency room hours. In addition, respondents who needed help paying their medical bills reported that staff at the facility were more likely to offer to find out if financial assistance was available at least sometimes than at AUSHs.

The vast majority of Huron respondents—93%—sought care in the emergency room at least once in the past year.

#### GENERAL ISSUES

**Respondents for all of the facilities, and Huron Hospital in particular, reported use of the emergency room at least once. This suggests that uninsured respondents may not be using other service settings in their respective facilities for care.**

**The survey responses for all facilities indicate that respondents experienced high levels of financial stress when trying to pay for their medical care, and that many did not receive assistance in dealing with their financial issues.**

- ◆ The majority of respondents said they needed help paying their medical bills, and the majority of these patients said staff never offered to help them find out if financial assistance was available.

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- ◆ At three of the four facilities (MetroHealth, Huron, and Cleveland Clinic), substantial proportions of respondents reported that they did not obtain any or filled only some of their prescribed medications because they could not afford them.
- ◆ Over two-thirds of all respondents who needed help paying for prescriptions and more than one-half of those who needed help paying for medical bills, were never offered assistance by staff.
- ◆ Most respondents (60% to 72%) said they owed money to the facility where they received services, and more than three in 10 of these respondents said their debt would make them not seek care at the facility in the future.

## REFERENCES

- 1 Committee on the Changing Market, Managed Care, and the Future Viability of Safety Net Providers, *America's Health Care Safety Net: Intact but Endangered*, Institute of Medicine, National Academy Press, Washington D.C., 2000.
- 2 U.S. Census Bureau, *Health Insurance Historical Tables*, Washington D.C., 2000.
- 3 Harvard/Robert Wood Johnson Foundation Report on Public Attitudes Towards Access to Health, 1999, cited in "RWJF Steps Up Insurance Coverage Initiatives," *Advances: The Robert Wood Johnson Foundation Quarterly Newsletter*, 1 (2000): 2.
- 4 G. Melnick, cited in "Hospitals' Uncompensated Care Expenses Not Keeping Pace with Per Capita Spending," *Health Care Financing & Organization News & Progress*, The Alpha Center, Washington D.C., March 2000: 6.
- 5 K. Donelan, R. Blendon, J. Benson, R. Leitman, and H. Taylor, "All Payer, Single Payer, Managed Care, No Payer: Patients' Perspectives in Three Nations," *Health Affairs* (Millwood), 15 (1996): 254-265.
- 6 Health Desk, *National Survey on the Uninsured, 2000*, Newshour with Jim Lehrer/Kaiser Family Foundation, Menlo Park, April 2000.
- 7 B. Spillman, "The Impact of Being Uninsured on Utilization of Basic Health Care Services," *Inquiry*, 29 (1992): 457-466.
- 8 D.D. McAlpine and D. Mechanic, "Utilization of Specialty Mental Health Care Among Persons with Severe Mental Illness: The Roles of Demographics, Need, Insurance, and Risk," *Health Serv Res*, 35(1 Pt 2) (2000): 277-92.
- 9 P.W. Newacheck, C. Brindis, C.U. Cart, K. Marchi, and C.E. Irwin, "Adolescent Health Insurance Coverage: Recent Changes and Access to Care," *Pediatrics*, 104 (1999): 195-202.
- 10 H. Burstein, S. Lipsitz, and T. Brennan, "Socioeconomic Status and Risk for Substandard Medical Care," *JAMA*, 268 (1992): 2383-2387.
- 11 J. Weissman, and A. Epstein, "Case Mix and Resource Utilization by Uninsured Hospital Patients in the Boston Metropolitan Area," *JAMA*, 261 (1989): 3572-3576.
- 12 Kaiser Commission on Medicaid and the Uninsured, *Uninsured Facts*, The Henry J. Kaiser Family Foundation, May 2000.
- 13 National Academy on Aging, "One in Four: Child Poverty in America," *The Public Policy and Aging Report*, 1997, 8.
- 14 Kaiser Family Foundation, *The Uninsured and Their Access to Health Care*, May 2000.
- 15 Kaiser Commission on Medicaid and the Uninsured, *op cit*.

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- 16 J. Hadley, E. Steinberg, and J. Feder, "Comparison of Uninsured and Privately Insured Hospital Patients: Condition on Admission, Resource Use, and Outcome," *JAMA*, 265 (1991): 374-379.
- 17 J.M. Ferrante, E.C. Gonzalez, R.G. Roetzheim, N. Pal, L. Woodward, "Clinical and Demographic Predictors of Late-Stage Cervical Cancer," *Arch Fam Med* 9(5): (2000): 439-45.
- 18 J. Ayanian, B. Kohler, T. Abe, and A. Epstein, "The Relation Between Health Insurance Coverage and Clinical Outcomes Among Women with Breast Cancer," *New England Journal of Medicine*, 329: (1993): 326-331.
- 19 P. Franks, C. Clancy, and M. Gold, "Health Insurance and Mortality: Evidence from a National Cohort," *JAMA*, 270 (1993): 737-741.
- 20 J.D. Kasper, T.A. Giovannini, and C. Hoffman, "Gaining and Losing Health Insurance: Strengthening the Evidence for Effects on Access to Care and Health Outcomes," *Med Care Res Rev*, 57(3): (2000): 298-318; discussion 319-25.
- 21 B. Saver and N. Peterfreund, "Insurance, Income and Access to Ambulatory Care in King County, Washington," *American Journal of Public Health*, 83 (1993): 1583-1588.
- 22 H. Bograd, D. Ritzwoller, N. Calonge, K. Shields, and M. Hanrahan, "Extending Health Maintenance Organizations to the Uninsured: A Controlled Measure of Health Care Utilization," *JAMA*, 277 (1997): 1067-1072.
- 23 "Update: Trends in AIDS Incidence—United States, 1996," *Morbidity and Mortality Weekly Report*, 46 (1997): 861-867.
- 24 B.L. Devaney, M.R. Ellwood, and J.M. Love, "Programs that Mitigate the Effects of Poverty on Children," *Future Child*, 7(2): (1997) 88-112.
- 25 B.R. Clarridge, B.J. Larson, and K.M. Newman, "Reaching Children of the Uninsured and Underinsured in Two Rural Wisconsin Counties: Findings from a Pilot Project," *Journal of Rural Health*, 9(1): (1993), 40-49.
- 26 See for example Committee on the Changing Market, Managed Care, and the Future Viability of Safety Net Providers, *op cit*.
- 27 P. Cunningham, "Pressures on Safety Net Access: The Level of Managed Care Penetration and Uninsurance Rate in a Community," *Health Services Research*, 34 (1998): 255-270.
- 28 P. Cunningham, et al, "Managed Care and Physicians' Provision of Charity Care," *JAMA*, 281 (1997): 1087-1092.
- 29 G. Melnick, *op cit*.
- 30 D. Andrulis and M. Gusmano, *Public-Private Community Initiative and Partnership in Designing and Financing Health Care for the Uninsured*, New York Academy of Medicine, 2000.
- 31 Gallop, *1998 Ohio Family Health Survey*. This survey was conducted for the Ohio Department of Health, Health Care Data Center. Over 16,000

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households were included in the survey. Of those surveyed, 1,500 adults and 500 children were from Cuyahoga County.

32 P. Cunningham and P. Kemper, "Ability to Obtain Medical Care for the Uninsured: How Much Does It Vary Across Communities?" *JAMA*, 280 (1998): 921-927.

33 "MetroHealth to lay off 190 workers," *Cleveland Plain Dealer*, March 4, 2000.

34 MetroHealth Administration, *The MetroHealth System, Environmental and Regulatory Issues that Impede Accomplishing the Mission*, 2000.

35 Information presented at public meetings in the Cleveland area.

36 According to UHCAN Ohio staff, the emergency rooms at all four facilities are open 24 hours a day. Possible explanations for why some respondents may have responded that the hours were a problem at least some of the time include: (1) the respondent was not aware that the ER is open 24 hours or (2) the respondent may have misunderstood the question.