

Healthcare in La Plata County

A SURVEY OF OPINIONS AND EXPERIENCES OF LA PLATA COUNTY RESIDENTS

Conducted by the Healthcare Committee of the
League of Women Voters of La Plata County



OCTOBER 2022

Introduction:

In March 2022, the League of Women Voters of La Plata County launched a project through its healthcare action and advocacy committee to survey La Plata County residents about their experiences with the local healthcare system. The goals of the survey were to document opinions and perceptions and to identify specific areas of concern.

The survey questions focused on the following areas:

- Demographics
- Health insurance
- Healthcare providers/hospitals
- Prescription drugs
- Healthcare reform

The survey results were tabulated and are summarized in this report.

Methods:

An online questionnaire was developed to capture opinions and experiences of La Plata County residents with regard to healthcare. The questionnaire was anonymous and was available in both English and Spanish. The survey took five minutes to complete.

Survey participants were solicited through a variety of methods including press releases in the local newspapers; social media posts; flyers distributed and posted throughout the county businesses and neighborhoods; information tables at the Farmer's Market, Durango Library and Ignacio Library; email campaigns to local organizations, City and County officials, FLC faculty, political candidates, and personal contacts; facilitated group discussions with local service organizations, church groups and other city and rural group gatherings promoted by the League of Women Voters of La Plata County.

A total of n=546 responses were received.

Key Findings:

Health Insurance

Respondents with private health insurance (employer-sponsored or individual plan) tended to be less satisfied overall with their coverage compared to those with public insurance (Medicare, Medicaid, etc.). The high costs of insurance premiums, deductibles and co-payments were the most common complaint, particularly among those with private insurance.

Cost of Care

Among respondents with private insurance 58% delayed seeking medical care because of concerns over cost. Conversely, 37% of those with public insurance reported avoiding care for cost reasons.

Key Findings:

Satisfaction with Local Healthcare

Respondents generally expressed low to moderate levels of satisfaction with local hospitals and physicians.

The quality of local physicians and hospitals received the most moderate to high ratings.

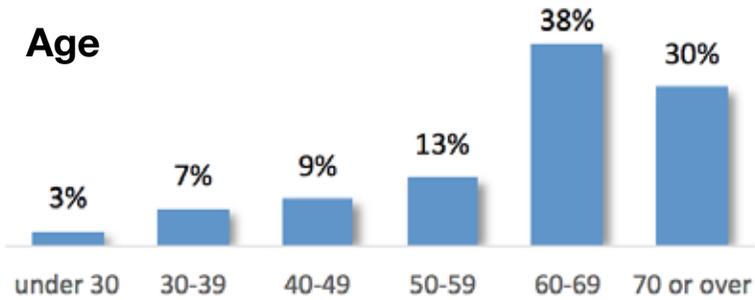
Availability of hospitals and physicians and the length of time to get an appointment received the lowest ratings.

Healthcare Reform

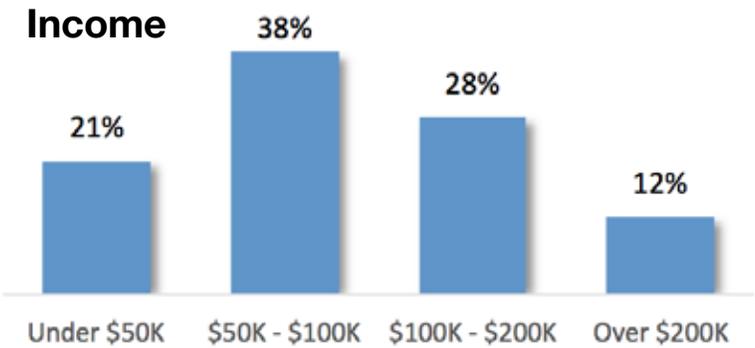
Respondents were in agreement that the current healthcare system is in need of reform and that government intervention was necessary. There was less agreement about the effectiveness of the Affordable Care Act as the solution.

Detailed Findings:

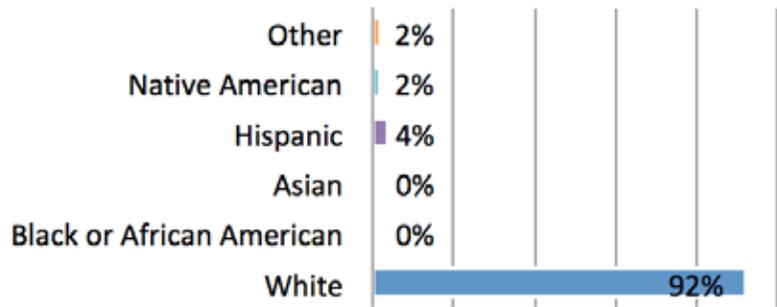
Age



Income



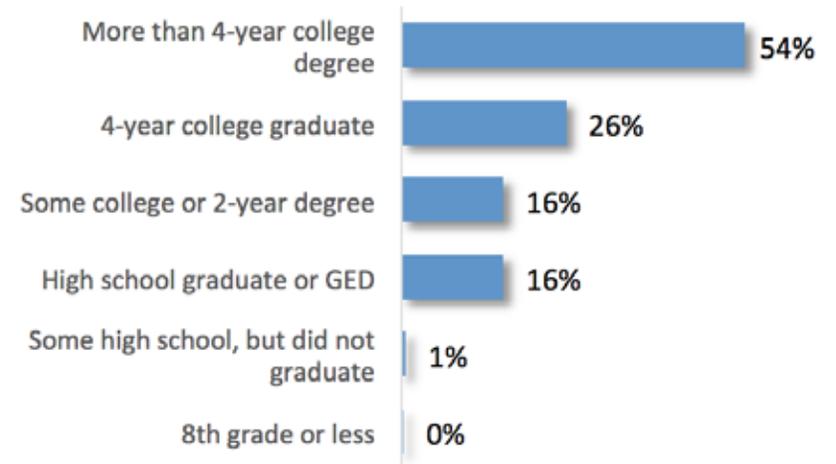
Race



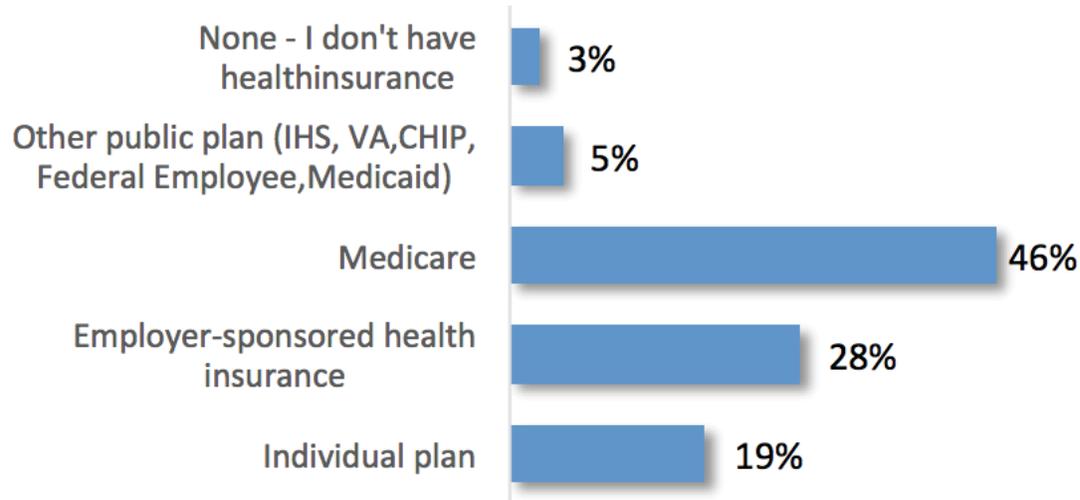
Demographics

Although survey respondents were solicited from a wide variety of sources, compared to 2020 census data for La Plata County the majority of respondents were older with nearly 40% having a household income of \$100K or more. Eighty percent of survey respondents had at least a 4-year college degree.

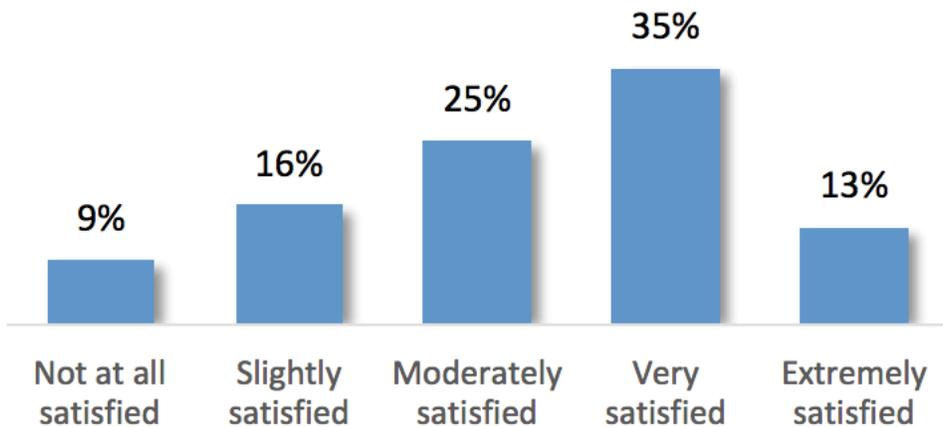
Education



**Q: What type of insurance coverage do you currently have?
(Check all that apply.)**



Satisfaction with my health insurance coverage



Health Insurance Coverage

Fifty-one percent of respondents reported having a public plan (i.e. Medicare or other) while 47% had private insurance (employer-sponsored or individual plan).

Respondents were split on satisfaction with their coverage with roughly half being less than “very satisfied.”

Seventy percent of those who reported the highest satisfaction with their coverage had a public plan. Sixty-five percent of those who responded with the lowest satisfaction had private plans.

Example Comments...

Medicare is super complicated. Having so many insurance plans to make sure you are covered is ridiculous!

My main complaints with healthcare delivery is the rationing of appointments for Medicare patients and the Byzantine and tedious process regarding billing, waiting for providers and insurance companies to hash things out, and getting clear explanations from each before I finally am comfortable paying off the balance.

It drives me crazy that the health insurance determines what tests they pay for when my provider has asked me to do the test. They should only insure those docs that they trust and insure the medical care that they deem necessary.

Level of care you receive is based on how good your insurance is. Discrimination in healthcare is highly evident, especially in hospital settings.

Insurance companies keep increasing monthly premiums with less coverage.

It concerns me that there are so few primary care providers in Durango who will take those on Medicare.

I visited the ER did not see an MD, was there for 20 min., no scans or tests completed I had an out of pocket bill for \$2500.

Further clarification or comments about your experience(s) with health insurance:

Fifty-six percent of the respondents added comments about their experience with health insurance. The most frequently cited comments addressed the overall high cost of insurance, the excessive complexity, restrictions of coverage and lack of primary care providers in Durango who accept Medicare patients.

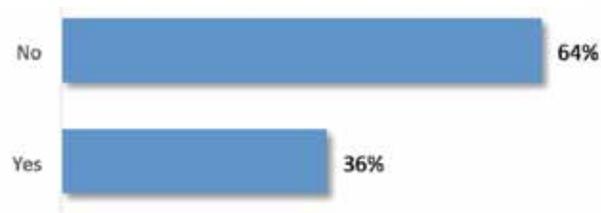
What is your level of satisfaction with each of the following?

	N/A	Low*	Moderate	High**
The amount I pay for my health insurance premium	4%	32%	31%	33%
The co-payment I am responsible for paying	9%	27%	28%	35%
The deductible amount I must pay before my health insurance covers 100% of my medical costs	8%	41%	22%	29%

* = sum of “Not at all satisfied” + “Slightly satisfied” responses

** = sum of “Very satisfied” + “Extremely satisfied” responses

Has cost ever prevented you from seeking medical care?



Have you experienced receiving bills for unforeseen costs you didn't anticipate that came after your interaction with a provider or hospital?



Cost

Respondents expressed low to moderate dissatisfaction with the cost of their insurance premiums, co-payments and deductibles. Those with private insurance reported the lowest levels of satisfaction with cost.

Among respondents with private insurance 58% delayed seeking medical care because of concerns over cost. Conversely, 37% of those with public insurance reported avoiding care for cost reasons. Forty-one percent of all respondents reported receiving bills for unforeseen costs.

Example Comments...

With a \$7000 deductible, I have postponed several diagnostic tests (MRI, cardiac stress test and echo cardiogram, pulmonary function test) past mid-year, as who has \$7000/year to pay for these things, on top of almost \$10K in insurance premiums?

Many times, instead of going to the doc, I just wait and see if whatever malady gets better. Especially knee problems.

There are plenty of elective surgeries that I would like to get done (vasectomy, knee, etc.) but burden of cost prevents me from seeking a better quality of life.

I had one surgery in my life - an emergency appendectomy in 2018. The bill was over \$60,000 for 1 night in the hospital. My cost was 20% which was all of my savings and then some.

Recent procedure at Mercy. Was called in advance and told how much I would have to pay for the procedure at the hospital. I was told that there would be no other charges other than the amount quoted. At the hospital, when checking in to the registration desk, I was told again that there would be no other charges other than what they collected. I specifically clarified that there would be no additional charges for the radiology services. Several weeks after the procedure, I received a bill from the radiology group.

Cost

Over half of the respondents added comments to the question about cost preventing them from seeking medical care. The most commonly cited comments addressed the overall high cost of medical care, excessive insurance fees and the decision to delay care of an existing medical condition.

Over 6 out of 10 respondents commented on receiving bills for unforeseen costs. Most common were issues with billing confusion and errors, lack of price transparency, and poor or inaccurate billing information in advance of a procedure.

What is your level of satisfaction with each of the following?	Low *	Moderate	High **
The availability of physicians in La Plata County	55%	33%	13%
The availability of hospitals in La Plata County	41%	33%	27%
The quality of physicians in La Plata County	25%	35%	39%
The quality of hospitals in La Plata County	34%	37%	30%
The length of time it takes to get an appointment with a physician in La Plata County	64%	24%	12%
The length of time it takes to get an appointment for a procedure at a La Plata County hospital	55%	31%	14%

* = sum of “Not at all satisfied” + “Slightly satisfied” responses

** = sum of “Very satisfied” + “Extremely satisfied” responses

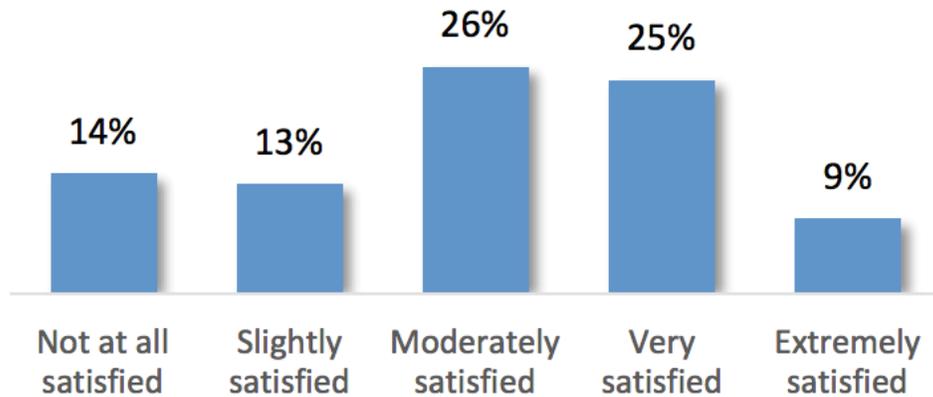
Satisfaction with local healthcare

Respondents generally expressed low to moderate levels of satisfaction with local hospitals and physicians.

Availability and length of time to get an appointment received the lowest ratings.

The quality of local physicians and hospitals received the most moderate to high ratings.

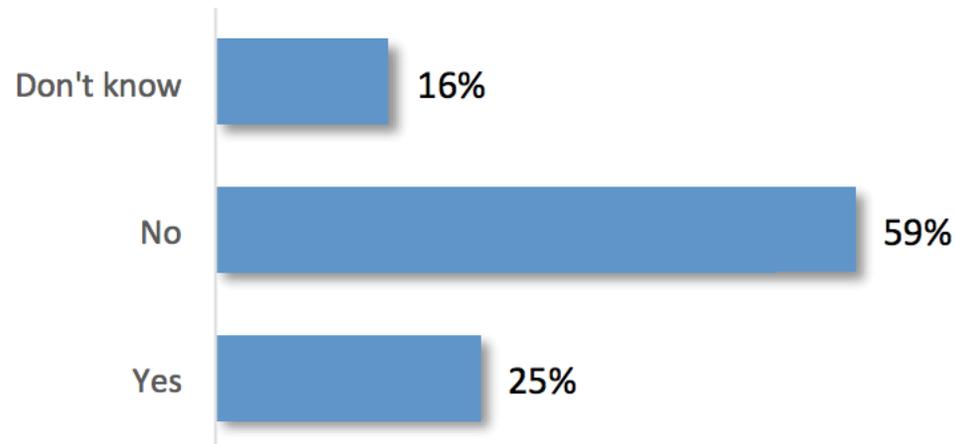
What is your level of satisfaction with the amount you pay for prescription drugs?



Prescription Drugs

Thirty-four percent of respondents were “very” to “extremely” satisfied with their prescription drug costs. Twenty-seven percent were “slightly” to “not at all” satisfied. The majority also reported never having their physician change a prescription because of their insurance not covering the drug.

Has your doctor ever changed your prescription because your insurance won't cover a medication that has worked well for you in the past but is no longer covering that drug?



Example Comments...

Insurance seems to dictate medications over the Doctor which I believe is ridiculous - but since there seems to be an alternate available with the same effect, so far it has worked out. Insurance companies should NEVER be able to force a patient to use something considered an "alternate" to what the Physician wants to prescribe. Sad that it's just the way it is.

I get my hormone replacement meds from a licensed Canadian pharmacy. Excellent! Good prices, great service, same drugs from the same companies. Have done this for 10 years. Great!

My doctor had to change my migraine prevention drug because my insurance provider, Aetna, covered it my first year on it but then decided I had to pay my deductible (around \$7000) in order for it to be covered going forward, which I was not notified of until I submitted the prescription and was told it would cost over \$600 when it was previously \$0.

The pharmacist always helps me find a discounted price. I use GoodRX for one of my prescriptions because it costs \$80 through GoodRX but costs \$860 without GoodRX (and that's for the generic!)

I try not to take prescription drugs because they are too expensive and don't fit in my budget.

Further clarification or comments about your experience(s) with prescription drugs:

Roughly one in five respondents added comments about their experience with prescription drugs. Most commonly mentioned were frustrations with the cost of drugs, the wide range of price differences and confusing insurance policies regarding drug coverage.

Healthcare Reform

Please rate your level of support for each of the following approaches to US healthcare reform:	Oppose *	Neutral	Agree **
Establish a tax-payer funded, universal healthcare system (e.g. like Medicare) where every citizen receives government-financed insurance that covers all essential healthcare costs from birth to death. The government would pay for healthcare delivery, but providers would remain private.	11%	12%	77%
Expand the current Medicare system to be available to all citizens aged 50 and over.	14%	21%	65%
Create a government-financed insurance “public option” that citizens can purchase that covers all healthcare costs from birth to death. Private insurance plans would remain and the public option plan would compete with them for customers.	20%	28%	51%
Maintain the existing private healthcare system but implement federally-mandated regulations to control pricing of healthcare insurance, services and prescription drugs.	34%	23%	43%
Maintain the existing private healthcare system without additional government regulations.	80%	13%	7%

* = sum of “Strongly oppose” + “Oppose” responses

** = sum of “Agree” + “Strongly agree” responses

Healthcare Reform

Respondents were in overwhelming agreement that the current healthcare system is in need of reform and that government intervention was necessary. There was less agreement about the effectiveness of the Affordable Care Act as the solution.

Please rate your level of support for each of the following approaches to US healthcare reform:	Disagree *	Neutral	Agree **
Healthcare is a human right.	6%	8%	87%
Healthcare should be a non-profit industry.	10%	17%	73%
The US government should finance healthcare for all citizens	14%	16%	70%
The Affordable Care Act is reducing health care costs, increasing accessibility and improving outcomes.	18%	25%	58%
The government should be allowed to negotiate drug prices for Medicare.	5%	13%	82%

* = sum of "Strongly disagree" + "Disagree" responses

** = sum of "Agree" + "Strongly agree" responses

Example Comments...

The issue in my mind as a former provider was the complexity of the various public/private insurance/governmental programs and the difficulty in getting approvals that often delays services. Providers could lower their costs if they didn't have to spend so much money on their billing departments in order to be paid.

I think any system that moves us toward universal care is vital, allowing private insurance and private providers will be much more palatable for the voters.

I feel like there is so much waste in the insurance industry. I have a friend who works for an insurance company and she got a \$10,000 bonus one year. If they have that kind of money, maybe they are taking too much of the healthcare pie...

The reason my husband and I (age 64 and 62) have no medical insurance is because we don't fit the mold for The Affordable Care Act and we do not qualify for eligibility with the independent insurance companies. We are too old, make too much money, and live rurally. Those three factors put our premiums at \$2500 per month. That is \$30,000 per year. The policy we would have received through ACA had a \$5,000 annual deductible for each of us and then an 80/20 cost share after the deductible is met.

Healthcare Reform

Roughly one in four respondents added comments about their opinions on healthcare reform. Most commonly mentioned were support for universal healthcare, reducing costs, concerns about bankruptcy and transitioning healthcare to a not-for-profit industry.

The League of Women Voters of La Plata County (LWVLP) is a nonpartisan, grassroots civic organization that empowers voters by encouraging informed and active participation in government. LWVLP works to increase public understanding of major policy issues through education, and to influence public policy through action and advocacy.

