Affordable Access to Health Care:
Top Priorities of Heart Disease and Stroke Patients
Results from an American Heart Association Patient Survey
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The American Heart Association recently commissioned a survey by Synovate of patients with cardiovascular disease (CVD) and stroke to better understand their health care needs and priorities and what they see as the major barriers to health care coverage.

The survey revealed that making health care more affordable was the most important need for nearly two-out-of-three of these patients. Nearly half of CVD and stroke patients gave the affordability of America’s health care system a poor or very poor rating. Availability of health care coverage and investing in heart disease and stroke prevention programs were also top priorities identified by the respondents.

High medical costs weighed heavily on these patients’ minds. Almost six out of 10 of the CVD respondents reported having difficulty in paying for prescription drugs or medical care. For stroke survivors, the number having such difficulty climbs to a staggering 70 percent. It bears noting that the average age of the respondents was 55, so many are still years away from qualifying for Medicare.

The reasons for not being able to pay for medical expenses vary. More than half of the patients said they could not afford co-pays, deductibles or other cost sharing, even though most surveyed had insurance. Slightly less said that their insurance plan would not cover the prescribed treatment.
These recent survey findings make clear that many CVD and stroke patients are living under great economic duress. They have difficulty paying their bills and many have used up their life savings or have incurred thousands of dollars in medical debt. Tragically, others are now unable to pay for the basic necessities of life, such as food, shelter and heat.

Given their dire financial situation, many of these patients are making difficult choices – with potentially life-threatening consequences. They are delaying getting needed medical care or a routine check-up. More than four in 10 had not filled a prescription. Patients may also put themselves at risk by splitting pills or skipping a dose to make the medication last longer.

Availability of health insurance coverage and affordability are two sides of the same coin. Those CVD and stroke patients who lacked coverage cited high premium costs as the major reason, followed by loss of coverage because of job loss. An employer not offering insurance or a patient’s pre-existing condition were also major barriers. Taken together, availability and affordability are the major reasons that patients are not taking action to improve their health.

Of course, there are real people behind the survey’s statistics – men, women, and children with cardiovascular disease and stroke. Our current health care system has failed them in many ways, including availability and affordability. And unless we create a health care system that works for all us, we will continue to fail the more than 81 million Americans with some form of CVD and fall short of our goal of improving cardiovascular health. The American Heart Association and its American Stroke Association division remains committed to promoting common-sense reforms that will make quality health care accessible and affordable for those with CVD and stroke.

What needs to be done to help CVD patients? (Percentage of responses ranked either first or second)

64%
Make health care costs more affordable to all

46%
Make health care coverage more available to all

43%
More investment in heart disease and stroke prevention programs

23%
Improve the quality of cardiovascular care

23%
More funding for research
What About Affordability?

- Nearly half (45%) of all CVD patients say America’s health care system ranks “poor” or “very poor” when it comes to the affordability of health care for heart disease and stroke.

- 56% of CVD patients report difficulty in paying for prescription drugs or other medical care, with stroke patients more likely to report such difficulties. Overall, 41% reported difficulty paying for prescription drugs and 29% reported difficulty paying health insurance premiums or cost-sharing.

- Of those who had difficulty paying medical expenses, 50% said it was because they couldn’t afford cost-sharing, 41% said it was because their insurance plan didn’t cover it, and 17% said it was because they had to pay higher costs because their provider was out-of-network.

In the past couple of years, CVD patients reported difficulty paying for...

- **41%** Prescription drugs
- **29%** Health insurance premiums, co-pays or deductibles
- **26%** Physician services
- **24%** Hospital services
- **10%** Rehabilitation care from therapists
- **5%** Other health-related costs

*Total CVD Patients*
Of those who had difficulty paying medical expenses, nearly half (48%) said that they had difficulty paying some of their non-medical bills, 39% said they used up all or most of their savings, 30% said they had incurred thousands of dollars of medical debt, 25% said they had been unable to pay for basic necessities like food, housing, or heat, and 9% had declared bankruptcy.

Of those who had difficulty paying medical expenses, 46% said they had delayed getting needed health care, 43% had not filled a prescription, and 28% had delayed a recommended medical test or treatment for CVD. The uninsured are far less likely to be taking medications for their CVD than the insured.

A majority (60%) of overall CVD patients and 72% of stroke patients said they were very worried or somewhat worried about being able to afford the care they need for CVD in the future.

Patients identified lack of money or insurance coverage as the leading barrier to taking action to improve their health (25%). Nearly one-third of total CVD patients (30%) said they didn’t have access to affordable preventive screenings for their illness prior to their diagnosis.

What contributed to difficulties CVD patients had paying medical bills?

- 50% Couldn’t afford co-pays or cost-sharing
- 41% Insurance plan didn’t cover
- 17% Had to pay higher costs because provider was out-of-network

What financial problems have CVD patients faced as a result of health care costs?

- 48% Had difficulty paying bills other than basic necessities
- 39% Used up all/most of savings
- 34% Been contacted by a collection agency
- 30% Incurred thousands of dollars of medical debt
- 27% Borrowed money from family or friends
- 25% Been unable to pay for basic necessities, like food, heat or housing
What About **Access**?

- Nearly one-out-of-five non-elderly CVD patients do not have insurance.
- Those who don’t have insurance say it was because the premium was unaffordable (48%), they lost their job and insurance (37%), their employer doesn’t offer coverage, their insurance company wouldn’t cover their condition, or the insurance company refused coverage due to the patient’s health status.
- 24% of total CVD patients and 36% of stroke patients said that there has been a time since their diagnosis when they’ve had to do without coverage. Among patients who said they were in poor or very poor health, 42% had been uninsured at some point since being diagnosed.

**Why don’t one-out-of-five CVD patients have health insurance?**

- 48% Tried to buy insurance but premium was unaffordable
- 37% Lost a job and insurance
- 16% Employer does not offer insurance or CVD patient does not qualify for employer’s insurance.
- 15% Tried to buy insurance but the policy offered would not cover current health problems.
- 14% Tried to buy insurance but was turned down by the insurance company because of health issues.
While most patients reported no problems with their insurance companies, 29% of total CVD patients and 40% of stroke patients reported experiencing difficulties, particularly with their insurance plan paying less than expected for a service.

In the past 24 months, 29% of CVD patients reported problems with their health insurance, while 40% of stroke patients reported problems.

Methodology
The American Heart Association commissioned Synovate to conduct a survey of adults pre-identified with a heart condition, stroke, or high blood pressure. The survey was fielded between December 29, 2009 and January 5, 2010 and administered online. The national sample size was N=1,105, and the margin of sampling error is +/-3%. Total data are weighted to represent the national distribution of stroke within CVD. Limitations of the study may include lower incidence of older ages represented in the survey than in the population as a whole.