



NEW POLL FINDS CVD PATIENTS FACE MAJOR CHALLENGES IN SECURING AFFORDABLE HEALTH CARE AND PREVENTIVE SERVICES

A new poll commissioned by the American Heart Association finds that patients and their families suffering from heart disease and stroke face significant challenges gaining access to affordable medical care and preventive services. Respondents identified making health care more affordable as the top need of those with cardiovascular disease (CVD). Making coverage more available and investing more in prevention ranked second and third, respectively. The survey highlights the real-life problems many patients face in getting the care they need and reaffirms the American Heart Association's work to promote common-sense reforms that will make health care more accessible, affordable, and adequate for those with CVD.

The American Heart Association commissioned Synovate to conduct a survey of adults pre-identified with a heart condition, stroke, or high blood pressure. The average age of first diagnosis was 44.6 years – well below the age of eligibility for Medicare. The survey was fielded between December 29, 2009 and January 5 and administered online. The nationally representative sample size was N = 1,105 and the margin of sampling error is +/- 3%.

Key findings from the survey include:

- Nearly two-thirds of CVD patients (64%) identified making health care costs more affordable as the top action that needs to be taken to help those suffering with cardiovascular conditions, followed by making coverage more available to all Americans (44%) and more investment in heart disease and stroke prevention programs (43%) as the next most important steps that need to be taken.
- More than half (56%) of all CVD patients surveyed reported difficulty in paying for prescription drugs or other medical care in the past couple of years, with stroke patients (69%) more likely to report such difficulties.
- Of those who said they had difficulty paying medical expenses, 50% said it was because they couldn't afford their co-pays, deductibles or other 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.
- Of those who had difficulty paying medical expenses, nearly half (48%) said they had difficulty paying 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, 42% said they had delayed a routine check up, 31% said they had delayed a screening test that helps identify disease earlier, and 28% had delayed a recommended medical test or treatment for CVD.
- Approximately 16% of non-elderly adults surveyed did not currently have health insurance. And even among those who do have insurance, 24% of CVD patients (and 36% of stroke patients) said they've gone without health insurance at some time since their diagnosis.
- Of those CVD patients without insurance coverage, the high cost of the insurance premium was cited as the major reason why (48%), followed by losing insurance coverage because of job loss (37%), their employer doesn't offer coverage or the employee doesn't qualify, the insurance company wouldn't cover their condition, or the insurance company refused coverage due to a pre-existing medical condition.
- Patients identified lack of money or insurance coverage as the leading barrier to taking action to improve their health (25% total CVD patients, 32% stroke). Nearly one-third of total CVD patients (30% total and 39% of stroke patients) said they didn't have access to affordable preventive screenings for their illness prior to their diagnosis.