



DATA BRIEF | NOVEMBER 2024

Idaho Survey Respondents Worry about High Hospital Costs, Have Difficulty Estimating Quality and Cost of Care; Express Bipartisan Support for Government Action

Hospitals provide essential services and are vital to the well-being of our communities. However, a survey of more than 1,300 Idaho adults, conducted from September 6 to September 30, 2024, revealed widespread concern about hospital costs and bipartisan support for government-led solutions.

HARDSHIP AND WORRY ABOUT HOSPITAL COSTS

80% of Idaho respondents reported being worried about affording health care both now and in the future. Likewise, **47%** reported experiencing a cost burden due to medical bills, and over 3 in every five (**61%**) respondents reported being “worried” or “very worried” about affording medical costs in the event of a serious illness or accident. These concerns may be justified — of the **21%** of respondents who reported receiving an unexpected medical bill in the past year, **42%** say that at least one came from a hospital.

SKILLS NAVIGATING HOSPITAL CARE, COST AND QUALITY INFORMATION

Idaho respondents are fairly confident in their ability to recognize when to seek emergency care. Sixty-seven percent (**67%**) of respondents are very or extremely confident that they know when to visit the emergency department as opposed to an urgent care center or a primary care provider. However, they are less confident in their ability to find hospital costs and quality information. Thirty-nine percent (**39%**) of respondents are not confident in their ability to find the cost of a procedure in advance, and less than half lack confidence in their ability to find quality ratings for doctors (**44%**) or hospitals (**41%**).

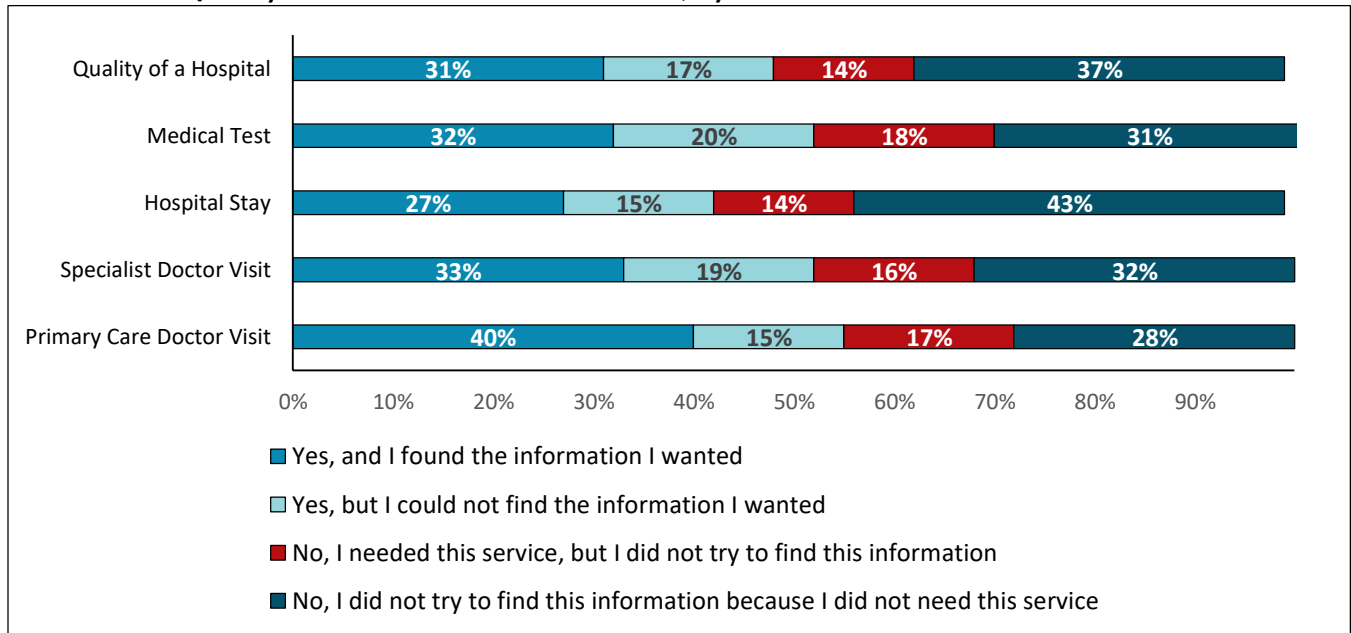
Those figures may be reflected in the low rates of searching for hospital price and quality information. Only **43%** of all respondents attempted to find the **cost** of a hospital stay ahead of time, and **14%** needed a hospital stay but did not search for cost information. Among the respondents who tried to find hospital cost information or needed a hospital stay, **48%** were able to find the information they needed; **27%** attempted to find hospital cost information but were unsuccessful; and **25%** did not attempt to find information when they needed a hospital (see Figure 1).

Similarly, nearly half (**48%** of) respondents reported searching for hospital **quality** information, and **14%** reported needing a hospital stay but not searching for quality information. Of those who did search for hospital quality information or needed a hospital stay, **49%** were successful in their search; **27%** searched for hospital quality information but were unsuccessful; and **23%** did not attempt to find quality information despite needing a hospital stay (see Figure 1).

Notably, a small number of respondents reported that cost or quality is not important to them (**10** and **6%**, respectively). Additionally, despite federal price transparency mandates for hospitals, hospital costs and quality ratings are still not always accessible.¹ This is reflected in the most frequently cited reasons respondents gave for not searching for cost or quality information, which include:

- 30% – They followed their doctors’ recommendations or referrals;
- 26% – Looking for information felt confusing or overwhelming;
- 25% – They did not know where to look;
- 18% – They did not have time to look; and
- 16% – It did not occur to them to look for provider quality or price information.

Figure 1
Percent of Respondents Who Needed a Service and Reported Searching or Not Searching for Select Cost/Quality Information in the Past Year, by Outcome



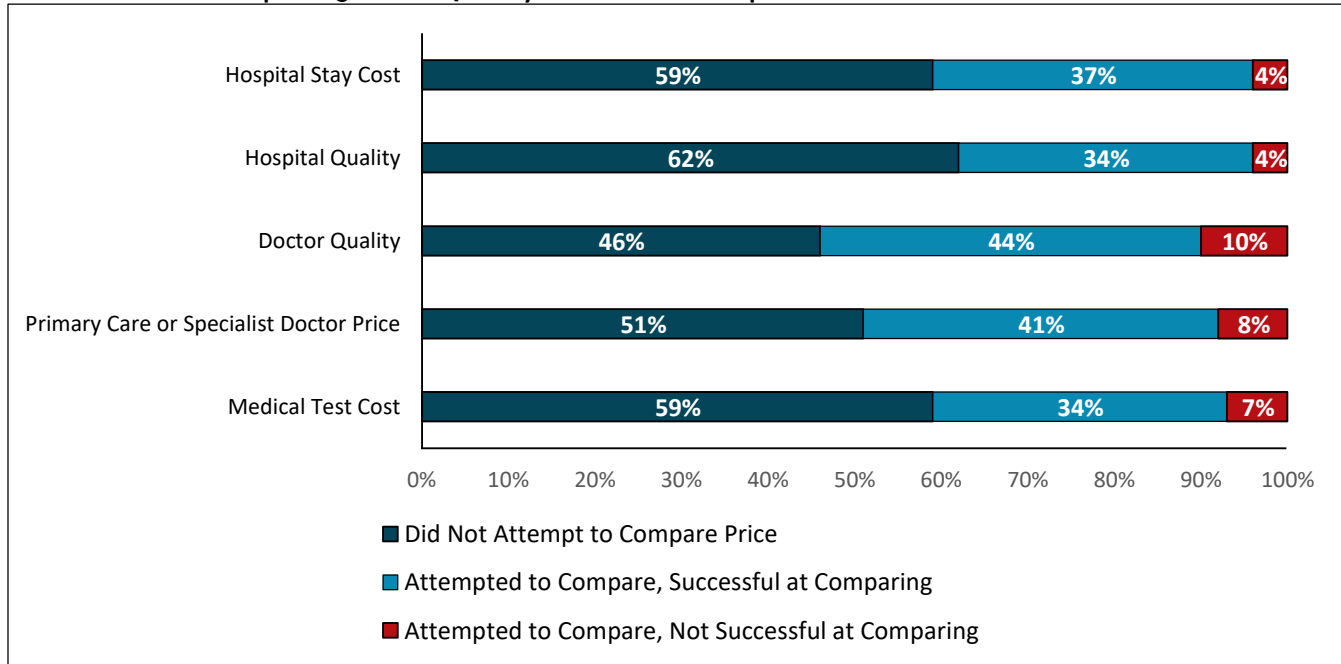
Source: 2024 Poll of Idaho Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
 Note: Due to rounding, totals may not equal to 100%

Respondents who were unsuccessful in their search for hospital **cost** information described several challenges. Forty-five percent (45%) reported that the available **cost** information was confusing; 31% reported that their provider or hospital would not provide a price estimate; 37% reported that their insurer would not provide a price estimate; and 24% reported that the price information was insufficient. Likewise, among respondents who were unsuccessful in their search for hospital **quality** information, 30% reported that the resources were confusing, and 13% reported that the quality information was not sufficient.

However, among those who were successful in their search for cost or quality information, 37% reported they were able to find enough information to successfully compare the costs of a hospital stay between two or more options, and 34% reported finding enough information to compare quality ratings across hospitals (see Figure 2). Many of these respondents reported that the comparison ultimately influenced their choice of which provider to seek care from. 83% of respondents who compared the cost of a primary care provider or specialist visit, 80% of those who compared the cost of medical test providers and 76% of those who compared the cost of a hospital stay reported that the comparison influenced their choice of hospital or provider. Likewise, 88% of respondents who searched for hospital **quality** information reported that the comparison influenced their decision of hospital.

Figure 2

Of Those Who Were Successful at Finding Hospital Cost/Quality Information, Percent Who Were Successful at Comparing Cost/Quality Between Multiple Providers



Source: 2024 Poll of Idaho Adults, Ages 18+ - Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey
 Note: Due to rounding, totals may not equal to 100%

IMPACT OF AND WORRY RELATED TO HOSPITAL CONSOLIDATIONS*

In the past year, 27% of respondents reported that they were aware of a health provider or facility closure in their community—of those respondents, 37% reported that they or a family member were unable to access their preferred health care organization because of a closure that made their preferred organization out-of-network. Out of those who reported being unable to access their preferred health care provider due to a closure:

- 37% – skipped recommended follow-up visits due to a closure;
- 34% – delayed or avoided going to the doctor or having a procedure done because they could no longer access their preferred health care organization due to a closure;
- 31% – changed their preferred doctor or hospital to one that is in-network;
- 29% – have changed their preferred provider due to a closure resulting in a service closure;
- 25% - skipped filling a prescription medication;
- 21% – changed their health plan coverage to include the preferred doctor or hospital;
- 20% – have switched to telehealth options to continue seeing their preferred provider; and
- 8% –stayed with their preferred health care provider and now pay out-of-network prices.

*Note: The sample size of respondents who said they were affected by a closure was not large enough to report reliable estimates, so the values in this section should be interpreted with caution.

Out of those who reported that the closure caused an additional burden for them or their families, the top three most frequently reported issues were:

- 29% – The closure created an added wait time when searching for a new provider
- 22% – The closure created an added financial burden
- 19% – The closure created a gap in the continuity of my care

While a smaller portion of respondents reported being unable to access their preferred health care organization because of a closure, far more respondents (79%) reported being somewhat, moderately or very worried about the impacts of closures in their health care organizations. When asked about their largest concern respondents most frequently reported:

- 31% – I’m concerned I will have fewer choices of where to receive care
- 19% – I’m concerned my doctor may no longer be covered by my insurance
- 19% – I’m concerned I will have to travel farther to see my doctor
- 18% – I’m concerned I will have to pay more to see my doctor
- 9% – I’m concerned I will have a lower quality of care

To ascertain additional information on the specific ways that health system consolidation impacts Idaho residents, survey respondents were asked to share their experiences following hospital consolidation (see Table 1).

Table 1

Select Responses to: “Over the last 12 months, please describe any issues that have occurred due to the closure that affected your preferred health care organization.”

<ul style="list-style-type: none">• “Changes in providers may result in difficulties obtaining necessary medications or changes to prescriptions.”• “Finding specialists became challenging for me after my chosen health care organization closed, forcing me to learn a new system. My continuous treatments were interrupted, which affected my overall health management and led to lengthier wait times for care.”• “I couldn’t find a new doctor that I trusted.”• “I faced longer wait times at alternative clinics, which made it harder to get timely care when I needed it.”• “I now travel more than an hour away to access health care services, which is spending more time and money than previously.”• “I struggled to access my medical records after the closure, complicating my care with a new provider.”• “It affected my cancer treatments.”
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Source: 2024 Poll of Idaho Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

*Note: The sample size of respondents who said they were affected by a closure was not large enough to report reliable estimates, so the values in this section should be interpreted with caution.

SUPPORT FOR SOLUTIONS ACROSS PARTY LINES

Hospitals, along with drug manufacturers and insurance companies, are viewed as a primary contributor to high health care costs. Out of fifteen possible options, Idaho respondents most frequently reported believing that the reason for high health care costs is unfair prices charged by powerful industry stakeholders, such as:

- 64% – Drug companies charging too much money
- 63% – Insurance companies charging too much money
- 62% – Hospitals charging too much money
- 52% – Large hospitals or physician groups using their influence to increase payments from insurance companies

Respondents endorsed a number of strategies to address high health care costs, including:

- 91% – Require hospitals and doctors to provide up-front cost estimates to consumers;
- 89% – Set standard payments to hospitals for specific procedures;
- 88% – Strengthen policies to drive more competition in health care markets; and

- 85% – Impose price controls on contracts between insurers and health care providers;
- 84% – Establish an independent entity to rate doctor and hospital quality.

Table 2

Percent Who Agreed or Strongly Agreed that the Government Should Employ Select Strategies, by Political Affiliation

Selected Survey Statements/Questions	Total Percent	Do you consider yourself a...		
		Republican	Democrat	Neither
Require hospitals and doctors to provide up-front cost estimates to consumers	91%	91%	91%	90%
Establish standard payments to hospitals for specific procedures	89%	88%	92%	87%
Strengthen policies to drive more competition in health care markets	88%	86%	90%	87%
Impose price controls on contracts between insurers and health care providers	85%	83%	93%	81%
Set up an independent entity to rate provider quality, e.g., patient outcomes and bedside manner	84%	84%	89%	79%

Source: 2024 Poll of Idaho Adults, Ages 18+ - Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

CONCLUSION

The poll findings indicate that while some Idaho respondents are motivated to search for hospital cost and quality information to inform their decisions and plan for future medical expenses, over half did not seek this information at all. This suggests that price transparency initiatives alone may not effectively influence consumer behavior. The lack of knowledge of hospital quality and potential costs may impede Idaho residents’ ability to plan for needed care and budget for the expense of a hospital stay, which can be costly, particularly for residents who are uninsured or under-insured.²

Unsurprisingly, Idaho respondents strongly support government-led solutions to make price and quality information more accessible and to help consumers navigate hospital care. Many favored solutions would reduce the burden on consumers, such as standardizing payments for specific procedures, requiring cost estimates from hospitals and doctors, and establishing an independent entity for quality reviews. Policymakers should consider these and other policy options to address the bipartisan call for government action.

NOTES

1. As of January 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. However, Compliance from hospitals has been mixed, indicating that the rule has yet to demonstrate the desired effect. <https://www.healthaffairs.org/content/forefront/hospital-price-transparency-progress-and-commitment-achieving-its-potential>
2. According to Health Forum, an affiliate of the American Hospital Association, hospital adjusted expenses per inpatient day in Idaho were \$3,666 in 2021, similar to the national average. See: Kaiser Family Foundation, State Health Facts Data: Hospital Adjusted Expenses per Inpatient Day. Accessed November 11, 2024. <https://www.kff.org/health-costs/state-indicator/expenses-per-inpatient-day/>

ABOUT THE ALTARUM HEALTHCARE VALUE HUB

With support from RWJF and Arnold Ventures, the Healthcare Value Hub provides free, timely information about the policies and practices that address high health care 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 health care.

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HEALTHCARE VALUE HUB

www.HealthcareValueHub.org | [@HealthValueHub](https://twitter.com/HealthValueHub)
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ABOUT IDAHO SUPPORTS MEDICAID

Idaho supports Medicaid a network of health care providers, community organizations, and individuals advocates committed to preserving Medicaid for eligible Idahoans. We aim to keep Medicaid strong so Idahoans can get the care they need for children to grow and develop, parents to participate in the workforce and provide for their families, and to promote healthy communities. A project of Idaho Voices for Children.

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METHODOLOGY

Altarum’s Consumer Healthcare Experience State Survey (CHES) is designed to elicit respondents’ views on a wide range of health system issues, including confidence using the health system, financial burden and possible policy solutions. This survey, conducted from September 6 to September 30, 2024, used a web panel from Dynata with a demographically balanced sample of approximately 1,300 respondents who live in Idaho. Information about Dynata’s recruitment and compensation methods can be found [here](#). 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 1,365 cases for analysis. After those exclusions, the demographic composition of respondents was as follows, although not all demographic information has complete response rates:

Demographic Characteristic	Frequency	Percentage
Gender/Orientation		
Woman	534	39%
Man	812	59%
Transwoman	1	<1%
Transman	4	<1%
Genderqueer/Nonbinary	6	<1%
LGBTQ+ Community	148	11%
Insurance Type		
Health insurance through my or a family member’s employer	488	36%
Health insurance I buy on my own	282	21%
Medicare, coverage for seniors and those with serious disabilities	188	14%
Idaho Medicaid, coverage for people with low-income	303	22%
TRICARE/Military Health System	21	2%
Department of Veterans Affairs	24	2%
No coverage of any type	50	4%
I don’t know	9	<1%
Race		
American Indian/Native Alaskan	49	4%
Asian	21	2%
Black or African American	52	4%
Native Hawaiian/Other Pacific Islander	2	<1%
White	1,226	90%
Prefer Not to Answer	5	<1%
Two or More Races	39	3%
Ethnicity		
Hispanic or Latino	44	3%
Non-Hispanic or Latino	1,314	96%
Age		
18-24	222	16%
25-34	473	35%
35-44	285	21%
45-54	124	9%
55-64	109	8%
65+	147	11%
Party Affiliation		
Republican	561	41%
Democrat	451	33%
Neither	353	26%

Demographic Characteristic	Frequency	Percentage
Household Income		
Under \$20K	110	8%
\$20K - \$29K	73	5%
\$30K - \$39K	74	5%
\$40K - \$49K	78	6%
\$50K - \$59K	114	8%
\$60K - \$74K	143	10%
\$75K - \$99K	253	19%
\$100K - \$149K	378	28%
\$150K+	142	10%
Education Level		
Some high school	33	2%
High school diploma/GED	169	12%
Some college or training/certificate program	280	21%
Associate degree	90	7%
Bachelor’s degree	457	33%
Some graduate school	103	8%
Graduate degree	233	17%
Self-Reported Health Status		
Excellent	335	25%
Very Good	541	40%
Good	344	25%
Fair	116	8%
Poor	26	2%
Disability		
Mobility	173	13%
Cognition	161	12%
Independent Living	135	10%
Hearing	106	8%
Vision	86	6%
Self-Care: Difficulty dressing or bathing	53	4%
No disability or long-term health condition	881	65%

Source: 2024 Poll of Idaho Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

Percentages in the body of the brief are based on weighted values, while the data presented in the demographic table is unweighted. An explanation of weighted versus unweighted variables is available [here](#). Altarum does not conduct statistical calculations on the significance of differences between groups in findings. Therefore, determinations that one group experienced a significantly different affordability burden than another should not be inferred. Rather, comparisons are for conversational purposes. The groups selected for this brief were selected by advocate partners in each state based on organizational/advocacy priorities. We do not report any estimates under N=100 and a co-efficient of variance more than 0.30.

Appendix A

Rural Counties	Non-Rural Counties
Adams County, Idaho	Ada County, Idaho
Bear Lake County, Idaho	Bannock County, Idaho
Benewah County, Idaho	Bonneville County, Idaho
Bingham County, Idaho	Canyon County, Idaho
Blaine County, Idaho	Kootenai County, Idaho
Boise County, Idaho	Latah County, Idaho
Bonner County, Idaho	Twin Falls County, Idaho
Boundary County, Idaho	Ada County, Idaho
Butte County, Idaho	Bannock County, Idaho
Camas County, Idaho	
Caribou County, Idaho	
Cassia County, Idaho	
Clark County, Idaho	
Clearwater County, Idaho	
Custer County, Idaho	
Elmore County, Idaho	
Franklin County, Idaho	
Fremont County, Idaho	
Gem County, Idaho	
Gooding County, Idaho	
Idaho County, Idaho	
Jefferson County, Idaho	
Jerome County, Idaho	
Lemhi County, Idaho	
Lewis County, Idaho	
Lincoln County, Idaho	
Minidoka County, Idaho	
Oneida County, Idaho	
Owyhee County, Idaho	
Payette County, Idaho	
Power County, Idaho	
Shoshone County, Idaho	
Teton County, Idaho	
Valley County, Idaho	
Washington County, Idaho	
Madison County, Idaho	
Nez Perce County, Idaho	