

eAppendix.

Appendix A: This was administered on an electronic tablet with algorithms to skip questions based on previous answers. The extended version is seen below to include all questions in the survey instrument.

Access to Health Care Survey

Dear Baystate Patient/Visitor,

This survey is part of a research study being conducted by doctors from Tufts University/Baystate Medical Center to assess your access to health care. This survey contains general questions about you, as well as questions about how you use the health care system. Your participation is completely voluntary and completion of this form implies consent. It will take only 10 minutes to complete. We expect to survey 2000 participants. You can skip any questions you do not feel comfortable answering. If at any time you wish to discontinue your participation, you may stop and it will not result in any penalty or loss of benefits to which you are otherwise entitled. Your responses will remain completely anonymous and will be used for research purposes only and will not impact your care in any way. This information can help influence future health care policies regarding health insurance. All information collected will be stored in a secure location at Baystate Medical Center that is not related to your medical record. No experimental procedures will be conducted during this study. Your privacy will be protected by locking all collected surveys and then scanning them onto a secure database for analysis. No one outside of this study will have access to this information.

If you have any questions or experience a complication or injury that you believe may be related to this study, please contact Dr. Tara Lagu at 794-7688. If you would like to discuss your rights as a research participant, or wish to speak with someone not directly involved in this study, please contact Baystate Medical Center Institutional Review Board at (413) 794-4356.

INSTRUCTIONS:

For the following questions, please fill in the circle that best matches your answer. All questions refer to the last 12 months (last year) unless otherwise stated.

DEMOGRAPHICS

Where are you taking this survey?

- Emergency Department of Baystate Medical Center
- High Street Health Center
- Mason Square Clinic

How old are you?

- 18-26
- 27-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75 or older

Sex

- Male
- Female
- Other : _____

Race/Ethnicity (Check all that apply)

- White
- Black/African American
- Hispanic
- Asian
- Native American
- Other : _____
(please fill in your race)

What is your zip code? _____

What is the highest level of education you completed?

- Less than high school
- High school
- GED
- Some college
- College degree
- Graduate Degree

INCOME

Are you currently:

- Employed
- Self Employed (including day care, cleaning)
- Unemployed > 1 yr
- Unemployed < 1yr
- Retired
- Disabled
- Student
- Home maker

Yearly household income in dollars (before taxes)

- Less than \$25,000 (\$2000/month)
- \$25,000 -\$49,999 (\$2000-\$4,000/month)
- \$50,000 - \$100,000 (\$4,000-\$8,000/month)
- More than \$100,000 (more than \$8,000/month)
- I prefer not to say
- I'm not sure

Including you, how many people are supported by this income?

- 1
- 2
- 3
- 4
- 5 or more

INSURANCE

What kind of health insurance plan do you have? (Check all that apply.)

- Family
- Individual
- I don't have health insurance

What kind of health insurance do you have? (check all that apply)

- Private Insurance (eg. Health New England, Blue Shield, Tufts)
- Medicare/Medicare Advantage Mass Health/Medicaid/HealthnetCommonwealth Care
- VA
- I don't have health insurance

Where do you get your health insurance policy from?

(Check all that apply)

- Medicare, Medicaid/Mass HealthEmployer (or spouse's employer)
- School
- VA
- My parents
- I buy it myself (through an agent, health insurance exchange, the internet)
- I don't have health insurance

OUT OF POCKET COSTS

How much does your health insurance (family or individual) plan cost you per month?

- \$0-\$50
- \$51-\$150
- \$151 -\$300
- More than \$300
- I don't know

Other than what you pay monthly for health insurance, how much did you spend on health care in the last 12 months out of pocket? (including co-pays, deductibles, prescriptions and anything not covered by insurance)

- | | | |
|--|---|---|
| <input type="checkbox"/> Less than \$500 | <input type="checkbox"/> \$1001 to \$3000 | <input type="checkbox"/> More than \$5000 |
| <input type="checkbox"/> \$501 to \$1000 | <input type="checkbox"/> \$3001 to \$5000 | |

How much do you (or your family) pay, on average, each MONTH for medicines you need to take regularly (including prescription, over the counter, vitamins)?

- \$0
- More than \$0, but less than \$20
- \$21 to \$40
- \$41 to \$60
- \$61 to 80
- \$81 to 100
- More than \$100

ACCESS TO CARE

If you have a prescription, how often do you skip doses/split pills to extend it?

- Usually
- Sometimes
- Never

In the past year, have you ever delayed or avoided getting any kind of medical care?

- Yes
- No

What kind of medical care did you delay or avoid? (check all that apply)

- seeing a health care provider
- filling a prescription
- getting a medical test
- getting a surgery
- seeing a specialist

Why did you delay or avoid medical care?

- It cost too much money
- Your insurance wouldn't cover it
- Had trouble finding someone who accepts my insurance
- You couldn't get time off work
- You didn't have transportation
- You couldn't get an appointment soon enough
- Once you got there, you had to wait too long to see the doctor
- The (clinic/doctor's) office wasn't open when you got there

- Was not a priority
 Other : _____
(please write your reason to delay care)

BILLS

Do you currently have outstanding medical bills?

- Yes No

Have you ever had outstanding medical bills?

- Yes No

Have you ever been contacted by a collection agency for unpaid medical bills?

- Yes No

USUAL SOURCE OF CARE

Do you have a primary care provider?

- Yes No

Where does your primary care provider work?

- Private Office
 Retail Clinic (Walmart, CVS)
 Military/VA facility
 Community Health Center/Public Clinic
 Teaching Facility

Where do you go most often for health care? (Check all that apply)

- Your doctor
 Free Clinic
 Emergency Room
 Military/VA facility
 Urgent Care
 Retail Clinic (Walmart, CVS)
 No regular source of care

In the last 12 months, how many times did you see a doctor, nurse practitioner, or physician's assistant?

- 0 1 2 3 4 5 – 10 10 or more

In the last 12 months, how many times were you hospitalized?

questions aloud and enter responses into the tablet computer. This method was adopted in order to encourage participation of all patients with varying levels of literacy and comfort with technology. The survey was administered between 7:30 AM and 9:00 PM on weekdays and weekends to reduce potential bias due to over-representation of a certain time of day or day of the week.

Appendix C:

Table 3a. Delay of Care Due to Cost, Private vs Public Insurance, by Income Stratum, Excluding Respondents Aged 65 and Older

Table 3a. Delay of Care Due to Cost, Private vs. Public Insurance, by Income Stratum, Excluding Respondents Aged 65+

Unadjusted						
	Lowest (n=187)		Middle (n=214)		Upper (n=120)	
	OR	95% CI	OR	95% CI	OR	95% CI
Public	Reference	--	Reference	--	Reference	--
Private	0.3 ^c	0.0, 2.0	4.4 ^c	1.9, 10.7	0.9 ^a	0.3, 2.9
Adjusted for race, self-rated health, employment						
	Lowest		Middle		Upper	
	OR	95% CI	OR	95% CI	OR	95% CI
Public	Reference	--	Reference	--	Reference	--
Private	0.2 ^c	0.0, 1.5	2.4 ^b	0.9, 6.3	0.5 ^b	0.2, 2.0

a. Small Cohen's d effect size (≤ 0.3) b. Medium Cohen's d effect size (0.5) c. Large Cohen's d effect size (≥ 0.8)

Note: P-value for Likelihood Ratio test of interaction, supporting stratified approach: 0.02

