

**Insurance Experience of Oregon Arthritis Patients  
Final Report for the Oregon Rheumatology  
Alliance**

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SURVEY RESULTS



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# Study of Arthritis Patients

## Final Report for the Oregon Rheumatology Association

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### Research Background

This report presents key findings from a 2004 survey of Oregon arthritis patients, conducted via a self-administered questionnaire in clinics and practice sites. The survey was sponsored by the Oregon Rheumatology Association and conducted by an independent research group at the University of Oregon, the Oregon Survey Research Laboratory.

### Main Findings

In this report we present arthritis patient demographics, self-reported health information, evaluation of health insurance, patient concerns for the future, and patient strategies to contain health care costs.

### Arthritis Patient Demographic Information

Arthritis patients in Oregon clinics and practices are predominately female (76%). They are distributed among all ages between 18 and 80+ but are concentrated in the age groups 50 to 59 and 60 to 69. The median patient age is 57. Over 70% have education beyond high school; 24% are college graduates and another 33% have some college.

Detailed demographics of arthritis patients surveyed are provided in the following table:

<b>TABLE @: Arthritis Patient Demographics</b>	
<b>Gender:</b>	<b>N = 1,314</b>
Male	24%
Female	76%
<b>Age:</b>	<b>N = 1,296</b>
18 – 29	3%
30 – 39	7%
40 – 49	15%
50 – 59	28%
60 – 69	22%
70 – 79	18%
80 +	6%
<b>Education:</b>	<b>N = 1,298</b>
Less than high school	6%
High school graduate	24%
Some college	33%
Vocational, technical	13%
Bachelors	14%
Graduate school	10%
Sampling error for this question is $\pm$ 3%	

**Arthritis Patient Health Information**

Two questions were included in the questionnaire to gauge respondents’ health: frequency of doctor visits and the degree to which arthritis affected the patient’s life.

The self-administered survey asked, “**In the last 12 months (counting today’s visit but not counting times you went to an emergency room), how many times did you go to a doctor’s office or clinic to get care for your arthritis?** Responses were as follows:

<b>TABLE @: Arthritis Visits</b>	
<b>N = 1,293</b>	
One (just today in the last 12 months)	6%
2 times	11%
3 times	15%
4 times	19%
5 to 9 times	33%
10 or more times	16%
Sampling error for this question is $\pm$ 3%	

The median answer was four visits in the last 12 months. The analysis was conducted for both low visitation (1 – 3 visits) and high visitation (4 or more visits), but respondents did not differ

along this dimension except in a small number of variables. We can conclude that, for the most part, the experiences of patients who make a smaller number of yearly visits do not differ significantly from the experience of patients who make more visits.

The survey asked, “**Considering all the ways that your arthritis affects you, rate how you are doing on the following scale by placing a mark on the line [from 0 for ‘very poorly’ to 10 for ‘very well.’]**” This question presented a distribution of arthritis severity from the patient’s point of view.

<b>TABLE @: Self-Perceived Health Status N = 1,397</b>	
0 (“very poorly”) to less than 3	16%
3 to less than 5	21%
5 to less than 7	28%
7 to less than 9	26%
9 to 10 (“very well”)	9%
Sampling error for this question is $\pm 2\%$	

The median response was 5.4. To segment the population of patients into categories reflecting varying quality of life, respondents were divided into two groups – those responding from 0 to 5.4, and those responding from 5.5 to 10. In the analysis it became clear that, in most cases, the pattern of answers differed significantly between the two segments. Most results in this report are given for all respondents and then again for these two segments.

**Evaluation of Health Insurance**

The self-administered questionnaire asked patients to “**Please rate your arthritis health insurance on each of [eight dimensions].**” The eight included issues identified during discussions with practice staff and in a focus group with patients: costs, coverage, customer service, and convenience. To avoid biasing respondents in a negative direction, answer choices started with “excellent” and ended with “poor,” although the results are presented in the reverse order. The following table presents the full results:

<b>TABLE @: Rating of Insurance Companies</b>				
Rating of insurance company's...	Poor	Fair	Good	Excellent
Co-pay for medicine (N = 1,109)	18%	27%	31%	23%
Monthly cost (N = 1,162)	17%	33%	28%	22%
Covering medicines you need (N = 1,180)	12%	13%	36%	39%
Stability of coverage in the future (N = 1,076)	7%	17%	44%	33%
Co-pay for doctors visit (N = 1,097)	7%	28%	37%	29%
Customer service (N = 1,126)	4%	15%	45%	35%
Ability to select doctor you want (N = 1,197)	2%	6%	37%	54%
Convenience of lab location (N = 1,183)	2%	9%	42%	47%
Sampling error for this question is $\pm 3\%$				

Patients are most critical of two insurance components: their co-pay for medicines and the monthly cost of the coverage. About half the respondents rated each of these “poor” or “fair.”

In such evaluation rankings, scores of more than 10% in the lowest category can be viewed as cause for concern. These include the two already mentioned, plus the coverage of needed medicines. Over one in ten patients rate their insurance company as “poor” in this regard.

More highly rated features of health insurance included convenience of lab locations, ability to select a preferred doctor, customer service, co-pay for the doctor’s visit, and coverage of needed medicines. In each of these, respondents gave scores of good/excellent in the 85% to 91% range. For the most part, patients truly appreciate the care and medication that insurance coverage pays for as they face the difficulties of arthritis.

Patients were asked how well they were doing overall, and the above results were reanalyzed in terms of two groups reflecting those doing relatively poorly (lower half of responses) and those doing relatively well (upper half). The following table presents reanalysis:

<b>TABLE @: Ratings of Insurance Companies Controlled for Patient Quality of Life</b>				
Patient ...  Rating of Insurance ...	Doing Relatively Poorly		Doing Relatively Well	
	Poor/Fair	Good/ Excellent	Poor/Fair	Good/ Excellent
Co-pay for medicine (N = 1,109, Pr. = 0.008)	50%	50%	41%	59%
Monthly cost (N = 1,162)	No Significant Difference			
Covering medicines you need (N = 1,180, Pr. = 0.000)	32%	68%	19%	81%
Stability of coverage in the future (N = 1,076, Pr. = 0.001)	28%	72%	20%	81%
Co-pay for doctors visit (N = 1,097)	No Significant Difference			
Customer service (N = 1,126, Pr. = 0.000)	23%	77%	17%	84%
Ability to select doctor you want (N = 1,197, Pr. = 0.002)	12%	89%	6%	94%
Convenience of lab location (N = 1,183)	No Significant Difference			
Sampling error for this question is $\pm 3\%$				

Read the table as follows: for those doing relatively poorly, 50% reported their insurance company was “poor” or “fair” regarding the co-pay for medicine. For those doing relatively well, 41% answered this way. The difference of nine percent reflects the differing experiences of these two patient groups. The first column presents the probability that these results would occur by chance if there was in reality no difference. In this case, the probability is 8/1000, strongly suggesting that the difference is real.

In five of the insurance dimensions, patients doing less well report greater dissatisfaction with their health coverage. The significant differences between the two groups include covering medicines (13%), co-pay for medicine (9%), stability of future coverage (8%), ability to select preferred doctor (6%), and customer service (6%). Along these key dimensions, the insurance experience of the more debilitated arthritis patient is different, and deficient, compared to that of the healthier patient.

Areas of no significant difference in evaluation between these two patient segments include monthly cost, co-pay for doctor’s visits, and convenience of lab location. These pocketbook and logistic issues fall equally on the more and less debilitated patients.

#### **Arthritis Patient Concerns for the Future**

The patient focus group suggested that, for the most part, patients celebrate the coverage and care they currently enjoy, but dread what the future will bring if current trends continue. The self-administered survey asked, “**How worried are you that [five listed] events might happen to you in the next twelve months?**” Events included increases in co-pays, losing coverage,

being denied medicines or treatments, and changing doctors. To minimize negative bias, the categories started with “not at all worried” and ended with “very worried,” although the results are presented in the reverse order. The results are presented in the following table:

Degree Worried About...	Very Worried	Somewhat Worried	Not Very Worried	Not at All Worried
Co-pay increasing (N = 1,150)	21%	35%	24%	21%
Losing coverage (N = 1,191)	17%	21%	31%	31%
Being denied recommended arthritis medicines (N = 1,207)	11%	23%	25%	41%
Being denied recommended treatments (N = 1,215)	10%	24%	28%	39%
Changing arthritis doctors (N = 1,187)	7%	10%	31%	52%
Sampling error for this question is $\pm$ 3%				

About one in five patients is very worried that co-pays will increase and/or coverage will be lost in the near term future. Four of the five events scored above ten percent in this category, a useful threshold for identifying serious issues. In general, many patients are indeed worried about their future insurance coverage and cost.

Degree of worry about these possible events was reanalyzed in terms of patients’ self-reported quality of life. In every case, a significant difference was found between the two groups, as reported in the following table:

	Doing Relatively Poorly		Doing Relatively Well	
	Very/Somewhat Worried	Not Very/Not at All Worried	Very/Somewhat Worried	Not Very/Not at All Worried
Co-pay increasing (N = 1,150, Pr. = 0.000)	61%	39%	50%	50%
Losing coverage (N = 1,191, Pr. = 0.000)	45%	55%	32%	68%
Being denied recommended arthritis medicines (N = 1,207, Pr. = 0.000)	41%	60%	29%	71%
Being denied recommended treatments (N = 1,215, Pr. = 0.000)	40%	61%	28%	72%
Changing arthritis doctors (N = 1,187, Pr. = .035)	20%	81%	15%	85%
Sampling error for this question is $\pm$ 3%				

Read the table as follows: for those doing relatively poorly, 61% reported they were “very” or “somewhat” worried that their co-pay would increase in the next 12 months. For those doing relatively well, 50% answered this way. The difference of 11% reflects the differing experiences

of these two groups. The first column presents the probability that these results would occur by chance if there was in reality no difference. In this case, the probability is less than 1/1000, strongly suggesting that the difference is real.

For each of the concerns offered in the question, patients doing less well report greater worry about the near term future. In order of magnitude, the differences regard losing coverage (13%), being denied medicines (12%), being denied treatments (12%), increasing co-pay (11%), and changing doctors (5%). Along these key dimensions, the insurance experience of the more debilitated arthritis patient is different, and deficient, compared to the healthier patient. Those patients who report themselves to be the most affected by their arthritis are the least secure about the continuity of their insurance coverage and the quality of care their insurance provider will permit.

**Arthritis Patient Cost Containment Strategies**

Given the dissatisfaction with co-pays and premiums reported above, and the worries that costs will go up, it is clear that the cost of insurance and of care is a primary issue for arthritis patients. The survey asked about strategies patients might take to reduce treatment cost; the following table reports the findings:

<b>TABLE @: Patient Strategies to Reduce Costs (Last 12 Months)</b>		
	Yes	No
Stopped taking medicine (N = 1,299)	20%	80%
Skipped dose to make medicine last longer (N = 1,302)	14%	86%
Not filled arthritis prescription (N = 1,273)	11%	89%
Skipped doctor visit or lab test (N = 1,284)	9%	91%
Sampling error for this question is $\pm 3\%$		



One in five reported they stopped taking arthritis medicines, and smaller proportions reported employing the other cost containment strategies. When the data are segmented by self-reported quality of life, the findings are as follows:

<b>TABLE @: Cost Reduction Strategies by Patient Quality of Life</b>				
	Doing Relatively Poorly		Doing Relatively Well	
	Yes	No	Yes	No
Stopped taking medicine (N = 1,299, Pr. = 0.000)	24%	76%	16%	84%
Skipped dose to make medicine last longer (N = 1,302, Pr. = 0.002)	17%	83%	11%	89%
Not filled arthritis prescription (N = 1,273, Pr. = 0.015)	13%	87%	9%	91%
Skipped doctor visit or lab test (N = 1,284, Pr. = 0.004)	11%	89%	7%	94%
Sampling error for this question is $\pm 3\%$				

About one in four of the more debilitated patients have stopped taking medicine, and at least one in ten has employed each of the strategies in the last 12 months. The patients who report themselves to be the most affected by their arthritis are more likely to skip or stop their medicine, to not fill prescriptions, or to skip a scheduled doctors visit or lab test.