Letter to The Editor

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From Coverage to Care: Unpacking Patient Perceptions in Healthcare Access

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To The Editor:

Access to healthcare in the United States is a complex issue influenced by several factors, including socioeconomic status, health literacy, and the type of health insurance an individual possesses. These factors play a substantial role in shaping healthcare access, the quality of health outcomes, and patients' overall experience with the healthcare system. (1-2) For many Americans, insurance coverage serves as the primary gateway to essential healthcare services, and the structure of different insurance plans significantly affects patients' ability to navigate this system. (3) For instance, while health maintenance organizations (HMOs) are typically the most affordable option, they are also the most restrictive, requiring members to stay within a designated network and seek referrals from a primary care physician (PCP) for specialist care. On the other hand, preferred provider organizations (PPOs) offer greater flexibility, allowing patients to see any healthcare provider without needing a referral, albeit at a higher cost. Exclusive provider organizations (EPOs) and point of service (POS) plans combine elements of both, with EPOs restricting patients to a network but not requiring referrals and POS plans blending features of HMOs and PPOs by allowing out-of-network access at higher costs while requiring referrals for in-network care. (4-5)

To investigate how these different insurance structures impact patients' access to healthcare, we conducted a pilot study that surveyed 100 participants. The study assessed participants' health status, income, sources of insurance, and financial burdens related to healthcare. It also explored the adequacy of the information provided before participants enrolled in their insurance plans and their perceptions of coverage performance. Data analysis revealed stark differences in patient satisfaction based on the type of insurance held, with PPO holders consistently reporting greater satisfaction than their counterparts with HMO and POS plans.

Among the participants, 66.6% of PPO holders expressed feeling safe with their current healthcare coverage, whereas 36.4% of HMO holders and 75% of POS holders reported concerns about whether their plan adequately met their healthcare needs. Income disparities were also evident, with 51% of PPO holders earning more than $75,000 annually, while a significant portion of HMO and EPO holders earned between $10,000 and $25,000. This difference underscores how economic barriers may play a critical role in the perceived adequacy of insurance coverage and satisfaction with healthcare access. Furthermore, the study highlighted the financial struggles associated with certain insurance types. While 23.5% of PPO holders found their plans affordable, a higher percentage (27.3%) of HMO holders reported substantial difficulties managing costs. Affordability, in turn, was strongly associated with overall satisfaction with healthcare experiences. Participants who perceived their insurance as affordable were more likely to report positive healthcare experiences, while those who struggled with costs expressed greater dissatisfaction.

One concerning finding from the study was that EPO and POS holders frequently indicated they did

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not receive adequate information about their plans before agreeing to their contracts. This gap in patient education has significant implications, as an inadequate understanding of insurance terms can hinder the full utilization of their benefits. Enhancing patient education is essential to empower individuals to choose coverage that best suits their needs. These findings point to broader concerns about the inequities in healthcare access and satisfaction based on insurance type. PPO plans, often associated with higher incomes, appear to provide more satisfaction and perceived adequacy of care while those enrolled in more restrictive and lower-cost plans such as HMOs and POS plans report greater dissatisfaction. The implications extend beyond individual patient experiences and touch on larger issues of healthcare equity, accessibility, and the economic barriers continuing to affect many Americans. Addressing these disparities requires concerted efforts from policymakers and healthcare providers. By better understanding the direct relationship between insurance types, economic barriers, and patient satisfaction, we can develop targeted interventions that promote equity in healthcare access. This includes improving the affordability of insurance plans ensuring that patients receive adequate information and support to navigate their healthcare choices effectively.

In conclusion, this pilot study sheds light on the significant role that health insurance plays in shaping patient experiences and satisfaction with the healthcare system. Addressing economic determinants and enhancing patient education are critical steps toward creating a more equitable healthcare environment. Ensuring that all patients, regardless of their insurance type or income level, can access the care they need is an essential goal. By prioritizing patient-centered care and fostering open communication between providers, insurers, and patients, we can work toward a system that provides high-quality, accessible healthcare for everyone.

Conflicts of interest

The authors declare no conflicts of interest related to this manuscript.

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