



Healthcare Provider-Patient Communications

Harris on Demand Platform
May 2025

Background and Objectives

The PAN Foundation is a national charitable foundation and healthcare organization committed to accelerating access to affordable, equitable healthcare through financial assistance, advocacy and education. PAN understands the profound impact that financial assistance has on treatment adherence and quality of life for people living with life-threatening, chronic and rare diseases.

The current research explored the role that patient-provider communications play in learning about and accessing financial assistance plans. Specifically, **among those who have been prescribed a medication or treatment (i.e., procedures, therapy) by a healthcare professional (HCP) in the past 12 months:**

- Whether their HCP asked them about their ability to afford or access the recommended care
- If they raised similar topics about affordability and access to their HCP
- Understand why patients did not raise issues with their HCP
- Assess whether their HCP or HCP team discussed ways they could reduce the cost of treatment

Methodology

**Audience:**

2,087 U.S. adults 18+ including 1,292 who self-report having been diagnosed by a healthcare provider with any chronic condition[^], and 1,386 who have received medication and/or treatment in the P12M.

**Field Timing:**

May 9, 2025

**Mode:**

5-minute online survey via Harris on Demand (HOD) omnibus platform

**Weighting:**

Data are weighted to ensure results are projectable to the population of U.S. adults age 18+

Method Statement *(to be included in all press materials):*

This survey was conducted online within the United States on May 9, 2025, among 2,089 adults (aged 18 and over) by The Harris Poll on behalf of PAN Foundation via its Harris On Demand omnibus product. Included in the 2,089 adults were 1,292 adults with any chronic condition, defined as those who self report having been diagnosed by a healthcare provider with at least one of several specific chronic conditions, and 1,389 adults who has received medication and/or treatment in the past twelve months.

Data were weighted where necessary by age, gender, race/ethnicity, region, education, marital status, household size, household income, [employment], and political party affiliation, to bring them in line with their actual proportions in the population.

Respondents for this survey were selected from among those who have agreed to participate in our surveys. The sampling precision of Harris online polls is measured by using a Bayesian credible interval. For this study, the sample data is accurate to within + 2.5 percentage points using a 95% confidence level. This credible interval will be wider among subsets of the surveyed population of interest. All sample surveys and polls, whether or not they use probability sampling, are subject to other multiple sources of error which are most often not possible to quantify or estimate, including, but not limited to coverage error, error associated with nonresponse, error associated with question wording and response options, and post-survey weighting and adjustments.

Notation Guide

Please refer to this slide for explanations of the various notation and formatting used throughout this deck:

In Tables and Charts:

- Percentages may not add up to 100% due to weighting and/or computer rounding.
- Results based on small samples (n<100) should be interpreted as directional only.
- An asterisk (*) indicates a percentage greater than zero but less than 1%; a “ – ” indicates a value of zero.
- Data are shown among adults with any chronic condition[^]

Base Notes:

- Each slide includes a base note that displays the full question text as shown to the survey respondents as well as the number of respondents who answered each question, for reference.
- Some response labels on slides are shortened for brevity; see notes section for full description provided.



[^]defined as those who self report having been diagnosed by a healthcare provider with any of the following: cardiovascular condition, mental health condition, gastrointestinal condition, chronic pain syndrome, chronic respiratory condition, endocrine disorder, musculoskeletal condition, thyroid disorder, cancer, autoimmune disease, chronic sexually transmitted disease/infection, reproductive disease/condition, immunological condition, chronic liver disease, ophthalmologic condition, renal condition, neurological condition, endocrine disease, genetic disorder, infectious disease, hematological condition, metabolic disorder, other rare disease or other chronic health condition [see notes section for full descriptions provided for each condition]

Executive Summary

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About 1 in 3 patients *did not* discuss accessibility or affordability of prescribed medications or treatments with their healthcare providers (HCPs).

- **HCPs are not initiating these discussions:** Nearly half (47%) of patients said their HCP or a member of their team did *not* bring up their ability to afford the out-of-pocket costs for their prescription/treatment or their ability to access the treatment (43%).
- **Patients don't initiate either:** More than half (55%) of patients said they did *not* initiate a conversation with their HCP about access or affordability of treatments/medications.

Patients and providers each have challenges preventing these conversations from taking place.

- **HCP/HCP teams are not talking about programs/ways to reduce costs:** Nearly half of patients (48%) reported that their HCP/HCP team did *not* discuss any programs or other ways to reduce the cost of treatment with them.
- **Patients are unsure how providers can help:** Of those who did not discuss accessibility or affordability concerns with their HCP, nearly a quarter (23%) didn't think their HCP would be able to help.

Implications

Patients need encouragement, resources, and tools to feel empowered to have conversations with their healthcare providers (HCPs) and their teams about their ability to afford and access their prescriptions/treatment. Among the nearly two-thirds (64%) who didn't ask for this kind of help, the most common reason was because they didn't believe the provider could help them. Other reasons reveal more about the relationship and interaction.

- Additionally, 18% of patients stated they don't like to ask for help and 16% weren't sure how to bring the conversation up.

Healthcare providers and their teams need resources and tools to help them have conversations with their patients about their ability to afford and access prescription medications/treatment.

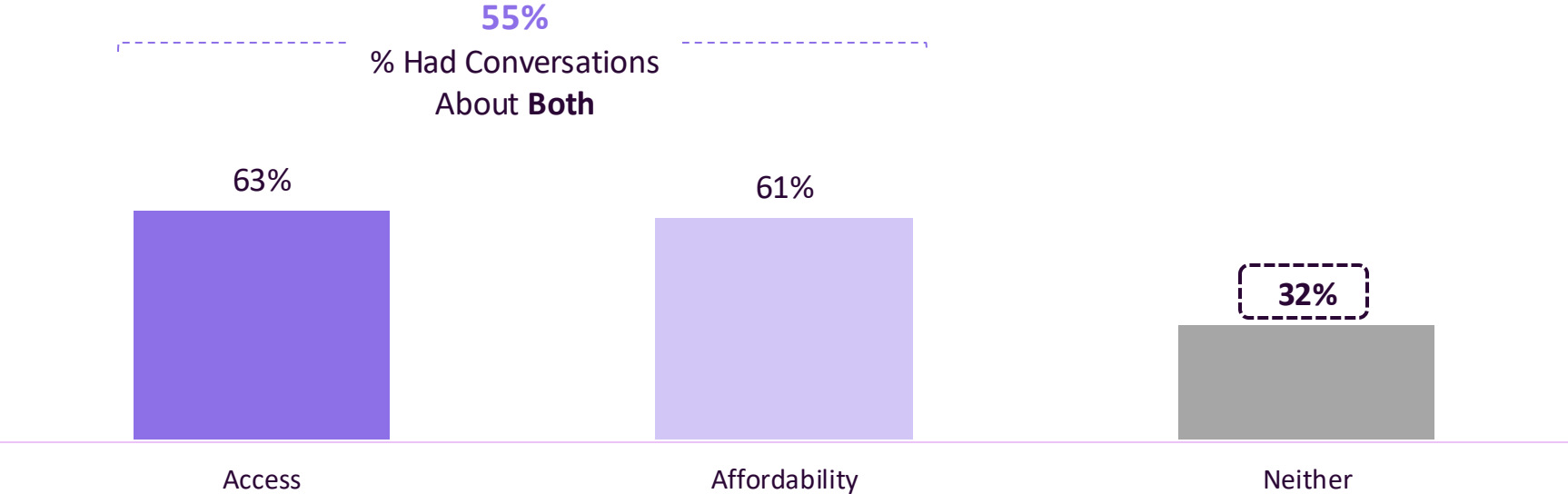
- Being able to direct patients to programs that will support their needs based on eligibility would be impactful.

Detailed Findings

1 in 3 did not have conversations with their HCP about being able to afford or access their medication/treatment

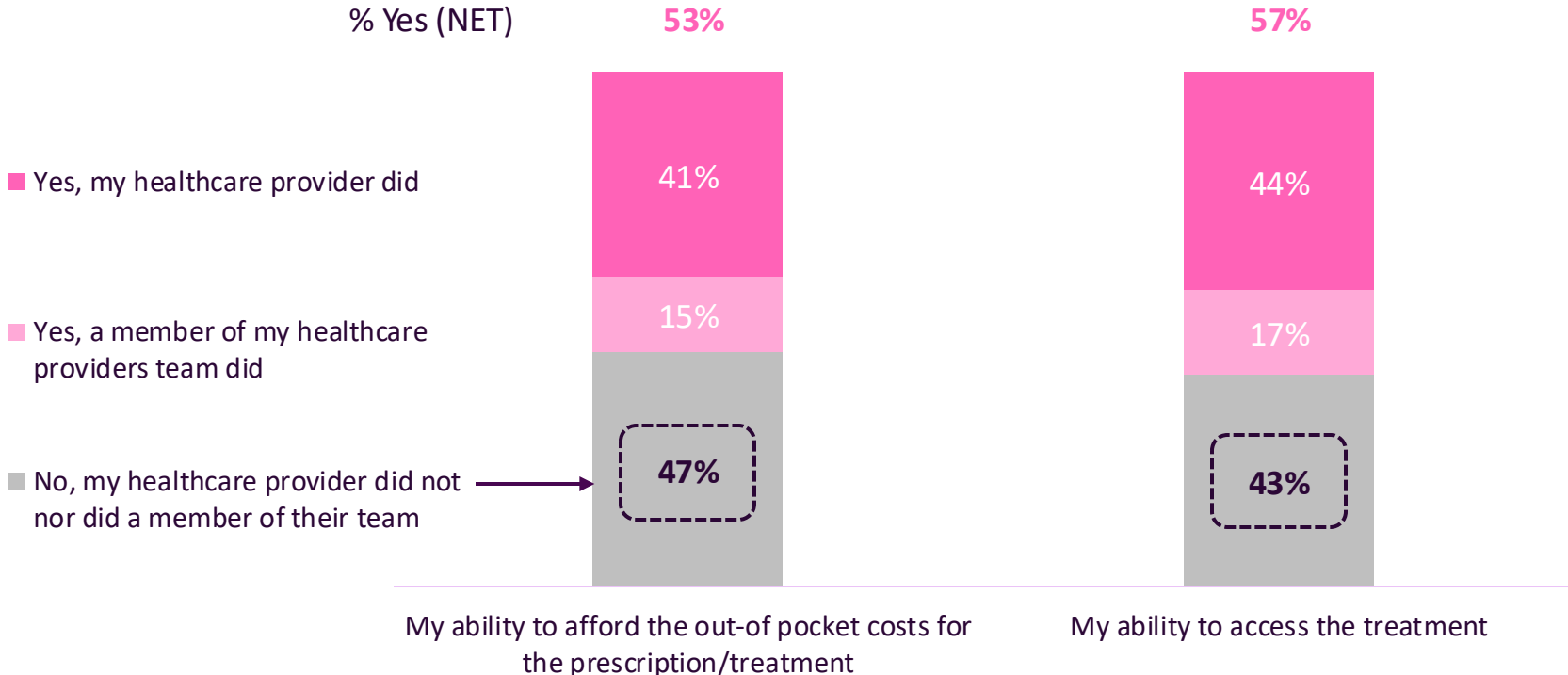
Patients Who Had Both or Neither Conversations About Access/Affordability with their HCP

Among adults who received medication and/or treatment in the P12M



More than 4 in 10 patients said their HCP did not ask them about their ability to afford and/or their access treatment.

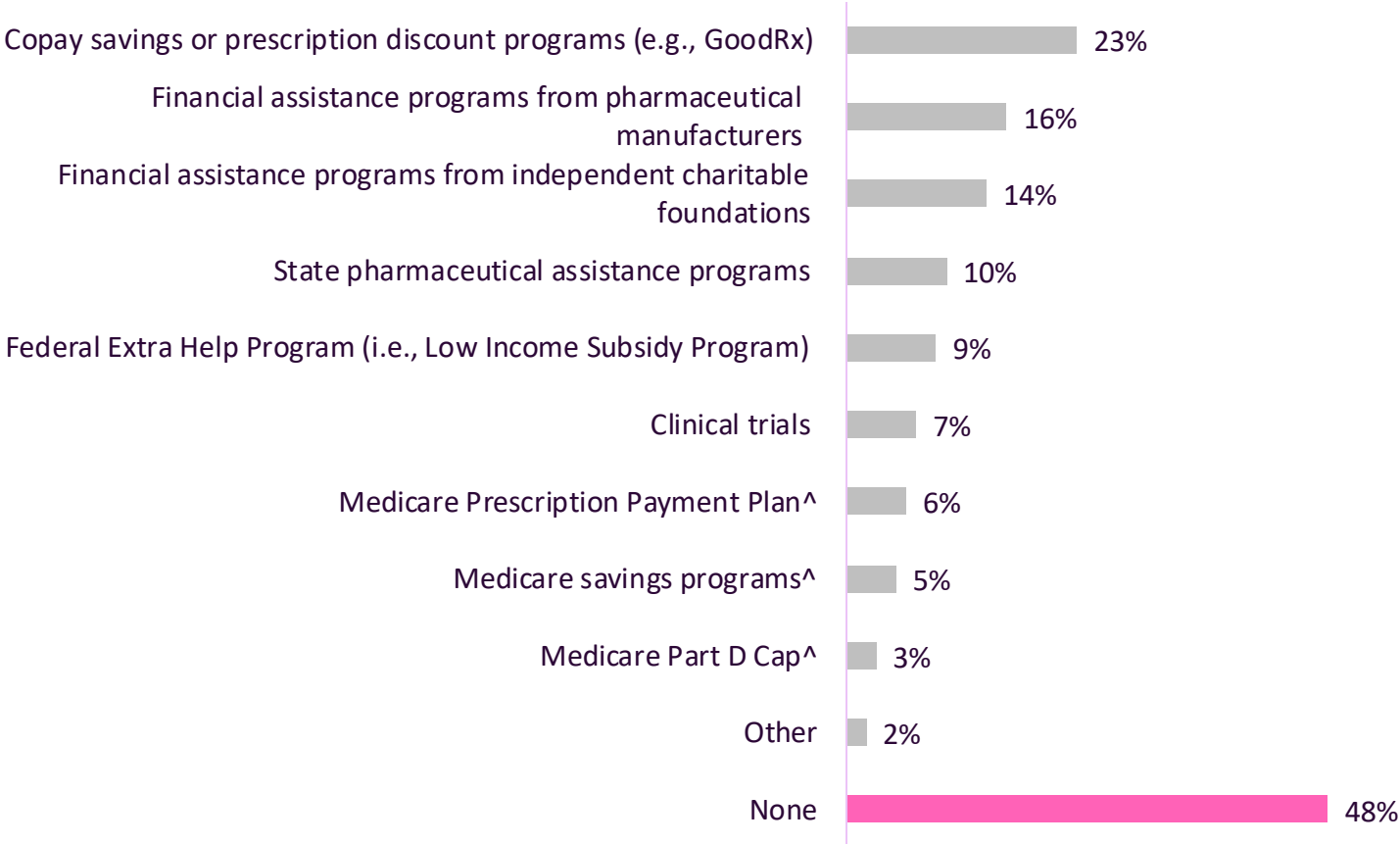
Topics that HCP Asked Patient About During Visit
Among adults who received medication and/or treatment in the P12M



Nearly 1 in 2 patients said their HCP did not discuss any of the following programs that could lower their treatment costs

Topics HCP Discussed to Help Reduce Treatment Costs/Make Them More Affordable

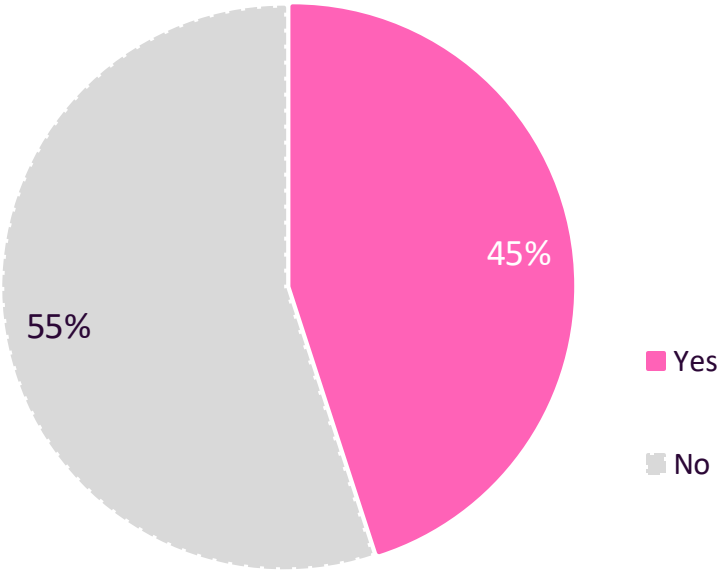
Among adults who received medication and/or treatment in the P12M



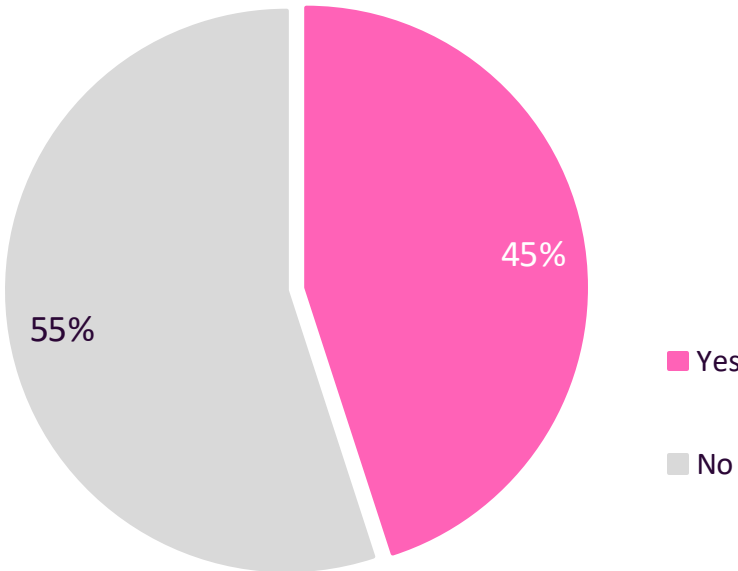
^Only asked to respondents who said they have Medicare Health Insurance

Fewer than half of patients started conversations with their HCP about being able to afford and/or access their treatment

Topics that Patient Asked HCP About During Visit
Among adults who received medication and/or treatment in the P12M



My ability to afford the out-of-pocket costs for the prescription/treatment



My ability to access the treatment

Nearly 1 in 4 patients did not have conversations with their HCP because they did not believe their HCP would be able to help them

Reasons Why Did Not Raise Concerns to HCP

Among adults who received medication and/or treatment in the P12M who did not raise concerns with their HCP

23%

I didn't think my healthcare provider would be able to help me

18%

I don't like to ask for help

16%

I wasn't sure how to raise my concerns with my healthcare provider

13%

I didn't have time during my visit to share my concerns

7%

I was embarrassed

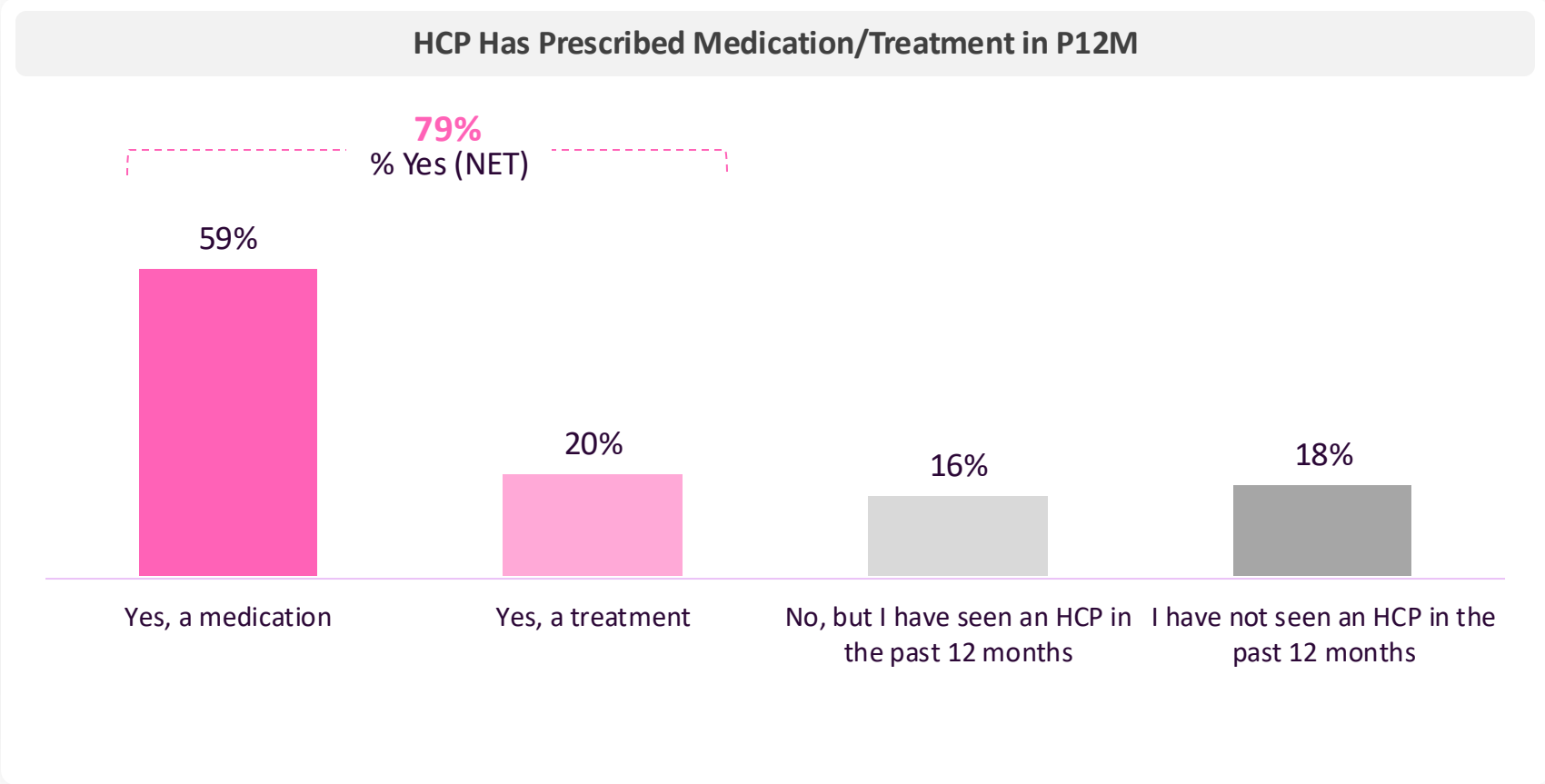
38%

Other

“Other” responses consisted of those who had no concerns with the coverage/payment, either because they could pay or were already aware of the costs from having taken the medication/done the treatment before.

Demographics

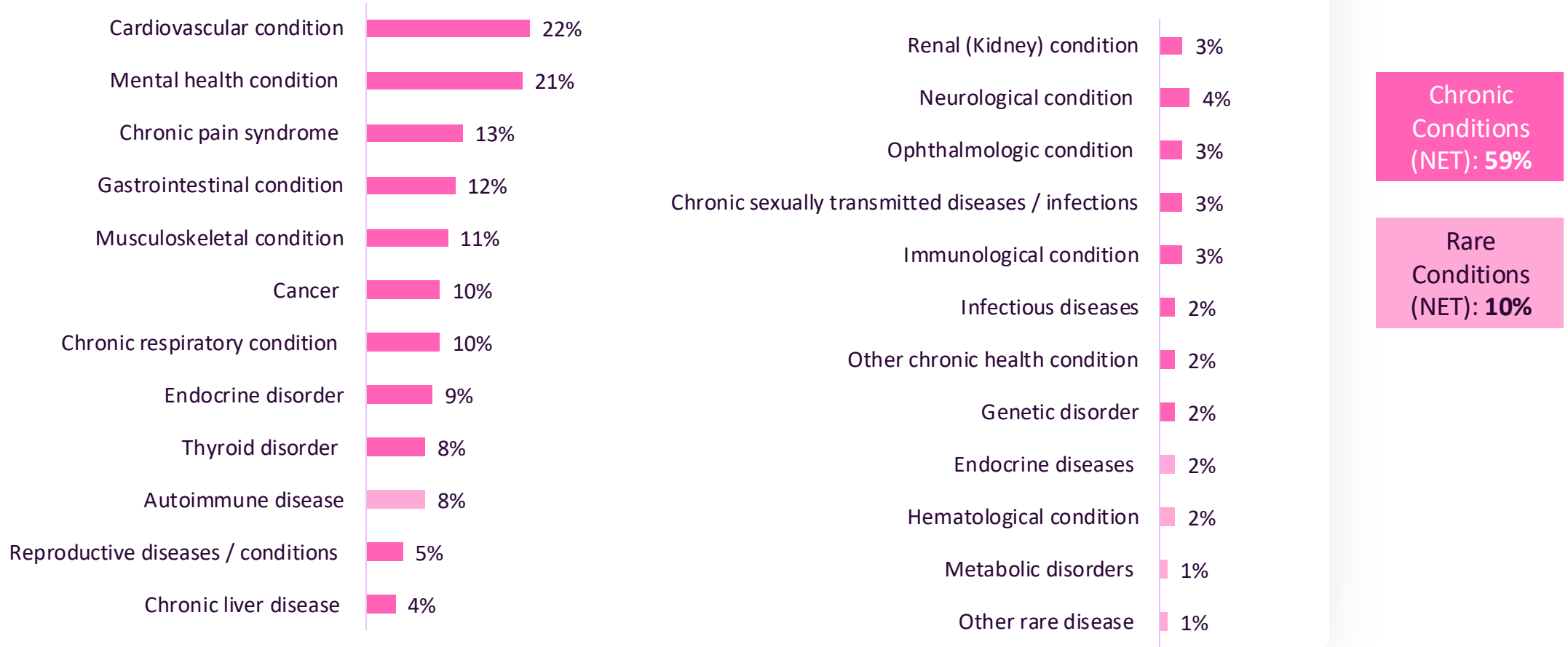
Nearly 4 in 5 have been prescribed a medication or treatment in the past year



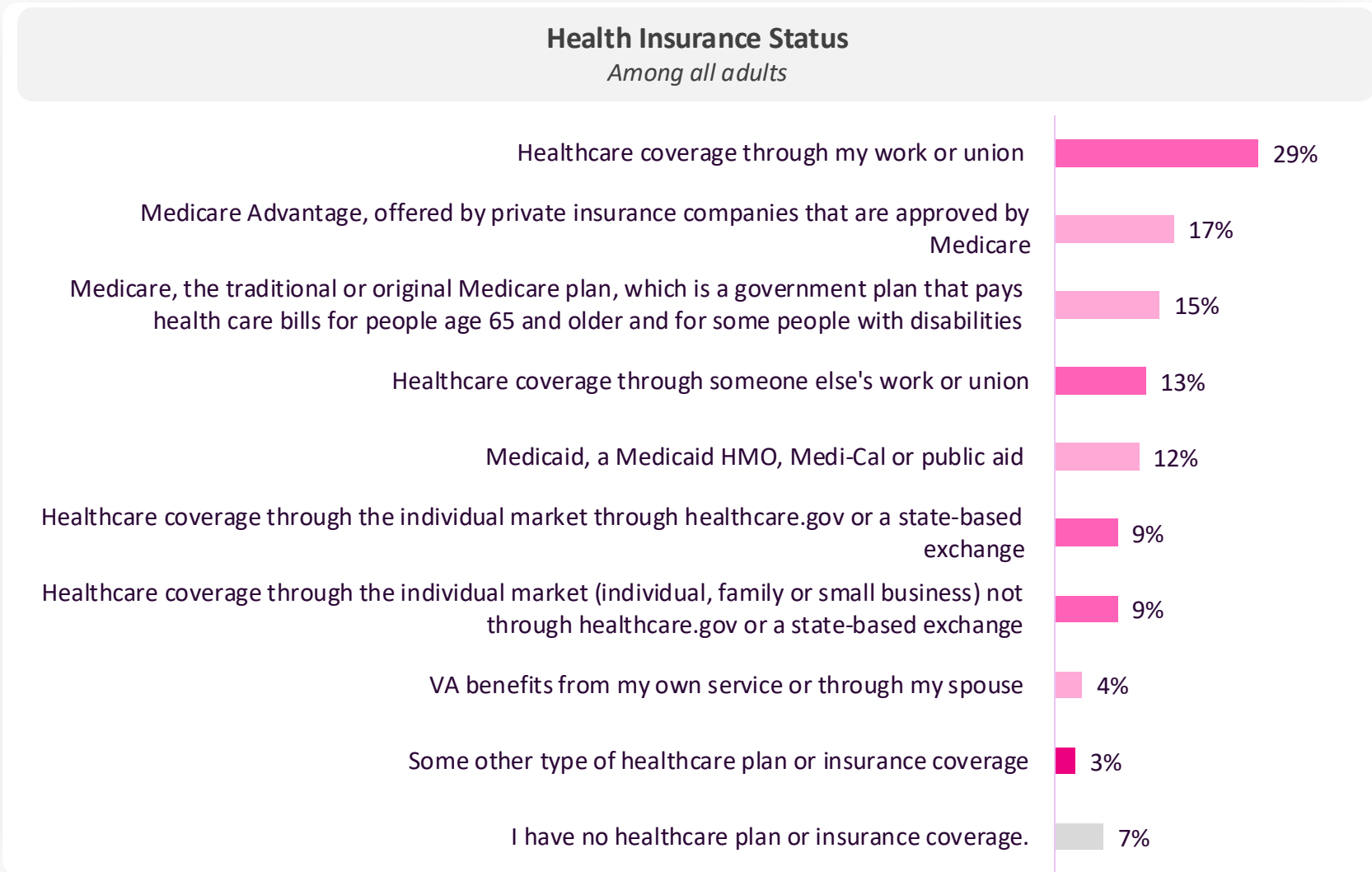
Chronic Condition Status

Ever Diagnosed by a Healthcare Professional With a Chronic Health Condition[^]

Among all adults



Health Insurance Status



Any (NET):
93%

Private (NET):
53%

Public (NET):
46%

Demographics

	Among adults with any chronic condition n=2,087
Gender	
Man	49%
Woman	51%
Other/prefer not to answer	*
Age	
18-34	28%
35-44	17%
45-54	16%
55-64	16%
65+	23%
Mean	48
Household income	
<\$50k	24%
\$50k - \$74.9k	15%
\$75k – \$99.9k	12%
\$100k+	48%
Decline to answer	1%



	Among adults with any chronic condition n=2,087
Region	
Northeast	17%
Midwest	21%
South	39%
West	24%
Education	
HS or less	29%
Some college	21%
College grad+	50%
Employment Status	
Employed (FT, PT, self)	65%
Not employed	35%
Marital Status	
Married	46%
Not married	54%
Children under 18 in HH	
Yes	37%
No	63%

	Among adults with any chronic condition n=2,087
Urbanicity	
Urban	32%
Suburban	59%
Rural	19%
Primary Residence	
Homeowner	63%
Renter	34%
None of these	2%