budget deficits, and which priorities to fund, such as Medicare and Medicaid, education or infrastructure.

A Broader Context

While affordability is highly subjective and means different things to different consumers, patients, employers, government, providers and payers, “affordable health care” is often viewed generally as an issue of the cost of care. Yet, discussing affordability solely in terms of cost provides an incomplete picture that fails to consider the level of access and quality of care received for each dollar spent. With this in mind, AHA considers affordability though the lens of value."

There has been significant interest in and discussion around what value in health care delivery means; however, there is no agreed-upon definition or expectation of value across the health care field. Perspectives vary widely, are at times inconsistent and, in many instances, do not align among consumers, employers, payers, health care providers, policymakers, and community partners.

Hospitals and health systems, for example, offer greater value to individual consumers by investing in strategies that lower costs, improve quality and enhance the patient experience of care. These strategies include, among other things, coordinating care, reducing clinical and operational variation, addressing the social determinants of health, and managing the health of the populations they serve — all of which are occurring in a fragmented payment landscape.

Health care payers, including

FIGURE 1
Consumers are concerned about affordability

One in four Americans (25%) say the cost of health care is the biggest concern facing their family.1

One in three Americans (33%) report that they could not access care in the last year because of cost.2

Between 2011 and 2016, workers’ out-of-pocket health care costs grew faster than their earnings.3

Roughly one in four people (26%) taking prescription drugs report difficulty affording their medicine.4