

Authors	Journal	Health Topic Area	Type of Research Design	Type of Data Collection	Sample Size and Sampling Methodology	Study Setting/ Scope	Key Findings
SHORTRIDGE et al. (2011)	Public Health Reports	Immunization coverage	Descriptive and thematic analysis	Key information interviews	n=5; purposive sampling of nationally recognized experts who maintain positions of authority in federal, state, or private health plans	United States (National)	General fear that ACA regulation mandating immunization coverage will lead to higher-cost sharing and patients' decision to decrease immunization
LEE & LEVY (2012)	Health Affairs	Medical imaging	Mixed methods	Key information interviews	Sample size not specified; Purposive sampling of radiologists, medical group administrators, radiology benefits managers, and radiologist recruiters	United States (National)	Recent cost-sharing increases cause patients to forgo medical imaging
HALL, CARROLL & MOORE (2010)	American Journal of Health Promotion	High-risk, chronic illness	Descriptive and thematic analysis	Focus group interview	n=42, divided into six focus groups; Convenience sample of patients	Kansas (State)	High premiums and deductibles limit patients' ability to afford basic health services and access prescription medications despite their middle-class socioeconomic status Participants report delaying or forgoing needed medical care because of out-of-pocket costs Fear and anxiety over costs

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DeVOE et al. (2007)	The Annals of Family Medicine	Primary care and basic health services	Mixed methods	Open-ended free response survey question	n=722; random sample of families drawn from the quantitative study component with purposeful oversampling to ensure adequate representation from rural areas and uninsured families	Oregon (State)	<p>Even with employer coverage, high co-pays and prescription costs reduce health services use because higher cost-sharing expenses compete with other basic living expenses (e.g., rent, gas, and diapers)</p> <p>Discussion about dropping coverage altogether to save money</p>
DULITZ & SCHRADER (2013)	Journal of the South Dakota State Medical Association	Primary and specialty medical care	Mixed methods	Open-ended free response survey question	n=235; random sample of South Dakota farmers from nine counties	South Dakota (State)	<p>Cut health insurance benefits or reduced health care utilization costs due to increasing costs</p> <p>Trade-offs between affording health insurance and maintaining (or losing) their farms</p> <p>Confusion and anxiety about costs and covered benefits</p> <p>Increasing deductibles over time decreases wealth and depletes assets</p>

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SMITH, NICOLLA & ZAFAR (2014)	Journal of Oncology Practice	Oncology	Multi-methods qualitative	Focus groups and key informant interview	n=4 key informant interviews and n=11 interviews through two focus groups; purposive sample of oncology social workers from the Duke Cancer Institute	North Carolina (State)	<p>Increasing oncology visit and prescription drug co-pays are prohibitive to patients, but patients do not tend to forgoes cancer treatment regardless the cost</p> <p>Patients need additional resources beyond what their insurance covers, but limited external resources exist to help defray the cost-sharing</p> <p>Patients confused and embarrassed to ask for financial help, worried that talking about finances will jeopardize their care</p> <p>Medical bankruptcy is a concern</p>

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GRANDE et al. (2013)	The Annals of Family Medicine	Chronic illness	Grounded theory method	Key information interviews	n=33; purposive sample of patients who applied for financial assistance and who had a documented serious illness	United States (National)	<p>Confusion over cost-sharing changes</p> <p>Stress over competing living expenses, forcing the need to prioritize and decided between pursuing health care or paying other bills (e.g., food for family)</p> <p>Patients forego treatment, which induced intense stress about not seeing the doctor (e.g., delaying chemotherapy)</p>
LANE et al. (2016)	Hemophilia	Hemophilia treatment	Descriptive and thematic analysis	Key information interviews	n=29; purposive stakeholder sample of individuals with experience providing or receiving care for hemophilia	United States (National)	<p>Co-pays, co-insurance and high deductibles limit access to treatment and care</p> <p>Paradox where working people have insurance coverage but still experience limits to accessing care due to high deductibles</p>

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LIEU et al. (2009)	Journal of General Internal Medicine	Primary and specialty medical care	Grounded theory method	Focus group interviews	n=21, divided into 4 focus groups; Purposive sample of patients enrolled in HDHPs	Massachusetts (State)	<p>High cost-sharing cause patients to doctor's visits or care perceived as not emergent, even rethinking children's injuries and illnesses</p> <p>High deductibles do not deter care needed in perceived emergency situations</p> <p>Confusion about what services cost</p> <p>Confusion about what services are covered</p> <p>Reluctance to discuss costs with the providers</p>
REED et al. (2009)	BMC Health Services Research	Primary and specialty medical care	Mixed methods	Open-ended free response survey question	n=458; random sample derived from quantitative component of the study	California (State)	<p>General confusion about deductible level</p> <p>Deductible would cause them to decrease or delay their use of medical care, go to the doctor less, get fewer medical tests, use the emergency room less, and delay care</p>

Table 2: Synthesis findings overview