Guideline-concordant therapies for hospital survivors of an acute coronary syndrome (ACS) require healthcare access, something that millions of Americans lack. Using data from a prospective cohort study of over 2,000 patients who survived an ACS hospitalization in central Massachusetts and Georgia between 2011-2013, the first two aims of this thesis sought to identify the post-discharge consequences for survival and health status of having: 1) financial barriers to healthcare, 2) no usual source of care, and 3) transportation barriers. We found that patients lacking a usual source of care and having a transportation barrier were more likely to have died within two years following hospital discharge compared to those without such barriers. We also identified associations between having financial barriers to healthcare with increased odds of experiencing clinically meaningful declines in physical and mental health-related quality of life over the six months after hospital discharge for an ACS. The third aim sought to better understand factors influencing the success of care transitions to home after an unplanned hospitalization through a qualitative study of 22 patients. Participants described how adequate healthcare access, particularly having insurance and transportation to clinical appointments, facilitated the receipt of follow-up care and adherence to treatments. Limitations in healthcare access may contribute to suboptimal treatment adherence, health-related quality of life, and survival. Additional research is needed to identify interventions to improve healthcare access and test whether improving access leads to better patient outcomes.