



Incorporating Cost of Care Conversations Into Your Clinical Practice: Why It's Important and What You Can Start Doing Today

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Speakers & Agenda



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- 1 | **Welcome & Overview**

- 2 | **Why Is This Topic Important?**

- 3 | **Making Cost-of-Care Conversations
a Normal Part of Your Practice**

- 4 | **Q & A**

The Goal of This Webinar is Twofold

Highlight the need and importance of cost-of-care (CoC) conversations

Share research and examples of how to make CoC conversations a normal part of your practice



What Are Cost-of-Care Conversations?

Varying definitions exist /

Out-of-Pocket Costs

- Co-payments
- Deductibles
- Insurance premiums
- Everything not covered by insurance

Indirect Costs

- For example:
- Travel
 - Child/elder care
 - Time off work

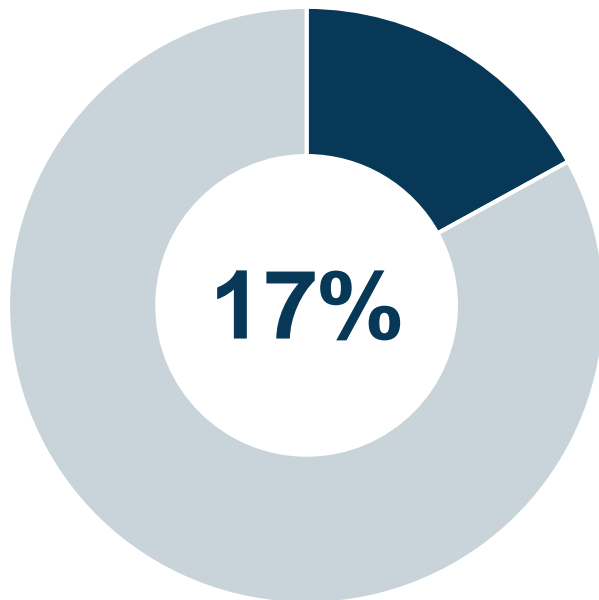


Cost-of-care conversations usually take less than a minute¹

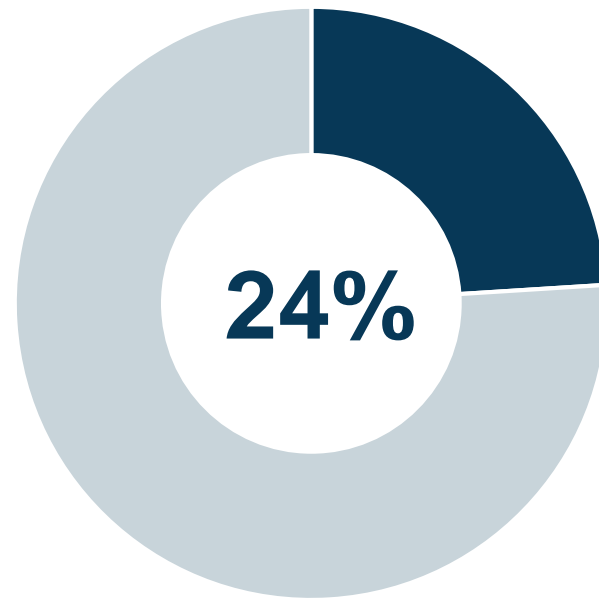
1. Gregory Daniel Brown et al., "Discussing Out-Of-Pocket Expenses during Clinical Appointments – Observational Study of Patient/Psychiatrist Interactions," *Psychiatric Services* 68, no. 6 (June 1, 2017): 614, doi:10.1176/appi.ps.201600275

Why Is This Topic Important?

Over the last decade, the percentage of patients annually spending \$1000 or more OOP has increased /



2005

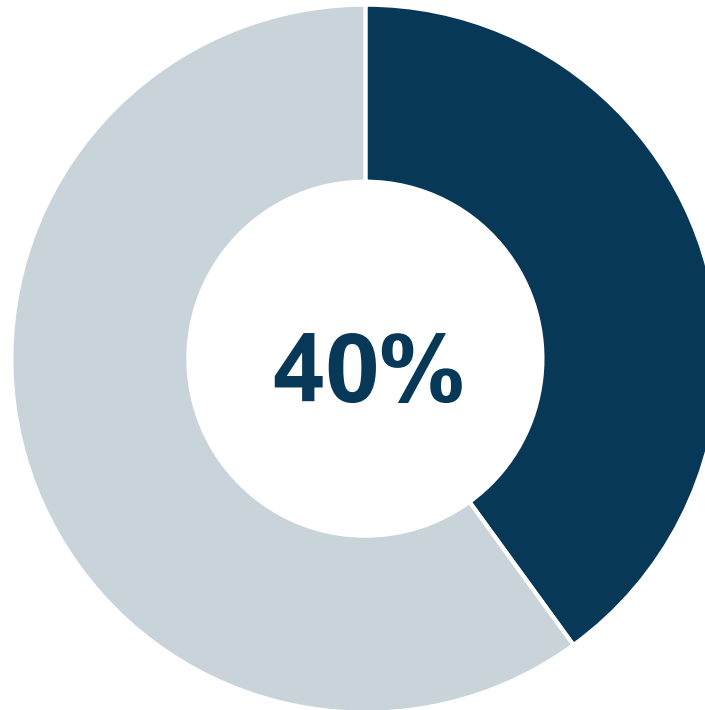


2015

1. Bradley Sawyer, Cynthia Cox, and Gary Claxton, An analysis of who is most at risk for high out-of-pocket health spending (Kaiser Family Foundation, 2017), <https://www.healthsystemtracker.org/brief/who-is-most-at-risk-for-high-out-of-pocket-health-spending/#item-start>.

Why Is This Topic Important?

If faced with an unexpected expense of \$400 /

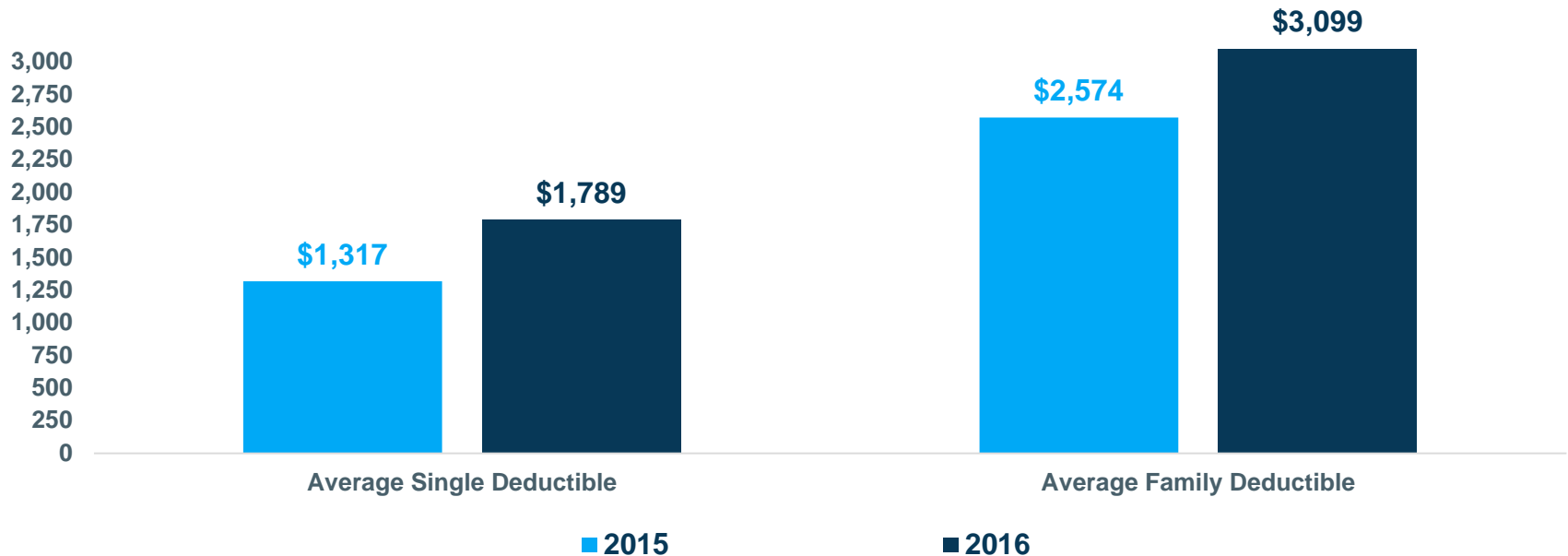



**Adults unable to directly
cover this cost**

1. The Federal Reserve System, Board of Governors, Report on the Economic Well-Being of U.S. Households in 2017 (2018), [2], <https://www.federalreserve.gov/publications/files/2017-report-economic-well-being-us-households-201805.pdf>.

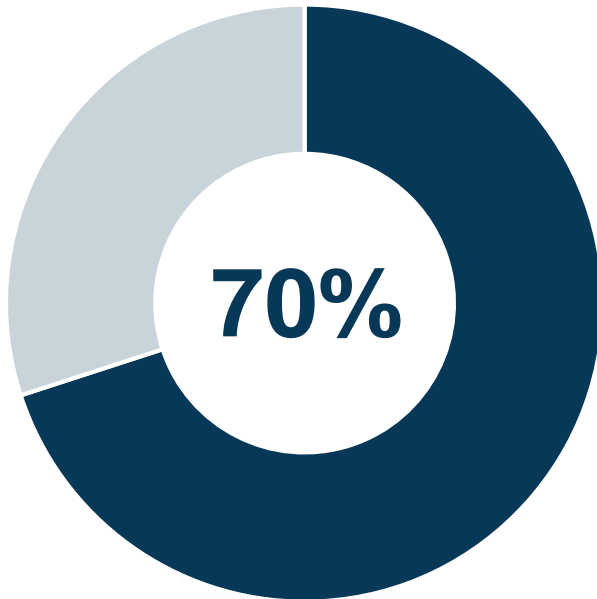
Why Is This Topic Important For New York?

Deductibles in New York were lower than the national average until 2016 when deductibles rose substantially /

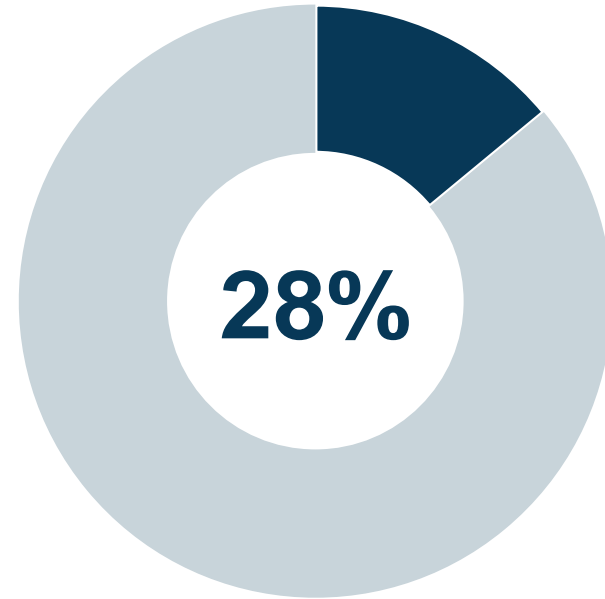


 **Insurance premiums in New York are also among the highest in the nation; in 2016, New York had the third-highest average family premium cost in the nation (\$19,375) and fifth-highest single premium (\$6,614)**

Why Is This Topic Important?



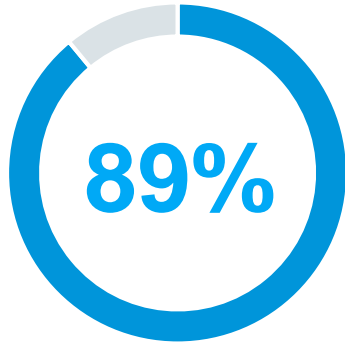
Most individuals would like to discuss the costs of their care with their care teams...



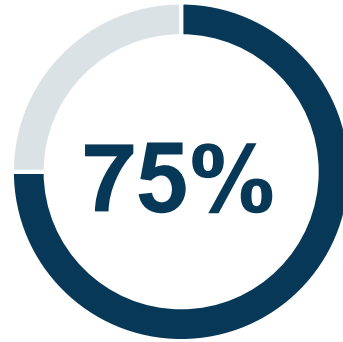
However, less than 1/3 of individuals report having these conversations

Why Is This Topic Important?

National surveys found that /



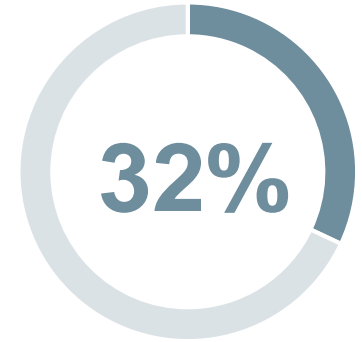
Physicians reporting patients did not fill a prescription for medicine¹



Physicians reporting patients took medicine in smaller doses/less frequently than prescribed because of cost²



Patients skipped recommended medical test/treatment in last 12 months because of cost³



Patients unable to fill prescription/took less of their prescribed dose of medication due to cost⁴

1. Cost of Care Survey (n.p.: American College of Physicians, 2018), 8. (Accessed from Consumer Reports detailed report).

2. Ibid

3. Americans' Views of Healthcare Costs, Coverage, and Policy (NORC at the University of Chicago, 2018), 2, <http://www.norc.org/PDFs/WHI%20Healthcare%20Costs%20Coverage%20and%20Policy/WHI%20Healthcare%20Costs%20Coverage%20and%20Policy%20Issue%20Brief.pdf>.

4. Ibid

Why Is This Topic Important?

PATIENT COSTS CAN AFFECT CLINICAL OUTCOMES

“They'll ask me side effects of the medicine. And I'll say, hey, the side effect of this medicine is going to be cost. I'll even list it as a side effect... Oh, I could go on and on. It's a big issue.”

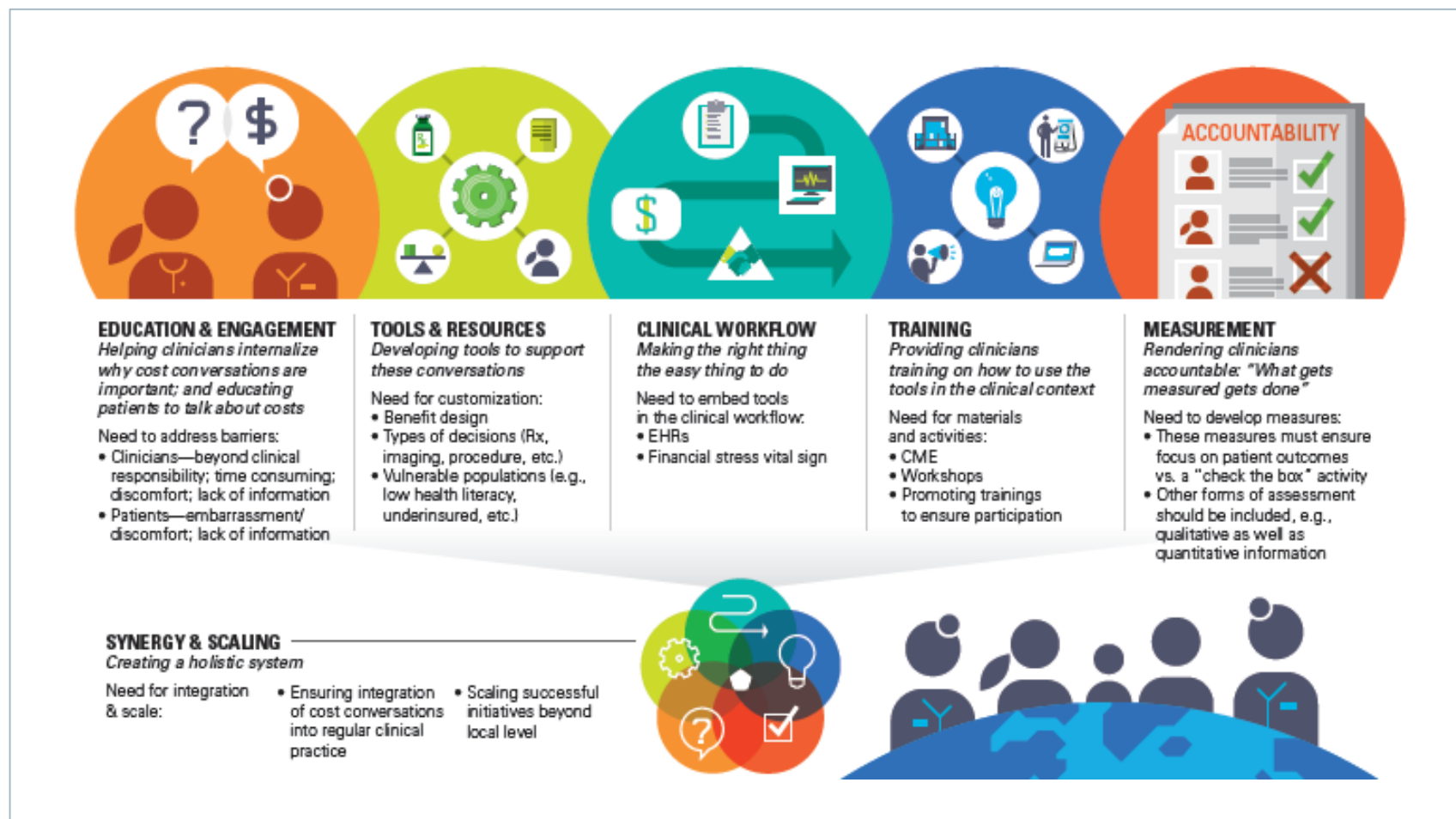
Physician, Consumer Reports study

“I'll see the patient back in a few months, and their diabetes is under poor control, but they don't tell me anything. And so, I'll call them a couple of days later...And at that point, and only at that point, the patient says, well, I haven't been taking those new medicines because I couldn't afford them. So, you've wasted months and months and months, and several office visits, just to find out the patient couldn't afford the medicines.”

Physician, Consumer Reports study



Background on the Robert Wood Johnson Foundation CoC Conversation Project



To see the full infographic, visit: <http://bit.ly/1OqdydA>
 For additional insight on our thinking, read the blog posted [here](#)



Background on the Robert Wood Johnson Foundation CoC Conversation Project

The Robert Wood Johnson Foundation (RWJF) awarded 8 grantees a total of \$1.9M to conduct research focused on optimizing conversations between clinicians and vulnerable patients, and integrating cost conversation resources into the clinical workflow.

Clinical Workflow

Aim: To establish best practices for how tools/resources that support CoC conversations can be better embedded into clinical workflow and patient/caregiver “life flow.”

Grantees:

- Kaiser Permanente Washington
- University of Rochester
- University of Southern Maine
- Sinai Urban Health Institute

Vulnerable Populations

Aim: To test specific messages, best practices, and other principles for improving cost conversations between clinicians and vulnerable patients.

Grantees:

- Center for Health Progress
- Migrant Clinicians Network
- Consumers Union
- University of Alabama Birmingham



Making Cost-of-Care Conversations a Normal Part of Your Practice

We will cover 4 topics /

- 1 How To Welcome Cost-of-Care Conversations During the Clinical Encounter
- 2 How To Talk to Your Patients About the Costs of Their Care
- 3 How To Integrate Cost-of-Care Conversations into Workflow
- 4 How To Overcome Common Barriers to Implementing Cost-of-Care Conversations



Why the Costs of Care Need to be Raised by Providers

“I didn't know that I could say, ‘How much does it cost to come here?’ I didn't know they had anything to do with the money part of it”

Patient, Consumer Reports study

- Patients have different levels of comfort to initiate CoC conversations
- Cost transparency strengthens patient trust in their provider
- Clinicians report waiting for patients to bring up costs, but not all patients are comfortable doing so
- Clinicians could be missing an opportunity to build trust and address patients' cost concerns



Patients are
waiting for
permission to
bring up costs



Physicians
are waiting
for patients to
bring up costs

Two Key Tactics To Welcome CoC Conversations During the Clinical Encounter

CoC Conversation Triggers

Use CoC conversation triggers to bring up costs with your patients and initiate the conversation

Patient Education Materials

Develop and share patient-facing education materials to encourage patients to bring up costs and help them feel CoC conversations are welcomed

 **Consider other staff (e.g., front desk staff, medical assistants, and social workers) to support the initiation of CoC conversations**

Use CoC Conversation Triggers To Initiate the Conversation

Example Conversation Triggers /

What you're experiencing is increasingly common, so let's work together to see what you and I can come up with. Does that sound ok?

Do you have any concerns about the costs of your medical treatment, medication, or labs?

What has it been like for you dealing with the copays and drug costs? Tell me more about how you've been dealing with the expenses?

How about if we take another look at your medications and see if there are any less expensive alternatives. Does that sound ok?

Do any of these medications represent a significant financial burden for you? If so, which ones?

Develop & Share Patient-Facing Educational Materials

Example Resource: University of Southern Maine Wall Poster /

Grant ID 74125

**Do you have questions about your healthcare treatment and costs?
We want to help!**



We know that the cost of medicines and healthcare services can influence your decisions. The costs you pay can vary by several factors such as the type of treatment you need, if you have insurance, your type of coverage, and where you receive services. We want to help you to find the treatment options that are best for you that you can afford.

How can your health care provider help?

- ✔ We will work as a team to give you the best care possible.
- ✔ We promise to help you make cost-informed choices.
- ✔ We will discuss with you lower-cost treatments that may be just as effective for your health.
- ✔ We will help you understand what you will pay for the treatment options we discuss.

What can you do as a patient?

- ✔ Talk to us about your cost concerns.
- ✔ Find out what your insurance plan and network covers.
- ✔ Look up costs of procedures or treatments at www.CompareMaine.org and compare costs of prescription medicines at www.goodrx.com
- ✔ If you are uninsured, having insurance problems or need help finding a way to get health care, call the Consumers for Affordable Healthcare Helpline at 1-800-965-7476 or visit www.maine cahc.org for assistance.

ADD PRACTICE NAME AND/OR LIST OF PROVIDERS

Develop & Share Patient-Facing Educational Materials

Example Resource: Center For Health Progress Flier /

¡Su salud es su responsabilidad!

¡Deje el miedo a un lado y PREGUNTE!

Hay que informarnos sobre los costos de la atención médica.

Comience por buscar aquí

Encontrar servicios de salud:
cohealth.co/BlueGuideEs

Para entender el seguro médico:
SeguroTU.org

Usted tiene el **DERECHO** de preguntar:

- ¿Cuánto voy a pagar hoy por mi costo de atención médica?
- ¿Hay servicios médicos que van mejor con mi presupuesto?
- ¿Proporcionan asistencia financiera para cubrir mis costos de atención médica?
- ¿Tienen a una persona que me ayude a buscar recursos adicionales para pagar mis costos médicos?

Logos: Department of Family Medicine, etc.

Develop & Share Patient-Facing Educational Materials

Example Resource: University Of Rochester Medical Center Wallet Card /

Are your **medication costs** a burden?



Things you can do to **lower** your medication costs:

- Discount prescription cards
- \$4 medication lists
- Pharmacy price comparisons
- Coupons
- De-prescribing
- Generic Medications
- Pill Splitting
- 90 day prescriptions

Talk to your medical professional to discuss the best option for you!

Front

Discount prescription programs
Save up to 85%

GoodRx
Goodrx.com
Or call 1-844-329-3341
Local area price comparisons, too

EasyDrugCard™
Easydrugcard.com
Or call 1-877-891-2198

NeedyMeds
www.needymeds.org
\$4 Prescription Drug Programs
www.needymeds.org

singlecare
Sign up for free membership
www.singlecare.com
Discount also for dental & vision

RxAssist
www.rxassist.org
or call 1-877-537-5537

PPA Partnership for Prescription Assistance
www.pparx.org
To locate prescription assistance programs

Back

Talking With Your Patients About Costs of Care: 3 Use Cases

Varying Patient Needs Require Different CoC Conversations /

Use Case	Patient Need
Patient Has an Acute Financial Need	<ul style="list-style-type: none"> • Seeking care for an immediate need • Expressing financial burden • Unable to afford immediate out-of-pocket (OOP) expenses
Patient Needs Assistance With Planning & Budgeting	<ul style="list-style-type: none"> • Seeking care for a chronic condition • Understands and has agreed to treatment plan • Wants to plan and budget for expected OOP expenses
Patient Needs To Engage in Clinical Decision Making	<ul style="list-style-type: none"> • Choosing between different treatment options, with different OOP costs • Expressing no immediate financial distress

Framework for How To Structure the CoC Conversation with Your Patients



Key Takeaways for Successful CoC Conversations

Use Compassionate Messaging

“I know this is a difficult time for you and I know you might have a lot of questions ...**you might have some financial questions that you need to ask. I’m here to answer your questions,**” breast cancer survivor, UAB study

Be Informed on Estimated Costs to Patients

“**I’d want the person to be sympathetic that [it’s expensive] and to have a general idea of how much it might cost.** Have the person be knowledgeable about what insurance I had,” breast cancer survivor, UAB study

Build Relationships with Patients

“**I wouldn’t want them to say ‘Will that be MasterCard or a personal check? I would worry about well, I can’t afford this...I’m just going to die from cancer? I would want her to have an answer,**” patient, UAB study

Ensure Conversations Are Occurring with All Patients

“**When it comes to money, most of us feel we’re being judged or thought about as poor, broke** — so I would feel extremely awkward about having a discussion like that with the doctor,” pregnant patient, SUHI study

Key Considerations When Implementing Workflows To Support CoC Conversations

Employ a team-based approach and clearly outline roles

Establish a process for sharing information among staff in your practice

Ensure the workflow is integrated into existing processes and culture

Implement electronic health record alerts and/or trigger questions

Implement measures to track CoC conversations

Implement feedback loops and check-ins with practice staff



Example Workflow Template

University of Rochester Study /

Component	Team Member Responsibility
Screening questions	Nursing staff ask questions to screen patients for cost concerns
Communication of patient cost concerns to the clinician	Nursing staff communicates concerns to the clinician, e.g., medication record documentation, EHR or secure message, paper note, face-to-face communication, etc.
Conversation with patient regarding options	The clinician/designee confirms patient concerns and presents the patient with potential options
Assisting patients in implementing strategies	<ul style="list-style-type: none"> ● Low support: generic/drug class substitution or 90-day prescription ● Moderate support: use a pill splitter or referral to a discount program ● High support: enrollment in insurance, change in drug plan, enrollment in pharmaceutical assistance program

Example Workflow Template

Modified Based on Learnings /

Team huddle to ID patients w/
Low Back Pain

MA Rooming Patient

Provider/Patient Visit

At Check Out

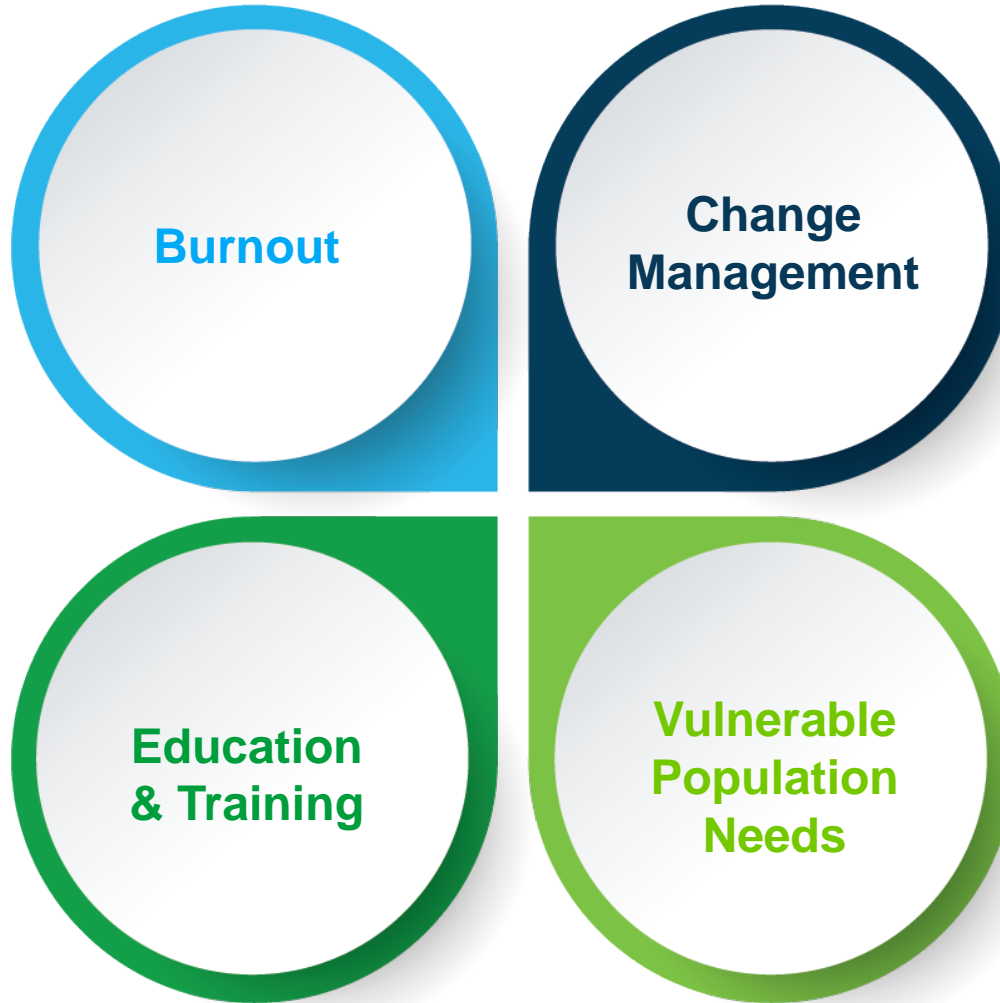
- | | | |
|--|---|---|
| <ul style="list-style-type: none">• Give patient wallet card & flyer• Remind the provider to ask about concerns about the costs of care | <ul style="list-style-type: none">• Trigger Question: Do you have any concerns about the costs of your medical treatment?• If yes, hold a CoC conversation and track it on the encounter form• If needed, refer the patient to another team member (e.g., billing and/or patient navigator) | <ul style="list-style-type: none">• Verify that CoC conversation has been tracked on encounter form |
|--|---|---|

MA: Medical Assistant

1. University of Southern Maine/ Maine Quality Counts, Kimberly Fox, Enhancing Cost-of-Care Conversations for Low-Back Pain Treatment in Clinical Practice Using Publicly Reports Cost Information in Maine

Note: this workflow has been modified for the purposes of this webinar

Overcoming Common Challenges To Implementing CoC Conversations



Challenge / Physicians feel that lack of time and burn-out are among the biggest barriers to discussing costs

“In a 15-minute appointment, 7 minutes are already going to required assessments, leaving me with 8 minutes to understand the patients reason for coming to the doctor and entering everything into the EHR.”

Primary Care Provider

Tips /

- Remind colleagues these conversations can take less than a minute¹
- Consider CoC conversations to improve the patient-provider relationship
- Encourage a team-based approach
 - Medical assistants screen patients for financial burden
 - Clinicians discuss costs within the context of clinical decision making
 - Social workers connect patients to financial assistance & planning support
- Lean on relationships with community-based organizations that can help support your patients' financial concerns

1. Gregory Daniel Brown et al., "Discussing Out-Of-Pocket Expenses during Clinical Appointments – Observational Study of Patient/Psychiatrist Interactions," *Psychiatric Services* 68, no. 6 (June 1, 2017): 614, doi:10.1176/appi.ps.201600275

Challenge / Leadership can be protective of clinicians' time due to cost pressures and other competing priorities

“Leadership would approve the use of a tool if there were metrics and a proven business case. The improved patient experience angle would also probably work.”

Director of Patient Access Unit in a health system

Tips /

- Share data on the need for CoC conversations to improve patient outcomes
- Propose a workflow that builds on existing organizational practices and integrates a team-based approach
- Tie CoC conversations to other existing organizational priorities

1. Cost of Care Survey (n.p.: American College of Physicians, 2018), 8. (Accessed from Consumer Reports detailed report).
2. Americans' Views of Healthcare Costs, Coverage, and Policy (NORC at the University of Chicago, 2018), 2, <http://www.norc.org/PDFs/WHI%20Healthcare%20Costs%20Coverage%20and%20Policy/WHI%20Healthcare%20Costs%20Coverage%20and%20Policy%20Issue%20Brief.pdf>.

Challenge / Effective training can be complex due to the distinct roles of different staff and the variation in patient needs

“Junior clinicians are just trying to figure out what to prescribe...adding on an additional layer of costs is difficult.”

Primary Care Clinician / Medical Director

Tips /

- Include a clear definition of CoC conversations
- Deploy tailored training resources
- Provide tips for how to tailor CoC conversations to varying patient needs
- Hold multiple training sessions

Vulnerable Population Needs

Challenge / Vulnerable populations worry about receiving “lesser care” if they bring up costs, and the indirect costs of care may pose a greater burden for them

“When it comes to money, most of us feel we’re being judged or thought about as poor, broke.”

Pregnant patient, Sinai Urban Health Institute study

“I don’t hear much about the cost of childcare, but I do have patients that you ask them why they haven’t been seen in two months and the reason is childcare.”

Obstetrician-Gynecologist, Sinai Urban Health Institute study

Tips /

- Consider incorporating a standard question to trigger cost conversations with all patients and reduce stigma
- Share the potential indirect costs of receiving care, e.g., time off work, child care, travel
- Lean on relationships with community-based organizations that can help support your patients’ financial concerns





Q & A

Summary of Today's Learnings

1 How To Welcome Cost-of-Care Conversations During the Clinical Encounter

- Use CoC conversation triggers to bring up costs with your patients
- Develop & share patient education materials to encourage patients to bring up costs

2 How To Talk to Your Patients About the Costs of Their Care

- Tailor CoC conversations to patients' needs (acute financial need, assistance with planning & budgeting, and clinical decision making)
- Use the "Reassurance, Action, and Resources" framework to structure CoC conversations

3 How To Integrate Cost-of-Care Conversations into Workflow

- Implement a workflow that is team-based and is integrated into existing processes
- Implement a process for sharing information, EHR alerts, measures, and feedback loops

4 How To Overcome Barriers to Implementing Cost-of-Care Conversations

- Employ tips to: overcome concerns with burn out; implement effective change management, education and training; and address the needs of vulnerable populations