Are cost conversations still uncomfortable and awkward? Starting with a familiar topic is a practical way to make these conversations comfortable for physicians, staff and patients.

So, let’s start with medications! The review and reconciliation of medication lists is already a familiar and necessary routine during visits. Cost concerns can be uncovered by making a simple shift in the types of questions being asked.

We are only scratching the surface with medication costs considering the extent to which it affects adherence. One physician found that 65% of his patients did not fill their prescriptions due to cost (48%) or coverage (38%) reasons. Another study found that abandonment didn’t just occur with high out-of-pocket costs. Even medications less than $10 were left behind by 10% of patients. Cost conversations provide the opportunity to identify barriers and improve medication adherence. NYACP has 4 simple ways for you to improve cost conversations regarding medications:

1. **Invite:** Let patients know that the conversation is welcomed. Make screening for everyone part of the normal routine. When something is normal, it becomes comfortable. Screening all patients is important because socio-economic status can change at any time. At check-in, give the patient their medication list along with screening questions. They can update and answer them in the waiting room.

   Adjust the questions being asked at the visit. Avoid questions with a yes/no answer. Focus on “how” and “when” medications are taken instead of “IF” they are taken.

2. **Respond:** Thank the patient for sharing. Reassure them that you will work together to help them. Focusing on circumstances that are similar to other patients will help. For example, “Many
people have trouble [filling or] taking their medications on a regular basis. Do you find this is the case for any of your medications?”

3. **Act:** Use available tools and look up formulary information in the EHR or [FormularyLookup.com](http://www.formularylookup.com). Provide cost vs. convenience options to the patient (i.e. cut pills to save cost or take one pill for convenience). Refer patients to tools and provide them with a backup plan. Doctor R. Adams Dudley, a pulmonologist in San Francisco, frequently explains to his patients, ‘I *think* I’m giving you a low-cost regimen, given your insurance. If you get to the pharmacy and it’s not, tell them to come back to me with what a low-cost regimen would be.”

4. **Share:** Compile a list of resources and at least one person or organization that the patient can contact to resolve unanswered questions. This will help you keep the visit focused appropriately and assist the patient with addressing their concerns.

NYACP’s [Cost of Care Conversation guide for Medications](http://www.nyacp.org/costcareguide) contains a list of resources, medication price transparency tools and a tip sheet for patients. It outlines what you can do, say, use and give for each of the steps listed above. Use it to improve medication adherence conversations and to ease into the topic of cost. Chances are, if your patient is concerned about medications costs, they have concerns about other costs too. Once you are comfortable, you can apply cost conversations to other topics without it being awkward!

**CITED WORKS**