

How to talk to your patients about the costs of their care

Objectives

1. To describe the different financial burdens patients may be facing.
2. To discuss the physician's role in and potential barriers to conversations about health care costs with patients.
3. To illustrate already available resources to aid in cost conversations.

Outline

- What is financial distress?
- What are the causes of financial distress?
- How to identify patients in financial distress?
- What are some available resources?
 - Patient resources
 - Physician resources
 - Practice resources

Patient stories?

- Have you had any patients that were troubled by the cost of their healthcare?



Table. Patient Characteristics Associated With Unexpected Financial Burden and High or Overwhelming Financial Distress

Demographic	No. (%)						P Value
	(n = 300)	Unexpected Financial Burden (n = 118)	As or Lower Than Expected Financial Burden (n = 170) ^a	P Value	High or Overwhelming Financial Distress (n = 49)	No/Low/Average Financial Distress (n = 251)	
Age, median (SD), y	59.6 (11.8)	57.0 (11.2)	60.9 (11.9)	.005	54.3 (8.8)	60.6 (12.0)	<.001
Married ^b	205 (68.3)	73 (61.9)	125 (73.5)	.04	21 (42.9)	184 (73.3)	<.001
Race							
White	226 (75.3)	79 (66.9)	136 (80.0)	.04	31 (63.3)	195 (77.7)	.08
Black/African American	58 (19.3)	30 (25.4)	28 (16.5)		15 (30.6)	43 (17.1)	
Other and/or unknown	16 (5.3)	9 (7.6)	6 (3.5)		3 (6.1)	13 (5.2)	
Primary insurance source ^c							
Private insurance	168 (56.0)	74 (62.7)	92 (54.1)	.13	33 (67.3)	135 (53.8)	.01
Medicare	107 (35.7)	35 (29.7)	64 (37.6)		9 (18.4)	98 (39.0)	
Medicaid	22 (7.3)	7 (5.9)	14 (8.2)		7 (14.3)	15 (6.0)	
Employment status							
Retired	110 (36.7)	24 (20.3)	78 (45.9)	<.001	4 (8.2)	106 (42.2)	<.001
Employed full time	80 (26.7)	29 (24.6)	51 (30.0)		8 (16.3)	72 (28.7)	
Unemployed and not seeking	79 (26.3)	48 (40.7)	29 (17.1)		28 (57.1)	51 (20.3)	
Other	31 (10.3)	17 (14.4)	12 (7.1)		9 (18.4)	22 (8.8)	
Annual household income range (includes those who gave a single value), \$							
<20 000	41 (13.7)	25 (21.2)	14 (8.2)	.01	16 (32.7)	25 (10.0)	<.001
20 000-39 999	53 (17.7)	20 (16.9)	33 (19.4)		12 (24.5)	41 (16.3)	
40 000-59 999	47 (15.7)	21 (17.8)	24 (14.1)		6 (12.2)	41 (16.3)	
≥60 000	137 (45.7)	46 (39.0)	84 (49.4)		12 (24.5)	125 (49.8)	
Prefer not to say/unknown	22 (7.3)	6 (5.1)	15 (8.8)		3 (6.1)	19 (7.6)	
Monthly out-of-pocket costs, median (range), \$	592 (3-47 250)	703 (15-47 250)	553 (3-26 756)	.03	728 (6-47 250)	565 (3-26 756)	.07
Relative cost of care, median (range), % ^d	11 (0-7150)	17 (1-7150)	10 (0-796)	.003	31 (3-7150)	10 (0-796)	<.001
Primary cancer diagnosis							
Colorectal cancer	81 (27.0)	41 (34.7)	37 (21.8)	.004	17 (34.7)	64 (25.5)	.02
Breast cancer	53 (17.7)	26 (22.0)	24 (14.1)		14 (28.6)	39 (15.5)	
Lung cancer	52 (17.3)	20 (16.9)	30 (17.6)		9 (18.4)	43 (17.1)	
Pancreas or biliary cancer	39 (13.0)	8 (6.8)	30 (17.6)		2 (4.1)	37 (14.7)	
Other	75 (25.0)	23 (19.5)	49 (28.8)		7 (14.3)	68 (27.1)	
Stage at enrollment							
Stage IV	162 (54.0)	61 (51.7)	91 (53.5)	.52	18 (36.7)	144 (57.4)	.02
Metastatic recurrence	73 (24.3)	27 (22.9)	45 (26.5)		15 (30.6)	58 (23.1)	
Localized/stage I-III	65 (21.7)	30 (25.4)	34 (20.0)		16 (32.7)	49 (19.5)	
Quality of life, 0-10, median (range)	8 (1-10)	7 (1-10)	8 (3-10)	.002	6 (1-10)	8 (3-10)	<.001
Financial distress, 1-10, median (range) ^e	3.6 (1-10)	5.8 (1.2-10)	2.6 (1-9.1)	<.001	8.1 (7.1-10)	3.3 (1-7.0)	NA

Abbreviation: NA, not applicable.

^a Twelve participants were unknown or refused to answer the question regarding expected burden.

^b Married also includes 6 patients who answered "married-like relationship."

^c Three patients had "other" insurance, not shown in the table were included in the testing under "other."

^d Relative cost of care calculated as monthly costs divided by monthly income, calculated for patients who provided (1) single, nonzero value for income and (2) cost information (n = 213); this number is reported as a percent.

^e Financial distress score is reported as an inverted score from 1 to 10. Interpretation as follows: no distress (1-1.9), low distress (2-4), average distress (4.1-7), high distress (7.1-9), overwhelming distress (>9).

Table. Patient Characteristics Associated With Unexpected Financial Burden and High or Overwhelming Financial Distress

Demographic	No. (%)						P Value
	(n = 300)	Unexpected Financial Burden (n = 118)	As or Lower Than Expected Financial Burden (n = 170) ^a	P Value	High or Overwhelming Financial Distress (n = 49)	No/Low/Average Financial Distress (n = 251)	
Age, median (SD), y	59.6 (11.8)	57.0 (11.2)	60.9 (11.9)	.005	54.3 (8.8)	60.6 (12.0)	<.001
Married ^b	205 (68.3)	73 (61.9)	125 (73.5)	.04	21 (42.9)	184 (73.3)	<.001
Race							
White	226 (75.3)	79 (66.9)	136 (80.0)	.04	31 (63.3)	195 (77.7)	.08
Black/African American	58 (19.3)	30 (25.4)	28 (16.5)		15 (30.6)	43 (17.1)	
Other and/or unknown	16 (5.3)	9 (7.6)	6 (3.5)		3 (6.1)	13 (5.2)	
Primary insurance source ^c							
Private insurance	168 (56.0)	74 (62.7)	92 (54.1)	.13	33 (67.3)	135 (53.8)	.01
Medicare	107 (35.7)	35 (29.7)	64 (37.6)		9 (18.4)	98 (39.0)	
Medicaid	22 (7.3)	7 (5.9)	14 (8.2)		7 (14.3)	15 (6.0)	
Employment status							
Retired	110 (36.7)	24 (20.3)	78 (45.9)	<.001	4 (8.2)	106 (42.2)	<.001
Employed full time	80 (26.7)	29 (24.6)	51 (30.0)		8 (16.3)	72 (28.7)	
Unemployed and not seeking	79 (26.3)	48 (40.7)	29 (17.1)		28 (57.1)	51 (20.3)	
Other	31 (10.3)	17 (14.4)	12 (7.1)		9 (18.4)	22 (8.8)	
Annual household income range (includes those who gave a single value), \$							
<20 000	41 (13.7)	25 (21.2)	14 (8.2)	.01	16 (32.7)	25 (10.0)	<.001
20 000-39 999	53 (17.7)	20 (16.9)	33 (19.4)		12 (24.5)	41 (16.3)	
40 000-59 999	47 (15.7)	21 (17.8)	24 (14.1)		6 (12.2)	41 (16.3)	
≥60 000	137 (45.7)	46 (39.0)	84 (49.4)		12 (24.5)	125 (49.8)	
Prefer not to say/unknown	22 (7.3)	6 (5.1)	15 (8.8)		3 (6.1)	19 (7.6)	
Monthly out-of-pocket costs, median (range), \$	592 (3-47 250)	703 (15-47 250)	553 (3-26 756)	.03	728 (6-47 250)	565 (3-26 756)	.07
Relative cost of care, median (range), % ^d	11 (0-7150)	17 (1-7150)	10 (0-796)	.003	31 (3-7150)	10 (0-796)	<.001
Primary cancer diagnosis							
Colorectal cancer	81 (27.0)	41 (34.7)	37 (21.8)	.004	17 (34.7)	64 (25.5)	.02
Breast cancer	53 (17.7)	26 (22.0)	24 (14.1)		14 (28.6)	39 (15.5)	
Lung cancer	52 (17.3)	20 (16.9)	30 (17.6)		9 (18.4)	43 (17.1)	
Pancreas or biliary cancer	39 (13.0)	8 (6.8)	30 (17.6)		2 (4.1)	37 (14.7)	
Other	75 (25.0)	23 (19.5)	49 (28.8)		7 (14.3)	68 (27.1)	
Stage at enrollment							
Stage IV	162 (54.0)	61 (51.7)	91 (53.5)	.52	18 (36.7)	144 (57.4)	.02
Metastatic recurrence	73 (24.3)	27 (22.9)	45 (26.5)		15 (30.6)	58 (23.1)	
Localized/stage I-III	65 (21.7)	30 (25.4)	34 (20.0)		16 (32.7)	49 (19.5)	
Quality of life, 0-10, median (range)	8 (1-10)	7 (1-10)	8 (3-10)	.002	6 (1-10)	8 (3-10)	<.001
Financial distress, 1-10, median (range) ^e	3.6 (1-10)	5.8 (1.2-10)	2.6 (1-9.1)	<.001	8.1 (7.1-10)	3.3 (1-7.0)	NA

Abbreviation: NA, not applicable.

^a Twelve participants were unknown or refused to answer the question regarding expected burden.

^b Married also includes 6 patients who answered "married-like relationship."

^c Three patients had "other" insurance, not shown in the table were included in the testing under "other."

^d Relative cost of care calculated as monthly costs divided by monthly income, calculated for patients who provided (1) single, nonzero value for income and (2) cost information (n = 213); this number is reported as a percent.

^e Financial distress score is reported as an inverted score from 1 to 10. Interpretation as follows: no distress (1-1.9), low distress (2-4), average distress (4.1-7), high distress (7.1-9), overwhelming distress (>9).

- More than 1/3 of patients receiving treatment for a cancer diagnosis face out-of-pocket costs¹
- Relative cost of care was 11% of income
 - As high as 31% for overwhelming financial distress

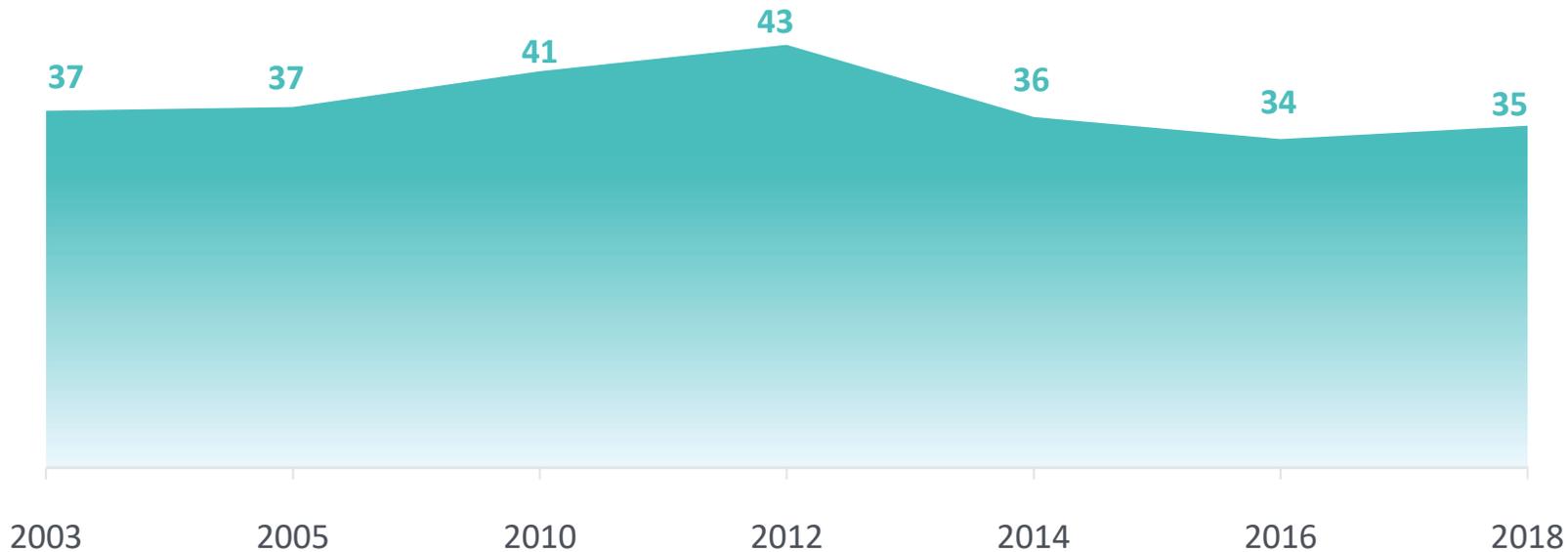
Consequences of financial distress^{2,3}

- Health-related quality of life
- Symptom burden
- Adherence

Fewer Adults Report Not Getting Needed Care Because of Costs, but Gains Have Stalled in Recent Years³

Percent of adults ages 19–64 who reported any of the following cost-related access problems in the past year:

- *Had a medical problem but did not visit doctor or clinic*
- *Did not fill a prescription*
- *Skipped recommended test, treatment, or follow-up*
- *Did not get needed specialist care*



Data: Commonwealth Fund Biennial Health Insurance Surveys (2003, 2005, 2010, 2012, 2014, 2016, 2018).



Source: Sara R. Collins, Herman K. Bhupal, and Michelle M. Doty, *Health Insurance Coverage Eight Years After the ACA: Fewer Uninsured Americans and Shorter Coverage Gaps, But More Underinsured — Findings from the Commonwealth Fund Biennial Health Insurance Survey, 2018* (Commonwealth Fund, Feb. 2019).

Consequences of financial distress²⁻⁴

- Health-related quality of life
- Symptom burden
- Adherence
- Survival

Table 3. Bankruptcy Impact on All-Cause Mortality in the Propensity Score Matched Sample

Cancer Type	No. at Risk	No. of Deaths	HR	95% CI	<i>P</i>
Overall	17,021	2,026	1.79	1.64 to 1.96	< .001
Breast	3,788	280	1.48	1.15 to 1.91	.003
Lung	958	350	1.55	1.22 to 1.98	< .001
Melanoma	1,197	51	1.50	0.83 to 2.72	.179
Thyroid	952	23	1.71	0.69 to 4.27	.249
Prostate	2,365	214	2.07	1.56 to 2.74	< .001
Leukemia/lymphoma	1,792	254	1.22	0.93 to 1.61	.146
Uterine	739	42	1.09	0.55 to 2.16	.795
Colorectal	1,430	217	2.47	1.85 to 3.31	< .001
Other	3,800	595	1.49	1.25 to 1.78	< .001

Abbreviation: HR, hazard ratio.

Outline

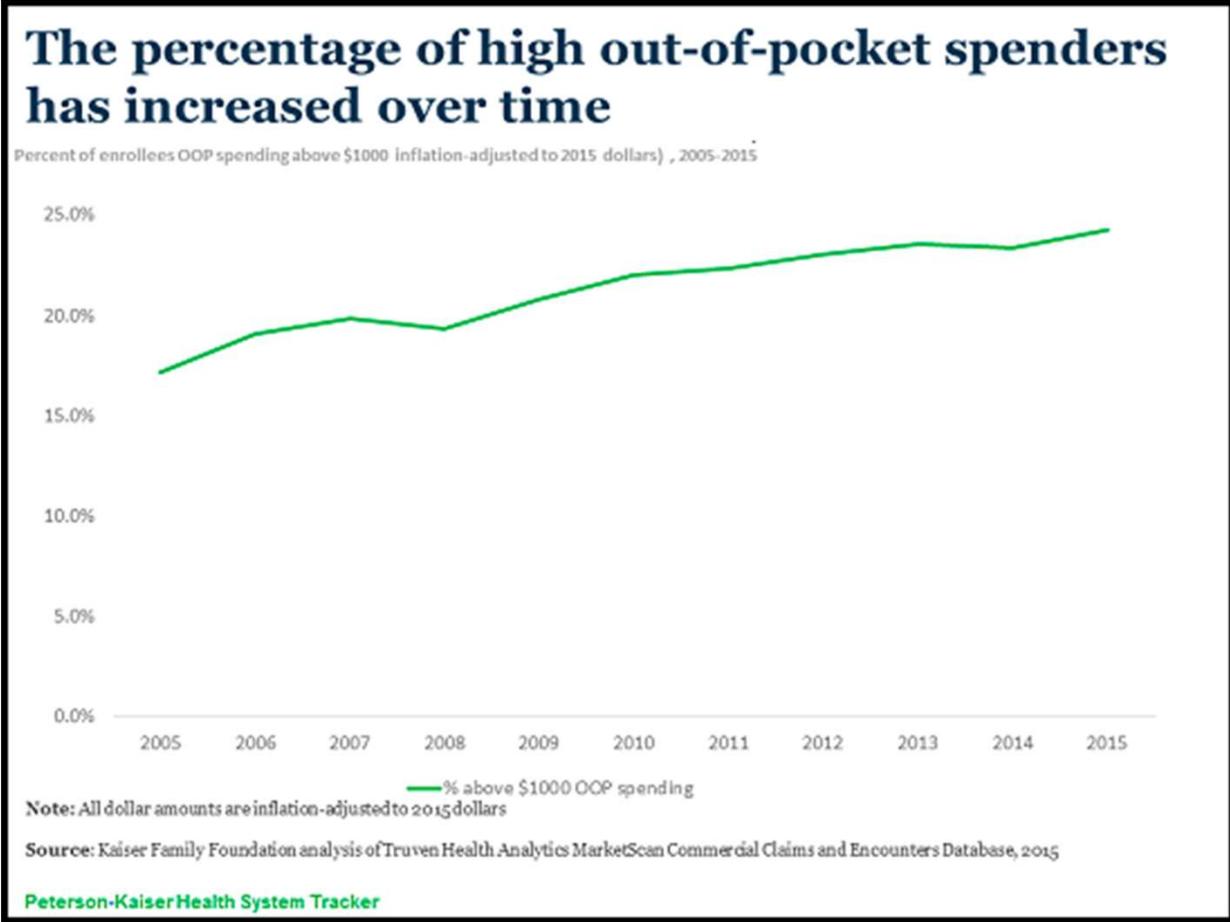
- What is financial distress?
- **What are the causes of financial distress?**
- How to identify patients in financial distress?
- What are some available resources?
 - Patient resources
 - Physician resources
 - Practice resources

Out-of-pocket costs

- 20% of health care costs in the US
- Increase in cost-sharing strategies
 - Deductibles
 - Co-payments
 - Co-insurance
 - Payment of uncovered services
- May be hard to estimate



Out-of-pocket costs are rising⁶



Other patient expenses

- Direct medical costs
 - Including adverse events, side effects
- Direct non-medical costs
 - Such as transportation or cost of a special diet
- Indirect costs
 - Productivity losses, child care, lost wages
- Other costs
 - Such as pain and anxiety

Outline

- What is financial distress?
- What are the causes of financial distress?
- **How to identify patients in financial distress?**
- What are some available resources?
 - Patient resources
 - Physician resources
 - Practice resources

Cost conversations⁷

- Cross sectional paired survey
 - 133 internists
 - 484 of their patients
- Desire to talk about out-of-pocket costs
 - 63% of patients
 - 79% of physicians



Cost conversations⁷

- Cross sectional paired survey
 - 133 internists
 - 484 of their patients
- Desire to talk about out-of-pocket costs
 - 63% of patients
 - 79% of physicians
- Actual conversations
 - 15% of patients
 - 35% of physicians

Identification of financial distress

- How would you identify patients in financial distress?

Cost distress identification tool²

“Our goal is for you get the best care with fewer problems and lower costs and this involves us asking new types of questions to ALL of our patients”

Do you feel financially stressed due to your current healthcare needs?

Are you worried about how your healthcare bills will be paid?

Are you concerned about your current financial situation due to your healthcare needs?

Would you like to discuss your cost of healthcare with your provider at today's visit?

Outline

- What is financial distress?
- What are the causes of financial distress?
- How to identify patients in financial distress?
- **What are some available resources?**
 - Patient resources
 - Physician resources
 - Practice resources

Barriers⁸

- Same cross sectional survey
- A few could remember barriers
 - 54 patients (11%)
 - Discomfort
 - Insufficient time
 - Belief that their physician did not have a viable solution
 - Concerns about the impact of discussion on quality
 - 27 physicians (20%)
 - Insufficient time
 - Belief that they did not have a solution to offer

Barrier	Resource(s)	Tips
No way to identify patient cost distress	Cost Distress Screening Tool	Normalize the discussion and decrease implicit bias by screening and initiating conversations with all patients
Insufficient time and expertise	Cost Distress Screening and Conversation Guide	Use this guide to frame the discussion and make cost conversations efficient, effective, and build staff confidence
Unaware of resources to address patient cost concerns	Cost of Care Resources for Clinicians and Patients	Customize this list to include local resources as well
Don't know what specific tests and treatments cost	Free Online Health Care Cost Estimator Resources	Bookmark some of these websites to help estimate the costs of common tests and treatments you offer in your practice
Don't know how to estimate the costs of a care plan	Practice Level Approach to Addressing Health Care Cost Distress	Use this tool for patients with chronic illnesses and planned ongoing care
Don't know how to plan for medical and non-medical costs	Medical Treatment Cost Planning Tool	Use this tool to help patients financially plan for all healthcare costs, including parking, food, and childcare

Cost distress
identification tool



Cost conversation guide

All patients



Any patients that answered
yes to any question

Before the encounter	<ul style="list-style-type: none"> • Know your available resources
Start of the encounter	<ul style="list-style-type: none"> • Set up/framing <i>“I’d like to discuss any worries or concerns you have about cost of your healthcare.”</i> • Ally with patient/reassure <i>“In some cases, financial stress negatively impacts our patients.”</i> <i>“I’d like us to work together on these issues.”</i>
Assessment and plan	<ul style="list-style-type: none"> • Understand concerns/screen for financial cost distress <i>“Are you worried about how your care will be paid for?”</i> • Identify areas of cost distress <i>“Other patients I’ve worked with have dealt with the financial stress of healthcare in a variety of ways, including cutting back on medicines, cancelling appointments with doctors, and cutting back on home expenses (like leisure activities, food, and clothing). Have you made any of these changes due to financial stresses from your health?”</i> • Discuss options and share evidence • Customize the plan • Follow-up • Confirm patient understanding using “teach back”

Barrier	Resource(s)	Tips
No way to identify patient cost distress	Cost Distress Screening Tool	Normalize the discussion and decrease implicit bias by screening and initiating conversations with all patients
Insufficient time and expertise	Cost Distress Screening and Conversation Guide	Use this guide to frame the discussion and make cost conversations efficient, effective, and build staff confidence
Unaware of resources to address patient cost concerns	Cost of Care Resources for Clinicians and Patients	Customize this list to include local resources as well
Don't know what specific tests and treatments cost	Free Online Health Care Cost Estimator Resources	Bookmark some of these websites to help estimate the costs of common tests and treatments you offer in your practice
Don't know how to estimate the costs of a care plan	Practice Level Approach to Addressing Health Care Cost Distress	Use this tool for patients with chronic illnesses and planned ongoing care
Don't know how to plan for medical and non-medical costs	Medical Treatment Cost Planning Tool	Use this tool to help patients financially plan for all healthcare costs, including parking, food, and childcare

Cost of care resources for clinicians and patients

Direct medical costs	Directly related to the care <ul style="list-style-type: none">• direct medical costs (such as co-pays for physician appointments, tests and medications) and• direct non-medical costs (such as transportation costs)	<ul style="list-style-type: none">• Good Days• Needy Meds• GoodRx• Uber Health
Indirect medical costs	Indirectly related or caused by the care (such as reduced productivity or lost wages)	<ul style="list-style-type: none">• AAFP Neighborhood Navigator• Ronald McDonald House
Other medical costs	Medical care may lead to other costs such as anxiety, pain, stress or depression	<ul style="list-style-type: none">• AAFP Neighborhood Navigator• Low Income Home Energy Assistance Program

Free Online Health Care Cost Estimator Resources

Name	Website	Inpatient	Outpatient	Medication	Dental	Insurance
ClearHealthCosts	https://clearhealthcosts.com	X	X		X	
FH Consumer Cost Lookup	https://www.fairhealthconsumer.org	X	X		X	some
Guroo	https://www.guroo.com/#!	X	X			
Healthcare Bluebook	https://healthcarebluebook.com/	X	X	X	X	
Main Street Medica	http://www.mainstreetmedica.com/procedures	X	X			
New Choice Health	https://www.newchoicehealth.com	X	X			X
Blink Health	https://www.blinkhealth.com			X		
Good Rx	https://www.goodrx.com			X		
OneRx	https://onerx.com			X		X
WeRx	https://werx.org			X		

Let's get started. **Are you...?**



Staying In-Network



Going Out-of-Network



Not Sure



Next

Uninsured



Primary Medical Procedure

Measurement and graphic recording of total and timed exhaled air capacity

CPT Code : 94010

**Out-of-Network/
Uninsured Price**

\$378

In-Network Price

\$165

Remove from Total Cost

Related Costs (if Applicable)

Hospital (Outpatient)

Hospital Outpatient Facility (HOSPF) estimate for procedure code 94010 (in addition to your doctor's fee)

CPT Code: 94010

\$883

\$431

Remove from Total Cost

Related Costs (if Applicable)

\$883

\$431

Primary Medical Procedure

\$378

\$165

Total Costs

\$1,261

\$596

Find Your Fair Price

Healthcare Bluebook helps you save money on out-of-pocket medical expenses. Shop for affordable care in your area and save hundreds or thousands of dollars while making informed decisions about your healthcare.

 [GO](#) [Hospital](#)
▼[Physician](#)
▼[X-ray, Imaging](#)
▼[Labs](#)
▼[Cosmetic Medicine](#)
▼[Hearing Aids](#)
▼[Dental](#)
▼[Medications](#)
▼

Breathing Capacity Test

Fair Price **\$76**

\$45



\$194+

FACILITY COST RANKINGS ⁱ

COST

 At or Below Fair Price

 Slightly Above Fair Price

 Highest Price

Free Online Health Care Cost Estimator Resources

Name	Website	Inpatient	Outpatient	Medication	Dental	Insurance
ClearHealthCosts	https://clearhealthcosts.com	X	X		X	
FH Consumer Cost Lookup	https://www.fairhealthconsumer.org	X	X		X	some
Guroo	https://www.guroo.com/#!	X	X			
Healthcare Bluebook	https://healthcarebluebook.com/	X	X	X	X	
Main Street Medica	http://www.mainstreetmedica.com/procedures	X	X			
New Choice Health	https://www.newchoicehealth.com	X	X			X
Blink Health	https://www.blinkhealth.com			X		
Good Rx	https://www.goodrx.com			X		
OneRx	https://onerx.com			X		X
WeRx	https://werx.org			X		



Patient Assistance Program

[LEARN MORE](#)

Many programs are available from federal and state governments, non-profits, manufacturers, and other organizations to help you get the drugs you need at a reduced cost. Eligibility is often based on income, insurance or Medicare status, and other factors. You'll need to apply through each program, either online, over the phone, or with your doctor's help. The following program is offered by the manufacturer of this drug.

Program Name:

Genentech Access Solutions

[Read more](#)



Patient Assistance Program

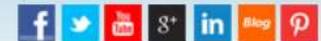
[LEARN MORE](#)

Many programs are available from federal and state governments, non-profits, manufacturers, and other organizations to help you get the drugs you need at a reduced cost. Eligibility is often based on income, insurance or Medicare status, and other factors. You'll need to apply through each program, either online, over the phone, or with your doctor's help. The following program is offered by the manufacturer of this drug.

Program Name:

Urticaria Fund

DONATE NOW



Find help with the cost of medicine

Start typing drug name

Drug Search

Drug Pricing Calculator

Find drug prices and pharmacies

search »

Get Your NeedyMeds Drug Discount Card!

Send a family member or friend a NeedyMeds Drug Discount Card.

NeedyMeds
be medwise
Patient Information and Education

Durable Medical Equipment Discounts

Save 40% Off the List Price

Now you can use your NeedyMeds Drug Discount Card to save on:

- Diabetic Supplies
- Splints and Braces
- Catheters and Incontinence Supplies
- Bath Safety Supplies
- Compression Stockings
- Mobility Devices
- Footwear
- Bladder Control Pads

[Learn more...](#)



[Find out about our Pick-a-Project Plan](#)

Over \$270,188,156.60 Saved
With NeedyMeds Drug Card

Subscription Center

- ▶ [Subscribe to Services](#)
- ▶ [Order Print Materials](#)

Sponsors



Drugs.com
Know more. Be sure.

Accurate and up-to-date drug information, pill finder, interactions checker & more.
[Learn More](#)

Calendar of Events

Prescription Assistance

- [Brand Name Drugs](#)
- [Generic Name Drugs](#)
- [Program Name List](#)
- [Company Name List](#)
- [Program Applications](#)
- [\\$4 Generic Discount Drug Programs](#)
- [NeedyMeds Drug Discount Card](#)

Help with Prescription Assistance Applications

Free/Low-Cost/Sliding Scale Clinics

- [Medical Clinics](#)
- [Dental Clinics](#)
- [Mental Health Clinics](#)
- [Substance Abuse Clinics](#)

Diagnosis Specific

- [Diagnosis Information Pages](#)
- [Diagnosis-Based Assistance](#)
 - [Search by Diagnosis](#)
 - [Search by Area of Service](#)
 - [Search by Program Name](#)
 - [Search by Disease, State, Services](#)

Medical Transportation

- [Search By Diagnosis and State](#)
- [Transportation Services](#)
 - [Search by Diagnosis](#)
 - [Search by Area of Service](#)
 - [Search by Program Name](#)
- [Travel Expense Services](#)
 - [Search by Diagnosis](#)
 - [Search by Area of Service](#)

Scholarships

- [Search by All Conditions](#)
- [Search by Residency of Applicant](#)
- [Search by Scholarship Name](#)

Government Programs

- [State Sponsored Programs](#)
- [Medicare Information](#)
- [Medicaid Sites](#)
- [Medicare Counseling \(SHIP\)](#)
- [Federal Poverty Guidelines](#)
- [Tax Return Request Forms](#)

Additional Resources to Lower Costs

- [HEALfundr](#)
- [NeedyMeds Drug Discount Card](#)
- [Drug Discount Cards FAQs](#)
- [Co-pay Cards FAQs](#)

PATIENT CARE

[Clinical Recommendations by Topic](#)[Clinical Recommendations by Type](#)[Well-being and Prevention](#)[Public Health Emergencies](#)[Social Determinants of Health](#)[Access to Health Care](#)[Cultural Proficiency](#)[Early Childhood Literacy](#)[PTSD & TBI: Caring for Veterans](#)

The EveryONE Project™

Advancing health equity in every community



neighborhood navigator

As part of a continued commitment to help our members address social determinants of health (SDOH) at point of care, the AAFP's EveryONE Project offers tools for [screening patients to identify social needs](#), and [addressing health equity in your practice](#).

The Neighborhood Navigator provides the next step for improving social determinants of health among your patients.

As an AAFP Member, you can use this interactive tool at point of care to connect patients to resources and programs in their neighborhoods. This tool lists over 40,000 social services by zip code, including:

- Food
- Housing
- Transportation
- Employment
- Legal aid
- Financial aid

Watch Neighborhood Navigator Training Videos

[Get Started](#)

Zip or keyword or program name



Search for free or reduced cost services like medical care, food, job training, and more.

Select Language ▼



FOOD



HOUSING



GOODS



TRANSIT



HEALTH



MONEY



CARE



EDUCATION



WORK



LEGAL

2349 programs
serve people in
Philadelphia, PA (19104)

Type a search term, or pick a category

The EveryONE Project™
Advancing health equity in every community



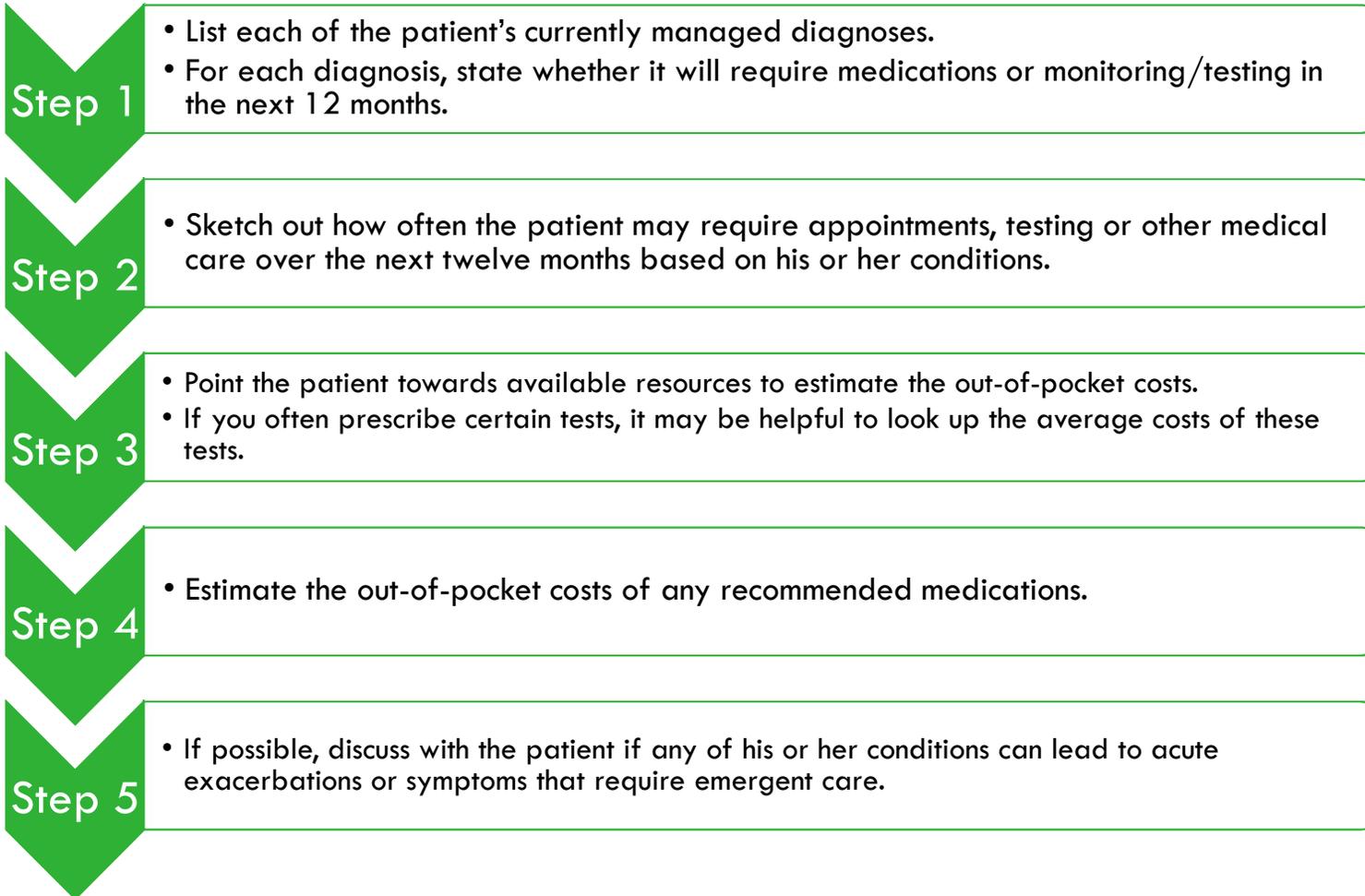
neighborhood
navigator

Steps to estimate cost of care

Step 1	Develop a potential diagnostic or therapeutic plan.			
		<p>At this phase, it is helpful to consider what the diagnostic or treatment plan may look like over the next few months, rather than between just the current and next appointment.</p> <ul style="list-style-type: none"> - Which medications are prescribed and what is the duration? - What are some monitoring tests that will be needed? - What are some diagnostic tests that you recommended? 		
Step 2	Once a diagnostic or therapeutic plan is sketched out, create an approximate calendar of necessary tests and treatments.			
		<ul style="list-style-type: none"> - How often will follow-up appointments be needed? - What testing will the patient have between or at the next appointments? - What medications should the patient be taking and for how long? 		
Step 3	Although it is hard to predict the exact cost of each necessary test and treatment, several tools are available to estimate those out-of-pocket costs. (See also Physician and Patient Resources document) –			
	Services		Medications	
	FAIR Health Consumer	https://www.fairhealthconsumer.org	OneRx	https://onerx.com
	Healthcare Bluebook	https://healthcarebluebook.com	GoodRx	https://goodrx.com
	New Choice Health	https://www.newchoicehealth.com	WeRx	https://werx.org
		Use these resources to estimate the costs of the recommended tests and treatments. It may be helpful to look up the estimated costs in your area for the most common tests and treatments that you prescribe		

Step 4	Identify any potential other costs of the medical care suggested by the patient.	
		<p>These costs will differ for each patient and the exact costs may be less important than the conversation itself. Inability to pay for these other costs may impact a patient’s adherence to the treatment plan.</p> <ul style="list-style-type: none"> - Are there any other costs associated with the treatment and tests you recommended? For example, are the transportation related costs difficult for the patient? - How is the patient handling days away from work for appointments and testing? - If applicable, think about Family and Medical Leave Act (https://www.dol.gov/whd/fmla/).
Step 5	Determine if your institution/organization has anything available to address the noted concerns. If not, the two resources below are a good place to start as they identify multiple programs for various needs.	
	NeedyMeds	https://www.needymeds.org
	Patient Access Network Foundation	https://panfoundation.org
Step 6	With the patient, review the plan as needed and make any necessary changes based on the direct medical and other out-of-pocket costs to the patient.	
		Research shows that patients want to bring up issues of cost with their health care providers but frequently do not. Checking in with the patient about any potential cost distress will not only normalize the conversation for the patient but potentially improve the patient’s care and outcomes.
Step 7	At some point in the care plan, address with the patient whether he or she is experiencing any intangible costs of care, such as depression, anxiety or stress that may require additional counseling or support.	
		<p>If additional support is required, a good place to start is to call the behavioral health benefits number on the back of the patient’s insurance card. Additional resources include:</p> <ul style="list-style-type: none"> - Crisis text line (text CONNECT to 741741) - National Suicide Prevention Lifeline, 1-800-273-8255
Step 8	Invite the patient to bring up any issues related to cost at any point in the care plan. Patients want to discuss costs with their health care team but may not feel comfortable doing so. Try “What questions do you have about the cost of the plan we have outlined?” “We’d like to hear about questions and concerns as they arise so we can help address them.”	

Medical treatment cost planning tool



Outline

- What is financial distress?
- What are the causes of financial distress?
- How to identify patients in financial distress?
- What are some available resources?
 - Patient resources
 - Physician resources
 - Practice resources

A practice level approach

1. Establishing the what and why
2. Measuring change
3. Planning for change and identifying solutions
4. Implementing and sustaining your plan

1. Establishing the what and why

■ Practice assessment

- Does your practice currently assess for Health Care Cost Distress?
- Once Health Care Cost Distress is identified, how is that communicated to the clinician?
- How does the health care team come up with a plan to address the cost distress? Who does it?
- How are these conversations and plans documented in the electronic health record?
- Who follows up with the patient about this and when?

■ Patient flow evaluation

- Sketch out all of the steps that a patient goes through for a visit
- List everything that occurs for each step
- Identify any areas where a patient is screened for places that require further attention

2. Measuring change

- Identify potential measures of success
 - Number of patients screened for cost distress
 - Number of cost conversations
 - Patient satisfaction with cost conversations
 - Clinician team satisfaction with process/conversations)

- Develop a data collection plan that is not too onerous

- Write an AIM statement detailing the outcome you would like to see that is measureable and time specific

3. Planning for Change & Identifying Solutions

- Based on your practice assessment and process map, what are your likely best opportunities for including cost distress screening and conversations in your practice?
- Identify a plan of how any positive screening would be communicated to the clinician
- Review the ACP and other resources and develop an action plan that the clinical care team can recommend based on the source of cost distress
- Review how the care team will document these
- Discuss who will follow-up with the patient and when
- Adapt the ACP resource sheet provided to meet the needs of your patients by adding any additional local resources
- Invite the patients/staff to ask cost questions and add to the resource document as they discover new local resources

4. Implementing and sustaining your plan

- Put your plan into action
- Periodically review your results and make changes to your plan as needed
 - For example, you initially thought it would work best for the medical assistant to screen, but now you realize it makes more sense for a nurse to screen following the patient's visit with the clinician
- Continue implementing and measuring your progress, making changes as needed to reach your cost screening and cost conversation goals

Summary

1. Cost-sharing is increasing and patients may be experiencing a greater financial burden from healthcare.
2. Patients would like to discuss costs with the patient but it rarely occurs.
3. Using some of the strategies reviewed, these conversations can be brief and overcome any potential implicit biases we may have.
4. Several resources are already available to aid in these cost conversations with patients.

Questions



References

1. Chino F, Peppercorn JM, Rushing C et al. Out-of-pocket Costs, Financial Distress, and Underinsurance in Cancer Care. *JAMA Oncology*. 2017; 3 (11): 1582-1584.
2. DeSouza JA, Yap BJ, Wroblewski K et al. Measuring financial toxicity as a clinically relevant patient-reported outcome. *Cancer*. 2018; 123(3): 476-484.
3. Commonwealth fun data. Fewer Adults Report Not Getting Needed Care Because of Costs, but Gains Have Stalled in Recent Years at <https://www.commonwealthfund.org/chart/2019/fewer-adults-report-not-getting-needed-care-because-costs-gains-have-stalled-recent>. Accessed on March 8, 2019.
4. Ramsey SD, Bansal A, Fedorenko CR et al. Financial Insolvency as a Risk Factor for Early Mortality Among Patients with Cancer. *J Clin Oncol*. 2016; 34: 980-986.
5. Kaiser Family Foundation at <https://www.healthsystemtracker.org/household-health-spending-calculator/>. Accessed on March 8, 2019.
6. Kaiser Family Foundation at <https://www.kff.org/health-costs/press-release/new-analysis-finds-high-out-of-pocket-spending-increased-for-people-covered-by-large-employer-plans/>. Accessed on March 8, 2019.
7. Alexander GC, Casalino LP, Meltzer DO. Patient-physician communication about out-of-pocket costs. *JAMA*. 2003;290(7):953-8.
8. Alexander GC, Casalino LP, Tseng CW, McFadden D, Meltzer DO. Barriers to patient-physician communication about out-of-pocket costs. *JGIM*. 2004;19(8):856-60.