

IT'S TIME TO TALK: A HEALTH CARE PRACTITIONERS GUIDE TO COST CONVERSATIONS

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IN THEIR OWN WORDS . . .

I'm grateful to have health insurance through my job that pays for my blood pressure pills. A lot of people don't have any insurance at all. But my insurance doesn't pay for much except prescriptions until I hit \$4,500. It has a high deductible, and I pay a lot of money out-of-pocket.

UNDERSTANDING COSTS

There are two types of health care costs faced by patients: direct and indirect costs.



Direct costs are directly related to a patient's medical care. Direct costs are expenses like co-pays, coinsurance, deductibles and prescription medications.

Indirect costs are expenses not directly related to a patient's medical care. These costs may be necessary to follow a treatment plan, such as extra money spent on food for a special diet and the cost of gas or bus fare to get to appointments or repeated treatments like physical therapy. Indirect costs also include money for childcare or eldercare while at appointments. Time off work for treatments is another indirect cost. Patients may not have paid sick leave and may lose wages for time off work.

Studies show many patients are mainly concerned about indirect costs of health care.

Direct and indirect costs may pose barriers for patients in following a treatment plan, but studies show many patients are mainly concerned about indirect costs of health care, like lost income, transportation, childcare and other costs.

UNCOVERING THE PROBLEM

Routine health screenings and risk assessments for everything from blood glucose to health literacy are part of providing good health care. You ask patients to describe their symptoms and health history, but you may not routinely ask about cost concerns.

So how will you know if your patient has cost concerns? You won't know unless you ask.

Some providers look for clues, like poor treatment adherence, care delays or poorly controlled chronic conditions. They may wait for the patient to directly mention cost concerns.



Most patients report they want to have cost-of-care conversations, but less than thirty percent report actually having these talks with health care providers. (Ganos et al., 2018)

Waiting for patients to share cost concerns may be one reason why cost-of-care conversations rarely occur, despite both patients and health care providers agreeing they are important.

Most patients won't bring up the topic and health care providers are often uncomfortable starting the talk.

For providers, this hesitance may be driven by concerns patients won't follow through on care if they know all the costs upfront. However, patients say something different – they want to know the cost so they can plan for them. They want to comply with treatment plans.

Another reason providers may not bring up this subject is that providers may not know the costs associated with treatment plans due to complex and varying insurance plans.

Only 28 percent of patients report having cost of care conversations with providers, while 70 percent of patients want these conversations to happen.

IN THEIR OWN WORDS . . .

The doctor's office is the only place I go where I don't know what the final bill is going to be. I suppose I need to learn what my coverage is so I can plan ahead, space things out. And it's not just the clinic bill. When I had to get physical therapy for my knee a few years ago, I was driving 40 miles round trip. That's a lot in gas money. I didn't know I'd have to go twice a week. It was only open during the day. I didn't know that my insurance wouldn't cover it all. After a few weeks, I had to quit going. I couldn't get off work anymore, so I've just been dealing with my injury.

FINDING SOLUTIONS

The solution to this many-faceted problem is building a cost-of-care conversation into clinical practice. Cost-of-care conversations are short talks between patients and health care providers about financial barriers and costs. You might think of this as a screening. These talks can be quick. Most take a minute or less. A short time investment can improve patient adherence to treatment plans and outcomes.



The health care provider may initiate the talk, but it's likely that another member of the team – a nurse, case manager, business manager or other staff – will be most knowledgeable about costs and resources. Responsibility for initiating cost-of-care conversations does not necessarily reside with providers. Each clinic or practice will need to decide what works for their setting.

Sometimes ancillary staff are better equipped to address cost-of-care questions, and most patients are satisfied speaking with those in the practice who are most knowledgeable about costs and reimbursement.

This means cost-of-care conversations can be built into the workflow in a way that works for each clinic or practice.

Cost-of-Care Champion Some practices have found it useful to appoint a cost-of-care champion. This person could be a physician, head nurse, case manager, front desk staff or another employee. They make sure that cost-of-care conversations are always top of mind in patient care. This person regularly reminds staff of the importance of cost-of-care conversations and may identify opportunities for training and continuing education.

IDENTIFYING BARRIERS

Cost-of-care conversations can be initiated by patients, but most patients won't bring it up.

Patients may not know they can ask about costs. They may miss out on some cost-saving strategies that could be offered, like delaying non-urgent medical tests until deductibles are met or using telehealth appointments to reduce transportation costs.

Patients often worry that raising concerns about money will mean they will receive less than optimal treatment when the opposite is true. Talking about money worries can improve care. Knowing about these concerns can help providers choose alternatives that may be less expensive and just as effective.

Talking about money can be uncomfortable and some patients may not know they can even ask about costs.

Patients may worry health care providers don't have time for cost-of-care discussions. They may feel they are imposing on a busy schedule.

Most health care providers will make the time, and research shows that cost-of-care conversations don't significantly increase the time doctors spend with patients. They can take one minute or less!

Finally, some people are uncomfortable talking about something as personal as money.

This discomfort can lead to serious health consequences. For example, patients may skip dosages of unaffordable prescription drugs, making them appear less effective. Avoiding discussing a financial barriers could trigger an unneeded increase in dosage.

Patients uncomfortable talking with the doctor can consider talking with another member of the health care team.

That's why it's important to designate a member of the health care team to talk to patients about costs or a lead person in the cost-of-care process.

IN THEIR OWN WORDS . . .

Oh yeah, I'm feeling stressed - financially and otherwise! My two grandkids moved in with me. All the changes in the last few months have been really stressful. And with all the disruption, I can't remember to take my blood pressure pills like I'm supposed to.

MAKING COST CONVERSATIONS HAPPEN

An effective way to make sure cost-of-care conversations are part of patient care is to screen for cost concerns. Some providers have found it useful to screen for potential financial cost concerns by asking the questions below recommended by the American College of Physicians.

In addition, sharing how other patients have dealt with financial stress from health care costs can help identify and normalize the issue of cost distress.

Here is some sample language:

"Other patients I've worked with have handled financial stress in a variety of ways. Some cut back on medications and canceled appointments - which I don't recommend. Others cut back on home expenses, like entertainment, food and clothing. Have you made any of these changes because of financial strain?"

Potential Screening Questions:

- *Are you worried about how to pay for the cost of your care?*
 - *Do you feel stressed financially due to your health?*
 - *Have you missed appointments or medications because you could not pay for them?*
 - *How can we help you with these problems?*
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Patients may be concerned bringing up costs will negatively impact their medical treatment. They may worry they will get less care because they cannot afford it. Reassure them that cost-of-care conversations will help improve their care; it will help them save money and have better health outcomes.

Ask patients if they feel they will be able to cover their out-of-pocket costs. Let them know you are there to help. Reassure them you are sensitive to their needs. Some sample statements to reassure them include:

“Our goal is for you to get the best available care.”

“Sometimes financial stress negatively impacts our patients.”

“I’d like us to work together on these issues.”

*“We will continue to treat your condition in the best way possible.
You’re going to get good care.”*

SEEKING SOLUTIONS

After starting the conversation, screening, allying with and reassuring the patient, it’s time to find solutions.

Talk to the patient about options that may help with the sources of financial stress they described. Include the patient in the decision.

You can use the following prompts to start this part of the cost-of-care conversation:

Working Toward Solutions:

“Let’s discuss some different options that might help and the pros and cons of each.”

*“Drug companies often have assistance programs to help patients.
Would you be interested in learning more about that?”*

“There are other medications that are just as effective but may be less expensive.”

“We have a list of resources that could help. Would you like a copy of that?”

“Would it be helpful to talk to someone else on my team about your options?”

Affirm their cost concerns and share options that can help, like changing to generic drugs or programs that assist with transportation.

The options shared don’t have to be comprehensive. They depend on available resources in your area. Some options are better than none. And often the strategies that will help won’t require any additional assistance from you.

For example, switching to a 90-day prescription instead of 30-day may save on transportation costs. Some drugs may be available for delivery or shipped directly to the patient.

Other strategies may require more help, like facilitating a referral to a state or local agency or enrolling in assistance programs.

Talk with the patient to see which options will help with their concerns. The patient makes the ultimate decisions. As their partner, you can help them access resources to support their preferred options.

Schedule a time to follow up in person or by phone. Ask the patient to confirm they understand the plan by describing it back to you. Connect patients to resources or a staff member who can assist in finding available resources.

INCORPORATING COST-OF-CARE CONVERSATIONS INTO WORKFLOW

Each clinic or practice will need to determine who will lead cost-of-care efforts after initial screening and think through how to include cost-of-care resources in the workflow.

Remember, the person who starts the conversation may want to refer the patient to another staff member as the cost-of-care champion. This person should be knowledgeable of costs and resources and also be a good listener.

The American College of Physicians Cost Distress Identification Tool recommends two approaches in screening patients for cost concerns.

Option One: Patients answer **written questions**. They can do this either before the visit on a survey they receive in the mail or while waiting for their visits. These could be questions on the intake form or a separate form. One benefit of this approach is the patient can complete the questionnaire in private. A risk is the answers might not get handed off to the health professional.

Option Two: **Ask patients the questions** during some part of the visit (for example, during check-in, vital sign assessment or the actual visit). One benefit of this approach is all patients are likely to get an opportunity to discuss costs if they want. A risk is a patient may feel too embarrassed or exposed to answer honestly.

Two Screen Approaches for Cost of Care

	Description	Benefit	Risk
Written Questionnaire	Patient answers written questions before the visit	Patient privacy	Answers may not be communicated
Patient Interview	Patient answers verbal questions during the visit	Opportunities for discussion	Risk of embarrassment

Screening is the starting point for cost-of-care conversations. Decide with your team the most practical and effective way to integrate screening into your workflow and how screening will be documented and shared with those involved in other facets of patient care.

With your team, decide who will be responsible for starting cost-of-care conversations with patients. Opportunities are often missed when members of the care team assume other staff are discussing costs with patients.

Physicians or other members of the health care team can use a few phrases to help start the conversations. But the most important thing is to agree on who will consistently fill this role in your workflow and how information will be shared with others involved in the patient's care.

Including cost-of-care conversations and related tasks in your existing processes will help ensure these discussions occur. Where in your workflow can you include reminders to ask about cost concerns, or provide cues, like conversation starters?

Now that you know about cost-of-care conversations, you can decide with your team how to proceed.

This simple exchange of communication can take less than one minute, increase quality of care and possibly improve health outcomes.

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