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#### **OBJECTIVES**

## At the conclusion of this activity, participants will be able to:

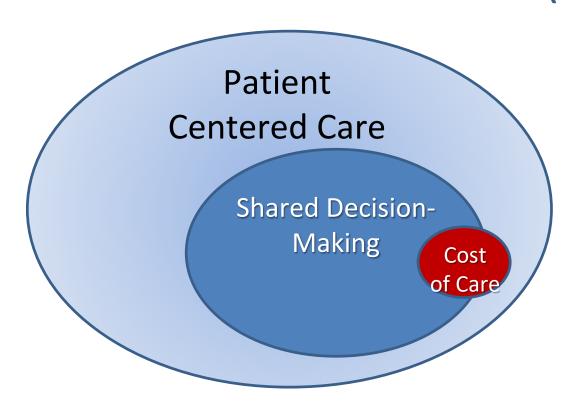
- Better understand the need for systematic, patient-friendly, culturally relevant CoC tools for patients, and for insightful CoC staff training that encourages and enables proactive exploration of CoC concerns;
- Understand the principles of shared decision making and patient-centered care;
- Explore current and best practices for conducting cost-of-care (CoC) conversations in primary care among vulnerable patients, and optimal methods for training FQHC staff members on this emerging CoC issue.



Robert Wood Johnson Foundation



## Shared Decision-Making (SDM) and Cost of Care Conversations (CoC)





## Cost of health insurance premiums

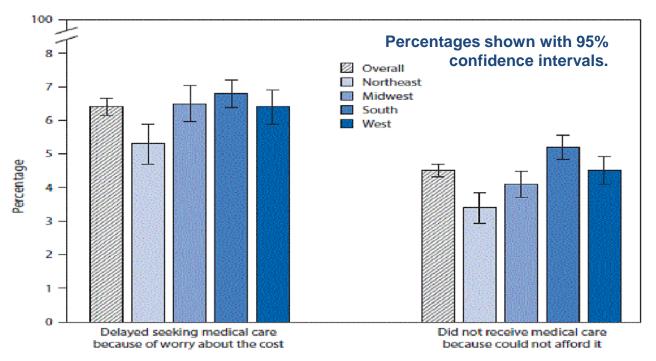
Cost of co-payments and deductibles

Elements of "cost of care"

Absolute or Relative estimates of the ("direct") cost of procedures and medications

Other ("indirect") costs of illness (e.g., lost work time, transportation for treatments, etc.)

## RATIONALE: Cost of Care's potential effect on Care Plan Adherence?



Result of cost concern

#### Costs of Care Hierarchy and Time

#### **Cost of Illness**

**Any Discussion about** 

Costs of this Patient's Condition....

"I just saw that Cost of Breast Care in State X is:

\$Total Direct and Indirect, where Insures pay \$XX to Hospital, \$XX to Physicians and patient usually pays \$XX out of pocket, over 12 months."

#### **Cost or Coverage**

**Any Discussion about** 

this Patient's Insurance & Costs....

"The Insurance Clerk has indicated that your Insurance is not covering the test strips and supplies AND you're having trouble taking time from work for treatments... what can we do about this?"

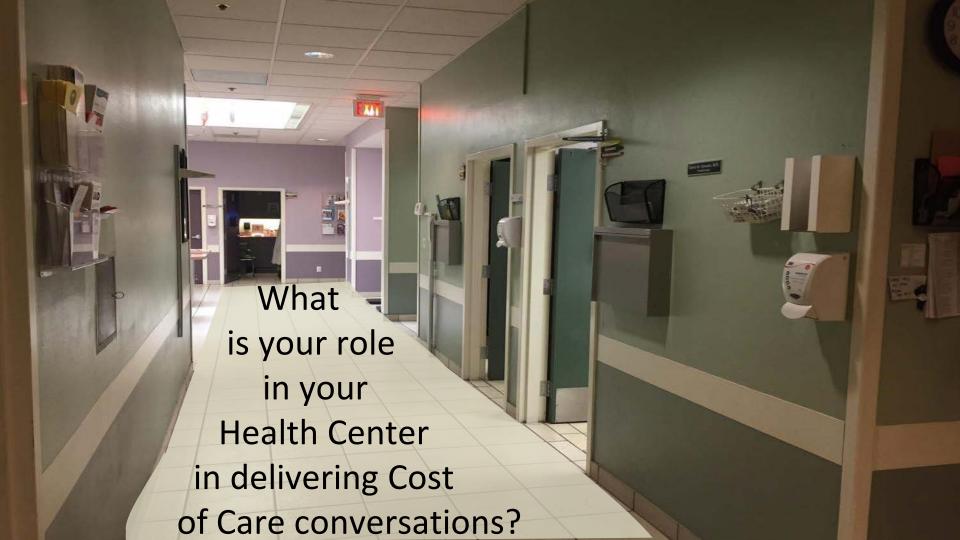
#### **Out of Pocket Costs**

Any Discussion of Patient's Costs....
"Your co-pay is \$20 per visit.
Is that a problem for you?"

CoC conversations were most often (67%) less than one minute!

"costs of care" conversation

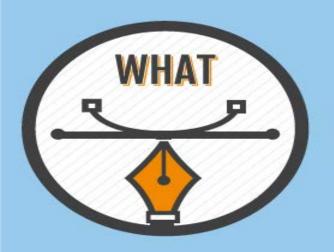
Rarely (6%) did the CoC conversation take more than 3 minutes.



One of the Clinics' CFOs, responded after our "CoC Conversation Awareness Training", by challenging his entire team to recognize that...

"unless we are willing to engage the patient in these CoC This is a Two-Way conversation! discussions, why should they be engaged?"

How Comfortable and Trusting are these patients when Health Center Staff members are talking to them about CoC issues?







Let's review some positives and negatives that can impact the success of the Cost of Care Conversation



#### Front desk staff

A staff person can be a role model for a child, and can instantly gain trust and establish rapport to facilitate a Cost of Care conversation...



#### However....

A staff person may recall that through segregation she could not get services at this site when she was a child...

*Eligibility staff* knows of resources and programs that the family may not be aware of. This *positively* launches the cost of care conversation...



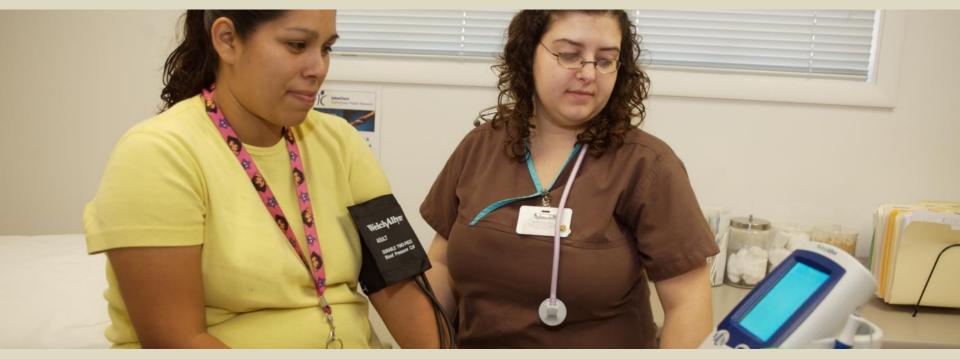
However...Eligibility staff may view use of charitable or public benefits as a weakness, and undermine any CoC conversation...

Lab staff may be able to explai the unique billing processes of external labs to avoid issues of unnecessary costs of care...



**However...., Lab staff** who are in a hurry, may not focus on the discomfort or concerns of the person in front of them...

**Medical Assistant**, who "Speaks the patient's language" gains trust and comfort of the patient and may see the hesitation about additional imaging expectations...



However...., Medical Assistant

who does not know the words for some of the cost of care elements could confuse the patient about her costs.



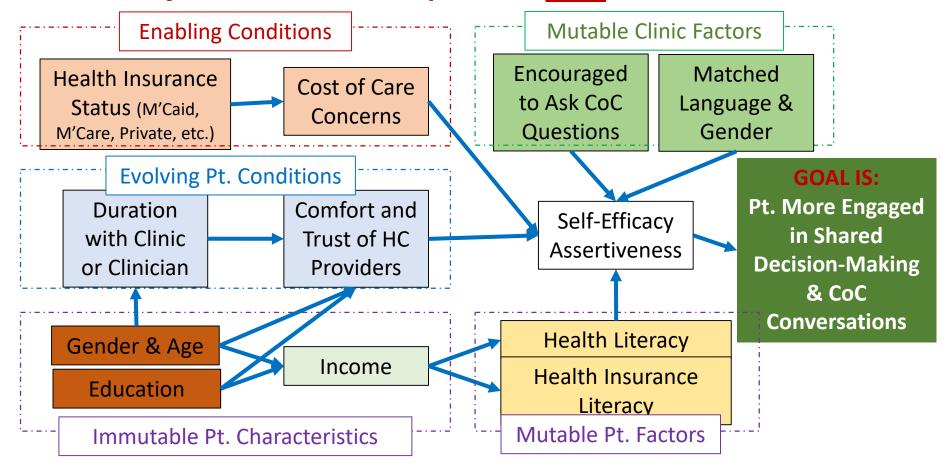
#### Clinicians

are the most influential in the patient's view and may alter the care plan (e.g., treatments or meds) if mindful of the patient's financial situation...

#### However..., a Clinician

may feel the patient should get the newest and the gold standard, which may increase non-compliance and poorer outcomes...

## CoC Conversation Behavioral Model Which factors are more important, <u>AND</u> can be acted on?



## Missed opportunities?









#### Purpose of Cost of Care Conversation

#### Patients will be:

Better-informed and participating in shared clinical decision making

Better equipped to engage in effective self-management and care plan adherence

# Clinician and Provider Organization will:

- ✓ Use time more effectively, in the long-term.
- ✓ Create shared clinical decision making with patient, that may result in better outcomes.
- ✓ Assist patient in achieving adherence to their care plan, and better self-management.

### Clinic's CoC Policy will clarify:

Who will take on the role?

Will relative or absolute costs be identified?

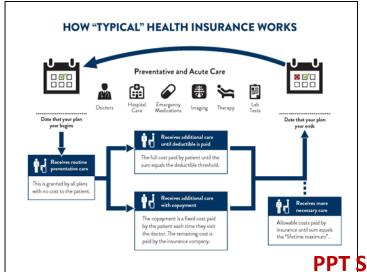
Who should be sensitive to the cost of care concerns and signal to whom that the CoC conversation is needed?

Costs clearly affect care decisions and the patient's adherence – what is the clinic's responsibility in a Patient-Centered Medical Home ?

#### Health Insurance Literacy

- ✓ Our Staff Interviews indicated Patients didn't "understand Insurance or Terms"
- ✓ Our Patient responses showed that they had nothing to go home with to help them in this understanding. So, we designed a slide show & poster or handout!

#### **Handout or Small Poster**



#### What do the Terms in Health Insurance Mean for Patients' Cost of Care

A Product of

The Robert Wood Johnson Foundations Funded Project "Clear on the Cost: Patients and Providers Co-authoring the Care Plans"

by Migrant Clinicians Network, Inc.

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## Questions?



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#### **REFERENCES:**

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- 2. Hunter et al., What Strategies Do Physicians and Patients Discuss to Reduce Out-of-Pocket Costs? Analysis of Cost-Saving Strategies in 1755 Outpatient Clinic Visits, BMC Health Services Research (2016) 16:108, DOI 10.1186/s12913-016-1353-2.