
What Your Patients Aren't Telling You: How To Partner with Patients To Help Manage the Hidden Costs of Healthcare

Cost-of-Care Conversations Practice Brief #2

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Aim / This Practice Brief provides you with information on the burden of indirect costs of care (e.g., transportation, child care, and lost wages) that your patients face, and tips for addressing those costs.

Key Takeaways /

- Discussions of potential “indirect costs” of care with patients – such as transportation, child care, and lost wages – are important as these may directly impact their access and ability to stay on a recommended care plan
- Understanding the “competing costs” (e.g., food, bills, and housing) that your patients face can help better target cost-of-care (CoC) conversations
- Indirect costs of care may affect any of your patients, regardless of their socioeconomic and insurance status, but they pose a greater burden to low- or fixed-income patients
- Help patients mitigate the financial hardship caused by the indirect costs of care by tailoring care plans to their needs and connecting them with appropriate resources

What Are the Indirect Costs of Care that Your Patients Are Facing?

“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/University of Illinois at Chicago study (1)**

Patients often do not proactively share the reasons they miss appointments or are not able to stay on a treatment. Clinicians should explicitly ask patients questions, to help assess a patient’s needs and gain information that can support patients in achieving the best health outcomes.

Patients and families often report facing burdensome indirect costs of care that can increase their out-of-pocket (OOP) costs of care and impact their access to recommended care (1, 2). These indirect costs include:

- Cost of travel or transportation (e.g., gas, parking)
- Time of travel
- Cost of food (e.g., during travel to and time at appointments)
- Cost of child or elder care (needed for when patient is accessing care)
- Patient and family work productivity or lost wages
- Burden on family or caregivers
- Administrative burden (e.g., time spent communicating with insurance company, coordinating care)
- Required wellness activities (e.g., diet modifications and regular exercise)
- Patient and family education or skill building (e.g., learning how to self-inject, how to operate an oxygen tank)

Often more hidden than the indirect costs of care are the “competing costs” that patients face, related to basic needs such as paying for: food, bills, and housing. Addressing competing costs requires understanding a patient’s social determinants of health (SDOH). Some practices conduct SDOH screenings to understand patients’ needs. The incorporation of results from SDOH screenings into the medical record can help you: identify if your patients are experiencing significant competing costs, hold more targeted CoC conversations, and refer them to appropriate resources.

Figure 1, illustrates a sample calculation of the indirect costs associated with a high-risk pregnancy for a woman in Chicago, based on the duration and frequency of her appointments over the course of her pregnancy. Indirect costs such as food, transportation, and lost income are directly related to the patient's number of clinic visits and the length of her appointments. These costs, which might seem less significant, can add up quickly. For example, **Figure 1** shows that a pregnant woman taking the bus to her appointments could spend on average \$2,672.50 throughout her pregnancy, due to costs associated with food, transportation, and lost income. Therefore, by engaging in CoC conversations that include discussions about indirect costs, clinicians can help patients appropriately plan and budget to offset those costs over the course of their care experience (1).

Both the Sinai Urban Health Institute/University of Illinois at Chicago and the Center for Health Progress grantees developed resources to support conversations around the indirect costs of care in collaboration with patients (1, 3). The poster in **Figure 2** was developed by the Center for Health Progress in collaboration with low-income, Spanish-speaking populations in Adams County, Colorado (3); and the appointment tracker in **Figure 3** was developed in collaboration with pregnant or recently post-partum women, clinicians, and support and executive staff in Chicago (1). Given their development process, both of these resources were highly relevant to and accepted by patients in their respective studies for supporting CoC conversations. Developing CoC conversation resources with patients helps ensure the needs of specific populations are met and the resources are useful to them.

Cuide su salud y su dinero!
Es nuestra responsabilidad informarnos sobre los costos médicos. No sea usted el que diga, "no lo sabía."

Hay recursos para todos si sabe dónde buscar

Para encontrar servicios de salud: cohealth.co/BlueGuideEs
Para entender el seguro médico: SeguroTU.org

Con persistencia, podemos obtener la información que necesitamos sobre los precios y opciones médicas y asegurarnos que recibamos el cuidado que merecemos. Más vale prevenir que lamentar!

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Planning for your appointments
Over the course of your pregnancy you will have many visits to the clinic. Each visit is important for a healthy pregnancy. Planning ahead can reduce your overall stress and help save money.

- Transportation:** Adding an extra trip to the clinic for your appointments can add up. If you have a car, consider carpooling with a friend. If you don't, consider public transportation. Call your insurance company for more information.
- Childcare:** Childcare costs can add up. Consider having a family member or friend watch your children during your appointments.
- Food:** Eating a healthy diet is important. Consider bringing your own lunch and snack to the clinic.
- Time off work:** Work with your employer to arrange time off work for your visits. The clinic can provide a note for your employer if you need it.
- Parking:** The clinic can provide a parking pass for you. If you don't have a car, consider using public transportation.
- Co-pay:** Call your insurance company and ask what is covered during your pregnancy. Always double-check your bills.

Managing your pregnancy care and coverage
Don't hesitate to ask questions. Addressing them now will allow you to focus on your health and your pregnancy in the coming months.

Questions to ask your physician:
What types of, and how many, ultrasounds will I need, and can I check if they are covered by my insurance?
What specific blood tests will you order, so that I can check for coverage?

Questions to ask your insurance:
Are my doctor's appointments covered completely?
What fees am I responsible for?
Will this treatment go towards my deductible?
How far am I from meeting my deductible?

Tip: When you call your insurance company, have your group and ID numbers ready.

Tip: There is a lot of new information given during prenatal visits. So bring a notebook to your appointments.

Questions to ask when scheduling appointments:
Can any of these tests be grouped together in the same day?
How can I save the wait time in between tests?
Is this schedule manageable with my current work schedule?
Tip: Some test will require some planning. Ask about scheduling in advance.

Your care plan for a healthy pregnancy

1st trimester
First trimester visits focus on your health and any conditions you have that may affect your pregnancy.

2nd trimester
Second trimester visits focus on growth of the fetus and look for changes to your health. Some conditions like gestational diabetes can develop during pregnancy. Regular visits identify these early and make sure you get the right care.

3rd trimester
Third trimester visits focus on the health of your baby and monitor your progress for any sudden changes. During this time, your pregnancy can change quickly. Regular visits can ensure you keep monitoring your health and to plan for your delivery.

Plan extra time for labs & procedures
A scheduled obstetrics exam helps screen for Down syndrome. A detailed ultrasound of fetus is a picture of your fetus to check its age, size, date and growth. To get a good picture, drink one glass of water before the test to fill your bladder. Plan for 15-20 minutes.

An anatomy ultrasound checks on the size, weight and sex of the fetus. It can also detect some fetal abnormalities. Plan to drink two glasses of water before the test to fill your bladder. Plan for 30-45 minutes.

A Nonstress Test (NST) checks baby's movement, heart rate and contractions without causing any stress to the baby. Plan for 20-40 minutes.

Genetic testing is optional and screens for both defects and genetic disorders. Different tests have different time requirements.

Diabetes screening identifies pregnancy-related diabetes, which can cause serious health problems. Every woman takes the Glucose Challenge Screening, for which you drink a sweet liquid and then have blood drawn. Plan for at least 1 hour.

Women who don't pass the screening test will schedule the Glucose Tolerance Test. Plan for 3-4 hours.

Anatomical tests are routine tests to monitor the health of you and baby. They can include screening for Group B streptococcus and fetal heart rate monitoring, among other things.

Figure 2. Poster developed by the Center for Health Progress grantee that invites patients to discuss costs with their clinicians. [Click here for a full-size version of this resource](#)

Figure 3. Appointment tracker developed by the Sinai Urban Health Institute and the University of Illinois at Chicago grantee to support pregnant women and their clinicians discuss the expected frequency and duration of appointments over the course of their pregnancies. [Click here for a full-size version of this resource](#)

Key Considerations for Addressing Your Patients' Indirect Costs

Clinicians should ask about the financial needs of their patients to ensure that their patients can access the best possible healthcare and achieve their desired outcomes.

Consider using planning tools with all of your patients to invite and support CoC conversations that include discussions of indirect costs, such as those developed by the Center for Health Progress and Sinai Urban Health Institute/University of Illinois at Chicago grantees (1, 3). Additionally, if patients express concern about specific indirect costs, try to create a care plan that addresses their concern and meets their healthcare needs. For example:

- Are there care options that require fewer visits to the hospital or clinic?
- Are there care options that can be administered at home or remotely?
- Can you provide them with a 90-day prescription refill so that they can make fewer trips to the pharmacy?
- Can you connect your patient with someone in your organization (e.g., social worker, financial navigator, front desk staff) who can provide your patient with resources to help alleviate the indirect costs of their care? See **Figure 4** for a non-exhaustive list of national organizations that you can refer your patients to for support with indirect costs of care. This list should be augmented with local and state-based organizations.

Organization/Resource /	Description /
<u>Patient Advocate Foundation's National Financial Resource Directory, National Underinsured Resource Directory, and National Uninsured Resource Directory</u>	Repository of resources to help patients (including under and uninsured) address indirect patient/family costs, e.g., housing, utilities, food, transportation to medical treatment, home health care, medical devices, and pharmaceutical agents
<u>Patient Advocate Foundation's My Resource Search App</u>	App that helps patients quickly identify the community, national, and charity programs that can assist in their healthcare needs, including financial assistance for housing, utilities, and transportation
<u>NIH National Cancer Institute's Financial and Support Services for Cancer Patients</u>	Repository of resources from over 100 national organizations that provide emotional, practical, and financial support services, including lodging/travel and general living expenses assistance, specifically for individuals with cancer and their families

Office of Disease Prevention and Health Promotions' Financial Assistance

List of financial assistance programs across the US, including transportation, homecare, and child care assistance

NeedyMeds' Diagnosis-Based Assistance

Repository of financial assistance programs across the US, organized by diagnosis, including lodging, transportation, child care, and cosmetic (e.g., wigs) assistance

Patient Resource's Financial Resources & Pharmaceutical Assistance

Repository of financial assistance programs across the US, organized by basic living expenses, child care expenses, equipment/supplies expenses, government assistance, grants/scholarships/awards/camps, home health care expenses, and housing during treatment expenses

CancerCare's Helping Hand

Repository of organizations providing financial or practical help, searchable by diagnosis and zip code

Figure 4. National Organizations and Resources for Financial Assistance/Planning

Suggested Next Steps

- 1 Verify whether your organization has a financial navigator(s) and/or social worker(s) on staff who are already supporting patients with their indirect costs of care
- 2 Consider identifying any existing partnerships with community-based organizations that you can leverage for your patients, e.g., Meals on Wheels, care navigation services
- 3 Develop patient-facing resources with patients and caregivers that can support conversations about the potential indirect costs of care
- 4 Consider estimating the impact of the indirect costs of care on your patient population and partner with patients, staff, and community-based organizations to prioritize interventions to overcome this barrier

For Further Information

This Practice Brief summarizes research funded by the Robert Wood Johnson Foundation and offers practical ways for both patients and care providers to improve the value and frequency of CoC conversations. For the full set of briefs, please see [here](#).

References

1. Erwin K, Fitzpatrick V. Integrating Cost-of-Care Conversations into the Clinical Workflow. University of Illinois at Chicago Sinai Urban Health Institute. 2018.
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