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# How To Welcome Cost-of-Care Conversations in Your Practice

## Cost-of-Care Conversations Practice Brief #3

**Authors:** Kevin Fiscella,<sup>1</sup> Kimberley Fox,<sup>2</sup> Lisa Gill,<sup>3</sup> Carolyn Gray,<sup>2</sup> Susan Perez,<sup>3</sup> Amalia Gomez-Rexrode,<sup>4</sup> Domitilla Masi,<sup>4</sup> Joshua Seidman,<sup>4</sup> and Katherine Steinberg<sup>4</sup>

<sup>1</sup>University of Rochester Medical Center, <sup>2</sup>University of Southern Maine, <sup>3</sup>Consumers Union, and <sup>4</sup>Avalere Health

**Aim /** This Practice Brief provides you with concrete suggestions for how to welcome cost-of-care (CoC) conversations in your practice and “ready to use” examples to do so.

### Key Takeaways /

- Patients are often waiting for their clinicians to initiate CoC conversations, even when patients themselves have cost concerns
- Welcoming CoC conversations promotes patient reassurance to ask questions about costs of care during their visits
- Asking about costs can signal to patients that clinicians and staff care about them
- Tactics that can help make CoC conversations a normal part of practice include:
  - Implementing universal CoC conversation starters (see page 4 for examples)
  - Developing patient-facing resources that invite patients to discuss the costs of their care (see page 5 for examples)

# Why Should CoC Conversations Be Part of Routine Clinical Encounters?

“I didn't know that I could say, ‘How much does it cost to come here?’ I didn't know they had anything to do with the money part of it.”

- Patient, Consumers Union study (1)

Many patients assume asking about costs is not acceptable. They may also fear the loss of care or a treatment plan of lesser quality, because they asked. However, if a clinician initiates the conversation, it makes patients feel more comfortable to share their cost concern.

The Robert Wood Johnson Foundation (RWJF) grantees' research identified that effective CoC conversations require clinicians to make these conversations a normal part of the clinical encounter, given that patients often express discomfort asking their clinicians about costs (1, 2).

Patients display different levels of comfort and willingness to initiate CoC conversations. Patients may be hesitant to bring up costs due to: not wanting to challenge their clinician; concerns with using up limited time during their visit; and perceptions that bringing up costs is inappropriate (1). However, patients with higher levels of trust in their clinicians are more likely to initiate the conversation.

In turn, research shows that CoC conversations can strengthen the patient-clinician relationship (3). Specifically, patients report appreciating cost transparency and, when clinicians openly discuss the expected costs of care, they perceive that their clinicians care about them. While clinicians often report comfort in having CoC conversations, they also note that they wait for patients to bring up the topic, instead of proactively initiating the conversation with all patients (including those who are insured and may not show signs of financial hardship). Because not all patients are comfortable bringing up costs, this may cause clinicians to miss an opportunity to build trust and address patients' cost concerns. In order to build trust and create greater transparency around costs, it is recommended that clinicians initiate cost conversations.



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# Tactics for Making CoC Conversations a Normal Part of Your Practice

Consider implementing the following tactics to make CoC conversations a typical part of a clinical encounter:

- **CoC conversation starters:** To bring up costs with your patients and initiate the CoC conversation
- **Patient-facing education resources:** To encourage patients to bring up costs and help them feel it is welcomed

## CoC Conversation Starters /

Practices should implement CoC conversation starters into the clinical workflow to ensure costs are raised by the clinician during the visit – these questions can spark a CoC conversation. Costs of medications are a good place to start because the prescribing clinician often can influence how much the patient will need to pay. For example, the University of Rochester Medical Center grantee worked with local practices to develop and implement cost-of-medication conversation starters, using a team-based approach. Practices trained their nursing staff to ask patients questions such as *“are the costs of any of these medications a burden?”* during the medication reconciliation process (2). This study demonstrated that asking all patients about costs avoids making assumptions about which patients are struggling with the costs of their care. This finding is important given that a nationally representative survey fielded by Avalere Health, showed that:

- 76% of respondents believe it is somewhat to very important to discuss the costs associated with their medical care
- The cost of medical care that individuals will have to pay on their own is the top concern for 38% of respondents when going to see their medical provider
- However, following a visit with their clinician, 21% of respondents felt they only had some, a little, or none of the information that they needed about costs associated with their care

**Figure 1** outlines example CoC conversation starters that you can begin to use. Though CoC conversations should be initiated with all of your patients, there are specific times during a visit when conversation starters can more naturally be used, for example: during a medication review or change, during a referral, or when an adherence issue is identified and discussed. For more information on how to implement these into the clinical workflow, see [Practice Brief #5](#).

Prescribing clinicians should also routinely raise the conversation, especially when a cue is heard from the patient or when making decisions between treatments. Research shows that clinicians often miss or ignore important cues from patients regarding CoC concerns (4). Patients might express worries over the financial hardship of care (e.g., “I don't have very good insurance. I have to pay 50% and it costs a lot”), or even explicitly comment on the high costs they are experiencing (5). Clinicians should increase their awareness of these cues and use them as opportunities to initiate CoC conversations and address patients’ specific concerns.

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“I ask about the cost. To see if I’m prepared with the money ...I say poor people have to ask.”

- Patient, Consumers Union study (1)

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### Example CoC Conversation Starters

1. Do any of these medications/treatment plans represent a significant financial burden for you? If, so which ones?
2. Have you ever had trouble obtaining your medications or affording your co-pays?
3. Have you ever had trouble going to your appointments due to things like travel or childcare?
4. Do you have any concerns about the costs of your medical treatment, medication, or labs?
5. What has it been like for you dealing with your copays? Tell me more about how you've been dealing with the expenses.
6. What you're experiencing is increasingly common, so let's work together to see what you and I can come up with. Does that sound ok?
7. How about if we take another look at your medications/care plan and see if there are any less expensive alternatives?

Figure 1. Example Cost Conversation Starters

## Patient-Facing Education Resources /

Patients are often unaware of the costs of their care, leading to potential frustration when they receive their bills. Ensuring patient education resources about costs of care are available in the clinical setting will help to signal “permission” to your patients to initiate CoC conversations before, during, and after their clinical encounter. With the right messages, tools, and guidance, patients recognize the benefits of talking with their clinician and feel empowered to ask questions or take action to reduce their costs (1). Patient-facing educational resources can include waiting room and exam room posters, videos, fliers, and wallet cards. **Figures 2-6** below are example educational resources that your practice can build on.

To welcome CoC conversations in your practice, consider also creating and sharing educational resources to help improve health literacy (defined as “the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions”) (6). For example, the Migrant Clinicians Network grantee created a slideshow of common insurance terms and a handout describing how typical health insurance works (7). These materials are available in both English and Spanish. Because patients may not be the primary financial decision-maker in their family, consider also developing hand-outs to summarize the CoC conversations that can be taken home to communicate the expected costs of care.

- **Figure 2** is a flier developed in collaboration with low- or fixed-income patients to provide patients with cost questions to ask their clinicians (8)
- **Figures 3** is a poster that invites patients to discuss the costs of care with their clinicians (9)

- **Figure 4** are fliers developed in collaboration with breast cancer patients intended to provide patients with out-of-pocket cost estimates, help with planning, and invite patients to initiate CoC conversations with their clinicians (9) THESE FLIERS ARE STILL IN DEVELOPMENT AND NOT TO BE USED WITHOUT PERMISSION
- **Figure 5** is a wallet card intended to encourage patients to bring up costs and act as a resource (9)
- **Figure 6** is a palm card to encourage patients to bring up medication costs and provides example discount prescription programs (2)
- **Example Videos** that could be displayed in the waiting room (1)
  - [Talking with Your Doctor](#)
  - [The Way to Save On Your Prescription Drugs: Speak Up](#)
  - [Don't Bother Paying More for Prescription Drugs](#)
  - [5 Questions Your Doctor Wants You to Ask](#)



Figure 2. Center for Health Progress study flier. [Click here for a full-size version of this resource](#)



Figure 3. University of Southern Maine study poster. [Click here for a full-size version of this resource](#)

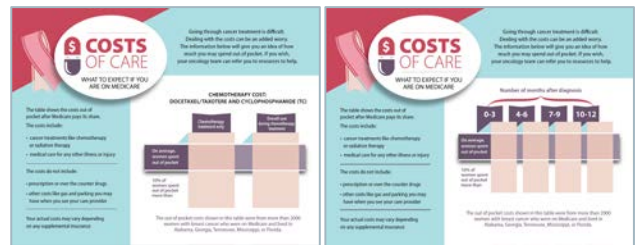


Figure 4. University of Alabama at Birmingham study fliers: Fliers are still in development and not to be used without permission.



Figure 5. University of Southern Maine study wallet card. [Click here for a full-size version of this resource](#)

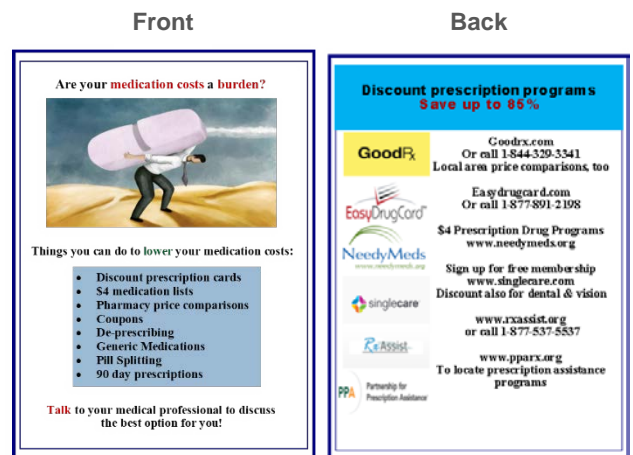


Figure 6. University of Rochester Medical Center study palm card. [Click here for a full-size version of this resource](#)

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# Suggested Next Steps

- 1 Share example CoC conversation starter questions outlined in **Figure 1** with clinicians in your practice and encourage their routine use
- 2 Develop patient-facing resources, such as fliers, wallet cards, and posters. To make these most effective, it is highly recommended that you solicit and integrate patient feedback into the development process
- 3 Work with your team to integrate patient-facing resources into the clinical workflow to ensure that they are widely accessible to patients in your practice. See [Practice Brief #5](#) for further details on how to develop a CoC conversation workflow
- 4 Ensure you provide training to all relevant staff on how to introduce patient-facing resources

## For Further Information

This Practice Brief summarizes research funded by the RWJF 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

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