
How to Integrate Cost-of-Care Conversations into Workflow

Cost-of-Care Conversations Practice Brief #5

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Aim / This Practice Brief provides you with key considerations for constructing workflow modifications to support cost-of-care (CoC) conversations in your organization.

Key Takeaways /

- Team-based approaches to CoC conversations often work best
- Implementing effective CoC conversations requires clarity in roles and responsibilities across your organization's staff
- Consider developing a workflow that incorporates CoC conversations to meet the needs of your practice

Key Considerations When Implementing CoC Conversation Workflows

All staff members can play a role in facilitating CoC conversations. However, opportunities for holding CoC conversations are often missed, as different care team members assume that other staff are discussing costs with patients. Do not assume CoC conversations are being initiated by patients or other members of the care team. When developing a workflow, consider the following tactics (1-3):

- 1. Employ a team-based approach and clearly outline roles.** Consider assigning specific roles for each person on the team. For example:
 - Members of the care team, such as medical assistants and front desk staff, can identify patients who were not able to follow the recommended treatment, imaging, or medication plan. These staff may also be a significant resource for your patients who are experiencing financial hardship and cost concerns
 - Clinicians can discuss costs within the context of clinical decision making or refer patients needing more intensive assistance to address cost concerns
 - Social workers, registered nurses, or other trained office staff can connect patients to financial assistance and/or support with financial planning
- 2. Establish a process for identifying and documenting patient cost concerns among staff.** Any collected information regarding a patient's cost concern or financial hardship should be made available to the care team. This information can be shared confidentially via the electronic health record (EHR), secure intra-office messages, paper notes, or face-to-face communication. By establishing a process for identifying and documenting this information you can help make it part of the typical workflow. By documenting in the EHR you can also help capture your patient's concern for future visits – some practices add this information to the medication reconciliation section or make a note in the chief complaint section of the EHR
- 3. Implement measures to track CoC conversations.** Establishing that these conversations are being tracked and measured will allow you to assess the frequency and content of CoC conversations. For example, ask clinicians to document when they hold a CoC conversation with their patients, and which cost-cutting strategies/referrals to resources they employ (please see [Practice Briefs #2](#) and [#4](#) for example strategies and resources). If possible, put this information into the EHR, to ensure it is made available to other clinicians and members of the care team. To support workflow, also consider implementing financial or indirect incentives for clinicians to track these measures
- 4. Ensure the CoC workflow is integrated into existing processes.** Integrate CoC conversations into existing processes by providing CoC conversation starters as reminders either through the EHR or other existing resources used by the care team. This will remind clinicians and other team members to initiate these conversations with all patients. See [Practice Brief #3](#) for example CoC conversations starter questions
- 5. Make resources and tools that support CoC conversations easily available.** Practices should assemble relevant resources, including information to support CoC conversations, and make it accessible to patients and staff. Resources can include quick links to state-based transparency

websites and community-based organizations to address [indirect costs](#) (e.g., transportation, child care, and lost wages). Additional resources can include web or app-based insurance formularies, comparative pharmacy information, local \$4/month prescriptions, links to health insurance websites, including enrollment under the Affordable Care Act, Medicare Part D enrollment, Medicare Extra Help, and pharmaceutical free medication programs. Resources such as posters and pamphlets in the waiting room can make this information more available to your patients. See [Practice Briefs #2](#) and [#4](#) for a list of example resources that you can make available in your practice

- 6. Implement training and check-ins with practice staff to support culture change.** When implementing a new workflow, staff training can support culture change. Following training, consider discussing opportunities and challenges for implementing CoC conversations during morning huddles and weekly staff meetings. Also consider using healthy competition to reward teams who are more consistent in holding CoC conversations. These strategies can help increase the frequency of CoC conversations, streamline the workflow, and maintain momentum on the effort

Here are Example Workflow Templates

Below are example CoC conversation workflow templates and policies developed by the Robert Wood Johnson Foundation's (RWJF's) grantees that you can utilize when building your own organizational workflow template.

Migrant Clinicians Network: CoC Conversation Policy & Monitoring Procedure /

The Migrant Clinicians Network grantee drafted English and Spanish templates for an organizational CoC conversation policy (or workflow) for Federally Qualified Health Centers (FQHCs) available [here](#) (see Cost of Care Policy and Monitoring Procedure) (2). This sample policy can be referenced and built upon when developing your own organizational policy.

University of Rochester Medical Center: Cost-of-Medication Conversations Workflow /

The University of Rochester Medical Center grantee developed a workflow to integrate cost-of-medication conversations within primary care practices. In their study, the University of Rochester Medical Center grantee nearly doubled the probability of having a cost-of-medication conversation at a follow-up visit (3).

Component /	Team Member Responsibility /
Screening question	Nursing staff asks several brief questions to screen patients for patient cost concerns. Potential examples include: “Do any of these medications represent a significant financial burden for you? If so, which ones?” “May I let your provider know?”
Communication of patient cost concerns to the clinician	Nursing staff communicates concerns to the clinician. Examples, depending on practice and EHR, include medication record documentation, (e.g., chief complaint or note on medication reconciliation), EHR message or secure intra-office message, paper note, or face-to-face communication.
Conversation with patient regarding options	The clinician/designee confirms patient concerns and presents the patient with potential options depending on the medication and available resources.
Partner with patients to select and implement strategies	Many strategies will not require additional assistance, such as generic or drug class substitution, or 90-day prescription. Some strategies will require minimal assistance from office staff, e.g., use of a pill splitter or referral to a retail discount program. A few strategies require moderate or more assistance, e.g., enrollment in insurance, change in drug plan, or enrollment in a pharmaceutical assistance program. See Practice Brief #3 for example strategies and resources to employ.

Figure 1. Workflow Components and Team Member Responsibility (University of Rochester Medical Center study)

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University of Southern Maine: Primary Care Practice CoC Conversation Workflow for Lower Back Pain /

Maine Quality Counts developed a workflow (**Figure 2**) for the University of Southern Maine grantee to implement CoC conversations with patients with lower back pain in the primary care setting (4). This study provided important findings related to the challenges of implementing CoC conversation workflows, and suggestions for how to overcome them. First, the focus on a single condition within a practice required additional workflow steps related to identifying eligible patients. Implementing CoC conversations with all patients can prove less burdensome. Second, the study found that CoC conversations should be initiated at different stages of the visit, based on the needs of the patient. Therefore, in some instances, it was premature for the medical assistant (MA) to ask about cost concerns prior to the patient discussing treatment options with the clinicians. Finally, when implementing CoC conversations, it may be beneficial to test the implementation with 1 practice before scaling across your organization, to ensure that challenges with workflow are addressed.

Team huddle to ID patients with low back pain /

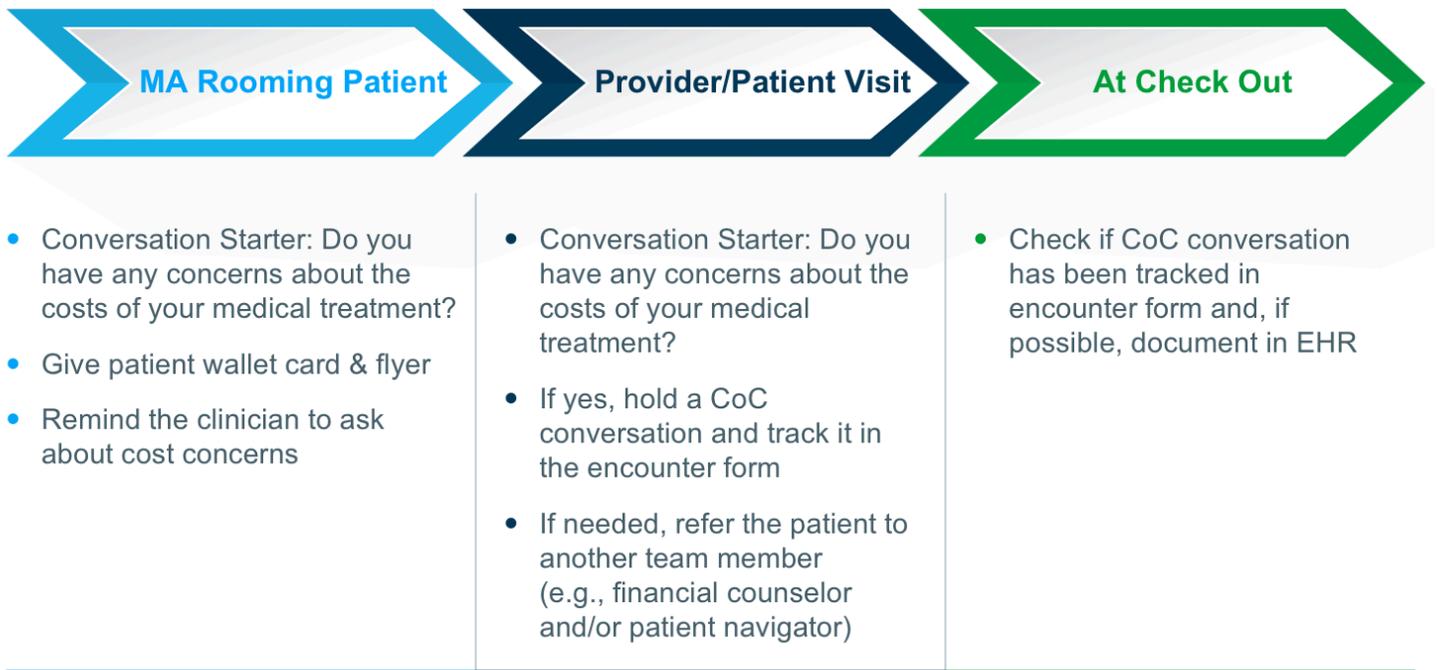


Figure 2. Primary Care Practice CoC Conversation Workflow for Lower Back Pain (University of Southern Maine study)

Kaiser Permanente Washington Health Research Institute: Patient Journey Map /

The Kaiser Permanente Washington Health Research Institute grantee worked with patients to develop “patient journey maps” for CoC conversations for several patient scenarios. The journey map (**Figure 3**) below uses a persona, Fred, to chart a positive patient experience related to CoC conversations, as described by patients (1). Although Fred is in no immediate financial distress, he keeps abreast of his medical care costs. For this visit, Fred needs an injection that can either be administered in the clinic or at his home; his coverage, however, is different for each option. Additionally, Fred feels that only his doctor can help with this specific clinical decision. This map can be used to inform your clinical workflow template, and ensure it aligns with patient needs.

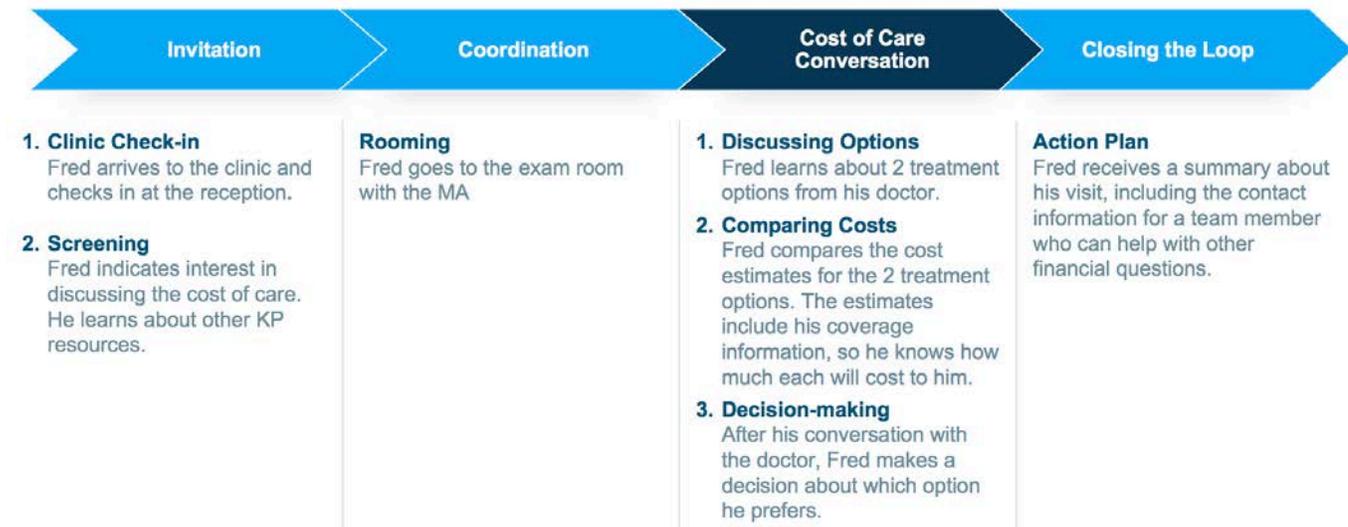


Figure 3. Patient journey map for CoC conversations (adapted from Kaiser Permanente Washington Health Research Institute study)

Suggested Next Steps

- 1 Develop a workflow template based on your organization's needs and culture by adapting the examples in this Practice Brief
- 2 Build on similar quality improvement initiatives wherever possible (e.g. initiatives to address food insecurity) to create greater alignment across your organization
- 3 Refer to [Practice Brief #3](#) for example CoC conversation starter questions to integrate into your workflow
- 4 Gain feedback and buy-in on the CoC conversations workflow from staff and leadership; if possible, also gain feedback from a patient and family/caregiver advisory council
- 5 Share the workflow template broadly and via multiple trainings to ensure it reaches all relevant staff

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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