RIGHT QUESTION, WRONG PERSON:
A Toolkit to Facilitate Cost-of-Care Questions in Health Systems

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A Toolkit to Facilitate Cost-of-Care Questions and Conversations in Health Systems

This toolkit was created to assist health systems in:

1. Supporting healthcare personnel in recognizing opportunities for cost conversations;
2. Responding to cost questions; and/or
3. Redirecting and referring cost questions to the appropriate health system personnel.

Policy experts contend that up to 30 percent of healthcare dollars in the United States are inefficiently used, and a significant proportion is linked to the overuse of unnecessary, harmful, and/or wasteful medical care.[1]

Past research has shown that patients are reluctant to engage in conversations about the cost of their healthcare because of limited time with their provider, feelings that it isn't the physician's responsibility to discuss cost, and lack of awareness that they can discuss cost with their physicians.[2] Additionally, due to limited time with their clinicians, patients have begun asking other members of the care team their cost questions, including personnel who have not been trained to answer or redirect the questions to the appropriate person. Asking these questions outside of the point of care has resulted in missed opportunities when clinicians are most equipped to alter a treatment plan. However, many physicians previously reported that they are willing to discuss cost and even suggest alternative treatment plans for patients who are experiencing challenges affording their care.[3]

To address this issue, this toolkit suggests action steps to:

1. Support healthcare personnel in recognizing opportunities for cost conversations;
2. Respond to cost questions; and/or
3. Redirect and refer cost questions to the appropriate health system personnel.

The suggestions in this toolkit are based on the results of a nationwide survey of 523 health system personnel representing 14 health systems. The health systems that participated in the survey had a previous history of implementing the *Choosing Wisely®* campaign, and were therefore more likely to have introduced the idea of cost conversations via utilization of the *Choosing Wisely* 5 Questions. Participating health systems were located in all regions of the country and employed varied payment models.

Health system personnel who responded to the survey self-identified as:

Physicians	27%
Registered Nurses (RNs)	22%
Pharmacists	11%
Nurse Assistants, Licensed Vocational Nurses, and Medical Assistants (NAs, LVNs, and MAs)	6%
Administrative Assistants	6%
Nurse Practitioners and Physician Assistants (NPs and PAs)	5%
Financial Personnel	2%
Psychologists, Counselors	1%
Case Managers	1%
Other	19%

1 **Smith et al., 2013:** Smith, M., Saunders, R., Stuckhardt, L. & McGinnis, J. M. 2013. *Best care at lower cost: the path to continuously learning health care in America*, National Academies Press; **Morgan et al., 2016**: Morgan, D. J., Dhruva, S. S., Wright, S. M. & Korenstein, D. *2016 Update on Medical Overuse: A Systematic Review*. JAMA Internal Medicine, 176, 1687-1692; **Keyhal et al., 2013**: Keyhani, S., Falk, R., Howell, E. A., Bishop, T. & Korenstein, D. 2013. *Overuse and systems of care: a systematic review*. Medical care, 51.

2 **Perez, SL. (2018, April 10).** *What, When & How of Cost Conversations*. Paper presented at the 2018 Lown Conference: Washington, DC.

3 **Perez, S.L.**, Weissman, A., Read, S., Smith, C.D., Colello, L., Peter, D., Nickel, W. (In Press). *U.S. Internists' Perspectives on Discussing Cost of Care with Patients: Structured Interviews and a Survey*. Annals of Internal Medicine. May 2019.

This toolkit highlights knowledge deficits among health system staff about how to have cost-of-care conversations, ways that those deficits impede staff's work, and their suggestions of proposed and actionable solutions. The survey results indeed demonstrated that there are strong opinions within health systems regarding which personnel should and should not be engaging in cost conversations as well as what tools and trainings are needed — and desired — to more effectively and efficiently have these conversations.

This toolkit is also a statement for advocating for health systems to invest in a culture of cost consciousness through training, modifying workflows, providing scripting, and potentially opening new job opportunities — all of which may ultimately improve patient and staff satisfaction, and patient outcomes.

Implementing cost conversations represents a new field of study advanced by our changing health care system and the changing expectations of patients who are asked to navigate an increasingly complicated system. Additionally, patients are increasingly carrying higher burdens of cost.

Our survey goal was to crowdsource the most practical steps for implementation, based on input from those working on the front lines of medicine and health care. Because of this, our findings prioritized the suggested action steps that you'll see in this toolkit. Much of this work requires a cultural shift that moves with our changing health care system. We hope that by having ranked the interventions based on findings from our survey, we're able to provide you with the best advice from those who are leading the charge into this new culture.

> **"It is important to have dedicated staff that understand both the insurance perspective and what medication assistance programs are available. Clinical staff should be trained with the basics of programs available and know who to triage patients to for these types of questions."**

Finally, we recognize that culture change and cost conversations are hard work — so, for that reason, this toolkit also highlights barriers to implementing cost-of-care conversations, including which type of staff is reluctant to engage in these conversations, why they're reluctant to engage, and what can be done either to motivate them to engage in these conversations or effectively redirect their patients to the appropriate health system personnel.

The contents of this report are divided into two sections. In the first section, we share the high-level findings from the survey. In the second section, we offer action steps and resources for cost conversation implementation.

High-Level Findings and Opportunities for Change:

- **Patients are Asking about Costs — and Specifically about Out-of-Pocket Costs.** According to survey respondents, the main questions asked by patients are:

  - "What will it cost me?" This includes questions about what the patient will have to pay out-of-pocket, including co-pays for appointments and medications, deductibles, supplements, minor non-durable medical equipment, and more. (45%)

> **"Patients are asking me, 'is there anything cheaper? Why do I need this right now? Can I put this off until I can afford it?'"**

  - "What are my alternatives, cost- and treatment-wise?" This includes questions about forgoing and/or delaying care, financial assistance programs, coupons, and opportunities to be treated elsewhere. (20%)

  - "What are the indirect costs?" This includes questions about how long the patient will be away from their job or family, how their activities of daily living may be impacted, and what side effects to anticipate. (7%)

- "Can you explain the costs to me?" This includes questions about understanding specific charges on bills, why patients got a bill they weren't expecting, and why a test or treatment cost more than expected (e.g., the same medication cost less previously). (7%)

  - ✔ **Opportunity #1:** As the burden of out-of-pocket costs continues to escalate, patients will likely have a growing number of questions. Health systems should take this opportunity to develop resources and tools so that patients can better anticipate and understand their costs, and simultaneously create systems and workflows to be better prepared to answer cost-of-care questions – likely leading to improved patient outcomes and trust between patients and providers.

  - ✔ **Opportunity #2:** Create CME trainings on what alternatives are clinically high quality and evidence-based. There is often more than one way to deliver high-quality care.

- **Pharmacists, Physicians, Health Insurance Companies, and Health Systems are Best Positioned to Talk with Patients about Treatment and Medication Costs, Ways to Lower Those Costs, and Potential Alternatives.**

  - Pharmacists felt that they were best positioned to provide patients with information about costs of medications. Similarly, a plurality of non-pharmacists also felt that pharmacists (34%) were best positioned to provide this information, followed by insurance companies (25%). Pharmacists felt that, within their health systems, they were best positioned to suggest cheaper, alternate medications to patients. Similarly, other health system staff also felt that pharmacists (30%) were best positioned to provide this information.

  - Physicians felt that, within their health systems, they were also well positioned to suggest cheaper, alternate medications to patients. Similarly, other health system staff also felt that after pharmacists (30%), physicians (22%), and insurance companies (22%) were best positioned to provide this information.

  - None of the professional groups surveyed felt that they were the strongest candidates to discuss lowering testing and general treatment costs with patients. Overall, respondents from all professional groups felt that insurance companies (33%) were best positioned to provide this information, followed by health systems (27%). Similarly, respondents felt that health and hospital systems were best positioned to provide information about the cost of tests and treatments (34%), followed by insurance companies (32%).

  - Prescribers, such as physicians, NPs, PAs, and RNS, (41%) felt that they were best positioned to have conversations about delaying and/or forgoing care due to cost. Similarly, all survey respondents felt that prescribers (46%) were best positioned to provide this information.

    - ✔ **Opportunity #3:** Pharmacists may be an underused resource in helping patients discuss and determine best options regarding needed and affordable medications. If your health system does not have an on-site pharmacy, consider adding an on-site or on-call pharmacist to your care team.

    - ✔ **Opportunity #4:** Health system staff believe that health insurance companies are well positioned to answer cost-related questions. Consider hiring and training staff to partner with patients – at time of care – to ensure that patients can get answers immediately about insurance and cost questions so that they can determine if their proposed treatment plan is affordable.

- **Cost Conversations Should Be "Normalized" and Not Dependent on Patient Initiation.**

  - The majority of survey respondents (82%) felt that there is no easy way to bring up cost conversations, though they did report that the best time to do so was during patient intake and while discussing treatment decisions – and that doing this more frequently within these timeframes would help "normalize" cost conversations.

  - Survey respondents indicated that patients initiate the majority of conversations about out-of-pocket costs (52%), and that 39% are having these conversations at least weekly.

> **"I would like training on how to have empathy when working with patients on cost issues and how to know what the most cost-effective alternatives are."**

- Health system staff rarely initiate conversations about cost of care, per survey respondents, though when they do, they're about out-of-pocket costs to patients (6%), cost of illness (6%), and cost coverage (8%).[4]

  - ✔ **Opportunity #5:** Health systems are currently relying on patients to initiate a conversation that is likely uncomfortable and intimidating for them, potentially leading to lost opportunities to discuss costs of care while treatment plans are being discussed and developed – and could still be modified. Consider proactively asking patients questions about cost concerns at check-in, on intake forms, while rooming patients, and/or while taking medical histories. In addition, health systems can hang posters in waiting rooms and other public areas "nudging" patients to ask about costs, letting them know that their questions are welcomed and encouraged.

- **Staff Demographics May Play a Role in Who Patients Talk to About Cost of Care.**

  - A majority of respondents (79%) did not feel that their race, gender, or age played a role in patients talking to them about cost. Conversely, of the 21% of participants who did feel that it played a role, they reported that their race, ethnicity, perception of social status, and/or role as a healthcare provider does indeed influence whether patients initiate cost conversations with them.

> **"Some patients are less likely to bring it up because I am 'old and white.'"**

  - ✔ **Opportunity #6:** Develop a health system in which cultural awareness is deliberate and in which staff becomes increasingly aware of and sensitive to the varying financial realities of all patients.

  - ✔ **Opportunity #7:** Ensure visuals such as posters, brochures, and videos represent diverse patients. Also ensure that patient-facing materials specifically encourages patients to talk to their health care providers about cost (e.g., with wording such as "Talk to your doctor if you're concerned about the cost of your medicine, medical tests, treatments, or procedures."). Provide scripting for your health care team so that they're more comfortable initiating cost conversations and/or responding to them.

> **"Could we create patient appropriate tools or handouts to guide these cost conversations?"**

- **Health System Staff Members Have Not Been Trained to Discuss Costs with Patients, But Would Like to Be Trained.**

  - Only 33% of respondents reported that their health system had provided training to staff (medical and/or support staff) on how to handle or redirect cost questions; 67% reported that their health system had never provided such training.

  - Only 14% of our respondents reported that their employers provide specific training on how to discuss treatment options with their patients based on a their ability to pay for it – meaning that 86% do not.

  - Twenty-eight percent of respondents reported that they do not need trainings related to cost conversations and/or that it was not applicable to their job. However, when asked about the types of topics that could be covered in trainings about costs of care, 72% of respondents offered a range of suggestions.

    - ✔ **Opportunity #8:** A tremendous gap exists between health system staff whose employer has provided training on discussing cost-of-care related issues and those who feel they need to be trained on it. Consider using some of the methods described in this toolkit to better support and assist your staff and patients, perhaps beginning with this organizational self-assessment.

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4 Definitions used in the survey were as follows: **Out-of-Pocket Cost:** The total dollar amount that a patient pays for healthcare expenses, excluding health insurance premiums. **Cost/Coverage:** The concept of whether insurance covers the healthcare service under discussion, and if so, how much is covered, dollar or percentage wise. **Cost of Illness:** The total dollar and opportunity cost of a healthcare event, including costs that impact others beyond the patient (e.g., family members, friends, or society as a whole), discussions about how this particular event may impact future health insurance claims, and secondary financial consequences of medical services (e.g., transportation costs or missing work due to treatment side effects which lead to lost wages or termination).

What can we do to encourage cost conversations?

While there is no perfect tool, solution, or workflow, there are many approaches that have been created and tested to help clinicians and patients have cost-related conversations. Through our survey, participants helped identify the biggest needs, and we have developed action opportunities to address those needs.

Action Opportunity: Learn what questions your patients are asking most frequently about costs – and what resources your team can share with patients to help answer these questions.

Question Patients are Asking	Resource to Share with Patients
What will it cost me? How much will I need to pay out of pocket, including co-pays and deductibles? (45%)	• Help patients understand the basics of costs of care, including indirect costs, why they should talk to their provider about costs, and what they can do if they're having trouble paying for their care. • Learn how to research health care prices. • Get estimated costs for medical treatments, based on where the patient lives, from FAIR Health Consumer and Healthcare Blue Book.
What are my alternatives, cost- and treatment-wise? What if I don't do anything? Are there financial assistance programs, coupons, opportunities to be treated elsewhere, and/or the possibility to delay care? (20%)	• Get information on healthcare cost-saving methods for patients. • Help patients understand patient assistance programs like this, this, or this, 30-day vs 90-day prescriptions; and shopping around to different stand-alone pharmacies. • Read about delaying or forgoing specific treatments. • Provide out-of-pocket cost financial assistance resources.
What are my indirect costs? How long will I be out of work or school, away from my family, and restricted from normal activities? What will transportation cost, in terms of time and money? What are the side effects? (7%)	• Discuss ways to partner with your patients to help manage the hidden – and indirect – costs of healthcare. • Discuss ways to measure patient-incurred costs and travel costs.
Can you explain the costs to me? They don't make sense. (7%)	• Get help understanding your health plan's Explanation of Benefits (EOB). • Learn how to read your medical bill. • File a complaint if you get a surprise medical bill.
Potential Barriers	**Proposed Solutions**
Some survey respondents (32%) indicated that patients do not ask any questions about costs.	• Encourage staff to initiate cost-of-care conversations so that the burden does not fall on patients, using these "conversation starters."
No survey respondents indicated that patients ask about quality of care.	• Given the national focus on quality and value of care – and conversely overuse of unneeded care – an opportunity exists to engage providers and patients in the nationwide *Choosing Wisely* campaign.

Action Opportunity: Help staff engage in cost conversations so that they can accurately answer patients' questions around cost.

Engagement Opportunities	Proposed Solutions
Staff need concrete tools that provide accurate cost information. (29%)	• Advocate for better quality cost calculators, that use high quality data and that are condition- and patient-specific, and that are web-based, apps, or pop-ups in EMRs. While such tools do exist, there is high variability on quality and usefulness. This is one example of a free online health care cost estimator resource. • Hire and train a support team to ensure that data in cost tools are current, relevant, and easy to use as well as support patients in planning for upcoming medical treatments.
Staff need trainings. (27%)	• Offer trainings on how to talk to patients about cost issues in empathetic, effective, and efficient ways and specific questions to use with patients. • Train staff on how to use your organization's cost calculator tools. • Train staff on how to redirect patients to the correct team that can accurately answer and/or secure answers to cost-related questions.
Staff need system support to accurately answer cost-related questions. (12%)	• Hire and train dedicated staff who can accurately answer cost-related questions or can act as an intermediary to answer questions and relay responses back to the patient and/or appropriate staff. This could include social workers, financial counselors, and health plan representatives. If your health system does not employ this type of staff, consider using this, this and this template to create a job description. • Partner with your patient advisory councils or patient advisors to help design patient workflows, communications, tools, and trainings. • Partner with community organizations that help patients navigate costs. • Secure dedicated phone lines to all locally-used health plans so that cost-related questions can be answered efficiently and accurately. • Modify workflow so that time is allotted and workplace culture respects and supports ample time for cost conversations with clinicians, support staff, and/or administrative staff. Here is a tool to help you consider how cost conversations can be integrated into workflow and here is an article on the systematic supports needed. • Use scripting to help integrate the conversation with the full care team.
Patients are not educated around cost-of-care issues. (7%)	• Create and/or procure patient-friendly education tools around cost-related issues and disseminate in print- and web-based methods, including medical cost planning tools, action-based handouts, videos, posters, wallet cards, and FAQs. • Offer town hall events, community meetings and/or classes where costs of care are discussed, not as a policy issue, but from the perspective of how to get accurate information and how to cut costs.

Health systems are part of the problem of high costs. (3%)	• Organize forums for staff to lobby for lower direct costs and prices within the health system. • Organize forums for staff to lobby for lower healthcare costs on a policy level.
Potential Barrier	**Proposed Solution**
Some staff feel frustrated because they do not see cost conversations with patients as a part of their role as a medical provider.	• Provide reading background and a podcast on why discussing costs of care is good medicine. • Read about how to address and overcome the most common barriers to implementing cost-of-care conversations.

Action Opportunity: Learn what your staff may want to be trained on so that they can have maximally effective conversations with patients around cost issues.

Training Opportunities	Proposed Solutions
Trainings on cost and financial assistance options for patients. (34%)	• Offer training resources on where to find information on costs and financial assistance for patients – and how to interpret that information. • Provide information on cost-coverage and cost-saving methods for patients. • Offer trainings on what resources exist to help patients compare costs of various care and diagnostic options (e.g., 5-day hospital stay vs visiting nurse; MRI at one location vs another). • Offer trainings or provide information, with guidelines and actionable items, to help patients save money on prescription drugs (e.g., patient assistance programs like this or this, 30-day vs 90-day prescriptions, and shopping around to different stand-alone pharmacies).
Trainings on how to make internal systematic changes. (10%)	• Offer trainings on how to quickly get in touch with financial counselors and/or the appropriate team that can provide accurate cost information. If your health system does not have financial counselors or a team that can provide this information, consider using this, this and this template to create a job description or find community linkages. • Offer trainings and group discussions on how modifying workflows and creating frameworks can improve the ability of cost-of-care conversations at the practice level and within your healthcare system. • Provide trainings so that patients aren't stuck with surprise or unnecessary bills.
Trainings on how to have cost conversations with patients. (9%)	• Offer trainings on how providers, medical assistants, and front desk staff can talk to patients about costs and coverage by using the 4E Model of Communication (Engage, Empathize, Educate, and Enlist). • Offer trainings on when and how to initiate conversations on cost – and share a podcast of "quick tips" with clinicians on how to talk to patients about expected costs of care. • Offer trainings on how to frame cost conversations in ways that are empathetic, efficient, and effective. Consider using role playing.

Trainings on basics of health insurance. (4%)	• Offer trainings or provide information on **health insurance basics** (e.g., what counts toward a deductible, what the 'donut hole' is, what counts toward an out-of-pocket maximum). • Offer trainings or provide information on **health insurance vocabulary** (co-pays, co-insurance, deductibles, pre-authorizations, out-of-network providers, formularies).
Training Barrier	**Proposed Solution**
Staff feel there is no need to be trained on how to have effective conversations about cost with patients. (28%)	• Teach staff *why* **cost-of-care conversations matter**, including how they can simultaneously build trust and improve health outcomes.

Survey Methodology, Response Rate, and Limitations

Methodology: The survey instrument was developed based on a review of literature on existing survey tools inquiring about cost conversations between patients and healthcare staff. With the assistance of a medical librarian, two electronic databases (SCOPUS and the Health and Psychosocial Instruments) were used to search for validated instruments on cost conversations, using the Medical Subject Heading terms "cost," "communication," "physicians," and "validated."

Survey questions were developed using topics that emerged from qualitative interviews with patients and physicians; existing cost conversation survey instruments; and expert feedback from national leaders in patient education, cost conversations, high-value care, quality improvement, and healthcare policy; and from healthcare professionals (e.g., physicians, social workers, pharmacists, and administrators).

The final survey topics consisted of participant characteristics and demographics; perception of the appropriateness of cost questions asked by patients; opinion on which professional roles are the appropriate resource for cost questions; reasons for why cost questions are initiated by patients; the frequency of different types of cost questions asked; perception of accuracy of participants response to cost questions; types of trainings that exist and/or participants felt were needed to support patients' cost question; and the types of cost questions asked by patients.

Before fielding the survey, it went through two rounds of external review. The first round of review included three physicians and three *Choosing Wisely* experts. Modifications were made, the survey was uploaded into Qualtrics, and it was reviewed again – this time by two physicians, two pharmacists, one medical biller and three *Choosing Wisely* experts. Final modifications were made, and the survey was then fielded.

This survey was sent to a convenience sample of health systems that had completed a large *Choosing Wisely* implementation[5] prior to the launch of the survey. This sample consisted of 35 intervention campaigns; those health systems were then identified through a literature search and an environmental scan of *Choosing Wisely* intervention campaigns and were then invited to participate in the survey.

The survey was launched in February 2019 and was open for two weeks. For each of the 35 health systems around the country that were recruited to participate in the survey, a request was made to one leader to disseminate the survey widely within their health system to Physicians; NPs and PAs; RNs; NAs, LVNs, and MAs; Pharmacists; Pharmacy Techs; Psychologists and Counselors; Case Managers; Financial Personnel; and Administrative Assistants. During the two-week timeframe in which the survey was open, the research team prompted health system leaders with two reminders to re-circulate the survey within their system. Health systems were incentivized to participate by an offer of de-identified survey results specific to their system. Staff at the health systems were additionally incentivized with a $5 Amazon gift card code to take the survey, though three health systems opted to not incentivize their staff.

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5 "Large-sized *Choosing Wisely* implementation" is defined as having reduced unnecessary overuse for a specific medical test, treatment, or procedure by at least 5%.

Response Rate: Of the 35 health systems invited to participate, 14 did so. This netted a total of 523 respondents, broken down as shown **in this table**.

Limitations: The survey that informed this toolkit was disseminated using a convenience sample of self-reported experiences. Respondents may not be representative of all staff at all health systems across the United States, but rather staff members who are on the leading edge of patient engagement and cost conversations. However, given that respondents were already highly engaged and motivated in the realm of cost conversation, their responses and suggestions, as illustrated in this toolkit, further emphasize the need for trainings and evidence-based interventions to be created and implemented to advance cost conversations.

Acknowledgments

RESOURCES

Tools for Patients and Healthcare Consumers

Cost Estimators and Money-Saving Techniques for General Medical Expenses

1. **How to Research Health Care Prices** (Wall Street Journal)
2. **Free Online Health Care Cost Estimator Resources** (American College of Physicians)
3. **Cost-of-Care Resources for Clinicians and Patients** (American College of Physicians)
4. **Estimator for Medical Costs** (FAIR Health Consumer)
5. **Estimator for Medical Expenses** (Healthcare Bluebook)
6. **9 Ways to Save Money on Your Healthcare Costs** (Consumer Reports)
7. **Patient Facts about Costs of Care** (American College of Physicians)
8. **Collection of Cost-Saving Resources for Patients** (Partners for Truth in Health Care)

Cost Estimators Money-Saving Techniques for Prescription Medications

1. **Prescription Patient Assistance Program** (RX Assist)
2. **Prescription Patient Assistance Program** (Good RX)
3. **Prescription Patient Assistance Program** (Needy Meds)
4. **Speak Up to Save Money on your Prescription Drugs** (Consumer Reports)
5. **Shop Around for Lower Drug Prices** (Consumer Reports)
6. **Don't Bother Paying More for Prescription Drugs** (Consumer Reports)

Understanding and Acting on Medical Insurance and Medical Bills

1. **Understanding an Explanation of Benefits** (NerdWallet)
2. **How to Read Your Medical Bill** (NerdWallet)
3. **How to Avoid Surprise Medical Bills** (Wall Street Journal)
4. **Filing a Complaint for a Surprise Medical Bill** (Consumer Reports)
5. **Poster for Patients: Do You Have Questions About your Healthcare Treatment and Costs?** (DFD Russell Medical Centers)

Deciding About Delaying or Forgoing Care

1. **Wallet Card: 5 Questions to Ask Your Doctor Before You Get Any Test, Treatment, or Procedure** (*Choosing Wisely* campaign)
2. **Poster for Patients: 5 Questions to Ask Your Doctor Before You Get Any Test, Treatment, or Procedure** (*Choosing Wisely* campaign)
3. **Delaying or Forgoing Specific Tests, Treatments, or Procedures** (*Choosing Wisely* campaign)

Measuring and Managing Indirect Healthcare Costs

1. **Partnering with Patients to Help Manage Hidden Healthcare Costs** (Avalere Health)
2. **Measuring Patient-Incurred Costs** (US Department of Veterans Affairs)
3. **Estimating Medical Travel Costs** (US Department of Veterans Affairs)

TOOLS FOR HEALTHCARE SYSTEMS
Tools for Provider-Led Cost-of-Care Conversations

How to Have Cost-of-Care Conversations

1. How to Welcome Cost-of-Care Conversations in your Practice (Avalere Health & Robert Wood Johnson Foundation)
2. Key Steps to Improve Patient-Clinician Cost-of-Care Conversations (Avalere Health & Robert Wood Johnson Foundation)
3. A Better IDEA for Communicating with Patients about Costs (AMA Journal of Ethics)
4. Video: Having Value Care Conversations with Patients About Medication Costs (Costs of Care)
5. Podcast: Quick Tips for Clinicians on How to Talk with Patients About Expected Costs of Care (Avalere Health)
6. Video: First, Do No Financial Harm: Having Value Conversations with Patients (Costs of Care)
7. Discussing Health Care Costs with Patients, Empathetically (Journal of General Internal Medicine)

How Providers Can Address Cost Distress

1. Practice Level-Approach to Addressing Health Care Cost Distress (American College of Physicians)
2. Cost Distress Screening and Conversation Guide (American College of Physicians)

Cost Estimators and Money-Saving Techniques for Providers to Use with Patients

1. Free Online Health Care Cost Estimator Resources (American College of Physicians)
2. Steps for a Provider to Take in Estimating Cost of Care (American College of Physicians)
3. Medical Treatment Cost Planning Tool (American College of Physicians)

How to Engage Patients in Quality-of-Care Conversations

1. Choosing Wisely (*Choosing Wisely* campaign)

How to Integrate Cost-of-Care Conversations into your Workflow

1. How to Integrate Cost-of-Care Conversation into your Workflow (Avalere Health)
2. Cost of Care Workflow for Patient/Provider Conversations (Maine Quality Counts)
3. Cost-of-Care Workflow Guide for Providers (Maine Quality Counts)
4. Cost-of-Care Workflow Guide for Medical Assistants (Maine Quality Counts)
5. Cost-of-Care Workflow Guide for Front Desk Staff (Maine Quality Counts)
6. Clinical Workflow to Support Cost-of-Care Conversations (Journal of Clinical Oncology)
7. Podcast: A Guide to Integrating Cost-of-Care Conversations into Workflow (Avalere Health)

Organizational Self-Assessments

1. Price Transparency Self-Assessment (American Hospital Association)

How to Incorporate Institutional Financial Health Counselors

1. Embracing the Financial Counseling Role (*Health*Leaders)
2. What are Financial Health Counselors? (Stanford Health Care)
3. What is a Patient Financial Counselor? (HealthCare Support)
4. Financial Health Counseling: A Day in the Life (Healthcare Financial Management Association)

How to Hold Community Conversations About Healthcare Costs

1. **Are your Medication Costs a Burden: Things You Can Do** (America's Essential Hospitals)

2. **Town Hall Meeting Action Manual** (*Choosing Wisely* campaign)

3. **Hosting Community Conversations About Cost of Care** (Baby Boomers for Balanced Health Care)

How to Overcome Internal Barriers to Cost-of-Care Conversations

1. **Podcast: Recommendations for How to Overcome Barriers when Implementing Cost-of-Care Conversations** (Avalere Health)

2. **Full Disclosure: Out-of-Pocket Costs as Side Effects** (The New England Journal of Medicine)

3. **Addressing the Most Common Barriers to Implementing Cost-of-Care Conversations** (Avalere Health)

4. **Why Do Cost-of-Care Conversations Matter?** (Avalere Health)

5. **Doctor: First Tell me What it Costs** (New York Times)

6. **Controlling Health Care Costs While Promoting the Best Possible Health Outcomes** (American College of Physicians)

Health Insurance Basics

1. **Health Insurance Quiz** (Kaiser Family Foundation)

2. **Glossary of Health Coverage and Medical Terms** (Centers for Medicare and Medicaid Services)

Recommended Additional Resources

1. **Cost of Care Conversations: Provider Tools** (America's Essential Hospitals)

2. **Cost of Care Conversations: Patient Tools** (America's Essential Hospitals)

3. **Healthcare Transparency: Cost of Care Conversation Resources** (American College of Physicians)

4. **Fostering Productive Health Care Cost Conversations: Sharing Lessons Learned and Best Practices** (Annals of Internal Medicine)

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