
Structuring the Conversation: How to Talk to Your Patients About the Costs of Their Care

Cost-of-Care Conversations Practice Brief #4

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Aim / This Practice Brief provides you with actionable tips and simple frameworks for how to structure cost-of-care (CoC) conversations.

Key Takeaways /

- Varying patient needs require different types of CoC conversations. Most CoC conversations fit into 3 types, depending on the patient's need:
 - Patient has an acute financial need
 - Patient needs assistance with planning and budgeting
 - Patient is making a clinical decision with significant financial tradeoffs
- A useful framework for structuring CoC conversations is: 1) reassurance, 2) action, 3) resources
- Recommendations for achieving successful CoC conversations include:
 - Use compassionate messaging
 - Be sensitive to fears related to receiving less effective care
 - Be informed on estimated costs to the patient
 - Establish a rapport with the patient

Tips to Tailor CoC Conversations to Your Patients' Needs: 3 Types of Conversations

The Kaiser Permanente Washington Health Research Institute study identified 3 distinct types of CoC conversations, based on varying patient needs (1). Understanding these types of CoC conversations can help you tailor your conversations to the specific needs of your patients. **Figure 1** outlines 3 types of conversations presenting specific patient needs and offers suggestions for how you might address them (2).

Types of Conversations /

Patient Need /

Clinician's Role /

Patient has an Acute Financial Need

- Immediate need for healthcare service
- Existing financial hardship (e.g., trouble paying utility bills)
- Cannot afford immediate out-of-pocket (OOP) expenses related to healthcare service

- Hold CoC conversation
- Introduce to financial assistance resources and/or other staff (e.g., social worker, care navigator) for further planning
- Document need in patient record so that future providers can be sensitive to potential financial barriers to care

Patient has a Planning & Budgeting Need

- Needs care for a long-term condition (e.g., cancer, diabetes)
- Understands and has agreed to treatment plan over extended timeframe (e.g., for a long-term condition such as cancer or diabetes)
- Wants to plan and budget for expected OOP expenses

- Confirm patient has no further questions about care plan
- Request cost estimate from team
- Introduce to financial assistance resources and/or other staff (e.g., social worker, care navigator), for further planning

Patient Needs to Engage in Clinical Decision Making

- Must choose between different treatment options, with different OOP costs
- No immediate financial distress

- Discuss options, including costs and benefits/tradeoffs of each
- Discuss patient's personal preferences (e.g., prefer fewer in-person clinical visits, prioritize comfort)
- Support patient in making the appropriate decision for them

Figure 1. 3 types of cost conversations, Kaiser Permanente Washington Health Research Institute study

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Framework for How to Structure the CoC Conversation with Your Patients

The University of Alabama at Birmingham developed a framework for how to structure CoC conversations to meet patient needs (3). The framework suggests clinicians should consider 3 elements to structure their conversation including (1) reassurance, (2) action, and (3) resources, as outlined below.

Reassurance /

Express empathy by asking patients if they feel they will be able to cover their OOP costs and highlight that you are there to help. By asking, you reassure patients that you are sensitive to their needs.

Action /

Let patients know that you and your team will work with them to explore alternatives, switch to lower-cost options, and find available support for financial concerns. Examples of cost-saving strategies include those outlined below (4).

- Changing timing and mode of care administration
- Facilitating co-pay assistance
- Providing free samples
- Changing/adding insurance plans
- Switching to lower-cost alternative therapies/diagnostics
- Switching from brand name to generics
- Changing dosage/frequency

If possible, implement a mechanism to easily capture which strategies were employed to address patients' cost concerns in the electronic health record (EHR). Tracking the cost-saving strategies employed can be useful information that other clinicians can have access to in the patient's record. Further detail on these strategies can be accessed through Dr. Hunter et al's article, and **Figure 2** outlines resources that can help you to implement these strategies (4).

“They could come in and say, ‘you’re due for more treatment, which is going to include this, this, and this. We want to give you some estimate of the cost of it. If you cannot afford it, we will work something out with you to make it easier for you to pay.’ I would just like for them to be honest and let me know what is facing me, what it is going to cost, and how I can pay it if I do not have the ready cash.”

- **Breast cancer survivor, University of Alabama at Birmingham study**

Resources /

Connect patients to resources or a staff member (e.g., social worker, navigator, billing staff) who can assist them in finding available resources (see page 4 for example cost-of-medication resources).

Purpose /

Resources /

Compare Prescription Drug Prices and Find Discount Coupons

GoodRx.com

Compare Average Costs of Healthcare Services

- Healthcare Bluebook
- FAIR Health
- Clear Health Costs
- State-based cost transparency websites
- Insurer cost calculators

Find Patient Assistance Programs

- NeedyMeds
- RxOutreach
- Refer to on-site patient assistance program coordinator

Look up Insurance Formulary Tiers

Formulary Lookup

Look up De-Prescribing Guidance

Deprescribing

\$4 Discount Programs

- Walmart
- Sam's Club
- Walgreens
- Rite Aid
- Publix

Find Resources to Address Indirect Costs (e.g., Transportation, Childcare, Lost Wages)

See [Practice Brief #2](#) to better understand the indirect costs of care that your patients may be facing

Figure 2. Cost-of-Medication Conversation Resources, Consumers Union, University of Southern Maine, and University of Rochester Medical Center studies

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“I think it would be helpful too if there was somebody on the team...that could actually talk about the costs and what to expect and what people could actually do with regard to maybe various resources that may be available for it.”

- **Breast cancer survivor, University of Alabama at Birmingham study**

Recommendations for Achieving Successful CoC Conversations

Recommendations for holding successful CoC conversations, developed by Consumers Union, the University of Alabama at Birmingham, and the University of Southern Maine, are outlined below.

“If the person was to walk in and say I know this is a difficult time for you and I know you might have a lot of questions.....you might have some financial questions that you need to ask, and I’m here to answer your questions and if this is not the right time, here’s my number, my name and number, you can call me at any time and we can discuss the cost.”

- Breast cancer survivor, University of Alabama at Birmingham study

“When it comes to money, most of us feel we’re being judged or thought about as poor, broke — so I would feel extremely awkward about having a discussion like that with the doctor”

- Pregnant patient, Sinai Urban Health Institute/University of Illinois at Chicago study

“I’d want the person to be sympathetic that it costs [it’s expensive] and to have a general idea of how much it might cost. Have the person be knowledgeable about what insurance I had and to be able to tell me how we were going to be able to cope with this particularly if I didn’t have any means of paying for it.”

- Breast cancer survivor, University of Alabama at Birmingham study

- 1. Use compassionate messaging and empathetic communication to elicit patients’ cost-related concerns.** No single message or approach stands out with regard to motivating and empowering patients to talk about costs. However, simply asking about costs can help strengthen the patient-clinician relationship. See [Practice Brief #1](#) for further details on how CoC conversations and empathetic communication can help improve patient trust.
- 2. Reassure patients that cost conversations are intended to provide access to the best care and outcomes and are occurring with all patients.** Many patients worry about the implications of bringing up cost concerns with their clinicians. This is especially important for low- or fixed-income, vulnerable patients, who might feel as if they are being stigmatized or provided with less optimal care because they cannot afford it. See [Practice Brief #6](#) for key considerations related to holding CoC conversations with vulnerable patients.
- 3. Learn where to access estimated costs to the patient.** You should: use tools to help identify costs of care and insurance coverage, such as the ones outlined in **Figure 2**; provide specific prescription medicine, test, and treatment names so that your patients can explore insurance coverage; and become familiar with patient assistance programs through Medicare, pharmaceutical companies, and state-run programs. Often, state-based cost transparency websites – such as [CompareMaine](#) and [Florida Health Price Finder](#) – and cost calculators available through health plans tend to have more personalized cost information for patients than other websites and tools.

“I wouldn’t want them to say ‘will that be MasterCard or a personal check? I’m sorry. We don’t know how to help you pay for that. We don’t know what you’re going to do.’ Then I would go home, and I would worry about well, I can’t afford this. How am I going to have it done? I’m just going to die from cancer? I wouldn’t want her to tell me that. I would want her to have an answer.”

- Breast cancer survivor, University of Alabama at Birmingham study

4. **Focus on establishing a rapport with your patients.** You should avoid just telling your patients how much they are expected to pay without eliciting any concerns and suggesting solutions if your patients express worry

Suggested Next Steps

- 1 Use example CoC conversation starters outlined in [Practice Brief #3](#) to initiate CoC conversations with patients
- 2 Use the framework and tips outlined above to tailor CoC conversations to patients’ needs
- 3 Integrate the framework and tips provided above into a CoC conversation training for your organization’s staff

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

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