
Considerations for Facilitating Cost-of-Care Conversations with Vulnerable Patients

Cost-of-Care Conversations Practice Brief #6

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Aim / This Practice Brief provides you with important considerations and study findings on facilitating cost-of-care (CoC) conversations with vulnerable patients.

Key Takeaways /

- CoC conversations have the potential to help address health inequity
- Vulnerable patients may be concerned about bias and stigma impacting the care they receive if they discuss costs; therefore, CoC conversations should occur with all patients, and patients should be reassured that all options are being presented to them
- Patients often make trade-offs related to the “competing costs” of their care – including delaying or forgoing care and other basic needs (e.g., food and bills) – this is true regardless of insurance

Vulnerable Populations /

For the purposes of this project, the Robert Wood Johnson Foundation’s (RWJF’s) definition of vulnerable populations includes individuals with incomes less than 400% of the federal poverty level, who are newly insured, belonging to racial and ethnic minority groups, and/or for whom English is a second language.

Hold CoC Conversations with All Patients to Reduce Bias and Stigma

Many individuals face obstacles to high quality, affordable healthcare including financial hardship, dissatisfaction with healthcare cost information, and issues with mistrust in their clinicians. Some populations may face these obstacles disproportionately, including people with low incomes, people of color, and people for whom English is a second language (1, 2). These populations – especially low- or fixed-income patients – may perceive bias and or experience stigma when discussing costs with their clinicians. For example, in the Sinai Urban Health Institute/University of Illinois at Chicago study, low-income African American women voiced concerns with CoC conversations related to embarrassment, averting stigma, and not wanting to receive lower-quality care. The women in this study instead stated pride in seeking high-quality care at a well-respected institution and did not want to be perceived as “different” (3).

Holding open and honest cost conversations may be especially important with vulnerable populations, as it presents an opportunity to engage patients in decisions about their care, helps to prepare people for upcoming expenses and can identify and begin to address a patient’s financial trouble with the costs of care.

“Ironically, it’s not the poorest patients (because they’re covered by Medicaid) but those just above the poverty line that have the most trouble with costs.”

- Primary care physician and Medical Director, University of Rochester Medical Center study (4)

When initiating CoC conversations, clinicians and staff should provide reassurance that they are discussing the costs of care with all their patients and that it is a standard of practicing medicine today. Initiating CoC conversations with all patients will reduce feelings of being stigmatized among vulnerable populations and help ensure that patients who can benefit from these conversations are not overlooked. Instead of trying to identify whether patients are experiencing financial harm as a precursor to initiating a CoC conversation, clinicians should instead focus on trying to understand a patient’s personal circumstances and address their individualized needs. For further information on the different types of CoC conversations, and how to tailor them based on patients’ needs, please see [Practice Brief #3](#).

“Indirect” and “Competing” Costs Can Have a Pronounced Impact on Care for Vulnerable Patients

“Things that are challenging for us during this time are scheduling appointments around work and kids, coordinating information between care teams, making sure I am doing things right and everything in my pregnancy is alright.”

- Privately insured pregnant patient, Sinai Urban Health Institute/University of Illinois at Chicago study (3)

Patients across studies often balanced the costs of their care with other basic needs – or “competing costs” – such as housing, food, and paying bills (3, 5, 6) as well as “indirect costs” associated with receiving care – such as travel to appointments, child care, and lost wages. As stated in the quotation above, competing demands on a pregnant woman’s time makes pregnancy care a challenge. While uninsured populations often experience disproportionate financial hardship, 1 study found that patients, regardless of insurance status, make financial trade-offs due to healthcare costs. Specifically, although the population included in the Center for Health Progress study focused primarily on low-income patients, and insurance types varied – uninsured, Medicaid, and commercial insurance. The study found that financial trade-offs were common among all individuals, rendering the need for CoC conversations universally important, even among patients that are not low-income (6). Practices often conduct social determinants of health screening (SDOH) to identify patient needs. Incorporating these results from all of your patients into the medical record can help you identify if your patients are experiencing significant competing costs and hold a more targeted CoC conversation.

Clinicians should therefore consider and discuss the costs broadly, when holding CoC conversations, to include indirect costs related to accessing care (e.g., travel, child care, and lost wages) and competing costs (e.g., food, housing, and bills) that can take precedence over care (6). See [Practice Brief #2](#) to better understand the indirect costs of care that your patients may be facing.

“I think in most places, their immigration status plays into cost. In most places they go, they are afraid to talk about their legal status, a lot of patients don’t fully open up to their full cost of care conversations because of their family status.”

- Provider, Center for Health Progress study (6)

Designing Resources in Collaboration with Patients Can Help in Meeting the Needs of Your Patients

Many RWJF grantees co-designed CoC conversation resources with patients to ensure they addressed the needs of specific patient populations, including women experiencing high-risk pregnancies, women with breast cancer, patients with lower-back pain, and patients seeking care at oncology and primary care clinics at 2 integrated health systems (3, 7-9). As an example, the Center for Health Progress grantee worked with patients and staff in multiple settings of care to design resources (**Figures 1-3**) to support communication about the costs of care. The care settings included: 3 pediatric clinic sites, 1 family community health clinic, and 1 “promotora de salud” (community health worker) program. Each of these programs primarily serve low-income Latino populations in Adams County, Colorado, many of whom preferred to speak in Spanish or were foreign born (6). In their study, the Center for Health Progress grantee found that these patient-developed communication resources can increase awareness and personal agency for both patients and providers around engaging in CoC conversations. Specifically, providers reported an improved understanding and comfort related to talking about the costs of care with their patients; patients reported that the resources helped them initiate a conversation about cost during their visit. Both patients and providers felt the CoC conversation improved patient care quality (6). This study therefore highlights that developing CoC resources with input from community members has the potential to increase their effectiveness and ensure that they meet the needs of specific populations.

All Young Adults Need Health Insurance! Did you know?

1 NO HEALTH INSURANCE = NO COLLEGE! Most colleges require you to have health insurance.

2 College, Working, Vocational School? Here Are Options for you:

Health Insurance Program	Description	For more info
Medicaid	Medicaid provides free or low-cost insurance to low-income citizens & permanent residents	colorado.gov/hcpf
Connect for Health Colorado	Website where you can get private insurance with financial assistance to reduce your costs	connectforhealthco.com
Programs that may cover persons regardless of migratory status		
Your Parent's Health Plan	You may be able to stay on a parent's insurance plan until your 26th birthday	cohealth.co/parentsplanfaq
Kaiser Bridge Program	This is subsidized private insurance for people that don't qualify for other programs	cohealth.co/kbridge

3 For help accessing insurance...

These programs could save you money! Enrolling in insurance through a college could add \$4,000/yr or more to your student loans!

Kids First Health Care: 303-289-1086 / 303-853-3280
Salud Family Health Centers: 303-697-2583
Servicios de la Raza: 303-458-5851

Additional resources in English and Spanish:
To find local health services: cohealth.co/blue-guide / cohealth.co/BlueGuideEs
To understand health insurance basics: CoveredU.org / SeguroTU.org

Figure 1. Poster developed in collaboration with patients and staff at pediatric clinics to support CoC conversations (Center for Health Progress study). [Click here for a full-size version of this resource](#)

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 aseguramos que recibamos el cuidado que merecemos. Más vale prevenir que lamentar!

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Figure 2. Poster developed in collaboration with patients and staff at a “promotora de salud” (community health worker) program to support CoC conversations. (Center for Health Progress study). [Click here for a full-size version of this resource](#)

¿Su salud es su responsabilidad!

¡Deje el miedo a un lado y PREGUNTE!

Hay que informarnos sobre los costos de la atención médica.

Comience por buscar aquí
Encontrar servicios de salud: cohealth.co/BlueGuideEs
Para entender el seguro médico: SeguroTU.org

Usted tiene el DERECHO de preguntar:

- ¿Cuánto voy a pagar hoy por mi costo de atención médica?
- ¿Hay servicios médicos que van mejor con mi presupuesto?
- ¿Proporcionan asistencia financiera para cubrir mis costos de atención médica?
- ¿Tienen a una persona que me ayude a buscar recursos adicionales para pagar mis costos médicos?

Figure 3. Flier developed in collaboration with patients and staff at a family community health clinic to support CoC conversations. (Center for Health Progress study). [Click here for a full-size version of this resource](#)

Suggested Next Steps

1 Ensure all patients are aware that CoC conversations are a routine part of every clinical encounter. This will help reduce feelings of stigma and embarrassment among your patients and prevent you from overlooking your patients' cost concerns

2 Do not just focus on out-of-pocket medical costs. Communicate with your patients about the indirect costs of care (e.g., transportation, child care, and lost wages) they might face over the course of their care plan. This will help them to plan and budget accordingly

3 Acknowledge the competing costs that your patients might be facing (e.g., housing, food, and bills), so that you can better target your care recommendations and refer patients to appropriate cost resources (refer to [Practice Briefs #2](#) and [#4](#) for cost resources that you can provide to your patients)

4 Verify whether your organization has navigator(s) and/or social worker(s) on staff who support patients with addressing the costs of their care. Start referring patients to these staff for further assistance

5 If possible, develop education and communication resources to support CoC conversations with your patients, to ensure these resources meet their needs

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](#).

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