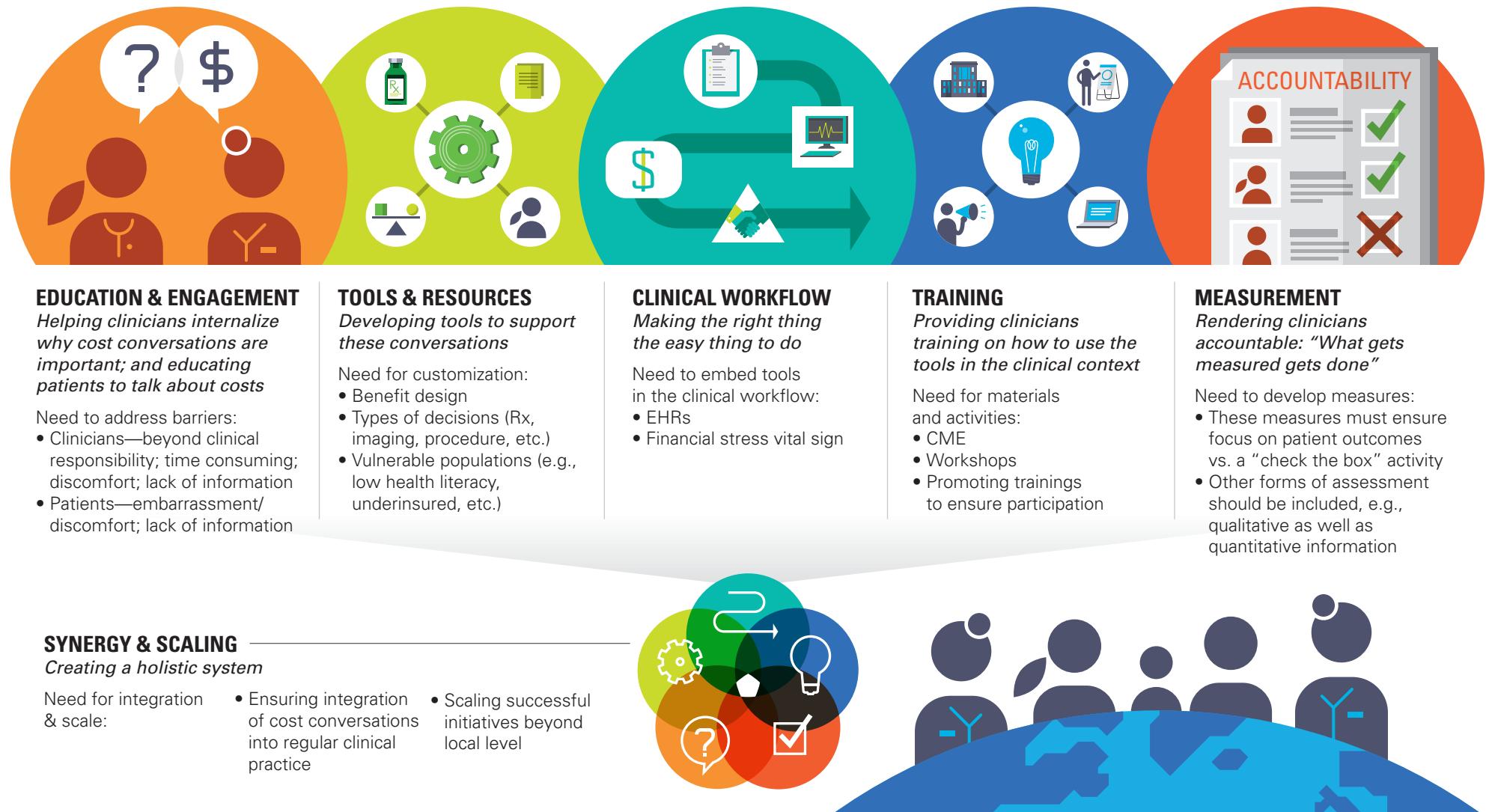# Key Steps to Improve Patient-Clinician Cost-of-Care Conversations

With growing out-of-pocket spending for care, patients are increasingly interested in knowing, upfront, how much their care will cost them. Various barriers—such as competing priorities during short clinical encounters, limited training on appropriate communication and shared decision-making (SDM) skills, and a lack of usable information on the costs of care—often prevent these conversations from occurring during routine clinical encounters. Avalere Health is conducting research on barriers surrounding patient-clinician cost-of-care conversations and the current state of activities in the field on behalf of The Robert Wood Johnson Foundation. Though not the sole focus of this research, we are particularly interested in how to support vulnerable and marginalized populations in these conversations. In the graphic below, we outline six broad priorities for improving patient-clinician cost-of-care conversations. Do you have feedback? **If so, please answer a short survey:** http://avalere.patient-clinician-priority-feedback.sgizmo.com/s3/

EDUCATION & ENGAGEMENT
Helping clinicians internalize why cost conversations are important; and educating patients to talk about costs

Need to address barriers:
- Clinicians—beyond clinical responsibility; time consuming; discomfort; lack of information
- Patients—embarrassment/ discomfort; lack of information

TOOLS & RESOURCES
Developing tools to support these conversations

Need for customization:
- Benefit design
- Types of decisions (Rx, imaging, procedure, etc.)
- Vulnerable populations (e.g., low health literacy, underinsured, etc.)

CLINICAL WORKFLOW
Making the right thing the easy thing to do

Need to embed tools in the clinical workflow:
- EHRs
- Financial stress vital sign

TRAINING
Providing clinicians training on how to use the tools in the clinical context

Need for materials and activities:
- CME
- Workshops
- Promoting trainings to ensure participation

MEASUREMENT
Rendering clinicians accountable: "What gets measured gets done"

Need to develop measures:
- These measures must ensure focus on patient outcomes vs. a "check the box" activity
- Other forms of assessment should be included, e.g., qualitative as well as quantitative information

SYNERGY & SCALING
Creating a holistic system

Need for integration & scale:
- Ensuring integration of cost conversations into regular clinical practice
- Scaling successful initiatives beyond local level

More Context on Patient-Clinician Cost-of-Care Conversations

We've spoken to dozens of experts including: patient advocates; clinicians; payers; SDM and transparency organizations; academic researchers and other thought leaders. Over time, we intend to convene key stakeholders and support projects for the development of tangible, usable tools, strategies, infrastructure, and/or accompanying research that facilitate SDM interactions to address patient concerns regarding the cost of their care.

EDUCATION & ENGAGEMENT

- Major barriers clinicians note about cost-of-care conversations with their patients include: feeling that addressing costs is outside of their purview as a clinician (their focus is on treating the patient); lack of time to have these conversations; discomfort and fear that there are no viable solutions to a patient's concerns; and lack of training/ knowledge about costs, and on how to conduct these conversations.

- In turn, patients often note embarrassment or feeling uncomfortable bringing up costs during a visit; and are often not equipped with the information they need to have these conversations.
- How do we train new physicians so that they understand the rationale of why cost conversations are increasingly important, and how these fit into a clinician's responsibility? (creating clinician engagement and buy-in).
- How do we engage patients so that they feel comfortable bringing up cost issues with their clinicians?

TRAINING

- We differentiate this from the education bucket (which revolves around creating a rational for having cost conversations, and engaging patients in these conversations); instead, training is around making sure that physicians actually use these tools and resources to deliver cost information and improve SDM. For example, through continuing medical education (CME); workshops etc.

- Just because you've created clinical decision support tools doesn't mean that clinicians know how to make good use of them. Therefore, this also involves appropriately promoting the trainings to ensure high levels of participation.

TOOLS/RESOURCES

- Clinicians often stress that they do not have the right resources to support these kinds of conversations.
- However, for these tools to be useful, they require very customized and personalized information, e.g., what will be the financial burden to the patient?
- They will also vary depending on the treatment decision that is being made, e.g., assessing the cost/ benefit of a drug vs. a procedure vs. a diagnostic test.

- Finally, tools must also be customized for different types of vulnerable populations. How can these tools be made useful for populations that pay for their care entirely out of pocket (uninsured /underinsured)? Populations who have low health literacy and numeracy? Populations who have low levels of trust in the healthcare system?

MEASUREMENT

- Clinicians need some level of accountability for doing this work—if it's considered an extra burden without any acknowledgement, it won't get done. This requires the development of appropriate measures.

- However, as is always the challenge with the development of new measures: what is the right type of measurement so that you're focusing on patient outcomes rather than creating a "check-the-box" activity?
- There is also a need to use other methods for assessment that include gathering of qualitative information as well as quantitative information

CLINICAL WORKFLOW

- Clinicians often voice that these conversations can be too time-consuming to be held during a routine clinical visit. Therefore, how do we embed these tools and resources into the clinical workflow so that we're ensuring that we're making "the right thing the easy thing to do"? e.g., creating the right clinical decision support; integrating tools into the electronic health record (EHR); creating a financial stress vital sign.

SYNERGY & SCALING

- Compared to the others, this last priority is at the macro level—it's pulling all of the previous steps together and creating a holistic system: making sure that these tools and resources are fully integrated into regular clinical practice. Ultimately, it's about scaling beyond the local level, once you have the previous five priorities in place.