
Key Learnings: Training and Real-World Experience Drives Improvement in Physician-Patient Cost-of-Care Conversations

Josh Seidman and Rina Bardin | June 2020



Avalere Health
An Inovalon Company

1201 New York Ave, NW
Washington, DC 20005

P | 202.207.1300
avalere.com

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Support for this work was provided by NYSHealth. The mission of NYSHealth is to expand health insurance coverage, increase access to high-quality healthcare services, and improve public and community health. The views presented here are those of the authors and not necessarily those of the New York State Health Foundation or its directors, officers, and staff.



Background

In 2018, The New York State Health Foundation (NYSHealth) launched the “Connecting Consumers to Information” initiative to put price and quality tools into the hands of primary care physicians (PCPs) and office staff and encourage their use among patients. Through this initiative, the New York Academy of Family Physicians (NYSAFP) and the New York Chapter of the American College of Physicians (NYACP) helped their members hold these conversations with their patients and connect them to resources. This phase of work focused on providing training and resources on cost communication strategies, which is a priority area identified in previous Avalere and RWJF research. NYSAFP and NYACP equipped physicians and staff to effectively engage in cost-of-care (CoC) conversations with their patients, supporting a more comprehensive approach to patient care. Avalere provided counsel, ongoing guidance, and technical assistance to NYSAFP and NYACP to launch and implement the initiative. Using their foundation as statewide associations, NYACP and NYSAFP each served as a “hub” to facilitate the participation of PCPs in this initiative. In response to patients’ needs, Avalere co-developed an educational resource in [English](#) and [Spanish](#) with NYSAFP, the National Patient Advocate Foundation (NPAF), and NYSHealth to help patients initiate CoC conversations with their PCPs. The goal is for educational resources such as this flyer to be normalized, which will encourage patients to seek additional cost data during their primary care visits.

NYSAFP and NYACP spearheaded a core set of activities, including:

- Membership surveys to gain insights from PCP members at the beginning and end of the initiative and guide the development of resources

In [previous research](#) with the Robert Wood Johnson Foundation (RWJF), Avalere [outlined 6 broad priorities](#) for improving patient-clinician CoC conversations:

- Improving education and engagement on CoC conversations, for both patients and clinicians
- Developing robust CoC tools for use at the point of care
- Ensuring cost conversations are embedded in the clinical workflow
- Providing training and resources on cost communication strategies
- Measuring the effectiveness of cost conversations
- Scaling successful initiatives beyond the local level

Avalere also worked closely with the RWJF grantees to synthesize the key themes and findings across their CoC conversation studies and create [7 practice briefs](#). These actionable resources support clinicians, staff, and practice administrators interested in increasing the value and frequency of CoC conversations in the clinical setting. The briefs cover topics such as how to:

- Welcome and structure CoC conversations
- Talk to patients about the hidden costs of healthcare
- Facilitate CoC conversations with vulnerable patients
- Integrate CoC conversations into the clinical workflow
- Address common barriers to implementation

- An early adopter “mini-grant” program to encourage and incentivize physicians to identify and implement effective strategies to engage patients in CoC conversations and assist patients to make informed decisions about the cost and quality of their care
 - 23 selected physician practices participated in the program and incorporated the use of cost estimate tools into their practice’s culture
- Collaborative and round-table sessions for physicians to share best practices
- Online and hard-copy resource toolkits, including [vetted decision assistance tools](#) for physicians and patients to [use in practice](#)
- Training and education through webinars, social media, and other channels, including [workflow and conversations guides](#), self-assessment questionnaires, and sample workflows
- A supplementary residency training program for resident physicians to increase awareness and use of price transparency tools and concepts among medical students and residents

This issue brief highlights the results, successes, and challenges, with a focus on each association’s mini-grant program and related changes in knowledge and culture among their broader physician member networks.

Training New York PCPs in Normalizing CoC Conversations

Throughout this project, PCPs had thousands of interactions with their patients about costs of care. The findings from this experience are significant because they are illustrative of what can actually happen when physicians implement CoC conversations in practice. The data points described below outline important outcomes from NYSAFP and NYACP.¹

- **NYSAFP’s** membership network includes approximately 6,000 physicians and residents. NYSAFP selected **10 primary care practices**, ranging in size, for participation in its mini-grant program.
 - NYSAFP implemented a progress reporting process along with opportunities for routine one-to-one support for practices.
 - To measure the success of the mini-grantees, NYSAFP tracked 3 core measures among participating practices: 1) frequency of financial screening; 2) focus of the CoC conversations (e.g., quality, cost, or both); and 3) number of patient interactions.
 - Over the course of a year, participating practices reported close to 27,000 patient interactions² that involved a conversation about cost and/or quality.

¹ Please note that this project was not designed as a quantitative comparison between the 2 membership organizations. All data cited throughout the issue brief is intended to highlight the scope of the initiatives.

² This number may represent multiple interactions from more than 1 member of the care team during 1 patient visit.

- **NYACP's** membership network includes approximately 12,000 physicians, residents, and medical students. NYACP selected **13 primary care practices**, ranging in size, for participation in its mini-grant program.
 - NYACP implemented initial, interim and final assessments along with monthly check-ins to provide one-to-one support to practices.
 - To measure the success of the mini-grantees, NYACP tracked 3 core measure areas and optional measures among participating practices: 1) frequency of the CoC conversations; 2) cost estimate tool use; 3) patient satisfaction; and 4) optional measure (e.g., financial burden screening, patient survey, burden to tool use, and staff person leading conversation).
 - Over the course of a year, participating practices reported close to 2,500 patient encounters that involved a conversation about cost.

Both NYSAFP and NYACP included financial screening as a measure of success for their mini-grantees work. The intention of the screening was to help initiate and normalize CoC conversations. When considering this metric, it is important to recognize the goal of the screening and how it could impact patients. Avalere learned through extensive research, including several year-long grant-funded research projects and subsequent focus group research, that patients are concerned about the financial screening process. Focus group participants were worried that their ability to pay would limit their treatment decisions. Instead, patients would prefer to self-identify and independently share financial information with their physicians rather than have information automatically documented in their electronic health record (EHR) through screening.

Together, NYSAFP and NYACP shared over 50 unique instances of training, education, resources, and technical assistance through newsletters, listservs, webinars, podcasts, journal articles, and social media. These resources were made broadly available to their members and other stakeholders on dedicated pages on [NYSAFP](#) and [NYACP](#) websites as a 1-stop-shop for tools and resources.

Results

- In total, NYSAFP and NYSACP mini-grantee physician practices initiated more than 25,000 CoC conversations and close to 30,000 financial screenings with their patients.
- Both NYSAFP and NYACP demonstrated changes in knowledge and receptiveness among their broader memberships regarding CoC conversations and issues. For example, 33% of NYSAFP member respondents reported never having CoC conversations at the beginning of the initiative, while only 5% reported never having these conversations at the end of the initiative.
- Mini-grant participating physicians from both NYACP and NYSAFP made meaningful changes to their workflows, identified effective tools for use in their practices, and initiated important conversations with patients prompted by cost conversations.

- [NYACP](#) and NYSAFP both launched an online interactive Resident Training Program toward the end of the initiative, recognizing the need to train physicians early in their careers and to instill the value of CoC conversations.

Common Topics and Resources	
NYACP and NYSAFP	
<ul style="list-style-type: none"> • NYACP and NYSAFP both developed resources to share with practices that outlined recommended tools. • Medications were the most frequent cost topic. • Over the course of NYACP's initiative, more cost topics emerged, including preventive care, labs, and imaging. • Patients and practices became more aware of medication cost tools and are using them more frequently (e.g., GoodRx, NeedyMeds, pharmacy programs). Among medication tools used, practices referenced GoodRx most frequently. • Throughout the initiative, practices expanded their list of usable tools and resources beyond GoodRx (e.g., CoverMyMeds, AAFP Wellness Tool, various handouts). • Practices used a range resources to support CoC conversations including technology (e.g. EHR formulary), staff (e.g. social workers, care coordinators, pharmacists, case workers), community referrals (e.g. navigators), and supplementary handouts (e.g. discount cards, patient education tools). 	

Successes	
NYACP	NYSAFP
<ul style="list-style-type: none"> • Over the course of the project, physicians' awareness of transparency tools increased, and members had more CoC conversations. • Responses from both the member survey and grantee surveys highlight that physicians understood the value in having CoC conversations and that these discussions could lead to better relationships with patients, increased knowledge, and the ability to improve health outcomes. • Practices integrated elements of CoC conversations across the patient workflow: before the visit; during the visit; after the visit; and as part of administrative activities. 	<ul style="list-style-type: none"> • Physicians responded positively to the resources that helped in initiating quick and efficient cost and quality conversations. • Among mini-grant practices, the majority of patients were asked questions about their financial concerns at check in. • Questions about financial concerns revealed patients' social and economic concerns that complicated their care. These findings helped physicians feel more comfortable initiating a CoC conversation. • Several practices implemented case worker strategies to assist patients with addressing these concerns and reported better adherence to medical plans.

Challenges

NYACP and NYSAFP

- Throughout the project, physicians noted that lack of time and lack of knowledge remained major barriers to CoC conversations and tool use.
- Physicians want to use tools to initiate CoC conversations but found that tools often lacked data that was specific enough for their facility and patients to be effective.
- Throughout NYSAFP's initiative, physicians also noted that linguistic and cultural barriers limited some patients access to lower cost care.
- NYSAFP tracked conversations that focused on cost and/or quality. The quality of healthcare was difficult to discuss with patients because there are fewer tools to guide these conversations and there are ranging definitions regarding what comprises "quality."
- Broad patient satisfaction surveys were outside the scope of the project. As such, patient input came from practices based on examples and stories, which anecdotally showed that patients felt positively about the CoC conversations. A future phase of this work could better assess patient outcomes related to cost and quality interventions.

Lessons Learned Across Both Membership Organizations

- **Normalization of CoC Conversations Supported Culture Shift:** Physicians highlighted several benefits to having these discussions even when they lacked all of the answers and sufficient resources:
 - NYACP and NYSAFP determined that it was important to focus on educating physicians and staff about the value of CoC conversations in conjunction with widespread promotion of CoC tools.
 - NYACP and NYSAFP plan to maintain their CoC resource webpages and toolkits and to continue to vet resources to include on these sites.
 - NYSAFP reported that 90% of participating practices will continue elements of the project even without the grant funding.
- **Physicians Experienced Unforeseen Benefits:**
 - Patients felt grateful that their physicians brought up the cost of care and recognized their clinicians were empathetic.
 - Participating practices reported that these conversations can deepen patient-clinician relationships.
 - Even though 50% of NYSAFP's mini-grantees reported that time was a barrier, 40% of mini-grantees stated that, "we are saving time in the long run by providing more comprehensive, effective care (i.e., identifying how the healthcare direct/indirect costs are impacting patients' health)."
 - Survey responses from NYACP's members and mini-grantees indicate that physicians found these conversations to be an essential part of good patient care. Physicians felt that

CoC conversations lead to improved relationships with their patients, increased knowledge, and subsequently the ability to improve patients' health more effectively.

- **Medication Costs Offers Best Opportunity to Go Deep on CoC Conversations:** Physicians are most familiar and willing to discuss resources focused on prescription medication cost. This is a common topic that can be leveraged for deeper and expanded CoC conversations. Often, conversations about prescription medications revealed other patient financial stressors including food, housing, and childcare.
- **Practices Can Maximize Care Team Roles and Practice Size to Integrate CoC Conversations:** To integrate CoC conversations into the workflow, practices identified physician 'champions' and new CoC roles and responsibilities among staff, including case workers and patient representatives. While larger practices often have more robust infrastructure to implement CoC conversations, smaller practices also showed success because changes to workflows could be made quickly.
- **Barriers Around Linguistic and Cultural Differences:** In addition to developing specific resources for marginalized communities and resources in multiple languages, physicians require training on effectively using these tools with various populations.
- **Physicians Should be Educated About Cost Conversations Early in Careers:** Both NYACP and NYSAFP recognized the importance of educating physicians early in their careers about the value of having CoC conversations. Partners in this work should continue making CoC residency training programs routine and educating all physicians throughout their careers about the value of CoC conversations and accompanying resources.
- **Barriers in Using Cost Tools:** Many practices reported that limited time, knowledge, and data available in CoC tools interfered with their usage of them. Information about how these barriers play out in practice can help tool developers and vendors improve their products in the future.

Recommendations

- **Promoting Continuing Medical Education:** Membership organizations should ensure long-term use of CoC tools and resources through continuing medical education (CME) that highlights new and effective approaches to CoC conversations.
- **Integrating Cost Transparency Tools:** Organizations should try to integrate common tools and resources into EHR systems (e.g., GoodRx, NeedyMeds). Integrating these support resources would likely be most productive if physician practices and membership organizations partner with EHR vendors to promote interoperability. These tools and resources continue to be a good way to get buy-in from physicians on having CoC conversations with patients.
- **Improving Data Transparency Among Common Tools and Resources:** Both NYACP and NYSAFP noted that among common resources there was either some functionality that was missing or that did not work for their purposes. This confirms the challenges about lack of transparency in terms of actual prices that a patient might expect to pay. Despite great functionality, even the best tool is constrained if the price and/or quality data is not available



to populate it. In order to fill these data gaps, stakeholder groups need to collaborate and facilitate effective data exchange and transparency.

- **Focusing on Patients' Broader Financial Burdens:** Current comfort level is greatest in discussing costs of medications, which leaves a big gap in patients concerns about other costs. There needs to be more focus in development of tools, resources, and support programs to help physicians talk about other costs and financial burdens that patients experience.
- **Engaging Patients in the Planning and Evaluation Processes:** Future work on this topic should collect deeper insights from patients who participated in CoC conversations. This level of patient engagement can be facilitated through focus groups, in-depth interviews, surveys, and ethnographic observation.
- **Defining Quality and Value for Patients and Physicians:** Patients are eager for more available cost and quality data, but it is challenging to find, and physicians struggle to meet these expectations. Moving forward, it is important to consider how patients and physicians define and perceive quality and value.

About Us

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Contact Us

Avalere Health
An Inovalon Company
1201 New York Ave, NW
Washington, DC 20005
202.207.1300
avalere.com