Measuring the Effectiveness of Cost of Care Conversations

Josh Seidman, Nelly Ganesan, Morenike AyoVaughan, and Rina Bardin | August 2020

Table of Contents

Avalere

Background

Avalere has partnered with RWJF since 2015 to work towards normalizing cost-of-care (CoC) conversations in clinical settings, including identifying barriers and facilitators to engaging in conversations about cost. CoC conversations can be defined as discussions that address any costs patients and families might face, from out-of-pocket (OOP) to non-medical dollars (e.g., transportation, childcare, lost wages). Avalere's previous research outlined 6 priorities for improving these interactions (Figure 1):

- Improving education and engagement on CoC conversations, for patients and providers
- 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

Figure 1: Priority Areas for Improving CoC Conversations
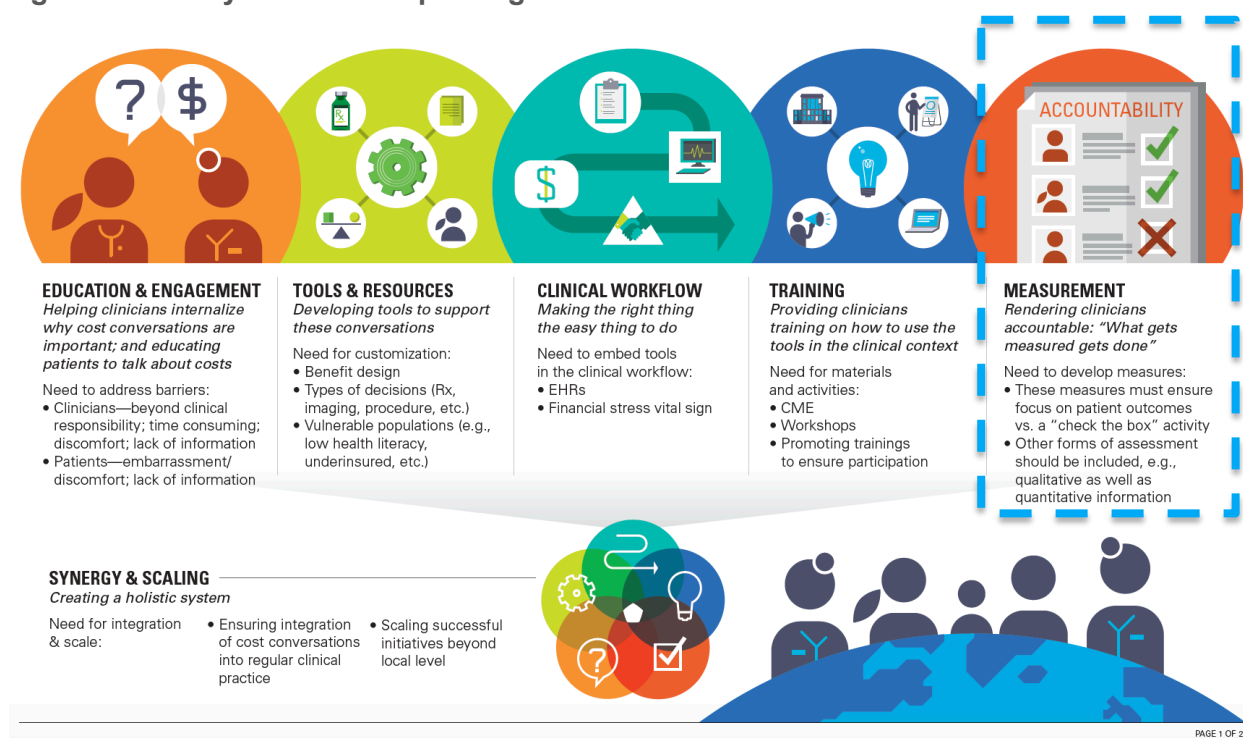
Given the importance of this topic, various resources have been developed to support CoC conversations. Our work since 2019 has focused on ways to hold clinicians and health systems accountable and improve patient experiences. One way to alter clinician and health system practices is through payment incentives, in the form of appropriate measurement for use in practice. We learned from our research that measurement is challenging yet has the potential to

be a powerful vehicle for normalizing CoC conversations. To that end, Avalere collaborated with the National Patient Advocate Foundation (NPAF) to explore the feasibility of patient-centered measure concepts to support quality improvement, increase satisfaction, and improve outcomes. This issue brief highlights the challenges associated with measurement in this space alongside alternative solutions to encourage CoC conversations in practice.

Methodology

To determine the status and perception of CoC conversations, we conducted primary and secondary research to gather information. This research also helped to determine existing gaps that may influence the need for measurement to address CoC conversations.

1. **Literature Review:** Utilizing PubMed, Google Scholar, Centers for Medicare and Medicaid Services (CMS), the Centers for Medicare and Medicaid Innovation, the Institute for Healthcare Improvement, *Costs of Care*, the Annals of Internal Medicine Supplement: Fostering Productive Health Care Cost Conversations, and results of past RWJF work in this area, Avalere assessed the current state of CoC conversations, gaps in how these conversations are held, and opportunities for what patients would find valuable.

2. **Review of Existing Measures:** Using an internal repository of US-based measures, we determined existing measures that directly and indirectly relate to CoC conversations.

3. **Patient Focus Groups and Community Workshops:** NPAF facilitated 2 virtual focus groups and 2 community workshops with an emphasis on low-income populations.

4. **Interviews with RWJF Partners:** In 2019, RWJF awarded grants to researchers focused on emerging best practices for increasing the frequency and quality of conversations about the CoC. Avalere interviewed a subset of these organizations to collect feedback on the measure concepts prior to the Roundtable. Our interviews addressed likelihood to adopt, challenges and barriers to clinical workflow integration, and appropriateness of concepts.

5. **Roundtable:** In June 2020, we convened 20 stakeholders (researchers, patient advocates, providers, and policymakers) to vet concepts and improvement activities. Attendees provided feedback to development and implementation of measures (see Appendix).

Findings

Utilizing learnings from the literature review, feedback from patients at the community workshops, and conversations with RWJF partners – we were able to gain thoughtful insights on the best way to measure CoC conversations. To identify measure concepts that would resonate with clinicians and patients, we sought to understand what an optimal CoC conversation entails, outcomes of these conversations that matter to patients, and gaps in how conversations are initiated.

What Are the Characteristics that Define a High-Quality CoC Conversation?

- **Timeliness of Conversation:** Regardless of whether the patient initiates the conversation, clinicians should feel equipped to initiate the conversation early and often

- **Assessment of Patient Needs:** Comprehensive assessment of patients' cost concerns – Clinician should probe to understand concerns and explore available options

- **Conversations are Augmented with Resources:** Provision of resources to address CoC concerns – Care team should have information regarding assistance programs and financial navigators available

- **Empathic and Personal:** Care teams should be sensitive and engage meaningfully (by tailoring and/or customizing the conversation with the patient's specific needs) when concerns regarding cost are expressed

- **Solutions Oriented:** Application of action-oriented interventions, like treatment modification, to attain affordable care

What Matters to Patients?

- **Costs:** Patients welcome details on OOP information and appreciate understanding all options, regardless of cost. Patients agree they want cost conversations to be the same for all patients, regardless of financial status and access to care (e.g. service/treatment costs, estimates of time burden associated with treatment, payment due dates).

- **Continuity:** Cost discussions are not a "check the box" item; patients agree that conversations regarding cost should take place throughout the continuum of care and revisiting the topic on an ongoing basis is key to building a relationship between clinicians and patients.

- **Choice:** It is important to address patients' cost concerns without limiting the treatment options presented. While certain treatments may be costly, patients prefer to be offered all options and presented with any available methods to address the treatment costs.

What Matters to Clinicians?

- **Availability of Financial and Resource Information:** Clinicians show willingness to engage in CoC conversations, but face challenges due to limited information regarding patient OOP costs, and available resources for reducing costs.

- **Adequate Timing for Conversations:** Clinicians struggle with the balance in how to best use their appointment time between clinical and non-clinical (costs, social needs, etc.) discussions. Clinicians have expressed interest in exploring ways to integrate cost discussions into their limited time with patients.

Measure Concepts and Improvement Activities as Potential Solutions

With a better understanding of the needs of the clinician and patient community married with what the current measure landscape looks like for addressing CoC conversations, Avalere identified a set of vehicles, including measure concepts and improvement activities that may improve the frequency and quality of CoC conversations. These concepts and improvement activities were developed to meet the gaps identified in the current measure landscape and the primary research we conducted. These concepts can be best described along a clinical workflow for how a patient accesses their care (Figure 2).

For reference, a measure concept is an "idea" of what a measure could be. Measure concepts lack specifications and are intended to be used as a method to seek input on whether the concept itself is feasible in the clinical workflow. Concepts require details (ways to report, setting of care, exclusion criteria, etc.) prior to being translated to a quality measure and used for accountability purposes. Improvement activities are designed to advance clinical practice or care delivery that, when effectively executed, lead to better outcomes; they are used to help clinicians meet reporting requirements in payment models.

Figure 2: Opportunities for CoC Measurement and Improvement Activities
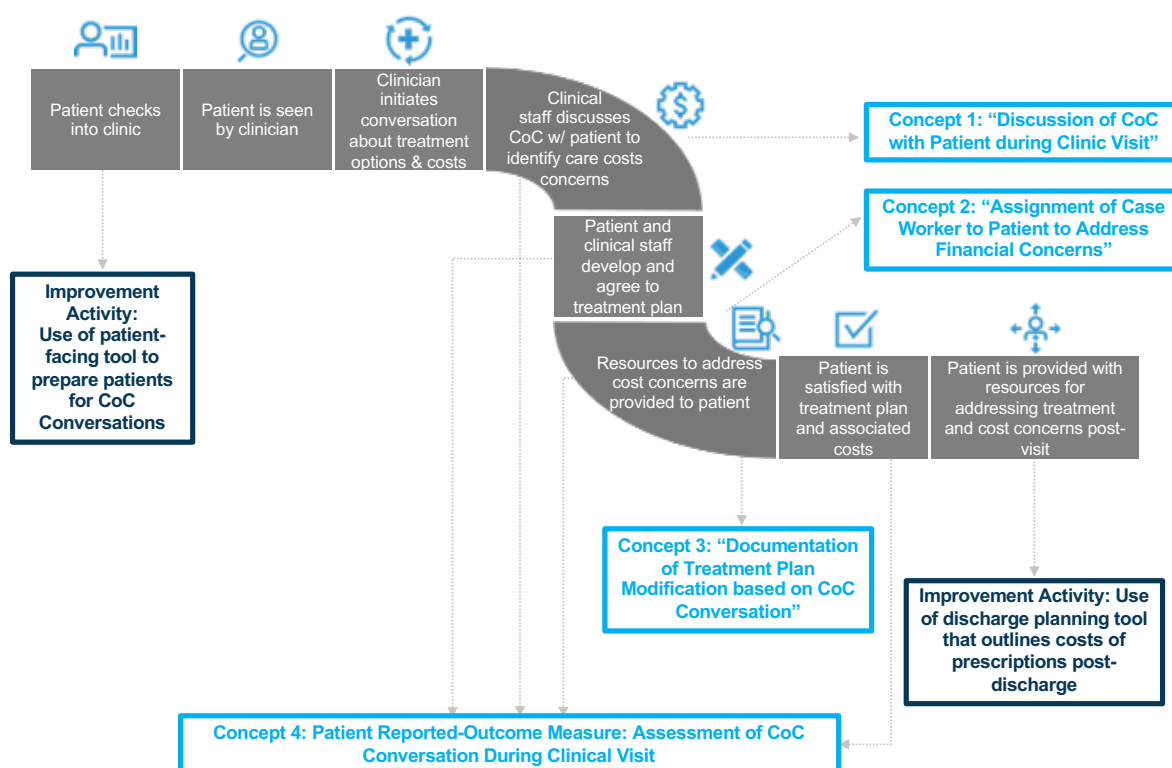
The June 2020 Roundtable underscored the importance of applying these measure concepts would in a real-world setting to ensure their feasibility and impact to patient care. Understanding barriers to implementation and the impact to patient experiences in holding CoC conversations is critical to their success. Our research validated that some concepts addressed an unmet need in the clinical workflow, yet others were not ripe for inclusion.

Below we include the individual concepts, improvement activities, and highlights from the discussion regarding whether to promote more testing or if the measure was not suitable for practice. Based on what we learned from the patient focus groups and community workshops, we have also included individual quotes from patients and caregivers to support the importance of the concept, regardless of whether it was prioritized for further testing.

- Concept #1: Discussion of a Cost of Care Conversation with Patient During a Clinic Visit
  - o This measure is intended to address the initiation of a conversation during each visit and ensure a member of clinical staff engages a CoC conversation.
  - o Stakeholders note a measure like this is the "first step" to normalizing these types of conversations; and that increased accountability and practices related to CoC conversations may become more mainstream with the implementation of a basic process measure to ensure a conversation took place.
  - o Stakeholders discussed if the "CoC conversation" would need to be defined prior to measure implementation to ensure the clinical staff does not simply give the patient a flyer with information, but in fact initiates the conversation.
  - o The idea of this **concept was widely supported.**
- Concept #2: Assignment of a Case Worker to Address Financial Concerns
  - o This measure is intended to ensure patients who expressed cost concerns are provided with necessary resources (in some cases an actual human assignment) to address their financial needs.
  - o Through the patient focus groups, we heard patient value this type of support, "a health counselor would be good to explain things to patients without insurance and how viable it is to get help or to actually see a doctor.
  - o The patients highlighted its necessity by noting "navigators should not be optional; they should be mandatory."
  - o Pushback regarding this concept stemmed from the inconsistency in available case workers across organizations. In addition, many financial concerns can and should be addressed by a variety of individuals, not only by a case worker.
  - o This measure was deemed important in terms of patients having access to resources to address financial concerns; however, this **concept was deprioritized**.
- Concept #3: Documentation of Treatment Plan Modification Based on a CoC Conversation
  - o This measure is intended to ensure treatment plans are adapted once a patient and the clinical team have a conversation regarding costs and financial concerns.
  - o Stakeholders noted the main concern with this concept is that costs of services and/or treatments should not *always* lead to modification of a treatment plan; the goal of this measure should not necessarily be to modify based on financial barriers, but rather to discuss treatment options alongside on cost concerns.
  - o Stakeholders discussed that modification to a treatment plan, based on cost, is not always appropriate. Stakeholders emphasized the importance of avoiding negative

impact on patient outcomes due to financial barriers, which sometimes requires modifying a treatment plan, but in other cases may not.

- o Stakeholders confirmed that a measure should NOT penalize clinicians who find a way to address CoC concerns without modifying the treatment plan.
- o Patients appreciate the discussion of cost, yet want to ensure they are presented with all the options, "some patients think all clinicians care about is do I have the money to pay for something, rather than does this patient need this medication."
- o The idea of this **concept was recommended for further testing, but with modification**, to address **Documentation of CoC Concerns in a Treatment Plan**.

- Concept #4: Patient-Reported Assessment of a CoC Conversation during a Clinic Visit
  - o This measure is intended to gather feedback directly from patients regarding the quality of the conversation.
  - o Stakeholders agreed the patient perspective on the value of these conversations will improve how clinicians and the health system engage with patients; clinicians at the roundtable noted the need for this type of measure in practice.
  - o Discussions on how to measure this concept and the definition of the actual patient-reported assessment left some level of ambiguity regarding its advancement. Stakeholders asked for more precision on what should be "patient-reported" – e.g. quality of the conversation, elements covered in the conversation, resources provided during the conversation, etc.
  - o Patients appreciated the value of their input to enhance CoC conversations; however, it was clear through the community workshops that patients do not think of their experience in terms of how it is measured. In establishing a measure to address patient-reported elements, consideration towards a more open-ended opportunity to assess key variables may be warranted to achieve a patient-reported assessment (i.e. less check offs, rating scales, etc.).
  - o The idea of this concept was **widely supported for implementation**.

To augment measure concepts and continue to normalize CoC conversations, improvement activities to support CoC conversations were also discussed. As noted earlier, improvement activities can be used to help clinicians improve care through payment model participation.

- Activity #1: Use of a Patient-Facing Tool to Prepare Patients for CoC Conversations
  - o The intent of this activity is to give patients guidance on how to conduct conversations with their clinician during clinic visits (i.e. types of questions to ask, available resources to support patients, etc.).
  - o Stakeholders agreed tools could support the quality and normalization of CoC conversations; they also agreed that a tool like this may also encourage patients to not be fearful or embarrassed to engage in CoC conversations.
  - o Patients showcased appreciation when questions were posed to them during their visit on "is this cost efficient, what can I do to help, what kind of resources do you need to feel comfortable,' noting that as a patient they would NOT have brought these things up on their own. Having a tool to facilitate these conversations that address things like, "how much will this cost me, is this a 1-time cost or will it be recurrent, etc." may help patients plan.

- o Stakeholders noted that patient-facing tools exist for various condition areas, mental health related issues, etc. so a "new" tool should be unique and showcase value related to CoC conversations.
  - o This activity was **widely supported for implementation** with a recommendation to assess patient feedback frequently on the development and use of the tool.
- Activity #2: Use of Discharge Planning tool to Outline Costs of Prescriptions post-Discharge
  - o The intent of this activity is to ensure patients are given information associated with the costs of their treatments through a validated discharge planning tool.
  - o Although stakeholders noted the importance in patients having more information regarding CoC, there was widespread consensus that clinic staff lack access to cost information at the conclusion of the visit. For this activity to be feasible, there would need to be a standardized approach to how treatments/ services are priced.
  - o Patients agreed that "surprise billing," gives them anxiety. One patient noted, "even though you are talking to the doctor about costs, they may not know how much the price, since they are not aware of other bills," so it may be best for the clinician to refer the patient to someone who may know what future billing will look like.
  - o Stakeholders agree that should patients have questions regarding their treatment costs, there should be someone they can call to give them information (e.g. office manager, clinic staff, insurance, Medicaid office).
  - o Given feasibility challenges, this **activity was deprioritized** for future testing.

Based on the robust input on these concepts provided at the Roundtable, the following concepts and improvement activities should be prioritized by researchers for additional study:

- Discussion of a CoC with the Patient during the Clinic Visit
  - o Percentage of patients, age 18 and older, who engaged in a CoC conversation with a clinical staff member during the clinic visit
- Documentation of CoC Concerns Addressed in the Treatment Plan
  - o *Based on discussion, this measure was modified from its original form.*
  - o Percentage of patients, age 18 and older, whose treatment plans are developed to accommodate patients' costs concerns
- Patient-Reported Assessment of a CoC Conversation during a Clinic Visit
  - o Reported experiences, of patients 18 and older, regarding CoC conversations that occurred during their clinic visit
- Use of a Patient-Facing Tool to Prepare Patients for CoC Conversations (Activity)
  - o Implementation of a tool that provides guidance on how to conduct CoC conversations during clinical visits (i.e., types of questions to ask, available resources to support patients, etc.)

Implications

Implementation of meaningful quality measures allows health care system leaders and policymakers to assess whether clinicians are engaging in respectful conversations about costs with patients, and whether patients' concerns about costs are being addressed. Our work in this area indicated that measurement alone will not drive improvement. Measures are 1 vehicle to support behavior change among clinicians, and systems change within organizations, to increase the quality and frequency of conversations addressing cost.

Normalizing these conversations and encouraging a culture of financial transparency will improve the clinician-patient relationship. Utilizing measurement to spearhead these discussions provides consistency and will encourage clinicians not to inadvertently select who they discuss costs with due to implicit bias. Patients understandably worry about receiving lesser care because of assumptions made about their financial status or their preferences. Encouraging consistent and standardized approaches to initiating CoC conversations will accelerate their ability to be mainstream and part of each clinical visit, like discussing medication side effects.

Our growing body of work in this space has validated the importance of CoC conversations, especially in understanding the barriers both patients and clinicians face in having these conversations. The findings from this work have shown that we have shifted from viewing costs as outside of or unrelated to the clinical decision-making process to understanding CoC as a critical component in shared decision making and a key variable in treatment decisions.

Concepts identified through this work can move the needle toward normalizing these conversations. However, more research is needed to transform them into quality measures that could be used for accountability and improvement purposes. Our findings indicate the following research opportunities for consideration:

- **Accessibility of Data:** Many clinicians are doing the best they can to address cost concerns in the absence of OOP cost information. To optimize conversations, clinicians need access to more data to feel comfortable engaging in meaningful and productive CoC conversations. There are opportunities to collaborate with public and private payers to determine the operations and functionality of accessing this data in a timely manner.
- **Roles and Responsibilities:** CoC conversations are a newer concept to healthcare; thus, there is no clear role within the care team as to who should lead these conversations – and the right role may depend on the type of cost concern, and on who is capable of working to address the concern. Team-based care is about meeting patients where they are by aligning the appropriate clinical team member to varying patient needs during the care episode. Having the right conversation at the right time could have a significant impact on how the patient engages with the care team and their long-term outcomes.
- **Validating Needs of Patients:** Patients, particularly low-income and vulnerable patients, may feel they are subject to unintended consequences as a result of CoC conversations (this includes lack of access to treatments as a result of a patients' financial status). A patient's assessment of the quality of a conversation, or whether they have the information they need to make a decision about their care, signals the need for more patient-reported outcome measures to ensure patients' needs are met and that they are being heard throughout their care journey.

The Path Forward

The work in this issue brief highlights the need for a mechanism to normalize and encourage clinicians to talk to their patients about costs of care. Healthcare decision making is multi-faceted—not just a simple weighing of clinical evidence, so patients need guidance from their clinicians to better understand the financial implications of their care decisions

Performance measures offer 1 vehicle to promote the likelihood of these conversations. Tying measurement to payment provides an opportunity to focus the attention of clinicians and administrators on those measures that matter to patients. The concepts uncovered in this work still require additional specification, psychometric testing, and an assessment of their usefulness in practice. Further research to assess barriers to implementation and adoption, and identifying additional resources needed in the clinical workflow to operationalize these measures will advance CoC measures in practice. Widespread use of these measures will encourage clinicians to engage in these discussions more naturally, thereby empowering patients to express cost concerns that might affect their treatments and health outcomes.

Future testing and validation should ensure the measures introduced in this issue brief are feasible in practice to facilitate integration into existing and/or novel payment models. In addition, CoC measure development efforts should address the varied priorities and needs of all patients, including financial issues and understanding barriers to equitable outcomes. Thoughtful, sensitive CoC conversations can facilitate a more trusted partnership between clinicians and patients and prevent missed opportunities to address cost concerns that may have not been raised otherwise. Normalizing these conversations has the potential to reduce stigma, and the potential for helping to reduce disparities in outcomes.

Appendix: June 20th Roundtable Attendees

Name	Affiliation
Arlene Bierman	Agency for Healthcare Research and Quality
Avital Havusha	New York State Health Foundation
Daniel Wolfson	ABIM Foundation
Deborah Roseman	America's Essential Hospitals
Emma Ansara	John Snow, Inc.
Emmy Ganos	Robert Wood Johnson Foundation
Glyn Elywn	The Dartmouth Institute
Gwen Darien	National Patient Advocate Foundation
Larry Allen	Colorado Program for Patient Centered Decisions
Laura Gottlieb	University of California at San Francisco - School of Medicine
Maria Pisu	University of Alabama Birmingham
Mary Jackson Scroggins	Patient Advocate
Mary Politi	Washington University in St. Louis
Maurine Stuart	Patient Advocate
Meg Gaines	Center for Patient Partnerships
Peter Ubel	Duke University
Reena Duseja	Centers for Medicare and Medicaid Innovation
Saranya Loehrer	Institute for Healthcare Improvement
Tammy Taylor	Nurse Practitioner - Clarksdale, Mississippi

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Contact Us

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