Stepping into the Cost of Care Conversation

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Overview

1. What is the rationale for a CoC Conversation?

2. Historical context of CoC Conversations with other Patient-oriented reforms in Primary Care, in the last 15 years

3. CoC Conversation’s Elements – what’s included?

4. An overview of the MCN CoC Study early findings, that documents current situation, and factors promoting CoC conversations...
“To be a force for health justice for the mobile poor”
Cost of Care Initiative
Robert Wood Johnson Foundation
MCN’s “Clear on the Cost”: Patients and Providers Co-Authoring the Care Plans
Shared Decision-Making (SDM) and Cost of Care Conversations (CoC)
Elements of “cost of care”
Cost of health insurance premiums

Cost of co-payments and deductibles

Elements of “cost of care”

Absolute or Relative estimates of the (“direct”) cost of procedures and medications

Other (“indirect”) costs of illness (e.g., lost work time, transportation for treatments, etc.)
RATIONALE: Cost of Care’s potential effect on Care Plan Adherence?

From: QuickStats: Percentage of Persons of All Ages Who Delayed or Did Not Receive Medical Care During the Preceding Year Because of Cost, by U.S. Census Region of Residence — National Health Interview Survey, 2015. MMWR Morb Mortal Wkly Rep 2017;66:121. DOI: http://dx.doi.org/10.15585/mmwr.mm6604a9
Health insurance terms can be confusing...
Theory behind cost-sharing

1. Increases the “value” of the care to the patient,
2. Reduces abuse of what might be considered “free” care, and
3. Reduces the overall costs of covering a large population to the insurance company or the government agency.
What are our social goals?

• Effective, affordable care that is needed.
• Reasonable cost to patients and reasonable revenue to providers
• Requires balancing multiple economic and health objectives in a complex process.
• Inadequate health insurance literacy and health literacy can interfere with achieving this societal goal.
“Cost-Sharing” mechanisms

1. **Copays, Copayment, Coinsurance** – patient’s out-of-pocket costs that must be paid to provider of care. Full amount until deductible is reached then a percentage. Premiums do not count as “co-payment” for covered care that is provided.

2. **Deductibles** – threshold of costs paid by patient (copays) before Insurer covers full cost of care.

3. **Annual Out-of-Pocket Maximum** – limit of patient responsibility each year.

4. **Allowable Costs** – insurers sometimes can specify therapies, meds and treatments that they deem “allowable” based on their assessment of effectiveness.
The Affordable Care Act (ACA) mandated insurance companies and government insurance (Medicaid and Medicare) to cover important classes of conditions to improve overall population health.

1. Preventive Care – care deemed “effective” by national expert panels.
2. Pre-existing Conditions – conditions existing prior to this insurance coverage beginning.
Costs of Care Hierarchy and Time

**Cost of Illness**
*Any Discussion about*
*Costs of this Patient’s Condition...*

“I just saw that Cost of Breast Care in State X is:
Total Direct and Indirect, where Insures pay $XX to Hospital, $XX to Physicians and patient usually pays $XX out of pocket, over 12 months.”

**Cost or Coverage**
*Any Discussion about*
*this Patient’s Insurance & Costs...*

“The Insurance Clerk has indicated that your Insurance is not covering the test strips and supplies AND you’re having trouble taking time from work for treatments... what can we do about this?”

**Out of Pocket Costs**
*Any Discussion of Patient’s Costs...*

“Your co-pay is $20 per visit. Is that a problem for you?”

CoC conversations were most often (67%) less than one minute!

Components of “costs of care” conversation

Rarely (6%) did the CoC conversation take more than 3 minutes.

What is your role in your Health Center in delivering Cost of Care conversations?
One of the Clinics’ CFOs, responded after our “CoC Conversation Awareness Training”, by challenging his entire team to recognize that...

“unless we are willing to engage the patient in these CoC discussions, why should they be engaged?”

How **Comfortable** and **Trusting** are these patients when Health Center Staff members are talking to them about CoC issues? ....
Let’s review some positives and negatives that can impact the success of the Cost of Care Conversation
A staff person may recall that through segregation she could not get services at this site when she was a child...
Eligibility staff knows of resources and programs that the family may not be aware of. This positively launches the cost of care conversation...

However...Eligibility staff may view use of charitable or public benefits as a weakness, and undermine any CoC conversation...
Lab staff may be able to explain the unique billing processes of external labs to avoid issues of unnecessary costs of care...

However..., Lab staff who are in a hurry, may not focus on the discomfort or concerns of the person in front of them...
Medical Assistant, who “Speaks the patient’s language” gains trust and comfort of the patient and may see the hesitation about additional imaging expectations...

However..., Medical Assistant who does not know the words for some of the cost of care elements could confuse the patient about her costs.
Clinicians are the most influential in the patient’s view and may alter the care plan (e.g., treatments or meds) if mindful of the patient’s financial situation...

However..., a Clinician may feel the patient should get the newest and the gold standard, which may increase non-compliance and poorer outcomes...
Missed opportunities?
Purpose of Cost of Care Conversation

Patients will be:

- Better-informed and participating in shared clinical decision making
- Better equipped to engage in effective self-management and care plan adherence
Clinician and Provider Organization will:

✓ Use time more effectively, in the long-term.
✓ Create shared clinical decision making with patient, that may result in better outcomes
✓ Assist patient in achieving adherence to their care plan, and better self-management
Clinic’s CoC Policy will clarify:

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>Who will take on the role?</td>
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<td>Will relative or absolute costs be identified?</td>
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<td>Who should be sensitive to the cost of care concerns and signal to whom</td>
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<td>costs are needed?</td>
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<td>Costs clearly affect care decisions and the patient’s adherence – what</td>
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<td>is the clinic’s responsibility in a Patient-Centered Medical Home?</td>
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When patients come to ask for prescription refills

Pharmacists or pharm-techs can introduce the topic
When reviewing discharge orders, a nurse of a physician can ask if what is recommended will be a problem.
Electronic Medical Record (EMR) and quality improvement
Health insurance terms can be confusing resulting in patients avoiding recommended care. Here are some basic terms:

**Copay** - Patient’s out of pocket costs that must be paid to provider of care. Full amount until deductible is reached then a percentage. Premiums do not count as “co-payment” for covered care that is provided.

**Deductibles** - Threshold of costs paid by patient (copays) before Insurer covers full cost of care.

**Annual Out-of-Pocket Maximum** - Limit of patient responsibility each year.

**Allowable Costs** - Insurers sometimes can specify therapies, meds and treatments that they deem “allowable” based on their assessment of effectiveness.

**Preventative Care** - Care deemed “effective” by national expert panels.

**Pre-existing Conditions** - Conditions existing prior to this insurance coverage begins.

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**Discount Prescription Programs**

- **GoodRx**: goodrx.com or call 1-844-329-3341
  - Local area price comparisons, too

- **EasyDrugCard**
  - easydrugcard.com or call 1-877-891-2198

- **Needymeds.org**
  - needymeds.org
  - $4 prescription drug programs

- **SingleCare**
  - singlecare.com
  - Sign up for free membership
  - Discount for dental & vision

- **RxAssist.org**
  - rxassist.org or call 1-877-537-5537

- **PPARX.org**
  - pparx.org
  - To locate prescription assistance programs

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**What do the Terms in Health Insurance Mean for Patients’ Cost of Care?**

**Contact us!**

| Organization: | ____________________________ |
| Address: | ____________________________ |
| Email: | ____________________________ |
| Phone: | ____________________________ |

Produced by Migrant Clinicians Network

The Robert Wood Johnson Foundations Funded Project “Clear on the Cost: Patients and Providers Co-authoring the Care Plans”
Los términos usados en las conversaciones sobre seguro de salud pueden ser confusos y resultar en que el paciente no busque la atención médica necesaria. Aquí algunos términos básicos:

**Copago** es un costo fijo que el paciente paga cada vez que visita al médico. El costo restante es pagado por la compañía de seguros.

**Deducible** es el costo de los servicios pagado por el paciente hasta que llegue a su máximo anual de deducible (gastos de bolsillo) antes de que inicien los beneficios del seguro.

**Máximo desembolso anual** es la cantidad máxima anual de deducible (gastos de bolsillo) antes de que inicien los beneficios del seguro.

**Costos permitidos** son terapias, medicamentos y tratamientos específicos que las aseguradoras consideran “permitidos” de acuerdo a la evaluación de su efectividad pueden especificar.

**Atención preventiva** es la atención antes de que se presenten las enfermedades considerada “efectiva” por los expertos nacionales.

**Condiciones preexistentes** son características de salud que la persona ya tiene antes del inicio de su cobertura de seguro.

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**Programas de descuentos de prescripciones médicas**

- **goodrx.com**
  - o llame al 1-844-329-3341
  - Comparaciones de precios locales

- **easydrugcard.com**
  - o llame al 1-877-891-2198

- **needymeds.org**
  - Programa de drogas prescritas de $4

- **singlecare.com**
  - Regístrese para una membresía gratuita. Descuento para visión y dental
  - o llame al 1-877-537-5537

- **rxassist.org**
  - Para ubicar programas de asistencia para prescripciones

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**Hablemos del seguro de salud y de los costos de servicios de salud para pacientes**

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**¡Contactenos!**

Organización:____________________________________

DIRECCIÓN:____________________________________

Email:___________________________________________

Teléfono:________________________________________

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Producido por:

**Migrant Clinicians Network**

Proyecto “Claridad en los costos: pacientes y proveedores creando juntos los planes de servicios de salud” financiado por la Fundación Robert Wood Johnson
HOW “TYPICAL” HEALTH INSURANCE WORKS

Date that your plan year begins

Preventative and Acute Care

Doctors
Hospital Care
Emergency Medications
Imaging
Therapy
Lab Tests

Date that your plan year ends

Receives routine preventative care
This is granted by all plans with no cost to the patient.

Receives additional care until deductible is paid
The full cost paid by patient until the sum equals the deductible threshold.

Receives additional care with copayment
The copayment is a fixed cost paid by the patient each time they visit the doctor. The remaining cost is paid by the insurance company.

Receives more necessary care
Allowable costs paid by insurance until sum equals the “lifetime maximum”.

Receives more necessary care
Allowable costs paid by insurance until sum equals the “lifetime maximum”. 
CÓMO FUNCIONA UN PLAN DE SEGURO MÉDICO “TÍPICO”

Fecha de inicio del año del Plan

Recibe servicios preventivos de rutina

Otorgados por todos los planes, sin costos para el paciente.

Fecha de término del año del Plan

Recibe servicios adicionales necesarios pagando deducible

El costo de los servicios es pagado por el paciente hasta que llegue a su máximo anual de deducible (gastos de bolsillo) antes de que inicien los beneficios del seguro.

Recibe servicios adicionales necesarios con copago por visita

El copago es un costo fijo que el paciente paga cada vez que visita al médico. El costo restante es pagado por la compañía de seguros.

Paciente recibe más cuidado necesario

Costos permitidos pagados por el seguro hasta que la suma alcance el “máximo de por vida”.

Cuidado o servicios agudos y preventivos esenciales

Doctores
Servicios de hospital
Medicamento recetados
Rayos X
Terapia
Pruebas de laboratorio
Our Staff Interviews indicated Patients didn’t “understand Insurance or Terms”
Our Patient responses showed that they had nothing to go home with to help them in this understanding. So, we designed a slide show & poster or handout!

Handout or Small Poster

PPT Show – Staff Training
Questions?

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REFERENCES:

1. **QuickStats**: Percentage of Persons of All Ages Who Delayed or Did Not Receive Medical Care During the Preceding Year Because of Cost, by U.S. Census Region of Residence — National Health Interview Survey, 2015. MMWR Morb Mortal Wkly Rep 2017;66:121. DOI: http://dx.doi.org/10.15585/mmwr.mm6604a9