Stepping into the
Cost of Care Conversation

October 11, 2019
Deliana Garcia, MA

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…

MIGRANT CLINICIANS NETWORK

"To be a force for health justice for the mobile poor"

Cutting Edge Programming

Resources and Dissemination

Advocacy and Policy

Research and Knowledge Mobilization

Clinical Support and Capacity Building

MCN Office Locations

Chico, CA
Point Reyes, CA
Clinton, NY
Springfield, MA
Greencastle, PA
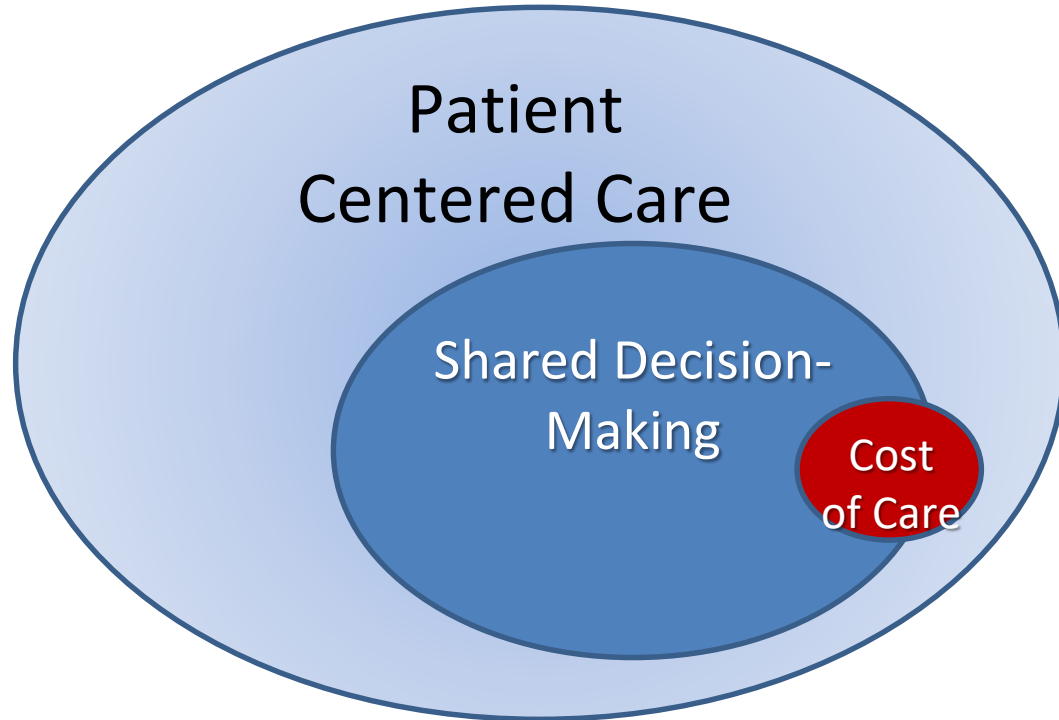Salisbury, MD
Austin, TX
McAllen, TX
San Juan, PR

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)

Patient Centered Care

Shared Decision-Making

Cost of Care

Elements of "cost of care"
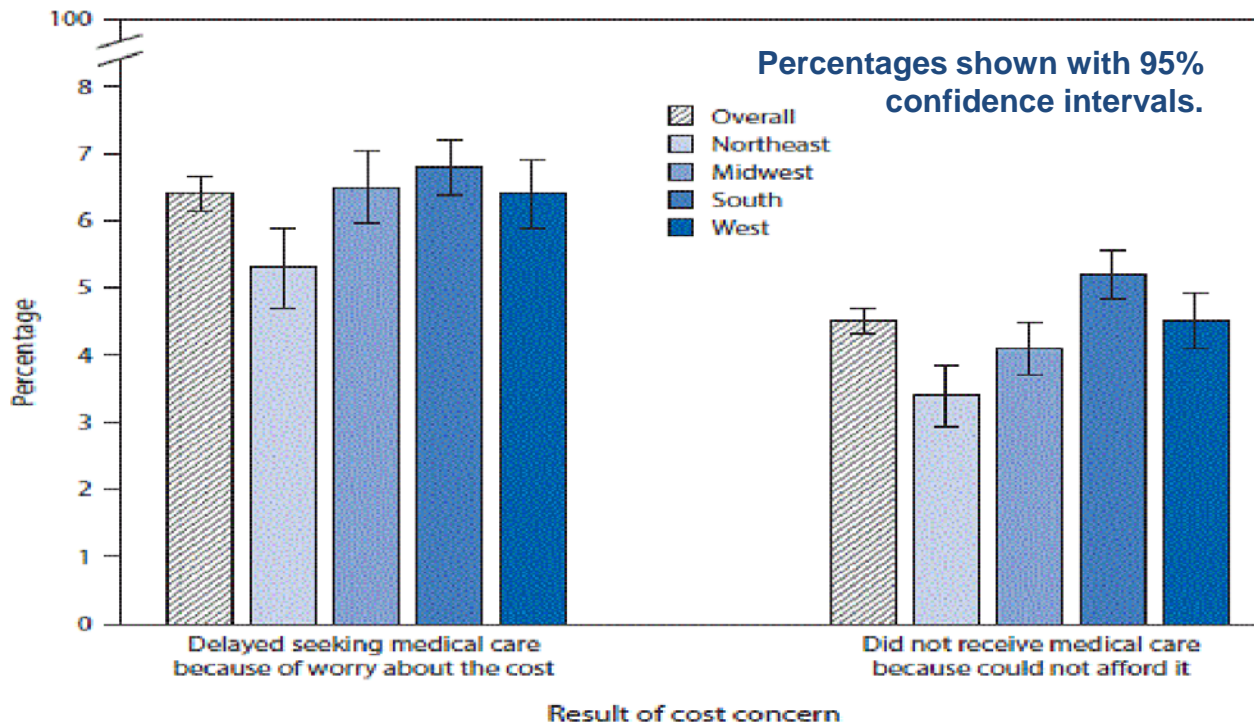
Cost of health insurance premiums

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.)

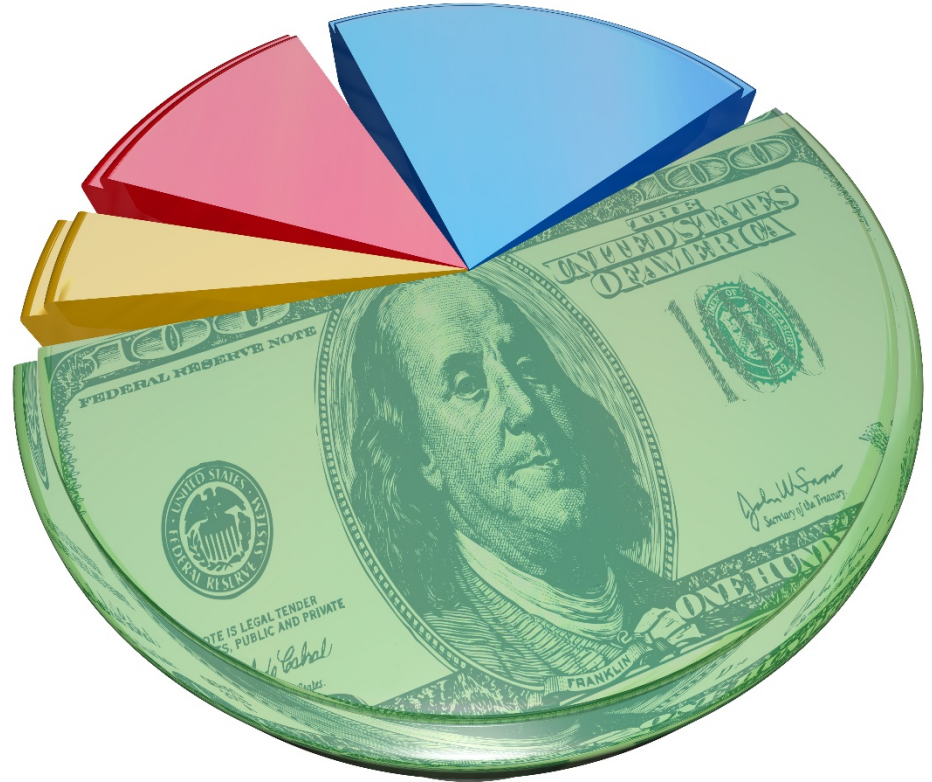# RATIONALE: Cost of Care's potential effect on Care Plan Adherence?

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.
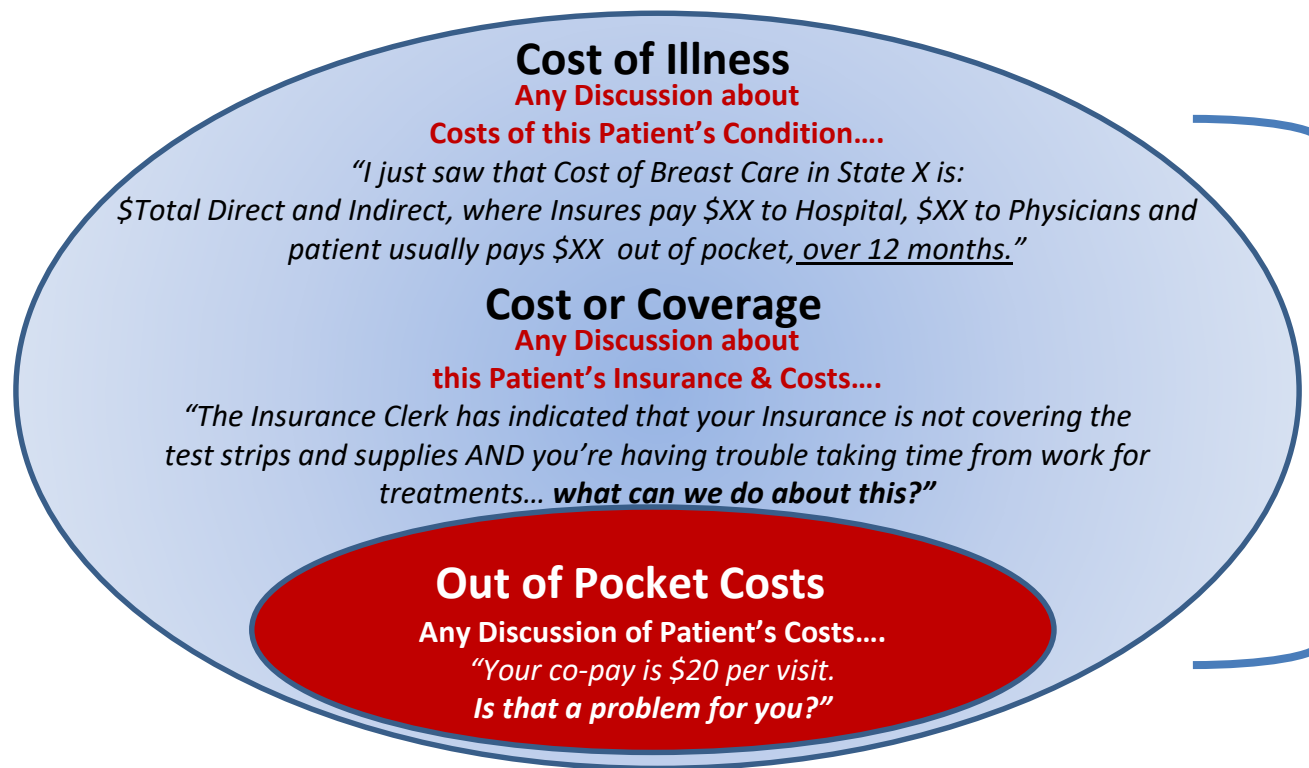
"Cost-Sharing" mechanisms

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 <u>this</u> insurance coverage beginning.
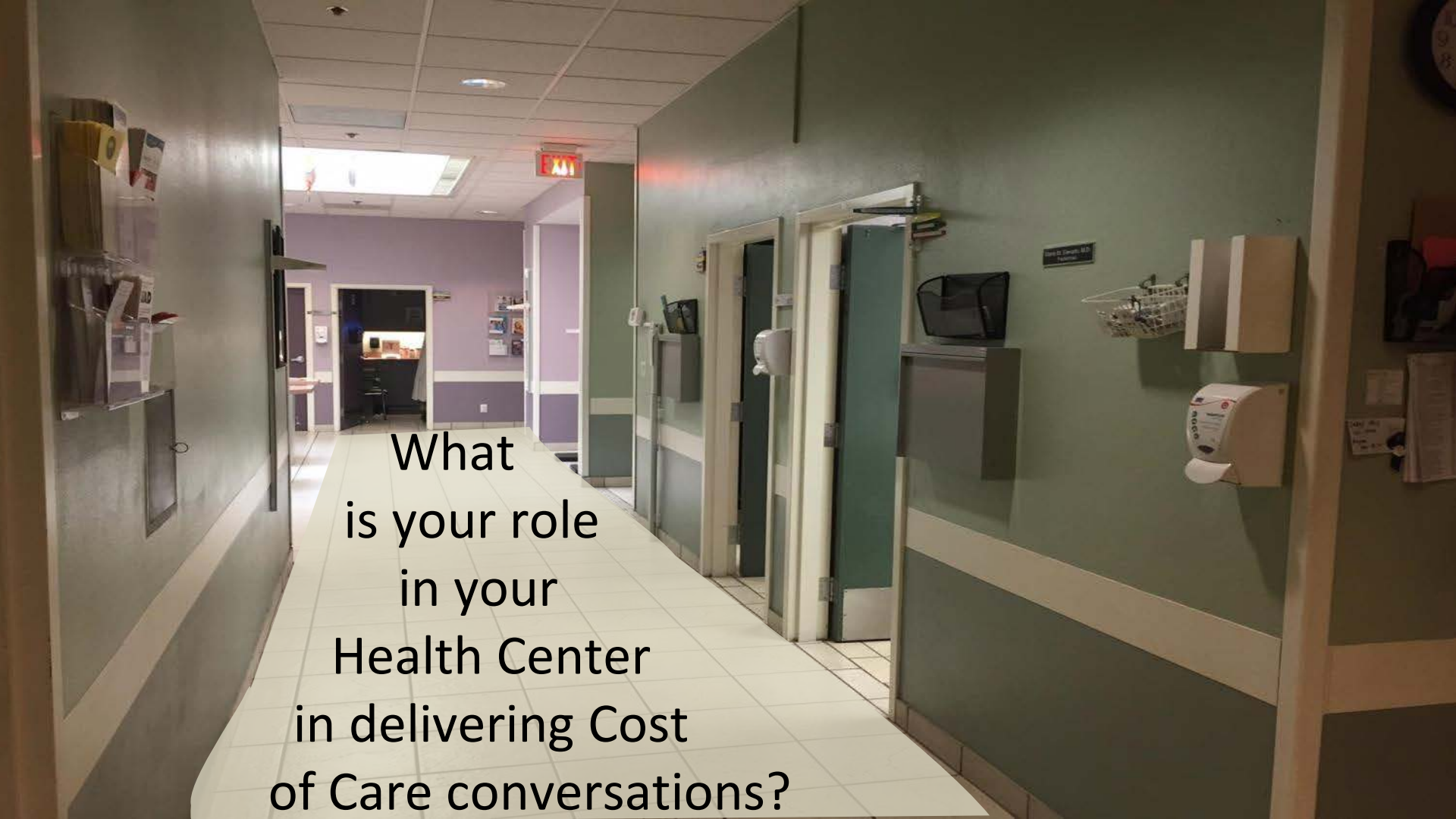
Costs of Care Hierarchy and Time

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, <u>over 12 months.</u>"

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?"

This is a Two-Way conversation!

How <u>Comfortable</u> and <u>Trusting</u> are these patients when Health Center Staff members are talking to them about CoC issues? ….

WHAT

WHO

WHEN

Let's review some positives and negatives that can impact the success of the Cost of Care Conversation

Front desk staff
A staff person can be a role model for a child, and can instantly gain trust and establish rapport to facilitate a Cost of Care conversation…

Photo © Alan Pogue

However….
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...

Photo © Alan Pogue

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 explai 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...
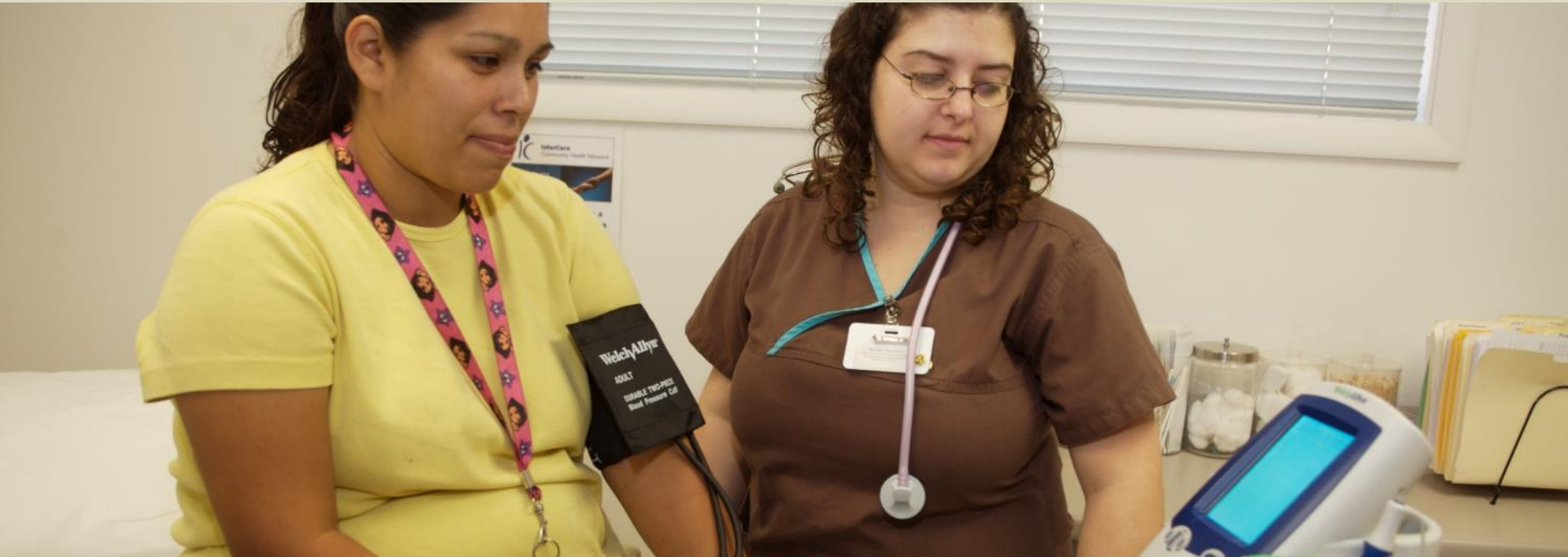
However...., Medical Assistant
who does not know the words for some of the cost of care elements could confuse the patient about her costs.

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:

Who will take on the role?

Will relative or absolute costs be identified?

Who should be sensitive to the cost of care concerns and signal to whom that the CoC conversation is needed?

Costs clearly affect care decisions and the patient's adherence – what is the clinic's responsibility in a Patient-Centered Medical Home ?

✓ When patients come to ask for prescription refills

✓ Pharmacists or pharm-techs can introduce the topic

When reviewing discharge orders a nurse of 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.

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
needymeds.org
$4 prescription drug programs

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

RxAssist
Patient Assistance Program Center
rxassist.org
or call 1-877-537-5537

PPA
Partnership for Prescription Assistance
pparx.org
To locate prescription assistance programs

Contact us!

Organization:_____

Address:_____

Email:_____

Phone:_____

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

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 máximo 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.

Programas de descuentos de prescripciones médicas

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

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

NeedyMeds
needymeds.org
Programa de drogas prescritas de $4

singlecare
singlecare.com
Regístrese para una membresía gratuita. Descuento para visión y dental

RxAssist Patient Assistance Program Center
rxassist.org
o llame al 1-877-537-5537

PPA Partnership for Prescription Assistance
pparx.org
Para ubicar programas de asistencia para prescripciones

¡Contactenos!

Organización:_____

Dirección:_____

Email:_____

Teléfono:_____

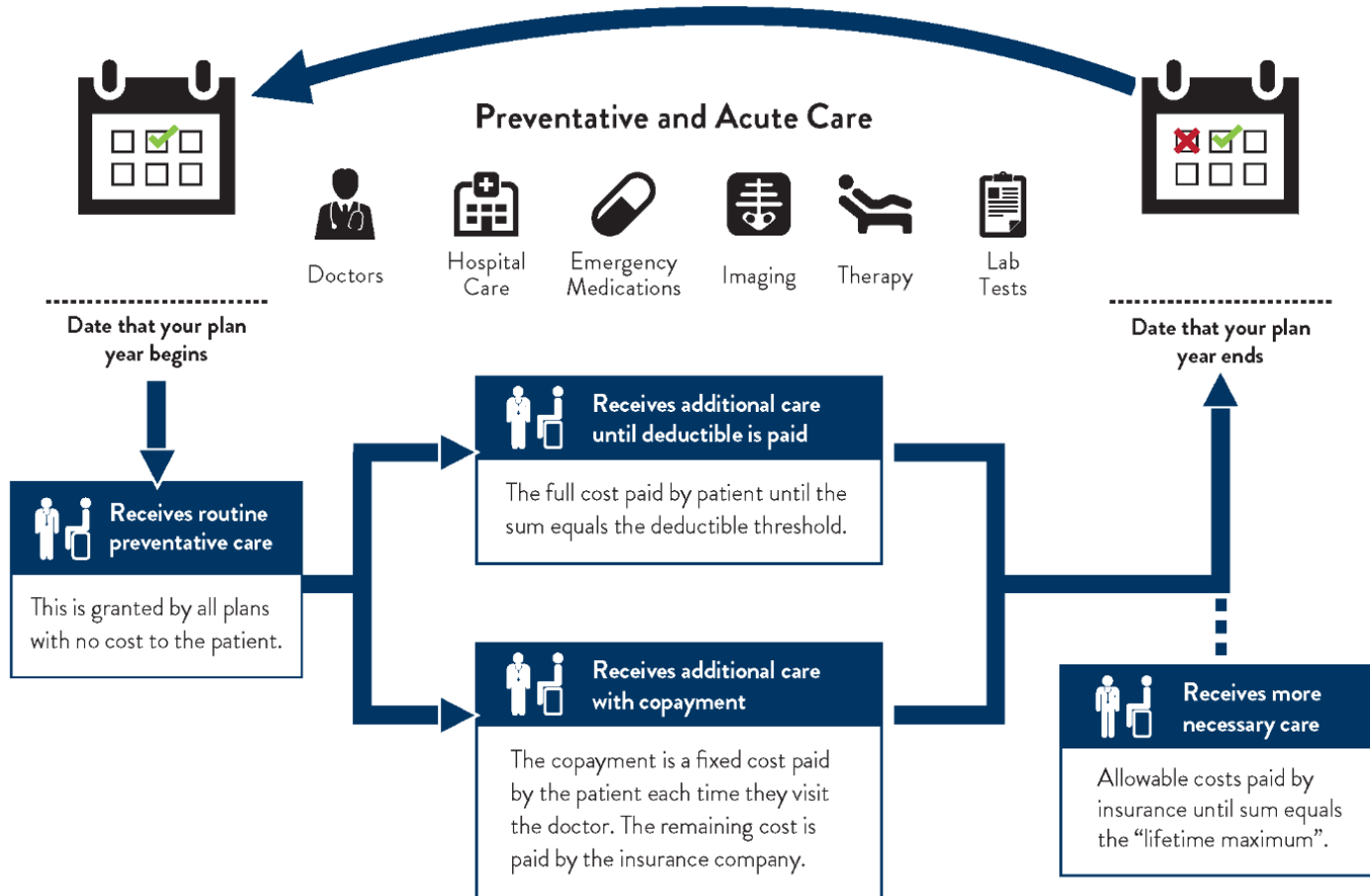## Hablemos del seguro de salud y de los costos de servicios de salud para pacientes

HOW "TYPICAL" HEALTH INSURANCE WORKS
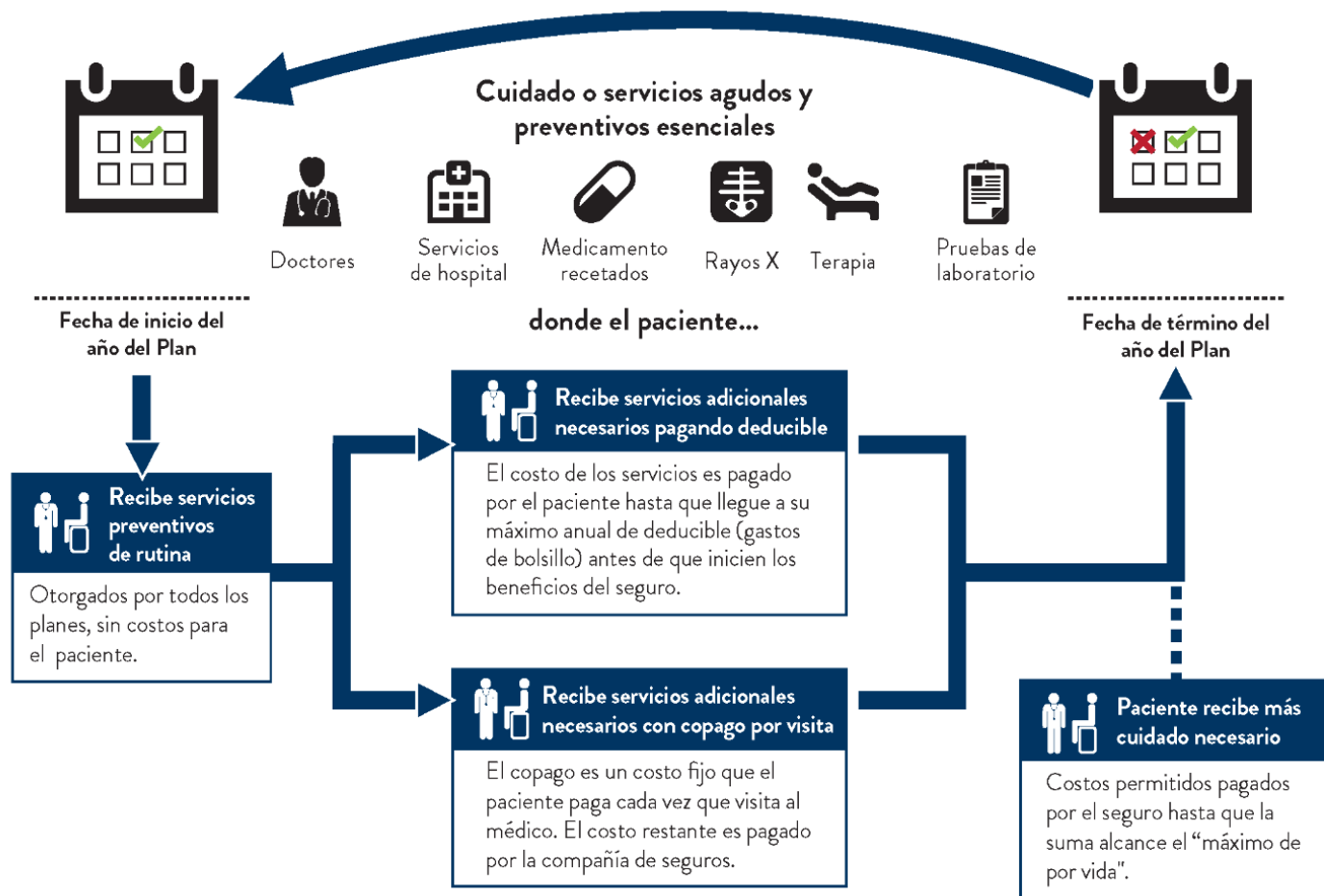
Preventative and Acute Care

Doctors · Hospital Care · Emergency Medications · Imaging · Therapy · Lab Tests

Date that your plan year begins

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".

CÓMO FUNCIONA UN PLAN DE SEGURO MÉDICO "TÍPICO"

Cuidado o servicios agudos y preventivos esenciales

Doctores

Servicios de hospital

Medicamento recetados

Rayos X

Terapia

Pruebas de laboratorio

Fecha de inicio del año del Plan

donde el paciente...

Fecha de término del año del Plan

Recibe servicios preventivos de rutina

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

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".

Health Insurance Literacy

✓ 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
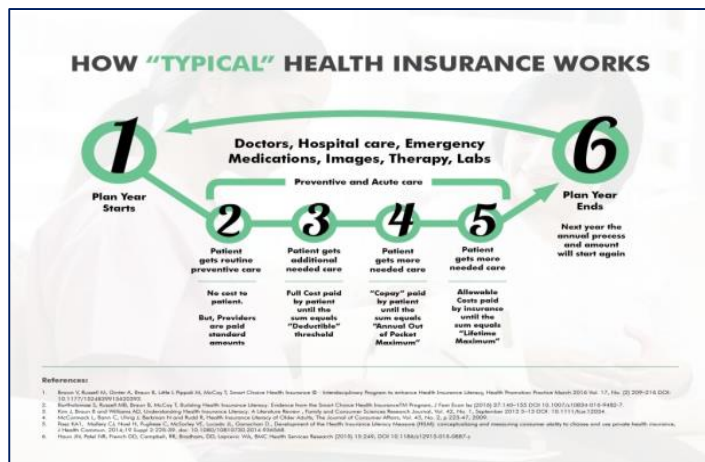
PPT Show – Staff Training

Questions?

Deliana Garcia, MA

Director, International Projects and Emerging Issues
Migrant Clinicians Network

512-579-4501
dgarcia@migrantclinician.org

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

2. Hunter et al., What Strategies Do Physicians and Patients Discuss to Reduce Out-of-Pocket Costs? Analysis of Cost-Saving Strategies in 1755 Outpatient Clinic Visits, BMC Health Services Research (2016) 16:108, DOI 10.1186/s12913-016-1353-2.