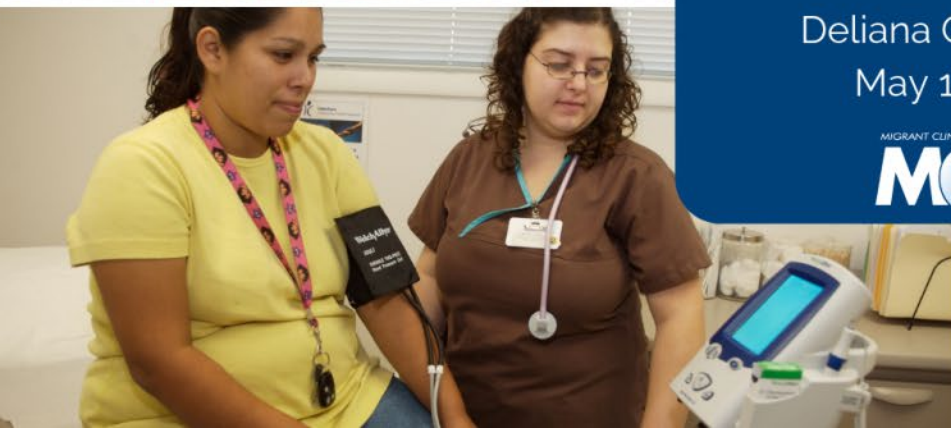




Stepping into the
Cost of Care
Conversation

Deliana Garcia, MA
May 15, 2019

MIGRANT CLINICIANS NETWORK
M_{CN}



Migrant Clinician Network (MCN) is accredited as an approved provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

- To receive continuing education credits for this activity, the participant must complete a post-activity evaluation.
- Once successful completion has been verified, each participant will receive a letter and certificate of successful completion that details the number of contact hours that have been awarded.
- The planning committee members, presenters, faculty, authors, and content reviewers of this CNE activity have disclosed no relevant professional, personal, or financial relationship related to the planning or implementation of this CNE activity.
- This CNE activity receive no sponsorship or commercial support.
- This CNE activity does not endorse any products.

FOR QUESTIONS OR ADDITIONAL INFORMATION PLEASE CONTACT:
JILLIAN HOPEWELL – jhopewell@migrantclinician.org

Conflict of Interest Disclosure

We have no real or perceived vested interests that relate to this presentation nor do we have any relationships with pharmaceutical companies, biomedical device manufacturers and/or other corporations whose products or services are related to pertinent therapeutic areas.

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...



Cost of Care Initiative Robert Wood Johnson Foundation

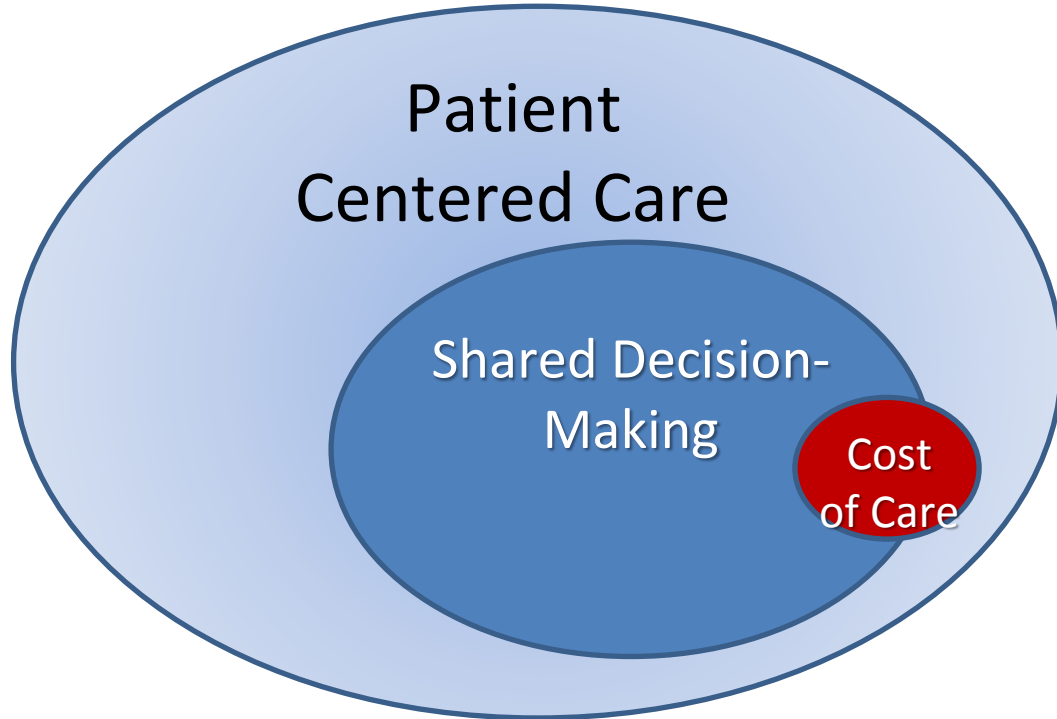
Poll question





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”



扶娃
2022

Cost of health insurance premiums

Cost of co-payments and deductibles

Elements of “cost of care”

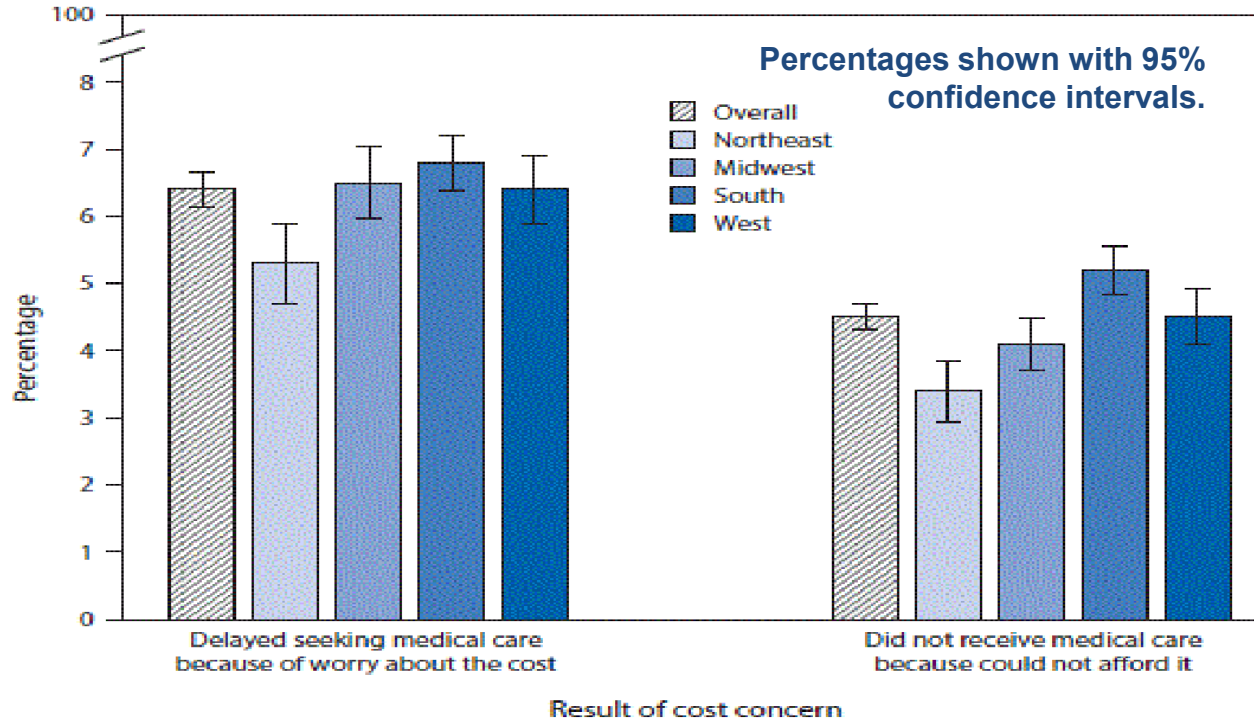
Absolute or Relative estimates of the (“direct”) cost of procedures and medications

Other (“indirect”) costs of illness (e.g., lost work time, transportation for treatments, etc.)

Poll question



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



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

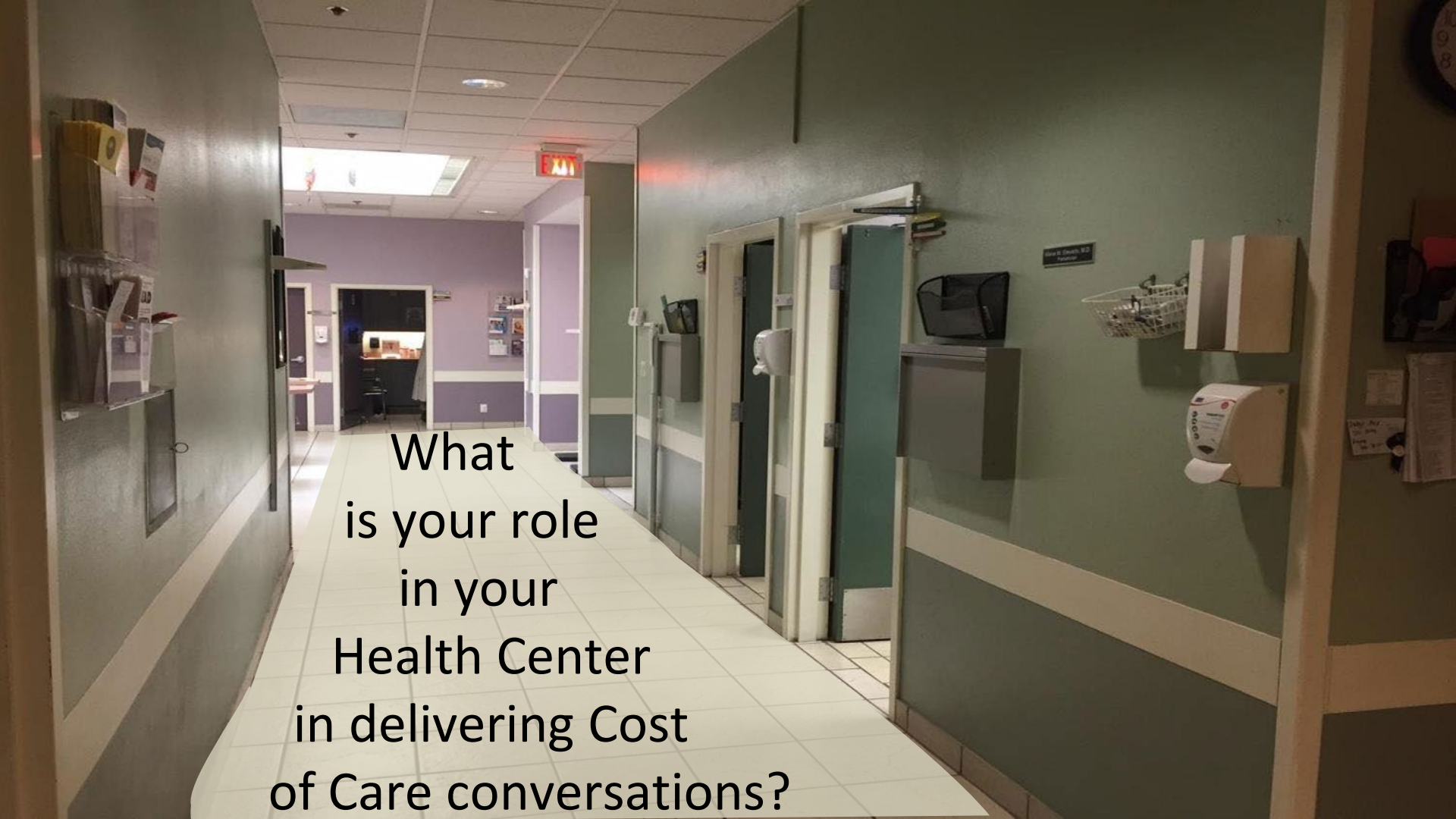
Any Discussion of Patient's Costs....

*"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.

A photograph of a hospital hallway with a text overlay. The hallway has light-colored tiled floors and green walls with a white horizontal stripe. On the right, there are several doors, a paper towel dispenser, a hand sanitizer dispenser, and a nameplate that reads "Steve R. Smith MD, Professor". On the left, there are some papers and a small shelf. In the background, there is a purple-walled room and a red exit sign above a doorway.

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 Comfortable and Trusting 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...

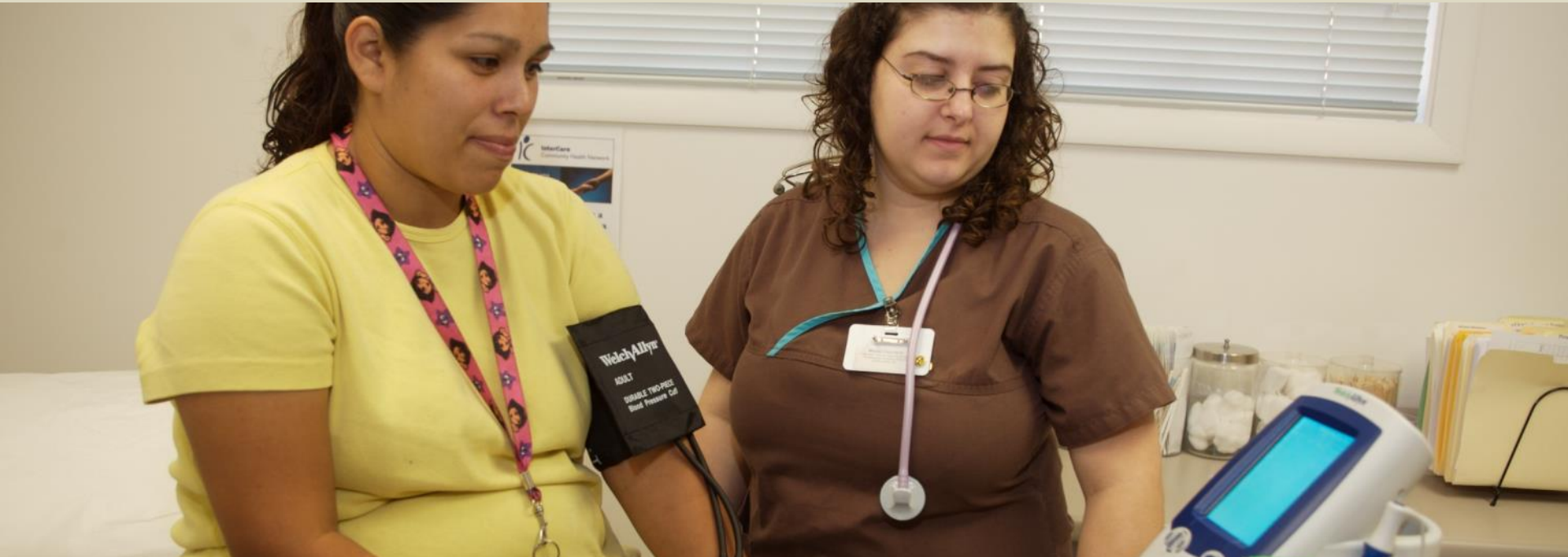
Lab staff

may be able to 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

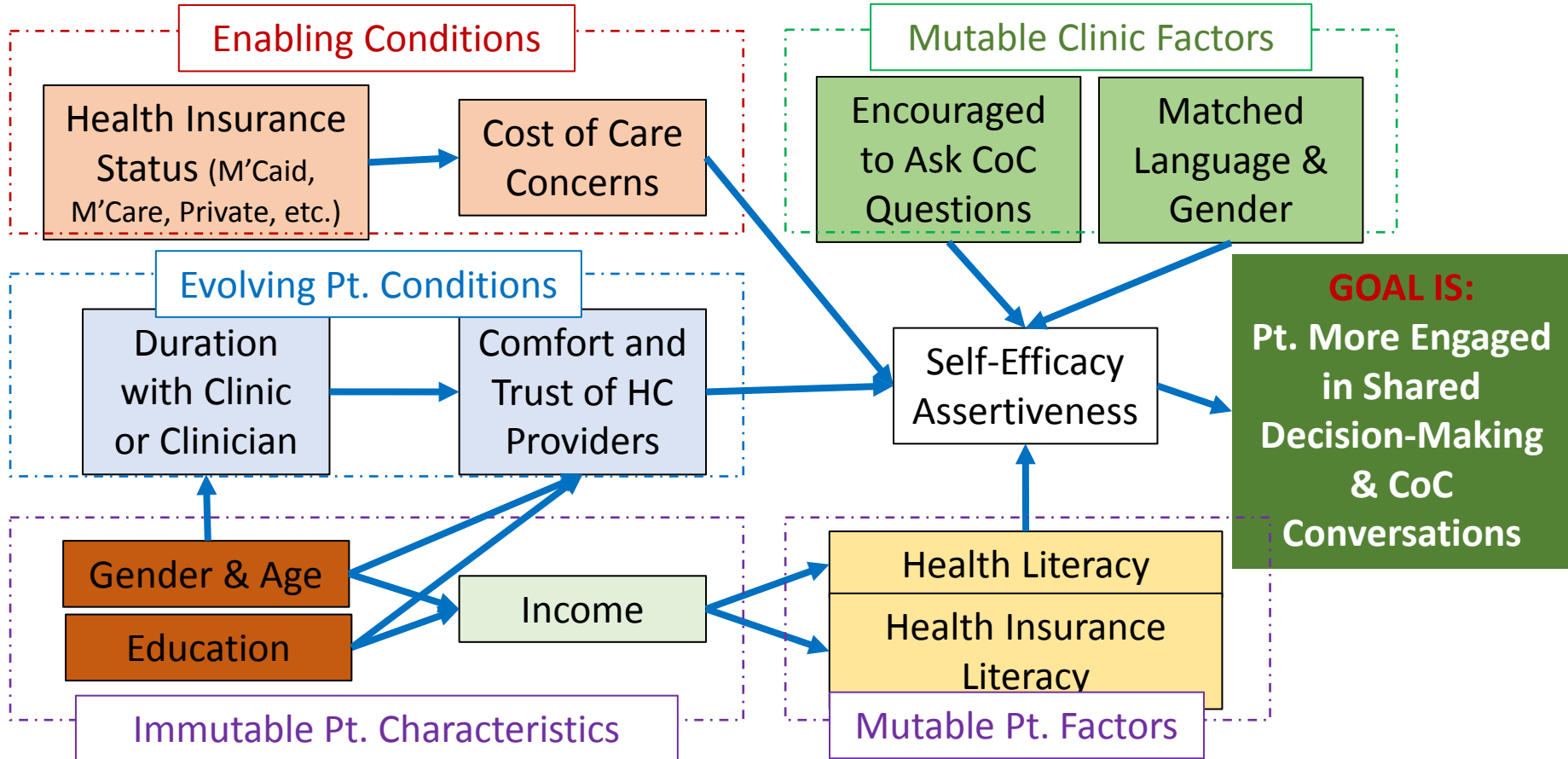
are the most influential in the patient's view and may alter the care plan (e.g., treatments or meds) if mindful of the patient's financial situation...

However..., a Clinician

may feel the patient should get the newest and the gold standard, which may increase non-compliance and poorer outcomes...

CoC Conversation Behavioral Model

Which factors are more important, AND can be acted on?



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 ?

Poll question



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.