

## COST DISTRESS SCREENING TOOL

While cost distress is a reality experienced by one in three patients, few undergo discussions with their providers regarding these concerns.<sup>1</sup> Many patients are reluctant and uncertain of how to address this topic. Some report concern that their care would be negatively impacted by discussion of cost.<sup>2</sup> Despite this, it is important to address cost concerns when speaking with a patient, because the majority of patients report a desire to talk to their physicians about the impact of medical costs on their lives.<sup>1</sup> Given the prevalence of cost distress and the subsequent negative impact on patient outcomes,<sup>3</sup> it is prudent to establish a protocol for screening for the presence of significant cost distress. The guide below can be implemented to identify patients who may warrant further discussion regarding cost distress with their provider.

If the patient responds “Yes” to any question, he or she would benefit from a dedicated cost conversation with the clinician or a member of the health care team.

Before asking these questions, frame the conversation using the following language:

“Our goal is for you get the best care with fewer problems and lower costs and this involves us asking new types of questions to ALL of our patients.”

- Do you feel financially stressed due to your current health care needs?
- Are you worried about how your health care bills will be paid?
- Are you concerned about your current financial situation due to your health care needs?
- Would you like to discuss your cost of health care with your provider at today’s visit?

Evidence has highlighted specific patient factors that might put individuals at higher risk of cost distress, including younger age, applying for copayment assistance, race, and socioeconomic factors.<sup>3</sup> However, prior studies are limited by selection bias, and it is imperative to screen all patients for cost distress given the negative impact on patient-centered outcomes. This way, all patients will be given the opportunity to discuss any potential impacts of the cost of their health care. Implementation of the above questions, which were adapted from the COST Measure,<sup>4,5</sup> could be an important step to ally with patients on patient-centered and cost-aware care.

### References

1. Alexander GC, Casalino LP, Meltzer DO. Patient-physician communication about out-of-pocket costs. *JAMA*. 2003;290(7):953-8.
2. Alexander GC, Casalino LP, Tseng CW, McFadden D, Meltzer DO. Barriers to patient-physician communication about out-of-pocket costs. *JGIM*. 2004;19(8):856-60.
3. Zafar SY, Peppercorn JM, Schrag D, et al. The Financial Toxicity of Cancer Treatment: A Pilot Study Assessing Out-of-Pocket Expenses and the Insured Cancer Patient’s Experience. *The Oncologist*. 2013;18(4):381-390.
4. Souza JA, Yap BJ, Hlubocky FJ, et al. The development of a financial toxicity patient-reported outcome in cancer: The COST measure. *Cancer*. 2014;120(20):3245-3253.
5. Souza JA, Yap BJ, Hlubocky FJ, et al. The development of a financial toxicity patient-reported outcome in cancer: The COST measure. *Cancer*. 2014;120(20):3245-3253.