**Facilitator Guide**

**Description**: This guide is intended to help the faculty deliver this interactive discussion introducing the basics of health care financing and coverage and how coverage impacts costs and health outcomes. Inpatient and outpatient scenarios for insured and uninsured patients are explored to discuss important differences in access and cost and challenge trainees to consider these differences. This is the second in the series of six modules. The accompanying slide decks include presenter notes so you may want to print out the slides and notes and review them alongside this guide as you prepare to give the presentation.

**Learning Objectives**:

* Explain the basics of health insurance and coverage.
* Demonstrate the complexity of health care costs and the large variation in out-of-pocket costs based on insurance status.
* Weigh the impact of insurance coverage and out-of-pocket costs on the ability to adhere to treatment recommendations.
* Explore how provider reimbursement models can affect delivery of high value care.
* Encourage physicians to not practice “one size fits all” medicine.

**Audience and Setting:** The intended audience for this module is Internal Medicine residents. A large group setting with time and space for small group work within the session works best.

**Equipment Required**: A computer with projector for PowerPoint presentation with audio output and a white board or flip chart for recording group work.

**Optional**: A local hospital case manager and/or social worker to help answer questions and co-facilitate this session. Print out some copies of slide #21 as a worksheet for the small group activity.

**References**:

1. Clip courtesy of This American Life from WBEZ Chicago.
2. Moriates C, Arora V, Shah N. *Understanding Value-Based Healthcare*. New York, NY: McGraw-Hill; 2015.
3. US Census Bureau. [www.census.gov](http://www.census.gov/) . Accessed December 16, 2015.
4. Altman D, Frist W. Medicare and Medicaid at 50 years: perspectives of beneficiaries, health care professionals and institutions, and policy makers. JAMA. 2015; 314(4):384-95. [PMID: 26219056]
5. Department of Health and Human Services. [www.medicare.gov](http://www.medicare.gov/). Accessed December 16, 2015.
6. Department of Health and Human Services. [www.medicaid.gov](http://www.medicaid.gov/). Accessed December 16, 2015.
7. Majerol M, Newkirk V, Garfield R. The Uninsured: A Primer — Key Facts about Health Insurance and the Uninsured in the Era of Health Reform. The Henry J Kaiser Family Foundation Web site. <http://kff.org/uninsured/report/the-uninsured-a-primer/>. Published Nov 13, 2015. Accessed December 16, 2015.
8. McWilliams J. Health consequences of uninsurance among adults in the United States: recent evidence and implications. Milbank Q. 2009 June; 87(2):443-94. [PMID: 19523125]
9. Centers for Medicare and Medicaid Services. [www.cms.gov](http://www.cms.gov/) . Accessed December 16, 2015.
10. Adapted from Owens, D, Qaseem A, Chou R, Shekelle P; Clinical Guidelines Committee of the American College of Physicians. High-value, cost-conscious healthcare: concepts for clinicians to evaluate the benefits, harms, and costs of medical interventions. Ann Intern Med. 2011 Feb 1; 154 (3):174-80. [PMID: 21282697]

**Presentation #2 Instructions**

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| Step | Description | Estimated Time |
| 1 | Welcome participants, introduce speaker, identify the reason for the discussion, including:   * Physicians should understand the basic types of health insurance and how their decisions affect their patients financially. * One’s insurance (or lack thereof) directly impacts out-of-pocket costs, which in turn affects ability to adhere to different treatment recommendations. * Review the Learning objectives (slide #2). | 3 minutes |
| 2 | Case #1: An uninsured patient’s perspective   * Present the case of a young man with severe abdominal pain who wanted to avoid going to the hospital because of lack of insurance. Reveal that he is actually a comedian performing in a show. * Play the approx. 2-minute audio snippet from This American Life (should automatically play when slide #4 is opened). The snippet discusses this patient’s perspective when he received the hospital bill in the mail. You may also choose to ask your residents to listen to the audio file prior to coming to the session and spend your time asking for their reactions (flipped classroom). * Emphasize (in notes section of slide #4) that medical bills are the leading cause for personal bankruptcy in the U.S. * Define key terms in health care cost that must be understood to have this discussion (slide #5). | 5 minutes |
| 3 | Basic types of health insurance   * Review the sources of health insurance (slide #6) and the most common reasons for lack of coverage. * Review individual private insurance (slide #7), which is an uncommon method for paying for health care. * Discuss employment-based insurance (slide #8) and how it is, in essence, subsidized by the government. * Give a brief overview of Government Financed Insurance (slides #9 through #14). Start with the depiction of financing of government-based plan, with individuals and taxpayers paying in and the government making standardized payments to providers. Walk through the table describing Medicare plan structures. The following three slides go into more detail about each of the Medicare parts, including eligibility, type of services covered and information on premium and out-of-pocket costs. Finally discuss Medicaid- financing, required services, and eligibility. | 10 minutes |
| 4 | Affordable Care Act   * Discuss who constituted the uninsured prior to the ACA (slide #15). * Introduce the aims of the Affordable Care Act and the associated expansion of Medicaid (slide #16). Residents may be interested in discussing the future of the ACA and/or the impact of the repeal of the individual mandate that will come into effect in 2019. | 5 minutes |
| 5 | Access to health care   * Show how the uninsured rate dropped significantly after the introduction of the ACA. Despite this change, there are still ongoing barriers with access to health care. Show the survey data from the Kaiser Family Foundation, which found when surveying Americans about health care in the prior 12 months, many reported no usual source of care and said that they had postponed seeking care because of cost. This behavior is much more striking in uninsured patients, but still remains a problem even in those with insurance. * Present the case of Mrs. O (slide #18). Ask the group how lack of insurance contributed to this outcome. How might her story be different if she had been insured and started anti-hypertensives and a statin 10 years ago? * Discuss the evidence behind the differences in care among insured and uninsured patients (slide #19). Uninsured patients delay care or go without care altogether, have fewer medical visits and less health screening (with higher rates of chronic illness and lower cancer survival rates), and have higher mortality (including during hospitalizations). | 5 minutes |
| 6 | Case #2– Cost of Healthcare with Different Insurance Plans   * Present the case on slide #20. Ask residents to break into small groups to estimate charges and out of pocket costs for this patient. Direct them to the Healthcare Blue Book website and to the healthcare.gov to find prices. The groups will probably end up with slightly (and perhaps dramatically) different pricing, perhaps dependent on state/region chosen or plans they select. This is OK- highlight the lack of consistency and transparency in the system. * Provide a handout of slide #21 for each group to fill out. * Discuss the differences in what this “costs” the patient. Ask the residents if they are surprised by the variation in out-of-pocket costs based on insurance. Ask how often they talk with their patients about out-of-pocket costs. * Discuss potential alternatives to GI referral and EGD for this patient based on his high deductible health plan and his concern about the almost $2,000 dollars he may have to pay out of pocket. * Within the context of the case, review the different types of reimbursement models (slide #23), noting, however, that many of these apply more to inpatient scenarios (per diem, DRG) and that most outpatient medicine is either capitation or fee-for-service (FFS). * Discuss whether different reimbursement models promote or discourage practicing high value care (think about ordering tests). * Highlight the lack of disincentive for physicians and hospitals to simply do “more” care without regard to “better” care under FFS model. * Discuss the recent shift from predominantly FFS and DRG models to ACO (slides #24). Does your organization participate in these types of partnerships with CMS or other large payers? | 20 minutes |
| 7 | Summary   * Review the steps toward cost-conscious care on slide #25 and how the concepts presented today fit into this framework. We have done some work on step 1 today (understanding costs) but the main takeaway is understanding individual patients’ values, concerns and needs (including financial based on their insurance) to come up with evaluation/treatment plan that the patient is willing and able to complete. * Highlight the major themes of this module, including how type of insurance and whether a patient is insured greatly impact out-of-pocket costs, which in turn affects ability to adhere to treatment recommendations. * Emphasize that physicians cannot put on blinders to these differences but instead must work with patients to individualize plans of care that maximize value and minimize the burden of unnecessary expenses. | 2 minutes |