

A PRACTICE-LEVEL APPROACH TO ADDRESSING HEALTH CARE COST DISTRESS

This document suggests steps your practice can take to ensure that cost concerns are addressed with patients.

Step 1. Establish the What and Why

Practice Assessment

1. Does your practice currently assess for health care cost distress?
 - a. Yes. How do you currently assess for it? Who does it? When? How are the findings communicated to the clinician?
 - b. No. How do patients currently communicate health care cost distress? How does the clinician discover that a patient may be experiencing health care cost distress?
2. Once health care cost distress is identified, how is that communicated to the clinician?
3. How does the health care team come up with a plan to address the cost distress? Who does it?
4. How are these conversations and plans documented in the electronic health record?
5. Who follows up with the patient about this and when?

Patient Flow Evaluation

1. Sketch out all of the steps of a patient visit at your clinic. Start with registration and making an appointment prior to physically coming to the clinic, then sketch each step after the patient arrives.
2. List everything that occurs for each step. Who does the patient talk to? What questions are the patient asked?
3. Identify areas where a patient is screened to determine which require further attention. For example, who screens the patient for immunizations and when? How is that communicated to the clinician? What other screenings are routinely done, and by whom?

TIP: Look for quick wins wherever possible; it is usually better to start small and build on success than to aim for the most challenging changes first.

Step 2: Measuring Change

1. Identify potential measures of success (number of patients screened for cost distress, number of cost conversations, patient satisfaction with cost conversations, clinician team satisfaction with process/conversations).
2. Develop a data collection plan that is not too onerous.
3. Write an AIM statement detailing the outcome you would like to see that is measurable and time specific. For example, you want 75% of all patients to be screened for cost distress by the end of a 6-month trial period; or, you want to see that 50% of patients had actual conversations with their health care team as evidenced by a note in the EHR, etc.

Step 3: Planning for Change and Identifying Solutions

1. Based on your practice assessment and process map, what are your likely best opportunities for including cost distress screening and conversations in your practice? Where could the screening be added into your patient workflow without disruption? Screening should include asking patients whether they would like to discuss this with the health team if distress is identified.
2. Identify a plan of how any positive screening would be communicated to the clinician.
3. Review ACP and other resources to develop an action plan that the clinical care team can recommend based on the source of cost distress. Be specific in terms of where these resources will be housed and how the team member can access them. Who will access them and when? How will they be communicated with the patient?
4. Review how the care team will document these communications and action plans.
5. Discuss who will follow up with the patient and when.
6. Adapt the ACP resource sheet to meet the needs of your patients by adding any additional local resources.
7. Invite the patients/staff to ask cost questions and add to the resource document as they discover new local resources

Step 4: Implement and Sustain Your Plan

1. Put your plan into action.
2. Periodically review your results and make changes to the plan as needed. For example, you initially thought it would work best for the medical assistant to screen, but now you realize it makes more sense for a nurse to screen following the patient's visit with the clinician.
3. Continue implementing and measuring your progress, making changes as needed to reach your cost-screening and cost-conversation goals.