## STEPS TO ESTIMATE COST OF CARE

### Step 1

**Develop a potential diagnostic or therapeutic plan.**

At this phase, it is helpful to consider what the diagnostic or treatment plan may look like over the next few months, rather than between just the current and next appointment.

- Which medications are prescribed and what is the duration?
- What are some monitoring tests that will be needed?
- What are some diagnostic tests that you recommended?

### Step 2

**Once a diagnostic or therapeutic plan is sketched out, create an approximate calendar of necessary tests and treatments.**

- How often will follow-up appointments be needed?
- What testing will the patient have between or at the next appointments?
- What medications should the patient be taking and for how long?

### Step 3

Although it is hard to predict the exact cost of each necessary test and treatment, several tools are available to estimate out-of-pocket costs. (See also ACP’s Physician and Patient Resources document.)

<table>
<thead>
<tr>
<th>Services</th>
<th>Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAIR Health Consumer</td>
<td>OneRx onerx.com</td>
</tr>
<tr>
<td>Healthcare Bluebook</td>
<td>GoodRx goodrx.com</td>
</tr>
<tr>
<td>New Choice Health</td>
<td>WeRx werx.org</td>
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</tbody>
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### Step 4

**Identify any potential other costs of the medical care suggested by the patient.**

These costs will differ for each patient and the exact costs may be less important than the conversation itself. Inability to pay may impact a patient’s adherence to the treatment plan.

- Are there any other costs associated with the treatment and tests you recommended?
- For example, are the transportation-related costs difficult for the patient?
- How is the patient handling days away from work for appointments and testing?
- If applicable, think about Family and Medical Leave Act (dol.gov/whd/fmla/).

### Step 5

**Determine if your institution/organization has anything available to address the noted concerns. If not, the two resources below are a good place to start because they identify multiple programs for various needs.**

<table>
<thead>
<tr>
<th>NeedyMeds</th>
<th>needymeds.org</th>
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<tbody>
<tr>
<td>Patient Access Network Foundation</td>
<td>panfoundation.org</td>
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</table>
Step 6

With the patient, review the plan as needed and make any necessary changes based on the direct medical and other out-of-pocket costs to the patient.

Research shows that patients want to bring up issues of cost with their health care providers but frequently do not. Checking in with the patient about any potential cost distress will not only normalize the conversation for the patient but potentially improve the patient’s care and outcomes.

Step 7

At some point in the care plan, address with the patient whether he or she is experiencing any intangible costs of care, such as depression, anxiety, or stress, that may require additional counseling or support.

If additional support is required, a good place to start is to call the behavioral health benefits number on the back of the patient’s insurance card. Additional resources include:

- Crisis text line (text CONNECT to 741741)
- National Suicide Prevention Lifeline (1-800-273-8255)

Step 8

Invite the patient to bring up any issues related to cost at any point in the care plan. Patients want to discuss costs with their health care team but may not feel comfortable doing so. Try, “What questions do you have about the cost of the plan we have outlined?” “We’d like to hear about questions and concerns as they arise so we can help address them.”

These steps help the patient identify costs he or she may not have considered and whether they are manageable. The process also allows the patient to plan for the upcoming months. He or she can coordinate appointments, arrange transportation, and ask for help at work or at home as needed. If there are certain conditions or certain care plans that you frequently recommend, it may be helpful to create a template for future patients.