# Supporting cost-of-treatment conversations between patients and providers



IIT Institute of Design in collaboration with the University of Chicago, Ci3, and Sinai Urban Health Center

A Robert Wood Johnson Foundation funded study

Researcher: So, cost conversations with patients are happening, but not in a supported or standardized way?

U of C provider: Yeah, and I would add that they're not happening in a productive way.





SHARED UNDERSTANDING of treatment plan

2.

AWARENESS of real costs + impact of Treatment plan **3.** 

SOLUTIONS + SUPPORT to offer patients

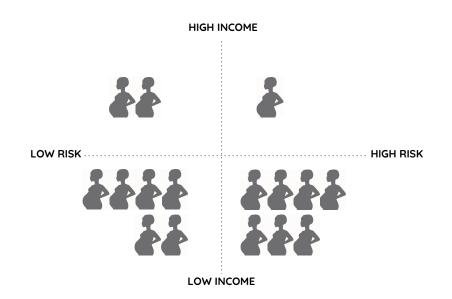
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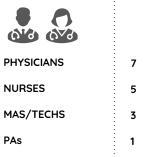
BELIEF that talking about money is allowed + part of care



MEANS to initiate + standardize conversation

#### Where did this come from?







PSR

ADMINISTRATOR 3
CALL CENTER 1

23 CLINICIANS

1 PATIENTS

16
PATIENTS



SHARED UNDERSTANDING of treatment plan



AWARENESS of real costs + impact of Treatment plan



SOLUTIONS + SUPPORT to offer patients



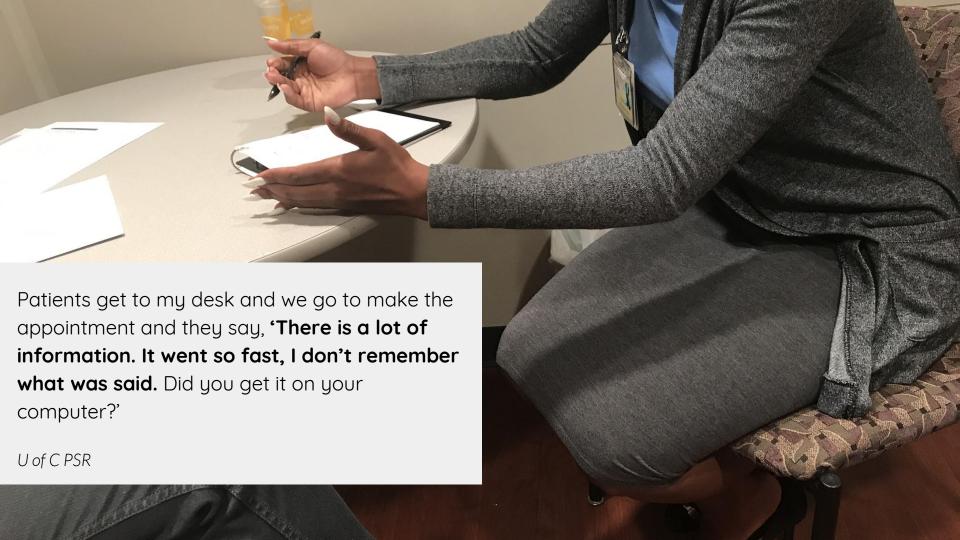
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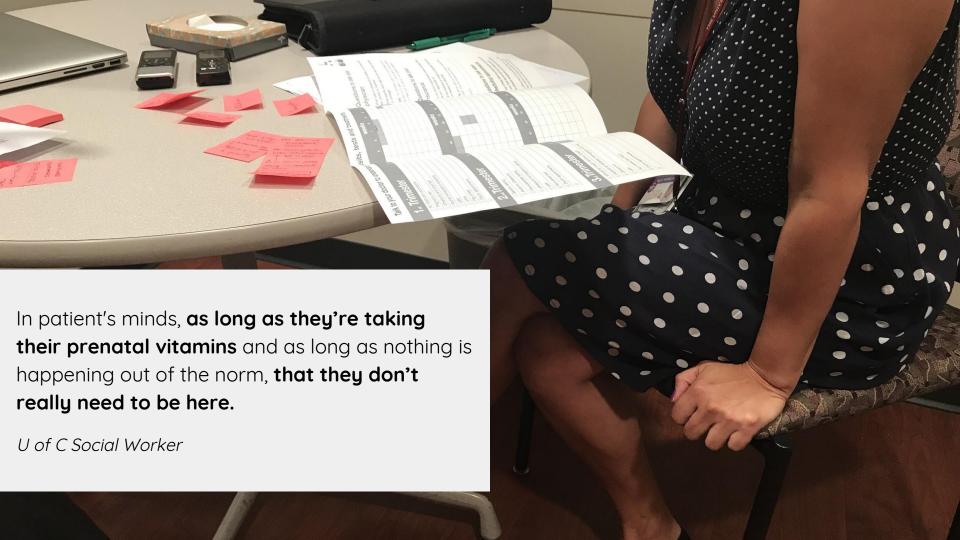


MEANS to initiate + standardize conversation









"it is awkward talking to the doctors because I feel like sometimes they do try to force you into stuff. I feel like you should never go back and forth with a doctor about the care of yourself and your child. They're there to basically serve you and make sure you have a healthy pregnancy and a healthy delivery"

U of C Patient

It would feel like I was doing what I was supposed to be doing, and they knew what they were doing.



"I have two kids and I'm the planner of the family. It feels respectful of my time and intellect to plan and understand what's going on."





SHARED UNDERSTANDING of treatment plan



AWARENESS of real costs + impact of Treatment plan



SOLUTIONS + SUPPORT to offer patients

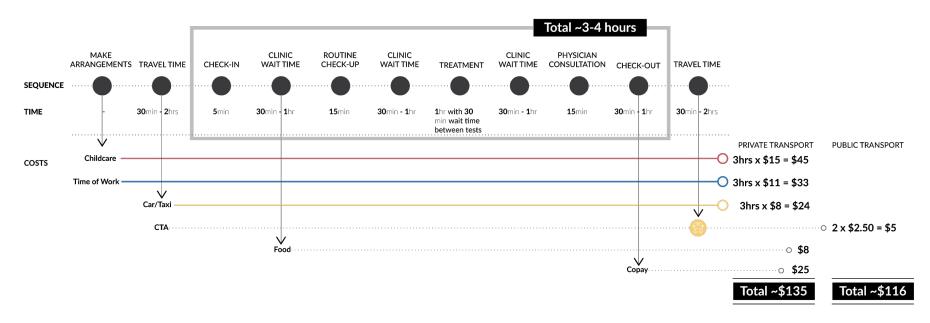


BELIEF
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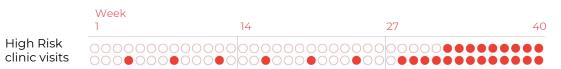


MEANS :o initiate + standardize :onversation

#### Cost of getting to and from a typical appointment.



Total No of Visits - 28 <u>High-Risk Pregnancy - \$ 3,780</u>



		Trimester 1 3 visits	Trimester 2 3 visits	Trimester 3 22 visits	Pregnancy Total	
	Appointment time	9h	9h	120h	138h	
	Food cost	\$24	\$24	\$248	\$296	
TRANSPORTATION SCENARIO 1 Parking	Travel time  Discounted parking	3h \$60	3h \$60	22h \$548	28h \$668	TOTAL COST:
	Lost income	\$132	\$132	\$1,562	\$1,826	\$2,790
TRANSPORTATION SCENARIO 2 Taxi	Travel time Taxi/Uber	3h \$66	3h \$66	22h \$484	28h \$616	TOTAL COST:
	Lost income	\$132	\$132	\$1,562	\$1,826	\$2,738
TRANSPORTATION SCENARIO 3	Travel time Discounted bus	9h \$7.50	9h \$7.50	66h \$55.00	84h \$70.00	TOTAL COST:
Bus	Lost income	\$198	\$198	\$2,046	\$2,442	\$2,808



#### **Highest Cost Moments In Pregnancy**

**Genetic Testing** 

**Blood Cord Banking** 

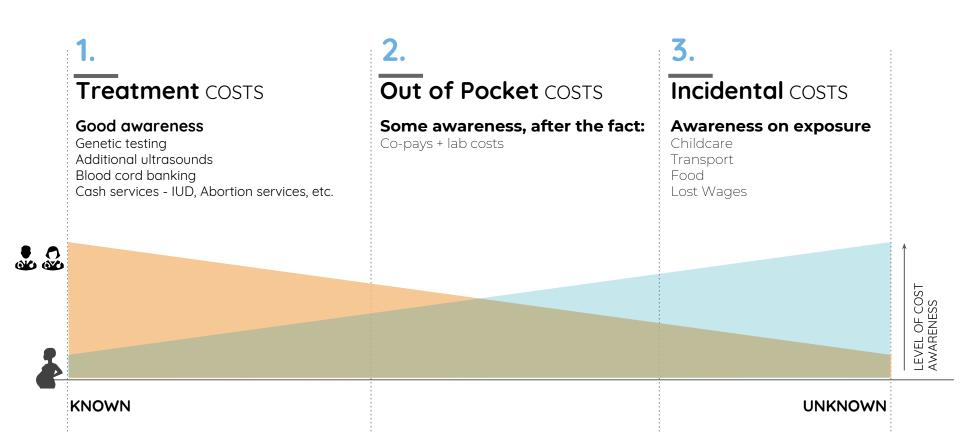
**Medications** such as hydroxyprogesterone, insulin, etc.

Frequency of visits

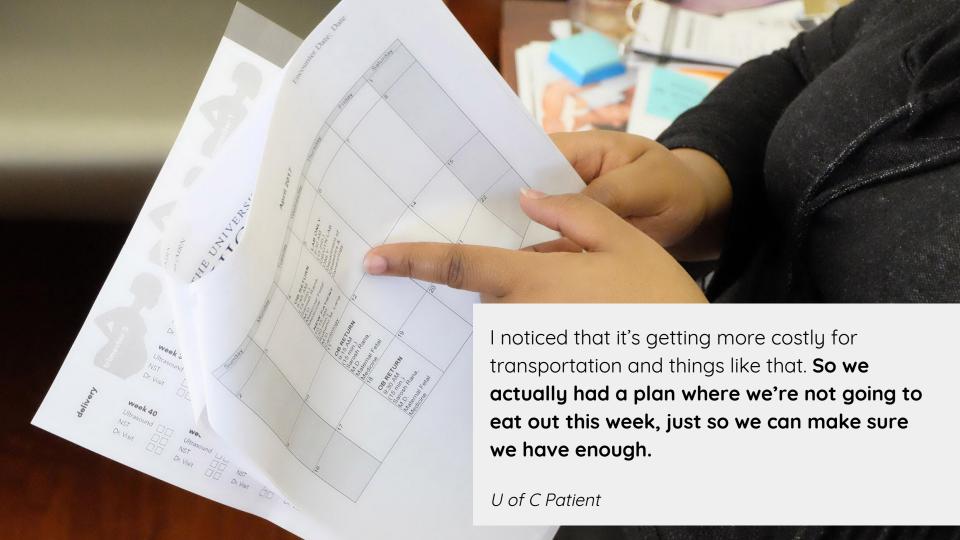
**Hospitalization** labor & deliver, emergency check-in



#### **Types of Costs**

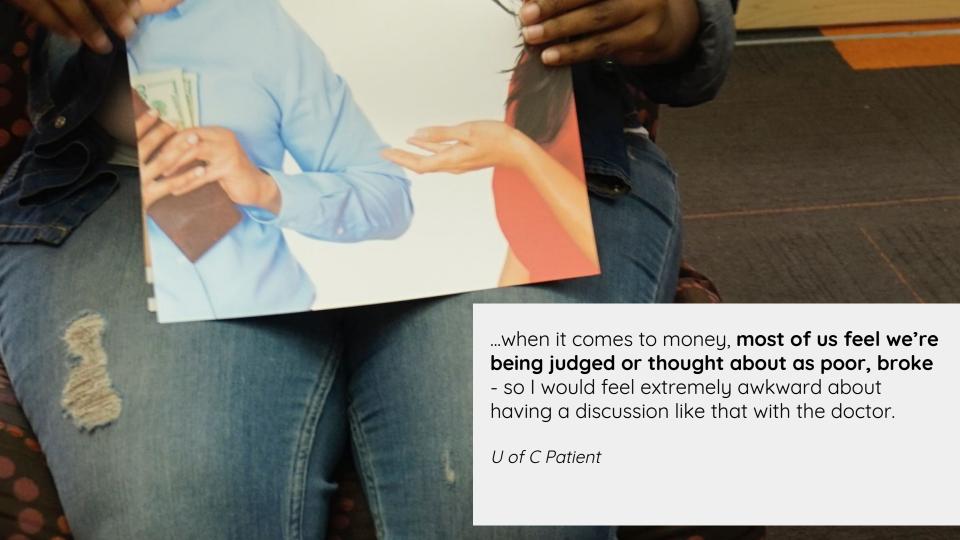


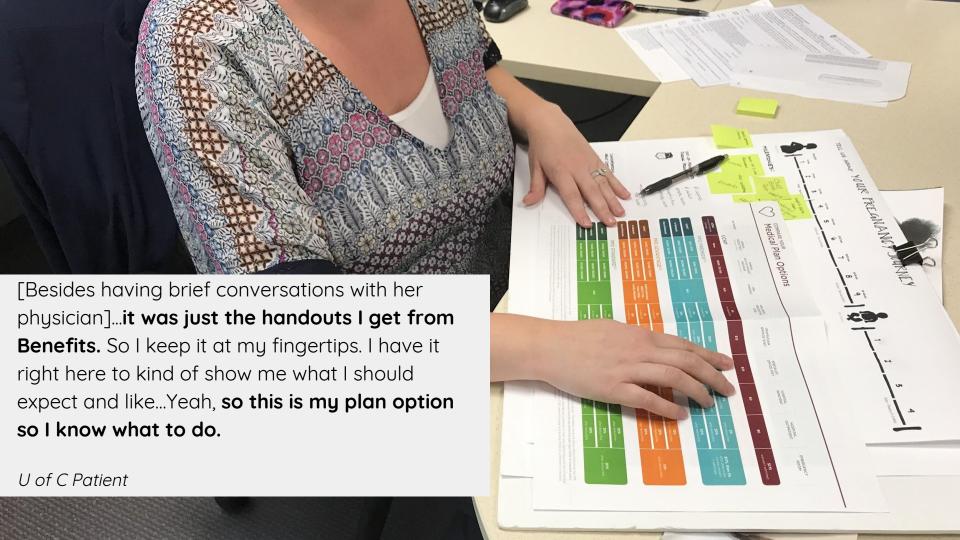




...if I take the **train**, that takes me about **an hour**, **15 minutes**. If I take the bus, the Cottage Grove **bus** all the way down, I would say about **two hours**.









SHARED UNDERSTANDING of treatment plan



AWARENESS
of real costs + impact
of
Treatment plan



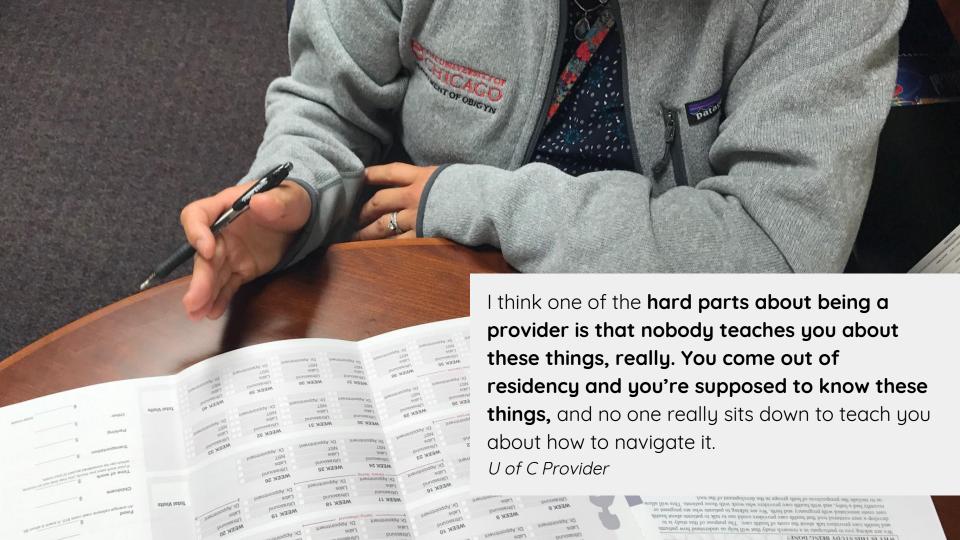
SOLUTIONS + SUPPORT to offer patients



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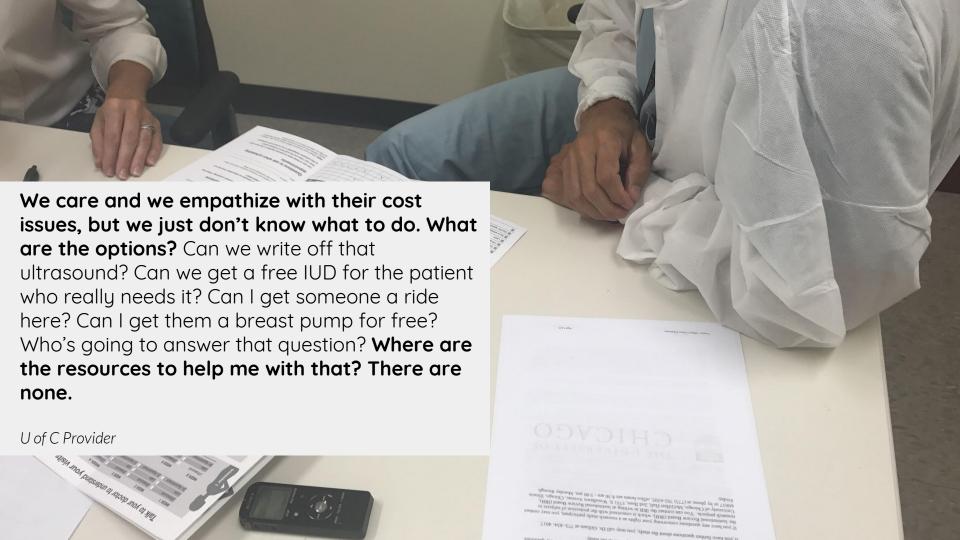
MEANS :o initiate + standardize :onversation



It gets frustrating. We don't know these things [insurance status] until after the fact. So if we knew them upfront, and there were triggers to identify earlier on—you can't order this additional ultrasound, which again it seems if they need an ultrasound then they should get an ultrasound—then that would be helpful.

U of C Provider





To get a free voucher for parking or meals, you have to leave the clinic, go down to the administrator's office, and you have to have a sticker—they have to be signed out. You can't just go down there and say "can I have three or four of them?" And you have to hope that one of the supervisors is down here in their office and still here.

U of C RN





SHARED UNDERSTANDING of treatment plan



AWARENESS of real costs + impact of Treatment plan



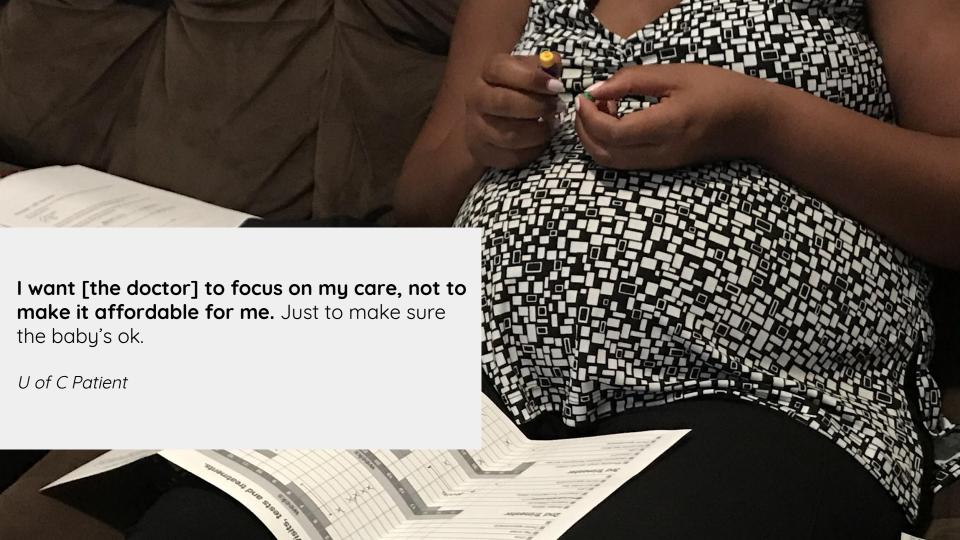
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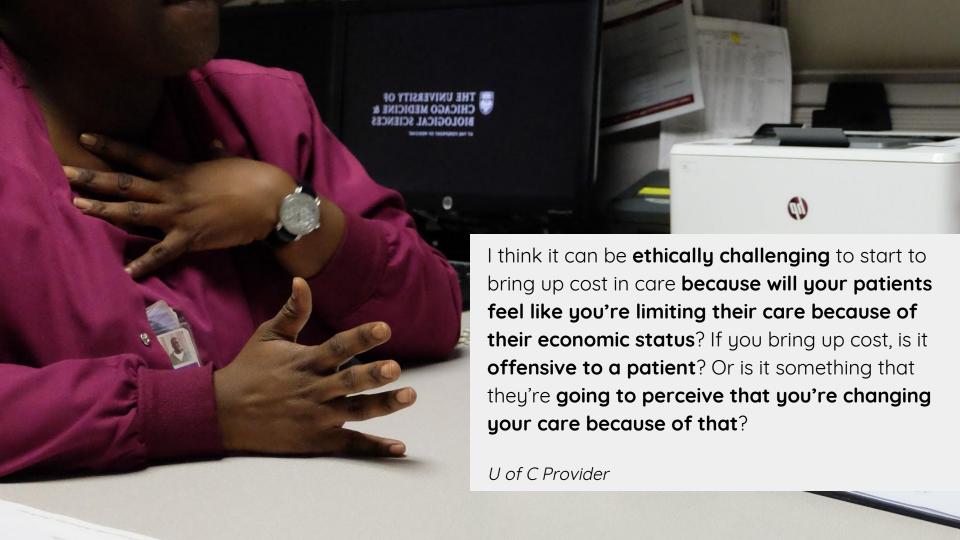


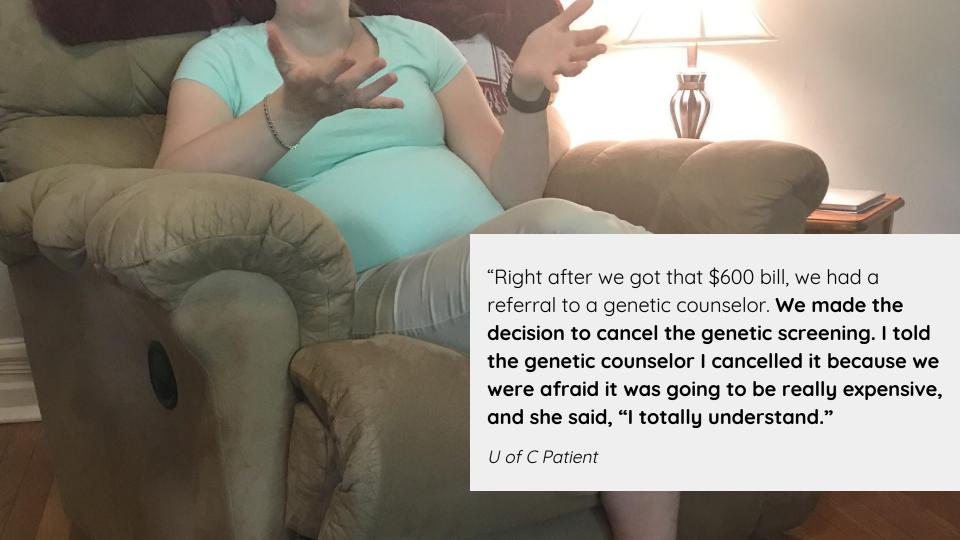
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This is a separate conversation. It's for me to know. And a conversation with whoever I'm coordinating this with, like my husband or partner.







The cost issue that came up for us with MFM was that they prescribed a medicine that was about \$250 every three weeks. I ended up taking it as prescribed for the first few months, then I cut the dose in half dose for the next two months because of the cost.

U of C Patient

Free street parking is a toss up, i'll try to leave the house half an hour early to have some sort of window. I just have to call the office and make sure they'll still see me because i'm here but i can't find parking!

"Very rarely, though, am I having that conversation [providing resources] with a patient, and I'm sure you've heard from other providers by the time a patient checks in, gives us a urine sample, has their vitals, I have about two minutes left to see them."

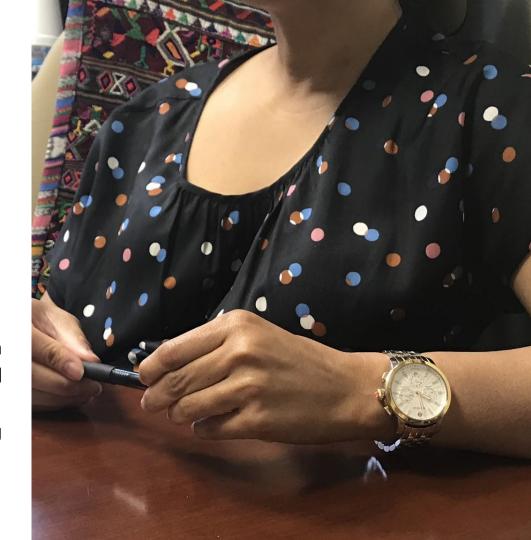
U of C Provider

"Give me another piece of paperwork, you have to take one away!"

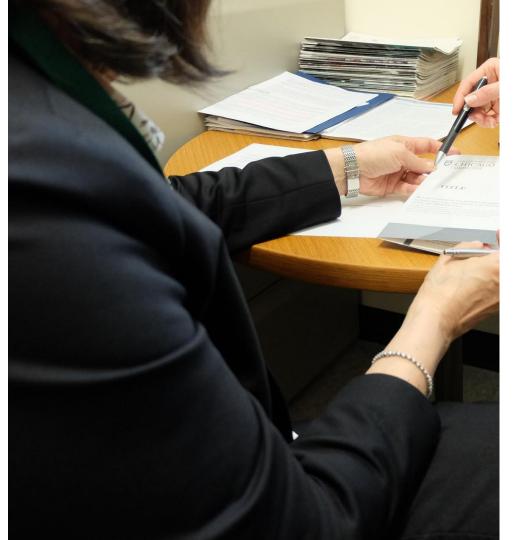
U of C LPN



I don't want to discourage people from getting what they need if they're going to nickel and dime everything. This is what every physician's fear is. You do everything and then you find some catastrophe because something didn't happen. Like you didn't do a certain blood test or you didn't do an ultrasound, and now you have a catastrophe on your hands. If patients, regardless of whether they say and you can document "but I knew my risk and I declined this test" and this happened, and then they end up with some kind of outcome that they didn't want - you're on the line.



"My concern about this [treatment plan] is that a lot of people may not want to continue their pregnancies, to be perfectly honest. It makes me a little concerned—there are a lot of people that come in that are kind of on the fence about whether or not this pregnancy is too high risk for them to continue on."



You wouldn't argue with your plumber if they came to you and said this is what needs to be done to fix your sink. But there is a "my body knows itself" kind of thing about labor and delivery so that as physicians we're dealing with a lot of pushback [from pregnant women]. I feel like women should definitely have an opinion on how they have a **baby**—whether or not to have an epidural—all those things are fine. **But when** you say that I don't want my child to have a vitamin K vaccine and now that child is at risk for bleeding to death from a circumcision, that doesn't make any sense to me.

U of C. Provider



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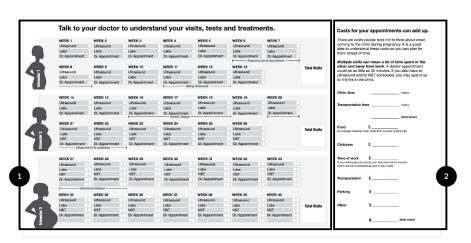


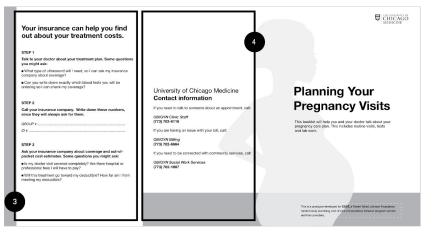
I heard about how frequent the doctor's appointments would be from the MFM's PA. But only like in the sense that she said, "Oh, has anyone talked to you about what to expect with twins for visits? Ok, then let me..." But not as part of a script where we talk to everyone about this at this stage. It just seemed a side conversation.

**Tool Overview** 



- 1 Treatment plan overview
- 2 Planning your appointments
- 3 Preparing for your appointments
- 4 Contact for information





#### Tool A

Talk to your doctor to understand your visits, tests and treatments.

Costs for your appointments can a week of week o

Your insurance can help you find out about your treatment costs.		■ CHICAGO	
STEP 1			
Talk to your doctor about your treatment plan. Some questions you might sek:			
What type of ultrasound will I need, so I can ask my insurance company about coverage?			
Can you write down exactly which blood tests you will be ordering so I can check my coverage?	University of Chicago Medicine	Planning Your	
STEP 2		Pregnancy Visits	
Call your insurance company. Write down these numbers, since they will always ask for them.	If you need to talk to someone about an appointment, call:	Fregulaticy visits	
	OB/GYN Clinic Staff (773) 702-6118	This booklet will help you and your doctor talk about your	
GROUP #	If you are having an issue with your bill, calt	pregnancy care plan. This includes routine visits, tests and lab work.	
STEP 3	OB/GYN Billing (773) 702-6664		
Ask your insurance company about coverage and out-of- pocket cost estimates. Some questions you might ask:	If you need to be connected with community services, call:		
Is my doctor visit covered completely? Are there hospital or professional fees I will have to pay?	OB/GYN Social Work Services (773) 702-1807		
Will this treatment go toward my deductible? How far am I from meeting my deductible?			

#### Pros

Easy to fill out, takes ~1 min - 1.5 mins

Layout supports clinician's concept of treatment, broken down by weeks

Would trigger the right conversations about treatment plans

Fewer words and more straightforward

#### Cons

Boxes are repetitive and feel overwhelming

May be difficult for patients who plan day by day and not long term

Cost section is too direct, concern about dollar signs on a medical document

Worried that overwhelmed patients might not come back or may terminate

Feels institutional



#### Tool A

## Talk to your doctor to understand your visits, tests and treatments. Costs for your appointments can add use week of week of week of your appointments can add use week of your appoint

Your insurance can help you find out about your treatment costs.		CHICAGO MEDICINE
STEF 1  This is your declar should your treatment plans, Some questions you might also. While type of ultrasource will read, so I can all my insurance While type of ultrasource will read, so I can all my insurance I consider you will be conting you I can be consulted to the your will be conting you I can the converge of the control you I can the control you I can the control you I can the control you will be control you I can the control you will be your your your your your young to also you you you you you you you you you yo	University of Chicago Medicine Contact information Fyor med to such to some about an appointment, call Concessor to such to some about an appointment, call Concessor to such Fyou are to such suffer of the such concessor such (FT 870-8664 Fyou meet to be connected with community survives, call ORIGINAL Society More Springer (FT 870-8604)	Planning Your Pregnancy Visits  The booker will help you and your doors that dead your programy case gith. This includes maders walls, tests and the work.
		This is a printiply developed to COSE is River World princer foundation hands task, reaching cast of cost conventions between program or and their produce.

#### **Pros**

Nice to be able to see the total visits by the week, and what's happening in that specific chunk of time

Lady's silhouette gives "human-ness" to the tool, "Also like she looks pretty good. So it makes you feel like you look pretty good, right?"

The cost section gives a little preview, more readable

#### Cons

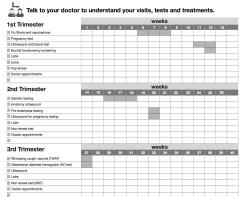
Seeing all 40 weeks is overwhelming - would only want to see the weeks pertinent to their personal care plan

Want to be able to see the specifics of what is being looked at with each visit/test (brief description of what am I going to learn about myself/baby during this visit?)

Would be nice to include questions and prompts from other prototype

Steps 2 and together - you'll need to write down numbers before calling insurance

#### Tool B



University of Chicago Medicine Contact information

If you need to be connected with community services, call:

(773) 702-6118

OR/GYN Social Work Services



more confident you can feel about the journey ahead. Don't hesitate to ask questions - addressing them now will allow vo

#### Questions to ask your physician:

What specific blood tests will your order, so that I can check

TIPS: The information given to you during generate visits may

#### Questions to ask your insurance:

#### Questions to ask when scheduling annointments.

Can any of these tests be grouped together in the same day's How can I best use the wait time in between tests? Is this schedule manageable in my current work schedule

TIPS: Different tests will require different things of you, is.a., festing vi seting, meeting with a genetic counselor). Being prepa will help you make the most of your appointments.

#### CHICAGO

#### Preparing for your appointment

There are many items to consider when preparing for your appointment. It is a good idea to understand these items as you can plan ahead of time.

Multiple visits can mean a lot of time spent in the clinic and away from work. A doctor appointment could be as little as 30 minutes or go up to 4-6 hrs, if you also have an ultrasound and/or NST scheduled.

Here are few things you might consider when planning

Trainesten a Total Visits



You and your doctor talk about your pregnancy care plan including routine visits, tests

Become an active participant in your pregnancy care plan by asking questions



#### **Pros**

Including tips on the worksheet puts patients first, don't lead with numbers

Communicates that each trimester and visit has a different purpose, includes the 'why' and support patient education

Shaded boxed provide options for when a treatment happens

#### Cons

More challenging to fill out; arrangement by treatment and not week create cognitive load

Cost information should be in section 2 to provide privacy for patients

Current workflows do not allow time for nurses to fill out another document





#### **Tool B**

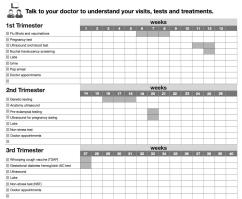
Preparing for your appointment

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Here are few things you might consider when planning

you can plan shead of time.

Multiple visits can mean a fot of time spent in the clinic



OR/GYN Social Work Services

TRIMESTER 3 Total Visits



The more you know about your upcoming prenatal care, the more confident you can feel about the journey ahead. Don't hesitate to ask questions - addressing them now will allow you

#### Questions to ask your physician: What types of ultrasounds are needed, so I can check if they are covered by insurance?

are covered by insurance?

What specific blood tests will your order, so that I can check for coverage?

TIPS: The information given to you during constal wists may.

#### feel like a lot to take in. It can be halpful to bring a notebook a make sure you get all of your questions answered. Questions to ask your insurance:

Are my doctor's appointments covered completely? What fees am I responsible for?

TIPSc Before calling your insurance company, write down these numbers, since they will always saik for them.

GROUP #

#### Questions to ask when scheduling appointments:

Can any of these tests be grouped together in the same day How can I best use the wait time in between tests? Is this schedule manageable in my current work schedule?





#### **Pros**

Organizing information by trimester is very clear (what to expect, when to expect it), especially for a first time mother

Would make sense during the first appointment, "to nail down the definitive things"

- Helps you gain perspective, to plan accordingly for future visits

Helpful to see the time spans (windows) allowed for each type of test/visit

- Encourages people to ask "can I group them together?"

Prompts "things I wouldn't necessarily know to ask"

Would use as a conversation starter with whoever I would be budgeting with

The scheduling in advance is good for several reasons:

- Planning work schedule
- To get "on the books" [confirmed appointments]

The chart (Section 1) seems to line up better, make more sense - easier to see the windows of time, and also frequency of tests which is better for scheduling and planning



