

Development of a Framework and Tool to Facilitate Cost-of-Care Conversations With Patients During Prenatal Care

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INTRODUCTION

Indirect costs of health care include lost income, transportation, and childcare. Studies have shown that patients factor in these types of costs when formulating their care plans and want to engage in cost-of-care conversations with their health care providers. Given that low-income patients, in particular, are likely to defer care because of indirect costs, cost-of-care conversations may be an important factor in ensuring equitable health outcomes. Currently, there is very little guidance available to clinicians and health systems on integrating effective cost-of-care conversations into clinical practice or on addressing the specific cost needs of low-income patients. This study used design research methods to explore and intervene upon the issue of indirect costs for high-risk and/or low-income pregnant women.

INTERVIEW FINDINGS

- Pregnant women accumulate substantial indirect costs that are a source of stress for them and their families and interfere with treatment adherence.
- The frequency and length of appointments drive these indirect costs. The burden is exacerbated by not knowing about these costs in advance. Low-income patients are disproportionately affected.

COST OF CARE FRAMEWORK AND TOOL

Our findings informed the following framework for guiding cost-of-care conversations: **1.)** create a shared understanding of the care plan that includes the frequency and duration of appointments; **2.)** build awareness of the indirect costs of the care plan among both patients and clinicians (a shared model of burden permits discussion and, where possible, negotiation); **3.)** build the belief that talking about money is allowed and a part of quality care; and **4.)** provide a means to initiate and standardize cost conversations to ensure they are applied routinely and equally, avoiding the appearance of judging patients. A good solution will fit within the limited time of a typical visit and be initiated by a trusted provider.

Working with ob-gyn clinicians, staff, and patients, a paper-based tool was developed to help determine treatment schedules and indirect costs, and to help clinicians introduce and standardize cost conversations.

IMPLICATIONS

Our research identified the indirect costs of prenatal care, driven by frequency and duration of appointments, as a substantial burden for patients. Our findings suggest that patients need to have conversations about these costs. Low-income pregnant women need to understand these costs as they have less financial resiliency than higher-income patients. Women with high-risk pregnancies face more frequent and longer appointments which drive up indirect costs.

Read the full article here: <http://bit.ly/Cost-of-Care>

