

### Cost Conversation Guide

While evidence suggests that both patients and physicians perceive cost discussions to be prudent in optimal patient-centered care,<sup>6-8</sup> studies have indicated that these discussions are not occurring in most patient visits.<sup>3</sup>

Health care providers are interested in discussing costs with patients, but often do not feel comfortable initiating this discussion. Below are some conversation strategies





The strategy above provides some guidance for initiating a cost conversation with your patients. Studies have shown that most of these conversations are actually quite

short. However, the payoffs in terms of both cost savings and the building of trust can be quite large.

### Here are some additional conversation tips.

Do	Don't
<ul style="list-style-type: none"> <li>• Ask all your patients about potential cost distress</li> </ul>	<ul style="list-style-type: none"> <li>• Try to guess who has cost concerns based on visual or other cues</li> </ul>
<ul style="list-style-type: none"> <li>• Reassure your patient that the discussion will not negatively impact their medical treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Fail to implement a follow-up plan with your patient regarding the discussion</li> </ul>
<ul style="list-style-type: none"> <li>• Normalize the issue of cost distress for patients</li> </ul>	<ul style="list-style-type: none"> <li>• Identify a management option without including the patient in the decision</li> </ul>
<ul style="list-style-type: none"> <li>• Ally with your patient and your health care team to address cost distress</li> </ul>	<ul style="list-style-type: none"> <li>• Tackle the problem of cost distress on your own (without the assistance of local clinic and/or pharmaceutical resources and other members of your health care team)</li> </ul>

### Conclusion

Addressing cost distress is an important facet of patient-centered care, and providers should discuss financial concerns with their patients. Using the strategies above will help you and your team have productive and non-threatening cost discussions that your patients will very much appreciate.

### References

1. Zafar SY, Abernethy AP. Financial Toxicity, Part I: A New Name for a Growing Problem. *Oncology* (Williston Park, NY). 2013;27(2):80-149.
2. Yousuf Zafar S. Financial Toxicity of Cancer Care: It's Time to Intervene. *JNCI: Journal of the National Cancer Institute*. 2016;108(5):djv370-djv370. doi:10.1093/jnci/djv370
3. Zafar SY, Peppercorn JM, Schrag D, et al. The Financial Toxicity of Cancer Treatment: A Pilot Study Assessing Out-of-Pocket Expenses and the Insured Cancer Patient's Experience. *The Oncologist*. 2013;18(4):381-390. doi:10.1634/theoncologist.2012-0279
4. Nipp RD, Zullig LL, Samsa G, et al. Identifying cancer patients who alter care or lifestyle due to treatment-related financial distress. *Psycho-Oncology*. 2015;25(6):719-725. doi:10.1002/pon.3911
5. Cohen RA. Financial Burden of Medical Care: Early Release of Estimates From the National Health Interview Survey, January-June 2011. 2011:9.
6. Neumann PJ, Palmer JA, Nadler E, Fang C, Ubel P. Cancer Therapy Costs Influence Treatment: A National Survey Of Oncologists. *Health Affairs*. 2010;29(1):196-202. doi:10.1377/hlthaff.2009.0077
7. Schrag D, Hanger M. Medical Oncologists' Views on Communicating With Patients About Chemotherapy Costs: A Pilot Survey. *JCO*. 2007;25(2):233-237. doi:10.1200/JCO.2006.09.2437
8. Bestvina CM, Zullig LL, Rushing C, et al. Patient-Oncologist Cost Communication, Financial Distress, and Medication Adherence. *JOP*. 2014;10(3):162-167. doi:10.1200/JOP.2014.001406
9. Alexander GC, Casalino LP, Meltzer DO. Patient-physician communication about out-of-pocket costs. *JAMA*. 2003;290(7):953-8.