



Figure 1: Summary of Cost-of-Care Conversation Grantee Projects

Organization	Project Summary
Colorado Coalition for the Medically Underserved (CCMU)	<p>This project will combine research and community resources to examine how cost-of-care conversations impact satisfaction and perceived quality of care among provider-patient dyads in three care settings serving predominantly low-income Latinos in southwest Adams County, Colo. The project will use Boot Camp Translation, a community-based, interactive process that combines community-based participatory research and community engagement, to develop locally relevant, actionable health interventions. The Boot Camp Translation process will be used to develop culturally relevant and community-relevant clinical messages on cost-of-care with community members. These cost-of-care messages will be tested in community and clinical settings, and lessons from this testing will be shared with multiple audiences, including academics and policymakers. Additionally, the Center for Improving Value in Health Care, a partner in this project, will incorporate these message frames into its public-facing price-transparency tools, including Colorado's All Payer Claims Database. Deliverables will include a peer-reviewed publication, implementation guides suitable for clinical use, short issue briefs, and social media content.</p>
Consumers Union	<p>This project will engage vulnerable patients, and the physicians who serve them, in creating communication strategies and messages for discussing health care costs. The Consumers Union will use multi-step, rapid-cycle testing, with patient workshops, physician feedback, clinical simulations, and feedback through social media platforms, to iterate and broadly disseminate messages, strategies, and tools for use in patient-provider cost conversations. The project will use a rapid-cycle Plan-Do-Study-Act model to develop messages tailored to Spanish and English speakers at different levels of patient activation. Project partners will include the National Center for Farmworker Health and National Healthy Start Association. Successful completion of the proposed research will result in specific messages, communication strategies, and tools or resources for use by patients and clinicians that have been developed to increase the frequency of conversations about cost, improve the quality of those conversations, and enhance trust between vulnerable patients and clinicians. Deliverables will include summary reports of findings from the workshops and physician focus</p>



groups; a framework for consumers and physicians for synthesizing final messages and strategies; and educational modules for physicians.

Migrant Clinicians Network

The Migrant Clinicians Network will conduct a mixed-methods study with a focus on unauthorized Latino immigrants who receive care at Federally Qualified Health Centers to determine best practices for conducting cost-of-care conversations and to understand optimal methods for delivering training to clinicians on cost conversations. The study will deliver training modules via online and on-site training to support cost-of-care conversations and assess what conversation elements are actually delivered by clinicians and recalled by patients. The project will also explore best practices for building trust between clinicians and patient populations to support cost-of-care conversations. Deliverables will include training modules to support cost-of-care conversations, as well as presentations at local or national meetings and reports on study findings.

University of Alabama at Birmingham

This University of Alabama at Birmingham project will develop a method to communicate the costs of care to cancer patients that is informed by the preferences and needs of patients and care providers. The grantee will obtain and summarize cost information from administrative claims and present it, via a platform for a decision-support system, to white and African-American cancer survivors to assess the usefulness and understandability of the cost information. The project will examine the preferred format for a cost summary; optimal timing of presenting cost information along the care trajectory; how to determine the provider most appropriate to discuss the information; and other responses of patients to the cost information, including anxiety and the potential effect on relationships with the medical care team. Deliverables will include (1) a comprehensive list of patient costs by treatment plans for breast cancer; (2) reports on patient and provider preferences about the presentation of cost information and about cost discussions; (3) how these preferences differ by race; and (4) a decision-support platform that includes costs as an element in decision-making.

Group Health Cooperative

This project will conduct a two-part, human-centered design study of clinical workflows, with the aim of understanding and improving clinical workflows related to cost-of-care conversations. Group Health Cooperative has developed a resource to help doctors and patients learn and discuss prices of cancer chemotherapy that is newly integrated into the electronic health record, and Kaiser Permanente Northwest is piloting the use of a financial navigator program for patients. Both innovations together present an opportunity to design optimal clinical workflows under a variety of circumstances. A mixed-methods analysis will identify information needs and barriers and will report preferences for cost-of-care conversations for both



health systems and patient stakeholders. Deliverables will include a written report outlining recommendations for clinical workflows that will include information on patients' financial responsibility as well as services for financial navigation. The report will include graphically depicted workflows; patient stories; and detailed recommendations for the composition of care teams and roles of team members and recommendations for overcoming anticipated barriers to productive cost-of-care conversations.

Sinai Urban Health Institute

This study will develop a tool that fits “usual care” to enable effective cost-of-care conversations for both the clinician and patient in an underinsured, high-risk population served by an OB/GYN clinic on the Southside of Chicago. The study will focus on patients who are considered “near poor” (approximately 138 percent to 400 percent of the federal poverty level), predominantly African-American, and privately insured through the Affordable Care Act. The project will apply an existing user-centered, design-informed framework to the OB/GYN context and to the costs associated with labor and postpartum procedures, with an emphasis on costs associated with unforeseen maternal or neonatal complications, such as preterm or low-birth-weight births. Deliverables will include a framework for reliably producing stakeholder-centered “fit to purpose” tools that health care systems can use to extend cost-of-care conversations to other contexts and conditions.

University of Rochester

This project will assess the feasibility and impact of a team-based approach to promoting cost-of-medication conversations. Specifically, the project will aim to determine if cost-of-medication screening questions can be embedded into the workflow at a primary care clinic; test if this screening (when supported by clinician and staff training and resources) promotes cost-of-medication conversations with patients; assess if these conversations result in a reduction in the cost of medications; and define what factors will moderate and mediate these effects. Deliverables will include tested screening questions; patient- and clinician-friendly reports; peer-reviewed publications; presentations at local or national meetings; blogs; and additional training materials or resources made available online.

University of Southern Maine

The University of Southern Maine will focus on the diagnosis and treatment of low-back pain at 12 primary care practice sites, with the purpose of studying how specific cost-of-care tools are implemented in these practices; how discussions affect patient engagement in decision-making; and the implications for publicly reporting cost information. This project will leverage the experience of Maine practices that have promoted Choosing Wisely® messaging to develop cost-of-care tools based on existing research with input from clinicians and patients. The project team will study how these tools are implemented in practices; how discussions affect patient engagement in



decision-making; and implications for publicly reporting cost information. Deliverables will include an issue brief to be shared with key partners; national webinars and conferences to disseminate results; and an article for an implementation-science journal.

