Supplementary Material*


Supplement 1. Facilitator’s Guide

Supplement 2. Survey

* This supplementary material was provided by the authors to give readers further details on their article. The material was reviewed but not copyedited.
I. Introduction & Purpose: (START) (put recorders on pause)

[Facilitator introduction] Is this ________? The overarching purpose of this project is to engage vulnerable patients and the physicians who serve these patients in order to better help them discuss health care costs together.

I will be recording our conversation so that I can capture all of your comments accurately. The final report will not include information that could identify you individually and all data will be reported in the aggregate.

Any questions so far?

[TURN ON AUDIO RECORDERS]

[Demographic Questions] We are going to start with some questions about you and your practice.

1. Number of years practicing overall?
2. Years in this current practice?
3. Insurance mix of patients?
4. Percentage/proportion of week seeing patients?
5. Specialty?
7. Rural? Urban? Suburban?
8. Do you work with a team in your health center? Tell me more about your team.
9. General overview of a life situations of the individuals you serve. Are the people you serve in lower income communities? Economically? Socially?

II. Physician Burnout

We have learned from patient focus groups that they often sense that their providers are burnt out. They felt for their providers. Patients are sympathetic to the fact that doctors get limited time with their doctors. On more than one occasion, participants cited the fact that their most trusted provider was burnt out and left the practice. When we interviewed these patients, they were looking for another doctor and had not yet found a doctor they trusted or had built a relationship with.

- What do you believe are factors that contribute to physician burnout?
- In what ways do you believe physician burnout impacts how physicians interact with their patients?
- In what ways does this impact the patient provider relationship?
- In what ways does this impact your ability to provide quality medical care?
- In what ways does this impact your ability to provide high value medical care?
  - High value medical care is a balance between high quality and low costs.
III. Patient/Provider Relationships
In our focus groups we are learning that the extent to which a patient is willing to engage with their healthcare provider depends on their level of comfort or their relationship with their provider. The relationship with their provider determines how willing they are to discuss and share their health concerns or ability to pay for treatments, medications, or tests the doctor recommends.

- Tell me about the interactions (or an interaction) with patients when you felt you were better able to address their health care concerns and informational needs.
  - What about these experiences made it easy to have these conversations?
  - How do you measure a success when it comes to interacting with your patients?
  - Does the cost of services or medication come-up in these conversations?
    - How do you know or go about trying to understand whether a patient can afford the services, treatments, or medications you recommend?

IV. Video Recording of Patient Visit
We created a recording of a patient’s conversation with their doctor. This is a follow-up visit to an initial visit. In the previous visit this patient learned they are pre-diabetic and has already been notified that their fasting blood sugar is 122 mg/dL. I’m going to ask you to grab a piece of paper and make notes about the features of this conversation you like and the aspects of this conversation you would change. Please be sure to focus on the actual interaction and conversation between the patient and doctor, and not so much on the clinical and diagnostic technicalities.

Most importantly, I would like for you to consider the needs of a patient who might have challenges paying for their healthcare and offer specific advice about how you might improve this conversation knowing that the patient is sensitive to healthcare costs.

Which aspects of this conversation did you like? Are these things you do in your own practice? Why or why not?

Which aspects of this conversation did you not like? How would you improve this?

V. Talking about Cost
In our focus groups, patients reported that they do not feel it is appropriate discussing cost with their physician. This might seem unexpected. Their concerns are:

- They are only getting a few minutes with the doctor and they want to focus this time on finding the optimal treatments and not the costs of care.
- Doctors not knowing the costs of their medical care so it’s pointless to ask.
- Concern that their doctor will provide substandard care because they are poor or might not be able to afford certain costs.

This results in:
Patients arriving at the pharmacy to learn that they cannot afford their prescription and then engaging in a lengthy and time consuming back and forth with their doctor’s office to get a prescription for a medication that is covered.

- Going without treatment.
- Paying the costs and then being sent to collections for overdue bills.

In what ways are these findings consistent with your experience?
In what ways are these findings different than what you experience?

In what ways has rising healthcare costs impacted your interactions with patients?

- Do you find that more patients are asking cost-related questions? Tell me more about that.
  - [PROBE] For example, high deductible health plans or high co-payments
- Do you find that patients are expecting physicians to be, both, medical and financial advisors? Tell me more about that.
- Are there situations in which some patients’ cost concerns conflict with a medically indicated treatment plan? Tell me more about that.

Next, I would like to talk about the ways in which the cost of healthcare might enter a conversation between a patient and their provider.

- In one full day of seeing patients, how often does the cost of care come-up?
- Do you bring-up the cost of treatments, medications or procedures?
  - [NO] Have you wanted to ask, but did not ask? What stopped you from asking?
  - [YES] What did this conversation look like? How did you approach it or bring it up?
    - Is it easy for you to ask that question? If so, why is that? If not, why?
- Have you had a cost conversation with a patient that altered a treatment plan, prescription, or order for a test?
  - Tell me more about that conversation.
    - Who initiated the conversation?
    - Why was the conversation brought-up or started?
    - What made you feel like the conversation needed to be had?
- What are the ways in which inability of a patient to comply with their drug regimen influence your decision-making? What do you do?
- Could you tell me about the process for prior authorizations and how this process impacts patient care? Your day-to-day?
- Are there other people in your clinic (medical assistants, nurses, front office administrators) who might discuss cost of medical care with patients? Who are those people?

VI. Patient Stories About Cost

With our patient participants, we asked them to map out experiences they’ve had with cost. I’m going to share with you some real experiences people have had with their medical care.
• Sara’s doctor has prescribed her a new medication. Sara arrives at the pharmacy to learn that her insurance doesn’t cover her prescription.
  o Have any of your patients experienced this similar situation? What did you do?
  o What should have happened to prevent this from happening?
    • Do you think anyone could have done something to prevent this from happening? If so, who is that person?
      • Do you believe Sara could have done something to prevent this from happening? If so, what are those actions?
      • Do you believe Sara’s doctor could have or should have done something to prevent this?
  o If we could offer Sara information on how to prevent this from happening in the future, what would that information be?
• Diana is at the pharmacy refilling a medication when she learns that her co-pay has increased and she can no longer afford her medication.
  o Have any of your patients experienced this similar situation? What did you do?
  o What should have happened to prevent this from happening?
    • Do you think anyone could have done something to prevent this from happening? If so, who is that person?
      • Do you believe Diana could have done something to prevent this from happening? If so, what are those actions?
      • Do you believe Diana’s doctor could have or should have done something to prevent this?
  o If we could offer Diana information on how to prevent this from happening in the future, what would that information be?
• Nickolas is at the emergency department. He has an infection on this leg. His doctor tells him he needs to be admitted to the hospital, but he knows that he cannot afford the hospital stay.
  o Have any of your patients experienced this similar situation? What did you do?
  o What should happen next?
• Chris arrives at this doctor’s office with low back pain. His doctor tells him that he needs to get a MRI scan. Chris knows that this will cost him a lot of money out-of-pocket.
  o Have any of your patients experienced this similar situation? What did you do?
  o What should happen next?

Now that we’ve heard from about patients’ experiences with cost, let’s revisit developing strategies and messages so that patients can engage with their physicians to communicate their healthcare needs including inability to afford certain treatments, test or medications.
• What strategies could patients use to signal to their physicians that they are sensitive to costs? Knowing that patients might be uncomfortable using the word “cost” in discussions about their health care or might not have built a trusting relationship with their provider, might there be specific words/phrases/cues/etc. that might be best to use in this type of situation.
• What could health care systems do to help make these conversations easier for you and your patients? How would this be different current approaches these systems take?

VII. Conclusion
• Based on our discussion today, what is one takeaway that you would share with a colleague?
• What stood out to you most about today’s conversation?
Thank you so much for your time today. I learned so much from you.
1. **What percentage of your time is spent in direct patient care?**

   None  
   Terminated  
   Less than 25%  
   25% to 49%  
   50% to 74%  
   75% or more

2. **Which of the following best describes the location of your patient care?**

   All outpatient  
   Terminated  
   Primarily outpatient with some inpatient  
   All inpatient  
   Terminated  
   Primarily inpatient with some outpatient  
   Terminated

3. **Which of the following best describes you?**

   Internal Medicine specialist (i.e., specialize in general internal medicine)  
   Hospitalist  
   Geriatric subspecialist  
   Other subspecialist (e.g., cardiologist, pulmonologist, etc.)  
   Terminated

These next few questions deal with prescription drugs you may have prescribed to patients.

4. **During the past 12 months, to the best of your knowledge was there ever a time when any of your patients did not fill a prescription for medicine because of the cost?**

   Yes  
   No  
   Not sure

5. **During the past 12 months, to the best of your knowledge was there ever a time when any of your patients took medicine in smaller doses or less frequently than prescribed because of the cost?**

   Yes  
   No  
   Not sure
6a. There are many factors that are important to physicians when deciding which prescription drug(s) to prescribe to patients. In addition to the efficacy and side effects of the drug, what is the most important factor in your decision?

- Cost to the healthcare system
- Cost to the patient
- Patient requests the drug
- Whether the drug is on the formulary list

6b. And what is the second most important factor when you decide which prescription drug(s) to prescribe to patients? (Program note: mask 6a answer so it does not appear in 6b)

- Cost to the healthcare system
- Cost to the patient
- Patient requests the drug
- Whether the drug is on the formulary list
- No other factor is important

6c. And what is the third most important factor when you decide which prescription drug(s) to prescribe to patients? (Program note: mask 6a and 6b answers so they do not appear in 6c)

- Cost to the healthcare system
- Cost to the patient
- Patient requests the drug
- Whether the drug is on the formulary list
- No other factor is important

7. Have there been times in the last 12 months when you wanted to discuss out-of-pocket prescription drug costs with your patients but did not do so?

- Yes
- No

The following questions will focus more broadly on the impact of cost on tests and treatments and are not limited to prescription drugs.

8. During the past 12 months, to the best of your knowledge did any of your patients go without medical care because they could not afford the tests, treatments, or follow up care?

- Yes
- No
- Not sure

9. In addition to the evidence for the test, if you were to see a patient tomorrow, how important would each of the following be in influencing your decision to order a particular medical test? (Note: Randomize Factors)
Supplement 2

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<thead>
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<th></th>
<th>Not at all important</th>
<th>Rarely important</th>
<th>Somewhat important</th>
<th>Moderately important</th>
<th>Extremely important</th>
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</thead>
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<tr>
<td>Colleague’s recommendation</td>
<td></td>
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<td></td>
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<tr>
<td>Cost of the test</td>
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<tr>
<td>Fear of missing something</td>
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<tr>
<td>Patient request</td>
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<tr>
<td>Desire to be as thorough as possible</td>
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<tr>
<td>Insurance coverage for the test</td>
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</tbody>
</table>

10. How frequently do you consider your patients’ out-of-pocket costs as you make clinical decisions?

- Always
- Most of the time
- Sometimes
- Rarely
- Never

11. And, how frequently do you have discussions on a daily basis with your patients about their out-of-pocket medical treatment costs?

- Always
- Most of the time
- Sometimes
- Rarely
- Never

12. Is there anyone else in your practice that has conversations with your patients about their medical treatment costs?

- Yes
- No Skip to Q.14

13. Who else in your practice discusses with your patients their medical treatment costs? (Choose all that apply) (Note: Randomize)

- Billing department
- Financial counselor
- Nurse/NP
- Office manager
- Pharmacist
- Social worker
- Other (Specify: ________________________________ )
14. Which of the following best describe the barriers to your discussing out-of-pocket medical treatment costs with patients? (Choose all that apply) (Note: Randomize List)

Out-of-pocket costs do not impact my choice
Discussing finances may contaminate the doctor-patient relationship
Insufficient staff to work with patient
Insufficient time
Lack of knowledge about how to discuss healthcare cost with patients
Lack of knowledge about cost of medical treatments
Lack of knowledge about insurance coverage of patients
Lack of resources to determine the out-of-pocket cost to patient
Out-of-pocket cost is not a concern to my patients
Other (Specify: _______________________________________________)

15. Do you agree or disagree with each of the following statements?

| I believe it is my responsibility to initiate a discussion about out-of-pocket costs with my patients. | Never agree | Rarely agree | Somewhat agree | Moderately agree | Completely agree |
| I acknowledge my patient’s financial concerns when developing a treatment plan. | | | | | |
| It is easier for me to order a test than to explain to my patient why a particular test costs so much. | | | | | |
| I believe it is my patients’ responsibility to initiate a discussion about out-of-pocket costs with me. | | | | | |
| It is important to routinely screen each of my patients for out-of-pocket cost sensitivity. | | | | | |
| There have been times when I wanted to discuss my patients’ out-of-pocket medical costs with them but did not do so. | | | | | |
| I prefer to recommend what I consider to be care that is clinically indicated regardless of the cost to my patients. | | | | | |

16. Are you aware of any online resources to help you determine the potential cost of a prescription drug, medical test or treatment with which you are not familiar?

Yes
No Skip to Q. 18

17. Which of the following resources do you find most useful for finding the potential cost of a prescription drug, medical test or treatment with which you are not familiar? (Choose all that
Supplement 2

apply) (Note: Randomize)

Insurance company specific cost estimators
Clear Health Costs
Healthcare Bluebook
Fair Health
New Choice Health
FairCareMD
Good Rx
UpToDate
Low priced formularies from large stores
Other Internet search engine (Specify: _____________________________________)
Other (Specify: __________________________________________________)

18. How likely would you be to attend a workshop that consisted of at least one hour of training (virtual or in-person) and covered: where physicians can find estimated costs of common tests and treatments; how to discuss the cost of medical treatment alternatives with your patients; how to incorporate a patient’s values and concerns into your clinical decisions; and, how to weigh the risks, benefits, patient preference and costs when ordering medical tests?

Very likely
Somewhat likely
Neither likely nor unlikely
Somewhat unlikely
Very unlikely

19. How important is it that you have access to resources designed to facilitate constructive cost conversations regardless of whether you or the patient initiates it?

Extremely important
Very important
Slightly important
Not too important
Not at all important

These last few questions are about you and your practice.
20. Approximately what percentage of your overall patient population falls within each of the categories below?

<table>
<thead>
<tr>
<th>Category</th>
<th>None</th>
<th>1% to 25%</th>
<th>26% to 49%</th>
<th>50% to 75%</th>
<th>&gt;75%</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial insurance</td>
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<tr>
<td>Medicare Advantage</td>
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<tr>
<td>Medicare Fee for Service</td>
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</tbody>
</table>
21. **The majority of my patients are covered by . . .** (Choose one)

- Commercial insurance
- Medicare
- Medicaid
- Self-insured/patient payments
- Charity case/bad debt/write-off

22. **And, what is the zip code for your practice?**

__ __ __ __ __

**Thank you**  
**Please click Submit to exit the survey.**

**Thank you**  
**For this survey we are seeking practicing physicians with a particular patient profile.**  
**Please click Submit to exit the survey.**