Supplementary Material*


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* This supplementary material was provided by the authors to give readers further details on their article. The material was reviewed but not copyedited.
**Figure 1: Cost of Care Workflow**

**Primary Care Practice**

**Cost of Care Workflow for Patient/Provider Conversations**

*Using a team-based approach in the clinical visit*

**At Check Out**

Did the patient’s encounter form indicate the patient came in for LBP? Y/N

If Y follow instructions below

- Did the patient come in for LBP—Yes, if they have a CW bag and No if they do not have a CW bag.
- Does encounter form have a CCHS Provider Conversation Guide attached? If Y it indicates a Cost of Care Conversation took place & No if it does not.

Let patient know that the practice wants to learn about the best ways for patients and health care providers to have conversations about the costs of treatment options. Ask if they would be willing to complete a brief anonymous survey. Let them know it’s voluntary to participate. Tell them they can be entered to win a $100 Hannaford or Irving gift card.

**On the iPad, click on the icon that says “Tracking Tool” and fill out the following:**

- Did the patient come in for LBP—Yes, if they have a CW bag and No if they do not have a CW bag.
- Does encounter form have a CCHS Provider Conversation Guide attached? If Y it indicates a Cost of Care Conversation took place & No if it does not.

**Offer the survey using the iPad or paper.**

**Note:** Paper survey with envelope was given to patient to complete by MA at start of the visit.

**On iPad Tracking Tool fill out the following:**

- Check one of the boxes below then hit submit.
  - Patient agreed to the survey using the iPad
  - Patient declined the survey using the iPad, and agreed to complete a paper survey
  - Patient declined the survey using the iPad or paper

If patient agrees to participate in the survey using the iPad, click on the “Patient Survey” icon on the iPad to open up the survey. Give the patient the iPad to complete the survey.

When the patient returns the iPad, thank them for taking part in this important survey. Be sure that the iPad is ready for the next person to take the survey (survey must be submitted by the patient by clicking on the submit button).

**Provider/Patient Visit**

**Ask patient—Do you have any concerns about the costs of your medical treatment?**

- If Yes or No, indicate to patient—costs for various treatments, procedures, medications are a concern for many patients and we want you to feel comfortable asking us any questions.
- Give patient wallet card & CompareMaine flyer with list of websites where they can find out more information on costs for treatments and procedures
- Hand patient the low back pain treatment option and cost card that MA gave patient and use when discussing care & Tx plan.

**Trigger Question: Do you have any concerns about the costs of your medical treatment?**

- Let patient know that these are just examples of resources to assist them find out about costs.
- Remember—it’s okay to tell them that you don’t know the exact costs, because all insurance plans are different and there are different costs depending where they go.
- Cost conversations are important because of:
  - Increasing deductibles
  - Increasing costs across systems/geo
  - Variation among systems/geo

- Ensure that a blue sticker is placed on the encounter form if provider or MA talked with the patient or provided material about the costs of low back treatment options.

If needed:

Refer to the Conversation Guide for sample cost of care conversation starters.

Refer patient to other appropriate team member or hospital billing, and/or patient navigator.

**MA Rooming Patient**

Team huddle/pre-visit: planning to identify patients with low back pain. (Is there a way to tag the patient chart to remind MA/Provider to have a Cost of Care Conversation with PLT?)
Figure 2: Low Back Pain Decision-Making: Patient Rack Card

Low Back Pain Treatment Options and Costs

Options can range in cost:

- **$:** free or low cost
  - Heating pad
  - Stretching/yoga
  - Staying active

- **$:**: some cost
  - Over the counter pain relievers (e.g. Advil, Aleve)
  - Prescription medications* (e.g. muscle relaxants)

- **$$**: higher cost
  - Physical Therapy
  - Acupuncture
  - Chiropractic care
  - Massage
  - Osteopathic Manipulative Medicine

- **$$**: highest cost
  - Imaging**
  - Surgery

Sample costs from [CompareMaine.org](http://CompareMaine.org):

<table>
<thead>
<tr>
<th>Service</th>
<th>Maine Average</th>
<th>Maine Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical therapy to one or more regions</td>
<td>$47</td>
<td>$28 - $154</td>
</tr>
<tr>
<td>X-ray of lower spine</td>
<td>$156</td>
<td>$49 - $180</td>
</tr>
<tr>
<td>MRI of lower spine</td>
<td>$1,021</td>
<td>$311 - $1,912</td>
</tr>
</tbody>
</table>

*Note: Information is based on 2014 - 2015 claims, CompareMaine.org

Keep in mind:
* Narcotic pain meds (opioids) are not recommended for low back pain.

** Imaging is usually not recommended for low back pain within the first 6 weeks of symptoms onset.

If your low back pain doesn’t get better after treatment or worsens,
contact your health care provider.

Costs can vary depending on type of treatment, location, and your insurance coverage.

- Talk with your provider about low back pain treatment options and costs.
- Visit [CompareMaine.org](http://CompareMaine.org) to see differences in procedure costs by insurance and location.
- Contact your insurance provider for the amount you will need to pay.
- If you don’t have insurance, contact the facility to ask what services will cost.

**Side one**

MRI = magnetic resonance imaging

**Side two**
Figure 3: Informational Flyer about CompareMaine

Side one

How to avoid health care sticker shock

• The cost for the exact same medical treatment or procedure can be very different from one place to another.

• Whether you have insurance with a deductible and co-insurance, or you are uninsured and pay out-of-pocket, it’s good to compare average costs and quality ahead of time.

• You can look up costs for many common medical procedures at CompareMaine.

• Always find out if the facility is in your insurance plan’s network.

• Always ask your provider about the cost of services in advance.

• The Maine Health Data Organization (MHDO), and the Maine Quality Forum (MQF), work together to put this information online for the public.

Here’s what you can find on CompareMaine:

Over 200 health care procedures
From childbirth to knee replacement surgery to blood tests.

Costs
The amount the facility typically gets paid by the insurer including member cost sharing for a medical procedure. See the average payments made by the top five insurers (including consumer payments) to facilities. Cost data are not included for MaineCare (Medicaid) or Medicare.

Patient experience
Facilities are rated by their patients on their overall experience and quality of care.

Patient safety
Facilities are rated on their ability to prevent serious complications. Facilities are rated on how well they keep patients safe from infections.
How to use the CompareMaine website:

1. Enter procedure: Use common name (e.g., low back pain) or procedure code (CPT code) from your doctor.

2. Search fields: Choose insurance company, region, and distance.

3. Results: See facility locations, patient ratings, and cost comparison.

Cost estimates on this graphic are based on typical payments by insurance companies (2014-2015 claims) and do not represent what you should expect to pay. N/A means that there is no data available to report because: (1) the data is not applicable; (2) there is not enough data; or (3) the facility chose not to report.

contact information
Maine Health Data Organization
Mail: 102 SHS, Augusta, ME 04333-0102
Phone: 207-287-6722

CompareMaine is for informational purposes only. MHDO has made every effort to provide accurate information. Cost estimates are based on typical payments and do not represent what you should expect to pay. Consult your provider and insurer to get a personalized estimate. Neither MHDO nor this website endorse any particular healthcare facility or physician in the State of Maine.
Figure 4: Cost of Care Questions Poster

Do you have questions about your healthcare treatment and costs? We want to help!

We know that the cost of medicines and healthcare services can influence your decisions. The costs you pay can vary by several factors such as the type of treatment you need, if you have insurance, your type of coverage, and where you receive services. We want to help you to find the treatment options that are best for you that you can afford.

How can your health care provider help?
- We will work as a team to give you the best care possible.
- We promise to help you make cost-informed choices.
- We will discuss with you lower-cost treatments that may be just as effective for your health.
- We will help you understand what you will pay for the treatment options we discuss.

What can you do as a patient?
- Talk to us about your cost concerns.
- Find out what your insurance plan and network covers.
- Look up costs of procedures or treatments at wwwCOMPAREMAINE.org and compare costs of prescription medicines at www.GOODRX.com.
- If you are uninsured, having insurance problems or need help finding a way to get health care, call the Consumers for Affordable Healthcare HelpLine at 1-800-965-7476 or visit www.maineachc.org for assistance.

Figure 5: Patient Cost of Care Wallet Card

Be In The Know About Health Care Costs!
Costs can vary depending on type of treatment, location, & your insurance coverage.

1. Talk with your provider about treatment options & how to find out about costs.
2. Visit www.CMCompareMaine.org to see differences in procedure costs by insurance & location.
3. Contact your insurance for the amount you will need to pay.
4. No insurance? Call Consumers for Affordable Health Care at 1-800-965-7476.

CompareMaine (average procedures costs at different facilities in Maine)
www.COMPAREMAINE.org

To access the following go to comparemaine.org and click on Resources:

- GoodRX (prescription drug pricing information) www.GOODRX.com
- Harvard Pilgrim Health Care https://www.harvardpilgrim.org/portal/page?_pageid=123.3835999389d2f9a16c1d_123.3835999389d2f9a16c1d

Side one Side two
Figure 6: Cost of Care Conversations Guide – Providers

<table>
<thead>
<tr>
<th>Encounter</th>
<th>Provider</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Set up/ framing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>“Our goal is for you get the best care with fewer problems and lower costs.”</td>
<td>AAFP Choosing Wisely List, LBP Diagnosis &amp; Treatment Flash Card, ACP/LBP New Clinical Guidelines</td>
</tr>
<tr>
<td></td>
<td>“This may involve us asking new types of questions.”</td>
<td></td>
</tr>
<tr>
<td><strong>Engage (engage the patient)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>“What are you most concerned about today with your low back pain?”</td>
<td>Social Determinants Questionnaire</td>
</tr>
<tr>
<td></td>
<td>“What is most important to you when it comes to your health (ability to stay active, work, independence, being pain free, affording your care)”</td>
<td></td>
</tr>
<tr>
<td><strong>Empathize (understand concerns)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>It sounds like you are concerned with staying active, and being pain-free, so let’s talk about the different treatment options.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>It also sounds like paying for this treatment/medicine (or test) is a concern for you and may be hard for you right now. Are you worried about how your care will be paid for?</td>
<td></td>
</tr>
<tr>
<td><strong>End (partner with patient on their care for last course of action)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>“Your Financial Health is Important to Us” letter</td>
<td>I know that finding out the cost of health care treatments and services can be very difficult, (name of staff) on our practice team will work with you and help you gain a better idea of how you can find out about the costs you can expect for the different treatment options we talked about and about the best treatment option.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If you are feeling worse after a few days, call the office so we can follow up on your LBP.</td>
</tr>
</tbody>
</table>

**Additional Tools/Resources:**
- Choosing Wisely® Toolkit: [https://www.choosingwisely.org/](https://www.choosingwisely.org/)
- ABIM Drexel Physician Communication Video Module on LBP: [http://modules.choosingwisely.org/module/6142/Video/m00_4_bckPain.html](http://modules.choosingwisely.org/module/6142/Video/m00_4_bckPain.html)
- AMA StepsForward – Advancing Choosing Wisely: [https://www.stepsforward.org/modules/choosewiseWisely](https://www.stepsforward.org/modules/choosewiseWisely)
- R-SCCM™ is a collaborative action plan that brings radiologists and referring clinicians together to improve imaging appropriateness based upon a growing list of Imaging Choosing Wisely (CW) topics: [https://www.rscm.org/resources/landing/topic-specific-resources/Imaging-for-low-back-pain](https://www.rscm.org/resources/landing/topic-specific-resources/Imaging-for-low-back-pain)
Figure 7: Cost of Care Conversations Guide – Medical Assistants

<table>
<thead>
<tr>
<th>Encounter</th>
<th>Medical Assistant</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set up/</td>
<td>I see that you are here today for your low back pain.</td>
<td>Provide patient materials:</td>
</tr>
<tr>
<td>framing</td>
<td>We want to help answer any questions you may have, including any treatment options, and if you have any concerns about the cost for the different treatment options.</td>
<td>- Choosing Wisely Low Back Pain educational Rack Card &amp;/or patient information sheet</td>
</tr>
<tr>
<td></td>
<td>Our goal is for you to get the best care with fewer problems and lower costs.</td>
<td>- LBP Decision Tool Rack Card for Patients</td>
</tr>
<tr>
<td></td>
<td>I can go through the educational materials with you now and/or you can review and then ask the provider any questions.</td>
<td>- CompareMaine Flyer</td>
</tr>
<tr>
<td>Engage</td>
<td>We feel that knowing more about how to get the best treatment at a cost that works for you is a crucial part of helping you and your providers make the right decisions for your care.</td>
<td>Social Determinants Questionnaire (if the need arises)</td>
</tr>
<tr>
<td>(engage the</td>
<td>Are you interested about the costs for different low back pain treatments today? (Here, let’s go through this LBP decision tool information before you meet with your provider)</td>
<td></td>
</tr>
<tr>
<td>patient)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Empathize</td>
<td>We will try to answer all of your questions during your visit, however if we are unable to address everything, we will make a follow up plan to get them answered for you.</td>
<td>Refer to “Your Financial Health is Important to Us” letter</td>
</tr>
<tr>
<td>(understand</td>
<td>I know that costs for various treatments or procedures are a concern for many of our patients here, and we want you to feel comfortable asking us any questions.</td>
<td></td>
</tr>
<tr>
<td>concerns)</td>
<td>To help you look at different low back pain treatment options and get an idea of the different costs for them, I also want to give you information about a website called CompareMaine (refer to the flyer).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>At check out, you can use our iPad/computer to research the site (or work with one of our staff to show you how to get to this website and find the cost information on the different treatments recommended for you today).</td>
<td></td>
</tr>
</tbody>
</table>

**Encounter**
- If you would like to follow up after your visit today, you can work with your health insurer or go to your patient portal @____(do you need help signing up for our patient portal?), or talk with our patient navigator.
- I want to make sure I’ve been clear about the options. Can you tell me what you understand or what you would tell a family member or friend about what I have talked about?

**Additional Patient Information**
- Choosing Wisely LBP Rack Card
- CompareMaine Patient Information Sheet

**Resources**
- TPX & Cost Information:
  - LBP Decision Tool Rack Card for Patients
  - CompareMaine Flyer

**Side one**

**Side two**
Figure 8: Cost of Care Conversations Guide – Patient Services Representatives

**Cost of Care Conversations Guide**  
**PSRs - Front Desk & Check Out**

<table>
<thead>
<tr>
<th>Encounter</th>
<th>PSR – Front Desk</th>
<th>Resources</th>
</tr>
</thead>
</table>
| Check in  | • Our practice is involved in a pilot project to determine if cost of care conversations are helpful to you as part of your treatment today.  
• This 5 Questions Rack Card (or wallet card) will help remind you what questions to ask. | Provide patient these materials:  
• Choosing Wisely 5 Questions Rack Card and/or Wallet Card  
Have at the front desk area:  
• CompareMaine Flyer  
• Do you have questions about your healthcare treatment and costs Letter (and also have poster visual in waiting area) |

<table>
<thead>
<tr>
<th>Check out</th>
<th>PSR – Check Out</th>
<th>Resources</th>
</tr>
</thead>
</table>
| • We are trying to improve care for our patients with low back pain. During your visit today, did you discuss any low back pain issues?  
• If not, then continue to check out patient as usual. No further instructions are needed.  
• If yes, on the iPad, click on the icon that says “Tracking Tool” and fill out the following information: During today’s visit – did the provider indicate that during today’s visit someone talked with or provided materials to this patient about the costs of low back pain treatment options? (Click on Yes or No)  
• Give the patient the information sheet about the survey.  
• Tell the patient – this practice is involved in a pilot project about the best ways for patients and healthcare providers to have conversations about the costs of treatment options.  
• We are asking patients to complete a 5 minute survey about their experience of today’s visit. It’s voluntary to participate. | • Provide patient the information sheet about the survey (the link to the survey if they want to take it later is on the bottom of this sheet)  
• iPad has the:  
  - “Tracking Tool”  
  - “Patient Survey”  
  - “CompareMaine” website |

Side one

PSR = Patient Services Representative

<table>
<thead>
<tr>
<th>Encounter</th>
<th>PSR – Check Out</th>
<th>Resources</th>
</tr>
</thead>
</table>
| Check out | • If you participate, you can be entered to win a $100 gift card to Hannaford. One winner will be randomly awarded in each participating practice. Your input would be really helpful to us!  
• You can fill out the survey today using this iPad OR if you prefer, you can fill out the survey at home using the web address on this information sheet (please show them the link to the survey on the information sheet).  
• FILLING OUT THE INFORMATION in the iPad Tracking Tool: PSR needs to check one of the boxes below on the iPad in the iPad tracking tool – check one of the following before giving the iPad to the patient to complete:  
  - Patient agreed to participate in the survey using the iPad  
  - Patient declined the survey using the iPad. Survey information sheet with online link to the survey was given to the patient.  
  - Then hit the “Submit” button on the iPad Tracking Tool.  
• If patient agrees to participate in the survey using the iPad, click on the “Patient Survey” icon on the iPad to open the Survey. Give the patient the iPad to complete the survey.  
• When the patient returns the iPad, thank them for taking part in this important survey. Be sure that the iPad is ready for the next person to take the survey (survey must be submitted by the patient by clicking on the submit button). |

Side two
Figure 9: Adult Workflow Treatment Card

**ADULT WORKFLOW TREATMENT CARD**
Cost of Care Conversations/ME
Low Back Pain

**ACUTE—LOW risk of chronic LBP**
(Best Care & Lowest Cost Option)
- **EDUCATE, REASSURE, and TREAT conservatively**
  - Education and reassurance:
    - Stay active, you’re likely to recover (see below)
    - NO Imaging needed at this stage (patient fact sheet)
    - Pain meds: NSAIDs, muscle relaxant (<7 days)

**SUBACUTE—MOD/HIGH risk of chronic LBP**
(Best Care & Lower Cost Option)
- **ADD physical therapy, OMT, Chiropractic care or Acupuncture**
  - Heat, stretching, medication: NSAIDs, MR, duloxetine
  - MBSR, acupuncture, Physical therapy
  - OMT, CBT
  - Additional options: Chiropractic

**CHRONIC—HIGH risk of chronic LBP**
(Best Care & Higher Cost Option)
- **ADD Multidisciplinary Rehabilitation, Mindfulness based stress reduction**
- Promotion of exercise, activity
- Mindfulness based stress reduction
- Electromyography biofeedback, low-level laser therapy, occupation therapy
- OMT, CBT
- Pain Management Plan

**FOLLOW UP in 3 to 6 weeks**
- Improvement—CONTINUE primary care management as described above
- No improvement—RE-EVALUATE for psychosocial factors; REFER to nonsurgical back specialist

**MANAGE as chronic low back pain**
- Promotion of exercise and everyday activity
- Mindfulness based stress reduction
- Shared decision-making - nonsurgical specialist consult before considering imaging or surgery
- Pain management plan: NSAIDs, duloxetine or tramadol and Choosing Wisely Patient Education
- Encourage patient to participate with provider in shared decision-making, including cost of care and refer to www.comparemaine.org, system resources [add link] and insurance coverage

**DIAGNOSIS**
Low Back Pain Symptoms

**CHECK for RED FLAGS—signs of serious pathology or injury:**
- Cauda equina
- Upper neuro/motor deficit
- Fracture
- Cancer
- Infection
- Spinal deformity, spondylolysis, lumbar scoliosis
- Arthritis/spondylarthropathy: reactive arthritis, Reiter’s syndrome, ankylosing spondylitis
- Spondylarthropathy-associated IBD
- Psoriatic arthritis

**NO IMAGING** unless red flag present

[Diagram showing treatment and follow-up pathways]

ME = Maine; ACP = American College of Physicians; LBP = low back pain; NSAIDs = nonsteroidal anti-inflammatory drugs; OMT = osteopathic manipulative treatment; MR = muscle relaxer; MBSR = mindfulness-based stress reduction; CBT = cognitive behavioral therapy; IBD = inflammatory bowel disease
Figure 10: Patient Post-Visit Survey

Patient Feedback Survey

Your opinion matters! This survey is a part of a pilot project. We want to learn the best ways for patients and healthcare providers to have cost conversations about treatment options and need your input.

Instructions
Please check the box next to your response to each question. Please put the completed survey in the envelope and return it to the practice staff when you are done. Staff will not see your responses to the survey.

Thank you for taking this survey!
Once you complete the survey, you will be asked if you want to enter a **raffle to win a $100 Hannaford or Irving gift card**.

1. During your visit today, did your provider or other office staff talk with you about the costs of low back pain treatment options?
   - [ ] Yes
   - [ ] No
   - [ ] Not sure

2. Will someone from the office staff follow up with you to talk about the costs of low back pain treatment options?
   - [ ] Yes
   - [ ] No
   - [ ] Not sure

3. During your visit today, did you receive written information about the costs of low back pain treatment options?
   - [ ] Yes
   - [ ] No
   - [ ] Not sure
4. Have you had low back pain for more than 12 weeks and previously been treated for this condition?

☐ Yes
☐ No
☐ Not sure

5. Within the last 12 months, have you or a member of your family put off any sort of medical treatment because of the cost you would have to pay?

☐ Yes
☐ No
☐ Not sure

6. How strongly do you agree or disagree with the following statement?

It is important to talk about healthcare costs with my doctor or office staff when making health care decisions.

☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☐ Strongly disagree
☐ Not sure

7. How strongly do you agree or disagree with the following statement?

I am comfortable asking questions about the costs of medical care with my doctor or office staff.

☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☐ Strongly disagree
☐ Not sure
8. How strongly do you agree or disagree with the following statement? (Check a box next to each statement)

During today’s visit, the doctor or office staff:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Took the time to answer your questions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Listened to you about your concerns about costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Explained the costs of different tests and treatments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Treated you with care and concern and took your problem seriously</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Involved you in discussing which treatment option is best for you</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9. How strongly do you agree or disagree with the following statements? (Check a box next to each statement)

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
<th>Not sure</th>
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<td>a. Low back pain treatments that cost less can be as effective as higher cost treatments.</td>
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<td>b. The costs of imaging like an X-ray or MRI can be different based on where I go to get the test.</td>
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<td>c. I know where to find information about the costs of low back pain treatments in Maine.</td>
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<td>☐</td>
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<td>d. Imaging is <strong>usually</strong> not recommended for low back pain within the first 6 weeks of symptoms or the start of pain.</td>
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<td>e. The materials and information I was given today helped me choose how to treat my low back pain.</td>
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10. Please tell us your ideas to make the materials you got easier to understand and more helpful.

11. Before today’s visit, did you know about the CompareMaine website?

☐ Yes
☐ No
☐ Not sure
12. During your visit today, were you able to view the CompareMaine website?
   □ Yes
   □ No
   □ Not sure

13. Was the CompareMaine website helpful providing cost information on low back pain procedures and treatments?
   □ Very helpful
   □ Moderately helpful
   □ Not helpful
   □ Not sure
   □ Have not seen the CompareMaine website

14. How can we make the CompareMaine website more helpful to you in understanding your costs of care?

15. How likely are you to visit the CompareMaine website to find out about treatment cost options by location?
   □ Very likely
   □ Somewhat likely
   □ Not likely
   □ Unsure
   □ I’m not aware of the CompareMaine website

16. Below is a list of the different kinds of health plans or health insurance. What type of health insurance do you have? (Check all that apply)
   □ Health insurance through an employer or union
   □ Health insurance that you purchase directly
   □ Medicare, a government plan that pays health care bills for most people 65 or older and for some disabled people
   □ MaineCare – Maine’s Medicaid plan
   □ Coverage from the U.S. military or Veterans Administration
   □ Health insurance from some other source
17. Please select your age group.

- □ 18-29
- □ 30-39
- □ 40-49
- □ 50-59
- □ 60+
- □ I prefer not to answer.

As a thank you for your participation in this survey, you can be entered in a raffle to win your choice of a $100 Hannaford or Irving gift card. One raffle winner from your healthcare practice will be randomly selected by the Muskie School of Public Service researchers in February 2018. One entry per household. You will be contacted by phone if you are a winner.

18. Do you want to be entered in a raffle to win a $100 Hannaford or Irving gift card?

- □ Yes
- □ No

We would like to follow up by phone to learn more about your experience discussing cost of treatment options during today’s visit.

19. Would you be willing to be contacted by telephone to provide more information about your experience during today's visit?

- □ Yes
- □ No

20. If you answered Yes to Question 18 or 19, Please fill out your contact information. All information must be completed.

<table>
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<tr>
<th>First name</th>
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<td>Last name</td>
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<tr>
<td>Mailing address</td>
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<td>City</td>
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<td>State</td>
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<tr>
<td>Zip code</td>
<td></td>
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<td>Phone number</td>
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</tbody>
</table>

Thank you for your time and participation in this survey.

Please put your survey in the envelope and give it to a member of the practice staff.
Figure 11: Clinic Staff Member Survey

RWJF Cost of Care Pilot - Clinical Staff Member Survey

During the past six months, your primary care practice has been participating in a pilot program funded by the Robert Wood Johnson Foundation (RWJF). The purpose of the pilot is to learn the best ways for patients and primary care providers to have cost conversations about treatment options and we would like your input. During the pilot, Quality Counts and the Muskie School at the University of Southern Maine have provided materials, webinars and some technical assistance to help practices have these conversations with patients with low back pain.

We are interested in learning from clinical providers and the medical team about your experiences having cost conversations with your patients. Our funder, RWJF, is particularly interested in hearing about lessons that have been learned during the pilot.

The feedback provided will not be attributed to any particular person or individual. We ask you not to mention any names of specific patients.

This survey should take about 15 minutes to complete. As a thank you for sharing your opinion, your practice will be eligible to receive an iPad. To be eligible, we ask that all clinical staff complete the survey.

Please enter the following information:

First Name

Last Name

Practice Location (where you practice most of the time)

What is your role in the practice (select one or provide a job title)
- Medical Assistant
- Nurse
- Nurse Practitioner
- Physician Assistant
- Physician
- Other
  If Other, please specify
Are you aware of your practice’s participation in the pilot described above?

Yes
No
Not sure

To what extent would you say you agree/disagree with the following statements:

<table>
<thead>
<tr>
<th></th>
<th>Strongly agree</th>
<th>Somewhat agree</th>
<th>Neither agree nor disagree</th>
<th>Somewhat disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a legitimate need for cost containment in today’s healthcare environment.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>As individual clinicians, physicians should play a direct role in helping to control health care costs.</td>
<td></td>
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<tr>
<td>It is important for individual physicians to consider the costs of tests/treatments when developing patient care plans.</td>
<td></td>
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<tr>
<td>I have a firm understanding of the relative costs of tests (e.g. imaging) and treatments I routinely order for patient care.</td>
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<tr>
<td>Costs of treatment can</td>
<td></td>
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</tbody>
</table>
vary depending on where a patient goes for care.

Now we’d like to ask about your participation in the pilot:
Approximately how many patients with low back pain would you say that you see in a week?

- 0
- 1
- 2
- 3
- 4 to 6
- 7 to 9
- 10 or more

Approximately what percentage of those low back pain patients have chronic low back pain?
- Less than 10%
- 10-24%
- 25-49%
- 50-74%
- More than 75%

For patients with low back pain with whom you discussed costs in the past 6 months, how frequently would you say you:

<table>
<thead>
<tr>
<th></th>
<th>All of the time</th>
<th>Most of the time</th>
<th>Sometimes</th>
<th>Not at all</th>
<th>Not sure</th>
<th>Didn’t discuss costs with any patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talked with them about their cost concerns?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussed lower cost treatment options?</td>
<td></td>
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</table>
Gave them materials about the costs of different treatment options and where to find additional cost information?

Reviewed these materials with patients?

For low back pain patients with whom you discussed costs in the past 6 months, generally who would you say introduced the conversation?

- Patient
- Medical Assistant
- Nurse
- Nurse Practitioner
- Physician
- Office Staff
- Other
- Didn’t discuss cost with any patients
- If other, please specify

For low back pain patients with whom you discussed costs of different treatment options in the past 6 months, approximately how long would you say the discussion took?

- Less than 1 minute
- 1-2 minutes
- 2-3 minutes
- 3-4 minutes
- Greater than 5 minutes
- Didn’t discuss costs with any patients

For low back pain patients with whom you discussed costs, approximately how many indicated they had concerns about the costs of their care?

- Most
Some
Very few
None
Didn’t discuss costs with any patients

For those low back pain patients with whom you discussed costs, which of the following did you discuss? (Select all that apply)

- Using lower-cost low back pain alternative therapies
- Changing dosage or frequency of intervention
- Stopping/delaying intervention (e.g. MRI)
- Changing logistics of care/referral location
- Switching to a generic/lower cost prescription medication
- Providing free samples
- Referring to PAP Coordinator
- Referring to financial counselor for discounts/sliding scale fees
- Other
  Didn’t discuss costs with any patients
- If Other, please specify

When you have discussed the cost of treatment options with patients presenting with low back pain, please rate how you feel patients responded to having these conversations:

- Very positively
- Somewhat positively
- Neither positively nor negatively
- Somewhat negatively
- Very negatively
- Didn’t discuss costs with any patients

What barriers, if any, did you confront in having cost discussions with low back pain patients about their treatment options? (Select all that apply)

- Patients not interested/not comfortable in discussing
- Not enough time to discuss
- Lack of information about costs of needed treatments
- Lack of lower cost treatment/diagnostic facilities in geographic area
- Already having conversations when needed/no change needed
Cost discussion/ options not applicable for patients with chronic low back pain
Competing QI initiatives underway
Fewer patients coming in for low back pain Not sure
Other
No barriers
Didn’t discuss cost with any patients
Please list other competing QI initiatives underway
If Other, please specify

How helpful were the following materials in facilitating conversations about low back pain treatment costs?

**Consumer materials:**

**CompareMaine website/flyer:**

How to avoid health care sticker shock
- The cost for the exact same medical treatment or procedure can be very different from one place to another.
- Whether you have insurance with a deductible and co-insurance, or you are uninsured and pay out of pocket, it’s good to compare average costs and quality ahead of time.
- You can look up costs for many common medical procedures at CompareMaine.
- Always find out if the facility is in your insurance plan’s network.
- Always ask your provider about the cost of services in advance.
- The Maine Health Care Association (MHCA) and the Maine Quality Forum (MQF), work together to put this information online for the public.

Here’s what you can find on CompareMaine:

- **Costs:** The amount the facility typically gets paid by the insurer including member cost sharing for a medical procedure. See the average payments made by the top five insurers (including consumer payments) to facilities. Cost data are not included for MaineCare (Medicaid) or Medicare.
- **Patient experience:** Facilities are rated on their overall experience and quality of care.

Very helpful  Somewhat helpful  Not helpful  Not familiar with it

**Wallet card:**
Be In The Know About Health Care Costs!

Costs can vary depending on type of treatment, location, & your insurance coverage.

1. Talk with your provider about treatment options & how to find out about costs.
2. Visit www.CompareMaine.org to see differences in procedure costs by insurance & location.
3. Contact your insurance for the amount you will need to pay.
4. No insurance? Call Consumers for Affordable Health Care at 1-800-965-7476.

Very helpful  Somewhat helpful
Not helpful  Not familiar with it

Low back pain patient decision aid:

Low Back Pain
Treatment Options and Costs

Costs can vary depending on type of treatment, location, and your insurance coverage.

✓ Talk with your provider about low back pain treatment options and costs.
✓ Visit www.CompareMaine.org to see differences in procedure costs by insurance and location.
✓ Contact your insurance provider for the amount you will need to pay.
✓ If you don't have insurance, contact the facility to ask what services will cost.

Very helpful  Somewhat helpful
Not helpful  Not familiar with it

Cost questions “nudging” poster:
Very helpful  Somewhat helpful
Not helpful  Not familiar with it

Provider materials

Pilot work flow:

**Primary Care Practice**
**Cost of Care Workflow for Patient/Provider Conversations**

Using a team based approach in the clinical visit

**At Check Out**

Did the patient's conversation flow include the patient care in the EHR?

**If Follow Instructions Below**

**On the iPad, click on the icon that says “Tracking Tool” and fill out the following:**
- Did you and the patient agree on the next step?
- Did they have a care plan? Did they agree on the next step?
- Did you and the provider reach agreement on the next step?
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- Did you and the provider reach agreement on the next step?
Trigger questions from work flow sheet:

**MA Rooming Patient**

- **Ask patient**: Do you have any concerns about the costs of your medical treatment?
  - If Yes or No, indicate to patient - costs for various treatments, procedures, medications are a concern for many patients and we want you to feel comfortable asking us any questions.
  - Give patient a wallet card of resources and the patient packet of materials to help them find out more information on costs.
  - Hand patient the low back pain treatment option and costs card and indicate they can

**Provider/Patient Visit**

- **Refer to the new wallet card of resources, Compare Advice for Low Back Pain Treatment Option and Cost Card that MA gave patient and use when discussing care & plan.**
  - **Trigger Question**: Do you have any concerns about the costs of your medical treatment?
  - Let patient know that there are local examples of resources to assist them find out about costs.
  - Remember - it's okay to tell them that you don't know the exact costs, because all insurance plans are different and there are different costs depending where they go.
  - Cost conversations are important because of:
    - Increasing deductibles
    - Increasing costs overall
    - Variation across systems/geography

**Very helpful**  **Somewhat helpful**  **Not helpful**  **Not familiar with it**

Trigger questions from work flow sheet:

**ADULT WORKFLOW TREATMENT CARD**

**Cost of Care Conversations/ME**

**Low Back Pain**

**ACUTE—LOW risk of chronic LBP**
*(Best Care & Lowest Cost Option)*

- **EDUCATE, REASSURE, and TREAT conservatively**
  - Education and reassurance:
    - Stay active, you're likely to recover (Use Heat)
    - NO imaging needed at this stage (patient fact sheet)
    - Pain meds: NSAIDs, muscle relaxant (<7 days)

**SUBACUTE—MOD/HIGH risk of chronic LBP**
*(Best Care & Lower Cost Option)*

- **ADD physical therapy, OMT, Chiropractic care or Acupuncture**

**Very helpful**  **Somewhat helpful**  **Not helpful**  **Not familiar with it**
Conversation guides: Provider, Medical Assistant, PSR (Front Desk & Check Out):

### Cost of Care Conversations Guide – Providers

<table>
<thead>
<tr>
<th>Encounter</th>
<th>Provider</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set up/ framing</td>
<td>“Our goal is for you get the best care with fewer problems and lower costs.”&lt;br&gt;“This may involve us asking new types of questions.”</td>
<td>AAPC Choosing Wisely List&lt;br&gt;LPF Diagnos &amp; Treatment Flash Card&lt;br&gt;ACP-LPF New Clinical Guidelines</td>
</tr>
<tr>
<td>Engage (engage the patient)</td>
<td>“What are you most concerned about today with your low back pain?”&lt;br&gt;“What is most important to you when it comes to your health and ability to stay active, work, independence, being pain free, affording your care?”</td>
<td>Social Determinants Questionnaire</td>
</tr>
<tr>
<td>Empathize (understand concerns)</td>
<td>“It sounds like you are concerned with pain free – so let’s talk about the different treatment options.&lt;br&gt;It also sounds like paying for this treatment/medicine (or test) is a concern for you and may be hard for you right now. Are you worried about how your care will be paid for?”</td>
<td>“Your Financial Health is Important to Us” letter</td>
</tr>
</tbody>
</table>

Very helpful  Somewhat helpful  Not helpful  Not familiar with it

For patients with low back pain with whom you discussed costs in the past 6 months, how frequently would you say you:

| April webinar: "Improving patient outcomes with cost of care conversations in the clinical practice" | Very helpful | Somewhat helpful | Not helpful | Did not participate |
| May in-person webinar/training: "Provider & patient communication to enhance health outcomes" | |
| June webinar: "Recognizing when patients have concerns about the cost of their | | | | |
Before participating in the pilot, did you know about the CompareMaine website?
   Yes
   No
   Not sure

While participating in the pilot, did you view/look at the CompareMaine website?
   Yes
   No
   Not sure

How useful did you think the CompareMaine website was in providing cost information on low back pain procedures and treatments?
   Very helpful
   Moderately helpful
   Not helpful
   Not sure
   Have not looked at the CompareMaine website

How do you think the CompareMaine website could be improved to help you in discussing cost of low back pain treatments or for discussions about costs with patients more generally?
Compared to before the pilot, how often do clinical staff discuss the cost of care with patients?

- More often now than before the pilot (6 months ago)
- About the same
- Less often now than before the pilot (6 months ago)

Compared to before the pilot, how important do you think it is to discuss the costs of treatment options with patients?

- Now, I think it's more important
- No change
- Now, I think it's less important

Based on your pilot experience, what other suggestions do you have for improving cost discussions with patients about treatment options?

Is there any other feedback you would like to share about participation in the pilot, or successes/challenges in integrating a discussion about costs into the clinical workflow for patients with low back pain?

Please click Submit to send us your responses.
**Figure 12: Pre-Intervention Practice Interview Guide**

Practice Interview Protocol (Before Initiative)

Practice Characteristics

Sent ahead of time to confirm/fill out

<table>
<thead>
<tr>
<th># primary care provider full time equivalents (FTE)</th>
<th>Type of practice (i.e. family, internal medicine, FQHC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient panel – insurance status</td>
<td>Approximate percent of patients by:</td>
</tr>
<tr>
<td></td>
<td>• MaineCare</td>
</tr>
<tr>
<td></td>
<td>• Medicare</td>
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<tr>
<td></td>
<td>• Private insurance (commercial)</td>
</tr>
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<td></td>
<td>• Uninsured</td>
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</table>

Thank you for talking with us today and for your participation in our research study (funded by the Robert Wood Johnson Foundation) on how to improve conversations between providers and patients about the costs of different diagnostic and treatment options to help them make more cost-informed choices. The study builds off work being done under the Choosing Wisely initiative and is designed to develop and test new tools that drill down specifically on cost issues with patients, using the example of low back pain.

We would like to talk with you today to learn about this practice before you begin the initiative. We will interview the practice two other times at the midpoint and at the end of the initiative. We are interested in learning about this practice’s experience with Choosing Wisely and CompareMaine and we would like to understand your practice workflow and how, if at all, cost of care is discussed with patients. The discussion will take between 45 minutes and an hour.

Before we begin, I want to ask permission to record the discussion so we can use it to assist our note-taking.

The feedback provided from this interview will not be attributed to any particular person or individual. We ask you not to mention any names of specific patients. [Ask if anyone does not agree with recording the discussion. If all agree to recording, proceed with starting audio recorder. If anyone does not want recording done, hand-written notes will be taken during the discussion.]

**Inner Setting**

1. How did this practice come to be involved in this pilot project?
   a. Who participated in the decision making process?
   b. What considerations influenced the decision to participate?
   c. Has the practice identified a leader for the initiative?
2. What does your practice hope to gain through participating in this initiative? [probes: materials, webinars, scripts, workflows, techniques]
   a. In your opinion, is there a strong need to engage with patients about the cost of their care (treatment options)? Why?/Why not?
   b. This project is focused on talking with patients about the cost of care and is initially focused on patients with low back pain. What, if any, effect do you expect this initiative will have on patients’ treatment choices [for LBP, more generally]?
3. What, if any, concerns does your practice have about participating in this pilot?
   a. Probe for: financial or other disincentives for discussing costs with patients (e.g. contractual obligation with health plans, ACOs or within health system to refer patients to in-network providers.

4. Has your practice been using/implementing Choosing Wisely in conversations with patients? If so, for what conditions?
   a. If yes, how have these materials/conversations been integrated in your practice workflow?
   b. If yes, how, if at all, has Choosing Wisely affected conversations with patients and their treatment decisions?

5. Is your practice familiar with Compare Maine 2.0 or other healthcare cost information resources?
   a. If yes, which ones and how have these materials/information been integrated in the workflow during patient clinical visits?
   b. Has this information been useful and how?
   c. Would you say that providers (also ask about staff) here value Compare Maine?
   d. In your opinion, are most providers (also ask about staff) aware of Compare Maine?

Implementation

Cost of Care Discussions

Our study focuses on cost of care discussions using the example of patients with low-back pain.

6. Would you describe this practice’s typical workflow for a patient with low back pain (LBP)?
   a. Please include staff roles in workflow.
   b. Describe how, if at all the practice EMR is used during a patient with LBP visit?

7. Please describe how treatment options are discussed with patients currently?
   a. Currently, during clinical conversations with patients with low back pain, do providers discuss costs or provide materials about costs?
      i. Do the discussions usually cover the relative cost of different options, e.g. physical therapy, imaging?
      ii. What about the cost for the same service at different facilities e.g. imaging at facility a/facility b?
   b. [In general/beyond LBP] Do providers discuss costs or provide materials about costs during clinical conversations with patients?
i. Do you discuss the relative cost of different treatment options?
ii. What about the costs for the same service at different facilities or practices?
   c. How, if at all does your practice document cost of care discussions that arise when a patient is seen in general? For LBP?
   d. How, if at all does your practice document patients’ concerns about the cost of care?

8. How would you characterize the level of support or perceived value that most providers in your practice place on discussing costs with patients? [probe: for different treatment options, within a particular treatment option]
   a. What about most staff?

9. How would you describe provider comfort level around cost of care discussions?
   a. How does this vary among providers? By provider type?

[Note: For the next two questions, capture any current and anticipated barriers and facilitators.]

10. What, if any barriers are there to providers talking about the cost of care with their patients? Variation among providers, staff? (probe: discomfort, time, belief that there’s no solution to address patient concerns, lack of knowledge about cost, lack of adequate information about costs, health system resistance, contractual obligations).

11. What would be helpful to providers who would like to talk with patients about the cost of their care? (probe: IT assistance, health system support, workflow advice)
   a. What resources/materials, technical assistance could you use?

Thank you for your time. We appreciate having the opportunity to work with you.
Figure 13: Mid and Post-Intervention Practice Interview Guide

Prior to the interview, email the practice characteristics information sheet to confirm

<table>
<thead>
<tr>
<th>Number of primary care provider full time equivalents (FTE)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of practice</td>
<td></td>
</tr>
<tr>
<td>Patient panel – insurance status</td>
<td>Approximate percent of patients by:</td>
</tr>
<tr>
<td></td>
<td>• MaineCare %</td>
</tr>
<tr>
<td></td>
<td>• Medicare %</td>
</tr>
<tr>
<td></td>
<td>• Private insurance (commercial) %</td>
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<tr>
<td></td>
<td>• Uninsured %</td>
</tr>
<tr>
<td>Patient panel – panel size</td>
<td></td>
</tr>
<tr>
<td>Webinar participation</td>
<td>TO BE FILLED OUT BY USM</td>
</tr>
</tbody>
</table>

Last time we visited was prior to the kick off of the Cost of Care Conversations pilot. We’d like to talk with you about your experience thus far in the pilot and your efforts to integrate cost of care discussions into the clinical workflow at your practice.

1. What training and/or technical assistance has your practice engaged in to date to inform cost of care conversations with patients?
   a. Who has participated? [may not need to ask this question (see above).]

2. Has this practice identified a leader for this initiative? Who is it? What is their position in the practice/system?

3. How have you introduced the pilot to providers/staff in the practice? Can you provide an overview of any changes that have resulted from the Cost of Care Initiative?
   a. Has the project been implemented as planned?
   b. Is the practice implementing all at once or rolling it out more gradually?
   c. How, if at all has the practice workflow changed for patients who present with or are found to have LBP?
      i. If so, how, have staff roles changed? [probe on chronic vs. acute; trigger question; changes since ‘course corrections’ – anything surprising]
      ii. Have any changes to the EMR taken place for this initiative?
   d. What materials are you using in conversations with patients? In what ways? [Note: have material handy to ensure that we are clear on which materials are being referenced. Also note any modifications made to materials, e.g. scripts tailored for the practice.]
      i. [probe for any reason why practices are not using certain material]
      ii. [probe for how the practice is using Choosing Wisely materials and approach if not covered so far in the discussion]
      iii. [probe for how the practice is using Compare Maine 2.0 materials and website if not covered.]
iv. [probe for how (if at all) the practice is using the iPad to show Compare Maine 2.0 and/or explore costs of care.]

e. Please describe how the cost of LBP treatment options are discussed and what, if any materials are provided, during the clinical visit for patients with LBP.

i. [probe to learn who in the practice initiates conversations about costs of care options, providers, staff, patients]

ii. Do the discussions usually cover the relative cost of different options, e.g. physical therapy, imaging?

iii. What about the cost for the same service at different facilities e.g. imaging at facility a/facility b?

iv. Of patients in this practice with LBP, for what proportion do cost of care discussions take place (with regard to LBP treatment options)?

4. [In general/beyond LBP] Do providers discuss costs or provide materials about costs during clinical conversations with patients?

a. How, if at all does your practice document patient concerns about costs/that cost of care discussions have taken place [for patients with LBP/patients in general]?

b. How would you describe provider comfort level around cost of care discussions?

c. How does this vary among providers? By provider type?

5. What, if any, barriers do providers in your practice currently have with regard to having cost of care discussions with patients during the clinical visit? Variation? (prompts: discomfort, time, belief that there’s no solution to address patient concerns, lack of knowledge about costs)

6. What, if any, facilitators have helped encourage cost of care discussions between providers and patients?

7. Can you provide an example of a discussion you have had or observed?

8. We are also interested in learning about patients’ reactions to having these cost of care discussions. How have they responded to talking about LBP options and associated costs? What impact has it had on their engagement in decision-making, their treatment choices, and adherence particularly among patients needing treatment for LBP? What, if any, effect do you expect this initiative will have on patient LBP or other treatment choices including imaging?

9. How, if at all, have changes as a result of participation in the initiative, spread:

a. To other practices within your health system/organization?

b. For LBP or other conditions?

10. We know that the pilot is in the early stages of implementation, but what, if any, lessons you have learned thus far?

11. We would also like to hear your thoughts about whether you think changes you have implemented for the pilot are likely to continue beyond the grant period? Which ones/how?
12. What aspects of the pilot have been helpful to supporting cost of care discussions in the practice? [probe for materials, training, etc.]

13. Which aspects of the pilot have been the least helpful to the practice? [probe for materials, training, etc.]

As you know for this evaluation, your practice is helping USM administer a brief survey for patients with LBP using an iPad we have loaned you (or by paper).

14. How is that going [probe for workflow changes, patient feedback, willingness to participate]? 
   a. Data reporting/Tracking tool 
   b. Consumer survey 

15. Do you have any questions or concerns?

The next few questions concern your views on the Cost of Care Pilot. Thinking of the training and assistance you have received from Quality Counts to date:

[Facilitator Note: Have QC training materials handy for reference]

16. What aspect(s) of the initiative have been most helpful [probes: materials, webinars, scripts, workflows, techniques]; least helpful?

17. Do you have any feedback about material, coaching, that you have received or could be helpful now and to other practices implementing a similar cost of care conversations initiative? [Probe: re. Compare Maine 2.0?]

Questions at the End of the Pilot

1. Given the benefit of hindsight, how, if at all, would you recommend that a health care organization go about introducing cost of care into discussions about care options? (probes Design – diagnosis specific or all care option discussions, acute and chronic, acute only?, Workflow, Training, Materials, Other resources, internal and external to FQHC/health system, Incentive – largely at system level, thoughts)

2. Do you have any other thoughts that could inform our funder’s future efforts to include the cost of care in discussions about patient care? (contextual issues, e.g. opioid issue)

Thank you for your time. We appreciate having the opportunity to work with you.
Figure 14: Health System Leader Interview Guide

Thank you for your time today. We are interested in learning, from a health system perspective, how practice participation in the cost of care initiative has worked and what changes it has brought about for your participating practices and broader health care system/organization.

Let’s begin with a few questions about this organization before implementation of the cost of care conversations pilot began.

18. How did this health system/FQHC come to participate in the Cost of Care Conversations pilot?
   a. What are the benefits of participating? [probe for at the system-level vs. practice-level]
   b. What concerns did you have about participation?

19. At the system/central level, prior to participation in the Cost of Care Conversations pilot, what was the expectation (if any) for having cost-of-care conversations with patients? Where were these conversations taking place, e.g. at the point of care, through financial assistance aides, through the business office? [probe for contextual factors that may, or may not, relate to cost of care discussions, e.g. mission, population]

20. What, if any, resources has the system provided/made available to encourage conversations with patients about the costs of care?

21. How, if at all, was your organization using Compare Maine?

Now, let’s shift the discussion to the present (following the implementation of the cost of care conversations pilot).

1. Would you describe the role your health system/central administration has had thus far in supporting practices involved in the pilot? Is this typical of QI initiatives? [probe: extent of involvement, IT/EMR assistance, personnel resources.] What, if any, resources has the system provided during implementation?

2. From the central/health system level, how has pilot implementation been going? [probe for feedback on materials, consumer survey (tablet, paper), onsite and telephone assistance, process for implementation (i.e. online module, central meetings to discuss implementation, etc., changes to system or practice-level workflow support)] Have you had to make any changes or do you anticipate making any changes in how the pilot is implemented? What worked well? What did not go so well?
3. At the system-level, how, if at all, have the resources provided to the pilot sites been distributed/used? [Probe for materials developed for the pilot, Choosing Wisely materials, Compare Maine.]

4. How have other system-level contextual factors, e.g. payment structure/type of organization/organization structure, other initiatives, influenced how you have implemented cost of care conversations across practices participating in the pilot?

5. Please describe any lessons that have been learned thus far.

6. What, if any, benefits has your central organization/practices experienced through the pilot? Have there been any unintended consequences or challenges to implementing the pilot, and what have they been e.g. unanticipated financial impact, resistance?

7. Has your organization (FQHC/hospital system) shared information from or about the cost of care conversations pilot (e.g. materials, workflow changes, your experiences) with other practices in your health system, with other FQHCs or other initiatives?

8. For our evaluation efforts, we are tracking the frequency of cost of care conversations that occur with patients presenting with LBP at the practices. Does your EMR track or have the capacity to track patient concern about costs or conversations about cost of care that take place?

Additional Questions at the End of Initiative

1. As you know, for the evaluation, we are tracking the frequency of cost of care conversations occurring with LBP patients. The number of patients and conversations is much lower than expected and in the smaller practices it is extremely low. What are your thoughts about why this is happening?

2. Which, if any, aspects of the cost of care conversations pilot do you expect to continue beyond the end of the grant period? Why or why not?

3. What do you think may have been an effective way to build practice/system/FQHC buy in?

4. How could implementation and roll out been improved?

5. Do you think it was helpful for the initiative to be diagnosis specific (LBP); or do you think the initiative would have been implemented more smoothly if it were more global, that is applied to all appropriate visits?
6. What lessons have been learned that might inform future initiatives aimed at incorporating cost of care conversations at the point of care?

Thank you for your time. We appreciate having the opportunity to talk with you.
**Figure 15: Patient Interview Guide**

Hi, is __________there? [If not, try to leave a message or call back.]

If person is unavailable: My name is __________ from the University of Southern Maine and we would like to speak with (him/her/you (on machine)). He/She/You said that we could follow up with him/her/you as a follow up to a survey he/she/you completed.

[When/If correct person is on the line, follow the script.] My name is ________________, a researcher from the University of Southern Maine. We are calling you because you indicated on a survey at [insert practice name] that you would be willing to be contacted to participate in a brief phone interview. The questions should take about 10 minutes to answer. Your answers will be used to help improve conversations between patients and health care providers.

Is this a good time to talk? [If NOT, can you suggest another time?]

IF YES: Great, we want you to know that this interview is voluntary and confidential. We will not be sharing your answers with your doctor’s office. If there are any questions you do not want to answer, just let me know and I'll skip them.

I will be taking notes as we are talking, but with your permission, we would like to audio record this interview to support our note taking. [Obtain verbal permission]

If you have any questions about this interview or want to learn more about this project, you may contact the study director, Kim Fox at 780-4950.

Do you have any questions before we begin? Okay [begin interview].
We want to learn the best ways for patients and healthcare providers to have cost conversations about treatment options and need your input.

1. How did you feel about discussing costs of recommended care options?

   Probes:
   - Who brought up the topic, patient, MA, nurse, doctor?
   - When (in the visit)?
   - What did you like—or not like—about discussing costs with your provider?
   - What could have improved the experience? [talking with someone not at the practice, talking with the MA/nurse, a different approach from the provider, etc.]

2. What was most helpful to you?

   Probes:
   - How did materials provided help you understand the costs of treatment options? Which materials were most helpful?
   - How did the discussion help you understand the costs of treatment options?

3. How, if at all, did talking about costs influence your choice about what to do about your low back pain?

4. Was there any information about health care costs that your practice didn’t provide that would have been helpful to you?

5. Since your visit, have you used the material or looked up any resources about the cost of care?

   Probes:
   - Which materials, sites? CompareMaine? Others?
   - How, if at all did that help you?

6. Have you delayed or not received medical care because of cost? [How do you think your practice could help you address your concerns?]

Thank you for your time today.
[If no real recollection of cost discussion]

We want to learn the best way for medical practice include costs in their discussions about recommended care.

1. How would you feel about talking with providers/staff at the practice about the costs of recommended health care?

2. How, if at all, would you like to hear about the costs of recommended care?

   Probes:
   • From whom would you like to hear this information?
   • How would you like to receive it, e.g. online, from a person off site

3. Have you delayed or not received medical care because of cost? [How do you think your practice could help you address your concerns?]

   Thank you for your time today.