

Voices on Value

In the Voices on Value series, the AHA highlights the viewpoints of independent experts in the health care field on issues related to affordability, value and health care costs. As such, opinions expressed by the authors do not necessarily reflect the policy of the American Hospital Association.

A Conversation with Reshma Gupta, M.D.

By Priya Bathija and Reshma Gupta, M.D., MSHPM, Evaluation and Outreach Director, Costs of Care

In this *Voices on Value* piece, Priya Bathija, vice president of AHA's The Value Initiative, interviews Reshma Gupta, M.D., evaluation and outreach director, Costs of Care, to get her insights on Costs of Care's strategies around health care affordability and value.

Priya Bathija: Can you tell us about Costs of Care and why it was created?

Dr. Gupta: *Costs of Care* founder Neel Shah was motivated by a close friend who had extraordinary medical bills that were essentially affecting her and her entire family. He realized how medical bills can truly cause financial harm to patients across all socioeconomic statuses, including emotional and social stress. He wanted to have conversations with patients to prepare them to better deal with health care costs and potential financial harm.

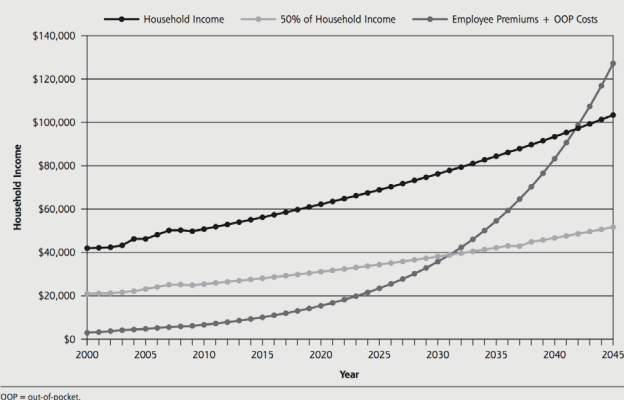
After connecting with other clinicians and nursing leads in different parts of the country, the Costs of Care group formed and began expanding. We know that clinicians determine almost 70% of variable costs from health care dollars spent. However, it is challenging for clinicians to know how to make the best decisions that are going to impact their patients' wallets — the affordability of health care for patients.

The Costs of Care movement formed in 2009 under the motivation that we need to make health care more affordable. The patient safety movement helps clinicians think about how to prevent unintended harm. Similar to that, the Costs of Care movement is helping clinicians think about unintended financial harm. Our objective is for clinicians and other providers to play a role in protecting patients and their wallets. Building tools and skills to allow providers to know what is really important.

The goal was to begin a national discussion about the cost of health

Focusing on Patient Affordability

Projected annual family health care costs (premium plus out-of-pocket costs) and average household income in the U.S.



care at that time and curate innovations in the U.S and abroad to reduce unnecessary health care costs and its impact on patients. We also wanted to understand the tools that implementers, such as health care managers or educators, can use to train other clinicians and staff working directly with patients and their families.

Bathija: **How do you promote cost awareness among patients, clinicians and health system leaders?**

Dr. Gupta: Costs of Care targets clinicians, educators, health system leaders and patients differently. Patients expect clinicians to guide them on how they are financially impacted. It is important to know that financial risk or financial harm from health care does not just affect the most vulnerable populations amongst us, but can impact physicians themselves. Costs of Care has held a yearly essay contest, in which patients, clinicians and staff can submit their or their patients' stories or experiences of financial harm. Over the last few years, we've collected hundreds of stories that represent all areas of the country and abroad, across all socioeconomic statuses.

We also work on understanding and learning about different innovations to address financial harm. We hold an annual *Value Challenge* to identify innovations around this issue and build frameworks to improve efforts. From that effort, we have seen some innovations focusing on a formal curriculum that has been developed in different settings. Others have incorporated teaching rounds that include discussing potential areas where there is unnecessary or costly care that could be excluded, understanding that clinicians can affect the patients' bills at the end of the day.

We also started a learning network or a community together with clinicians, educators and system leaders. We have members from six countries in this learning network, sharing innovations, learning from one another, and essentially helping each other improve. In 2019, we launched our *InnoVATE* (Innovations in Value, Affordability, Training and Education) platform to highlight a renewed focus back on patient affordability, in addition to the other key components in the movement to improve health care affordability.

Opportunities to Improve Affordability

Reducing Total Costs of Care

Population-based spending
and care pathways

Reducing low and
no value care

Less expensive sites of care
and relationships
Transitions of Care

Reducing Patient Out-of-Pocket Costs

- Screen for risk of financial harms
- Counseling and transparency about financial experience and prices
- Linkages to financial resources and patient billing experience

Bathija: What platform do you use to bring these groups together?

Dr. Gupta: The learning network and now the InnoVATE platform are on costsofcare.org, including tools and frameworks as well as monthly podcasts and webinars highlighting innovations from national and local leaders.

Bathija: You have successfully translated Costs of Care’s educational efforts into action by spreading tools, resources and insights through a variety of platforms. Are there other programs you’ve implemented outside of the ones that you’ve already shared?

Dr. Gupta: Through our essay contest and the Value Challenge, we identified the needs of patients. Specifically, patients requested tools to empower them to have conversations with their providers about costs. At the same time, the clinicians or the staff were asking, “How do we talk about the cost? How do we know what costs are in our own institutions? How do we develop a framework to do this?”

This motivated us to build tools for clinicians and staff such as [Understanding Value-Based Healthcare](#), a textbook now being used in many medical training centers throughout the country. Our [Value Conversations](#) are skill-building modules that share real-life clinical scenarios how clinicians communicate with patients about their concerns of the financial impact of their care, along with recommendations to improve these conversations. This year, we have partnered with the Choosing Wisely STARS program at Dell Medical.

We also have frameworks for how to screen patients for financial harm and managing financial harm. The [COST Framework](#) evaluates an educational, system intervention to determine if it address four major components to succeed: Culture, Oversight and accountability, System support and Training. We also developed Patient Affordability, First Do No (Financial) Harm, and Population Health Value frameworks as well as the High Value Care Culture Survey (HVCCS™). Lastly, we are developing tools that are patient-facing, but more to come on that.

Costs of Care also recognizes innovators in the field through our Value Challenge and Steven Schroeder awards.

Bathija: How are you measuring your success and your progress?

Dr. Gupta: Costs of Care aims to begin discussion, push the national conversation, and convene people to move the needle on this work. Our main goal for success is to gather stories from clinicians and patients and move that conversation forward with institutions and individuals that are using our tools. We have over 20,000 followers, hundreds of submissions through our contest, and more than 500 members in our Learning Network.

Members of our Learning Network are from seven different medical specialties and include nurses, educators and health system leaders. Our podcast/webinar participants report that the Learning Network provides them an opportunity to connect with different audiences, specifically people who are doing the work on the ground. Lastly, most of our Learning

Network members gleaned some strategies from the network and adopted them at their organization.

Bathija: **Are there any real-life stories from the essay contest that stayed with you?**

Dr. Gupta: One story that really motivated myself and our Costs of Care team is the story of a physician who we knew but were unaware of his challenges with facing financial harms. He was diagnosed with testicular cancer right before he started medical school. His life at that time was consumed by meeting doctors and planning surgeries. After multiple chemotherapy sessions, his insurance would no longer cover other needed care. With a surgery coming up, he and his family started to inventory their assets and home, trying to figure out a solution. Even with physicians in the family, they had concerns that they would be unable to cover the cost. The risk of paying these bills without assistance made a strong impact on the family, financially and emotionally.

The physician chose to attend medical school in Massachusetts, where by law he was allowed to enroll in a health insurance plan with a pre-existing condition. This was not possible where he was living or in other states at time. He completed his care. Now years later as a faculty member and national voice in health care value, he mentors and trains residents and students to understand the potential financial harms and related stress patients face.

Bathija: **The founders of Costs of Care are practicing in different specialties, including you. Does that influence the work of Costs of Care?**

Dr. Gupta: Each of the leaders and members of Costs of Care have slightly different focuses in our responsibilities. We represent various specialties, including inpatient and outpatient medicine, interdisciplinary care, four regions of the county, education and implementation work, and academic, industry and policy backgrounds.

Everyone comes together and brings a different perspective to this work, but at the same time, we are all patients. We all have family members and friends and can relate to that as well. I work part-time clinically in a county setting with vulnerable populations and there is a constant tension to maximize care with fewer resources and concern for what aspects of care patients may or may not be covered. So how do we address those issues, and how do we reduce unnecessary care?

In addition to caring for patients, I serve as the executive medical director for Value and Population Care within the University of California and serve as an advisor with the Center for Medicare and Medicaid Innovation. I lead our efforts in understanding data and building that culture of value across all of our departments. This on-the-ground experience is vital for the work we do with Costs of Care – facing the same stressors and barriers of getting data and engaging physicians in conversations about costs. The work that we all do in our day jobs informs national work and provides early insights into the tools and frameworks we developed. We knew that these tools would not resonate with frontline care teams working with patients unless we try and use them ourselves.

Bathija: How can we work collectively to take on this issue, whether it's hospitals and physicians working together, and/or hospitals and physicians working with payers and other community stakeholders?

Dr. Gupta: Traditionally, these entities have worked in silos; however, creating value or affordability cannot happen in silos. We need to break down these silos and build partnerships with payers and community stakeholders and leverage skills, workflows and resources. It can start with physicians screening patients directly to identify their needs and eliminate any unnecessary care; system managers creating a pathway for using resources at the right place and time; and educators building a curriculum to train the next generation about financial harm. By aligning organizations and shifting the culture, we can create an opportunity to better support this work in the future.

Bathija: And lastly, how can hospital leaders work with physicians to build a culture that promotes delivering high-quality care at lower cost?

Dr. Gupta: Costs of Care's *High-Value Care Culture survey* helps administrators assess the culture for high-value care decision-making in various settings, such as primary care practice, within a division and others. We've learned that leadership is the number one driver for culture. The majority of questions relate to leadership such as leadership engagement, policy-making and investment in resources, etc., – all of which contribute to culture. The role of leadership in this work is to empower clinicians, staff, IT, specialists, finance, operations, etc., to come together and build that culture of delivering high-quality care and enhancing patient experience efficiently, while reducing cost. In addition, data transparency, cost conversations and having a blame-free environment are vital in creating a culture of high-value care.

Reshma Gupta, M.D., MSHPM, Evaluation and Outreach Director for Costs of Care and a practicing internist, serves as the Executive Medical Director of Value and Population Care at University of California Health System. She also works as an expert adviser with the Center for Medicare and Medicaid Innovation to test new models of value promoting payment reform. Dr. Gupta's work focuses in health system innovation, policy, implementation design and education to better define and improve the culture of delivering high-quality care at lower cost for health systems and patients.

Learn more at www.costsofcare.org.