

TIME TO TALK IMPACT REPORT: INCREASING COST OF CARE CONVERSATIONS BETWEEN RURAL OLDER ADULTS AND THEIR HEALTH CARE PROVIDERS



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Cost of Care Conversations

Health care costs remain top of mind for consumers in the United States (Perez et al., 2019). As of 2022, more than 100 million people in America carried health care debt (Levey, 2022). These situations can sometimes lead to catastrophic financial consequences such as damaged credit and personal bankruptcies. Residents in southern states have more medical debt and the largest amount of past-due medical debt compared to residents in other regions (Kluender et al., 2021).

Cost discussions between health care providers and patients can help mediate the financial challenges patients face while improving health care decision-making. Engaging in cost of care conversations can empower patients to take responsibility for their health, leading to better outcomes. Cost of care conversations between patients and providers are even more crucial for older adults, who often utilize the health care system at higher levels than younger people.

Cost of care conversations can increase quality of care and possibly improve health outcomes. This simple exchange of communication can take less than one minute. However, research shows patients are uncomfortable initiating these conversations: 70 percent of patients want to discuss cost of care with their providers, but only 28 percent actually do. Meanwhile, providers are waiting for patients to bring up costs (Fiscella, K., et al., 2020; Bradham, D., et al., 2018). Patient barriers to cost of care conversations include their own discomfort, insufficient time, belief that health care providers did not have viable solutions for their concerns, and worry that bringing up costs would impact quality of care. Barriers reported by health care providers mirror those of patients: insufficient time and belief they had no solutions to address concerns (Alexander, G. C., et al., 2004).

Time to Talk seeks to address these barriers while illuminating community resources to address common concerns. Time to Talk empowers rural, older adults with information and tools to have effective cost of care conversations. Through community-based educational sessions led by Extension, older adults understand why to engage in cost of care conversations, learn strategies for starting cost of care conversations, and build skills through application activities.

Time to Talk: Facilitating Cost of Care Conversations (Time to Talk) fills a simple but critical gap in communication between patients and health care providers: conversations about the cost of care.

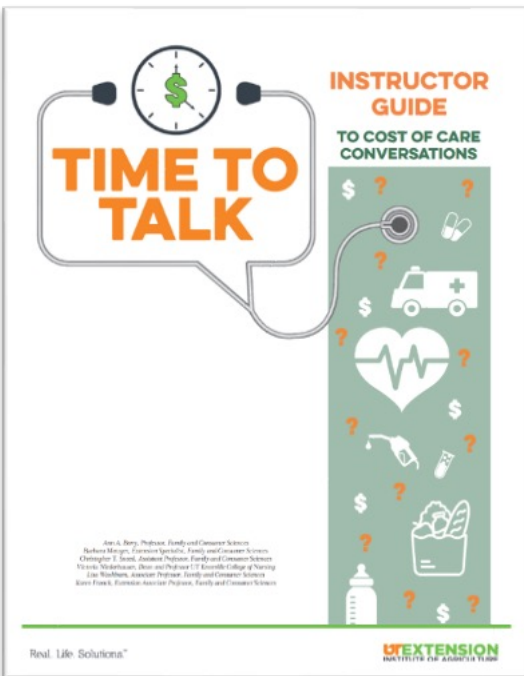
Program Design

Formative research combined with existing cost of care resources informed program development. State team members worked with family and consumer sciences Extension educators in five rural, pilot counties (Cocke, Clay, Fentress, Grundy, Hancock) to survey consumers and health care providers. This formative research was conducted to better understand consumers' and providers' perceptions regarding cost of care conversations including barriers to their initiation (Franck, et al., 2023).

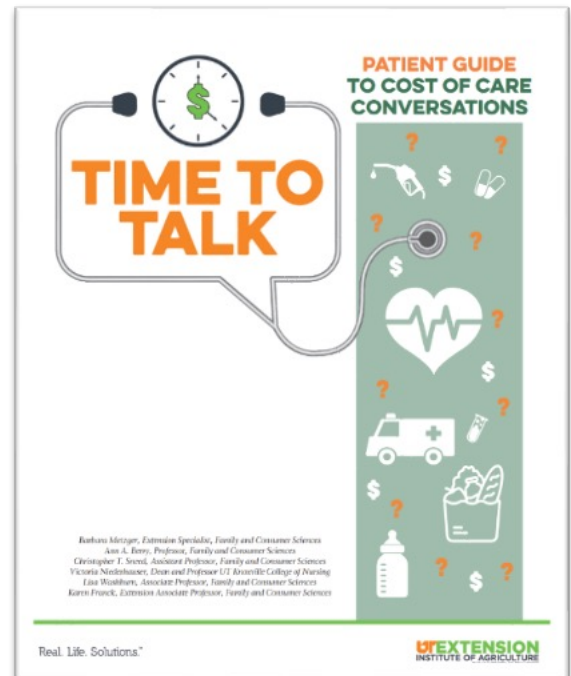
As part of the patient education program, educational materials were developed. The educational materials were field tested with one patient group. After field testing, Time to Talk was pilot tested in the five counties where formative research was conducted. In 2023, Time to Talk was released for statewide implementation in all qualifying counties.

Educational Materials Developed:

- Marketing brochure
- Instructor guide to cost of care conversations
- Patient guide to cost of care conversations
- Lesson plan
- Tips for talking with your health care provider cards
- Customizable community resource guide
- Participant evaluations (post-program and three-month follow-up)



Time to Talk Instructor Guide



Time to Talk Patient Guide

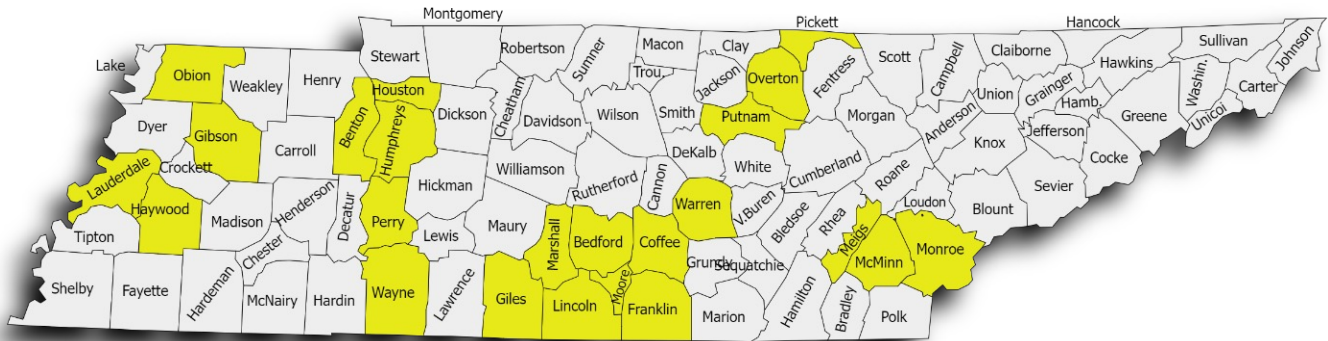


Time to Talk Patient Cards

Program Implementation

In 2023, Extension faculty and specialists conducted an online training for 33 family and consumer sciences Extension agents in qualifying rural Tennessee counties. The online training prepared Extension agents to successfully implement Time to Talk in their respective communities. The training included research on cost of care conversations, an overview of Time to Talk program development, and an introduction to educational materials. Best practices for successfully marketing, implementing, and evaluating the program were shared.

A total of 23 FCS Extension Agents in 23 counties implemented the program reaching 463 older adults:



Program Impact

End of Program Survey

A paper feedback survey was administered at the conclusion of each program. Of the participants completing surveys:

Survey Question	Yes	Not Sure	No
I feel more comfortable talking with my health care provider about health care costs.	314 (94%)	20 (6%)	1 (.2%)
I have a better understanding of what my health insurance covers.	271 (82%)	56 (17%)	3 (.9%)
I have a better understanding of resources that can help me with health care costs.	315 (94%)	20 (6%)	1 (.3%)
I have a plan to estimate my health care costs.	251 (75%)	55 (16%)	30 (9%)

Follow Up Survey

A three-month follow-up survey was conducted with all Time to Talk participants who provided contact information during initial enrollment for the class. A total of 226 participants were mailed a follow-up packet. The packet included an introductory letter, paper copy of the follow up survey instrument, and self-addressed, stamped return envelope. Sixty-six participants completed and returned surveys, resulting in a response rate of 29 percent. No survey participation incentives were offered.

A summary of the survey results follows:

Survey Question	Yes	Not Sure	No
I have started more conversations with my health care provider about health care costs.	39 (59%)	2 (3%)	25 (38%)
I feel more confident talking with my health care provider about health care costs.	54 (82%)	7 (11%)	4 (6%)
I have a better understanding of what my health insurance covers.	51 (77%)	8 (12%)	5 (8%)
I have used the resource guide that I received in class.	42 (67%)	4 (6%)	20 (30%)
I have used a plan to estimate my health care costs.	28 (42%)	11 (17%)	26 (39%)
I shared resources that I received in class with family and friends.	36 (55%)	6 (9%)	23 (35%)

Conclusion

Time to Talk was successful in helping facilitate cost of care conversations between rural, older adult patients and their health care providers. Through end of program surveys, participants reported increased levels of comfort in talking with their health care provider about costs, a better understanding of health insurance coverage, and a better understanding of community resources they can use to help with health care costs. Additionally, 75 percent of participants planned to use the information and resources provided during the program to estimate their health care costs.

Perhaps most encouraging, a three-month follow-up survey demonstrated that participants translated their behavioral intentions into action. Well over half (59 percent) started more cost of care conversations with their health care providers with 82 percent expressing increased confidence in talking with their health care provider about costs. More than three-fourths (77 percent) of participants had a better understanding of their health insurance with 42 percent using a plan to estimate their health care costs. The community resource guide distributed in class was used by 67 percent of participants.

Finally, over half (55 percent) shared the resources they received during the program with family and friends.

Time to Talk demonstrates the power and effectiveness of health care cost education delivered through the Cooperative Extension framework. Through community-based educational sessions, Extension educators were able to foster increased cost communications between rural, older adult patients and their health care providers. The positive outcomes from this project should serve as a springboard for additional patient educational programming that fosters cost of care conversations. Additionally, and perhaps most importantly, this study provides the impetus for additional health education programming developed and delivered through the grass-roots power of Cooperative Extension. The Cooperative Extension model should be lifted up as a model for developing needs-based health education programming and an example of how to deliver such programming through highly trained, trusted community-embedded educators.

Indeed, the time to start (and keep) talking about health is now!

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