

# Thought Starters for Explaining Health-related Finances

This document outlines some key challenges of explaining health-related finances (e.g., treatment costs, health insurance, financial support services) to patients, and provides thought starters to help address them. These thought starters are based on our learnings from building patient communications with patients and cross-disciplinary experts, across disease states.

## Other available thought starter topics:

- Biological Processes
- Data
- Clinical Trials
- Risks and Benefits

For more guidance on how to make your explanations more patient friendly, see the *UPL Rules* and the *UPL Style Guide*.

## Resource contents:

- Guidance, standards, and best practices
- Building blocks or assets
- Assessment methods and tools

## Applicable to:

- All patient communications
- Specific topics



**A Starting Point:** This tool contains some early work and may change significantly.

## Why is it important for patients to understand health-related finances?

Understanding health-related finances can help patients:

- Seek appropriate help or services for their financial situation
- Have meaningful conversations with their healthcare team about treatment options and available resources
- Manage worries and stress that finances can bring

## What are the key challenges for explaining health-related finances?

- Balancing the level of detail so that patients are informed, but not overwhelmed
- Demonstrating sensitivity to patient needs and challenges, while still being clear and firm about terms, limitations, and criteria
- Communicating financial concepts without relying on industry-specific terminology

## Thought starters for explaining health-related finances

There is no ‘one’ way to explain any given topic. Explanations are uniquely built for the specific audience — like patients from a particular disease state or demographic — and the objectives of the communication. These thought starters are meant to help you craft an explanation that works for your audience. The accompanying examples illustrate how these thought starters have been put into practice in existing UPL patient communications.

### Take the time to establish the terminology.

The language used to talk about health-related finances is often completely foreign to patients. Defining the words that describe key concepts can help patients build their vocabulary and reduce frustration when trying to understand the topic. Helping patients learn the terminology can also empower patients to take a more active role in conversations regarding their health-related finances.

### Be inclusive in framing and language — patients are sensitive about being excluded, especially when it comes to finances.

Patients may be dealing with a lot — emotionally, physically, and financially. Information that only speaks to a specific type of audience and not others can disengage some patients and leave them feeling uncertain, excluded, or left without options. Wording and framing that is applicable to patients from various situations can help connect to a broader audience.

#### Insurance Benefits Review

An Insurance Benefits Review looks into your health insurance to understand the coverage you have for DRUG A. Once the review is complete, your Care Counselor will share the details of your coverage with you.

You may be able to better prepare for your next steps by learning about:



The amount of Co-pay Assistance we are able to provide



More details about your out-of-pocket costs



Possible requirements or limitations to using your benefits

This example introduces what an Insurance Benefits Review is so that it can be recognized and used by the patient in conversation.



Providing personae can help connect the content to patients in various situations and guide them to the relevant information.

## Use examples to reinforce abstract concepts.

Health-related finances often involve multiple parties and complex calculations. Walking through a simplified example can help patients demystify the process and understand the gist of what or who is involved and how payments, fees, or reimbursements may be determined.

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Let's say a monthly prescription costs \$100. If your insurance benefits cover half of that, you will still need to pay \$50 yourself. That \$50 that you're responsible for is called the co-pay cost.

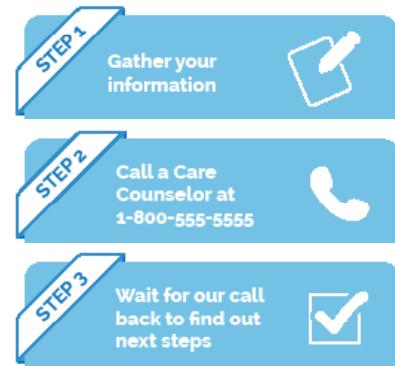
Now, if your insurance coverage allows for Co-pay Assistance, the Co-pay Assistance might pay for \$45 dollars, which means you would only need to pay \$5. The \$45 would count toward your yearly limit.

”

This sample calculation using simplified numbers explains how Co-pay and Co-pay Assistance might work.

## Clearly outline next steps.

The details and intricacies of health-related finances can sometimes overshadow the information provided to navigate them. This can leave patients paralyzed in front of a daunting task. Making “next steps” simple, actionable, and easy to find can give patients agency and restore their sense of control.



This example simplifies the next steps for patients by using the calls to action as visual section headers.

## Be clear and upfront about limitations.

Limitations are important to include because they help keep expectations realistic. Patients appreciate when limitations of a service are outlined up front, because it can help prevent disappointment and distrust. Putting limitations in practical terms that patients can relate to their day-to-day lives can also help with comprehension and clarity.

“

The DRUG A Self-Injection Co-pay Card is active for 1 year and renews automatically. It can be used once every 4 weeks (up to 13 times) to cover a total of \$10,000 in Co-pay costs each year.

”

Spelling out the maximum frequency and total number of times the card can be used each year gives a practical schedule that patients can easily relate to their dosing schedule.

## Patient Experience

We are determined to ensure the **voice of our patients** is continuously present - to both inform and inspire - in ways that **help teams across all business units** achieve their goals, meet the needs of our customers, and provide a positive **patient experience**.

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The UPL and its applications were created with the support of Bridgeable, a service design firm based in Toronto, Canada. Bridgeable has worked with BMS on all elements of the UPL, from overall strategy to creating and applying design capabilities and UPL tools, training BMS employees in UPL, and designing UPL.org. The team includes design strategists, interaction designers, and service designers, plus a team of biomedical communicators who specialize in visually communicating science and medicine.

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