



ABC'S: THE BASICS

4 Ways To Better Engage And Empower Patients

An informed consumer is an engaged and empowered patient. With the right information, consumers are well equipped to be active participants in making decisions about their health care. But it isn't always that simple. Consumers often face barriers when it comes to finding information about their insurance benefits and out-of-pocket costs. By removing these barriers, we can engage and empower patients to make better-informed decisions about their health care. Here are four ways to do this:



1. Improve access to important out-of-pocket cost information

While insurance coverage is more available than ever before, patients need access to accurate and easy-to-understand information about their coverage options to ensure they enroll in insurance plans that meets their needs. Currently, information on out-of-pocket costs for health care – especially needed medicines – is hard to find, making it hard to choose an insurance plan to meet specific care needs and budget.

Accurate estimates of total out-of-pocket costs are particularly important when health plans have large deductibles and coinsurance, which can leave patients with large and unpredictable out-of-pocket costs. Availability of more comprehensive information on out-of-pocket costs will allow for more informed coverage choices, which may lead to higher satisfaction, better health, slower premium growth and lower out-of-pocket costs.

2. Improve access to important quality information

A range of private entities now evaluate the quality of health insurance plans, such as how other consumers rate plans, but this information is not available in an easily digestible format. By making this information more accessible, consumers can better evaluate their coverage choices – and insurers have an incentive to eliminate practices that leave customers dissatisfied.

3. Improve access to important clinical information

Insurers apply a range of practices, such as [utilization management](#), that impact clinical care and patient choices. For example, patients may have to get prior approval from their insurance company ([prior authorization](#)) or prove another preferred medicine doesn't work ([step therapy or fail first](#)) before a medicine their doctor originally prescribed is covered. Currently, it is often difficult or impossible for patients to know if these practices are used by health plans and what criteria are used to put the practices in place. Instead, insurance plans should be transparent and held accountable for the clinical criteria they use to incentivize or discourage use of specific services and treatments.

4. Remove potential discrimination in insurance benefit design

Access to prescription medicines is essential to successfully treating a range of chronic conditions, but some types of medicines may be out of reach in certain plans. Some plans continue to place all medicines to treat certain conditions on the [highest cost-sharing tier](#). State and federal regulators should prohibit insurers from structuring plans in this fashion, so patients are not discouraged from enrolling in a plan because of a health condition.

More needs to be done to stop discriminatory practices that prevent patients from accessing the medicines they need, which in turn, will improve our health care system overall. For more, visit AccessBetterCoverage.org.