

BRIEF

Price-Informed Shared Decision Making for Diverse Older Adults

Insights from a New York City
Learning Exchange

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Summary

With generous funding from The New York Community Trust, FAIR Health is undertaking FH[®] SHARE (Sharing Healthy Aging Resources and Education) NYC, an initiative that seeks to expand awareness and use of FAIR Health's price-informed shared decision-making and healthcare engagement resources among older adults, family caregivers and healthcare providers across New York City.

Shared decision making is a collaborative process in which patients, healthcare providers (and/or family caregivers) work together to make informed decisions about treatment and care. Decision aids outlining clinical information pertaining to treatment or care options, associated risks and possible outcomes are often used to support these conversations. With [prior grant funding](#), FAIR Health developed a suite of groundbreaking price-informed shared decision-making tools that integrate cost information with clinical decision aids for a set of conditions, available on FAIR Health for Older Adults (fairhealtholderadults.org).

Under FH SHARE NYC, FAIR Health is collaborating with three leading clinical sites in New York City, all of which have achieved [Age-Friendly Health Systems \(AFHS\)](#) recognition: NYC Health + Hospitals/Bellevue, Jamaica Hospital Medical Center and Ryan Health. Clinicians at these sites are using FAIR Health's shared decision-making tools and resources with predominantly low-income, culturally diverse older patients and their family caregivers at the point of care.

The Learning Exchange: Key Insights

In May 2026, FAIR Health hosted an online Learning Exchange with project leaders and clinicians at each of the three collaborating New York City sites. Clinicians discussed their experiences using the price-informed tools in clinical practice. In this brief, FAIR Health presents notable insights gleaned from the Learning Exchange.

Among the key insights:

- **The price-informed shared decision-making tools can help patients, families and caregivers better understand patient diagnoses and related treatment options.** Especially for individuals with low health literacy, the tools can increase understanding and enable clear conversation among clinician, patient and caregiver.

- **The Alzheimer’s disease shared decision-making tool and end-of-life decision-making tools are especially valuable to families and caregivers.** The Alzheimer’s tool can help in evaluating the utility of Alzheimer’s treatments and in working with clinicians to formulate a plan for future needs, and the end-of-life tools can help families make difficult decisions together.
- **Ease of access enhances the utility of the tools.** Participants noted that the tools’ availability on a free website allows for easy use in diverse clinical settings and at different points in the workflow, by various healthcare professionals and at many stages of the treatment process.
- **Printed shared decision-making tools are valued by many patients and families to supplement or substitute for digital technology.** Patients, caregivers and families may lack prerequisites for use of technology (e.g., home Wi-Fi, smartphones, email addresses, prior experience with technology). All participants now use paper printouts alongside digital tablets.
- **Cost discussions were found to be more of a priority for family caregivers than for many patients,** especially patients insured by Medicaid and/or Original Medicare, perhaps due to plan designs that largely mitigate cost sharing for patients. Caregivers may have greater health literacy and more insight into the implications of treatment, such as logistics, long-term management and potential financial burdens.

The price-informed shared decision-making tools can help patients, families and caregivers better understand patient diagnoses.

Background

Studies have shown that older adults and family caregivers want clear information about healthcare costs in advance of treatment, although such information can be difficult to access.¹ Understanding costs may be particularly important for patients facing serious or chronic illnesses, where financial toxicity and stress can become a significant burden.² At the same time, older adults require care that reflects their unique needs and preferences, central to the age-friendly care framework.³ Shared decision making can improve patient engagement, helping to assure patient-centered care, while reducing unnecessary spending and costs.^{4,5,6}

FAIR Health for Older Adults

To address the typical lack of cost information in shared decision making,⁷ with prior [grant funding](#), FAIR Health developed a suite of price-informed shared decision-making tools that combine cost data from FAIR Health’s commercial healthcare claims database, the nation’s largest, with EBSCO OptionGrid™ clinical patient decision aids. Available free of charge on FAIR Health for Older Adults (fairhealtholderadults.org),⁸ the tools cover a range of conditions that disproportionately affect older adults, seriously ill patients and minority communities (e.g., type 2 diabetes, hip osteoarthritis, slow- and fast-growing prostate cancers and Alzheimer’s disease and related dementias).

¹ FAIR Health, *Advancing Shared Decision Making among Older Adults with Serious Health Conditions*, A FAIR Health Brief, February 22, 2023,

<https://s3.amazonaws.com/media2.fairhealth.org/brief/asset/Advancing%20Shared%20Decision%20Making%20among%20Older%20Adults%20with%20Serious%20Health%20Conditions%20-%20A%20FAIR%20Health%20Brief.pdf>.

² Frances R. Nedjat-Haiem, Tionne Cadet, Hector Parada et al., “Financial Hardship and Health Related Quality of Life Among Older Latinos with Chronic Diseases,” *American Journal of Hospice and Palliative Medicine* 38, no. 8 (2020): 938–46, <https://doi.org/10.1177/1049909120971829>.

³ Age Wave, The John A. Hartford Foundation and The Harris Poll, *Meeting the Growing Demand for Age-Friendly Care: Health Care at the Crossroads*, September 17, 2024, accessed January 22, 2026,

https://www.johnahartford.org/images/uploads/resources/The_Growing_Demand_for_Age-Friendly_Care_Report_FINAL.pdf.

⁴ David Arterburn, Robert Wellman, Emily Westbrook et al., “Introducing Decision Aids at Group Health Was Linked to Sharply Lower Hip and Knee Surgery Rates and Costs,” *Health Affairs* 31, no. 9 (2012): 2094–2104, <https://doi.org/10.1377/hlthaff.2011.0686>.

⁵ Megan E Branda, Annie LeBlanc, Nilay D Shah et al., “Shared Decision Making for Patients with Type 2 Diabetes: A Randomized Trial in Primary Care,” *BMC Health Services Research* 13, no. 301 (2013), <https://doi.org/10.1186/1472-6963-13-301>.

⁶ Emily Oshima Lee and Ezekiel J. Emanuel, “Shared Decision Making to Improve Care and Reduce Costs,” *New England Journal of Medicine* 368, no. 1 (2013): 6–8, <https://doi.org/10.1056/NEJMp1209500>.

⁷ J.S. Blumenthal-Barby, Emily Robinson, Scott B. Cantor, Aanand D. Naik, Heidi Voelker Russell and Robert J. Volk, “The Neglected Topic: Presentation of Cost Information in Patient Decision Aids,” *Medical Decision Making* 35, no. 4 (2015): 412–418. <https://doi.org/10.1177/0272989X14564433>.

⁸ FAIR Health for Older Adults (fairhealtholderadults.org) is a dedicated section on FAIR Health’s free, national consumer website fairhealthconsumer.org (FAIR Health Consumer). Its companion site, FAIR Health Provider, was funded by the Fan Fox & Leslie R. Samuels Foundation, and it continues to be updated with new tools and content.

Cost data in the tools include a range of percentiles⁹ of typical provider charges, in-network allowed amounts and Original Medicare reimbursement amounts, enabling patients and families to plan for and manage costs of care.

FAIR Health for Older Adults, available in English and Spanish, also offers educational content, printable checklists and resources for older adults and family caregivers, including a printable *Toolkit for Healthy Aging*. The site was developed with [prior funding](#) from The John A. Hartford Foundation.

The decision aids are not meant to be medical advice, diagnosis or treatment. They are meant to offer information to help patients take part in shared decision making with health professionals. The clinical options in the decision aids should be discussed with a patient's health professional, as each patient's condition will vary.

FH SHARE NYC

With generous funding from The New York Community Trust (The Trust), in 2025, FAIR Health launched FH SHARE NYC and undertook collaborations with three leading AFHS clinical sites in New York City: NYC Health + Hospitals/Bellevue, Jamaica Hospital Medical Center and Ryan Health. These institutions serve predominantly low-income, culturally diverse patient populations typical of New York City safety-net healthcare systems.

Building on FAIR Health's prior price-informed shared decision-making initiatives, including those supported by The John A. Hartford Foundation and earlier grants from The Trust, the project involves integrating these tools into clinical care settings and evaluating their use at the point of care. Aligned with the ["What Matters" pillar of the 4Ms framework of age-friendly care](#), the project is producing valuable insights by engaging New York City's diverse older adult population in healthcare decision making across age-friendly settings.

⁹ A percentile is a statistical measure used to describe how many of the values within a given dataset (such as the different charges for a specific healthcare procedure from a variety of doctors) fall below the indicated percentile. For example, 50 percent of all fees billed by providers are at or below the level indicated by the 50th percentile; 80 percent of all fees billed by providers are at or below the level indicated by the 80th percentile.

The Online Learning Exchange

In May 2026, FAIR Health hosted an online Learning Exchange with project leaders and clinicians at each of the three collaborating clinical sites using the price-informed tools in clinical practice. Project leaders shared insights from their implementation efforts: what is working well, challenges and lessons learned.

Learning Exchange Insights

Utility of Tools and Resources

The Learning Exchange participants agreed that the shared decision-making tools and the [*Toolkit for Healthy Aging*](#) are valuable to providers, patients and caregivers; are useful in a variety of clinical situations; and can be flexibly adapted and integrated into workflows.

Workflows

Integration of the tools into workflows varied greatly from site to site. Clinicians noted that the shared decision-making tools are adaptable and highlighted that they can be used by a variety of clinical staff at different points in the workflow and in many different settings.

Ryan Health (network of Federally Qualified Health Centers)

Tools used: Alzheimer's disease and hip osteoarthritis.

Patient population: Primarily older adults receiving geriatric primary care and consultative care, including many with dementia diagnoses.

Implementation and workflow: One geriatrician incorporates the FAIR Health shared decision-making tools directly into geriatric primary care and consult visits, primarily for patients with Alzheimer's disease or dementia-related concerns. Each morning, the clinician reviews the clinic schedule and identifies patients who may benefit from the tools. During their visits, the clinician uses FAIR Health materials to guide conversations about diagnosis and treatment options. The clinician reviews the information together with patients and caregivers using the online and printed versions of the shared decision-making tool. Patients and families receive the *Toolkit for Healthy Aging* along with the printed shared decision-making tool to take home and review after the visit.

Jamaica Hospital Medical Center

Tools used: Alzheimer’s disease, nutrition options, ventilator and dialysis for people who are seriously ill, hip osteoarthritis, spinal stenosis, type 2 diabetes and fast- and slow-growing prostate cancer.

Patient population: Primarily older patients, including both ambulatory primary care patients and hospitalized patients receiving palliative care consultations.

Implementation and workflow: Family medicine faculty, palliative care clinicians, residents, fellows and attending physicians use the FAIR Health tools in both the Family Medicine Center residency clinic and the hospital’s palliative care service. In the outpatient setting, clinicians use the tools during primary care visits with geriatric patients facing decisions around diabetes care and joint replacement. In palliative care, clinicians integrate the Nutrition Options tool into inpatient family meetings and goals-of-care conversations. The hospital uses iPads and paper handouts during patient and family discussions and distributes the paper versions of the tools to family members for continued review after the appointment.

NYC Health + Hospitals/Bellevue

Tools used: Alzheimer’s disease, slow- and fast-growing prostate cancer, hip osteoarthritis and type 2 diabetes.

Patient population: Primarily older, predominantly Hispanic and Spanish-speaking adults receiving ambulatory geriatric primary care.

Implementation and workflow: The team-based workflow in the geriatrics clinic involves providers, front desk staff, the clinic manager and a volunteer. Each morning, providers review schedules and identify patients who may be eligible to use the FAIR Health tools based on diagnosis codes and clinical topics of the FAIR Health tools, then place alerts in those patients’ Epic electronic health charts. The alerts prompt the providers to subsequently conduct a more thorough chart review of each eligible patient to determine the best fits for the intervention. During daily huddles, staff finalize which patients will receive the intervention. After a patient checks in, the volunteer reviews the FAIR Health educational materials, including the *Toolkit for Healthy Aging* with the selected patients and caregivers before the clinician visit. Clinicians then build on that education during the clinical encounter through shared decision-making discussions. The volunteer reconnects with patients afterward to assist with completing a survey about the tools.

New Diagnoses

Several participants noted that the tools were especially useful in new diagnoses, particularly diabetes and Alzheimer's disease. The tools help to frame discussions around treatment options. A physician from NYC Health + Hospitals/Bellevue noted:

If someone is newly diagnosed with dementia or diabetes, then it becomes a good review of the options. Using the tool, the patients seem more engaged. They seem to have more questions compared to patients with whom you haven't used a tool. They feel more confident in decisions we make together.

A Ryan Health physician said:

It's an entryway to this conversation. We're talking about something that's very new, so it's an opportunity to stop for a moment and give them something more comprehensive.

Patient Education and Health Literacy

It was noted that the tools reinforce physician-led education, helping patients feel more informed and confident in their care decisions. Providers observed that many patients have limited health literacy, making the tools particularly valuable for presenting complex diagnoses and treatment options in clear, accessible language. Clinicians noted that the materials help patients and caregivers better understand information that might otherwise feel overwhelming during a clinical visit. One volunteer used the type 2 diabetes tool to provide an initial, foundational education on diabetes treatment options with a mother and daughter prior to their visit with the physician. He reported:

After reviewing [the] options, they decided that they would stay with the current medication but mentioned they found the information that was given to them to be very helpful and informative in their decision making.

Patient Satisfaction

Participants reported that using the tools enhanced patient satisfaction with their treatment decisions and increased confidence in their healthcare provider, a meaningful benefit in a patient population that, according to Learning Exchange participants, can harbor a distrust of the medical system. A geriatrician at Ryan Health noted:

Some patients do have this perception that they don't know what's out there, they don't know what to expect. And this act of summarizing it to them using a tool, I think, makes a difference. The question I would ask is really not only whether the treatment choice changed, but whether the patient felt more confident, more satisfied, more in line with their provider after using the tool.

They also reflected on their experience using the Alzheimer's disease tool:

It's a very successful enhancer of conversation. When I talk to patients about treatment options in a newly diagnosed Alzheimer's dementia, those types of patients and family members come in [with] a lot of distress and uncertainty. Receiving a short but comprehensive review seems to really go well with people and help them feel confident that they're hearing a good review of what's available.

Caregiver and Family Involvement

Caregiver and family involvement is often an important facet of treatment, participants said, and the tools can be useful in helping families to understand the patient's diagnosis and treatment options. Uptake of the tools by caregivers and family members reflects the central role they often play in healthcare decisions for older adults, particularly in cases of serious illness.

A practitioner at Ryan Health discussed a case in which a dementia patient's family was very involved and hands-on, but lacked a good understanding of the Alzheimer's disease diagnosis:

There can be a gap between what's in the chart and what the providers think they know, and what the family is perceiving. I introduced the Alzheimer's Dementia Treatment Option tool during a visit as a part of my counseling with this family. I summarized all the workups the patient had had so far. I printed the table that summarizes the different treatment options, and I went over it with the family members while they were holding a copy of it. The family had two questions: whether to try an oral medication as a first-line treatment, and whether the patient needed to see a neurologist and a dedicated memory clinic, on top of seeing me as a geriatrician. As we went over the options, the family quickly made the connection and was asking, so what will the neurologist be able to offer? They ended up deciding to do a trial of donepezil, which was appropriate in this case. And the family, the patient, seemed very appreciative and reassured.

A practitioner at Jamaica Hospital Medical Center discussed the utility of the tool in difficult end-of-life decisions, particularly the choice to stop feeding or artificial nutrition.

Many families have an easier decision to stop the ventilator than to stop feeding; I have found in my career that has always been the toughest. We have found this [nutrition options] tool very helpful, and the bigger the family, the more helpful they have found it to be. We give copies to every member of the family to take it home and speak to their children and other family members. And the fellows that we have, and the faculty, all feel that they have had some outcomes where they would have thought this family would never consider de-escalating feeding, but the families have come to the conclusion it's a viable option.

Cost Discussions

Participating clinicians reported that cost was generally less of a concern for patients, especially as many patients are insured by Medicaid and/or Medicare, which largely mitigates cost sharing and high cost-of-care burdens for beneficiaries.¹⁰ A physician further noted the sensitivity of cost discussions with patients:

We kind of shy away a lot, because our patients don't want to talk about costs and money, because they think they're being asked for something, and to pay for something.

Notably, one clinician observed that caregivers were often more interested in reviewing treatment costs and appreciated having that information. Caregivers may have higher health literacy or be more engaged in healthcare decision making than some patients, particularly older patients coping with cognitive impairment or new diagnoses. Caregivers may also have more awareness of, and concern about, care logistics, long-term management and potential financial burdens.¹¹ For this reason, in an older adult patient population, caregivers often function as care coordinators, managing medications and overseeing financial aspects of care. Patient discussions often centered on understanding diagnoses, treatment options and caregiving decisions rather than on expenses. Several clinicians also observed that patients frequently deferred to provider recommendations, trusting in clinicians' guidance and relying on their expertise.

¹⁰ Charlie M. Wray, Meena Khare and Salomeh Keyhani, "Access to Care, Cost of Care, and Satisfaction with Care Among Adults with Private and Public Health Insurance in the US," *JAMA Network Open* 4, no. 6 (2021): e2110275, <https://doi.org/10.1001/jamanetworkopen.2021.10275>.

¹¹ AARP and National Alliance for Caregiving, *Caregiving in the US 2025*, research report, July 2025, <https://www.aarp.org/content/dam/aarp/ppi/topics/lts/family-caregiving/caregiving-in-us-2025.doi.10.26419-2fppi.00373.001.pdf>.

Value of Paper Printouts amid Technology Barriers

Clinicians from all three participating institutions reported barriers to using technology in their patient populations. Patients may lack smartphones, email addresses, home Wi-Fi access or familiarity with digital tools. This makes it difficult to use iPads, access online materials and complete electronic surveys. Some patients also had little interest in using technology during visits and preferred to complete their appointments as quickly as possible. As a result, all three sites have shifted to using printed paper handouts of the shared decision-making tools alongside tablets during clinical visits as needed. Providers and staff reported that patients and caregivers generally find paper materials easier to follow, discuss together and take home for later review.

Language Issues

Across all three institutions, language barriers were mentioned as a consistent challenge that complicated both patient education and survey completion. Early in the initiative, while Spanish-language versions of the tools were available, Spanish-language surveys were not. The survey was subsequently translated and offered in Spanish. This underscores the importance of aligning all materials with the language needs of the patient population. NYC Health + Hospitals/Bellevue clinicians noted that the majority of their patients are Spanish-speaking, making it essential to offer accessible translated materials. Participants from Ryan Health and Jamaica Hospital Medical Center described language barriers as a common issue affecting patient engagement. They noted that caregivers and family members often serve the role of interpreter during clinical discussions; at times, however, professional translation services may be better equipped to interpret heavily detailed clinical discussions.

Conclusion

Clinicians at the three participating New York City AFHS sites confirmed that price-informed shared decision-making tools are valuable to patients, families and caregivers in understanding diagnoses and making treatment decisions. Insights underscored the robust need and appetite for these tools, as well as educational content and resources across a culturally diverse New York City patient population.

The participants shared a number of valuable thoughts and suggestions. Among them:

- Team-based workflows that included front desk staff, volunteers, caregivers and clinicians helped integrate the tools effectively into busy clinical settings.
- Seeing information “in writing” in the shared decision-making tools that reinforced clinician guidance provided a form of third-party validation, increasing patients’ and caregivers’ confidence in their treatment decisions.
- Families often play a major role in making patient treatment decisions. Having multiple printed copies of the tools that can be reviewed at home by family members helps support unified treatment decisions.
- The shared decision-making tools were especially valuable during conversations involving new diagnoses, serious illness and end-of-life decisions.
- Given the culturally diverse New York City patient population, translated materials and multilingual support were very useful in enabling provider-patient communication.

As healthcare providers seek to advance age-friendly care for older, diverse populations, these insights may inform future healthcare practices and policies at the micro and macro levels.

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About FAIR Health

FAIR Health's mission is to supply objective, unbiased information for all stakeholders to improve healthcare quality, access and affordability. It holds the nation's largest collection of commercial healthcare claims data, which is growing at a rate of more than four billion claim records a year. A national Qualified Entity certified by CMS, FAIR Health also receives all claims for individuals enrolled in traditional Medicare Parts A, B and D. As a testament to its reliability and objectivity, FAIR Health's data products—including pricing benchmarks and custom analytics—are widely used by commercial insurers and self-insurers, providers, hospitals and healthcare systems, government, researchers and more. FAIR Health has been designated an official data source for state health programs, including workers' compensation and personal injury protection (PIP) programs, and surprise billing laws that protect consumers. FAIR Health's free consumer website and mobile app, available in English and Spanish, enable consumers to estimate and plan for their healthcare expenses and offer a rich educational platform on health insurance. The website has been honored by the White House Summit on Smart Disclosure, the Agency for Healthcare Research and Quality (AHRQ), URAC, the eHealthcare Leadership Awards, appPicker, *Employee Benefit News* and *Kiplinger's Personal Finance*. FAIR Health is a national, 501(c)(3) nonprofit organization. For more information on FAIR Health, visit fairhealth.org.

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