

WHITE PAPER

# Price-Informed Shared Decision Making for Older Adults at the Point of Care

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## Executive Summary

As adults transition to older adulthood, many, particularly those who develop complex, co-occurring health conditions, require care that addresses their growing and changing needs. Older adults also face obstacles navigating the healthcare system and obtaining the care they prefer, including difficulties in understanding complex health information due to low financial and health literacy;<sup>1</sup> care fragmentation; and a lack of coordination among healthcare providers.<sup>2,3</sup> These obstacles lead to increased medical costs and poorer health outcomes.<sup>4</sup>

A 2022 FAIR Health survey previously found that a portion of older adults consider costs to be the most important factor when making healthcare decisions.<sup>5</sup> However, they often lack access to information on the costs of their care.<sup>6</sup> Concerns about healthcare costs can affect older adults' medical decisions and contribute to and exacerbate financial stress and toxicity (the physical, material and financial burdens that can result from high medical costs),<sup>7,8,9</sup> causing them to put off or skip necessary care and cut back on basic and essential needs.<sup>10</sup>

Shared decision making—the discussion between patients (and as applicable, caregivers) and providers about healthcare choices—has shown promise for engaging patients in decision making, reducing conflict over decisions and lowering healthcare costs.<sup>11,12,13</sup> However, most shared decision-making tools, such as decision aids, do not include cost information. Decision aids that include price information enable patients to discuss the costs of care with their providers and make informed choices about their care.

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<sup>1</sup> Patricia Boyle, Olivia S. Mitchell, Gary R. Mottola and Lei Yu, “Financial and Health Literacy Falls as Adults Age, While the Gender Gap Remains,” Pension Research Council of the Wharton School of the University of Pennsylvania, October 23, 2025, <https://pensionresearchcouncil.wharton.upenn.edu/blog/financial-and-health-literacy-falls-as-adults-age-while-the-gender-gap-remains/>.

<sup>2</sup> “New Studies Reveal That Fragmented Care Persists Despite Efforts to Improve Primary Care and Care Delivery,” *Mathematica*, February 27, 2023, <https://www.mathematica.org/news/new-studies-reveal-that-fragmented-care-persists-despite-efforts-to-improve-primary-care-and-care>.

<sup>3</sup> Charles H Jones and Mikael Dolste, “Healthcare on the Brink: Navigating Challenges of an Aging Society in the United States,” *NPJ Aging* 10, no. 1 (2024), <https://doi.org/10.1038/s41514-024-00148-2>.

<sup>4</sup> Jee Young Joo, “Fragmented Care and Chronic Illness Patient Outcomes: A Systematic Review,” *Nursing Open* 10, no. 6 (2023): <https://doi.org/10.1002/nop2.1607>.

<sup>5</sup> FAIR Health, *Healthcare Navigation and Decision Making: Perspectives of Adults Aged 65 and Older and Family Caregivers*, A FAIR Health White Paper, February 14, 2022, <https://s3.amazonaws.com/media2.fairhealth.org/whitepaper/asset/Healthcare%20Navigation%20and%20Decision%20Making%20-%20A%20FAIR%20Health%20White%20Paper.pdf>.

<sup>6</sup> FAIR Health, *Healthcare Navigation and Decision Making*.

<sup>7</sup> Center to Advance Palliative Care (CAPC), *Addressing Financial Toxicity for Patients and Families Facing Serious Illness*, CAPC Position Statement, accessed January 6, 2026, <https://www.capc.org/documents/download/1229/>.

<sup>8</sup> Minji K. Lee, Urshila Durani, Nan Zhang et al., “Relationships Among Health Insurance Literacy, Financial Toxicity, and Sociodemographic Factors in Patients with Cancer,” *JCO Oncology Practice* 19, no. 10 (2023): 888-98, <https://doi.org/10.1200/OP.22.00829>.

<sup>9</sup> Grace Sparks, Lunna Lopes, Alex Montero et al., “Americans’ Challenges with Health Care Costs,” KFF News, December 11, 2025, <https://www.kff.org/health-costs/americans-challenges-with-health-care-costs/>.

<sup>10</sup> Nicole Willcoxon, “Older Adults Sacrificing Basic Needs Due to Healthcare Costs,” *Gallup News*, June 15, 2022, <https://news.gallup.com/poll/393494/older-adults-sacrificing-basic-needs-due-healthcare-costs.aspx>.

<sup>11</sup> Timothy T. Brown, Vanessa B. Hurley, Hector P. Rodriguez et al., “Shared Decision-Making Lowers Medical Expenditures and the Effect Is Amplified in Racially-Ethnically Concordant Relationships,” *Medical Care* 61, no. 8 (2023): 528–35, <https://doi.org/10.1097/MLR.0000000000001881>.

<sup>12</sup> Dwight F. Hettler, Shannon Moreland, Meghan Underhill-Blazey and Arpan Patel, “Patient-Provider Cost-of-Care Conversations to Prevent Financial Toxicity,” *Clinical Journal of Oncology Nursing* 29, no. 2 (2025): 135-43, <https://cjon.ons.org/publications-research/cjon/29/2/patient-provider-cost-care-conversations-prevent-financial-toxicity>.

<sup>13</sup> Farzana Hoque, “Shared Decision-Making in Patient Care: Advantages, Barriers and Potential Solutions,” *Brown Hospital Medicine* 3, no. 4 (2024): 13-15, <https://doi.org/10.56305/001c.122787>.

To address the need for cost information in shared decision making, FAIR Health has developed and disseminated price-informed shared decision-making tools with grant funding<sup>14</sup> for specific clinical scenarios relevant to older patients, such as hip osteoarthritis, slow- and fast-growing prostate cancers, heart failure and Alzheimer's disease and related dementias. The price-informed shared decision-making tools combine cost data from FAIR Health's commercial healthcare claims database and clinical information from EBSCO's Option Grid™ decision aids, which are licensed by FAIR Health. The tools are available on FAIR Health's award-winning [FAIR Health for Older Adults](#) website, in both English and Spanish. The website also offers checklists with pertinent questions to ask providers, and educational content relevant to the care of older adults.

A national, multichannel creative dissemination campaign promoting FAIR Health for Older Adults has reached over 27 million individuals nationwide, and collaborations with four age-friendly clinical institutions that used the price-informed resources has reached over 750 patients and caregivers at the point of care. Key program elements drove the success of the initiative, including an expert Project Advisory Board; the retention of a clinical liaison dedicated to clinician outreach and engagement; and peer-to-peer learning exchanges between clinicians using the tools in practice.

Insights from this initiative confirmed the utility of the price-informed resources in providing clarity around treatment options and related costs, informing decision making and enhancing patient-clinician communication. The flexibility with which the tools were integrated into workflows across clinical sites with varied staffing, patient populations and clinical processes underscored the tools' adaptability and ways in which they can be spread and scaled in diverse clinical settings. Results from the national creative dissemination campaign showed how targeted communication channels can be leveraged to spread greater awareness of the free tools and resources on FAIR Health for Older Adults.

Among the key program findings:

- 1. Price-informed shared decision-making tools help patients understand treatment options and costs.** After using the tools with their healthcare providers, 71 percent of older patients and family caregivers reported that they felt more informed about their treatment options; 82 percent felt that the clinical and cost information in the tools helped them better understand the most important aspects of their care. Sixty-four percent of older patients reported that they were able to better understand their treatment costs, and 54 percent felt more informed about their annual costs for treatment and care when using the total treatment cost tools.
- 2. How much cost matters is influenced by age, medical condition and insurance coverage.** While research shows that a portion of older patients consider costs to be either an important factor or the most important factor in healthcare decision making,<sup>15</sup> costs were not the primary concern for patients with employer-sponsored insurance coverage or other adequate coverage that minimized out-of-pocket costs. Clinicians reported that the point at which patients wished to discuss costs of care varied based on the patient's diagnosis.
- 3. Adaptable tools offer flexibility at the point of care for clinicians in diverse clinical settings and workflows.** Clinicians employed diverse, tailored implementation approaches to use the tools with older patients, family caregivers and care partners. These approaches included interdisciplinary teams (e.g., geriatricians, neuropsychologists, psychometrists, nurse navigators); leveraging

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<sup>14</sup> FAIR Health wishes to thank The John A. Hartford Foundation, The New York Community Trust, the New York Health Foundation and The Fan Fox & Leslie R. Samuels Foundation for their generous support of FAIR Health's price-informed shared decision-making initiatives.

<sup>15</sup> FAIR Health, *Healthcare Navigation and Decision Making*.

electronic health record systems to disseminate resources; using iPads to showcase tools; and outreach through community events.

4. **Price-informed tools and resources can facilitate communication needed for effective shared decision making.** Among the older patients and family caregivers surveyed, 84 percent felt more confident in their ability to discuss questions and concerns more effectively with healthcare providers after using the shared decision-making tools. Likewise, 75 percent of clinicians at the participating sites agreed that the tools and resources increased their ability to facilitate discussions around care.
5. **Clinicians appreciate and find useful peer-to-peer learning opportunities around shared decision making.** Learning exchange sessions enabled clinicians to share and discuss their strategies for implementing the tools and resources at the point of care. Clinicians expressed appreciation for the utility of these sessions.
6. **Paid search ads are a notably effective channel for promoting awareness of FAIR Health for Older Adults nationwide.** Over 2.1 million individuals viewed the Google paid search ads and banners, generating over 75 percent (300,000 out of 400,000) of unique visits as measured by click-through metrics, making it the most successful channel for bringing attention to FAIR Health for Older Adults.

FAIR Health wishes to thank The John A. Hartford Foundation for its generous support of this initiative.

## Background

As adults transition to older adulthood, many, particularly those who develop complex, co-occurring health conditions, require care that addresses their growing and changing needs and that reflects their preferences, values and goals. Research suggests that most older adults do not receive the preference-informed care they need due to numerous challenges in navigating the healthcare system, such as a lack of coordination between healthcare providers,<sup>16</sup> inadequate guidance, the inability to understand insurance plans and difficulty affording healthcare costs.<sup>17</sup>

For adults aged 50 and over, regardless of socioeconomic background and insurance status, costs are the top health-related concern.<sup>18</sup> FAIR Health previously found that a portion of older adults consider costs to be an important factor when making healthcare decisions and are interested in having cost discussions with their providers.<sup>19</sup> Cost transparency is increasingly important amid widespread

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<sup>16</sup> Joo, "Fragmented Care and Chronic Illness Patient Outcomes."

<sup>17</sup> Jones and Dolste, "Healthcare on the Brink."

<sup>18</sup> John Z. Ayanian, Matthias Kirch, Dianne C. Singer et al., "Leading Health-Related Concerns of Older Adults Before the 2024 Election," *JAMA* 332, no. 10 (2024): 838-41, <https://doi.org/10.1001/jama.2024.14353>.

<sup>19</sup> FAIR Health, *Healthcare Navigation and Decision Making*.

uncertainty around changes in coverage,<sup>20,21,22</sup> rising healthcare costs,<sup>23,24</sup> economic constraints<sup>25</sup> and healthcare practice consolidation.<sup>26,27</sup> Despite their preference for healthcare cost transparency, more than a third of older patients and their caregivers and care partners report difficulties in obtaining cost information.<sup>28</sup> Amid a complex healthcare landscape, most healthcare providers do not have insight into patients' healthcare costs.<sup>29</sup>

Concerns about healthcare costs influence older adults' medical decisions. A 2022 FAIR Health survey found that over a quarter of older adults had put off or skipped needed care due to costs.<sup>30</sup> Along with low healthcare and financial health literacy—the ability to understand and use financial health information—cost concerns contribute to and exacerbate financial stress and toxicity (the physical, material and financial burdens that can result from high medical costs).<sup>31,32,33</sup>

Healthcare stakeholders have undertaken a concerted effort to address these cost-related concerns and promote a healthcare delivery system that aligns with the [4Ms framework of age-friendly care](#) to meet the unique and complex needs of older adults. The Age Friendly Health Systems 4Ms framework comprises four essential elements: What Matters, Medication, Mentation (Mind) and Mobility.<sup>34</sup> When practiced as a set, the 4Ms framework improves healthcare outcomes.<sup>35</sup>

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<sup>20</sup> Gideon Lukens and Elizabeth Zhang, "Administration's ACA Marketplace Rule Will Raise Health Care Costs for Millions of Families," Center on Budget and Policy Priorities, August 1, 2025, <https://www.cbpp.org/research/health/administrations-aca-marketplace-rule-will-raise-health-care-costs-for-millions-of>.

<sup>21</sup> Kate Gibson, "Seniors Will Pay More for Medicare in 2025: Here's What to Know," *CBS News*, last updated November 11, 2024, <https://www.cbsnews.com/news/medicare-part-b-premium-2025-social-security/>.

<sup>22</sup> Jakob Emerson, "Insurers Pull Medicare Advantage Plans as Profit Pressures Mount," *Becker's Payer Issues*, August 5, 2025, <https://www.beckerspayer.com/payer/medicare-advantage/insurers-pull-medicare-advantage-plans-as-profit-pressures-mount/>.

<sup>23</sup> "Fidelity Investments® Releases 2025 Retiree Health Care Cost Estimate, a Timely Reminder for All Generations to Begin Planning," Fidelity Newsroom, July 30, 2025, <https://newsroom.fidelity.com/pressreleases/fidelity-investments--releases-2025-retiree-health-care-cost-estimate--a-timely-reminder-for-all-gen/s/3c62e988-12e2-4dc8-afb4-f44b06c6d52e>.

<sup>24</sup> "Healthcare Affordability for Older Adults: How US Compares to Other Countries," The Commonwealth Fund, December 4, 2024, <https://www.commonwealthfund.org/publications/issue-briefs/2024/dec/health-care-affordability-older-adults-how-us-compares-other-countries>.

<sup>25</sup> David B. Miller, Khalil M. Brown and Kathryn Betts Adams, "Economic Fragility of Older Adults: Factors Contributing to a Continuing Crisis," *Journal of Aging and Social Policy* 37, no. 6 (2025): 1147-63, <https://www.doi.org/10.1080/08959420.2024.2384190>.

<sup>26</sup> "Health Care Consolidation: Published Estimates of the Extent and Effects of Physician Consolidation," Government Accountability Office, GAO-25-107450, September 22, 2025, <https://www.gao.gov/products/gao-25-107450>.

<sup>27</sup> Yashaswini Singh, Zirui Song, Daniel Polsky, Joseph D. Bruch and Jane M. Zhu, "Association of Private Equity Acquisition of Physician Practices with Changes in Health Care Spending and Utilization," *JAMA Health Forum* 3, no. 9 (2022): e222886, <https://doi.org/10.1001/jamahealthforum.2022.2886>.

<sup>28</sup> FAIR Health, *Healthcare Navigation and Decision Making*.

<sup>29</sup> Mary C. Politi, Ashley J. Houston, Rachel C. Forcino, Jesse Jansen and Glyn Elwyn, "Discussing Cost and Value in Patient Decision Aids and Shared Decision Making: A Call to Action," *Medical Decision Making Policy & Practice* (January 10, 2023), <https://doi.org/10.1177/238146832211486>.

<sup>30</sup> FAIR Health, *Healthcare Navigation and Decision Making*.

<sup>31</sup> CAPC, *Addressing Financial Toxicity for Patients and Families Facing Serious Illness*.

<sup>32</sup> Lee et al., "Relationships Among Health Insurance Literacy, Financial Toxicity, and Sociodemographic Factors in Patients with Cancer."

<sup>33</sup> Sparks et al., "Americans' Challenges with Health Care Costs."

<sup>34</sup> The John A. Hartford Foundation, "What Is Age-Friendly Care?" accessed January 7, 2026, <https://www.johnahartford.org/grants-strategy/current-strategies/age-friendly/age-friendly-care>.

<sup>35</sup> The John A. Hartford Foundation, "What Is Age-Friendly Care?"

Closely aligned with the What Matters element of the 4Ms framework, shared decision making has shown promise for engaging patients in healthcare decision making, reducing decisional conflict<sup>36</sup> and lowering healthcare costs.<sup>37</sup> Shared decision making is the discussion between patients (and if applicable, their caregivers and care partners) and providers to decide on tests, treatment and care based on clinical evidence, balancing risks and outcomes with patients' preferences and values. The Centers for Medicare & Medicaid Services (CMS) has mandated shared decision making with evidence-based decision aids in four clinical scenarios,<sup>38</sup> and has begun to shift from a fee-for-service system to one that emphasizes value-based and preference-informed care.<sup>39</sup> However, the uptake of these long-standing mandates has been generally slow<sup>40</sup> due to various factors, including time constraints; clinicians' lack of knowledge and skills in facilitating shared decision-making discussions; low health literacy among patients; and low clinician support.<sup>41</sup>

Tools such as decision aids can facilitate shared decision-making discussions. When paired with cost information, decision aids have the potential to increase treatment adherence and build patient trust with their clinicians.<sup>42</sup> Yet, most decision aids do not include cost information.<sup>43</sup> To address this need for price-informed shared decision making, FAIR Health has led various [grant-funded initiatives](#) over the past several years to develop and disseminate shared decision-making tools that combine clinical and cost information for conditions that disproportionately affect older adults, minority communities and seriously ill patients.

## FAIR Health for Older Adults

In 2022 with support from The John A. Hartford Foundation, FAIR Health launched new price-informed shared decision-making tools and resources for older adults, family caregivers and care partners on [FAIR Health for Older Adults](#).

Available in both English and Spanish, FAIR Health for Older Adults offers shared decision-making tools with clinical and cost information for conditions such as hip osteoarthritis and fast-growing prostate cancer; FH<sup>®</sup> Total Treatment Cost tools, which show the total annual costs for chronic conditions such as Alzheimer's disease and related dementias, and heart failure, as well as bundled costs for acute events like cataract surgery; and educational resources such as the *Toolkit for Healthy Aging*, which includes patient and caregiver checklists and FH<sup>®</sup> Insurance Basics articles on a range of topics relevant to the care of older adults. The website also includes an Alzheimer's disease shared decision-making tool and relevant resources on a dedicated section launched in February 2025. The website was honored by the 2025 eHealthcare Leadership Awards for Best Population Health, Prevention or Chronic Disease Management. The tools and resources are also available on [FAIR Health Provider](#) ([fairhealthprovider.org](http://fairhealthprovider.org)), a clinician-oriented companion website. Feedback provided through surveys and

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<sup>36</sup> Hoque, "Shared Decision-Making in Patient Care."

<sup>37</sup> Brown et al., "Shared Decision-Making Lowers Medical Expenditures and the Effect Is Amplified in Racially-Ethnically Concordant Relationships."

<sup>38</sup> Thaddeus M. Pope, "Medicare Mandates for Shared Decision Making with Patient Decision Aids: Linking Payment to Preference," *Annals of Health Law* 34, no. 1 (2025): 143-87, <https://lawcommons.luc.edu/annals/vol34/iss1/4>.

<sup>39</sup> Purva Rawal, Jacob Quinton, Dora Hughes and Liz Fowler, "The CMS Innovation Center's Strategy to Support High-Quality Primary Care," CMS Newsroom, June 9, 2023, <https://www.cms.gov/blog/cms-innovation-centers-strategy-support-high-quality-primary-care>.

<sup>40</sup> Pope, "Medicare Mandates for Shared Decision Making with Patient Decision Aids."

<sup>41</sup> Alex Waddell, Alyse Lennox, Gerri Spassova and Peter Bragge, "Barriers and Facilitators to Shared Decision-Making in Hospitals from Policy to Practice: A Systematic Review," *Implementation Science* 16, no. 74 (2021), <https://doi.org/10.1186/s13012-021-01142-y>.

<sup>42</sup> Politi et al., "Discussing Cost and Value in Patient Decision Aids and Shared Decision Making."

<sup>43</sup> Politi et al., "Discussing Cost and Value in Patient Decision Aids and Shared Decision Making."

focus groups with older patients, family caregivers, care partners and providers pointed to the value, utility and benefits of these sites.<sup>44</sup>

In 2023, with additional support from The John A. Hartford Foundation, FAIR Health expanded upon efforts to improve education around shared decision making and healthcare engagement among older adults through a national, multichannel dissemination and creative campaign promoting FAIR Health for Older Adults; and a collaboration with four age-friendly clinical institutions to use the price-informed resources with patients and caregivers at the point of care, aligned with the “What Matters” element of the 4Ms framework.

## Key Program Elements

Drawing on its experience from prior shared decision-making work, FAIR Health incorporated several key elements into the initiative that led to program success and positioned the price-informed shared decision-making resources for greater spread, scalability and sustainability.

### *Project Advisory Board*

FAIR Health convened a six-member, multi-stakeholder Project Advisory Board that comprised healthcare providers and clinicians (e.g., physicians and nurses) in the fields of geriatrics and gerontology, as well as academic researchers. Advisors guided website enhancements; strategies for outreach to clinicians, older patients, family caregivers and care partners; and implementation strategies for embedding price-informed shared decision-making resources at the point of care in age-friendly clinical settings.

### *Clinical Collaborations with Four Age-Friendly Institutions*

FAIR Health collaborated with four clinical institutions to use and evaluate the price-informed shared decision-making tools at the point of care. The clinical institutions were The Ohio State University Wexner Medical Center; the University of Rochester’s Wilmot Cancer Institute; the Abramson Cancer Center at Pennsylvania Hospital, Penn Medicine; and the Grady Health System and Emory School of Medicine.

FAIR Health’s dedicated clinical liaison engaged and sustained ongoing collaboration with the age-friendly sites. Before formally agreeing to participate, clinicians were encouraged to test the tools for alignment with clinical workflows, patient populations and institutional policies. Participating sites were provided financial stipends to support implementation, technical assistance from the clinical liaison and opportunities for peer-to-peer learning of best practices.

Financial stipends were used to purchase iPads to facilitate access to the online tools, as well as recruit clinical staff. FAIR Health’s clinical liaison conducted orientations with clinical and administrative staff at each site to introduce the tools, resources and evaluation methods. Clinicians used the tools and resources at the point of care for a period of 12 to 18 months, reaching over 750 older patients and family caregivers.

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<sup>44</sup> FAIR Health, *Advancing Shared Decision Making Among Older Adults with Serious Health Conditions: Lessons from FAIR Health’s Grant-Funded Initiative*, 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>.

Two learning exchanges were held with clinicians from each site who shared their experiences using the tools at the point of care. The learning exchanges provided opportunities for site leaders and clinicians to share [valuable insights](#) into best practices for integrating the tools and resources with their clinical workflows, as well as their impact on healthcare decision making and engagement among older patients and caregivers. Clinicians expressed their interest and appreciation for these sessions to exchange insights on the clinical implementation of the tools with their peers, noting that they were helpful and that colleague insights were useful to them.

### *National Dissemination and Creative Campaign: Healthy Decisions for Healthy Aging*

In parallel with clinical implementation, a key program objective was to promote national awareness of the price-informed resources on FAIR Health for Older Adults. FAIR Health collaborated with expert creative agencies to develop and launch in January 2024 a multipronged, national creative campaign, Healthy Decisions for Healthy Aging. This campaign was designed to promote awareness and use of FAIR Health for Older Adults. The campaign targeted older adult, family caregiver and professional caregiver audiences using streaming audio, paid social media (Facebook and Instagram) ads and Google ads (including paid search), reaching over 27 million individuals. In parallel, FAIR Health undertook a satellite radio/podcast and television tour, targeting key geographic markets across the United States in which a higher proportion of older adults reside, with a focus on the markets in which the Age-Friendly Healthy Systems clinical sites are located (Rochester, New York; Philadelphia, Pennsylvania; Atlanta, Georgia; and Columbus, Ohio). FAIR Health also secured donated media to run a 12-week New York City-focused public service announcement (PSA), showcasing images from the Healthy Decisions for Healthy Aging campaign across 1,800 display screens at trusted nonprofit and digital kiosks throughout New York City, resulting in 24 million impressions.<sup>45</sup> Overall, over 400,000 visits were recorded to the website during and immediately after the campaign.

Guided by the Project Advisory Board, FAIR Health also conducted targeted stakeholder outreach to diverse organizations that provide services to older adults, including national agencies; health equity organizations; and organizations and associations related to aging, palliative care and specific conditions such as Alzheimer's disease and related dementias. As a result of FAIR Health's targeted press outreach, articles were published by the National Council on Aging and *McKnight's Senior Living*, further promoting awareness of the price-informed resources.

## Program Learnings

FAIR Health employed a mix of quantitative and qualitative data sources to measure the impact of using the price-informed shared decision-making and healthcare engagement tools at the clinical point of care. The impact measured was how the use of the tools influenced healthcare decision making and engagement among older patients and family caregivers, as well as clinical workflows in diverse healthcare settings. Quantitative data sources included survey responses from patients, family caregivers, care partners and healthcare providers; Google Analytics; press circulation; and social media analytics. Qualitative data were drawn from in-depth interviews with older patients, family caregivers and care partners, as well as feedback calls, learning exchange sessions and in-person visits with clinical project leaders at each clinical site.

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<sup>45</sup> Impressions are used to define the estimated number of times individuals view or listen to content, such as ads.

### *Utility and Value of Price-Informed Shared Decision-Making Resources*

Older patients, clinicians, family caregivers and care partners alike agreed that FAIR Health's price-informed shared decision-making tools and resources were helpful in planning for treatments and care. Among those surveyed, 84 percent (133 out of 159) found the tools to be useful and valuable; 82 percent (131 out of 160) also felt that the tools were easy to understand. Many noted that the tools and resources simplified complex health information into an easily digestible format. In addition to the clinical and cost information, the tools' easy-to-use features helped older patients visualize and better grasp the different treatment options for their conditions, with 82 percent (118 out of 144) agreeing that the tools helped them understand the most important aspects of their care, and 71 percent (37 out of 52) reporting that they felt more informed about their treatment options. One family caregiver described her initial thoughts on the tools:

It [the shared decision-making tool] was excellent because it kinda gives you step by step; it explained what your rights were....Because so many times you go to the doctor...and it's like, well, do I have the right to really question this? ...I wanted a second opinion, will my insurance cover it?...But that kinda gave you, it kinda laid out what the shared decision making is, what you needed to do, what you need to know and what your rights were. So that was very helpful.

Likewise, older patients, family caregivers and care partners found the shared decision-making resources—in particular, the checklists and printed *Toolkit for Healthy Aging*—to be useful in guiding discussions with clinicians. Those who were less comfortable with technology or who had limited access to the internet appreciated the paper toolkits, which included checklists, pertinent questions to ask their healthcare provider and relevant educational articles. A clinician at the University of Rochester's Wilmut Cancer Institute observed that patients and family caregivers “really liked the toolkit,” especially the “Questions to Ask Your Provider” section, which helped them prepare questions prior to their appointments. Patients also liked having the paper-based toolkits with them during appointments. A student assistant at the Grady Health System and Emory University School of Medicine shared a similar observation, noting that the toolkits, including resources for caregivers, were “extremely popular” among older patients and family caregivers.

### *Price-Informed Shared Decision-Making Resources Support Caregivers and Care Partners*

As the population grows older, the number of older adults requiring ongoing, complex care is steadily increasing. For most family caregivers and care partners, supports and resources are difficult to find, often leading to frustration, confusion and anxiety around the lack of cost transparency and complex insurance rules. They need resources to help them navigate the healthcare system and make decisions, especially in cases of serious illness, to assure timely access to needed information about care.

Access to the shared decision-making tools and resources alleviated the burden of responsibility associated with managing the complex processes many caregivers and care partners face as they navigate the financial ambiguities of care. Most caregivers and care partners found the information in the tools and resources to be helpful in framing cost and treatment discussions and advocating for the patient. A family caregiver said:

I thought it [the financial health literacy section] was all pretty credible information, and it gave you a background if you didn't know what to do or how to do it, you know, or hadn't done it before. It gives you a guide...It really gave you a wide range of information, which could be very helpful.

Clinicians noted that the Alzheimer’s disease resources, in particular, were well received among family caregivers and care partners, especially for those interested in the recently approved monoclonal antibody treatments.<sup>46</sup> For older patients who were not eligible for treatment due to comorbidities and those whose condition progressed into the middle and late stages of the disease, the tool prompted discussions with patients, family caregivers and care partners during which clinicians explained why certain therapies may not be appropriate.

### *Point-of-Care Implementation of Price-Informed Shared Decision-Making Resources*

Over the course of the point-of-care implementation period, participating clinicians collectively engaged more than 750 older patients at the point of care, using the shared decision-making tools and resources to help inform discussions and provide clarity about patients’ conditions and treatment costs.

Approaches for clinical point-of-care implementation differed at each of the clinical sites. Clinical workflows, staff roles and use of shared decision-making resources varied greatly across sites, largely due to differences in staff availability and time constraints. These tailored strategies, honed over 12 to 18 months, led to varying degrees of success.

Clinicians found the tools to be adaptable and easily integrated with clinical workflows. In particular, the tools offered much flexibility in how clinicians approached treatment and cost discussions with older patients and their family caregivers. Many clinicians reported the ease with which they were able to use various formats of the tools at different points in the treatment process to introduce information or decision topics.

Clinicians also appreciated the details and cost information in the tools, as well as the companion educational resources on FAIR Health Provider. Among the clinicians participating in the initiative, 71 percent (15 out of 21) agreed that FAIR Health Provider improved their knowledge and understanding of shared decision making, and 56 percent (14 out of 25) agreed that the tools—available on both FAIR Health Provider and FAIR Health for Older Adults—enhanced the quality of care they provided to their patients.

Clinicians were able to adapt and retool their implementation strategies and workflows to optimize the use of the tools and mitigate staffing and time constraints. As some clinicians noted, patients were often overwhelmed by the large amount of information provided about their condition and care in a single visit, while time constraints during appointments limited some patients’ ability to fully engage with tools.

The University of Rochester’s Wilmot Cancer Institute initially relied solely on clinicians to introduce patients and family caregivers to the tools. However, to address information overload among their patients and maximize time during visits, they adjusted the workflow to include clinical coordinators to work in tandem with the clinicians to identify and engage eligible patients for shared decision making. The clinical coordinators mailed the *Toolkit for Healthy Aging* and other materials ahead of appointments, sent reminders to clinicians and followed up with patients to assure that they reviewed and understood the materials. Preparing patients in advance of visits streamlined use of the tools and facilitated easier and more productive treatment discussions.

Similarly, neuropsychologists and psychometrists at The Ohio State University Wexner Medical Center worked alongside other members of an interdisciplinary healthcare team to engage patients at various points of their healthcare journeys, using a selection of the shared decision-making and total treatment cost tools relevant to their conditions. Adopting a broader patient outreach strategy, clinicians at The Ohio

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<sup>46</sup> Also called anti-amyloid therapies.

State University conducted outreach at community events, such as health fairs geared toward older adults, to recruit and engage older patients.

At the Abramson Cancer Center at Pennsylvania Hospital, Penn Medicine, a team of nurse navigators utilized Epic, an electronic health record system, to facilitate the use of the price-informed shared decision-making tools and resources at the point of care. This informal integration of the price-informed resources through Epic's patient portal messaging system offered patients the opportunity to view the resources at home before visits and prepare questions to ask their clinicians.

Not all clinical sites had an interdisciplinary clinical team that could be deployed for implementation. At the Grady Health System neighborhood clinic, clinicians used a tablet to share a set of shared decision-making tools with patients during visits, with successful results. The interactive, hands-on use via an iPad made shared decision-making discussions feel more natural and less stilted within time-constrained geriatric visits—and maximized the clinician's time with patients.

Two learning exchanges held during the initiative provided opportunities for clinicians to share insights into best practices for integrating the tools and resources with their clinical workflows and discuss the implications of introducing cost into discussions. The sessions were intended to help strengthen implementation at the point of care by providing insights that could be used by the clinicians. Clinicians expressed interest in and appreciation for the utility of these opportunities.

### *Price-Informed Shared Decision-Making Resources Enhance Communication and Engagement*

The price-informed shared decision-making resources enhanced communication among providers, patients and caregivers, and led to increased patient engagement in their healthcare decisions. Seventy-five percent (21 out of 28) of clinicians at the participating sites agreed that the tools and resources increased their ability to facilitate discussions around care, and 88 percent (15 out of 17) believed that they also improved patients' understanding of their health conditions and available treatment options. Clinicians found that the tools and resources helped increase patients' engagement in these discussions, leading to a more balanced decision-making process. On the tools' impact, a clinician remarked, "These tools support people when they enter the role of patient, reminding them that their voices matter and that they can make informed decisions when given the right support."

At the participating clinical sites, the tools and resources empowered patients and caregivers to become more active participants in their healthcare. Among those surveyed, 82 percent (118 out of 144) of patients using the tools felt confident in their ability to discuss questions and concerns more effectively with their providers. A patient who used the tools with a provider at the point of care remarked:

I think I felt more open-minded or I really understand a little bit more of the pieces that are coming into play over here...what FAIR Health does. It helps me become a little bit more engaged with my treatment rather than being passive. This gives me at least the opportunity to be more active.

In parallel, family caregivers believed the cost information in the tools to be helpful in advocating and coordinating services for those for whom they provide care.

### *Influence of Price-Informed Shared Decision-Making Tools on Decision Making*

The presentation of simplified health and cost information in the shared decision-making tools facilitated shifts in the way patients, family caregivers and care partners approached decision making. Compared to older adults who did not participate in the onsite clinical implementation effort at the Grady Health System

and Emory University School of Medicine, a clinician observed an increase in the uptake of physical therapy among 7 of 10 older patients who used FAIR Health's hip osteoarthritis tool, suggesting that the shared decision-making tools also influence patients to consider care or treatment options they had previously dismissed. A patient noted, "It [the tool] actually influenced my decisions because I became more aware of making decisions, of researching decisions; whatever my physician said, I went immediately to research it before I made decisions."

Among the older adults and family caregivers surveyed, 76 percent (121 out of 160) agreed that the shared decision-making tool made it easier to share their preferences and values regarding treatment choices with their providers. This sentiment persisted after older patients and family caregivers used the tools and resources. In follow-up surveys with a subset of these individuals after using the tools, 84 percent (16 out of 19) of older patients, family caregivers and care partners reported that the shared decision-making tool made them feel more confident in their treatment decisions; eighty-six percent (19 out of 22) also agreed that they would use the tools again for future medical decisions.

### *Factors Influencing Cost Considerations in Healthcare Decision Making*

FAIR Health's 2022 survey found that 59 percent of older adults reported that the cost of care was either an important or the most important consideration when making healthcare decisions,<sup>47</sup> a finding that research continues to confirm.<sup>48</sup> Many older patients at the participating clinical sites appreciated FAIR Health's shared decision-making tools and resources. In addition to offering accessible and necessary information, the tools' structured presentation of different treatment costs provided much needed cost transparency, leaving most feeling informed about their healthcare costs. As remarked by one patient:

[I appreciate] being able to easily access the information when it comes to costs and having a website where you can go in and actually see what those estimates are and full estimates of everything you might not even think of...in terms of what you might be aware of.

After using the shared decision-making tools, 64 percent of older patients (101 out of 159) reported that they were able to better understand their treatment costs. In a follow-up survey with a subset of individuals, 54 percent (15 out of 28) felt more informed about their annual costs for treatment and care when using the total treatment cost tools. Other factors such as age and insurance coverage also influenced patients' health decisions and journeys to varying degrees. Cost factored less into decision-making for those with critical needs and those with robust health insurance coverage, such as those still working with employer-sponsored insurance. For one patient still in the workforce, healthcare costs were not top of mind, but there was recognition that retirement would bring cost considerations to the fore:

I'm not retired, so it's [cost] not really...top of mind, but I could see it being a lot more important as I age in the next several years...I think that's where it's going to be most imperative that I would make my decisions based on that because at that point it's coming out of my pocket to a certain extent.

Older patients and family caregivers who were satisfied with their insurance plans expressed similar sentiment:

We don't really have any big, big challenges. We have pretty good medical insurance...We have a very, very small deductible, which is good, which we don't have a problem with meeting every

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<sup>47</sup> FAIR Health, *Healthcare Navigation and Decision Making*.

<sup>48</sup> Grace Sparks, Lunna Lopes, Alex Montero et al., "Americans' Challenges with Health Care Costs," KFF News, December 11, 2025, <https://www.kff.org/health-costs/americans-challenges-with-health-care-costs/>.

year....We've also been issued a card by our insurance company that will cover the copays as well. So, I'm very confident that financially we'll be able to handle the situation.

Although most of their patients preferred to discuss costs after making treatment decisions, clinicians from the participating sites still emphasized the importance of advancing education and transparency around cost information, believing that cost transparency could ease patients' concerns. A clinician remarked:

It is a vacuum, and I think that advancing the cost information is really critical for clinicians, because often they are going to have to break the discomfort that patients and care partners have about confessing that they have cost constraints....Often the point of diagnosis and initial decision making is where you need to hear about cost, but you need some prep.

#### *Timing of Cost Considerations in Healthcare Decision Making*

Based on clinician feedback, the optimal timing of cost discussions varied based on the type and severity of an older patient's diagnosis. Patients with chronic or serious conditions, such as cancer, were more likely to defer discussions around costs at the time of diagnosis in favor of focusing more on treatment, with cost considerations arising later in their healthcare journeys. For patients considering elective conditions, such as a hip replacement, the cost information in the shared decision-making and total treatment cost tools was sought earlier in the healthcare decision-making process.

#### *Technology as a Facilitator of Shared Decision Making*

Clinicians at each participating site employed various strategies to engage older patients, family caregivers and care partners using the shared decision-making tools and resources. One such strategy was the use of iPads. Clinicians at The Ohio State University Wexner Medical Center, the University of Rochester's Wilmot Cancer Institute and the Abramson Cancer Center at Pennsylvania Hospital, Penn Medicine, utilized existing iPads to access and use tools during visits. Likewise, clinicians at the Grady Health System and Emory University School of Medicine used a portion of their stipend to purchase iPads to aid with engagement. Although the use and functionality of iPads were sometimes affected by weak internet connections, some clinicians reported that they were helpful in engaging patients and family caregivers and in coordinating care among clinician teams. Electronic health record systems—recognized as a key factor in incorporating shared decision making<sup>49</sup>—were also used to support dissemination of the tools. The Abramson Cancer Center at Pennsylvania Hospital, Penn Medicine, opted to use the patient messaging portal within electronic health records to disseminate the shared decision-making tools and resources to patients and caregivers to distribute the resources to more patients. For older patients with limited access to technology or the internet, clinicians provided over 725 physical copies of the *Toolkit for Healthy Aging*, which was critical in assuring access to and promoting awareness of the shared decision-making resources. At the request of participating clinicians, additional toolkit copies were printed for continued distribution to patients and caregivers.

#### *Sustaining Price-Informed Shared Decision-Making Practices in Clinical Settings*

Based on their experiences using the shared decision-making tools and resources at the point of care, clinicians shared several clinician- and health system-focused strategies to broaden and sustain their use

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<sup>49</sup> Megan E. Branda, Jennifer L. Ridgeway, Devin Mann et al., "Healthcare Systems Collaborating to Implement a Shared Decision-Making Tool in the Electronic Health Record and Build Evidence on Its Adoption and Use," *Learning Health Systems* 8, supplement 1 (2024), <https://doi.org/10.1002/lrh2.10418>.

in diverse clinical settings. Strategies include retooling modules to allow for seamless integration of the price-informed tools into electronic health record systems; training interdisciplinary teams so that social workers and billing office personnel could use the tools to facilitate cost discussions with patients; assuring pre-visit access to the tools; and maintaining toolkits and posters in exam rooms as visual engagement prompts for both patients and clinicians to engage in shared decision making. Expanding outreach to underserved populations and refining the tools to provide greater customization of costs were also highlighted.

### *Effective Dissemination Channels for Promoting Awareness of Shared Decision-Making Resources*

The Healthy Decisions for Healthy Aging campaign used a multipronged media strategy that promoted awareness and use of FAIR Health for Older Adults. The campaign, which targeted older adults and family caregivers, encompassed paid search ads (e.g., paid Facebook and Instagram ads, Google paid search and banner ads, Spotify streaming audio and podcasts), donated media (e.g., F.Y. Eye PSA) and audio, radio and television spots. The campaign ran from January 2024 to December 2025, reaching over 27 million individuals nationwide. Based on Google Analytics, over 400,000 unique visits to the website were recorded during and immediately following the campaign; the most effective channels were Google paid search and banner ads, which reached over 2.1 million individuals and generated over 75 percent (300,000 out of 400,000) of direct unique visits to the website.

## Conclusion

FAIR Health's price-informed shared decision-making initiative demonstrated the clear and growing need for accessible, trusted tools that help older adults make healthcare decisions that align with what matters most to them. FAIR Health's point-of-care collaborations with four age-friendly clinical institutions with diverse patient populations yielded several key insights that can inform future practice and policy around older adults' healthcare.

Use of the tools in clinical settings showed how using price-informed shared decision-making resources at the point of care improves understanding, confidence and engagement among older patients, family caregivers and care partners. Older patients, family caregivers and care partners reported feeling more informed, better prepared to ask questions and more confident discussing preferences and concerns with clinicians. In some cases, clinicians were able to use the tools to encourage patients to pursue treatment options they might otherwise have dismissed or delayed.

Price-informed shared decision-making resources also provide much-needed support to family caregivers and care partners in navigating complex care decisions, helping to ease the burden of managing care in the face of financial uncertainty. In this vein, the resources for Alzheimer's disease and related dementias will continue to support older adults and family caregivers affected by these conditions.

Clinical collaborations were central to the success of this initiative and underscore the importance of clinician support in future scaling and sustainment of shared decision-making practices. The tools' adaptability across diverse workflows, staffing structures and care settings—supported by technologies such as iPads and electronic health portals—demonstrated their potential for broader adoption. Clinician engagement, peer-to-peer learning opportunities and flexible implementation strategies were essential in incorporating shared decision making into routine care, highlighting how challenges and barriers to shared decision making may be addressed effectively.

These findings confirm the value of price-informed shared decision-making tools as a practical, scalable approach to advancing age-friendly care that aligns with what matters most to older patients. Continued

investment in clinical implementation of price-informed shared decision-making tools, creative and adaptable dissemination strategies that promote awareness of such tools, and ongoing tool refinement will be vital to expanding access to the tools across diverse patient populations. A similar FAIR Health initiative involving collaborations with three New York City-based institutions is currently underway with the generous support of The New York Community Trust. The continued spread of such point-of-care efforts will generate further insights into how price-informed shared decision making can help improve healthcare experiences for older adults, their family caregivers and other patient populations across the lifespan.

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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 about 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](https://fairhealth.org).

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