



Consumers Health
Forum **OF** Australia

Medical Costs Finder Project: Consumer education report

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Consumers Health Forum of Australia 2022
*Medical Costs Finder Project:
Consumer education report*

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Executive Summary

As part of a larger initiative looking to enhance the Medical Costs Finder (MCF) tool, the Australian Department of Health and Aged Care (the Department) contracted the Consumers Health Forum (CHF) to conduct a consumer review and research project to identify opportunities to enhance the consumer value of the MCF.

A literature scan found that no published studies or research specifically investigated health or medical costs information seeking behaviours, though for general health information ‘direct conversations with the healthcare provider’ was the most common method. This was mirrored in a consumer survey administered via *Australia’s Health Panel*, which additionally found a general lack of awareness or usage in the MCF by Australian health consumers.

A consumer working group was formed to get an in-depth understanding of their views on the strengths and weaknesses of the enhanced version of MCF as of September 2022 and to then co-design consumer focused resources to improve the utility of the MCF.

The working group felt that a key limitation of the MCF they reviewed was not the MCF itself but rather its positioning within the overall Patient Journey. That is, the series of health care interactions a consumer has between becoming unwell and regaining their full health. Specifically, the working group discussed that the MCF was being encountered and used too late in the patient journey and required consumers to have an unlikely amount of clinical and system knowledge to be effective.

As such a set of exemplar consumer resources was developed to address these two issues: a video and a two-sided pamphlet. These resources were explicitly focused on articulating to consumers as to the places within the patient journey where the MCF will be of use and equipping consumers with the skills needed to engage with health care providers to get the information needed to understand and apply cost information.

Moving forward, in addition to these exemplar resources this project identified a suite of additional functions and features that could be integrated into the MCF as it is iterated over time. Such features would provide fertile ground for further consumer education and engagement and awareness strategies.

Introduction & Background

The Medical Costs Finder (MCF) tool was launched online in December 2019 to provide information to consumers about out-of-pocket costs for non-GP medical specialist services, to support informed decisions about their health care and to present costs data by location.

Information on the MCF uses aggregated, de-identified government data about the costs of treatments in the private health system. As of September 2022, the website provided a typical out-of-pocket cost for specific in-hospital and out-of-hospital procedures in the private health system. The enhanced website was subsequently launched on 8 December 2022.

As part of a larger initiative looking to redesign and improve the MCF tool, the Australian Department of Health and Aged Care (the Department) contracted the Consumers Health Forum (CHF) to conduct a consumer review and research project. The purpose of the project was to augment the enhanced website with a suite of services and products of value to consumers that would inform, educate and promote the MCF as well as support further enhancement of the site by the Department.

Part 1 of the project consisted of CHF conducting research on consumer behaviours when seeking consumer education material on medical cost information, supplementing a literature scan and a consumer survey via the *Australia's Health Panel* platform with an in-depth workshop with a diverse group of consumers representing key demographics. This was done to identify consumer education gaps in the MCF, suggest existing consumer resources which could be leveraged by the website and determine where additional consumer material required development.

Part 2 of the project consisted of CHF subcontracting a content developer, Only Human Stories, to take the lessons learned from part 1 and develop some exemplar education materials that could be used to add value to the enhanced MCF website. This included running several iterative workshops with consumers to develop and revise the materials such that they had maximum utility in meeting both the purpose of the MCF and the needs of consumers.

Literature Scan

The literature scan was conducted using the academic search engines Web of Science and Scopus, and Google used to look for additional grey literature. The initial search term of 'patient cost finding behaviours' was then supplemented by the key term 'health Information Seeking Behaviour'. Where applicable, results were sorted using the 'by Relevance' function within the search engine and the first three pages of results had titles and abstracts scanned to determine if cost related information was included within their scope.

This scan found that health cost information seeking behaviour is an under-researched area, with no specific studies looking at that narrow area of information. Most literature looked at the broader and more ambiguous 'health information'. While this theoretically could have included information about the costs, when the research specified more granularity, it focused on people searching for information about their condition (e.g., the nature of a diagnosed cancer), information about treatment options (e.g., how a proposed treatment technically worked) and logistical information about provider location (e.g. where it was geographically located). Costs may be part of the second in that list, but the literature is not reporting with that granularity.

Looking at this broader research, some general observations could be made which could apply to cost information specifically.

Firstly, the most common place people seek health information is directly from the health provider, though the margin by which it was the most common varied depending on the specifics of the study. Online or internet searching was frequently another of the most common, but its exact frequency also varied. However, it was consistently found that people did not rely on a single information source and would seek information from multiple places.

Secondly, a consistent concern around the use of online information sources was finding one that was of sufficiently reliable quality and veracity that health providers felt comfortable referring patients to it for information.

Presuming these findings hold true for medical cost information, this suggests there is a clear opportunity for the MCF website to supplement the primary information seeking behaviour of consumers and meet an identified need of health professionals.

Australia's Health Panel Survey

Given the paucity of existing information about consumer behaviours in seeking health costs, an *Australia's Health Panel* survey was designed and implemented. Australia's Health Panel is an initiative of CHF where a consumer panel of over 1000 registered users are semi-regularly invited to have their say on a health or healthcare topic. The survey was administered over the month of April 2022 and had 131 users elect to participate. The full report with demographic profile of participants is on the CHF website.

In summary, participants overwhelmingly had not used or even heard of the MCF tool – 85% reported they had never heard of the tool, while only half of those who reported they had heard of it said they had used it. This indicated that the tool is not well known to consumers, potentially due to the MCF not being formally promoted since 2019, while the low usage of the MCF amongst those who were aware could be worth further investigation. The survey results mirrored the Literature Scan findings in that overwhelmingly participants would just ask their health provider. Only 20% reported they would look online for cost-related information, with slightly more (nearly 25%) saying they would ask their Private Health Insurance (PHI) provider.

Breaking down 'health provider,' over half of participants (56%) said that they would find cost information by asking the specific practitioner who was suggesting they should get the medical activity done. 16% of participants would ask the administrative staff and only 24% reported they would ask 'the Provider' or 'the Supplier'; which given the ambiguity could be taken to mean the specific health practitioner or another person working at the broader facility. Note that participants could select multiple options for where they would seek information in the survey, hence the total number of responses exceeds 100%.

A thematic analysis of open text responses from participant survey responses was conducted to identify some shortcomings in current cost seeking processes. Shortcomings identified included:

- Costs varying on the day to be higher than originally quoted/expected (where consumers did not feel they had adequate explanation as to why the costs had varied).
- Confusion as to why the same procedure had varying costs depending on the medical pathway followed to receive it e.g., specialist MRI referrals free, GP MRI referral has out-of-pocket cost.
- Inability to compare the actual/total costs of procedure if pursued through different providers.
- Difficulty in being able to determine the likely quality of service and combining that with cost information i.e., unable to assess the relative quality of providers and thus the "value" in the costs.

This provided useful guidance as to what sort of additional information the MCF website could provide to ensure it is meeting the needs of consumers and addressing existing gaps in the system.

Consumer Working Group

Following the survey, a consumer working group was recruited to participate in a series of workshops. An EOI was distributed through CHF's network and ten consumers were recruited out of 72 applicants. The demographics of the group are provided below:

Demographic- Gender	
Male	3
Female	6
Non-binary	1

Demographic- Consumer, Carer, Advocate ¹	
Consumer	10
Carer	2
Advocate	6

Demographic- Geographic Location	
ACT	1
NSW	4
QLD	2
VIC	3

Demographic- Age	
<30	1
30-50	5
51-70	3
71+	1

Private Health Insurance	
Yes	9
No	1

Key Stakeholder Groups ¹	
Aboriginal or Torres Strait Islander	1
Culturally and Linguistically Diverse	1
LGBTIQA+ person	3
Person with a chronic illness	7
Person with a Disability (PwD)	5
Person with a mental health experience	5
Rural and Remote (R&R)	1

Experience developing consumer resources	
Yes	8
No	2

Previous familiarity with the MCF tool	
Yes	3
No	7

¹ Participants could select multiple options in response to this question, so the total exceeds 10 in this table.

Three workshops were held with this group of consumers. For each workshop, the consumers were remunerated for their participation in each workshop in keeping with good practice for qualitative research.² The payment was in accordance with the *Commonwealth Remuneration Tribunal* rates of \$83.60 per hour.

² National Health and Medical Research Council 2019, 'Payment of participants in research: information for researchers, HRECs and other ethics review bodies', available at <https://www.nhmrc.gov.au/about-us/publications/payment-participants-research-information-researchers-hreecs-and-other-ethics-review-bodies>.

Working Group Meeting #1

The first workshop designed to discuss their medical costs finding experiences in depth, building on the findings of the Literature Scan and Australia's Health Panel survey.

General system gaps

When asked what the current 'gaps' were in the health system more broadly, the consumer working group identified the following:

- Knowing where to physically locate services

Working Group members identified that as consumers, they want to be able to obtain health services in a convenient location e.g. close to home or work. But it can be difficult to find one based on that criterion. A recurring analogy was made to hairdressers who can be easily searched for by geographic location and once identified, people can get an idea of cost by looking at the chosen providers website, calling them etc.

As a corollary, Working Group members reported that when they were personally referred to see a specialist, they were typically just told by their GP 'here is Doctor X who does the thing you need' and not given any choice of providers. This was viewed as generally inadequate, with consumers wanting to have agency in their health care.

- Knowing what to call a service or activity and understanding how many you will need over the course of your treatment

Working Group members noted that before a consumer has an appointment with a doctor, it can be very difficult to search for cost information, or information more broadly, as while the issue may be known, the specific treatment or terminology often isn't e.g. 'I have breast cancer, but don't know what specifically is the procedure that will be taken to fix it'.

Similarly, it can be hard to determine how many instances of treatment or how many different specialists will need to be included in the overall patient journey, making it hard to budget for likely costs or even make broader plans.

As a corollary, Working Group participants reported difficulties in determining when a procedure or treatment would be classified as cosmetic or medical, where the former would tend to have much higher out-of-pocket costs and longer waiting lists despite there not being a difference in what is actually done.

- How to appropriately assess and balance cost vs quality

Working Group members noted that consumers are generally more concerned about obtaining high quality care at an affordable price than obtaining the cheapest care possible. But without clear metrics to gauge quality, it is often not feasible to get an accurate idea of the relative quality of healthcare from different facilities. Consequently, cost becomes the default measure that consumers are inevitably forced to use - where a higher cost equates to better health care.

Ideally other metrics of quality would also be published alongside cost, so that one can judge the merits of the latter based on the former. This should include, but not necessarily be limited to, information about the 'success rates' of the treatment by the facility or individual practitioner, and patient reported data such as satisfaction, recovery times, treatment experience etc.

- General awareness of the MCF website

Finally, Working Group members noted that a major issue for the MCF website is a simple lack of awareness. They had limited familiarity with it as a group and given that they are relatively engaged health consumers, this means that the broader public will be largely unaware of it and thus wouldn't use it. They also noted that it was difficult to save or record the information found in the MCF to be used elsewhere e.g. to take to a GP appointment and used in the decision-making process.

Overall these findings revealed several opportunities for MCF to have clear added value for the consumers – providing health care information through the lens of the overall patient journey rather than just individual and disjointed appointments; letting people see available providers by geographic location; providing clear explanations and exemplars of terminology; providing the ability for patients to save or share providers they are interested in being referred to, to take to their GP for discussion. The working group also expressed interest in cosmetic and non-cosmetic pathways, which are not currently on the MCF website. A broader consideration should be further awareness and promotion activities for the MCF to clearly communicate to consumers why they should visit the website.

Cost gaps

When asked about the gaps in the current system specifically relating to medical costs, the following were identified:

- Understanding and applying MBS item numbers

Working Group members reported that consumers largely do not understand the various MBS item numbers nor how or why specific ones get 'chosen' for use. There was the view that slight changes in which item numbers are 'used' could have dramatic effect on the patient's out-of-pocket costs for the otherwise same procedure.

- Knowing the current costs

Working Group members also reported it was difficult to get an accurate understanding of the current costs for treatments and procedures. Costs findable online, including on the MCF website, are generally a few years out of date. So, consumers are unconvinced that what they find online is still an accurate indication of what they will spend right now. And if consumers raise the difference between a quoted cost and the relevant MCF typical cost, the 'out-of-date-ness' of the MCF data might be used by providers to justify any discrepancy.

- Having the confidence to query uncertain or suspicious costs

Related to the previous theme, Working Group Members noted that there was a large power imbalance between the consumer and provider, likened to a mechanic fixing a car. The provider knows much more than the consumer and the consumer can be in a vulnerable, if not outright desperate, situation when they are seeing the provider. Members reported that it was difficult for consumers to not feel they were being 'taken for a ride' and that they are highly dependent on providers to be honest and not overcharge. Members noted it is often embarrassing to query or pushback on a quoted cost, because being unable to afford the cost could be viewed as some sort of moral failing of you as a person.

- Obtaining clear indication of costs before a consultation is difficult

Working Group members further built on the previous theme by highlighting that the only way to get a definitive quote/cost is by having a consultation which itself can cost consumers money, time and resources. Consumers, particularly those from low socioeconomic backgrounds, are therefore highly limited in their ability to 'shop around' if they are not happy with a quoted cost.

Additionally, they reported there can be significant pressure to book the treatment in with that provider when the quote is provided. So, it is often too late to be getting a first idea of costs in an appointment. Consumers need to have some awareness of general costs before seeing the providers (particularly specialists) to help gauge if the quoted costs are reasonable.

- Knowing how personal circumstances affect the overall journey and costs, including what Government benefits or allowances apply

Working Group members also noted that individual personal circumstances can have a large effect on their out-of-pocket costs which made it difficult to pre-plan for costs e.g. if they are on disability support pension, Newstart, Low Income Card, a student, veteran etc. There were further comments on the variation in out-of-pocket costs caused by varying types and levels of private health insurance making it extremely difficult to pre-plan with certainty.

There was also an acknowledgement from the Working Group that exactly what a consumer will need can't be 'locked in' with certainty until after they have spoken with a doctor e.g. the exact treatment to be pursued, the number of consults needed, how many procedures, what drugs for recovery etc. This puts a limit on how useful the MCF can be before the initial consultation with a provider.

- Getting the costs of the whole journey

More broadly, Working Group members noted that a major issue in finding cost information is the disjointed way in which the system provides that information. Costs are often only findable or quoted for the specific, central procedures e.g. mastectomy to remove breast cancer; without giving an idea of the costs incurred beforehand e.g. consults, scans or afterwards e.g. check-ups, prescription drugs. Members also noted there was limited information available about *how many* appointments or instances of treatments or procedures would be required overall. Similarly, the cost of equipment or supplies for ongoing treatment e.g. sleep apnoea devices, dentures are hard to ascertain in advance. Working

Groups members were insistent that the entire framing of costs needed to be reviewed and provided in view of the whole journey to allow for planning, budgeting etc.

Again, these identified issues present several opportunities for an enhanced MCF to be a valuable resource or provide resources for the Australian consumer to be a valuable part of the health care system. It can provide up-to-date, current costs that can be modified based on the personal details of the consumer and extends across the entire treatment journey rather than individual appointments. The website can give consumers the tools and resources to take this information into their discussions with health providers to be able to confidently navigate the system costs to get the best care possible at an appropriate price.

Miscellaneous gaps or issues

In addition to the above, the Working Group identified some further miscellaneous issues in the system-related to costs:

- Mentioning you have PHI to doctors is 'dangerous'

There was a view amongst Working Group members that it was 'dangerous' to mention to a provider that you had private health insurance (PHI). Once PHI is mentioned, consumers are typically funnelled into that treatment pathway immediately on the presumption they can afford the more expensive out-of-pocket costs instead continuing in the free public health system.

- Fear that doing research will have 'blow back'

Working Group members noted that there is also a fear that if a consumer conducts research to choose a provider, they risk receiving substandard care if they ultimately return to the original provider after being perceived to 'shop around'.

Suggestions for resources for the MCF

In addition to the above, the Working Group were asked what additional resources or functions they would like to see implemented on the enhanced MCF website.

- Printable flyers/handouts, such as a checklist or 'questions to ask' document

A key resource that was identified as missing was a printable flyer(s) or handout(s) that can be easily distributed by the provider e.g. in waiting room, printed by consumer from MCF to take in consultation or printed by family member to give to person who isn't 'tech savvy'. These could cover not only raising awareness about the MCF but also contain sections in the style of '5 Questions to Ask Your Doctor' centered around what questions consumers can and should ask their provider to get medical cost-related information.

- Telephone service

Working Group members noted that while a web resource was valuable, not all Australians are comfortable using the internet to obtain health information, so the MCF should be supplemented with a telephone help service. Such a service could both help people work through the website to find necessary medical cost information and directly work through their circumstances to give them the indicative costs.

- Integrated audio buttons

Working Group members felt that for accessibility, given the high volume of explanatory text in the MCF website, there should also be embedded audio buttons which can be clicked to narrate out each section of text for people with reading comprehension limitations.

- Embedded videos with transcripts

Building on the audio button functionality, the Working Group also strongly suggested having information presented in multiple formats that supplement the current text heavy MCF website. The website would especially benefit from a greater use of videos that are more interactive and engaging than just text. While the specific cost information for an individual can't be presented in video format, video tutorials could show people how to use the different sections of the MCF to obtain information relevant for them. Other videos could explain how the MCF website fits into the larger patient journey of getting health care treatments.

- Multilingual support

Lastly, given Australia is a diverse and multicultural society, having non-English language versions of all the above was considered an essential requirement by the Working Group.

While several of these were out of scope for this specific project, particularly those that required new functionality to be embedded into the MCF website, these suggestions formed the basis for Part 2 of the project in terms of what sort of exemplar resources could be prioritised for development. The remainder could be considered for future MCF projects.

Resource Development

Part 2 of the project consisted of developing exemplar materials and resources that could be integrated into the MCF website. To that end the creative companies Only Human Stories and LMS Consulting were subcontracted to lead the creative development process to produce the exemplar resources.

The findings from the previous sections, in particular the Consumer Working Group's first workshop, indicated that the priority for resource development was not in specifically improving the MCF website itself but in better integrating it within the overall Patient Journey, that is the overall series of interactions a consumer has with health system from becoming unwell to regaining their full health. By better integrating the MCF within the larger patient journey it will empower consumers to have the skills and knowledge to discuss and understand the healthcare costs, through using the MCF at opportune times within their overall journey.

Additionally, as the revised MCF website was still in early development, many of the intended functions were not enabled due to a lack of data; for example the ability to review facilities in specific geographic locations. This meant that limited consumer engagement material could be developed explaining how to use and interpret these functions as the full appearance of these functions was not known. As such an early proposal of developing a 'walk through demonstration' resource to embed in the home page was rejected, as a realistic simulation of the consumer experience could not be reliably compiled.

Instead there was a shift away from focusing on using the MCF to distribute consumers explanations on the out-of-pocket costs arising from individual healthcare interactions to instead equipping them to expect and understand costs at different points across their Patient Journey in the private health system.

For the exemplar resources, the decision was made to move away from the highly technical 'Health Language' typically used in official health resources to ensure it would be accessible. This aligned with the framing on the enhanced MCF website which used a 'friendly' and 'simple' style of plain language. Concurrently, the existing art assets of the MCF website were used to inspire a similarly 'playful' and 'colourful' feeling to ensure they would be visually consistent with the new MCF style. However the resources were styled in a simple, 'hand drawn' style to ensure that they had a warmer 'people-centred' feeling rather than a more formal 'system-focused' feeling.

The first exemplar resource created was a video titled *'The Journey to private specialist treatment'*, where a non-text resource was chosen based on the Working Group feedback. This video focused in on showing the use cases of the MCF website – detailing three scenarios where different people with different health care needs have their patient journey explored. The video highlights key decision points and the use, where appropriate, of the MCF tool. This broad focus will allow for this video to be used in two separate ways – firstly via being embedded in the MCF homepage as a quick introduction for consumers as to why they should stay on the website and use it. More importantly it could be used in other healthcare

locations to increase awareness of the MCF tool more broadly e.g. be played on the video loop in GP waiting rooms.

The second exemplar resource started as a cost-specific iteration on the 'Five Questions to Ask Your Doctor' style of resource, iterating on an existing departmental resource whilst making it more accessible to consumers. Refocusing the perspective from specific 'Questions to Ask' to a broader 'What do I need to know' allowed for a more reflective mindset in the consumers and permitted a broader range of cost-related topics to be brought into the conversation. Additionally, in keeping with the theme of a broader Patient Journey, this resource was modified to also include a map and key of a patient's journey through the health system. This would allow consumers to visualise not only where they were currently, but also what additional stages they still had ahead of them, including potential opportunities to consult with the MCF website. Again, this resource could be distributed in multiple ways: firstly from the MCF website as a downloadable file for people to print for themselves or a family member, and secondly distributed in other healthcare settings such as GP waiting rooms to raise awareness of the MCF tool.

Practically the two resources were developed in an iterative process that including extensive consultation with the Consumer Working Group via additional group workshops, plus individual feedback sessions by the consumers in their own time. The resources were first developed by Only Human Stories and LMS Consulting staff and then distributed to CHF staff and Department staff for review and feedback. Feedback was collated and adapted by Only Human Stories staff and the modified resources were then circulated to the Working Group members. Members were able to individually provide written input and suggestions into the resources and collectively collaborated in a 1-hour workshop to discuss and provide additional feedback. This input was again collated by Only Human Stories staff and adapted into a revised resource to create the final products.

Further Considerations

Overall, this project has successfully scoped out the current consumer experience regarding trying to find and understand medical costs, identified consumer education gaps for the MCF tool to address and developed exemplar resources that go towards filling those gaps.

However, in the process of completing these tasks, additional areas of opportunity were identified which, while beyond the scope of this project to address, if incorporated into the enhanced MCF website could benefit Australian health consumers.

Most notably, while the MCF tool progresses a patient-centred view of the health system it can further address an issue of the broader health system where information is centred around individual instances of care and not the overall patient journey. To maximise the value to the consumer, serious consideration should be given to reframing the entire MCF cost presentation to be in terms of how a consumer experiences being a patient in the system. In other words, capture and present the entirety of the costs for receiving treatment for a condition, illness or injury; rather than only presenting costs as discrete, individual instances of care. However this would need to be done carefully – the MCF is not designed or intended to be used as patient self-diagnosis tool. Allowing for treatment options to be pre-empted prior to discussions and diagnosis with a health care provider could have unintended consequences.

Noting that the tool is technically called the *Medical Costs Finder*, consumers clearly have a desire to have non-cost information easily available to help gauge the *value* of the cost information they find. Given there are qualitative information proposed in the tool, formally integrating quality metrics, especially those that are patient reported, into the MCF tool going forward could help consumers make informed decisions about the value of potential treatment options without mistakenly using higher costs as a proxy for high quality of care. Such metrics could include patient satisfaction with provider, waiting times to receive treatment and recovery times from procedures.

In addition, being able to compare individual facilities, or in the case of large facilities like hospitals, individual departments within facilities, against multiple different measures at the consumer discretion could be beneficial. This could include not only National and State data but also national standards or guideline recommendations where they exist (such as the National Safety and Quality Health Service (NSQHS) Standards), local area data or even direct facility-to-facility data. For example, being able to compare a facility in your hometown to a facility in another city where a consumer has family support could help shape their treatment decisions. Working Group members also expressed an interest in being able to have data as granular as the individual health practitioner, but it is acknowledged that is likely not possible for privacy reasons.

For the tool itself, as part of the ongoing development and maintenance of the website, there is a slew of further accessibility functions that can be created and integrated as identified by Working Group members. These include audio narration for text, interactive video tutorials for

using the tool, a telephone support line, a results export and save/print function and, perhaps most critically, non-English language options.

More broadly, it was observed through the project that although the target audience for the MCF tool is consumers, a portion of the MCF tool needs to be acceptable to medical specialists as well. As the individual fee disclosure portion of the MCF was being developed, it was attempting to appeal to both consumers as the intended users of the MCF, but also medical providers as a necessary source of data that the tool needs to operate. Consumers won't use the tool if it doesn't have useful functions and providers won't spend their resources providing data if consumers aren't using it. A proverbial 'chicken and the egg' scenario, which led to the need to balance the needs of two audiences for the individual fee disclosure portion of the MCF initiative, beyond the scope of this report. This suggests that in the future, it would be useful to revisit how the needs of these two target audiences have been balanced, and how to examine whether there are some scenarios where those needs are incompatible.

This project found that the general Australian consumer was largely unaware of the MCF website and about half of those who were aware hadn't used it, which is unsurprising as the MCF has not been widely promoted since its 2019 launch. If the MCF is able to incorporate the additional functions and features suggested, it could strengthen the basis for a consumer awareness campaign encouraging Australians to use and engage with a valuable MCF.

Medical Costs Finder Next Steps	
Capture and display all costs along a patient journey	Expand the costs data presented to consumers so that they get an understanding of the costs of a fuller patient journey (i.e. multiple stages of their medical treatment)
Embed quality metrics	Provide quality data metrics alongside the costs so that consumers are able to make choices about which provider to use, without equating an expensive service with a superior one
Ensure data is current	Provide consumers with an accurate understanding of their medical costs by ensuring that the data on typical fees and out-of-pocket costs is regularly updated
Improve MCF accessibility	Consider tools and functions that cater to the different needs of consumers to ensure the tool is widely accessible such as: <ul style="list-style-type: none"> • Audio narration for text • Interactive video tutorials for using the tool • Telephone support line • Results 'export' function • Save/print function • Non-English language options • Geographic search
Allow in-tool direct provider comparisons	Empower consumers to compare how different providers could suit their needs and circumstances via an in-tool comparison function

Limitations

The primary limitation of this project was the sample of consumers recruited to participate in the Working Group who were used to identify gaps and iterate the resource development. While not being professionals with extensive knowledge of the health system, by their nature of being part of CHF networks, they have demonstrated a level of engagement with the health system greater than an average Australian. As such rather than being representative of the entire population, they are likely indicative of a best case consumer interacting with the health system. This is compounded by only ten consumers being able to be recruited, with some of those ultimately being unable to attend all workshops, meaning that some consumer insights may have been missed on the final resources.

Additionally, the limited functionality and dataset in the enhanced build of the MCF tool due to its work-in-progress status meant that some of the intended functionality was unable to be thoroughly tested with and by the Consumer Working Group. As such some critique they had of the enhanced build may be addressed when the revision is completed, and some issues may emerge that were not identified here. However, the decision to involve consumers early in the development process and to allow their feedback before fully implementing the revision was the correct one for maximising the potential benefit of the MCF to consumers.

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