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BRIEF

Shared Decision-Making Tools for Older Adults in a Clinical Setting

Insights from a Learning Exchange with Healthcare Providers

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Summary

Shared decision making—the discussion between patients (and if applicable, their caregivers/care partners) and providers to decide on tests, treatment and care based on clinical evidence, balancing risks and outcomes with patients' preferences and values—shows great promise for reducing unnecessary healthcare spending and costs. Tools such as decision aids can help to facilitate these discussions by presenting possible treatment, test and care options and their ramifications. However, these aids rarely display the costs of treatment.[1] Research shows that there is an appetite among older adults and family caregivers for knowing healthcare costs before receiving care, but this information is often difficult to obtain.[2]

FAIR Health, a national, independent nonprofit dedicated to cost transparency, has led a number of grant-funded initiatives aimed at introducing cost information into shared decision-making tools related to several conditions that disproportionately affect older adults, minority communities and seriously ill patients. As a result, FAIR Health's free, national consumer website fairhealthconsumer.org (FAIR Health Consumer) offers shared decision-making tools for several health conditions, along with related educational content and resources. The tools combine cost data from FAIR Health's commercial healthcare claims database, which comprises over 51 billion claim records from 2002 to the present, and clinical information from EBSCO's Option Grid™ decision aids.

FAIR Health is currently undertaking a three-year national initiative, generously funded by The John A. Hartford Foundation, with the aim of improving healthcare decision making and engagement for older adults and their caregivers. This initiative builds on a prior planning grant awarded by The John A. Hartford Foundation and prior grant-funded shared decision-making initiatives that sought to provide education around shared decision making with cost information. Shared decision making aligns with the What Matters pillar of the 4Ms framework of age-friendly care: what matters, medication, mind and mobility.

As part of The John A. Hartford Foundation-funded initiative, in October 2024, FAIR Health announced collaborations with four clinical sites that have been recognized as Age-Friendly Health Systems. Clinicians at Penn Medicine, The Ohio State University Wexner Medical Center, Emory University and the University of Rochester Wilmot Cancer Institute are helping older patients and caregivers at the point of care to choose among treatment options, using a suite of healthcare engagement and shared decision-making tools that include cost information provided by FAIR Health (available on fairhealtholderadults.org, the FAIR Health for Older Adults website). Patients and caregivers also receive FH® Total Treatment Cost tools, printed toolkits and educational articles.

The decision aids are not intended to be medical advice, diagnosis or treatment. They are intended to provide information to help users engage in shared decision making with health professionals.

The Learning Exchange

To support the exchange of ideas and insights from each of the participating clinical sites, FAIR Health convened an online Learning Exchange session in March 2025 with clinicians and project leaders at each

[1] J. S. Blumenthal-Barby, Emily Robinson, Scott B. Cantor, Aanand D. Naik, Heidi Voelker Russell and Robert J. Volk, "The Neglected Topic: Presentation of Cost Information in Patient Decision Aids," *Medical Decision Making* 35, no. 4 (2015): 412-18. https://doi.org/10.1177/0272989X14564433.
[2] 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.

of the four Age-Friendly Health Systems sites who are using and helping to evaluate FAIR Health's tools at the clinical point of care. The session was also designed to gather evaluative insights into the use and impact of the shared decision-making tools on healthcare decision making and engagement among older adults and their caregivers. Participants learned from one another and identified strategies for enhancing their use of shared decision-making tools at the point of care.

In this brief, FAIR Health presents salient findings and lessons garnered from the Learning Exchange. Among the key insights shared by the clinicians during the session:

- **Shared decision-making tools can clarify the implications of different treatments.** Clinicians thought early introduction of the tools was beneficial and helped in reaching treatment decisions. They believed it might even benefit patients to have the shared decision-making tools ahead of time, before their appointments.

- **Family caregivers and care partners find the Alzheimer's disease shared decision-making tool and resources especially valuable.** Caregivers discovered resources and information of which they were previously unaware (such as the ability for caregivers to receive pay for caregiving). Caregivers and care partners also noted that the decision aids helped them to assess the value of Alzheimer's disease drug therapies and to work with clinicians to formulate a plan for future needs.

- **The flexibility with which the tools can be applied at different points in the clinical workflow greatly adds to their usefulness.** Participants noted that the tools can be applied in various clinical settings, by different healthcare professionals, at different stages of the treatment process and at home with family members. The availability of multiple formats further increased their utility.

- **The shared decision-making tools' cost comparison feature is especially useful in determining cost estimates and cost-effective options across different treatment pathways.** This was particularly true if the tool was introduced early in the course of treatment planning for elective procedures, such as hip replacement surgery.

- **Patients with serious diagnoses, such as a cancer diagnosis, may not be interested in using the shared decision-making tool initially.** However, clinicians noted that given the high cost of treatment for such conditions, cost conversations should be held early in the process so the patient is prepared.

- **Printed toolkits are valued by many patients.** Those who were less comfortable with technology or who did not have ready access to the internet appreciated the paper toolkits, which include checklists of questions to ask their healthcare provider and educational articles relevant to older adults.

Background

Shared decision making—the discussion between patients (and, if applicable, their caregivers/care partners) and providers to decide on tests, treatment and care based on clinical evidence, balancing risks and outcomes with patients' preferences and values—shows great promise for reducing unnecessary

healthcare spending and costs.[3,4,5] Tools such as decision aids can help to facilitate these discussions by presenting possible treatment, test and care options and their potential outcomes. However, these aids rarely display the costs of treatment.[6] Research shows that there is an appetite among older adults and family caregivers for knowing healthcare costs before receiving care, but this information is often difficult to obtain.[2] Cost information may be especially critical to addressing financial toxicity associated with conditions like cancer.[7] FAIR Health's decision aids offer both clinical and cost information for specific conditions, content and resources. The shared decision-making tools provide three types of cost information that can be used in the planning and managing of costs of care: (1) A range of percentiles reflecting typical provider charges—the amounts billed for services when provided out of network or to uninsured patients; (2) A range of percentiles reflecting the typical in-network prices that participating providers agree to accept from insurers; and (3) The amount that Medicare would pay for the service.[8] An initial planning grant awarded in 2021 from The John A. Hartford Foundation enabled FAIR Health to develop and launch an initiative, built on previous grant-funded shared decision-making initiatives, to provide educational tools and resources that facilitate shared decision making with cost information among older adults and family caregivers and care partners. The grant resulted in the launch of new shared decision-making tools for early-stage breast cancer, fast-growing prostate cancer, hip osteoarthritis (nonsurgical options), hip replacement surgery and spinal stenosis. Three new FH Total Treatment Cost tools were launched as well, for major depression, heart failure and Alzheimer's disease. Along with the tools, FAIR Health developed and launched new educational content, checklists and resources for older adults and family caregivers on FAIR Health for Older Adults, a section of FAIR Health Consumer.

Subsequently, in March 2023, The John A. Hartford Foundation awarded FAIR Health an implementation grant to build upon the planning grant. Currently underway, the three-year grant-funded project aims to inform older adults and family caregivers about the shared decision-making tools and related resources to improve these stakeholders' healthcare engagement. As an important part of this undertaking, FAIR Health is collaborating with four recognized Age-Friendly Health Systems clinical sites: Penn Medicine, The Ohio State University Wexner Medical Center, Emory University and Wilmot Cancer Institute. The sites are using FAIR Health's suite of shared decision-making and FH Total Treatment Cost tools to engage patients and caregivers in shared decision making and cost discussions. In addition, patients receive printed toolkits and educational articles.

This onsite implementation effort complements FAIR Health's multichannel Healthy Decisions for Healthy Aging campaign, which launched in January 2024 under The John A. Hartford Foundation-funded grant. The goal of the campaign is to disseminate FAIR Health for Older Adults to older patients and family caregivers nationally.

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[3] David Arterburn, Robert Wellman, Emily Westbrook et al., "Introducing Decision Aids at Group Health Was Linked to Sharply Lower Hip and Knee Surgery Rates and Costs," *Health Affairs* 31, no. 9 (2012), https://doi.org/10.1377/hlthaff.2011.0686.

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

[5] Emily Oshima Lee and Ezekiel J. Emanuel, "Shared Decision Making to Improve Care and Reduce Costs," *New England Journal of Medicine* 368, no. 1 (2013): 6-8, https://doi.org/10.1056/NEJMp1209500.

[6] Blumenthal-Barby et al., "The Neglected Topic."

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

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

Using surveys and qualitative discussions, FAIR Health continues to evaluate the use and impact of these tools on healthcare decision making and engagement among older adults and their caregivers. The overall program findings will be published toward the end of the initiative and disseminated widely.

Alzheimer's Disease Shared Decision-Making Tool

In February 2025, FAIR Health launched a new shared decision-making tool for Alzheimer's disease. The tool features clinical information for self-care and drug therapy options and related cost information, as well as an educational healthcare cost tool and resources. The offerings are available through FAIR Health for Older Adults in a newly created section on Alzheimer's disease. As part of The John A. Hartford Foundation-funded initiative, FAIR Health is disseminating the new Alzheimer's disease-related tools and resources nationally and through its current collaborations with the four Age-Friendly Health Systems clinical sites.

The Online Learning Exchange Session

As part of this ongoing analysis, FAIR Health invited project leaders at each of the four Age-Friendly Health Systems sites to an online Learning Exchange, held in March 2025. The goal of the exchange was to enable participants to collectively learn from one another and identify strategies for continuing to advance shared decision making at the point of care. Project leaders shared updates on their point-of-care implementation work, including what is working well, any challenges they have encountered and lessons they have learned along the way.

Participants included clinicians from:

- **Abramson Cancer Center at Pennsylvania Hospital (part of Penn Medicine),** where clinicians are evaluating FAIR Health's shared decision-making tool for early-stage breast cancer to facilitate informed decision-making discussions with patients;
- **The Ohio State University Wexner Medical Center Neuropsychology Clinic,** where neuropsychologists are using FAIR Health's new Alzheimer's disease shared decision-making tool and shared decision-making tools for hip osteoarthritis, dialysis and type 2 diabetes, along with FH Total Treatment Cost tools for Alzheimer's disease and related dementias, major depression and ADHD;
- **Emory University's Division of Geriatrics and Gerontology and one of the university's teaching hospitals, Grady Memorial Hospital,** where clinicians are using several of FAIR Health's shared decision-making tools for primary care and palliative care conditions, including Alzheimer's disease, hip osteoarthritis, spinal stenosis and type 2 diabetes, as well as dialysis and nutrition options for seriously ill patients; and
- **Wilmot Cancer Institute,** where clinicians are using FAIR Health's oncology-focused shared decision-making tools, including tools for early-stage breast cancer and fast- and slow-growing prostate cancer.

Program Learnings

Utility of Shared Decision-Making Tools

Participating clinicians agreed that the shared decision-making tools and the *Toolkit for Healthy Aging* are useful and valuable to providers, patients and caregivers alike. They noted that patients tend to

appreciate the simple, understandable wording of the tools. One provider said that many patients enjoy talking to their provider using a systematic approach to discuss their treatment options. Another found that patients were particularly enthused about the "Questions to Ask Your Provider" portion of the toolkit.

Using the shared decision-making tool can help clarify the benefits of different treatment options for patients. A physician and geriatric oncologist at the Wilmot Cancer Institute described the case of a 76-year-old man who had been diagnosed with prostate cancer. The patient also had a trabeculated bladder with large diverticuli, which contributed to his history of complicated urinary tract infections (UTIs). The oncologist commented:

> His urologist had presented him with options of either radiation with androgen deprivation therapy or prostatectomy, and he needed to make a decision. When we used the shared decision-making tool, he saw that there wasn't a dramatic difference in outcomes between the two options. But there was a large benefit, in his mind, to prostatectomy, because that would also be able to address the bladder diverticuli. This would hopefully minimize his risk of recurrent UTIs, which were the most bothersome condition for him on a day-to-day basis. He took the tool home and ultimately he did go for surgery. Post-surgery, there is now consideration for adjuvant treatment. And he thought, 'Oh, would the shared decision-making tool be helpful?' So, he actually asked the team about going back to it.

The Alzheimer's Disease Shared Decision-Making Tool

Several clinicians reported that the new Alzheimer's disease shared decision-making tool and its related resources have been well received, particularly by caregivers. A senior psychometrist at The Ohio State University Wexner Medical Center noted:

> Caregivers love the part in the toolkit that talks about caregivers getting paid. That's something that not a lot of our caregivers have known about, and it's been very helpful for them to learn about this.

The new tool can also help to set expectations, said a neuropsychology postdoctoral fellow at The Ohio State University Wexner Medical Center. She relayed the results of a shared decision-making discussion with a caregiver caring for an Alzheimer's disease patient:

> She was disappointed to learn there aren't any medications that have really large effects. But I think it was helpful for her to have the options kind of laid out, and also to set the expectations for the medications. In thinking about dementia care—and in contrast to, say, cancer care, like in earlier stages of cancer, where you're still thinking of a high chance of survival—in dementia care, we have finite resources. We need to be thinking about how we can make them last to support this person in their life.

Adaptability of the Shared Decision-Making Tools

A recurrent theme in the discussion was the flexibility of the shared decision-making tools and how they can be adapted to varying patient needs and schedules—a huge advantage in a busy clinical setting. Clinicians pointed out that the tools can be used in various formats and at different points in the treatment process to bring up certain types of information or decision topics at appropriate times.

A number of clinicians noted that patients are often too tired or overwhelmed to use the shared decision-making tools during appointments. For this reason, at some clinics, new patients who are feeling overwhelmed may be given the tool to take home with them for later use, or an appropriate time may be found during a follow-up visit to use the tool.

Easy access may encourage patients to take advantage of the shared decision-making tools.

Participants remarked that the printed shared decision-making and resource toolkits are much appreciated by patients who are not tech-savvy or who do not have ready access to the internet. Future use may also be enhanced by sharing the tools via patient portals.

Timing of Introduction to Tools in Clinical Workflows

Clinicians noted that a patient's medical condition may help to determine the best time to introduce the tools. For instance, prompt introduction can be helpful for patients with early-stage breast and prostate cancers. Reviewing treatment options can prepare them for future decisions, even though none are immediately at hand, and keep them from feeling overwhelmed when eventually a decision must be made.

Early introduction of the tool can also help with the feeling of being overwhelmed by information on the internet, noted a nurse at the Abramson Cancer Center at Pennsylvania Hospital, Penn Medicine. She discussed her interaction with a patient diagnosed with breast cancer:

> She had wanted to make a quick decision and had gone straight to the internet for information. Based on what she found there, she had already decided, out of fear and a feeling of desperation, to have the unaffected breast removed as well. I went through the breast cancer shared decision making with her and she felt it was very concise, very specific information about treatment options. And she also wanted to take the toolkit home to her family members if they had questions. I thought that was unique, especially because I believe one of the purposes of the tools is to inform not just individuals, but also their families. And something I got from this was that this individual really wished she'd had this tool before she had her first appointment.

Workflow and Staff Roles

An important learning from the Exchange was that workflows vary greatly from site to site, and the shared decision-making tool can be used by a variety of staff and in many different settings.

Abramson Cancer Center at Pennsylvania Hospital, Penn Medicine

At the Abramson Cancer Center's breast cancer clinic, the process begins with a team of nurse navigators, who work closely with the clinic staff to create an eligibility list of patients who could benefit from the shared decision-making tool. After the patient's appointment with the clinician, a nurse provides the patient with the option to go through the tool immediately or to review it at home and schedule a follow-up. Because patients may feel overwhelmed after their appointment, they can choose to receive further assistance with the tool either in person at a designated space in the clinic or by following up via phone or email. To enhance patient engagement, Penn Medicine is retooling its recruitment approach and will be sharing the tool through its Epic-based patient portal messaging system, MyPennMedicine.

Wilmot Cancer Institute

At the Wilmot Cancer Institute, nurse navigators play a key role in identifying which patients may benefit from the shared decision-making tools, primarily those for prostate and breast cancer. They then encourage clinicians or other providers within the multidisciplinary team to use the appropriate tool with these patients. The clinic takes a dual-focused approach, specializing in geriatrics and medical oncology.

Every patient receives a full geriatric assessment and meets with a diverse team of specialists, such as physical therapists, occupational therapists, social workers and pharmacists.

Typically, a nurse will be the first to see the patient to answer any questions. The questions will then be relayed to the physician. This routine is adaptable, however, to different circumstances. The physician and geriatric oncologist at the Wilmot Cancer Institute said:

> Our clinicians sometimes see joint visits with our advanced practice providers. Sometimes the advanced practice providers are doing consults independently. It may be either or both of them who bring up the tool. Our social worker also is sometimes involved. If there are more cost-related questions, she'll bring the cost comparison tool in as a resource. So, it's actually a few different points in our clinic where someone may bring the tool up, but we do try to identify those patients ahead and have the clinician who's assigned as the main clinician for that visit, be the person to ensure that it is brought in.

Emory University's Division of Geriatrics and Gerontology and Grady Memorial Hospital Neighborhood Clinic

The Exchange participant from Emory University's Grady Memorial Hospital is a physician and practices in a neighborhood clinic that opened in September 2024. She is the sole practitioner using the shared decision-making tools at the clinic. She reported using many of the shared decision-making tools in her practice, including tools for hip osteoarthritis, spinal stenosis, type 2 diabetes, Alzheimer's disease and tools for the severely ill. She described her use of the tools:

> My goal has been to introduce the tools whenever a natural opportunity arises—whether it's a new complaint that aligns with a shared decision-making tool or a follow-up visit where we're revisiting treatment options and progress. I always have my iPad with me, and I use it to pull up the tool and walk through it with the patient during the visit.

The Ohio State University Wexner Medical Center Neuropsychology Clinic

Clinicians and providers at the Wexner Medical Center Neuropsychology Clinic use many of FAIR Health's shared decision-making tools, including those for type 2 diabetes, hypertensive diseases, hyperlipidemia, heart failure, dialysis and Alzheimer's disease.

Patients at the clinic may be referred for a variety of complaints, including general memory loss, movement disorders, neuro-oncology, stroke, transplant and others. The clinic generally sees these patients only once, so the initial appointments are extensive, consisting of three to four hours of neuropsychological testing plus a one-hour interview before or after testing. For this reason, the shared decision-making tools may be introduced flexibly at many different time points in the process.

The senior psychometrist at the Wexner Medical Center said:

> We have a lot of challenges with timing, because it is a very long appointment. But throughout the testing process, at some point we just like to go over the tool with the patient. Sometimes with patients who have memory challenges, or just technology challenges, we need to pull the caregiver back and do it with them as well. In order not to disrupt testing too much, we like to hold off until the end, and then sometimes we'll do it in the lobby. But it can take place like in the middle of testing while they're on a break.

Considerations in Discussing Costs

The type of medical condition being treated plays a large part in determining initial patient interest in seeing cost information, participants reported. In an elective procedure, such as a hip replacement, the cost tool can be very helpful early on in making treatment decisions. The physician at the Grady Memorial Hospital neighborhood clinic described the case of a 75-year-old man who was deciding on treatment for hip pain. He wanted to avoid invasive hip replacement surgery but rejected the idea of doing physical therapy (PT), largely due to its perceived high cost. Said the physician:

> PT is often not taken because people worry about copays: Will it be covered by my insurance? How much do I need to pay? So, I used the cost tool with the patient. My understanding from using this tool, and this was the tip that I shared with my patient, was that we shouldn't aim to find the PT in a big hospital, because there are extra costs that can come in when it comes to billing, but maybe we should focus on an outpatient PT office that's in network for your insurance. And that's exactly what we did. And he actually ended up paying only $25 copay for each PT session, and he felt that investing in four to six sessions of PT to see if that will help would be worthwhile, and then he could continue to do his exercises on his own. He felt that was a fair deal.

The physician explained that using the tool helped the patient weigh the cost implications of different care settings, particularly between out-of-network and in-network facilities. Although the tool does not provide plan-specific information such as lists of in-network providers or cost sharing, the tool was valuable in guiding the cost-related aspect of the decision-making discussion, with the result that the patient chose to access care at an in-network outpatient facility for PT.

The type of medical condition being treated also plays a large part in determining initial patient interest in seeing cost information, participants reported. Many patients with serious conditions, such as a cancer diagnosis, showed little desire to use the cost tool. These patients generally want to know the best treatment for their condition, not how much it will cost, especially if they are feeling overwhelmed by a new diagnosis.

In addition, noted an oncology nurse navigator at Penn Medicine, the cost of cancer treatment is not generally brought up by providers during appointments; clinicians tend to think first and foremost about the patient's treatment preferences in the context of benefits and risks.

Further complicating cost discussions are the many factors that may affect how patients manage medical costs, said the Wilmot physician and geriatric oncologist:

> If there are cost challenges, we typically learn about that after we've crunched the numbers and talked with the finance people about that specific person, and then we figure out ways to support them in the cost, whether it's through foundation support that's available at our cancer center, or medication assistance program through the company that makes the med, for example, for cancer therapies. So, I would say that cost is not like a one-point-in-time discussion.

Nevertheless, cancer care costs can be high and patients need to be prepared, noted a nurse practitioner at the Abramson Cancer Center, Penn Medicine, who also illustrated the broader importance of cost conversations:

> We still need to try to find a way to have these conversations around cost, because the costs are significant and the patients are very much taken unaware when weeks and months later the bills start coming in. We need to figure out how the conversations can happen, and acknowledge cost is significant in this care and in any of these diagnoses, and we need to let our patients know early on that this is something to think about.

Conclusion

This discussion among clinicians at participating Age-Friendly Health Systems sites confirmed that shared decision-making and cost information tools are valuable to both patients and caregivers in making treatment decisions and understanding potential costs. Findings showed that there is a robust need and appetite for shared decision-making and FH Total Treatment Cost tools, as well as educational content and resources, at the four current clinical sites, testifying to the potential value of collaborating with additional Age-Friendly Health Systems sites and disseminating the tools to them.

The discussion also revealed the different ways in which the tools can be introduced in clinical workflows—and that this may differ based on the diagnoses. In addition, diverse types of clinician staff roles are involved in the shared decision-making process: physicians (e.g., geriatric oncologists), nurse navigators, psychometrists, social workers and advanced practice providers.

The discussion participants shared several valuable thoughts and suggestions. Among them:

- Some patients may benefit from accessing the shared decision-making tools and resources even before their first appointment. Giving the tools to patients beforehand may help prevent being overwhelmed by internet information. One clinician suggested optimizing the search ranking of the tools in search engines, making them easier to discover.
- The cost of treatment is not generally brought up by providers during clinic visits. Reasons given include that there are many variables to consider, providers want to assure patients get the best treatment possible and costs of care are often considered the realm of financial departments.
- By elucidating care options and costs, shared decision-making tools for elective procedures can prompt planning and decision making that consider clinical options and their cost implications.
- The FH Total Treatment Cost tool can be useful in getting a rough estimate of outlays and advice on how to navigate treatment costs. Moreover, additional context on what health insurance would pay for is important for assuring patients about out-of-pocket costs of care.
- Patients with serious conditions, such as long-term cancer diagnoses, are generally uninterested at first in learning about potential costs. However, the costs can be considerable and this is a conversation that needs to take place fairly early in the treatment process, one clinician stressed.

Through these findings and other related analyses, FAIR Health expects to generate valuable insights that will inform future healthcare practices and policies at the micro and macro levels. The findings are particularly apt as FAIR Health undertakes a new grant from The New York Community Trust to disseminate its tools throughout the greater New York metropolitan area and engage with two clinical sites serving New York City's older adults to also use these tools at the point of care.

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About FAIR Health

FAIR Health is a national, independent nonprofit organization dedicated to bringing transparency to healthcare costs and health insurance information through data products, consumer resources and health systems research support. FAIR Health qualifies as a public charity under section 501(c)(3) of the federal tax code. FAIR Health possesses the nation's largest collection of commercial healthcare claims data, which includes over 51 billion claim records and is growing at a rate of about 4 billion claim records a year. FAIR Health licenses its commercial data and data products—including benchmark modules, data visualizations, custom analytics and market indices—to commercial insurers and self-insurers, employers, providers, hospitals and healthcare systems, government agencies, researchers and others. Certified by the Centers for Medicare & Medicaid Services (CMS) as a national Qualified Entity, FAIR Health also receives data representing the experience of all individuals enrolled in traditional Medicare Parts A, B and D, which accounts for a separate collection of over 51 billion claim records; FAIR Health includes among the commercial claims data in its database, data on Medicare Advantage enrollees. FAIR Health can produce insightful analytic reports and data products based on combined Medicare and commercial claims data for government, providers, payors and other authorized users. FAIR Health's free, award-winning, national consumer website is available in English (fairhealthconsumer.org) and Spanish (fairhealthconsumidor.org). For more information on FAIR Health, visit fairhealth.org.

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