**APPENDIX**

In general, wide distributions of health confidence in clinical settings and hospital service areas indicate that higher levels of health confidence are attainable [3,14]. Clinical practices have also described methods they have used to improve health confidence [6,7,22].

Most directly, patients who are not very health-confident can be asked to describe what they want or need to become more health-confident so that a specific plan can be tailored to their suggestions. These inquiries can be easily automated, as in one approach freely available at [www.HowsYourHealth.org](http://www.HowsYourHealth.org).

Such individualized plans can conserve resources that would otherwise be deployed to address metrics not relevant to the patient and will thus not further burden clinical settings that were resource-constrained even before the Covid-19 pandemic. As additional patients are asked about what they want and need, their aggregated information can be sorted for population management. Patients’ suggestions generally fall into a few categories: changes in their own actions; improvements in professional services; specific interventions for their pain, emotional problems, or medications; and availability of non-professional help such as that provided by family or social services [14,15]. A patient’s expressed interest in becoming more health-confident can assist a practice or health system to prepare for the needs of that patient and many patients, delivering much-needed efficiency as the pandemic further strains resources.

The What Matters Index presented in Table 3 offers one approach to supporting health confidence through simple measures of pain, emotional problems, and medication effects. These measures are strongly associated with patients’ quality of life [16,23], and they can be easily assessed at the point of care to guide clinical responses that improve health confidence. As rigorous research increasingly demonstrates the ineffectiveness of computer-generated risk models used for targeting and “hot-spotting” a few patients who might later use costly care [24,25], remote or in-person administration of the WMI also offers an ethical and much more cost-effective alternative regardless of patients’ financial status.

**TABLE THREE**



Legend. The odds of future hospital use increase with the sum of the responses highlighted in black relative to the base score of no such responses: 1 = 1.1–1.6; 2 = 1.6–2.4; 3+ = 2.9–4.0. For future emergency use relative to base score: 1 = 1.1–1.4; 2 = 1.6–2.1; 3+ = 2.6–3.3 [15].