**Reducing Impacts of Financial Strain  
Team Assessment**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Team Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Improve the patient experience** | |
| **Current state** | **Future state** |
| Physicians on our team are solely responsible caring for patients experiencing financial strain. | We have an established improvement team for supporting patients experiencing financial strain that includes a patient representative. |
| 1 2 3 4 5 | |
| Our team makes care decisions based on our understanding of the most important medical needs. | Our team collaborates with the patient to develop a shared care plan that includes the patient’s most important needs and what matters to him/her. |
| 1 2 3 4 5 | |
| Patients are reluctant to share information about their financial circumstances with the team. | Patients proactively bring up financial concerns that are affecting their health without the worry of feeling shame or that they are being judged. |
| 1 2 3 4 5 | |
| Patients have a challenging time booking an appointment to see their family physician. | Patients can have timely access to see their team and if an appointment is missed the patient receives a follow up phone call to discuss why they weren’t able to attend clinic appointment. |
| 1 2 3 4 5 | |
| **Identify paneled patients** | |
| **Current state** | **Future state** |
| The team not able to identify patients experiencing financial strain in the EMR. | The team reviews the EMR list of patients identified with financial strain on a planned and regular basis. |
| 1 2 3 4 5 | |
| No established processes for identifying patients experiencing financial strain. | Criteria established based on population risk factors where at any type of appointment patients are assessed using a standardize question(s) to assess for financial strain. |
| 1 2 3 4 5 | |

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| **Standardize documentation** | |
| **Current state** | **Future state** |
| Our team does not have a standardized process to documents patients who are experiencing financial strain. | Our team has established processes to identify the social determinants of health for any patient within the EMR. |
| 1 2 3 4 5 | |
| **Optimize care management** | |
| **Current state** | **Future state** |
| Our team does not have a process for responding to patients experiencing financial strain. | Our team is very confident that we can respond to a patient experiencing financial strain and have established communication processes with community partners. |
| 1 2 3 4 5 | |
| Our team does not have a process for monitoring patients experiencing financial strain. | Patients experiencing financial strain are monitored using EMR processes and care plans are consistently updated at appropriate time intervals. |
| 1 2 3 4 5 | |
| **Coordinate care in the medical home** | |
| **Current state** | **Future state** |
| We do not know where to access psychosocial supports for patients experiencing financial strain. | Our team is aware of the skills each member possesses in the medical home and we have defined roles which are cross-trained in supporting patients who are experiencing financial strain. |
| 1 2 3 4 5 | |
| **Coordinate care in the health neighborhood** | |
| **Current state** | **Future state** |
| The team does not have a full/good understanding of the current community agencies or assets. | The teams know how to access community resources and has documentation that enables care collaboration and mitigates patient privacy concerns. |
| 1 2 3 4 5 | |
| Patient’s are referred to external programs. | Two way communication exists between the patient’s medical home and external resources. |
| 1 2 3 4 5 | |