Med Access EMR Guide for Reducing the Impact of Financial Strain

Reviewed in 2020

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Panel Segmentation & Marking the Record

Establishing and maintaining an accurate panel is a critical step to leveraging the EMR for managing patient care. Please refer to the Panel Identification and Panel Maintenance sections of Guiding Principles to Effective Use of EMR for Patient's Medical Home Work and other Med Access EMR resources as needed.

Managing a patient panel to reduce harms associated with experiencing financial strain begins with the identification of patients who are experiencing financial strain. The process of identifying a sub-group of patients within the panel is panel segmentation. Marking the patient record identifies the panel segment by using a standardized term to facilitate the use of searches and applicable point-of-care reminders.

The panel segment of interest for this population is **patients who are experiencing financial strain**. This panel segment includes all patients who respond "Yes" to the screening question "Do you ever have difficulty making ends meet at the end of the month?" This is the recommended standardized RIFS screening question but clinic teams may choose to ask patients additional screening questions at their own discretion.

Identifying and maintaining a list of patients who are experiencing financial strain requires an active screening process and review to ensure accuracy of information. The next three sections will provide recommendations for developing a screening process. As you read through these sections, please keep in mind that there are several methods to facilitate the development of a panel segment patient list. Clinic teams are, therefore, encouraged to consider their clinic's context and explore other methods as appropriate.

Identifying the Screening Patient Population

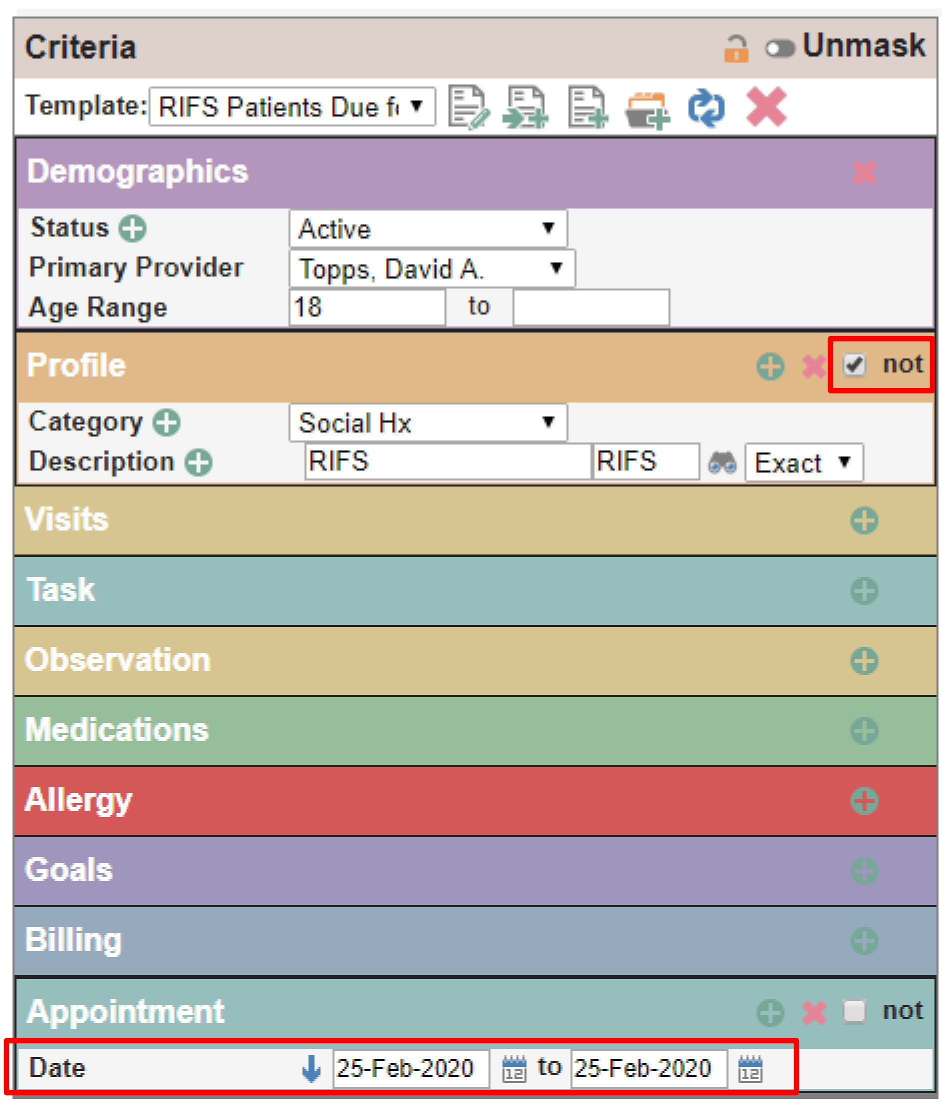
Recommended method: Start by identifying the patient population the clinic team would like to screen for patients experiencing financial strain. Here are some examples:

All patients 18 years and older:

- who have never been screened for experiencing financial strain.
- participating in a particular initiative like Patients Collaborating with Teams (PaCT).
- with a specific complex health need (e.g. patients with multiple chronic conditions, patients taking multiple medications). Please refer to pages 29 and 30 of the Guiding Principles to Effective Use of EMR for Patient's Medical Home Work document for additional information about identifying patients with complex health needs.
- who have an appointment with a specific physician or other healthcare provider.

Once the screening patient population has been identified, it is suggested that the clinic team create **point of care reminders** to flag patients who should be offered the screening question. Point of care reminders can be used to remind clinic staff to perform a certain action when a patient visits the clinic.

Global Visit Reminders – Global reminders for patient recall/outreach can be used to flag patients who meet the criteria of the screening population. For example, below is a screenshot of a query that can be used as an alert to flag Dr. Topps' adult patients who have an appointment booked "today" and have never completed a screening questionnaire. If your clinic is concerned that adding RIFS patient flags will impact patient confidentiality or clutter patient charts, consider running this report every morning to identify patients due for screening.



TIP: Experiencing financial strain is a common occurrence for many people. We want to normalize the screening process as much as possible, so patients don't feel like their selection was targeted. This could make them feel even more shame and stigma for experiencing financial strain.

Note that it is important to check off "not" when adding the query criteria identifying patients who have been offered the screening question. This will ensure that only patients who have not been offered the screening question are flagged for screening. It is also important to ensure that the "Date" selected in the "Appointment" section of the search is set to the desired date.

Screening Patients

Recommended method: Work as a clinic team to determine how the screening question will be offered to and completed by patients.

1. Consider using the RIFS scripting samples when **offering the screening question to patients**.

2. Consider using one or more of the following methods to **administer the screening question**:
   i. Create the screening question as a document and print it out for patients to complete with a pen or pencil. See these useful resources for additional information on printing and filing documents from the EMR:
   ii. Provide patients with a laminated copy of the screening question to be completed with a whiteboard marker.
   iii. Have a clinic team member complete the screening question with the patient and record the response directly in the EMR. See the Reviewing and Recording the Screening Question Result section below for more information about where the result can be recorded.

> **TIP:** When considering how the screening question will be administered, please keep in mind that personal finance is a sensitive topic for many patients. The screening process should therefore ensure that patient privacy and confidentiality are maximized. For example, consider offering patients the screening question while in a private exam room.

Reviewing and Recording the Screening Question Result

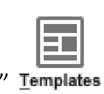
Recommended method: A healthcare provider reviews the screening question result with the patient and records the result in the EMR.

1. Consider using the using the RIFS scripting samples to guide providers with their **conversations when responding to patients** after the screening has been completed.

2. Recording the screening question result
   a. Consider recording the following four types of question results in a searchable field in the EMR (see step 2b below):
      i. Positive: patient responds "Yes" to the question "Do you ever have difficulty making ends meet at the end of the month?"
      ii. Negative: patient responds "No" to the question "Do you ever have difficulty making ends meet at the end of the month?"
      iii. Unable to Complete: patient is unable to complete the screening question (e.g. due to illiteracy, a language barrier, a mental health barrier such as dementia, etc.). Please note that, to make the screening process more efficient, this result can be recorded in the EMR by the clinic staff member who offers the patient the screening tool.
      iv. Declined: patient declines to complete the screening question. Please note that, to make the screening process more efficient, this result can be recorded in the EMR by the clinic staff member who offers the patient the screening tool.

   b. Consider recording the four types of screening question results as an observation that can be added to patient profiles.

   Start by creating a new "RIFS Screen" observation type:

   - Users with administrative access can click "Templates" 

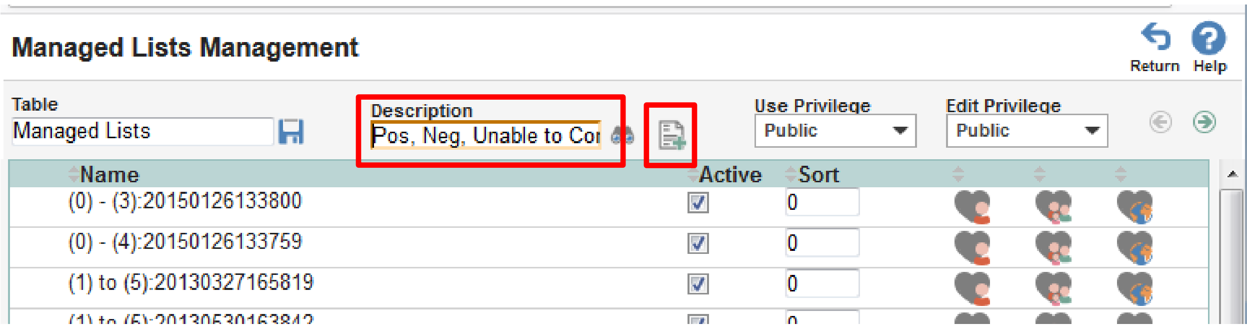
 to go to the "Template Management" module
   - From there click the "Obs" tab 

   - In the "Obs" area click "Types" 

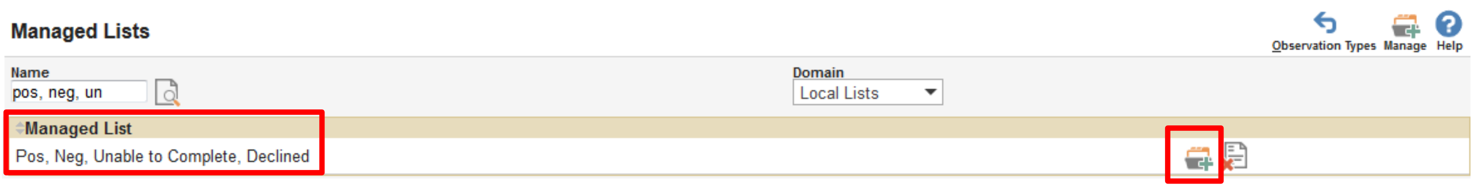
 and then click "Lists" 

   - Click "Manage" 

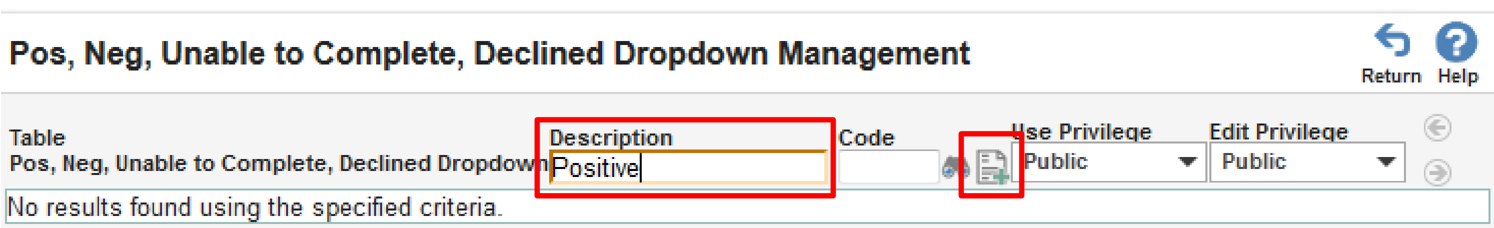
- Type “Pos, Neg, Unable to Complete, Declined” in the “Description” field and click “add” 



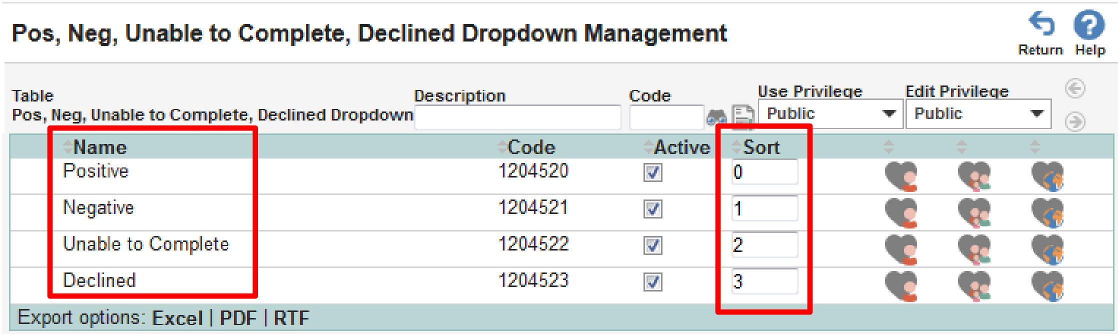
- Click “Return” 
- Search for your new list by name and click Edit Managed List 



- Type “Positive” in the “Description” field and click “Add” 



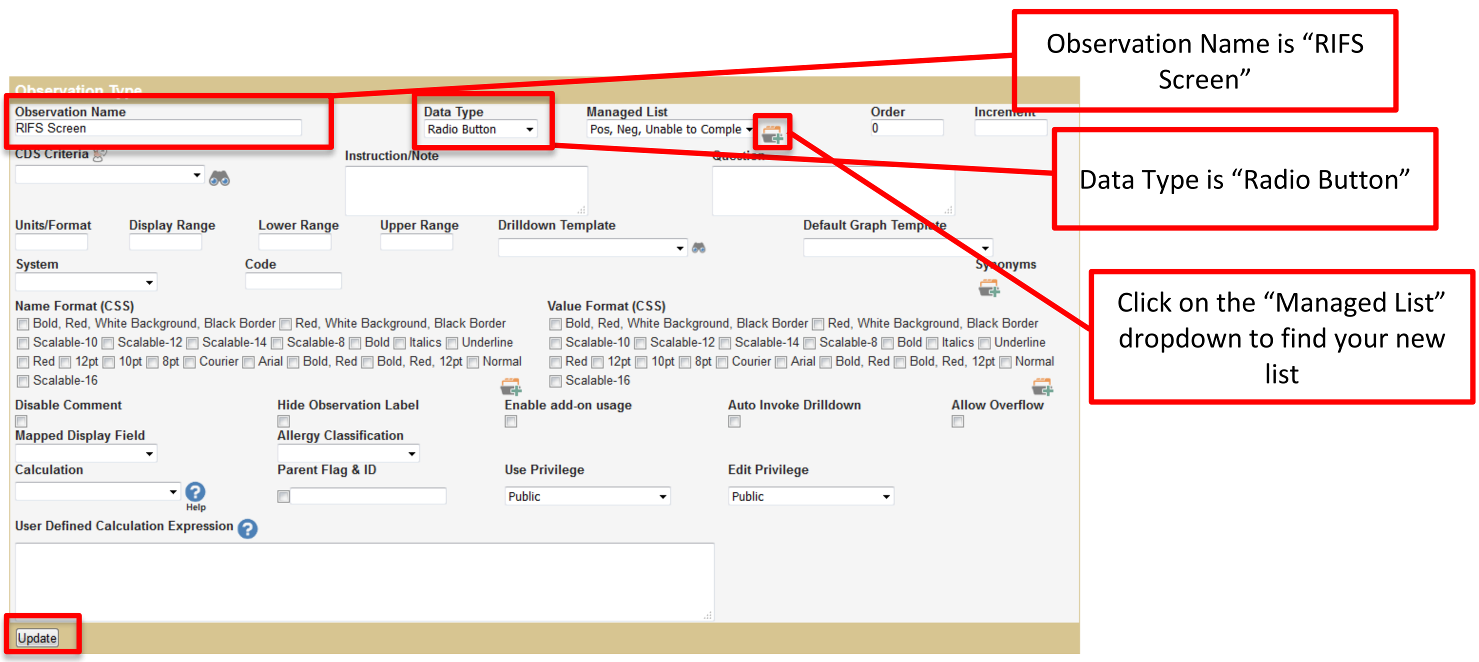
- Repeat for "Negative", "Unable to Complete", and "Declined". Also ensure the "Sort" numbers are such that the list sorts in the order shown below



- Click "Return"

- Click "Return to Observation Types"

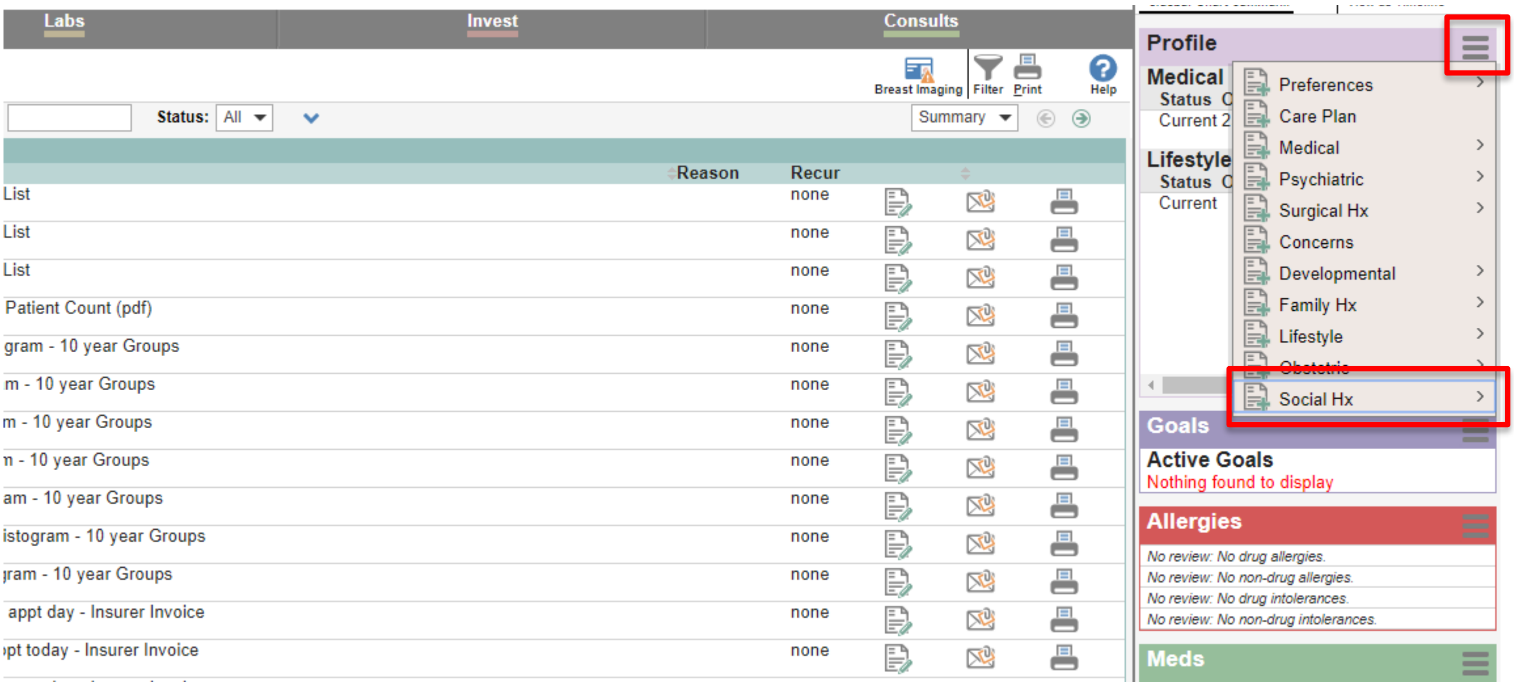
- Now create a new observation: in the "Obs" tab , click "New"



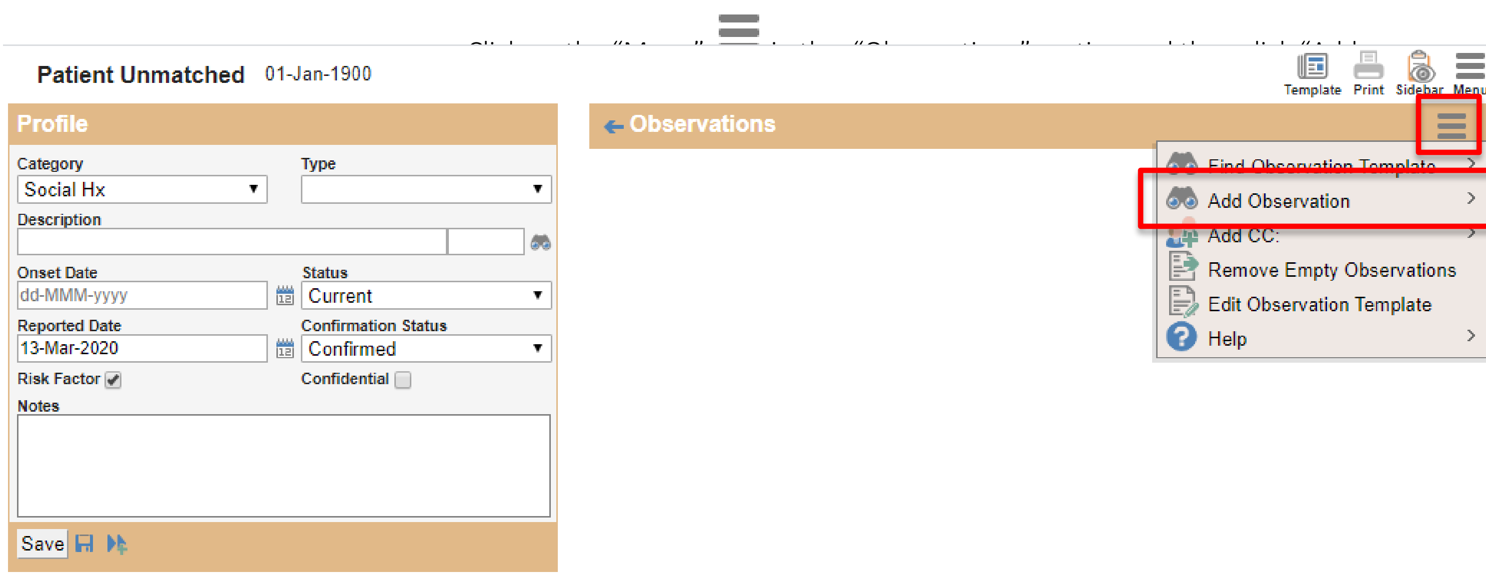
- Once the three fields in the above screen shot are populated, click "Update" to save your new observation

- The new observation type is now ready to use to add the screening question result to patient profiles and visits

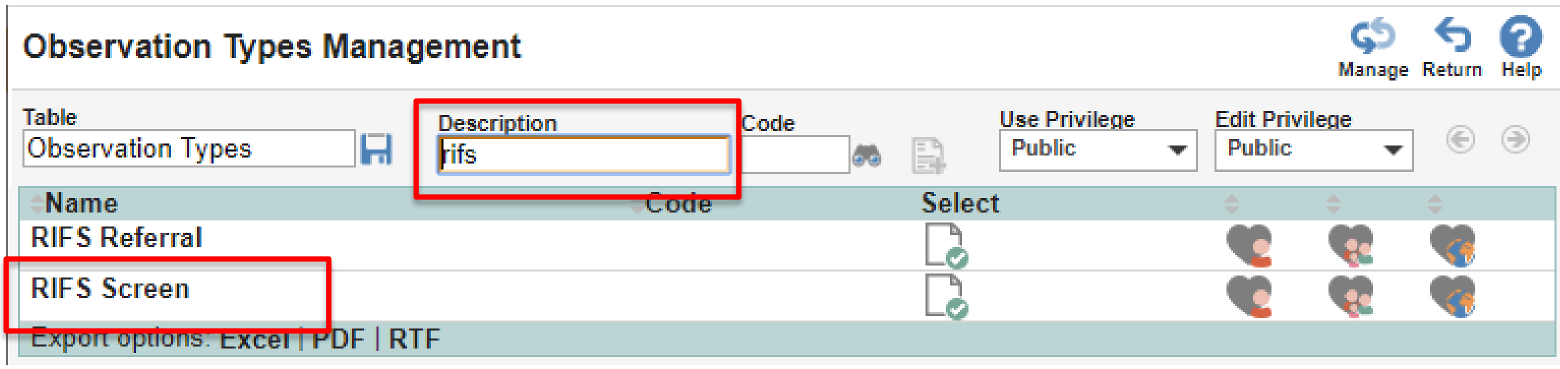
- To add a new RIFS screen result to the patient profile:



- Click on the "Menu" in the "Profile" Profile section of the patient's chart, then click "Social Hx"

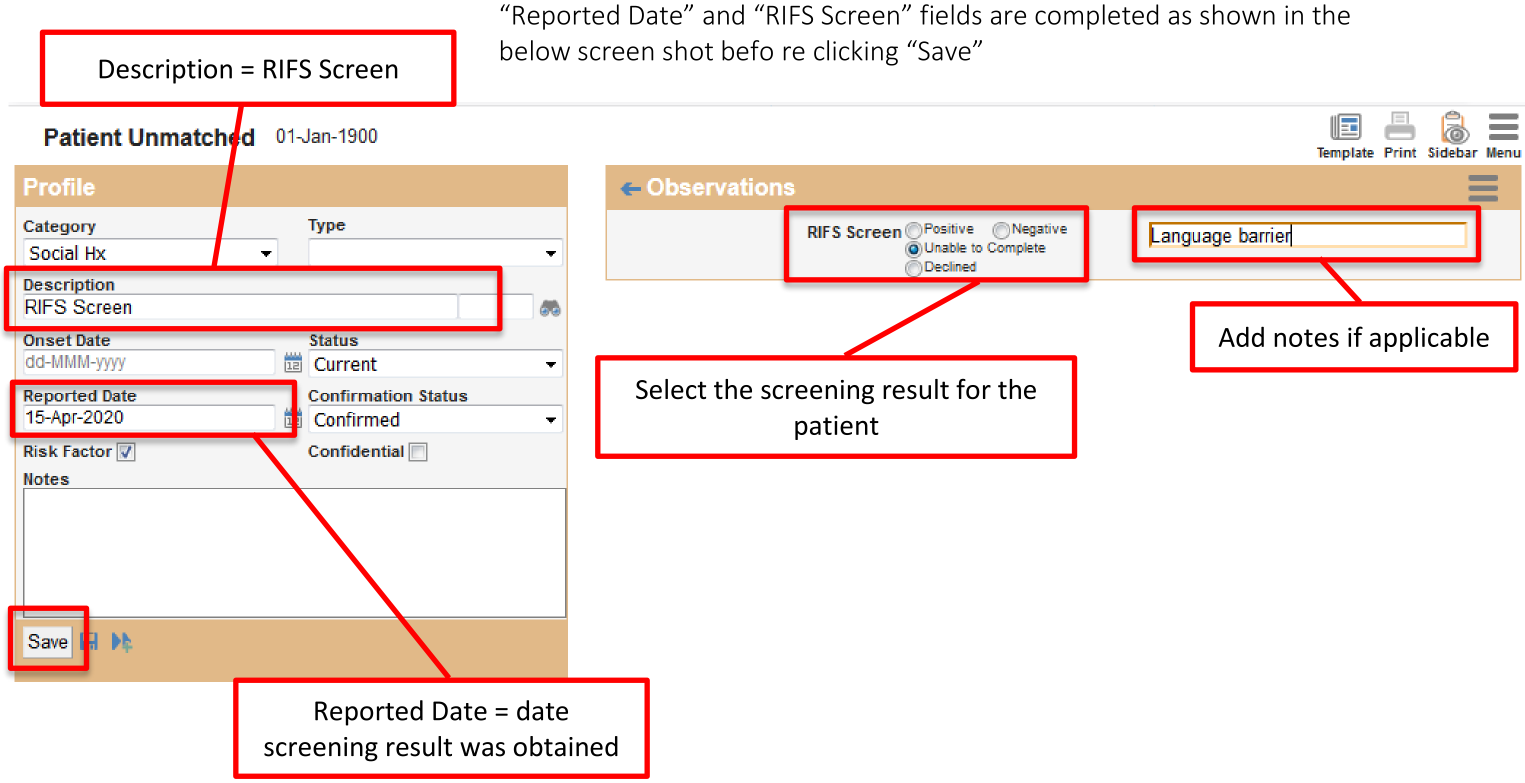


- Type “RIFS” in the Description field and click the binoculars icon or “Enter” on your keyboard.
- Click on the “RIFS Screen” observation type from the list that appears. *Note*

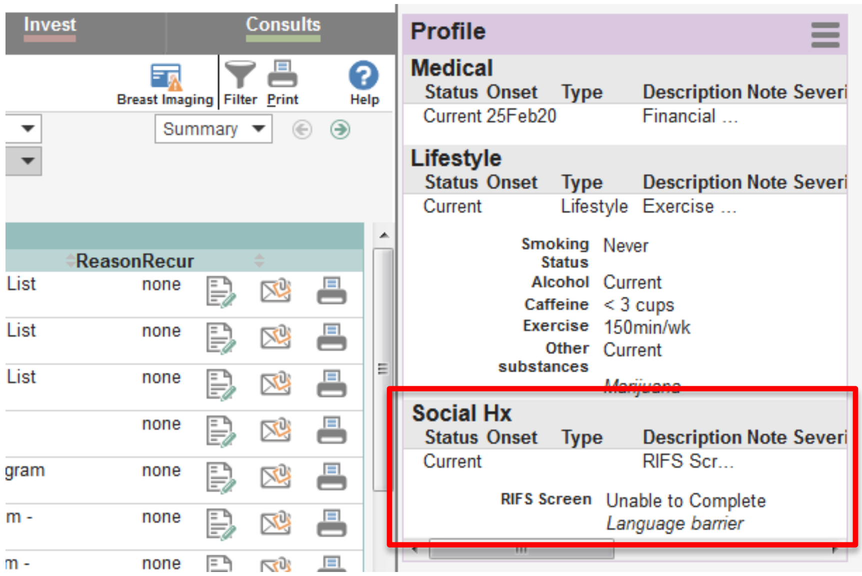


that you will not have to complete this step if the “RIFS Screen” observation is the only observation type with the word “RIFS” in the title. Instead, the observation type will automatically be selected and added to the profile.

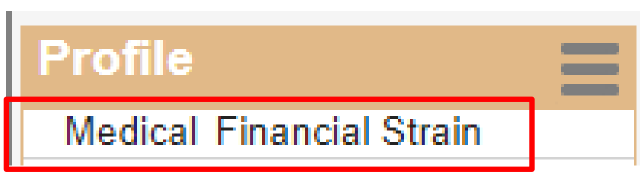
- Once the “RIFS Screen” observation is added, ensure that the “Description”, “Reported Date” and “RIFS Screen” fields are completed as shown in the below screen shot befo re clicking “Save”



- The RIFS screening result will now show in the Profile section of the patient's chart



3. It is recommended that the healthcare provider **record 'Financial Strain' in the patient's Profile under the "Medical" category** if the result is positive (i.e. patient responds "Yes" to the question "Do you ever have difficulty making ends meet at the end of the month?"). This will allow the clinic to follow-up as appropriate with patients who are experiencing financial strain. Once added to the patient profile, "Financial Strain" will appear in the patient's chart as shown below.



Care Management

The following section outlines some follow-up processes and EMR reminders that can be enabled but this does not replace clinical judgement or consideration of individual patient circumstances. It is intended to provide a 'safety net' to alert the clinic team to considerations in managing patients who are experiencing financial strain.

Referral Coordination

Recommended method: A healthcare provider asks patients who are experiencing financial strain if they would like to be referred to another healthcare provider (e.g. social worker) and/or community resource to further discuss their options.

Consider recording the following outcomes of the referral offer:

i. Accepted: patient accepts the offer for additional resources.
ii. Declined: patient declines the offer for additional resources.
iii. Deferred: patient is considering the offer for additional resources but has not yet accepted.

If a patient agrees to be referred to additional resources, consider providing them with a referral to the appropriate healthcare provider and/or a handout of available community supports.

If a patient declines the offer for additional resources, the clinic team can use their best judgement to determine whether or not to reoffer additional resources the next time the patient visits the clinic.

If a patient defers the offer for additional resources, the clinic team can create a reminder to reoffer additional resources the next time the patient calls and/or visits the clinic.

Consider recording the three types of referral outcomes as an observation that can be added to patient profiles.

Start by creating a new "RIFS Referral" observation type:
Note that, in the below example, a single referral outcome observation type is created to track referral outcomes. Your clinic team may also chose to track referral outcomes for different types of referrals offered (e.g. social work, housing, financial aid, etc.). In this case, separate observation types will need to be created for each type of referral tracked.

- Users with administrative access can click "Templates" 

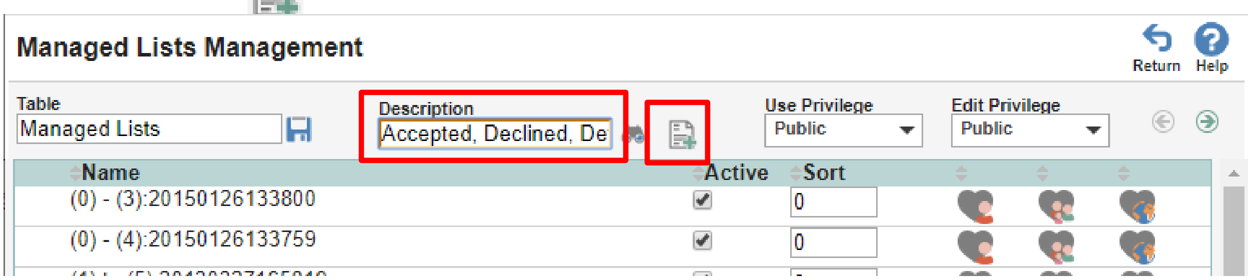
to go to the "Template Management" module
- From there click the "Obs" tab 

- In the "Obs" area click "Types" 

and then click "Lists" 

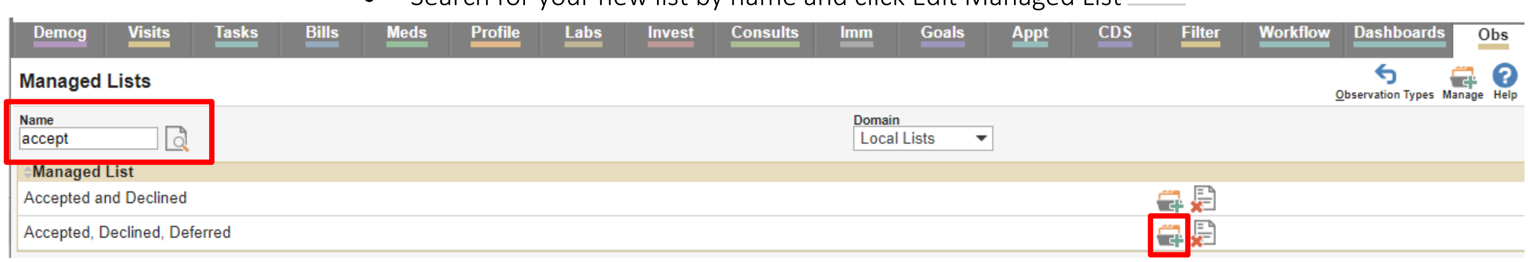
- Click "Manage" 

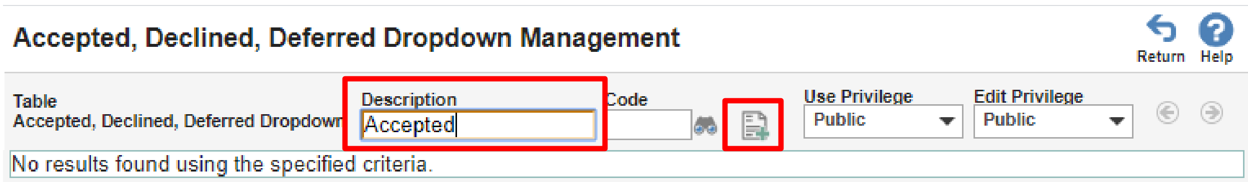
- Type "Accepted, Declined, Deferred" in the "Description" field and click "add" 



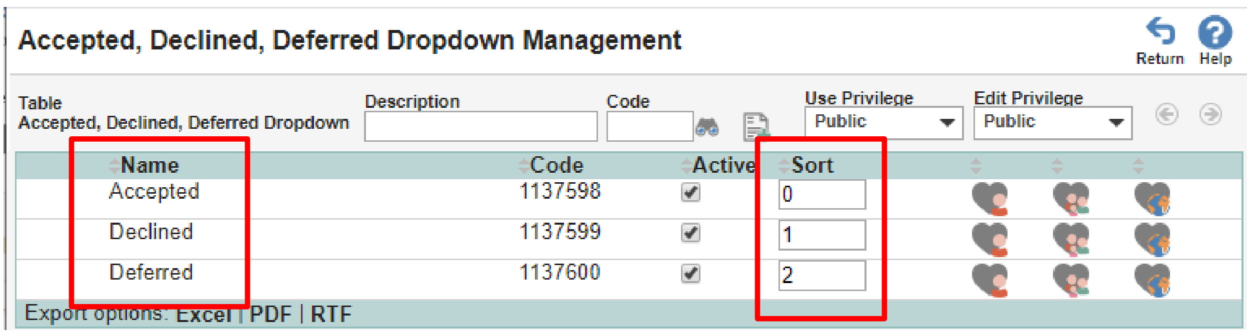
- Click "Return" 

- Search for your new list by name and click Edit Managed List 





- Type “Accepted” in the Description field and click “Add” 
- Repeat for “Declined” and “Deferred”. Also ensure the “Sort” numbers are such

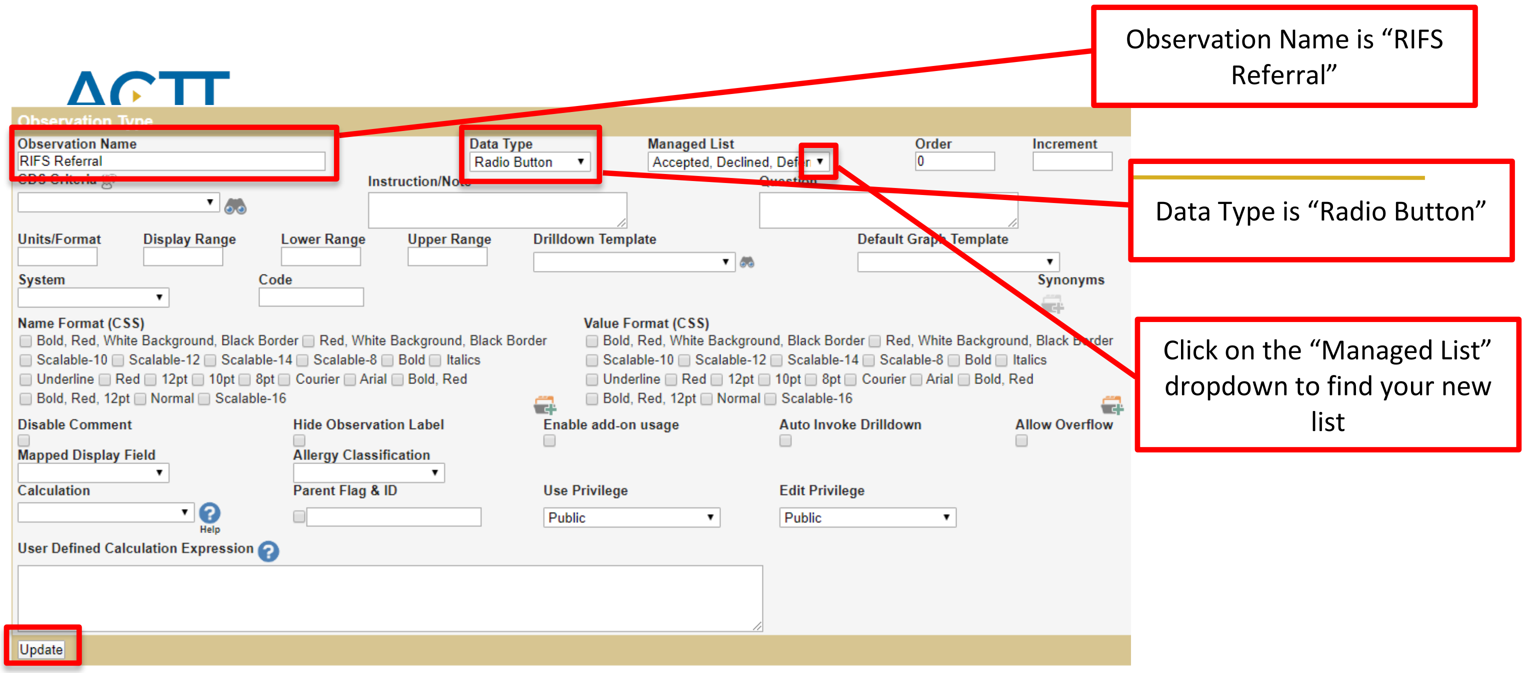


- Click “Return” 

- Click “Return to Observation Types” 

  - Now create a new observation: in the “Obs” tab 

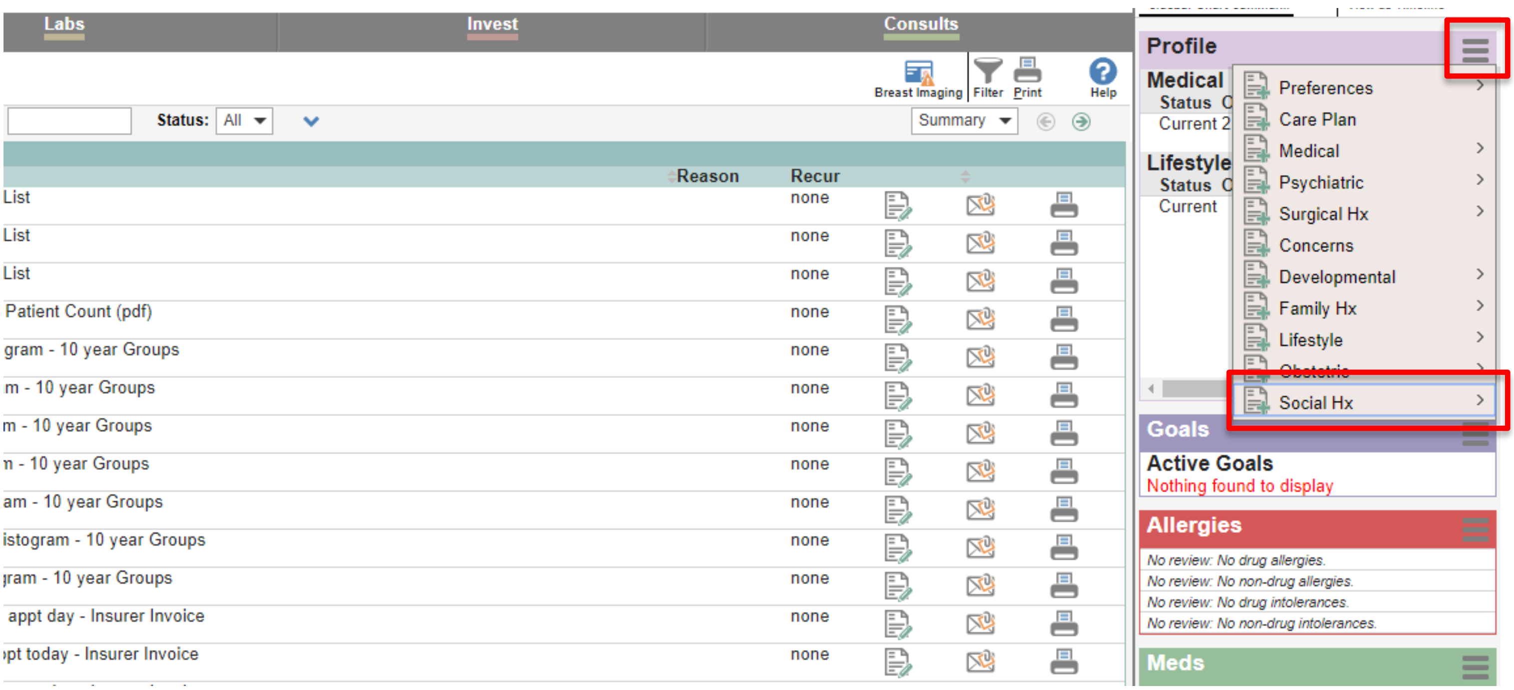
, click “New”

- Once the three fields in the above screen shot are populated, click “Update” to save your new observation
- The new observation type is now ready to use to indicate the referral status

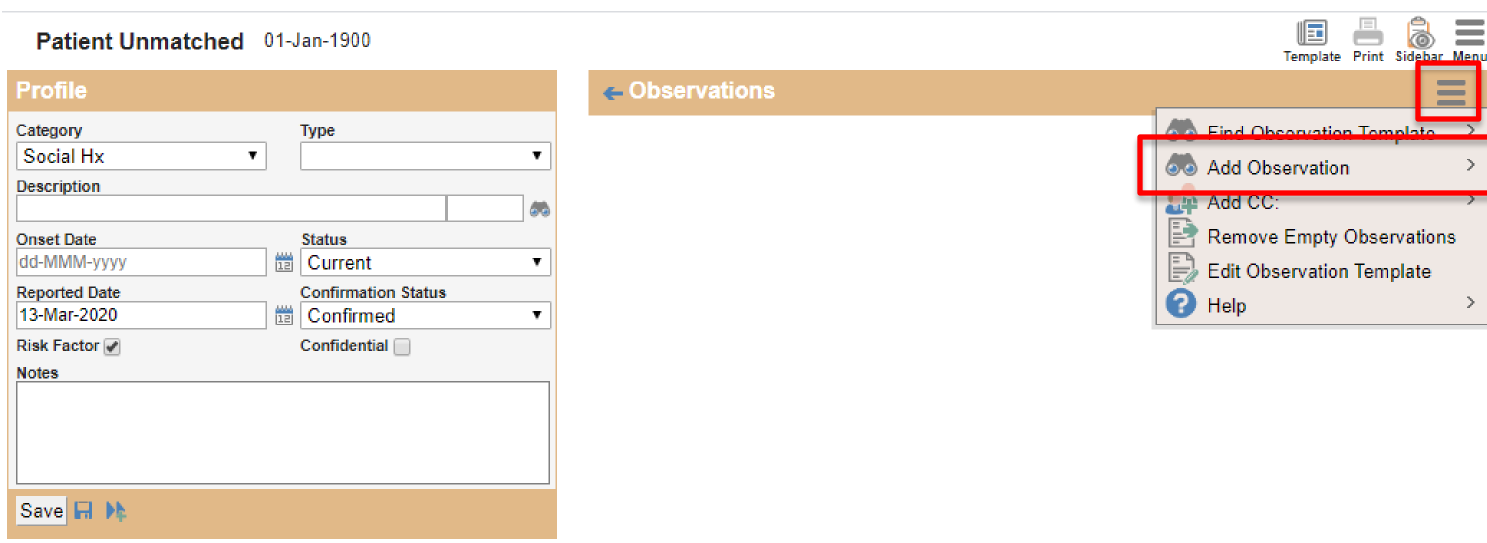
To add a new RIFS referral status to the patient profile:

- Click on the “Menu” in the “Profile” Profile section of the patient’s



chart, then click “Social Hx”

- Click on the “Menu” in the “Observations” section and then click “Add Observation”



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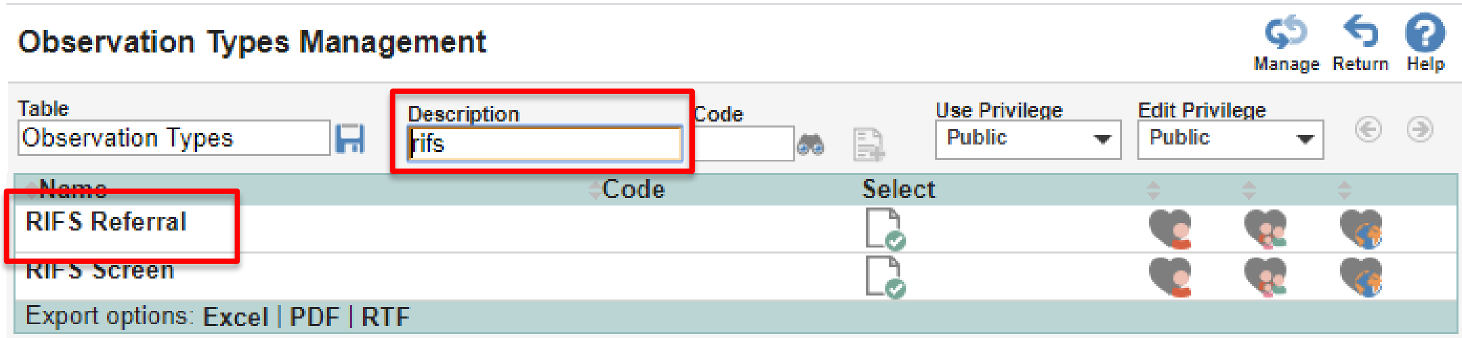
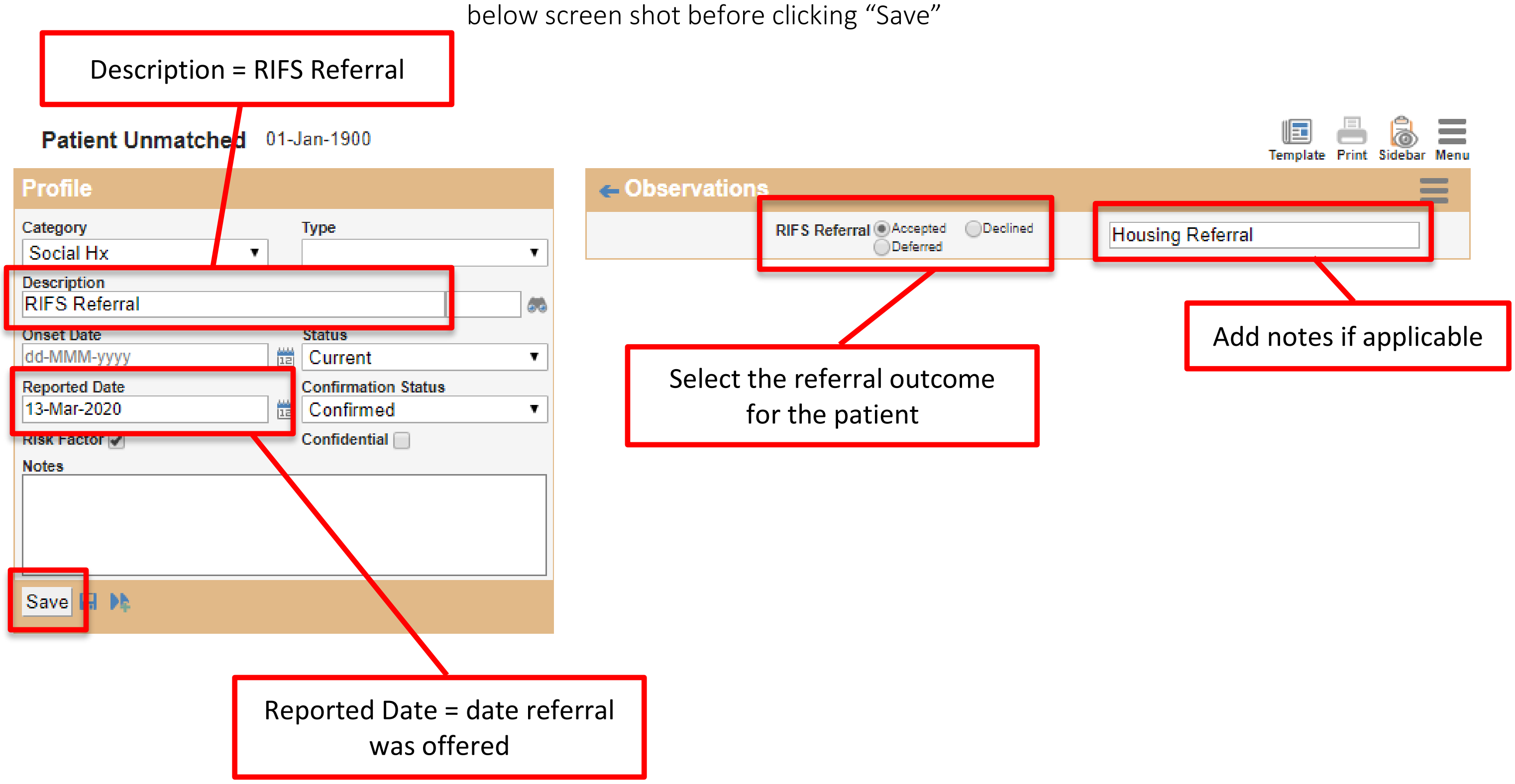
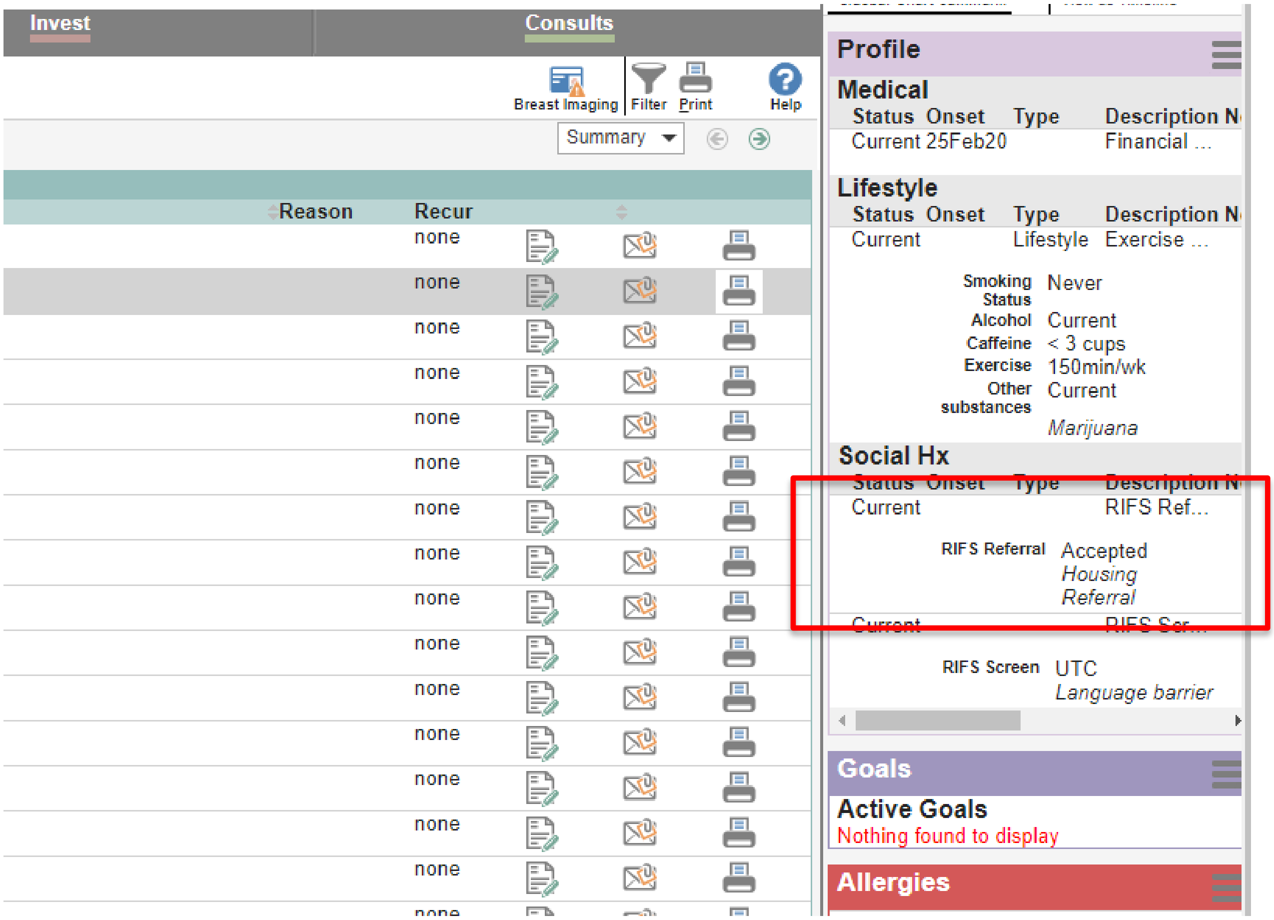
- Type “RIFS” in the Description field and click the binoculars icon or “Enter” on your keyboard.



- Click on the “RIFS Referral” observation type from the list that appears.

- Once the “RIFS Referral” observation is added, ensure that the “Description”, “Reported Date” and “RIFS Referral” fields are completed as shown in the below screen shot before clicking “Save”





- The RIFS referral result will now show in the Profile section of the patient's chart

TIP: It is important to ensure that clinic team members record information in the EMR in a standardized way.

Opportunistic and Outreach Screening - Following Up with Patients Experiencing Financial Strain

Establishing EMR reminders can support the clinic team by identifying tasks that may be appropriate to be completed during a patient encounter (i.e. opportunistically) or a recommendation to reach out to a patient (i.e. outreach). Please see the page 14 of the Guiding Principles to Effective Use of EMR for Patient's Medical Home Work document for additional information about opportunistic and outreach screening.

It is recommended that the clinic team **establish reminders** to follow-up with patients, as follows, based on the patient's last screening result:

i. Positive: follow-up at every patient encounter until the patient no longer screens positive, or as appropriate given a specific patient's context
ii. Negative: follow-up every 18 months, or as appropriate given a specific patient's context
iii. Unable To Complete: follow-up at every patient encounter until the patient is able to complete the questionnaire, or as appropriate given a specific patient's context
iv. Declined: follow-up every 18 months, or as appropriate given a specific patient's context

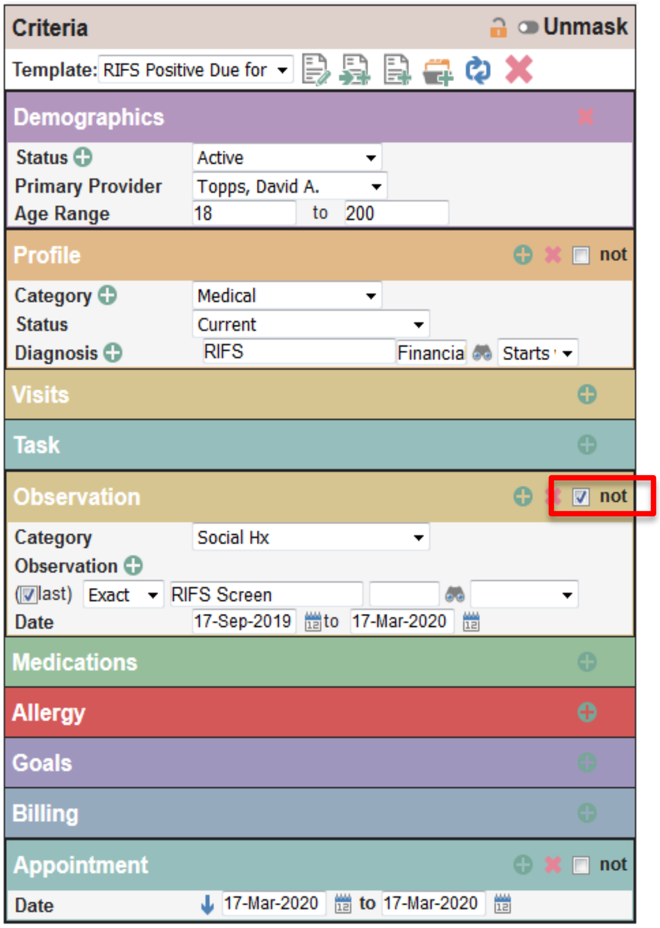
Opportunistic Care

Consider using one or more of the following options to flag patients who come to the clinic for an appointment and have ‘Financial Strain’ in their “History of Problems” medical history band.

1. Create a global reminder to flag patients who come in for an appointment, have ‘Financial Strain’ in their problem list/profile and have not had their screening result reviewed in more than six months. Note that clinic teams are encouraged to choose the screening time interval that makes the most sense given their context (e.g. review positive screening results every three months).

   Below is an example search.

   Note that it is important to check off “not” when adding the search criteria identifying patients who have been offered the screening question in the last six months. This will ensure that only patients who have not been offered the screening question in the last six months are flagged for screening (in the screen shot below, the “Observation” section indicates that patients with a RIFS Screen observation in the “Social History” section of their Profile with a date in the last six months will be excluded from the search). It is also important to include all active patient statuses in the search (see the “Status” line in the Demographics section of the below search). This will ensure that all active patients are included in the search. Lastly, it is important to include that the Status of the RIFS Financial Strain diagnosis is “Current” in the Profile section of the search. This ensures that only patients currently experiencing financial strain are flagged for follow-up.

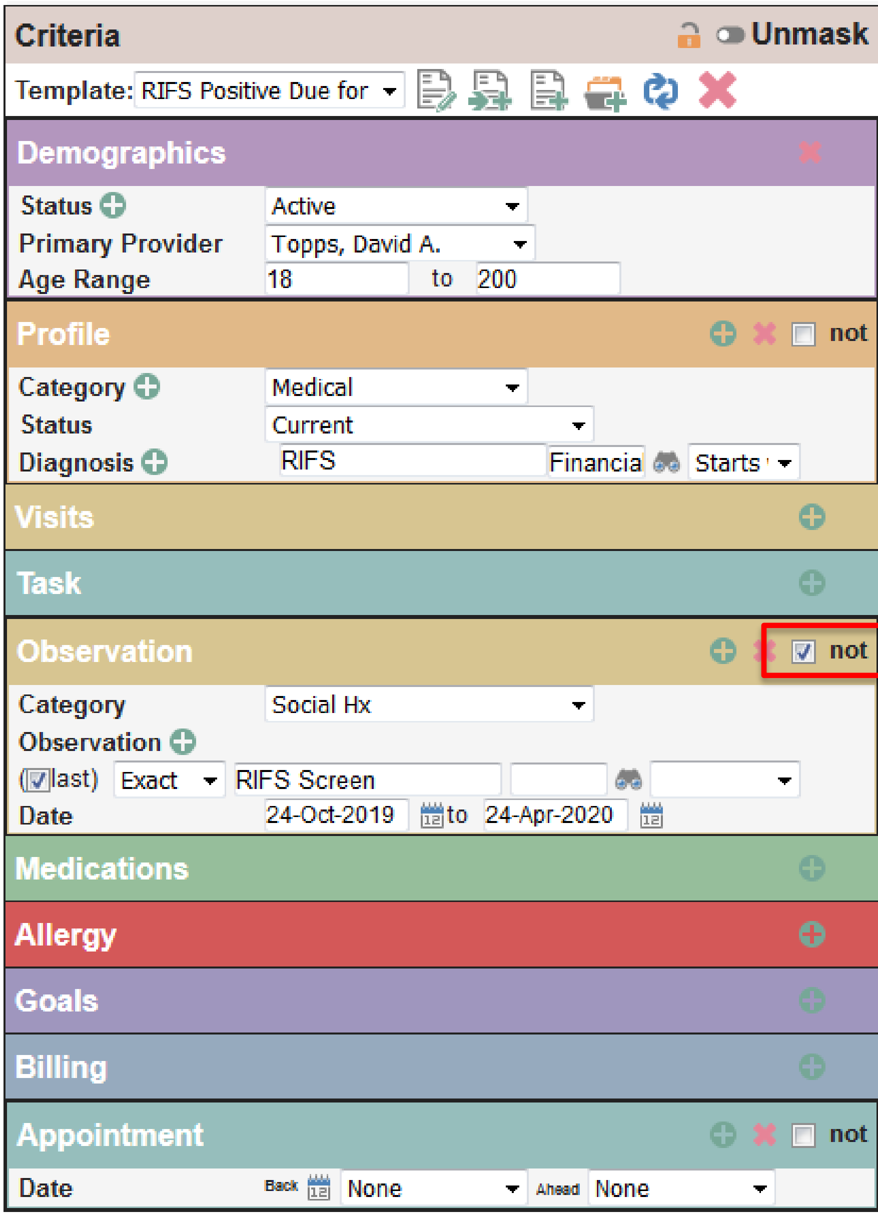


2. Create individualized patient reminders to flag patients who come in for an appointment, have ‘Financial Strain’ in their problem list/profile and require an individualized follow-up plan. See the Med Access EMR Help Files for Goals and My Tasks for additional information on creating and managing individual patient reminders:

Outreach Care

Consider using the following options to flag patients who have 'Financial Strain' in their "History of Problems" medical history band and have not come to the clinic for an appointment in more than six months. Note that clinic teams are encouraged to choose the screening time interval that makes the most sense given their context.

1. Create a global reminder to flag patients who have 'Financial Strain' in their "History of Problems" medical history band and have not visited the clinic in more than six months.



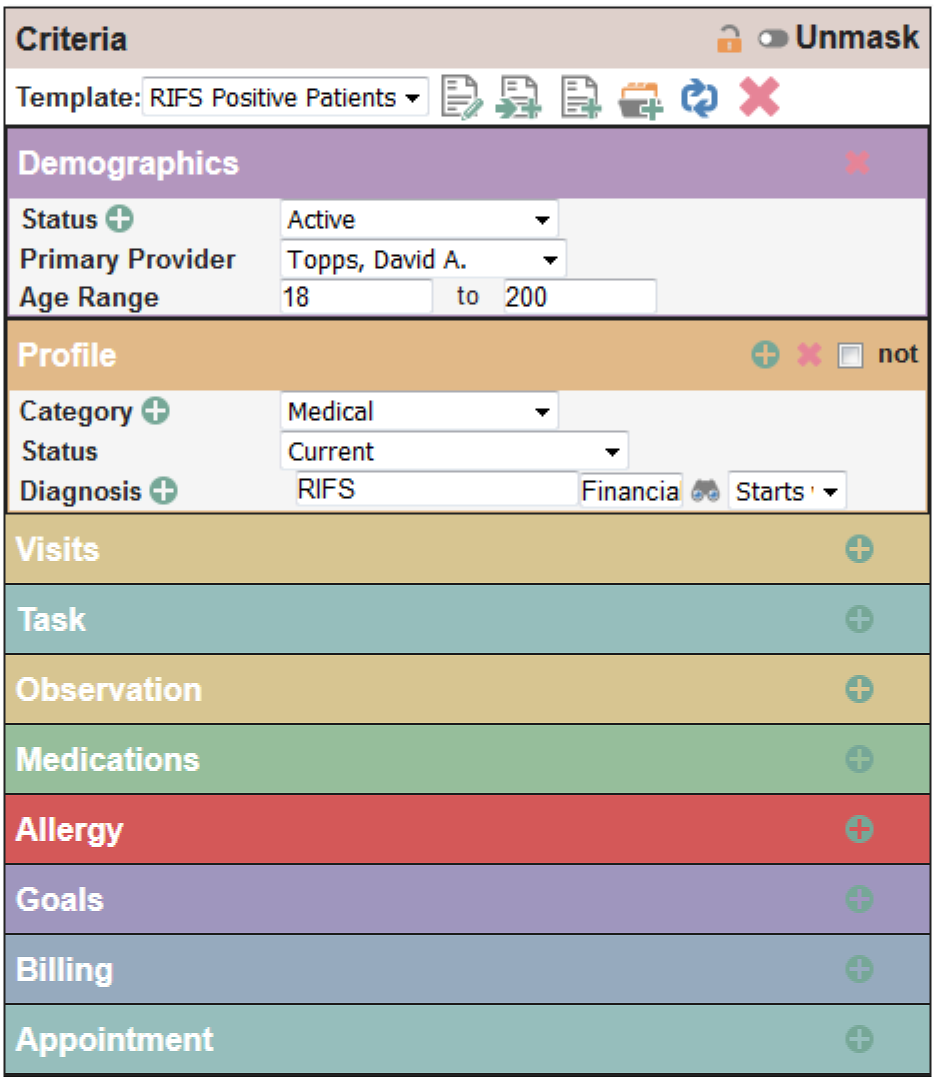
2. Create individualized patient reminders to flag patients who have a 'Financial Strain' diagnosis and have not visited the clinic as outlined in their individualized follow-up plan. See the Med Access EMR Help Files for Goals and My Tasks for additional information on creating and managing individual patient reminders:

A list of patients requiring outreach care can be printed off as a report and used to call patients to book a follow-up appointment. This creates a 'safety net' for follow up on the patient's financial strain goals or an opportunity to remove 'Financial Strain' from the patient's Profile.

Quality Improvement and Measurement

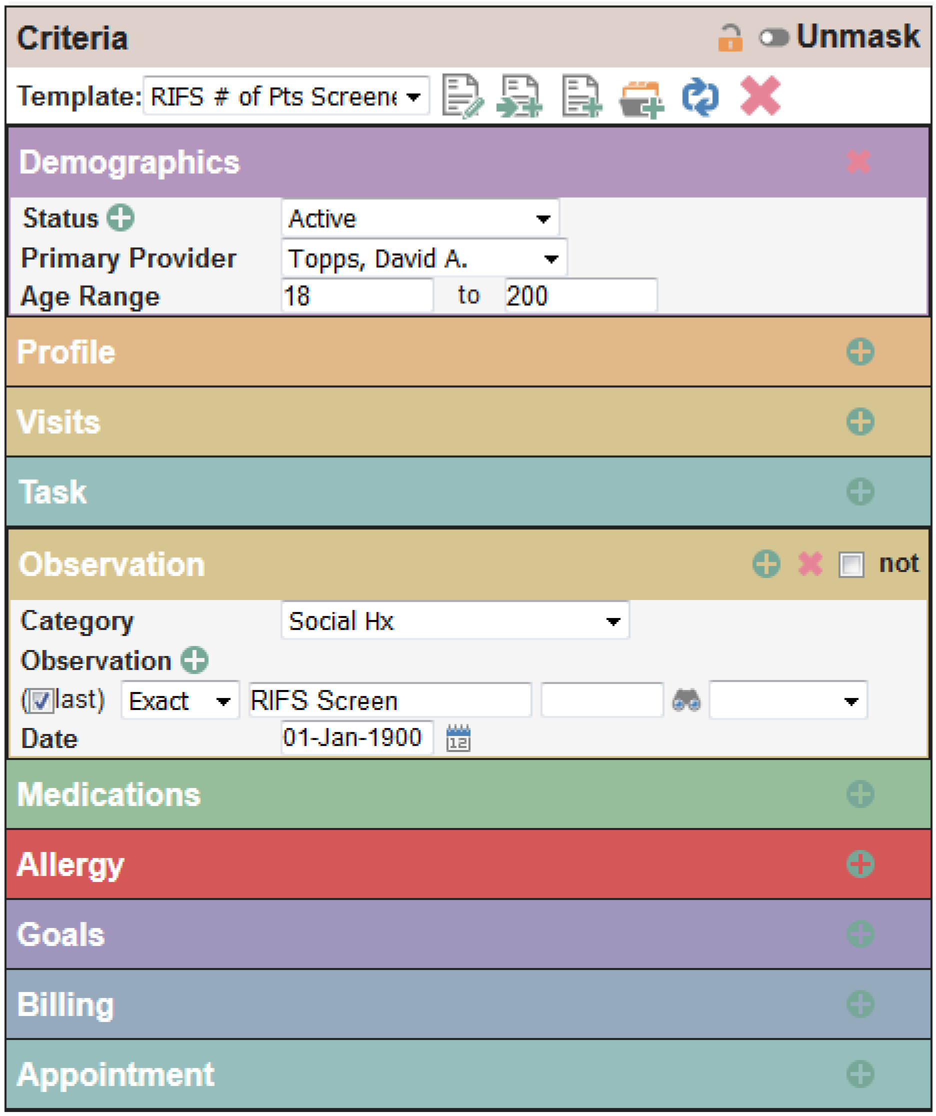
Quality improvement (QI) is a systematic approach to monitoring practice efforts, reviewing and reflecting on the current state and looking for opportunities to improve. Measurement can be a way to monitor clinic operations and improvement. How and why the team uses measurement may require a discussion with the clinic team and practice facilitator. Consider the reason for measurement; is it a spot check or long term monitoring? A team can benefit from reflecting on data produced from the EMR to help inform next steps, focused follow-up or ongoing patient monitoring.

The following examples are searches that a team may wish to perform in their EMR for their patients who are experiencing financial strain:



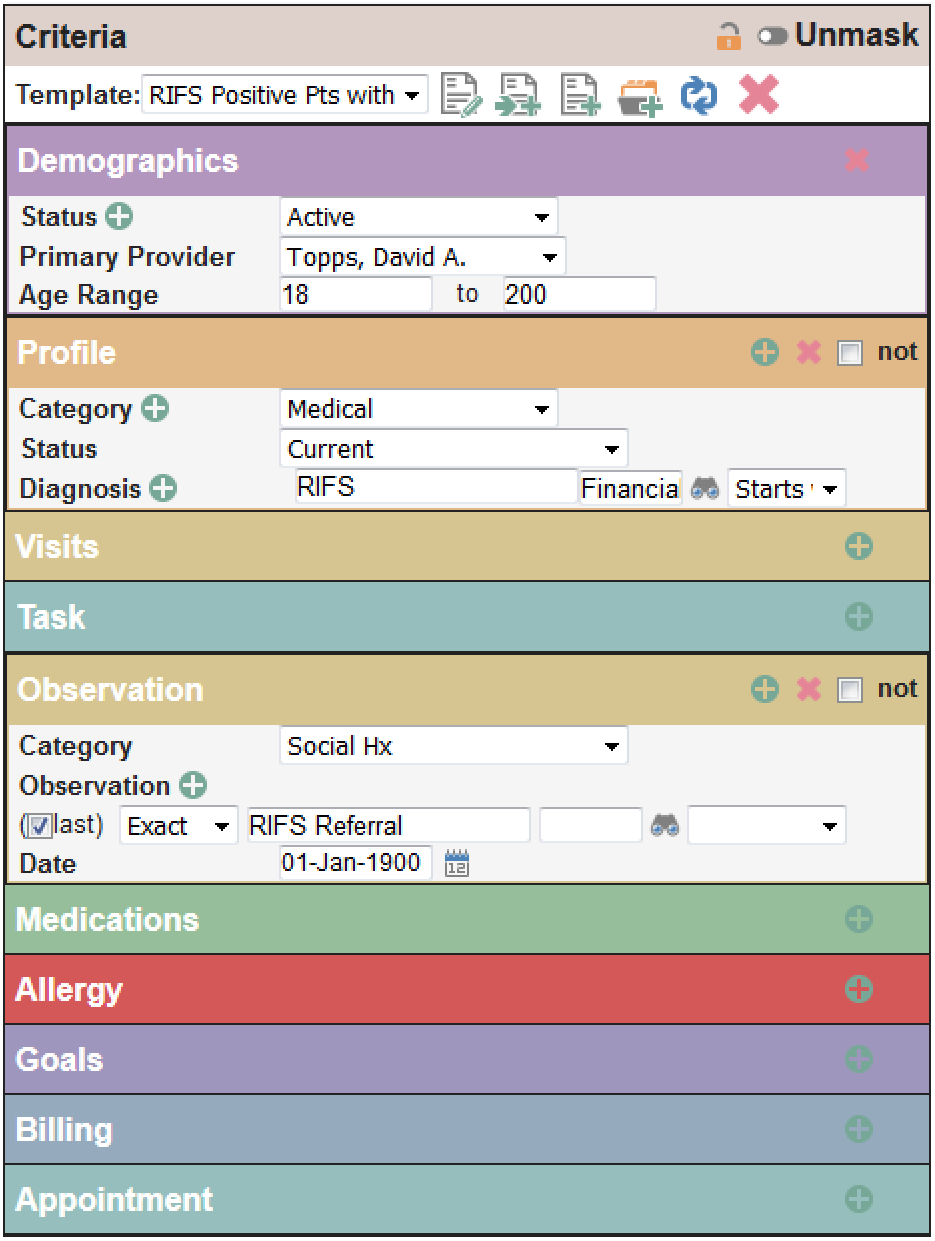
- Number of active patients experiencing financial strain

- The number of active patients who have been screened for financial strain
  Note that the below example is for clinics recording the screening result in the Social Hx category of the patient Profile. If your clinic team records the screening result in a different EMR field, please include that field in the search instead.

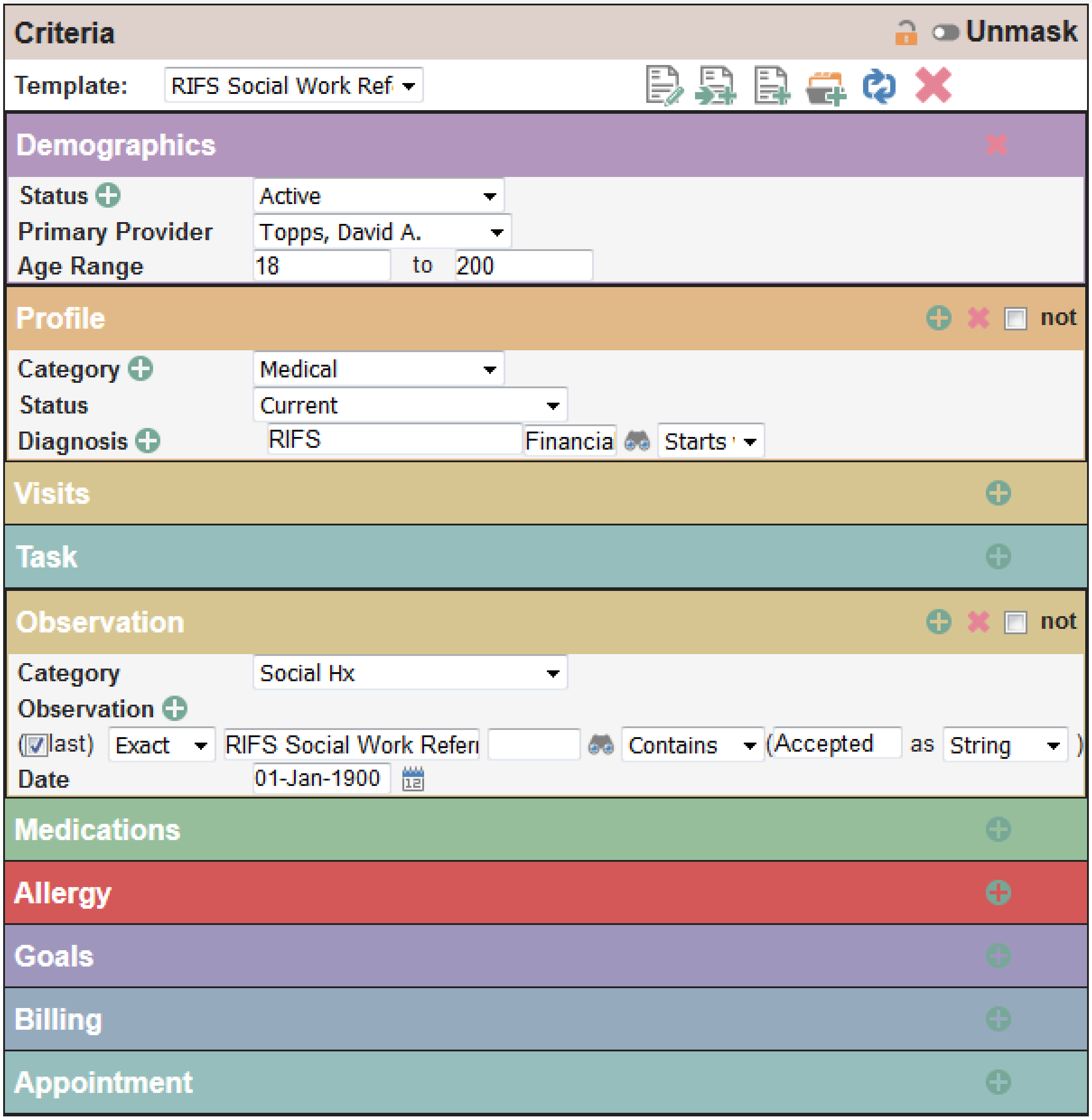


- Number of patients experiencing financial strain who have been offered a RIFS referral
  Note that the below example is for clinics recording the referral outcome in the Profile under the "Social Hx" category. If your clinic team records the referral outcome in a different EMR field, please include that field in the search instead.

  Also note that, if your clinic is recording referral outcomes by type of outcome, each type of referral needs to be added to the search.



- Number of active patients who are experiencing financial strain and have accepted a RIFS referral
  Note that the below example is for clinics recording the referral outcome in the Profile under the "Social Hx" category. If your clinic team records the referral outcome in a different EMR field, please include that field in the search instead.



Decide what measures are meaningful to the team. Keep it simple by choosing 1 or 2 measures at the start and then add and remove measures as the work evolves over time.

TIP: Were some queries unable to be performed because the data was not standardized in the EMR?

- Promote discussion at the outset to avoid standardization challenges rather than having to clean them up later.
- Discuss as a team what documentation/charting may need to change moving forward for the purpose of patient population monitoring and process improvement.