Healthquest EMR Guide for Reducing the Impact of Financial Strain

Reviewed in 2019

ACTT
12230 106 AVE NW
EDMONTON, AB T5N 3Z1
P 870.482.2626 F 780.482.5445
TF 1.800.272.9680
actt.albertadoctors.org

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 EMR Guide for Patient's Medical Home and other Healthquest 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

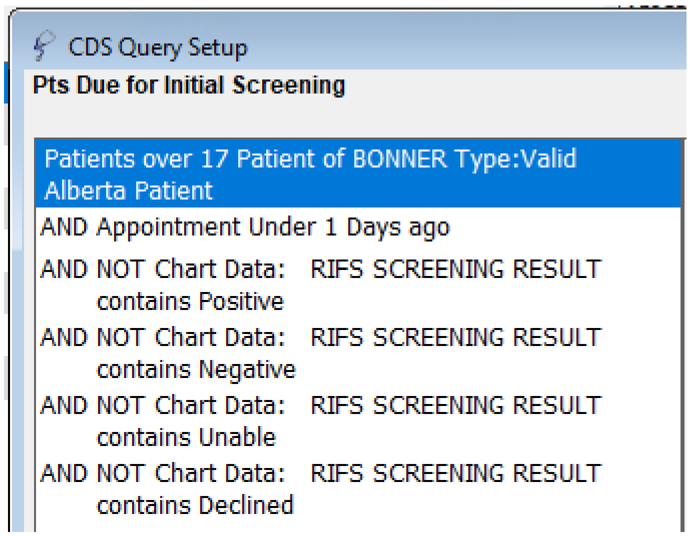
Recommended method: Start by identifying the patient population the clinic team would like to screen for patients experiencing financial strain. Here are some examples:

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).
- 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/CDS Queries – 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 saved as a CDS query to create a global reminder to screen Dr. Bonner's adult patients who have an appointment booked "today" and have never completed a screening questionnaire. If your clinic is concerned that adding RIFS patient CDS queries will impact patient confidentiality or clutter patient charts, consider running this query 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, if more than one type of status is used to label active patients on a physician's panel, it is important to add each of those types of statuses to the query. This will ensure that all active patients on the physician's panel are flagged for screening. Also note that the above query excludes patients with a screening result recorded in a charting template. See the Reviewing and Recording the Screening Question Result section below for more information about where the screening result can be recorded. If your clinics team records the screening result in a different EMR field, please include that field in the search instead of the "Chart Data" sections in the query above.

See these useful resources for additional information on creating and managing CDS queries:

- Healthquest EMR Help Files:
    - Clinical Decision Support (CDS)
    - Worklists

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. Scan the screening questionnaire into the EMR and print it out for patients to complete with a pen or pencil. See these useful Help Files for additional information on creating and managing scanned documents:
        i. Healthquest EMR Help File: Scanning and Faxing Documents
    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

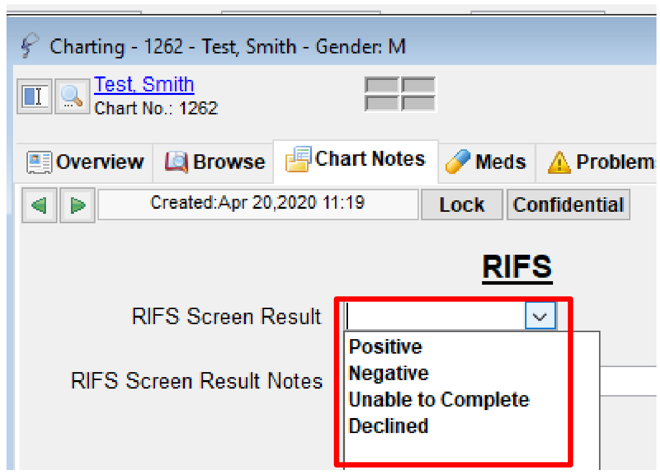
Recommended method: A healthcare provider reviews the screening question result with the patient and records the result in the EMR.

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 in one of the following searchable fields in the EMR:

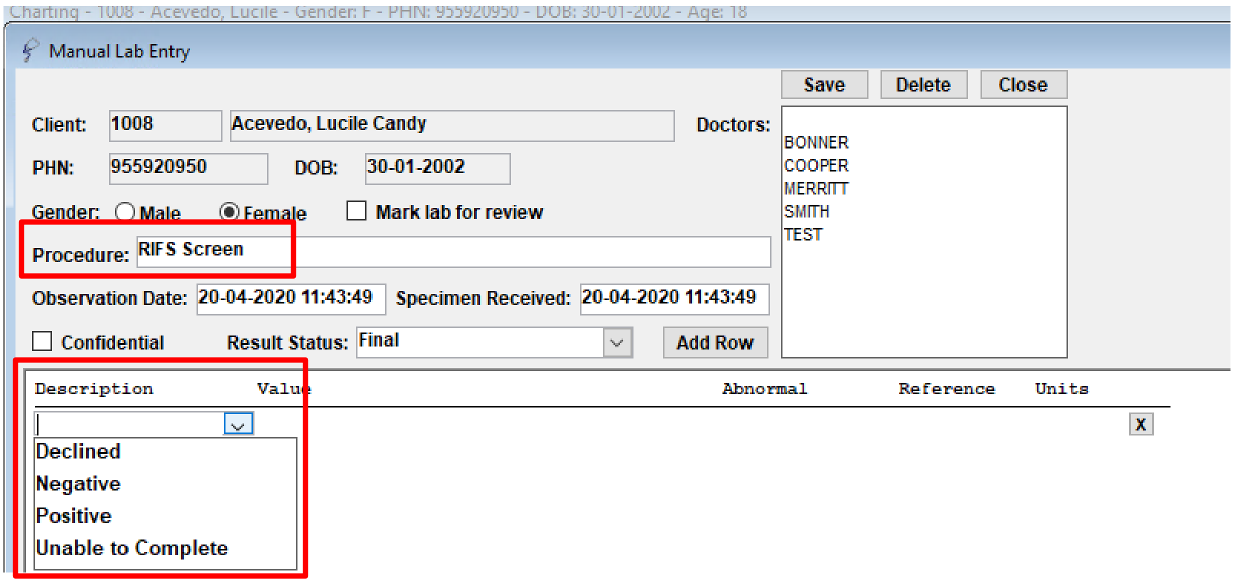
i. *Charting Template:* the preferred method is to create a RIFS charting template to record the RIFS screening question result. When creating the charting template, it is important to set fixed drop-down menu options as shown in the screen shot below.



See these useful resources for additional information on creating and managing charting templates:

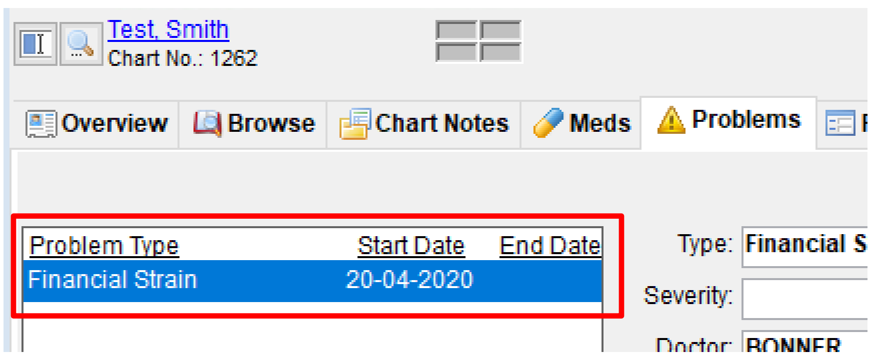
- Healthquest EMR Help Files:
  - Designing Custom Templates → Charting Templates
  - Designing Custom Templates → Adding Data Fields to Charting Templates
  - Designing Custom Templates → Adding Data Fields to Charting Templates → Drop-Down Lists
  - Designing Custom Templates → The Template Design Window

ii. *Manual Lab Entry*: an alternative method is to record the screening result as a manual lab result. It is important to ensure that the first time a RIFS screening result is entered as a manual lab result for a patient, the result in the description field is correctly typed. Also note that the drop-down list options (highlighted by red box in screen shot below) will include all previously used 'Descriptions'. It is, therefore,



important to ensure that the clinic team consistently chooses the same screening results when using this method.

3. It is recommended that the healthcare provider **record 'Financial Strain' in the patient's problem list/profile** 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. To enter a new problem:
    i. On the patient's chart choose the Problems tab
    ii. Click New
    iii. Write 'Financial Strain' in the Problem line (<u>when free typing for the first patient, spell carefully)</u>
    iv. Click OK
    v. Fill in the rest of the fields appropriately, including the Notes field where additional information may be helpful
    vi. Click Save



See these useful resources for additional information on managing and using the problem list:

- Healthquest EMR Help Files:
    - Charting Module → Problems
    - Healthquest Reports → Security Reports → Fix Problem Names

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.

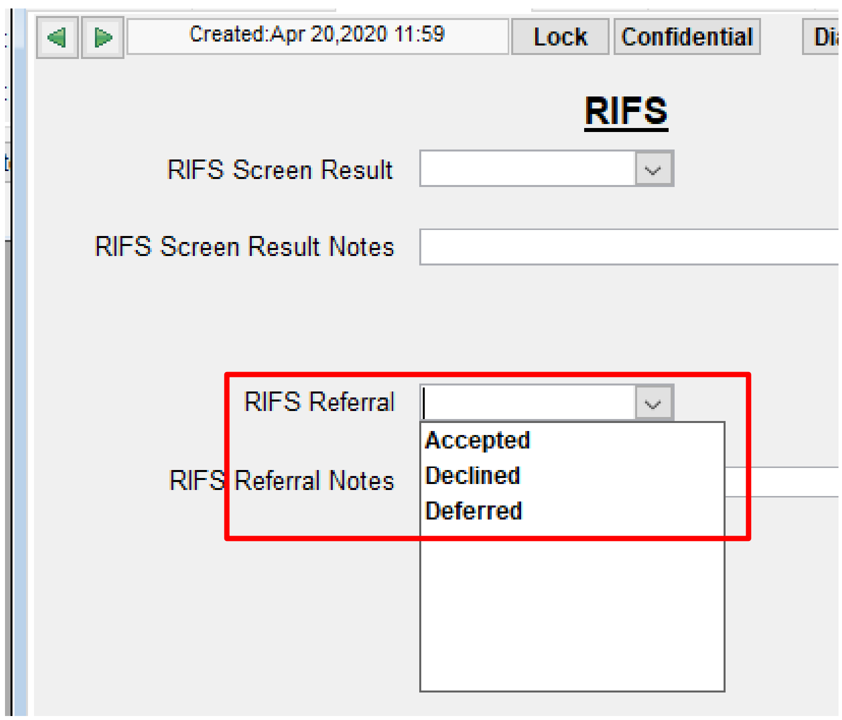
If a patient declines the offer for additional resources, the clinic team can use their best judgement to determine whether or not to reoffer additional resources the next time the patient visits the clinic.

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 in one of the following searchable fields in the EMR:

i. *Charting Template:* the preferred method is to create a RIFS charting template to record the RIFS referral outcome. This can be the same charting template used to record the screening result. When creating the charting template, it is important to set fixed drop-down menu options as shown in the screen shot below.

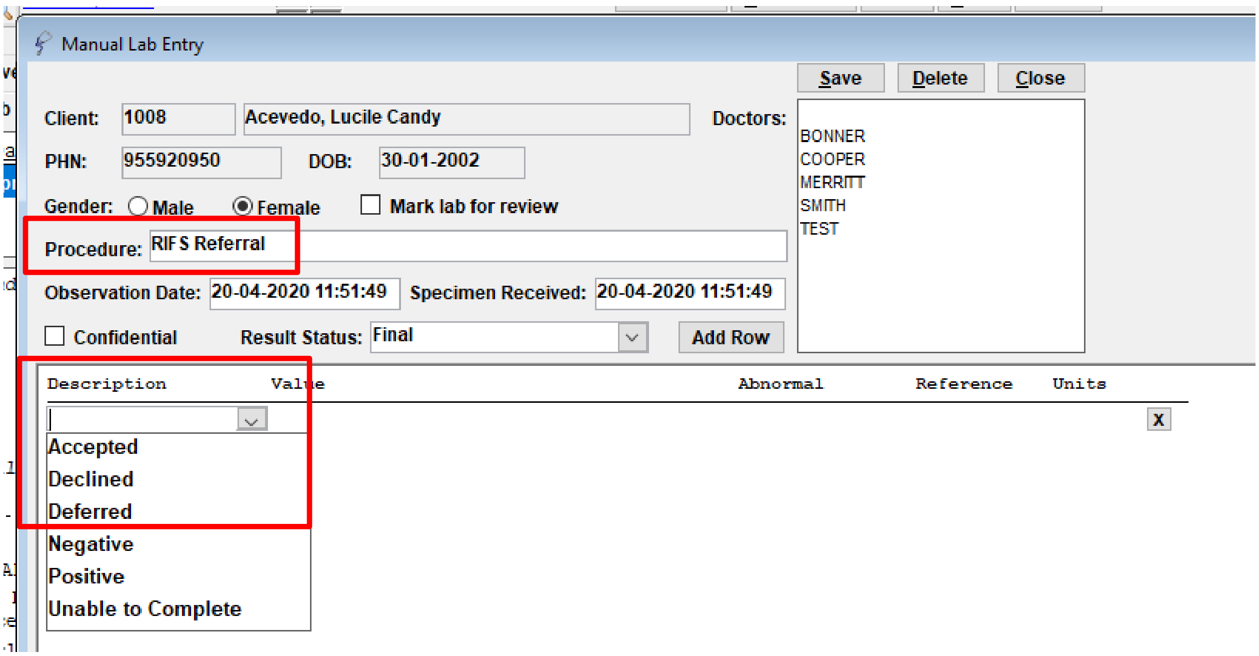
Note that, if your clinic team would like to track the different types of referrals (e.g. social work, housing) that patients have accepted, declined or deferred, a separate fixed drop-down menu will need to be created for each type of referral.



See these useful resources for additional information on creating and managing charting templates:

- Healthquest EMR Help Files:
  - Designing Custom Templates → Charting Templates
  - Designing Custom Templates → Adding Data Fields to Charting Templates
  - Designing Custom Templates → Adding Data Fields to Charting Templates → Drop-Down Lists
  - Designing Custom Templates → The Template Design Window

ii. *Manual Lab Entry:* an alternative method is to record the referral outcome as a manual lab result. It is important to ensure that the first time a RIFS referral outcome is entered as a manual lab result for a patient, the outcome in the description field is correctly typed. Also note that the drop-down list options (highlighted by red box in screen shot below) will include all previously used 'Descriptions'. It is, therefore, important to ensure that the clinic team consistently chooses the same referral outcomes when using this method.



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).

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 problem list/patient profile.

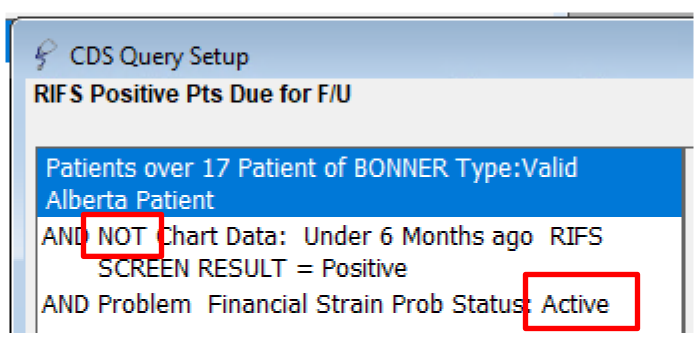
1. Create a global reminder to flag patients who come in for an appointment, have 'Financial Strain' in their problem list and have not had their screening result reviewed in more than six months. Note that clinic teams are encouraged to choose the screening time interval that makes the most sense given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

   Clinical Decision Support (CDS) Queries can be created to both generate a notification on the chart and/or in appointments that a patient is due for a clinical maneuver as well as to run a report of a list of patients for panel management. Below are two example CDS queries. Refer to the first one if your clinic team records the screening result in a charting template. Refer to the second one if your clinic team records the screening result as a manual lab result.

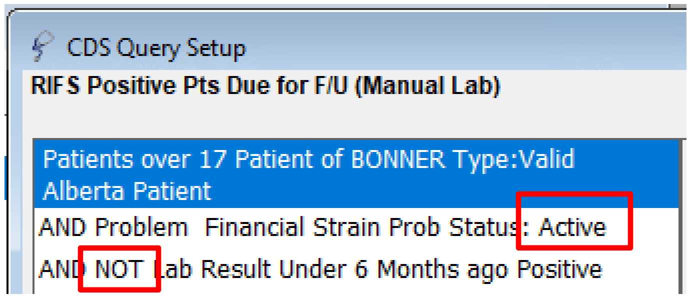
   Note that it is important to check off "NOT" when adding the Chart Data or Lab Results section of the query so only patients who have <u>not</u> had their screening result reviewed in the last six months are included in the CDS notification. It is also important to select "Active" as the "Problem Status" when adding the Problem section of the search. This will ensure that only patients with Financial Strain listed as a current problem are flagged.

Example Search 1 - Patients who are Experiencing Financial Strain and are due for a Follow-Up

Use if using <u>Charting Template</u> to Record Screening Result



Example Search 2 - Experiencing
are due for a Follow-
Use if using Manual
Screening Result



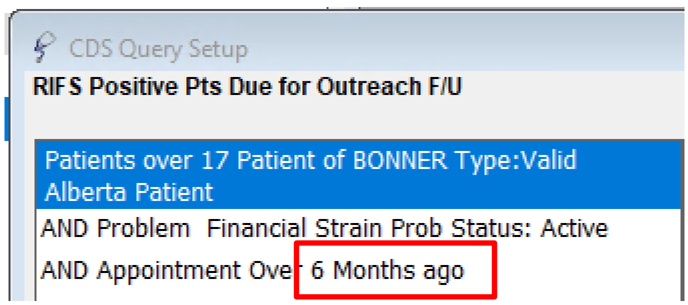
Patients who are
Financial Strain and
Up
Lab Results to Record

2. Create individualized patient reminders to flag patients who come in for an appointment, have 'Financial Strain' in their problem list and require an individualized follow-up plan. See these useful resources for additional information on configuring and using individualized tasks:
    - Healthquest EMR Help Files:
        - Worklists

Outreach Care

Consider using the following options to flag patients who have 'Financial Strain' in their problem list 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 problem list and have not visited the clinic in more than six months.



Note that it is important to select "Active" as the "Problem Status" when adding the Problem section of the search. This will ensure that only patients with Financial Strain listed as a current problem are flagged.

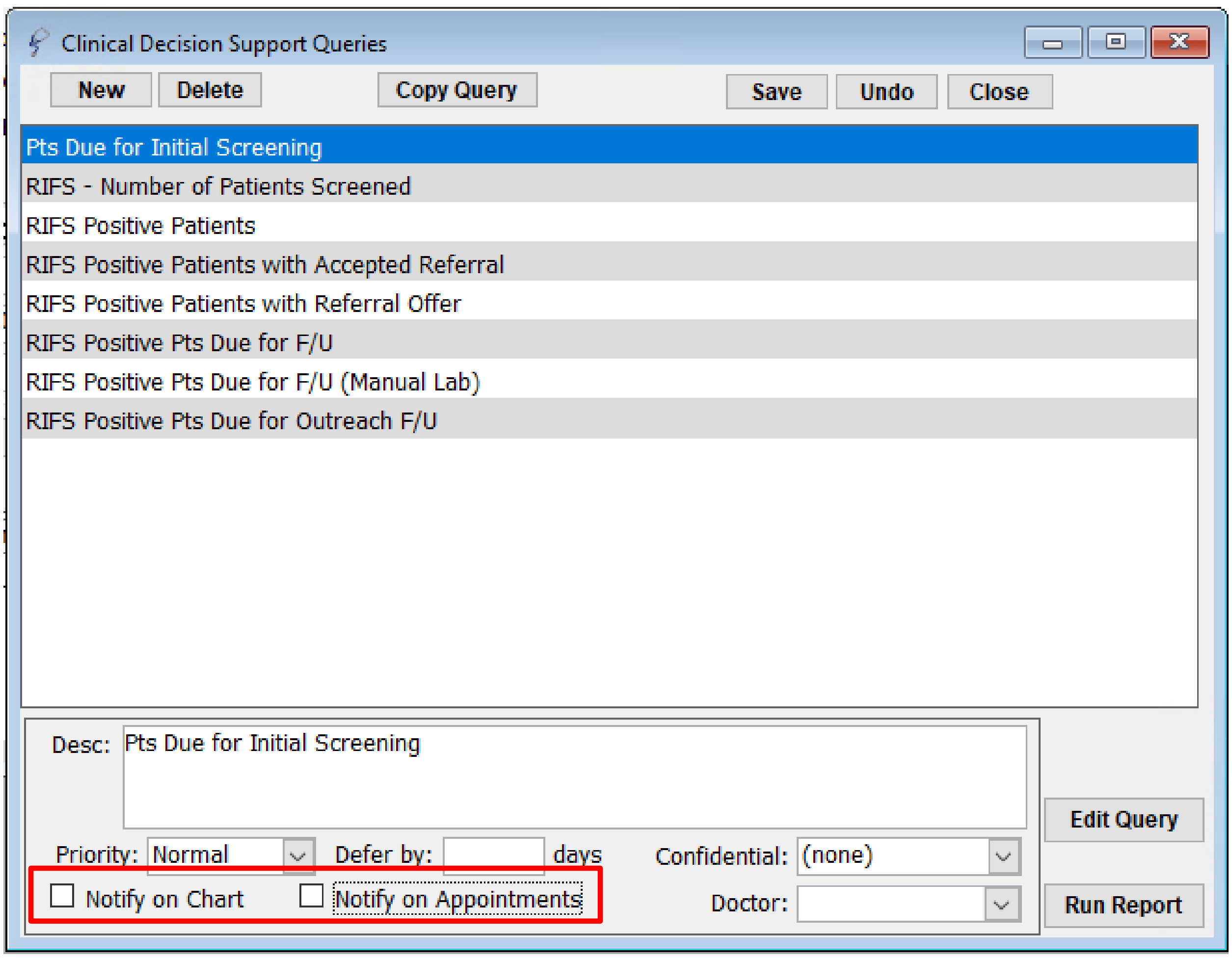
2. Create individualized patient reminders to flag patients who have 'Financial Strain' in their problem list/profile and have not visited the clinic as outlined in their individualized follow-up plan. See these useful resources for additional information on configuring and using individualized tasks:
    a. Healthquest EMR Help Files:
        i. Worklists

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 problem list.

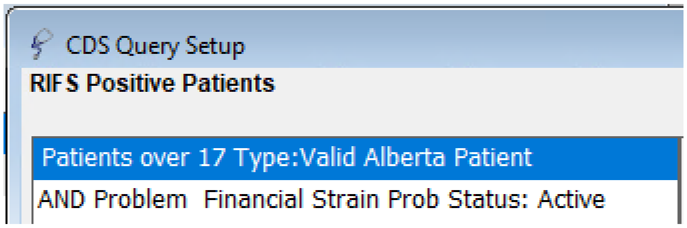
Quality Improvement and Measurement

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.

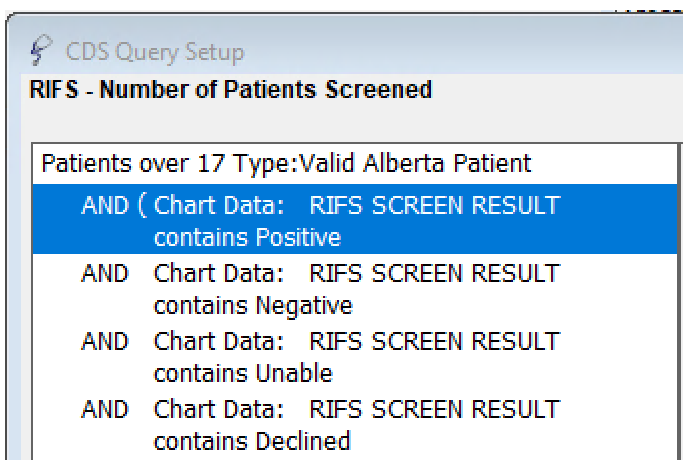
The following pages show examples are CDS queries that a team may wish to use to run reports in their EMR for their patients who are experiencing financial strain. Note that your clinic team may want to uncheck the “Notify on Chart” and “Notify on Appointments” options for these queries so they do not clutter the charting and the appointments modules.



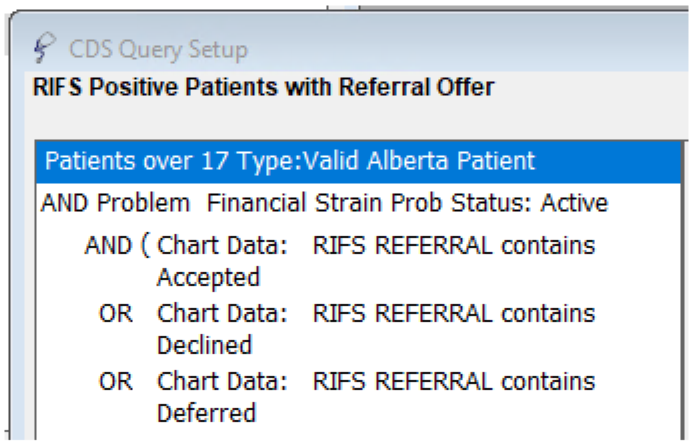
- Number of active patients experiencing financial strain



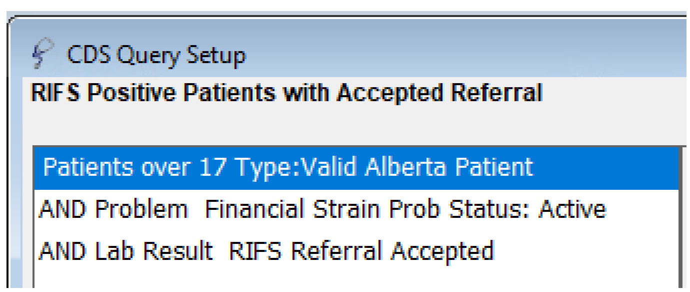
- The number of active patients who have been screened for financial strain
  Note that the below example is for clinics recording the screening result in a charting template. If your clinic team records the screening result in a different EMR field, please include that field in the query instead of the "Chart Data" sections in the query below.



- Number of active patients experiencing financial strain who have been offered a RIFS referral. *Note that the below example is for clinics recording the referral outcome in a charting template using a fixed drop-down menu. If your clinic team records the referral outcome in a different EMR field, please include that field in the query instead of the "Chart Data" sections in the query below. Also note that, if your clinic is recording referral outcomes by type of referral (e.g. social work, housing), 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 as a manual lab result. If your clinic team records the referral outcome in a different EMR field, please include that field in the query instead of the "Lab Result" section in the query below.



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.

Decide what measures are meaningful to the team. Start simply, by choosing 1 or 2 measures and expand the work where desired.