

# A Quality Improvement Initiative to Increase Screening for Financial Coverage for Newly Diagnosed African American Breast Cancer Patients

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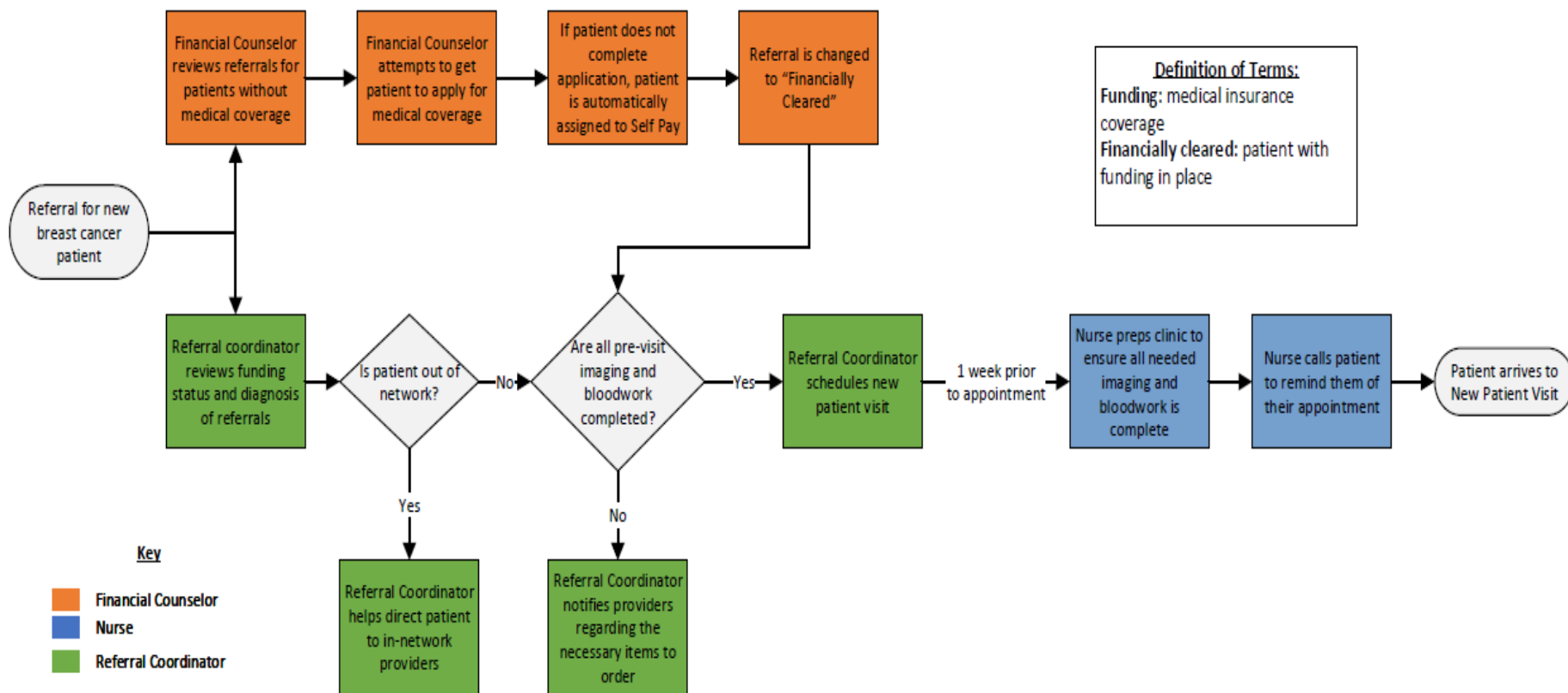
Parkland Health and Hospital

June 18, 2021

# Problem Statement

In Parkland Health and Hospital System, we saw 341 new breast cancer patients in 2019, of whom 33% were African American. Of the African American breast cancer patients, 34% were uninsured leading to a higher risk for cancer-related financial toxicity. Currently, on average less than 5% of our breast oncology patients see a financial counselor, while less than 2% of our African American breast cancer patients see a financial counselor. None of our patients are being screened for financial coverage outside of their initial encounter with a financial counselor. This leads to missed opportunities for matching patients with available funding opportunity to help medical expense coverage.

# Process of New Patient Referral to Appointment



# Parkland Health and Hospital System

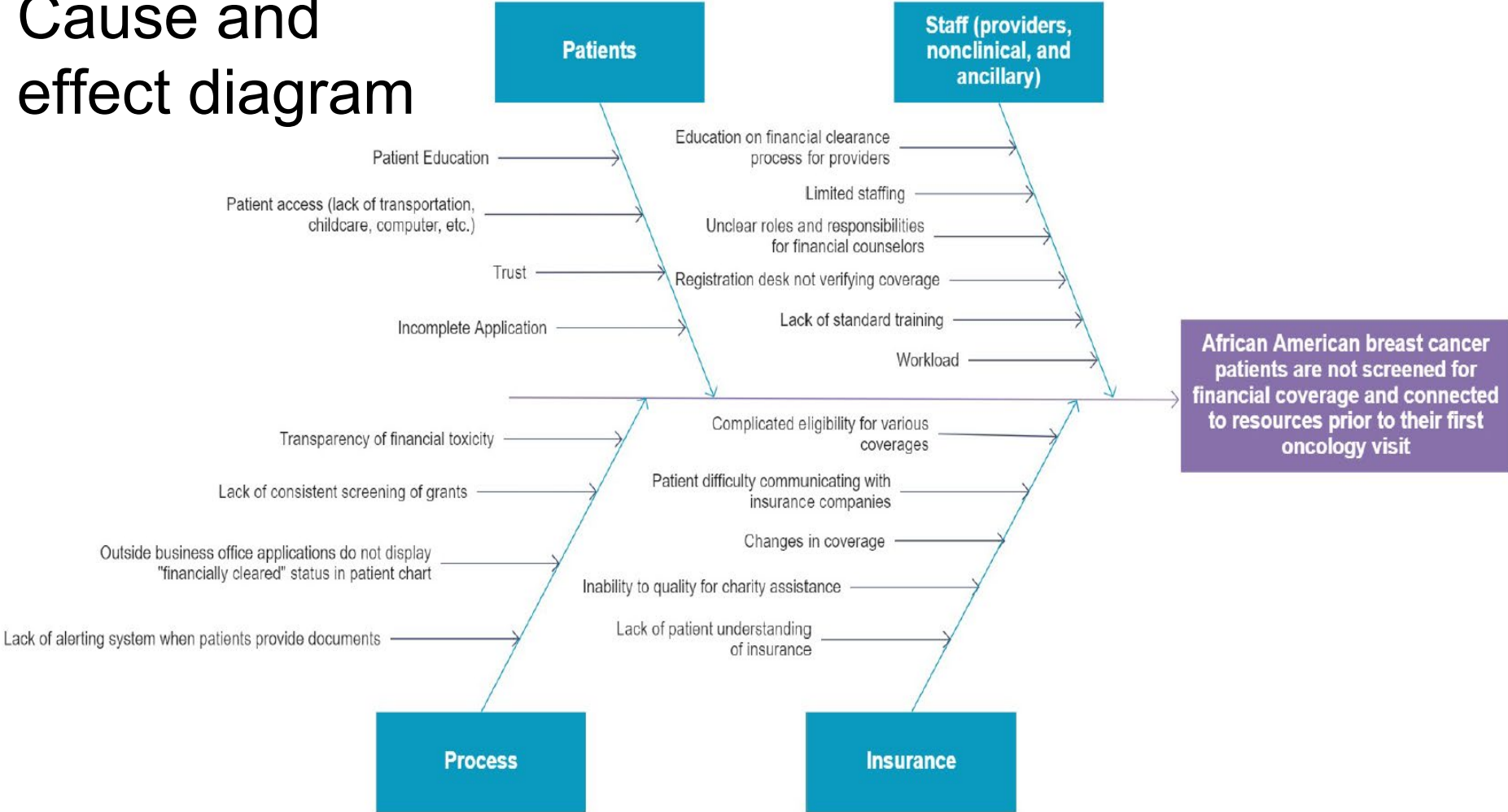


- Safety-net hospital in Dallas, TX
- 870 bed acute-care hospital
- >12 health centers, 12 school-based clinics, and multiple specialty clinics
- Academic affiliation with UT Southwestern
- ~2300 new cancer cases per year
- ~340-400 new breast cancer cases per year
- Multi-disciplinary team approach

# Team Members

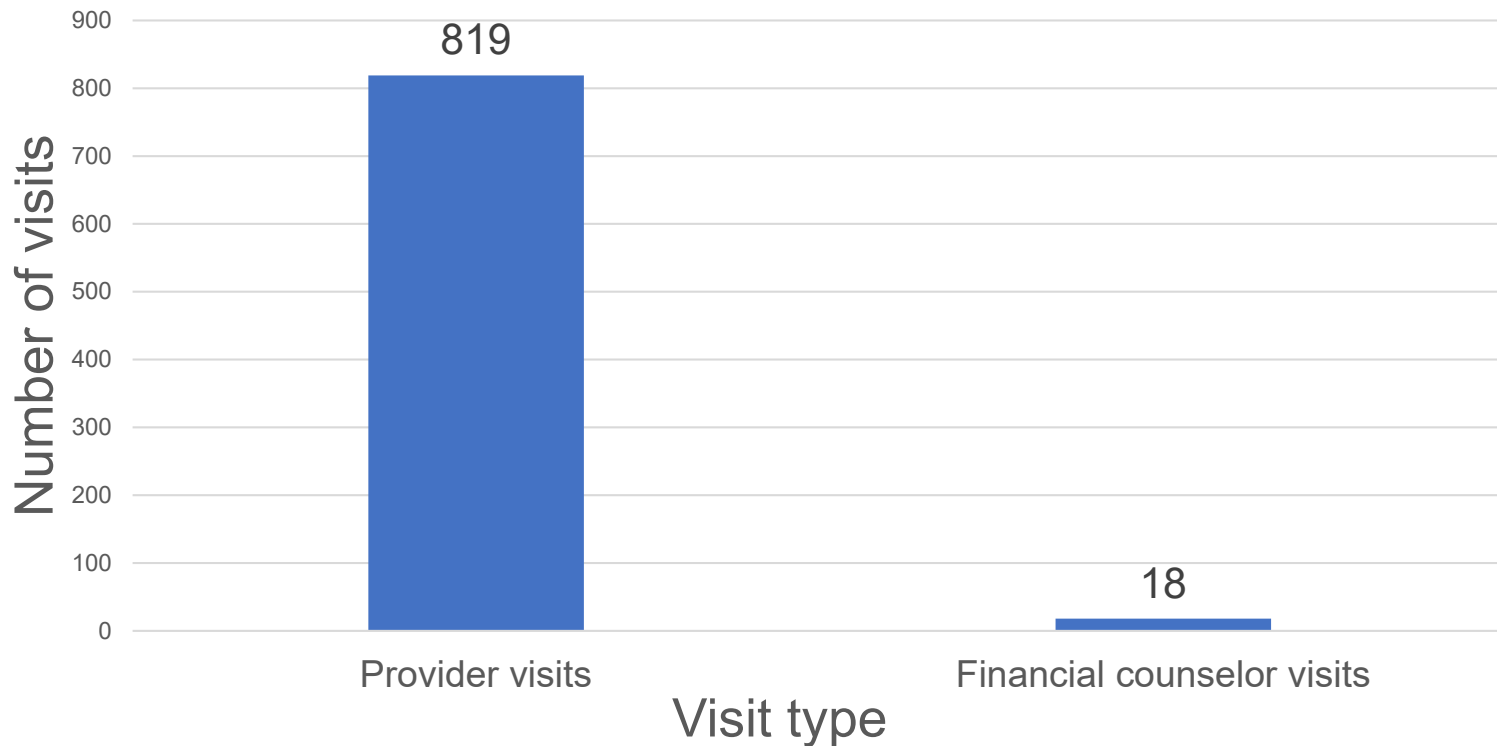
Team Member	Role	Department
Christina Mintner	Project Sponsor	SVP of Operations for Population Health
Maripat Hodges	Team Lead	Manager of Global Programs, Oncology
Dr. Preethi John	Core Member	Breast Medical Oncologist
Julie Dreadin-Pulliam	Team Member	Breast Oncology Advanced Practice Practitioner
Umber Dickerson	Core Member	Director of Global Oncology
Julie Smith	Core Member	Director of Nursing, Oncology
Dr. Ashraf Mohamed	Coach	Pediatric Hematology-Oncologist
Dr. Carolyn Hendricks	Coach	Breast Medical Oncologist
Dr. Gaurav Shah	Team Member	Fellow, Hematology/Oncology UTSW
Andrea Johnson	Team Member	Manager, Patient Access (Financial Services)
Lauren Villalpando	Team Member	Practice Operations Manager, Oncology

# Cause and effect diagram



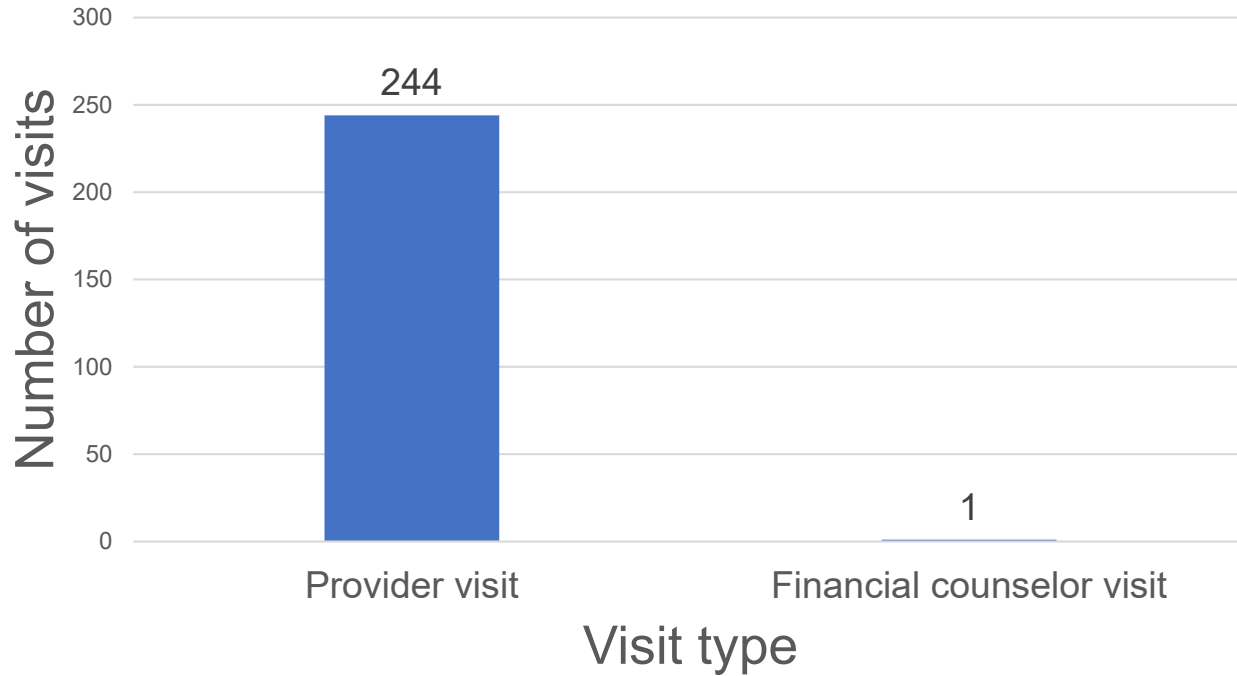
# Diagnostic Data

Number of financial counselor visits vs total visits in breast oncology in Jan 2021



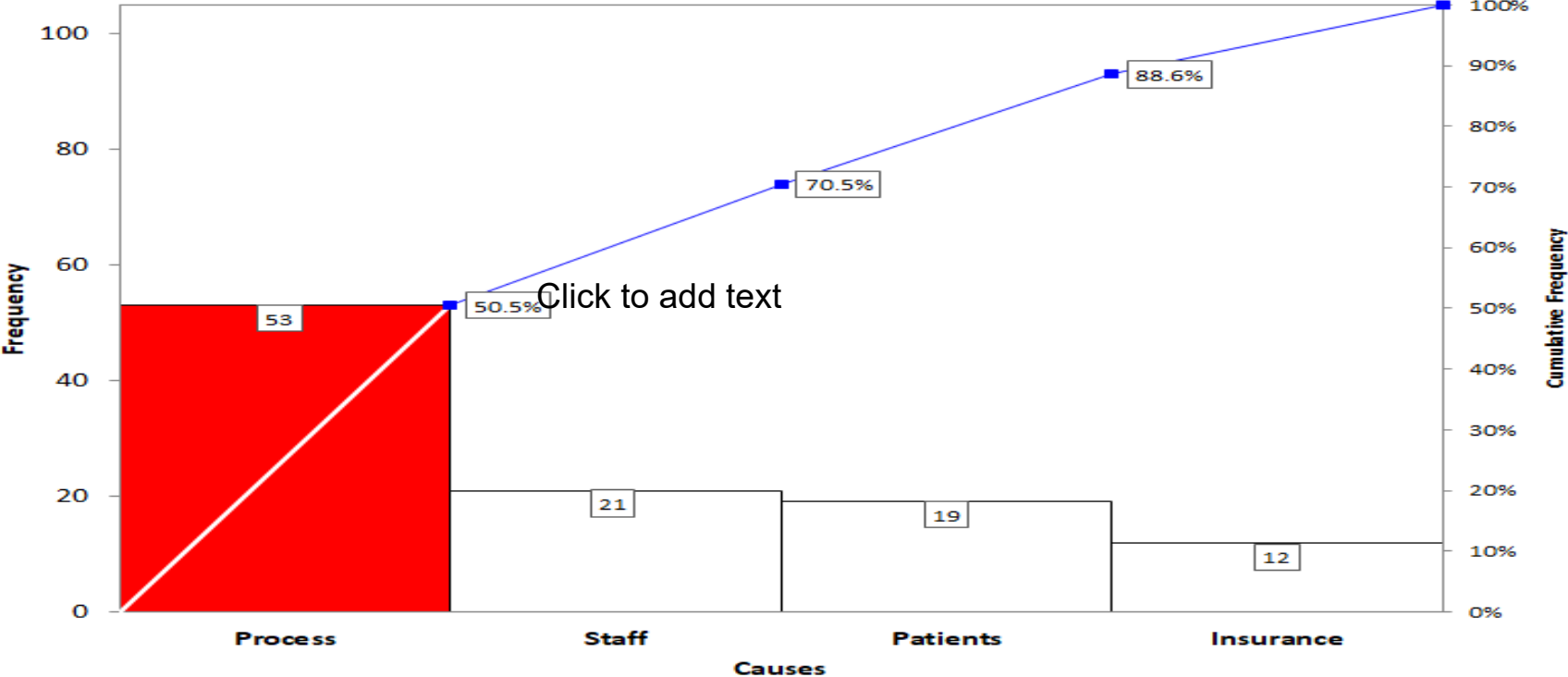
# Diagnostic Data

Number of financial counselor visits vs total visits in breast oncology in the African American population in Jan 2021



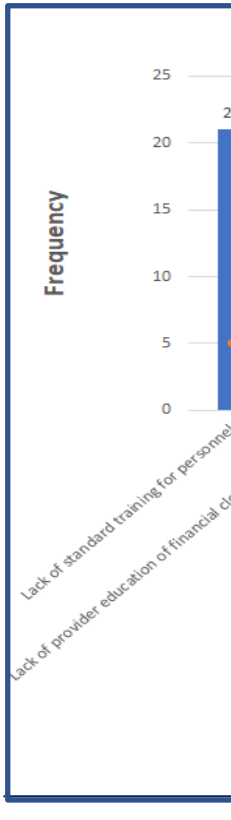


# Causes of low rates of financial screening for coverage

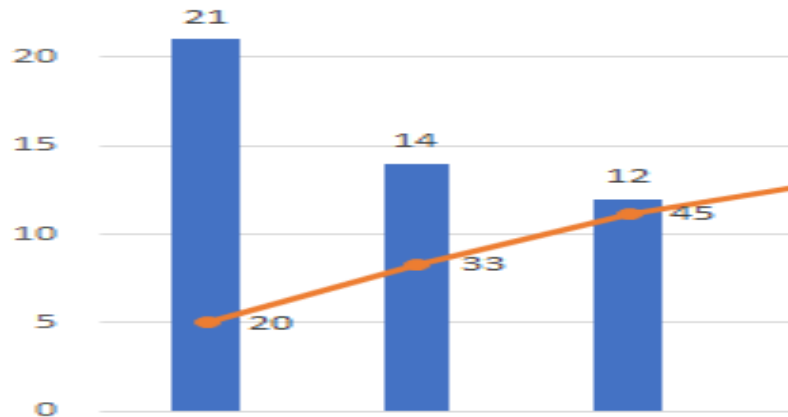


In

financial



Frequency



Lack of standard training for personnel

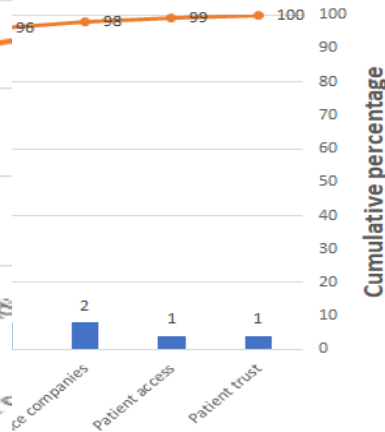
Lack of provider education of financial clearance process

Incomplete application

Complicated eligibility criteria for funding

High out of pocket costs

Lack of patient understanding




Cumulative percentage

# Aim Statement

Our aim is to increase screening for financial coverage for African American breast cancer patients prior to their provider visits from a baseline of 0% to 20% by June 2021.

# Revised process map – Pre-visit planning (PVP)

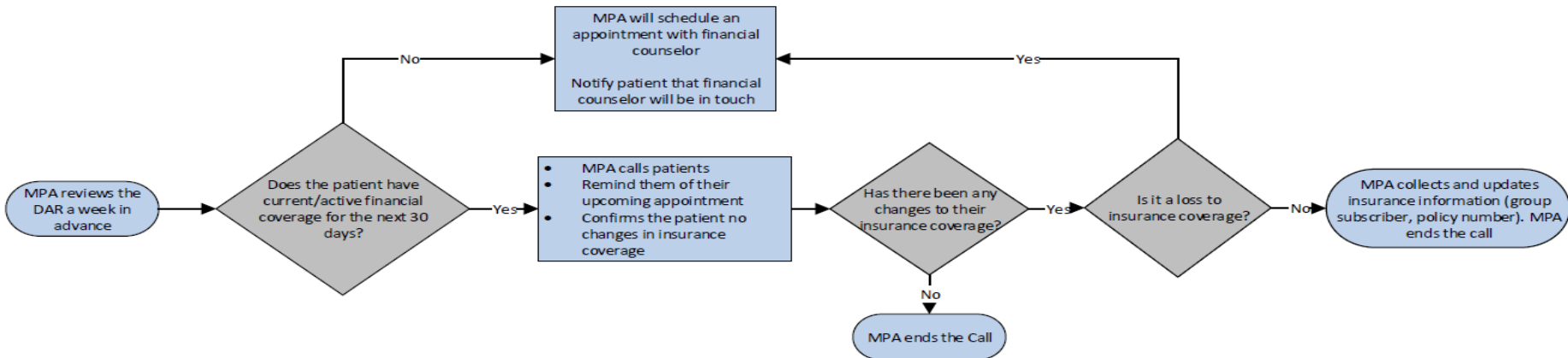
## Key

 Medical Practice Assistant (MPA)

## Note: Patient needs to bring to financial counselor

- Completed application, signed and dated
- Government issued ID
- Proof of address (bill)
- Proof of income (tax documents)
- Bank statement for Medicare patients

If the patient has any questions, direct the patient to the Financial Counselor (Angie ext: 6458 Clara ext: 7959)



# Measures

Measure	Outcome measure	Process measure	Balancing measure
Measure:	% breast cancer patients screened for financial coverage through PVP  % breast cancer patients with financial counselor (FC) visits	% of completed PVP calls	% increase of front office staff work hours related to the new role of PVP
Patient population:	- All breast cancer patients -African American breast cancer patients	-Same	-same
Calculation methodology:	# of patients financially screened/ # of patient visits in breast surgery clinic # financial counselor visits/# patient visits in breast surgery clinic	# completed PVP/# number scheduled patients to call	# hours/day spent on PVP/total # hours worked that day
Data source:	Epic	Epic	Staff recall
Data collection frequency:	% screened = daily % FC visit = monthly	monthly	weekly
Data limitations:	Compliance of staff, documentation	Compliance of staff, documentation	Compliance of staff

# Baseline data from breast surgery clinic– *Pre-intervention*

Measure	Pre-intervention (4/1/21-4/30/21)
% breast cancer patients screened for financial coverage via PVP	0%
% African American breast cancer patients screened for financial coverage via PVP	0%
% breast cancer patients seeing a financial counselor	5.4%
% African American patients seeing a financial counselor	2.9%

# Countermeasures (*Priority / Pay-off Matrix*)

High

- Create script for staff to follow (PDSA 1)
- MPA training on financial screening process (observed trial period)
- Financial services start screening self pay patients (PDSA 2)
- Create schedule for MPA to perform phone calls (PDSA 2)

- Implement PVP calls in breast surgical oncology clinic first for uninsured patients (PDSA 1)
- Implement PVP calls only for PFA (PDSA 2)
- Revisit workflow with our MPA and financial services (PDSA 2)

Impact

- Emailed providers regarding changes made to the financial screening process

Low

Easy

Ease of Implementation

Difficult

# PDSA Plan (*Test of Change*)

Date	PDSA Description	Result
5/3/2021	<ul style="list-style-type: none"><li>• Launch of PVP for all patients scheduled in breast surgery clinic</li><li>• Utilize script and checklist</li></ul>	<ul style="list-style-type: none"><li>• High volume of calls to make</li><li>• Not enough time to complete all calls</li></ul>
5/10/2021	<ul style="list-style-type: none"><li>• Revisit workflow</li><li>• Discuss with Patient Financial Services(PFS) roles/responsibilities and workflows</li><li>• Discuss feasibility of changes with breast surgery MPA</li></ul>	<ul style="list-style-type: none"><li>• Breast surgery MPA to perform PVP for charity funding programs only (PFA)</li><li>• PFS to perform PVP on self-pay patients (out of pocket)</li><li>• Created PVP planning schedule for MPA</li></ul>



# MATERIALS: PVP script

Good morning, \_\_\_\_\_. My name is \_\_\_\_\_ and I am calling you from Parkland's Oncology Clinic.

Can you please confirm your name and date of birth?

Thank you

I would like to remind you of your appointments next week. Sometimes there are changes with appointments and I want to make sure you have the correct dates and times.

Your appointments next week are on \_\_\_\_\_ with \_\_\_\_\_ at \_\_\_\_\_ (*add more appointments and times if needed*). Please be sure to arrive 15 minutes prior to your first scheduled appointment time so that you can see the nurse or provider as soon as they are available.

*If patient reports being unable to make appointments/requesting to reschedule:*

Can you please let me know the reason you are unable to make it?

*If related to transportation:*

I will send your information to our transportation Social Worker. If they are able to get you a ride for your appointment, do you want to keep your appointment?

*If related to childcare:*

We offer a service to our patient's called Annie's place. They are a daycare that watches your children while you are at your medical appointments. Do you mind if I send them a referral?

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# MATERIALS: PVP script

Next, I want to confirm some information with you to help get ready for your visit next week. This will help make sure that we have the correct address and phone number so that we know how to get a hold of you or send you mail. I also want to confirm your financial coverage, this way we can start getting to connected to resources before your appointment if you need it.

Can you please confirm your address and phone number?

*Confirm address, phone number, and other demographics*

Are you signed up for MyChart and do you actively use it?

*If no:*

Do you know what this is?

This is a tool that you can send messages to your providers and check your medical information like appointments and even some results.

*If patient agreeable*

I will send you a code so that you can sign up for MyChart.

# MATERIALS: PVP script

Next, I need to confirm your financial coverage or insurance. We have your financial coverage or insurance as \_\_\_\_\_.

Is this still correct or have there been some changes?

*If new insurance or changes, input this into the system.*

*If patient's insurance is expiring in 30 days:*

It looks like your insurance is ending on (date). If you are on MyChart, you can apply for financial assistance through your phone or on a computer. I will make an appointment for you with the financial counselor who can help you renew your coverage.

*If the patient is self-pay:*

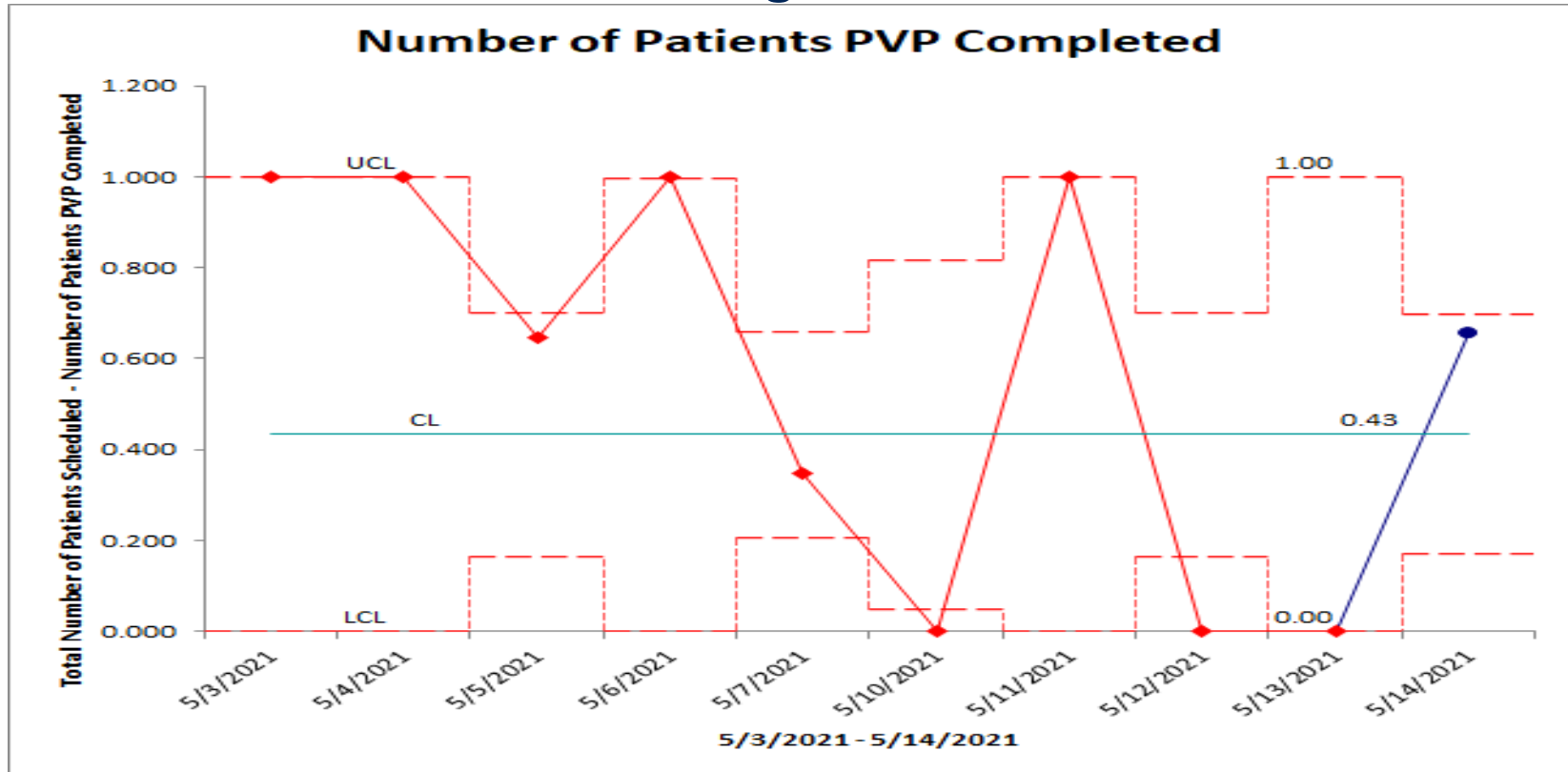
It looks as though you are on a self-pay plan. These plans have recent changes, and you need to reapply for financial assistance to be reevaluated for the correct plan. If you are on MyChart, you can apply for financial assistance through your phone or on a computer. I will make an appointment for you with the financial counselor who can help you renew your coverage.

Do you have any questions?

*Log any questions/ send a message if needed.*

Thank you very much and we look forward to serving you on (date).

# Change data



# Change Data for Breast Oncology Patients seen in Breast Surgery Clinic

Measure	Pre-intervention (4/1/21-4/30/21)	Post-intervention (5/3/21-5/29/21)
% breast cancer patients screened for financial coverage via PVP	0%	38% (102/265)
% African American breast cancer patients screened for financial coverage via PVP	0%	30% (17/56)
% completed PVP calls	0%	48% (102/212)
% completed PVP calls for African Americans	0%	47% (17/36)
% breast cancer patients seeing a financial counselor	5.4% (16/296)	4.5% (12/265)
% African American patients seeing a financial counselor	2.9% (2/67)	3.5% (2/56)

# Conclusion

- We were successful in increasing the rate of financial screening to above 20% in a short amount of time.
- We hope that through PVP, we have increased patient education of the financial process, provided resources specific to their needs, increased interaction with financial counselors, and eventually more patients will have appropriate funding.

# Sustainability Plan and Next Steps

Next Steps	Owner
Expand to Breast Medical Oncology	Maripat Hodges
Assess downstream effects such as my-chart use, financial counselor visits, coverage changes	Dr. John
Build dashboard to monitor productivity	Maripat Hodges
Expand to additional care team/disease sites	Team
Monitor ability to maintain pre- visit planning process in new care team/disease site/new building	Team

# Thank you

- Questions?