Integrating and Sustaining Financial Capability Services in Rural Healthcare Delivery

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Project Overview

- Investigate opportunities to strengthen partnerships between rural health systems and financial education services
- Investigate healthcare providers’ perspectives about patients’ financial capability
- Explore Medicaid as a reimbursement model for potentially sustaining services

“We want them to not have to worry about financial concerns while they’re at the hospital because we want them to be able to absorb the other information that we’re providing them, and to be able to focus on their physical therapy, and focus on rest, and rehabilitation, and recovery.”

Focus group participant, Summer 2019

Nature of the Project and its Significance

- Financial education, coaching, and related programs are not well integrated into health systems
- Financial strain undermines people's ability to follow-through on medical treatments, ultimately harming their health
- Project findings:
  - Underscore a recognized need for financial education services for patients
  - Provide valuable information about the capacity requirements and supports necessary
Understanding rural healthcare providers’ perspectives

- Focus groups (N = 4): Iowa and North Dakota
- On-line and paper surveys (N = 133): Kansas and Wisconsin

Three core topics concerning providers:
1. Observations of the influence of financial capability on patients’ healthcare access
2. Knowledge of current resources (or lack thereof) to support patients’ financial capability
3. Attitudes and suggestions for integrating financial capability services into healthcare systems

Methodology

Reimbursement mechanism for financial education billable services

- Feasibility study (n=1): Michigan
- Partner Organization: Community Mental Health

Three procedures:
1. Researched current procedures for Medicaid billable services for other medical procedures
2. Determined procedural requirements for financial capability billable services
3. Tested feasibility of implementation within Medicaid patient services at a rural community mental health agency
Findings:
Influence of financial issues on patients’ healthcare access

**Surveys**
- 65% (n=86) are very or extremely concerned about their patients’ out-of-pocket costs.
- 83% (n=110) said, within the past month, they had a patient skip a recommended treatment because of costs.
- 83% (n=110) said a patient within the past month did not fill a prescription because of the costs.
- 73% (n=97) said a patient within the past month did not get mental healthcare because of the costs.

**Focus Groups**
- “a lot of our patients really do have to make sacrifices between going to the doctor or holding off. Like they just -- they have to make choices between what they can’t afford and what they need.”
- “… the majority of the patients I see coming through our emergency department are living paycheck-to-paycheck, and sometimes wonder how they’re going to pay their bills, and not thinking about their future.”

Findings:
Consensus around the need for resources to support patients’ financial capability

- Not at all easy to find information about patients’ out-of-pocket costs (64% (n=85))
  - One focus group participant said “they’re not coming back in to get some of those treatments because of their high, high deductible”
- Highlighted the often overly complex and overwhelming process consumers face when trying to access and pay for care
  - "there is (sic) so many different hoops, and regulatory, and questions that they have...and there’s no clear black and white answer for them”
- Identified a range of resources that addressed basic needs, such as food pantries, rent assistance, low-cost and free clinics, and free transportation for appointments
Findings: Do not feel positioned to address patients’ financial needs

- Lack confidence in their own financial management
  - “What I see with our nurses as far as our own financial management is that if they’re short on cash, they just pick up an extra shift and then they get dependent on that extra shift. I would say, half of the nurses that work for me are horrible financial managers. I don’t know that they’re the ones that should be teaching patients.”

- Time constraints
  - “No, there’s not enough time in the day….A person that’s working on the floor, you have five to seven patients easily and your ability to sit down and have a good, worthwhile conversation to talk about finances and how does this affect their healthcare, and how does this move forward, it’s impossible.”

- Unaware of resources
  - “I don’t always know what resources are available. So I think sometimes just as the nurse, as the healthcare provider, if we had some of the knowledge, we could help facilitate some of these programs or at least getting them in touch with people that are going to get them the help that they need.”

Findings: A structure exists to integrate financial services, but providers may be resistant

- There is an opportunity for a Medicaid reimbursement model for sustaining financial education services
- Discovered contractual and referral process regulations for billing Medicaid for financial education services
- Contractual: Extension would need to have a contract with the organization and apply for provider status
- Referral: Extension professional would have to be credentialed
- Financial education programs would need to be incorporated into the health goals of the patient
Summary of Findings

- Providers recognize the influence of financial capability on patients’ healthcare access.
- Providers had consensus around the need for resources to support patients’ financial capability.
- Providers do not feel well-positioned to address patients’ financial needs, but would offer materials and resources if they had any.
- A structure exists to integrate financial services, but providers are resistant to dedicate scarce Medicaid resources to this area.

Conclusions

- Significant opportunity for future collaboration between Extension educators and healthcare partners.
- Providers recognize the importance and need for financial education supports, some reluctance to allocate limited Medicaid funds for this purpose.
- Extension educators plan to facilitate stronger partnerships and pursue opportunities for outreach between rural health systems and their financial education services.
- Making Extension work sustainable continues to be a challenge.
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Questions?

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