ASSOCIATION OF CANCER CARE CENTERS

Financial Advocacy Services Guidelines Assessment Tool User Guide

The Financial Advocacy Services Guidelines Assessment Tool helps cancer care organizations assess and improve their capacity to equitably deliver financial advocacy services to patients with cancer.

Domains Covered in the Assessment

<table>
<thead>
<tr>
<th>Assess your organization’s current delivery of financial advocacy services</th>
<th>Compare your organization’s current service delivery to ACCC’s Financial Advocacy Services Guidelines</th>
<th>Facilitate discussion with internal and external partners to debrief results and prioritize improvements</th>
<th>Access resources to further develop your organization’s financial advocacy services</th>
</tr>
</thead>
</table>

**Financial advocacy services and functions:**
- Patient education and communication
- Benefits verification, prior authorization, and insurance optimization
- Financial distress screening
- Financial assistance

**Program management functions:**
- Staffing roles and responsibilities
- Staff training
- Infrastructure and information exchange
- Monitoring and evaluation

**Partner engagement functions:**
- Knowledge of requirements and policies
- Development of external relationships
- Referrals for legal services
- Advocacy

**STEP 1 - PREPARE**

- Be prepared to spend 30-45 minutes completing the assessment (additional time may be needed to collect information prior to submission).

- This is an organizational assessment – not an individual assessment. Your cancer program or practice only needs to complete one assessment.

- Before beginning the assessment, work with your team to identify goals for assessing your organization’s financial advocacy service delivery and make a plan for reviewing results together.

- This assessment should be completed by a staff member who has a comprehensive understanding of current financial advocacy services delivered, or who can work with appropriate team members to gather necessary information.

- Review the Financial Advocacy Services Guidelines before completing the assessment and seek input from team members as needed.

**Information to have ready:**

- Scope of your assessment (which specialties and sites/locations will be assessed)
- Number of unique patients (new + established) served annually
- Approximate breakdown of insurance type (by %)
- Approximate breakdown of patient race/ethnicities (by %)
- Number of dedicated financial advocacy staff and roles with part-time financial advocacy responsibilities
- Understanding of your organization’s processes across each domain
STEP 2 - ASSESS

Provide information about your organization and the communities it serves – this information is for research and contextual purposes only and is not factored into your organization’s score.

For each guideline, select the level that most accurately reflects your organization:

- **Level 1:** We are not performing this service or function.
- **Level 2:** We are making progress with this service or function, but it is done informally or inconsistently applied.
- **Level 3:** We perform this service or function consistently in at least one key area of our organization.
- **Level 4:** We reliably perform this service or function across all key areas of our organization.

If you are unsure of how your organization performs a particular service or function, consider asking team members before proceeding to ensure scoring is most reflective of your organization. You may also select Level 1 if you are unsure.

Remember, it is common for organizations to perform well in some areas and need to improve in other areas. Participating in this assessment and taking action on results demonstrates your commitment to addressing access and affordability barriers to quality cancer care. Achieving a Level 4 may be attainable for some organizations and aspirational for others.

STEP 3 - REFLECT

- Upon completion, you will receive a personalized, organizational report with scores in each domain and sub-domain, as well as an aggregate score.
- Schedule a meeting with internal partners (eg, representatives from administration, financial advocacy, social work, revenue cycle) to collaboratively review results as a team.

- Discuss opportunities to improve equitable delivery of financial advocacy services. Prioritize opportunities based on feasibility and impact (**Figure 1**).

**Figure 1: Example Prioritization Grid**

<table>
<thead>
<tr>
<th>Low Impact / High Feasibility</th>
<th>High Impact / High Feasibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Impact / Low Feasibility</td>
<td>High Impact / Low Feasibility</td>
</tr>
</tbody>
</table>
STEP 4 - ACT

• Work with internal partners to plan a quality improvement initiative to address prioritized development opportunities. Set realistic, measurable goals and consider using the Institute for Healthcare Improvement’s Plan-Do-Study-Act framework to guide the initiative (Figure 2).

• Review resources from ACCC and partners to address improvement areas, including:
  - Financial Advocacy Playbook
  - Financial Advocacy Toolkit
  - Financial Advocacy Boot Camp

Figure 2: Plan-Do-Study-Act Framework

<table>
<thead>
<tr>
<th>ACT/ADJUST</th>
<th>PLAN</th>
</tr>
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<tbody>
<tr>
<td>Scale Up or Fine-Tune the Improvement</td>
<td>Identify the Issue &amp; Root Cause</td>
</tr>
<tr>
<td>Continuous improvement</td>
<td>Make problem visible, hypothesize improvements, set target/aim</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHECK/STUDY</th>
<th>DO</th>
</tr>
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<tbody>
<tr>
<td>Assess for Improvement</td>
<td>Test Potential Improvement</td>
</tr>
<tr>
<td>Compare results to aim, study what worked or didn’t</td>
<td>Apply countermeasures to fix root cause</td>
</tr>
</tbody>
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