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Title

Assessing the Need and Desire for Clinic-Based Financial Services Among Family Medicine Patients

Priority 1 (Research Category)

Social determinants and vulnerable populations

Presenters

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Abstract

Context: Medical Financial Partnerships (MFPs), which provide clinic-based financial services, have been shown to improve the health and financial well-being of patients and their families. MFPs often serve families with young children in pediatric clinics, and less is known about the need and desire for their services among a broader family medicine patient population.

Objective: To assess the need and desire for clinic-based financial services among patients at a family medicine safety-net clinic.

Study Design and Analysis: Cross sectional study analyzing data collected through a Spanish and English survey of clinic patients. We used chi-square and logistic regression analyses to assess factors associated with interest in financial services.

Setting or Dataset: The survey was conducted at a county-funded family medicine clinic in Los Angeles, California over a two-week period in October 2022.

Population Studied: We surveyed all patients presenting for in-person clinic visits during the study period. Caregivers filled out the survey if patients were unable to complete it.

Intervention/Instrument: The survey included a financial strain measure and questions about demographics and interest in financial services.

Outcome Measures: The primary outcome measure was interest in financial services, a binary variable assessing interest in any MFP-related service. We also assessed level of financial strain and difficulty affording basic needs.

Results: All respondents (n=467) were enrolled in Medicaid or uninsured, were predominantly women (62%), and a majority identified as Latinx/Hispanic (65%). Sixty-seven percent expressed interest in at least one financial service, with greatest interest in a food buying club (64%), benefits navigation (51%),

and budgeting support (49%). Interest in financial services was associated with being a primary Spanish speaker (OR 2.26, $p = 0.05$) and having higher financial strain (OR 4.98, $p < 0.001$).

Conclusions: Desire and need for clinic-based financial services at this family medicine safety-net clinic are comparable to rates at other sites where MFPs have been successfully implemented. Notably, older and non-caregiver patients had similar rates of need and interest in financial services as younger and caregiver patients, suggesting a broader applicability of the MFP model beyond its current pediatric focus. Primary Spanish speakers and patients with greater financial strain appear to be particularly interested in MFP services.