

THE ACCESS AUDIT

Healthcare Access Self-Assessment

A Five Pillars Diagnostic for Health System Leaders

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The Borderless Healthcare Revolution (Wiley, 2025)

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Why This Audit Exists

Most health systems know they have access problems. Very few know where those problems actually live. The Access Audit is a 10-question diagnostic built on the Five Pillars of Healthcare Access framework from *The Borderless Healthcare Revolution* (Wiley, 2025). It takes about 10 minutes, and it will show you exactly which access barriers are costing your system patients, revenue, and trust.

How to Use This Assessment

For each of the 10 questions below, score your organization on a 0 to 4 scale. Be honest. The value of this tool is in the gaps it reveals, not the score it produces. When you finish, add your scores to find your total (out of 40) and your per-pillar breakdown (out of 8 each). The scoring guide on the final page maps your results to a tier and specific next steps.

The Five Pillars of Healthcare Access

Physical Access	Can the patient physically get to care? Transportation, geography, facility hours, telehealth availability.
Financial Access	Can the patient afford care? Beyond insurance: copays, deductibles, time off work, childcare, hidden costs that keep patients from showing up.
Cultural Access	Does the care system respect the patient's identity? Language barriers, cultural norms, trust deficits built over decades of systemic failures.
Digital Access	Does the technology actually work at the point of care? EHR usability, interoperability, AI tool integration, clinician workflow impact.
Trust & Knowledge Access	Does the patient understand their options and trust the system enough to act? Health literacy, patient education, community engagement, transparency.

Scoring Scale (same for all 10 questions)

Score	Meaning
0	Not tracked / No program in place
1	Minimal / Below baseline
2	Basic / Compliance-level only
3	Developing / Active improvement underway
4	Leading / Best-in-class with measurable outcomes

The 10-Question Diagnostic

Score each question 0 to 4. Write your score in the box to the right. Two questions per pillar; each pillar scores out of 8.

Pillar 1: Physical Access

Q1. Does your organization systematically track and address geographic, transportation, and facility-hour barriers to patient access?	Score: ____
Q2. How effectively does your telehealth and remote monitoring program extend physical access to patients who cannot reach your facilities?	Score: ____
Physical Access Pillar Subtotal:	____ / 8

Pillar 2: Financial Access

Q3. Does your organization measure and address the full spectrum of financial barriers to care (beyond insurance status): copays, deductibles, lost wages, childcare, and transportation costs?	Score: ____
Q4. How effectively does your financial counseling or navigation program connect patients with assistance before they forgo care due to cost?	Score: ____
Financial Access Pillar Subtotal:	____ / 8

Pillar 3: Cultural Access

Q5. Does your organization provide interpreter services, culturally appropriate care protocols, and provider diversity that reflect the demographics of your patient population?	Score: ____
Q6. How does your organization measure and respond to trust deficits among historically marginalized patient communities?	Score: ____
Cultural Access Pillar Subtotal:	____ / 8

Pillar 4: Digital Access

Q7. How effectively do your digital tools (EHR, patient portal, scheduling, AI) function at the point of care during a real clinical encounter?	Score: ____
Q8. Does your organization have interoperability standards that allow clinical data to flow across systems without requiring manual workarounds by clinicians?	Score: ____
Digital Access Pillar Subtotal:	____ / 8

Pillar 5: Trust & Knowledge Access

Q9. Does your organization measure health literacy across your patient population and adapt communications (written, verbal, digital) accordingly?	Score: ____
Q10. How effectively does your community engagement program build trust and awareness of available services among underserved or disengaged populations?	Score: ____
Trust & Knowledge Access Pillar Subtotal:	____ / 8

TOTAL ACCESS SCORE:	_____ / 40
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Your Results: What They Mean

Your total score maps to one of four tiers. Each tier includes a general assessment and recommended next steps. The per-pillar breakdown is often more revealing than the total: a system scoring 30/40 overall can still have a critical gap if one pillar is at 2/8.

0 - 10 **CRITICAL**

Significant access barriers exist across multiple pillars. Patient populations are likely being underserved in ways that affect outcomes, retention, and revenue. Immediate assessment recommended.

Next step: *Priority: Identify your two lowest-scoring pillars. These are where patients are falling through the cracks today. A targeted access strategy focused on quick wins (90-day sprints) can move the needle fast.*

11 - 20 **AT RISK**

Your organization has addressed some access barriers but has meaningful gaps that are likely costing you patients and payer performance metrics. Improvement is achievable with focused effort.

Next step: *Priority: Look at which pillars are below 4/8. These are your systemic gaps. Most organizations in this tier benefit from a structured access improvement roadmap with 6-month milestones.*

21 - 30 **DEVELOPING**

Solid foundation with room for improvement. Your organization is likely above average on access metrics but has not yet closed all gaps. The risk here is complacency: systems in this tier often have one or two pillars they have not examined closely.

Next step: *Priority: Examine your lowest-scoring pillar. That is your blind spot. Organizations in this tier often benefit from benchmarking against peer institutions and targeted consulting on their weakest pillar.*

31 - 40 **LEADING**

Your organization demonstrates strong performance across all five pillars. You are likely a top-quartile performer on access metrics. The challenge is sustaining this and turning it into a competitive advantage.

Next step: *Priority: Document what you are doing well and share it. Consider publishing, presenting at ACHE or HIMSS, and positioning your access strategy as a differentiator in a market where most systems struggle with these fundamentals.*

Per-Pillar Scorecard

Transfer your pillar subtotals here for a quick visual of where your gaps are.

Pillar	Your Score	Red Flag	Target
Physical Access	___ / 8	Below 3	6+
Financial Access	___ / 8	Below 3	6+
Cultural Access	___ / 8	Below 3	6+
Digital Access	___ / 8	Below 3	6+
Trust & Knowledge	___ / 8	Below 3	6+
TOTAL	___ / 40	Below 15	30+

What Comes Next

This self-assessment gives you a snapshot. A real access strategy requires context: your market, your payer mix, your patient demographics, your technology stack. That context is what I bring to every engagement.

1 Take the Interactive Access Audit Online

Complete the full diagnostic on our website. You will receive a personalized, branded scorecard with specific recommendations mapped to your responses. It is free and takes 10 minutes.

drsarahmatt.com/access-audit

2 Book a 30-Minute Strategy Call

Discuss your results with a healthcare access strategist who has worked with PE-backed systems, academic medical centers, and federal agencies. No pitch. Just a conversation about your specific situation.

calendly.com/drsarahmatt/30min

3 Read the Full Framework

The *Borderless Healthcare Revolution* (Wiley, 2025) lays out the complete Five Pillars framework with implementation playbooks, case studies, and evidence from 20 years of clinical and executive experience.

[Available wherever books are sold](#)

About the Author

Dr. Sarah Matt, MD, MBA is a surgeon, health technology strategist, and national best-selling author. She has led digital transformation at Oracle Health, ESO, and NextGen, managed a \$28B portfolio, and grown a company from \$60M to \$95M in ARR. She currently advises PE-backed health systems, startups, and academic medical centers on AI governance, access strategy, and clinical technology implementation. She still practices medicine at a charity clinic for uninsured patients in central New York.

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