

Patient Advocacy

Mark Dressner, MD, MS Ed.

Objectives

- ▶ At the end of the this presentation the learner should be able to:
 - Describe a plan for patient advocacy given a specific patient dilemma.
 - List at least 10 different concrete ways to advocate for one's patient.

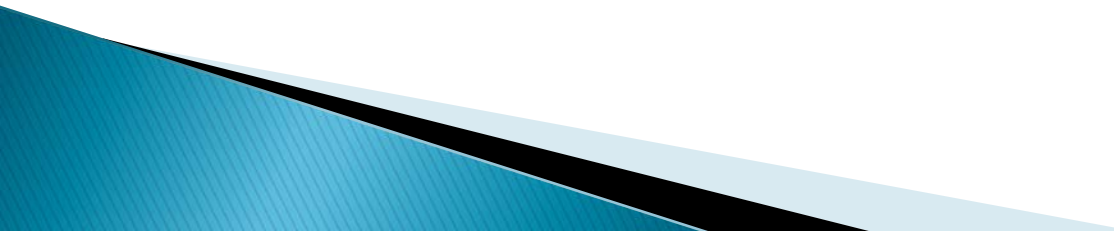
What does this even mean?

- ▶ Lit search using various search engines
- ▶ <http://fmdrl.org/index.cfm?event=c.beginBrowseD&clearSelections=1&criteria=patient>
 - Family Medicine Digital Resources Library

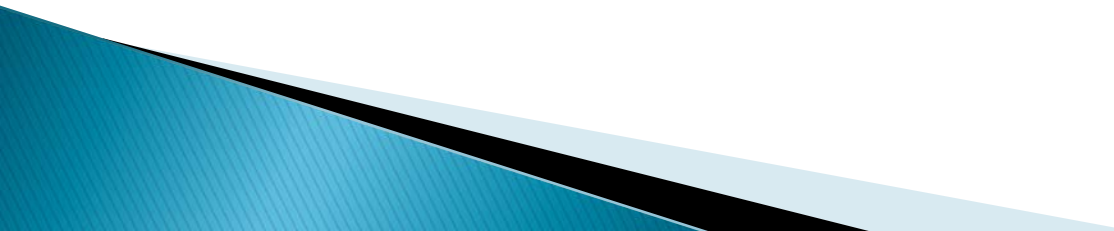
What patient dilemmas have you had?

What did you do?

What ideas do others have?



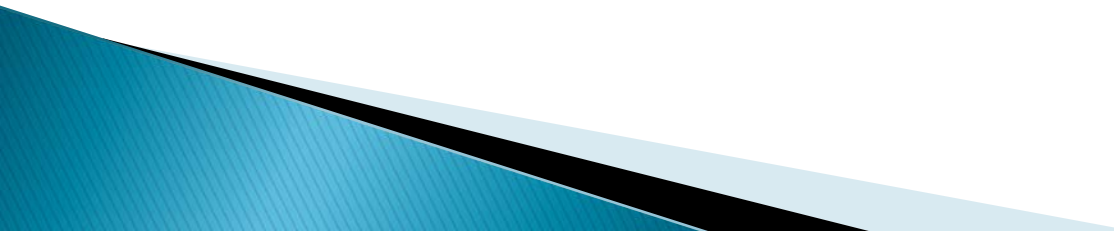
Scenario

- ▶ The patient is a female with multiple medical problems. She has many ED visits and admissions. She would like prilosec for GERD. The HMO does not pay for it. They will also not approve an authorization for the med. The patient left the practice because I would not give her prilosec.
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Solution

- ▶ Make a phone call / fill out the form
 - ▶ Get on the health plan's Pharmacy and Therapeutics committee.
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Scenario

- ▶ The patient is an illiterate Mexican immigrant who only speaks Spanish. He needs epogen because of his chronic renal insufficiency. The health plan requires me to prove that he needs epogen every three months if he is to continue to use it.
- 

Solution

- ▶ Call the LA Times
- ▶ Call the vice president of his health plan up in San Francisco

Scenario

- ▶ The patient has diabetes for many years which he now takes seriously despite now having many problems. He has an ulcer on his foot which could result in amputation if it does not heal. Podiatry prescribes an applied medication to help with wound healing. He cannot afford it and medi-cal will not pay for it.

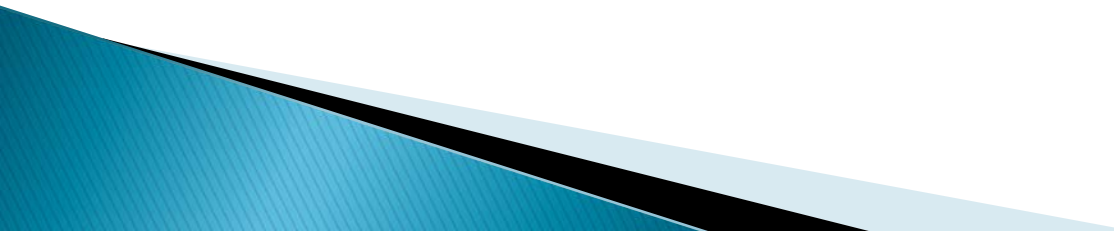
Solution

- ▶ His wife called their LA City Council person.

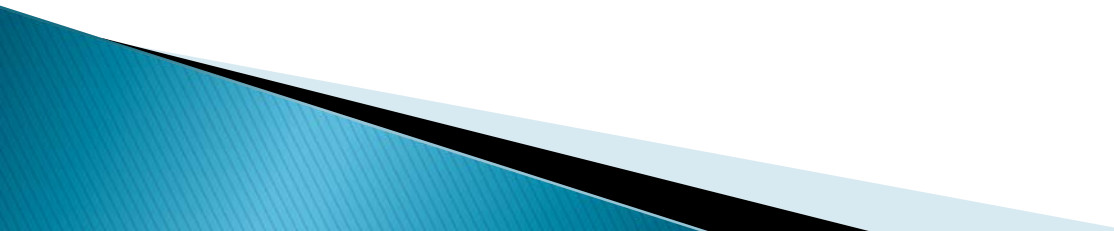
Scenario

- ▶ The patient has two brothers who have had MIs. His father died of an MI. He had chest pain and dyspnea on exertion just walking a block. Cardiology consult wants c-spine film because they think it is a nerve problem.

Solution

- ▶ Order an almost definitive test yourself.
 - ▶ Talk a specialist that you trust into signing up with the health plan.
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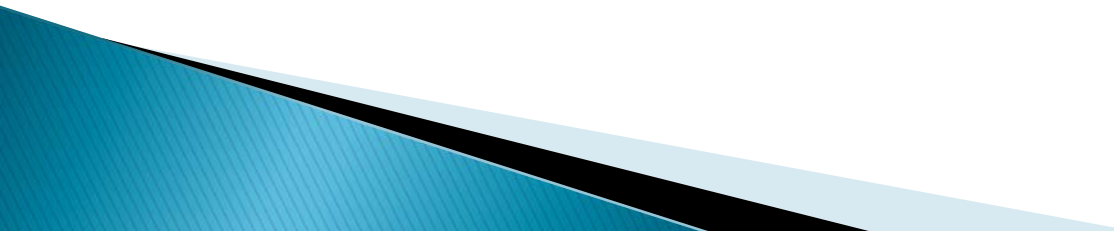
Scenario

- ▶ The patient is uninsured. She is able to get a free mammogram through a special program for the uninsured. It is grossly positive with a dictation saying that she needs an excisional biopsy. The program that gives free mammograms has no provisions for a positive result.
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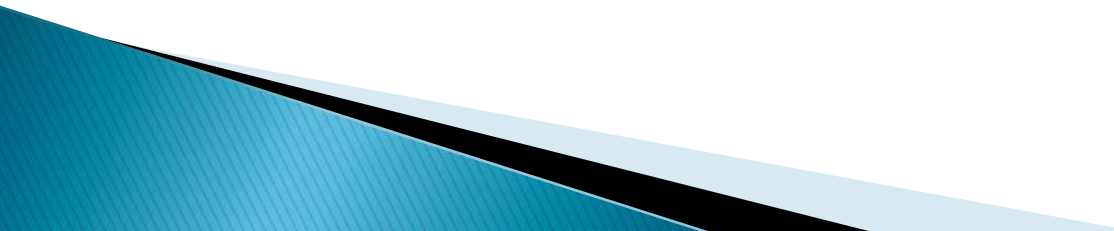
Solution

- ▶ Post the dilemma on Facebook
 - ▶ Make phone calls / write letters / document
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Scenario

- ▶ The patient is a woman in her late 70s. She is weak from unknown cause. She is ready for discharge and cannot go home. The plan is for the HMO to send her to the nursing home. Her family considers her demented. She is the only patient who has figured out if you call the hospital operator to page your doctor they will call you back immediately.
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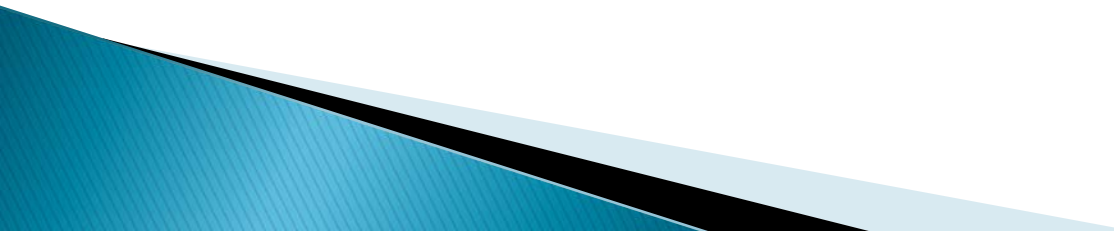
Solution

- ▶ Make friends with the discharge planner or case manager. Make your plans clear.
- 

Scenario

- ▶ Same sex couple has had foster baby since birth for last 3 years. They are great parents. They cannot adopt because they are a same sex couple.

Solution

- ▶ Be involved in organized medicine
 - ▶ Talk to legislators and other politicians
 - ▶ Sponsor resolutions and create policy
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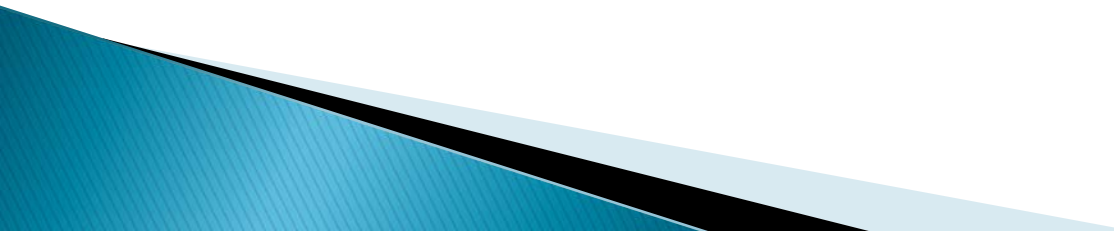
Scenario

- ▶ The ED Orthopedic back-up refuses to see your patient. The ED Plastic Surgeon back-up refuses to see your patient.

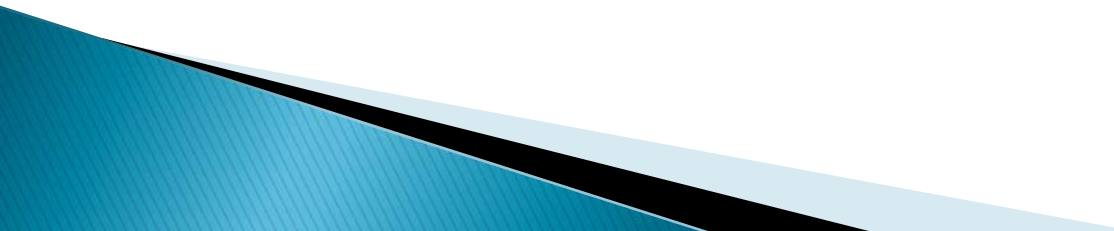
Solution

- ▶ Write an editorial.
 - ▶ Talk to medical staff about obligations and consequences.
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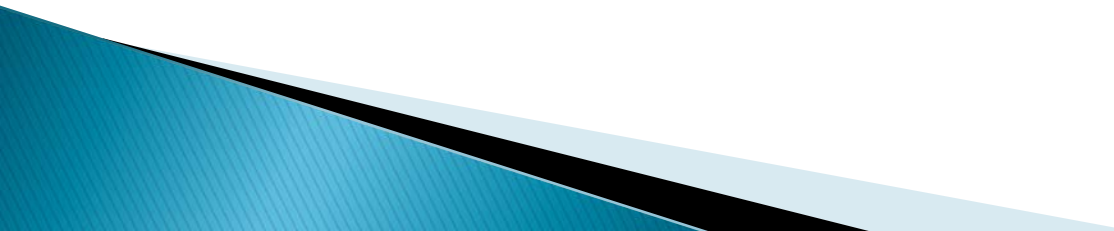
Scenario

- ▶ The patient is a woman in her 50s who has never taken care of her diabetes or hypertension. She is now in the unit with pneumonia, renal failure, and sepsis. She is barely conscious. Her fingers are becoming necrotic. She is the major caretaker for her children and many of her grandchildren.
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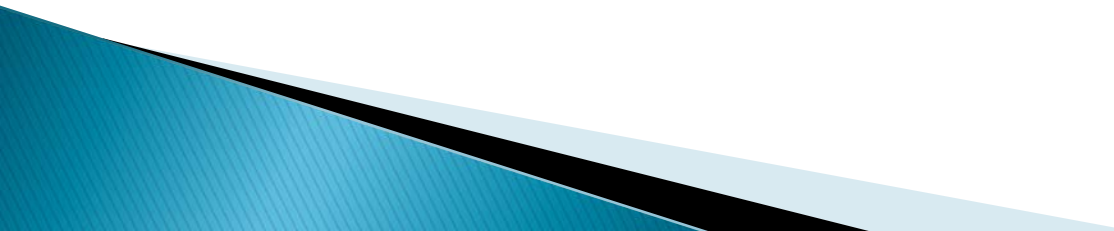
Solution

- ▶ Advance Directives / know your patient's values
 - ▶ Ethics Committee
 - ▶ Family meetings
 - ▶ Chaplain Services
- 

Scenario

- ▶ The patient is admitted a few days post cardiac catheterization now with a large retroperitoneal hematoma. It is obstructing both ureters. The patient's creatinine is rising. The health plan has no vascular surgeon and no urologist paneled at our hospital.
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Solution

- ▶ Have the patient transferred.
 - ▶ Use every personal connection to talk (beg) specialist to see patient (knowing they likely would not get paid).
 - ▶ Reconsider staying with the health plan
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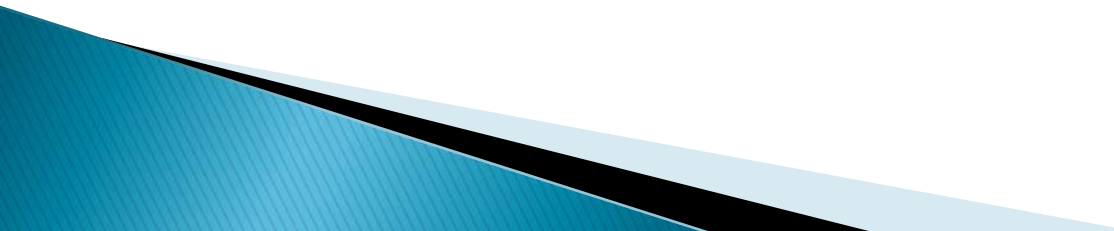
Scenario

- ▶ The morbidly obese patient posteriorly dislocated her knee. No ortho will take her including the one in her health plan. Middle of day she loses her dorsalis pedis pulse. 12 hours later the vascular surgeon calls to say that we need an orthopedic doctor on the case.

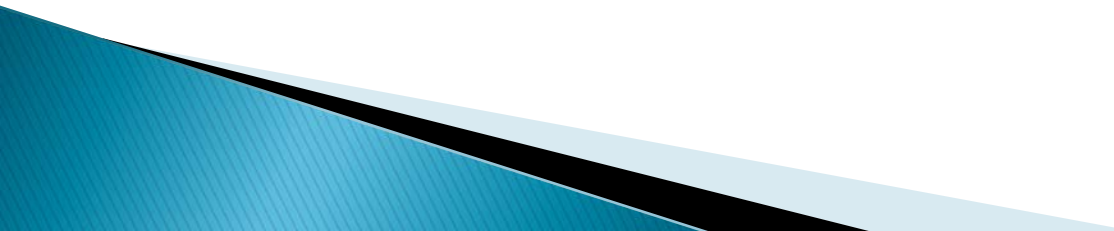
Solution

- ▶ Ask other specialist if they can pull strings.

Scenario

- ▶ Discharge summaries from Hospitalist group are barely more than the problem list telling you little about what actually happened to the patient. This persists no matter what. H and Ps also are consistently skimpy leaving out large sections.
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Solutions

- ▶ Meet with hospitalist team
 - ▶ Give a number to be reached with discharges
 - ▶ Ultimately with sub par performance file a QA report.
- 

Scenario

- ▶ Group visits work but you want to make sure they succeed. You also want to make sure that you get paid appropriately and that they become accepted as part of the norm.

Solution



Solution

- ▶ Use the press
- ▶ Use pharm reps appropriately

Scenario

- ▶ The specialists on the health plan are not up to par.

Solution

- ▶ Discuss switching Health Plans to one with better consultant panel

Scenario

- ▶ The patient wants a handicap placard because her obesity makes it hard to walk far.

Solution

- ▶ Don't be an enabler. You do not have to sign.

Scenario

- ▶ You are tired of filling out forms and fighting for everything that you believe that your patient needs.

Solution

- ▶ Concierge Practice

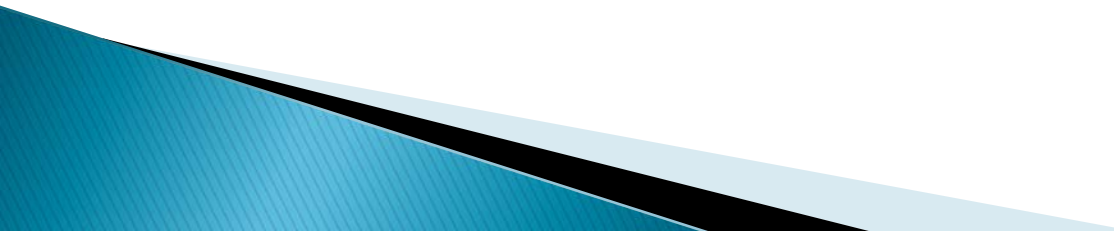
Scenario

- ▶ Your patient is always going to the ED and many different providers. He is non-compliant with recommended medical treatments.

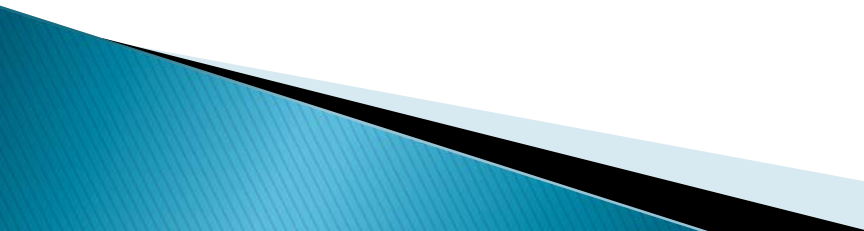
Solution

- ▶ COPE and other such programs

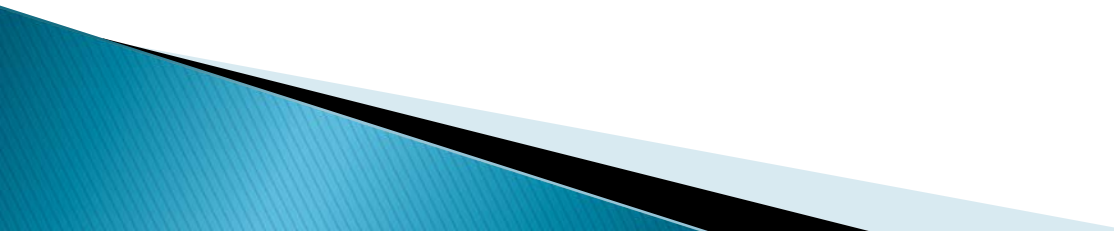
Summary of Solutions

- ▶ Make a phone call / fill out the form
 - ▶ Get on the health plan's Pharmacy and Therapeutics committee.
 - ▶ Call the LA Times
 - ▶ Call the people with more authority or power in a health plan
 - ▶ Contact your politicians and legislators
 - ▶ Reconsider staying with the health plan
- 

Summary of Solutions 2

- ▶ Order an almost definitive test yourself.
 - ▶ Talk a specialist that you trust into signing up with the health plan.
 - ▶ Post the dilemma on facebook
 - ▶ Make phone calls / write letters / document
 - ▶ Make friends with the discharge planner or case manager. Make your plans clear.
 - ▶ Be involved in organized medicine.
 - ▶ Talk to legislators and other politicians
 - ▶ Sponsor resolutions and create policy
- 

Summary of Solutions 3

- ▶ Write an editorial.
 - ▶ Talk to medical staff about obligations and consequences.
 - ▶ Advance Directives / know you patients values
 - ▶ Ethics Committee
 - ▶ Family meetings
 - ▶ Chaplain Services
 - ▶ Have the patient transferred.
 - ▶ Use every personal connection to talk (beg) specialist to see patient (knowing they likely would not get paid).
- 

Summary of Solutions 4

- ▶ Ask other specialist if they can pull strings.
 - ▶ Meet with hospitalist team.
 - ▶ Give a number to be reached with discharges.
 - ▶ Ultimately with sub par performance file a QA report.
 - ▶ Use the press.
 - ▶ Use pharm reps appropriately.
 - ▶ Discuss switching Health Plans to one with better consultant panel.
 - ▶ Don't be an enabler. You do not have to sign.
 - ▶ Concierge Practice
 - ▶ COPE and other such programs.
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