

Effective Patient Advocacy in the Community Practice Setting

What We're Facing

- Uninsured = 47 million and growing
- Underinsured = increasing patient out-of-pocket exposure
- Indigent Drug = Medicare Part D "smoke screen"
- Claims Denials = off label use
- Bottom Line = threat to our bottom line and to patient's peace of mind

What We're Doing

- Incorporate Patient Liaison Function at NHOH
- Two-fold charter (1) medical social services interventions and (2) patient pay advocacy to reconcile the growing chasm

What Results

- First 9-month's experience (January to September 2006)
- Potential "No Pays" = \$360,636
- Pay as a result of Patient Advocacy = \$206,949
- Contribution margin for the Pay = \$72,188

Some Examples from the Trenches

- Uninsured and Medicaid Applications
- Consumer directed plan interventions
- Other weird arrangements