Advocating Health for Greater Productivity and Improved Morale

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Has anyone among our readers been a patient in the hospital recently? Has anyone been to a staff meeting in any hospital-based department when key members were absent because of the need to care for sick children or aging parents? I believe that we all go through sequential stages of fear, confusion, and exasperation as consumers of health care, regardless of the setting or our geographic locale. I am sure that P&T committee members can identify with the aforementioned circumstances. With that in mind, I would like to share some details about a new firm that is trying to tackle the difficulties that many of us face at various life stages.

Health Advocate, based in West Conshohocken, Pennsylvania, was founded in the fall of 2001. The founders had the goal of helping employees focus on their work by assisting them with resolving health-related and benefits-related issues. Here is how the strategy works.

According to the firm's model and Web site (answers@healthadvocate.net), an employee with a problem concerning benefits can call a Health Advocate nurse, who is supported by a group of medical directors. After a brief conversation with the enrollee, the nurse can say, "You go back to work and we will try to resolve this issue for you." According to the chief medical officer and co-founder, Dr. Arthur Leibowitz, Health Advocate serves three principal types of clients:

- Approximately 33% of the clients enroll for clinical assistance because they need help in navigating the complexities of the health care system. For example, they might need help to understand a provider’s advice, or they might want a second opinion on a physician’s diagnosis.
- Another one-third of enrollees need help in understanding and accessing information about benefits, resolving claims issues, and finding the most efficient way to use their health plan.
- Enrollees in the last group need assistance in locating resources that are not covered by their employee health plans, such as adult day care, transportation, and related benefits.

According to the company’s literature, Health Advocate began enrolling clients in January 2002 and now has more than 50 employers with 80,000 enrollees and dependents under their auspices. The company bills its services through an Internal Revenue Service Section 125 voluntary benefit. Small companies might purchase services at an hourly rate, whereas larger companies are billed on a per-member/per-month basis.

What does all of this have to do with members of P&T committees? I see Health Advocate intersecting with the work of our colleagues across the country in various creative and unique ways. First, in its role as a clinical assistant, Health Advocate can give specialized medical and pharmacological advice to patients in many different settings. For example, patients with severe migraine headaches might call their Health Advocate contacts. Health Advocate could respond by directing these patients to a specialized headache center that is known to offer current migraine therapies.

Health Advocate also deciphers prescriptions for patients and guides them through the arcane preauthorization processes that exist in many managed care organizations. Yes, I know that it sounds silly, but deciphering prescriptions is an important problem in the U.S., and large employers are willing to pay top dollar to groups like Health Advocate to sort through this difficulty.

Health Advocate can send its medical directors and expert nurses to accompany patients while they are petitioning managed care organizations for therapies that may have been previously denied. Ironically, Dr. Liebowitz was formerly the chief medical officer of U.S. Healthcare and then Aetna U.S. Healthcare—he ought to know a thing or two about getting therapies authorized by managed care organizations! Although we could debate the merits of the entire preauthorization process, one must concede that Health Advocate’s petitioning efforts could be a particularly valuable service.

It is possible that Health Advocate might be able to reduce the absenteeism that is now so prevalent in the health care workplace. Many P&T committees rely on pharmacy and nursing staffs to complete their work. However, members of the “baby boom generation,” sometimes called the “sandwich generation,” have to deal with aging parents and growing families simultaneously. Health Advocate could tackle some of the attendant challenges in this social arena and might be able to improve morale in the workplace as a result.

Imagine this scenario: ABC Pharmaceutical Company brings out a blockbuster new drug with broad indications. Health Advocate sees itself as a future consumer educational portal linked to ABC. If consumers have questions about this new drug, they can simply call Health Advocate directly and receive personalized, customized information on how the new agent could affect their medical conditions. Instead of trying to reach ABC at its corporate headquarters through some lifeless 800 number, consumers would be able to talk to a real nurse who understands their medical needs in relation to the new drug.

Health Advocate might not be the answer for everyone, but I am confident that there are other interconnections with P&T committees that I haven’t considered. The firm offers a family of products, including Advocates of Excellence, Health Advocate Care Quest, Physician Locator, and The Benefits Advantage. These features are described in detail on the company’s Web site.

Health Advocate claims that its calculated savings make the company three to...
seven times more effective than a typical consumer or human resources staff member. To sell its products, Health Advocate uses brokers; the firm also develops relationships directly with insurers. Its product is “commissionable,” and brokers can therefore sell it as a complement to other services.

Most P&T committee members have been or will be patients at one time or another. We all know what it’s like when a key staff member is out sick for an extended period of time. We have all had to decipher prescriptions, deal with managed care complexities, and be sensitive to the needs of those who are caring for both children and parents. Perhaps Health Advocate and firms like it can be one small solution to some of these inherently vexing problems. One day, Health Advocate might be the equivalent of Good Housekeeping Magazine’s “Seal of Approval” when pharmaceutical companies launch new drugs, with the Health Advocate symbol affixed to the product packaging. Maybe leading managed care organizations will demonstrate their market sensitivity by providing health advocate services as part of their standard benefit contract language.

I don’t pretend to think that Dr. Liebowitz’s Health Advocate is the only answer to some of the aforementioned social challenges, but one has to believe that the company has uncovered an interesting niche in the health care arena.

As usual, I am interested in your views. You can reach me at my email address, david.nash@mail.tju.edu.

REFERENCE
1. Former Aetna execs see growth in new patient advocacy company. Managed Care Week, July 29, 2002.