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All In Chicago: Being a True Patient Advocate

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Hello, my name is Danielle. I am a member of CommunityHealth's Associate Board and previously was a development and administrative intern at CommunityHealth earlier this year. Originally from San Diego, CA, I recently ventured into the “Windy City” for medical school at Loyola Stritch School of Medicine.

As I approach the start of my future career, I find myself asking more often, “What type of doctor do you want to be? How do you plan on making a difference?” I constantly wrestle with options about specializations, and whether I should start a private practice or work in a hospital, or if I want to split my clinical hours to pursue other avenues like research and do more community outreach... the list is endless. However, the one common theme that has stuck with me while weighing all of my options is that as a physician, I want to use my skills to truly advocate for access to quality care for my patients. My experience working as a medical review coordinator and interning at CommunityHealth are part of what has shaped my understanding of what it means to be an “advocate” which has made a direct impact into my outlook on the type of physician I aspire to be.

Since completing my undergraduate degree, I have been working as a medical review coordinator for an [independent review organization](#) (IRO) which reviews appeal and workers’ compensation health insurance cases to determine if payment by the insurance company for a service is medically necessary for the patient. Part

of my role there is to review and manage cases for quality before they are returned to the insurers. As such, I have read through a plethora of cases where physicians are appealing against a previous denial in the hopes that re-evaluation will result in approval for what the provider has deemed to be a necessary service on behalf of their patient. In the limited time I have worked in this field, I have noticed how easy it is to be denied access to services. I am not referring to cases in which receiving a denial can help the patient to avoid potentially unnecessary, invasive, or experimental procedures that have little to no medical literature support. What concerns me are the cases where denials are due to issues such as missing documentation or not following the required “[step therapy](#)” criteria – where patients must first use and fail treatment with insurers’ definitions of first-line or less expensive drugs before agreeing to pay for a more complex alternative. Factors unrelated to whether or not a patient would benefit from the requested service can often times be the reason why they are not treated, thus delaying care and potentially having a negative impact on their health. While these issues would seemingly be easy to resolve, what makes these types of denials so common is that the requirements are not always uniform between one insurance policy and another, thus making it extremely difficult for physicians to keep track. Each policy requires different documentation of symptoms, exams performed, and clinical status of the patient in order to determine whether they qualify for a certain medication or procedure. Every insurance policy has a pre-defined set of criteria to determine what is considered medically necessary for coverage. So if a physician does not submit or document all that is required within the parameters of the particular plan’s criteria, the request for coverage could be denied. Often, this is an especially difficult situation for a patient, especially with the high-costs associated to something like a surgical procedure. Being denied reimbursement by the insurer, because of not meeting a pre-determined criterion can place a large financial burden back onto the patient.

Having witnessed these scenarios has really impacted my views on a physician’s responsibility. Rather than becoming discouraged by the number of times patients are delayed medical treatment because of non-clinical reasons, I am choosing to learn from this experience and apply it to my future practice. I want to be able to avoid unnecessary denials that could be harmful to my patient by being strategic about treatments I prescribe. Having the opportunity to see another component to

the health care experience, I feel empowered to advocate and protect my future insured patients. By taking the time to research and be familiar with the criteria and requirements for the policy they bring to my practice, I want to be able to assess which course of treatment will best alleviate symptoms, as well as reduce potential financial burdens and defending my patients against denials whenever I can to ensure they receive access to the best quality care.

As an intern at CommunityHealth, I have observed first-hand the lengths that volunteer physicians must go through to provide the best possible care. As I continue to define what it means to be a patient advocate, my time at CommunityHealth has definitely influenced my interpretation. CommunityHealth's providers are providing for low-income and uninsured adults who would otherwise have no access to a true medical home – and CommunityHealth provides that at no cost to their patients. Often, these patients are suffering from severe hardships or a poor financial circumstance, which impacts their ability to be proactive about their health. The providers at CommunityHealth have to be mindful of the social determinants that affect these patients. They have to be incredibly resourceful with treatment plans based on what is available through the programs and partnerships available to the clinic as well, in order to ensure there are no costs for the patient. Providing quality care and ensuring that the patient can undergo a realistic treatment is sometimes complicated and even a sensitive issue for this vulnerable population. CommunityHealth's providers volunteer their time and are committed to this holistic approach to care management. Witnessing this level of commitment has continued to inspire me to strive to become a physician who is truly dedicated to my patients and who goes the extra mile to advocate for access to the best quality care for all patients.

Danielle Andrews is a rising first year medical student at Loyola Stritch School of Medicine and a member of the CommunityHealth Associate Board. She grew up in San Diego, CA before completing her undergraduate degree at University of California, Los Angeles with a major in Biology and minor in Anthropology.

Danielle's opinions are her own, and we're grateful to have her contributing to the work we do at CommunityHealth– and, of course, for sharing her story about how

she plans to contribute to our All In™ campaign goal of ensuring that all people have access to quality, affordable health care.

Are you in? Join us as we continue the conversation to build a healthier Chicago in 2018. To learn more, please visit www.allin-chicago.org