



# Patient & Health Care Advocacy

Models of Practice



# Learning Objectives

- ❑ Explore different models of patient advocacy
- ❑ Understand how advocacy roles differ in niche areas of healthcare
- ❑ Consider your interests, skills, and abilities as you navigate the changing environment



# Speakers

**Matt Toresco**

**Felix Davies, PhD, BCPA**

**Tanusha Tholla**

**Emily Bernstein, BCPA, CHW**

**Deborah Batson, BCPA**

**Deb Gordon, MBA**

Pharmaceutical Advocacy Roles

Advocacy Models in the UK

Health Literacy

Community Health Worker

Independent Advocacy

Insurance Funded Advocacy



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# MATT TORESCO

**FOUNDER, CEO & CPO: ARCHO ADVOCACY, LLC**

**EiC, ELAVAY: PATIENT INSIGHTS. ELEVATED HEALTHCARE REPORT**

For nearly two decades, Matt has immersed himself in the healthcare industry, focusing on market research, sales, commercial leadership, training & patient advocacy.

Matt runs an annual market research report for advocacy intelligence, known as ELAVAY, to understand the performance of pharmaceutical, biotechnology, medical device, insurance company, and specialty pharmacy patient advocacy functions. The report allows him to understand how these companies can best engage the patient community through patient advocacy organizations, professional societies, and community-based organizations.

Charleston, SC



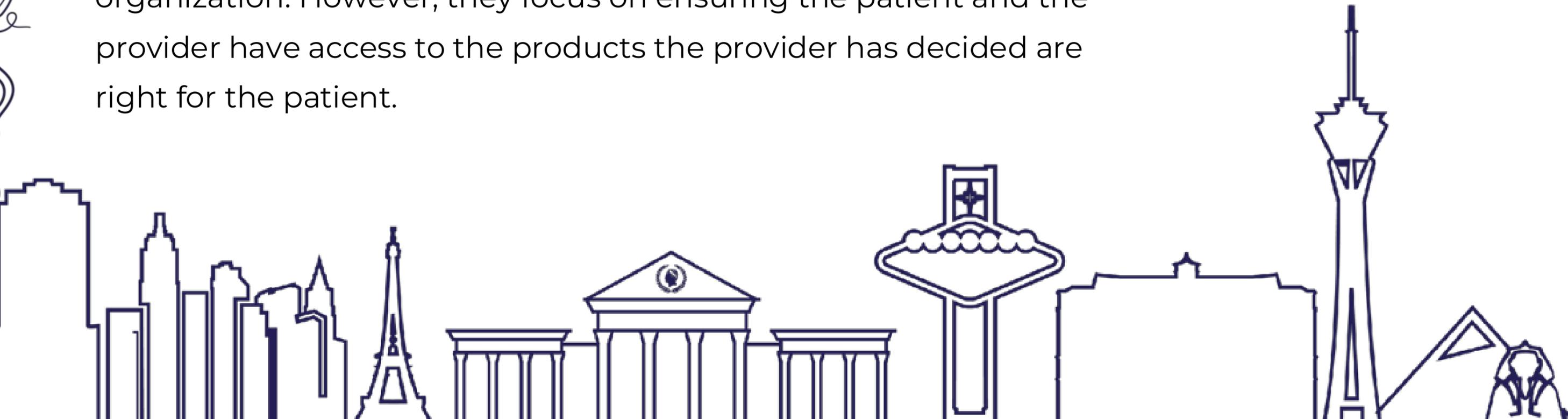
# PHARMACEUTICAL ADVOCACY ROLES

## Many Roles, One Focus...The Patient Community

Roles Include:

- Patient Advocacy
- Field Reimbursement
- Policy / Issues Advocacy

Each role has different remits and is found in various areas of the organization. However, they focus on ensuring the patient and the provider have access to the products the provider has decided are right for the patient.



# PATIENT ADVOCACY

## Engaging with Disease-State Advocacy Organizations

### Engage With:

- Disease-State Advocacy Organizations
- Professional Societies
- Community-Based Organizations

### Allegiance:

- To the patient, not the pipeline.

### Responsibilities:

- Elevate patient voice, shape trial design, support access, and co-create education and engagement strategies.

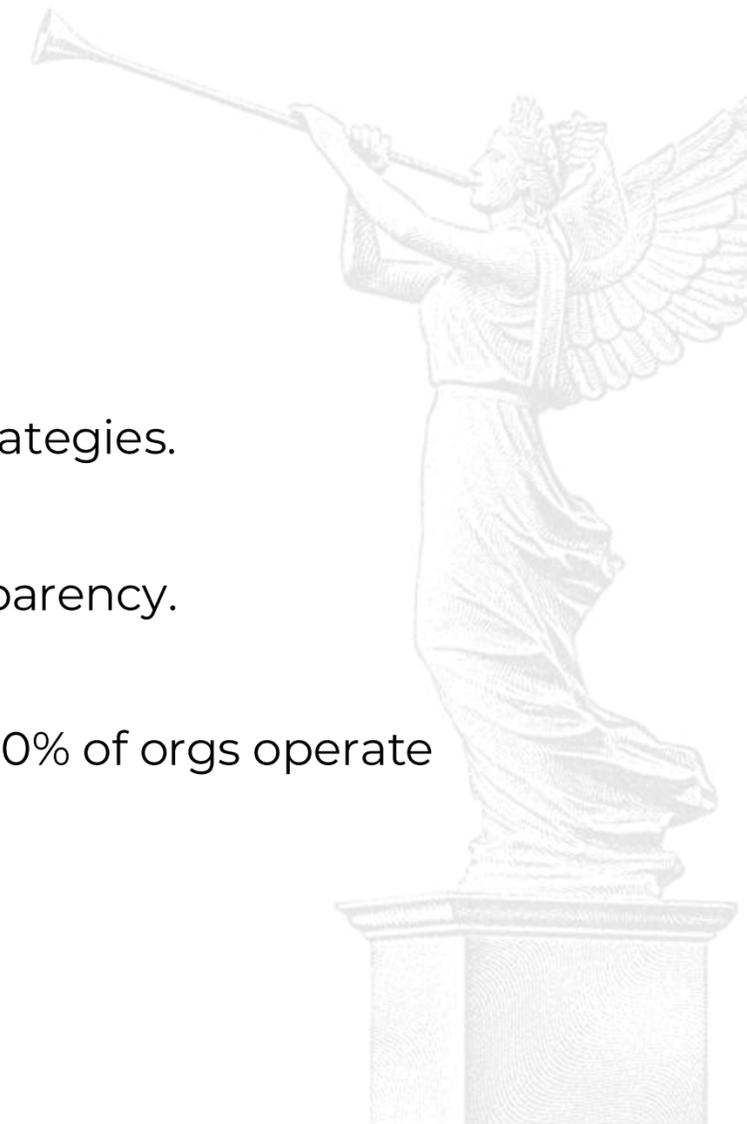
### They work with:

- External patient organizations, internal commercial and clinical teams, and compliance/legal for transparency.

### Reality:

- Only 33% of pharma advocacy teams report to a centralized function. Most are still under-resourced—50% of orgs operate with 1-5 people on advocacy despite billion-dollar revenues

**Completely  
Above Brand**



# FIELD REIMBURSEMENT

Fighting For Access, One Patient At A Time...

Engage With:

- Provider Offices
- Hospital Billing Departments
- Independent Patient Advocates

Allegiance:

- To access, often trapped between product promises and payer blockades. Aligned with the Brand

Responsibilities:

- Navigate payer policy, troubleshoot denials, educate HCP offices on onboarding, co-pay assistance, and appeals.

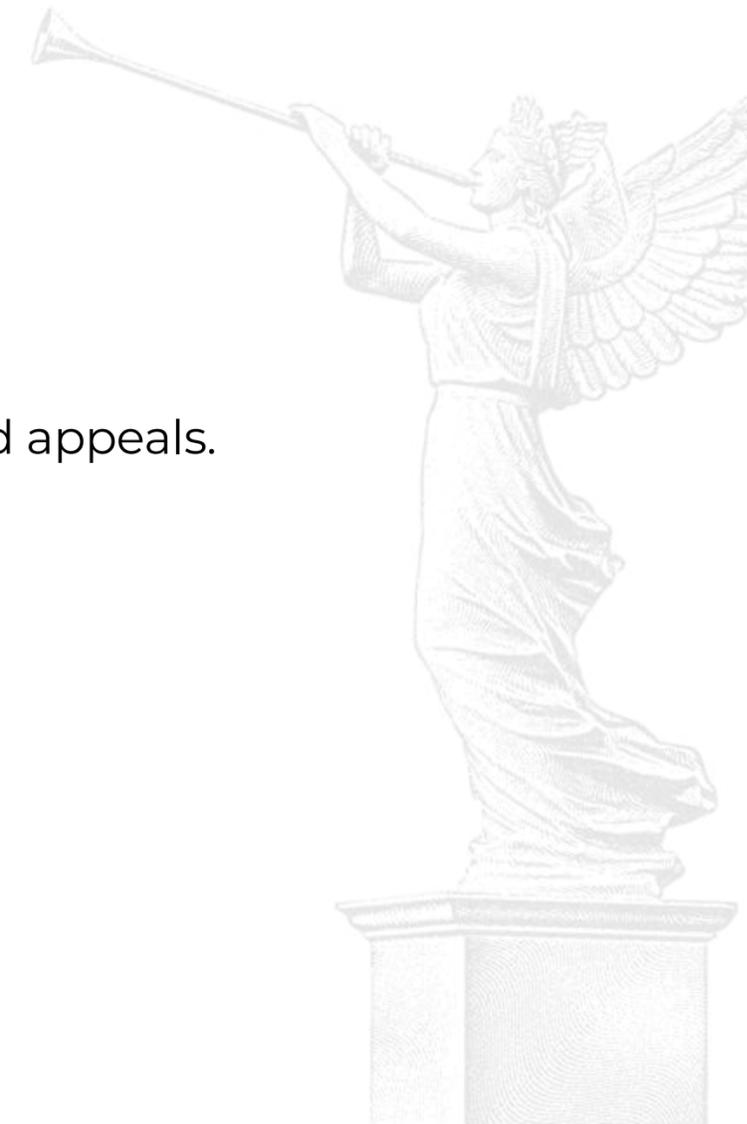
They work with:

- Hub services, specialty pharmacies, and internal market access.

Reality:

- They are seen as operations, but they're frontline advocates—if they're trained right.

Brand Aligned but  
Patient-Focused



# POLICY / ISSUES ADVOCACY

Tackling Issues Affecting the Patient Community To Open Access...

Engage With:

- Government Affairs
- Lobbying Firms & Politicians
- Disease-State Advocacy Organizations

Allegiance:

- Corporate, regulatory, but the best ones fight for patient-first policy reform - Above Brand

Responsibilities:

- Monitor, shape, and sometimes write policy on affordability, innovation incentives, and access frameworks.

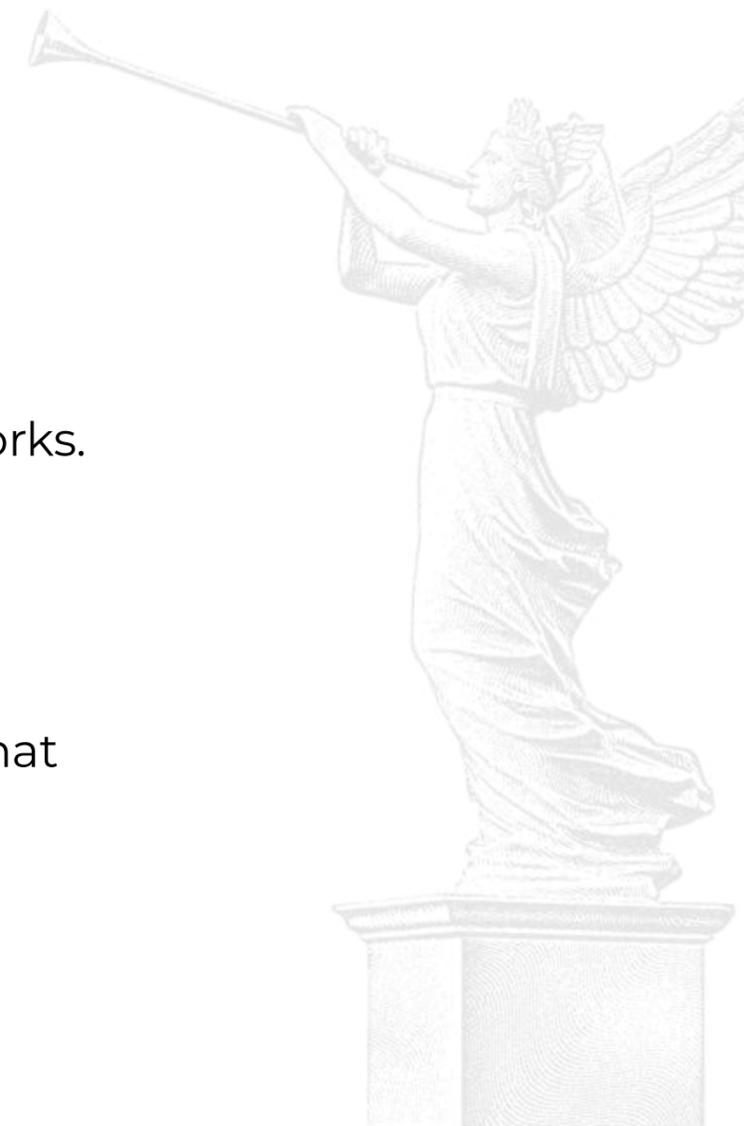
They work with:

- Government affairs, coalitions, and external stakeholders.

Reality:

- Policy rarely talks to the field. The right hand doesn't know what the left's doing, and patients pay for that disjointedness.

Completely  
Above Brand



# ADVOCATING FOR PATIENTS

## Advocates Help Patients Access Treatment, But It's a Grind

- They translate. They fight. They coach. They file appeals at 7 PM.
- True advocacy means sitting with a caregiver who just got a denial and giving them language, not just a hotline.
- Pharma-sponsored advocates inside the industry can flag system failures, delays, drop-offs, and site-of-care issues early and bring those insights upstream to fix them.
- But only when there's psychological safety and organizational will to act.

# FIGHTING STIGMA

## Fighting Industry Perception...

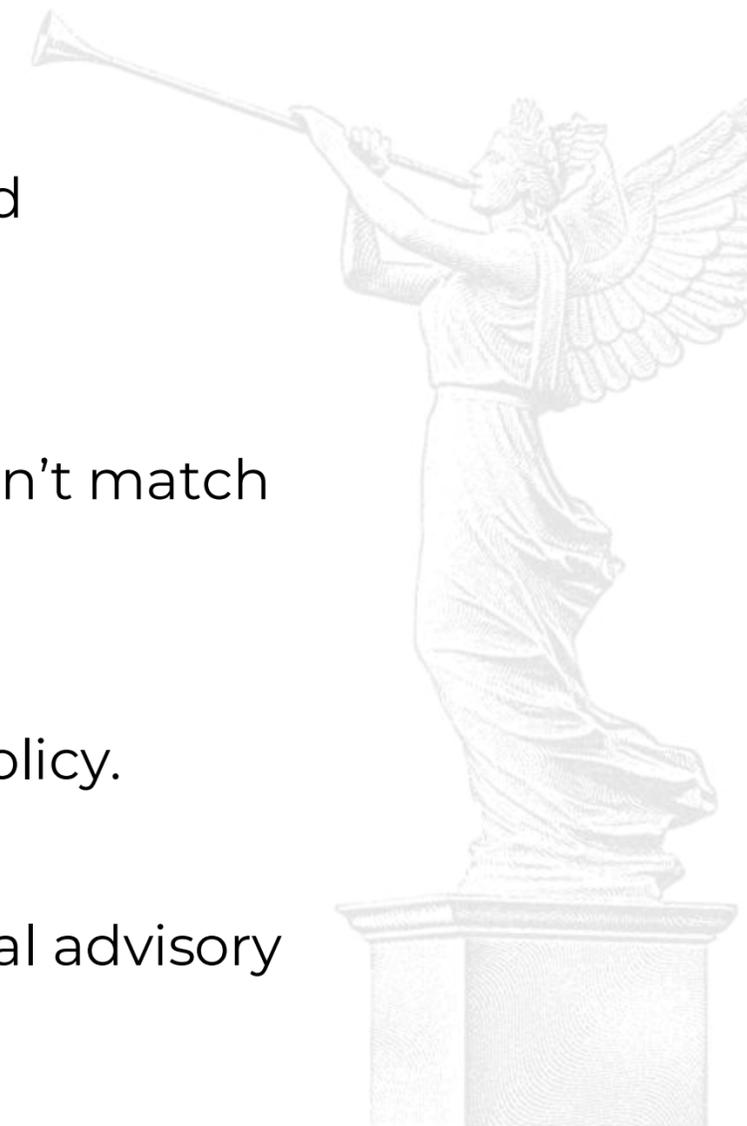
- **Trust gaps**
- **Informed consent**
- **Black-box safety issues**
- **Empower PAO Partners Yet Internal Compliance**
- **Mitigating bias**



# Fighting Stigma to Help Patients

## History Still Dictates Interaction Today...

- Trust Gaps:
  - Advocates backed by pharma walk into the room already under suspicion—because too many have pushed the product before the patient.
- Informed Consent:
  - Patients in advisory boards often don't fully understand how their insights are used commercially.
- Black-box Safety Issues:
  - Advocates have to dance around label restrictions when real-world side effects don't match clinical trial data.
- Disease Advocacy Partners & Internal Compliance Headwinds:
  - Many orgs fear losing grant funding if they criticize a partner company's access policy.
- Mitigating Bias:
  - Best practice? Clear funding disclosures, boundaries on feedback use, and external advisory councils that hold companies accountable.



# CHALLENGES THAT HINDER ADVOCATES & PATIENTS

## Alignment & Documenting Performance

A Bifurcation:

- Advocacy & Policy/Issues Advocacy
- Field Reimbursement Managers

WHAT IS THE VALUE OF PERFORMANCE?

WHAT IS THE PROBLEM IF THERE IS A LACK OF PERFORMANCE?

For both Advocacy and policy/Issues Advocacy teams, industry senior leadership does not understand what they do, resulting in budgets that come and go and a lack of focus.

Field reimbursement is the newer of the roles, helping one patient at a time. However, the challenge of “who gets credit for the patient” in commercial “numbers” remains of concern at industry's highest levels.



# CHALLENGES THAT HINDER ADVOCATES & PATIENTS

## Alignment & Documenting Performance

Full chart notes:

- Required for access programs, but most physicians may not include key documentation or product utilization history.

Onboarding forms:

- Different for every product. Sometimes poorly written. Programs may change often based on vendor relationships.

Leadership ignorance:

- Many senior leaders still think “patient advocacy” is PR, not critical infrastructure.

Data confirms it:

- Only 33% of advocacy teams feel they have clear career pathways, and over 60% report insufficient training to navigate the internal matrix



# PHARMA & BIOTECH PAYMENT MODELS

## Their Money is Still Green...

### Restricted & Unrestricted Grants

Pharma gives money to fund a mission-aligned program, initiative, or event. There are no strings attached, and there is no promo. This is about public good, not brand gain.

Think: disease awareness campaigns, patient support programs, educational summits.

Unrestricted or program-specific, but not marketing-aligned

They support patient impact, access, education, or evidence-building. They work in medical affairs, patient advocacy, or corporate social responsibility.

They don't expect ROI. They expect outcomes. They expect the measured impact.

### Sponsorships:

This is marketing in disguise. Pharma pays to be seen. Logos. Speaking slots. "Brought to you by..." plastered across the event.

It's a commercial transaction to get brand reach.

Visibility = Currency. Access to the attention of your community

Drive brand affinity, influence perception, or secure soft access to advocacy leadership.

They live in marketing, brand teams, or commercial field groups.

### The Wonderful World of Compliance:

#### Grants:

Subject to independent review. Firewalls in place. The request must align with medical/scientific mission. Often reviewed by grant committees. Many require a W9, budget, and post-grant impact report. You can't promise or imply access to patients, data, or decision-makers.

#### Sponsorships:

Reviewed by brand/commercial teams. They want to know: How many eyeballs? How much influence? Who's in the room? You often must submit a sponsorship deck with audience demographics, estimated reach, tiered benefits, and branding opportunities.

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# DR FELIX DAVIES

**BOARD CERTIFIED PATIENT ADVOCATE**

**PATIENT ADVOCATE CERTIFICATION BOARD DIRECTOR**

**CEO OF CHAPTERS ADVOCACY**

**CONSULTANT CLINICAL PSYCHOLOGIST**

**EXECUTIVE COACH**

**QUALITY IMPROVEMENT AND MANAGEMENT CONSULTANT**

Felix has 30 years of UK and international experience across all health and care settings, and a wide range of service user groups. He has held CEO and multi-functional Director portfolios within the UK National Health Service, non-profit and private organisations. He has extensive Board and national and international advisory/strategy/policy group experience.

He is dedicated to achieving excellence and a positive impact on people's lives through partnership, co-production, continuous improvement and a commitment to diversity, equality and inclusion.

Warwickshire, United Kingdom



# ADVOCACY MODELS IN THE UK

## Types of advocacy – statutory v non-statutory

Statutory advocacy focuses on supporting people's rights under legislation such as the following:

- Mental Capacity Act 2005
  - Mental Health Act 2007
  - Health and Social Care Act 2012
  - Care Act 2014
- For people detained in mental health hospitals, those that lack mental capacity and are in residential/nursing homes or their own homes, and people wanting to make complaints about the National Health Service.

Non-statutory advocacy focuses on any other form of advocacy not covered by legislation, eg:

- Community advocacy
- Citizen advocacy
- Peer advocacy
- Group advocacy
- Self-advocacy



# ADVOCACY MODELS IN THE UK

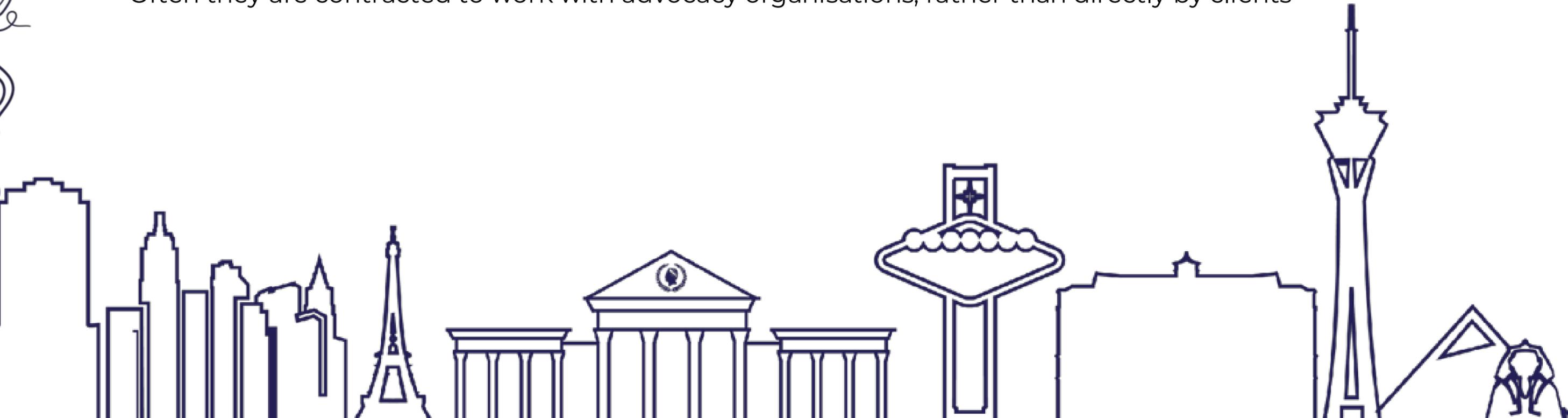
## Delivery models – organisation vs individual

### Advocacy organisations

- Deliver the majority of advocacy in the UK
- Focus mostly on statutory advocacy

### Freelance/self-employed advocates

- Do exist but relatively few in number
- Often they are contracted to work with advocacy organisations, rather than directly by clients



# ADVOCACY MODELS IN THE UK

## Delivery models – non-profit versus for-profit

### Non-profit organisations

- these form the large majority of organisations delivering advocacy in the UK
- tend to focus on people with mental illness, learning disabilities, autism and neurological conditions such as dementia
- tend to focus on upholding people's statutory rights

### For-profit/private organisations

- small number of for-profit/private advocacy organisations
- tend to focus on physical health conditions, particularly cancer
- tend to focus on care navigation and quick access to private healthcare, rather than NHS



# ADVOCACY MODELS IN THE UK

## Funding models – government versus charity and private

### Government funding

- all statutory advocacy is funded by the government
- the majority is funded by local government / health system at the county (state) level
- services are contracted via a competitive tender / RFP (Request for Proposal) process

### Charity funding

- Non-profit organisations provide non-statutory advocacy for free
- Non-profits fund this from donations and grants

### Private funding

- B2C ie self-pay by patients for themselves or families for their relatives
- B2B ie corporate occupational health programmes, contracting for advocacy/navigation services as both an employee benefit, and a way to return employees to work from sick leave more quickly



# ADVOCACY MODELS IN THE UK

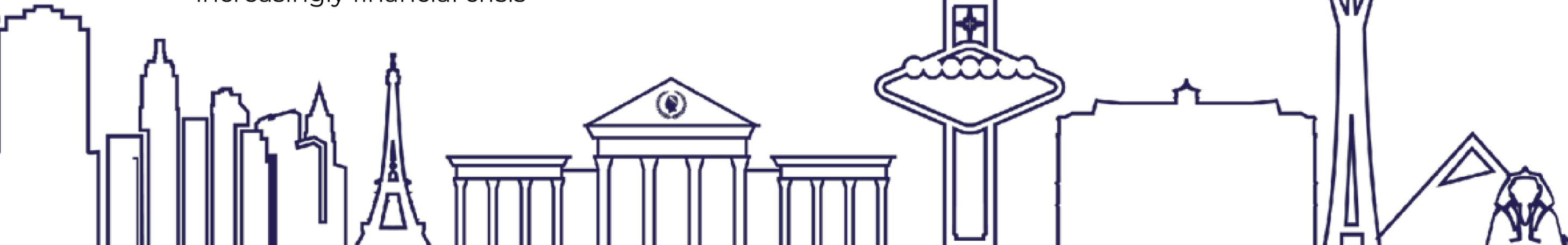
## Challenges and strengths

### Challenges

- Lack of awareness of advocacy and what it is
- Lack of professional body and professional registration/ accreditation
- Demand significantly outstrips capacity
- Funding largely comes from local government which has been in increasingly financial crisis

### Strengths

- A right to advocacy is enshrined in a number of laws
- Significant number of skilled, committed and assertive advocates
- Critical mass of advocacy leaders collaborating to address the challenges, supported by grant funding
- New Mental Health Bill includes assumed opt-in for advocacy - helping to put the spotlight on advocacy
- Positive scope for international learning and collaboration



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# Tanusha Tholla

**MEDICAL STUDENT**

**CEO OF HEALTHPAIR**

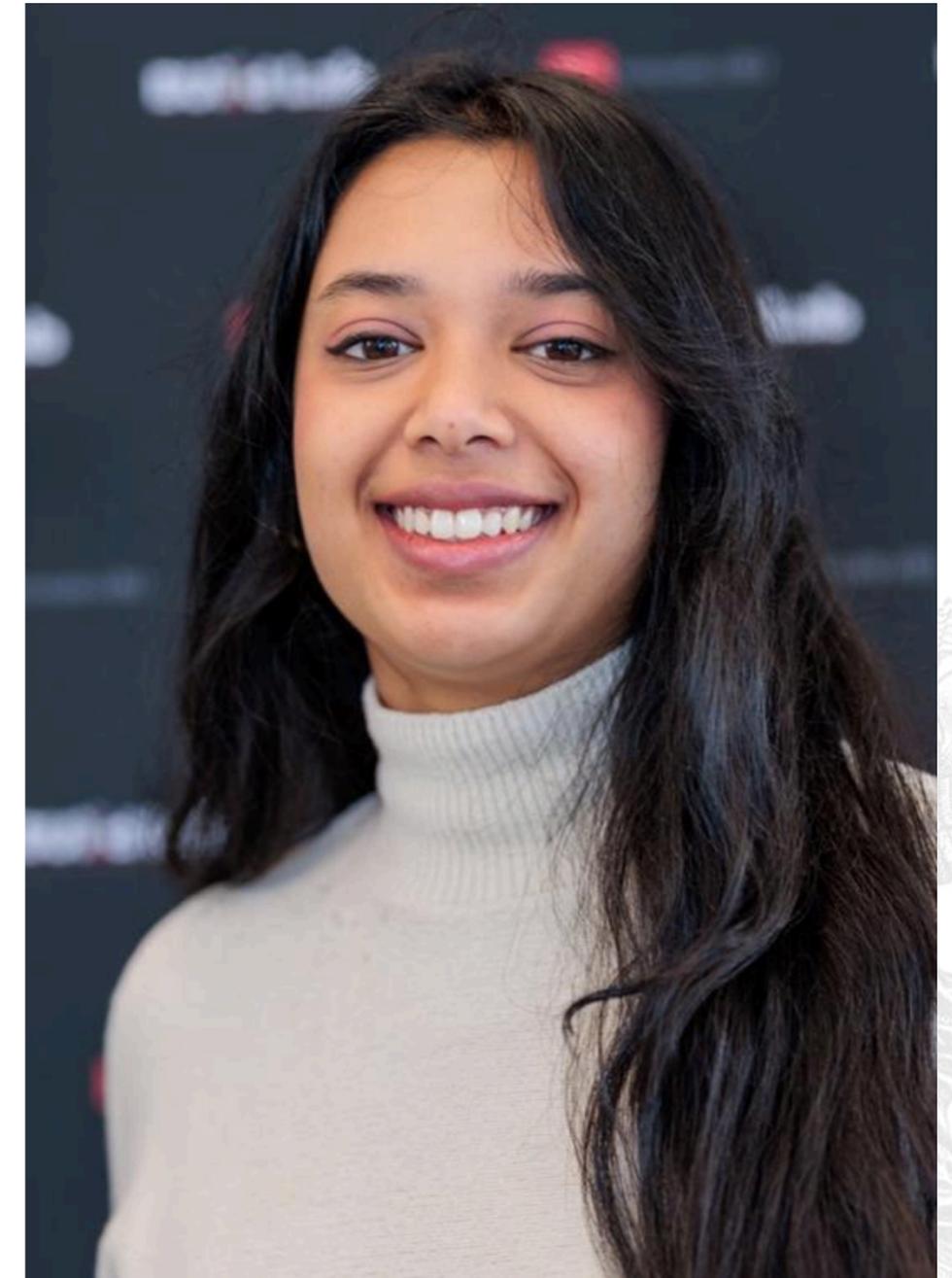
**CERTIFIED YOGA INSTRUCTOR**

Tanusha is a medical student and health advocate focused on expanding access to equitable, culturally responsive care for adolescents and young adults.

She is the founder of HealthPair, working to build healthcare literacy among youth, navigate complex care systems, and develop lifelong health advocacy skills.

In parallel, Tanusha leads community-based work and research at the intersection of integrative medicine and mental health at Boston Children's Hospital, Boston Medical Center, and Boston-based community health centers. Her broader mission is promote emotional resilience among youth, and make whole-person, evidence-informed care accessible to all.

Boston, MA

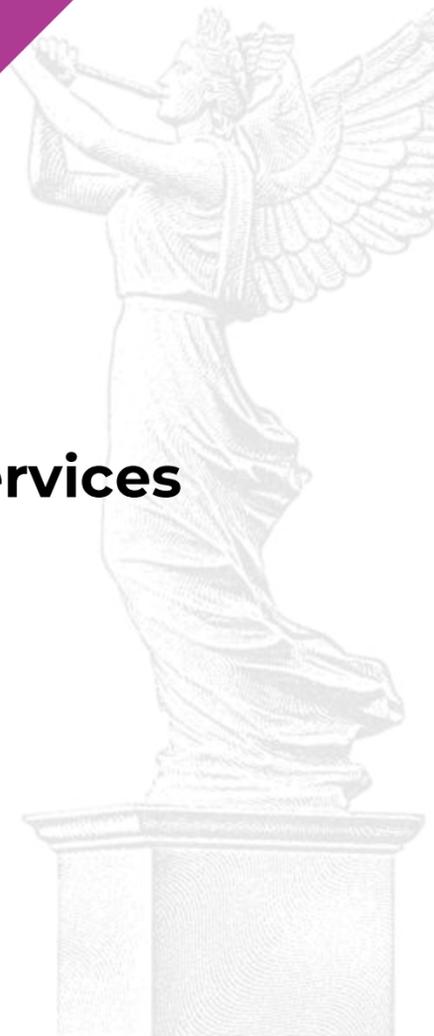


# Health Literacy → Self-Advocacy as Preventative Health

**90%** of U.S. adults have health literacy limitations



- Study with 232 diabetes patients → \$617 saved per person in 3 months; ~**\$47,500** lifetime
- Health literacy isn't just about cost-saving—it's about shifting to **high-value, preventative services**
- Advocates play a key role in bridging gaps: educators + system navigators



# Let's take a moment to focus on YOUTH

Health Literacy empowers young patients to make informed decisions.

- Why youth? Most to learn, most to gain
- <math>\frac{1}{3}</math> of young adults in MA see a doctor annually
- **50%** seek emergency care annually
- Poor health literacy → more ER use, later care, worse outcomes, higher costs

Our research on students in Boston showed that youth struggle with key three themes...

Communicating with providers

Addressing costs

Scheduling appointments



# Strategies to promote healthcare literacy across systems

## Hospital Level

Educational programs for patients  
Work with patient navigators

## University/School Level

Work with student health centers and  
orientation programs

## Community Level

Educational programs in youth centers,  
community centers, senior homes

## Policy/Social Media

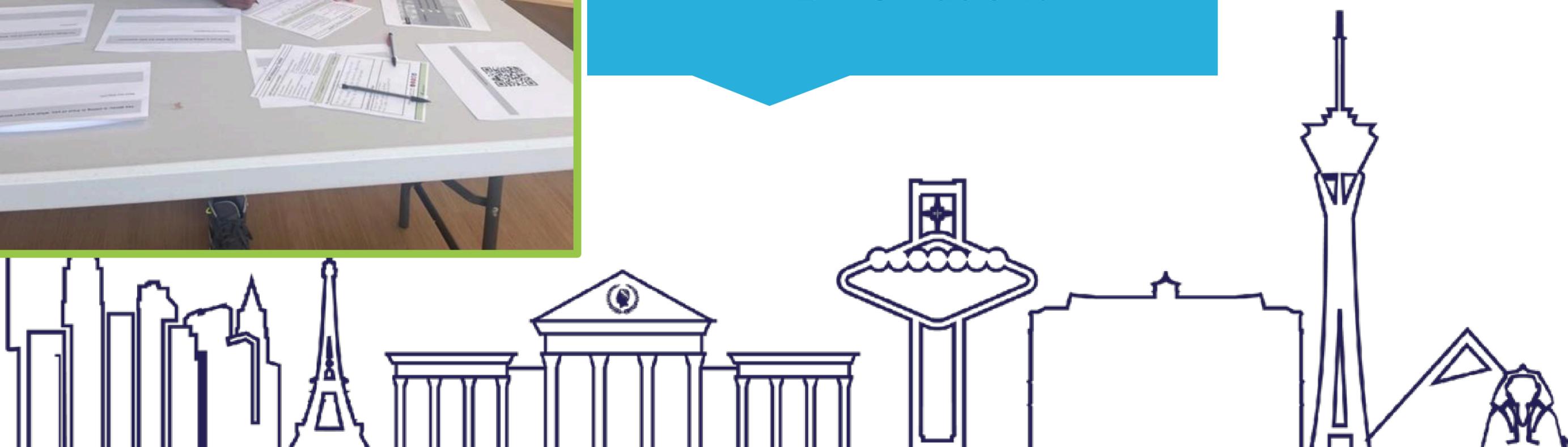
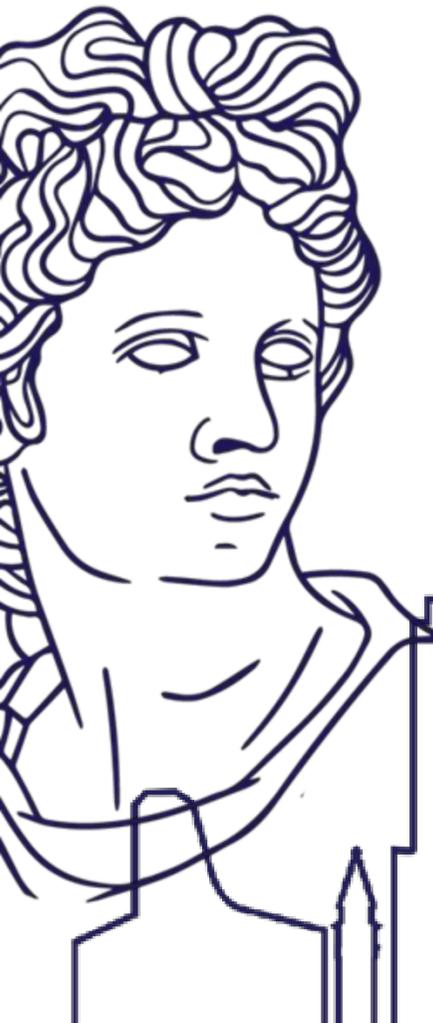
Advocate for better health education  
state standards  
Informative videos



# Healthcare Literacy in Hospitals/Clinics



*“Moving forward, when I interact with my healthcare providers, I now know that my voice is the most important when it comes to my health”*  
- BMC Patient



# Healthcare Literacy in Universities/Schools

*Healthcare Literacy Cocurricular  
Day & Time of Class/Class Location  
Spring 2025*

**Instructor:** Instructor Name/Pronouns

**Office Number:** (777) 777-7777

**Office Location:** Bldg and Room #

**Office Hours:** Days & times or By Appointment

**Other Contact Info:** If no telephone or e-mail address

**Course Credits:** 0 Credits, 1 Research and Information Literacy Hub Requirements

**E-mail:** Your e-mail address(es)

**Website:** (If applicable)

**Course Text (Recommended)**

*How to Be a Patient*, Sana Goldberg R.N.

**COURSE OVERVIEW**

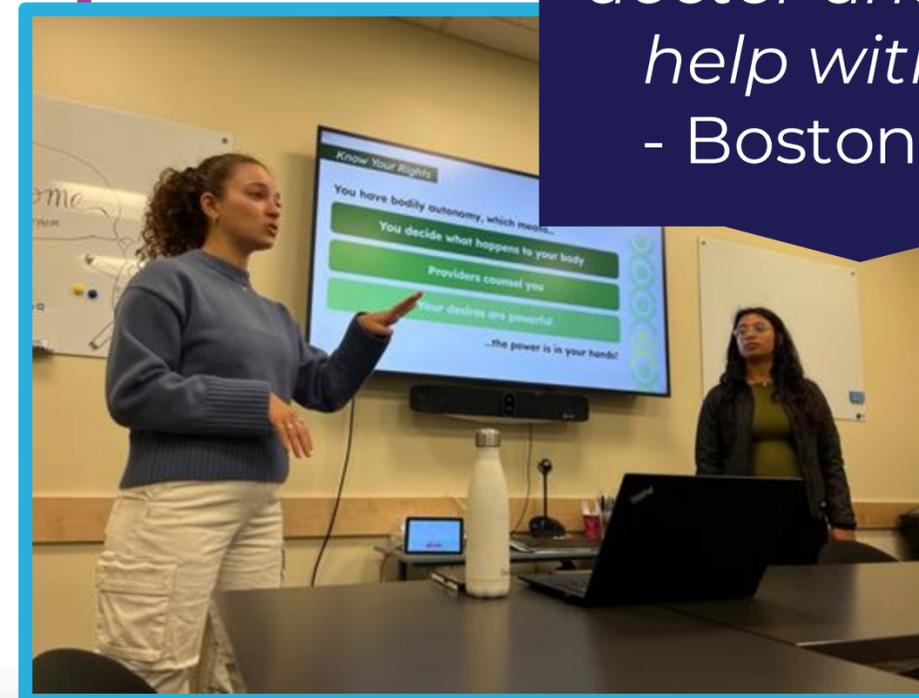
There is a state of wellness, a state of emergency and what is in between. We want to have optimal health, but at what point do we seek out care? What do we manage on our own and what do we need to get support around? How unwell does one have to feel before they seek treatment for their mental health? **Everybody needs to know for themselves what their spectrum is.**

This cocurricular was designed to help you take charge of your own health care. There are a lot of changes happening in your life and this class will also help you to learn more about your personal and family health and how to make your way through the healthcare system. This is a great opportunity to learn more about yourself, your family, your healthcare, and how this knowledge could improve your health and life. You will learn to manage your health care by learning about doctors and other care providers, insurance, family history, going to an appointment and much more. You will also learn to research and find credible sources for health information and be able to apply these information literacy skills to investigating any healthcare confusion or needs you may have. By the end of this class, you will be more prepared to navigate the healthcare system.

**COURSE OBJECTIVES**

The goals of this course are:

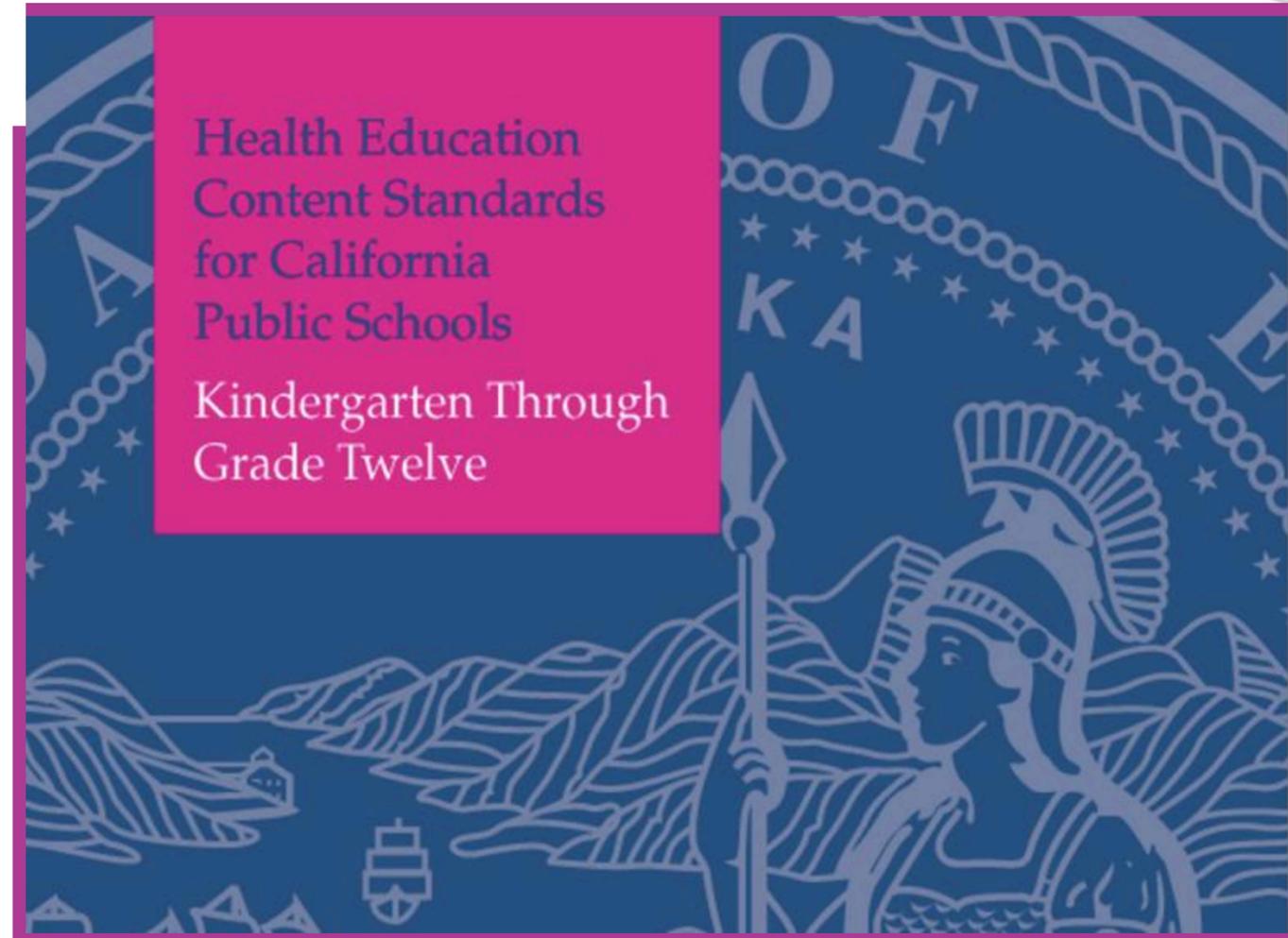
- a. To successfully reflect on your general health care experiences through in-class discussion and post-class reflections
- b. To build self-advocacy and information literacy skills through completing in-class activities, independent writing, and group work.



*“My biggest takeaway was that I can be able to talk to my doctor and feel comfortable to help with decision making”  
- Boston University Student*

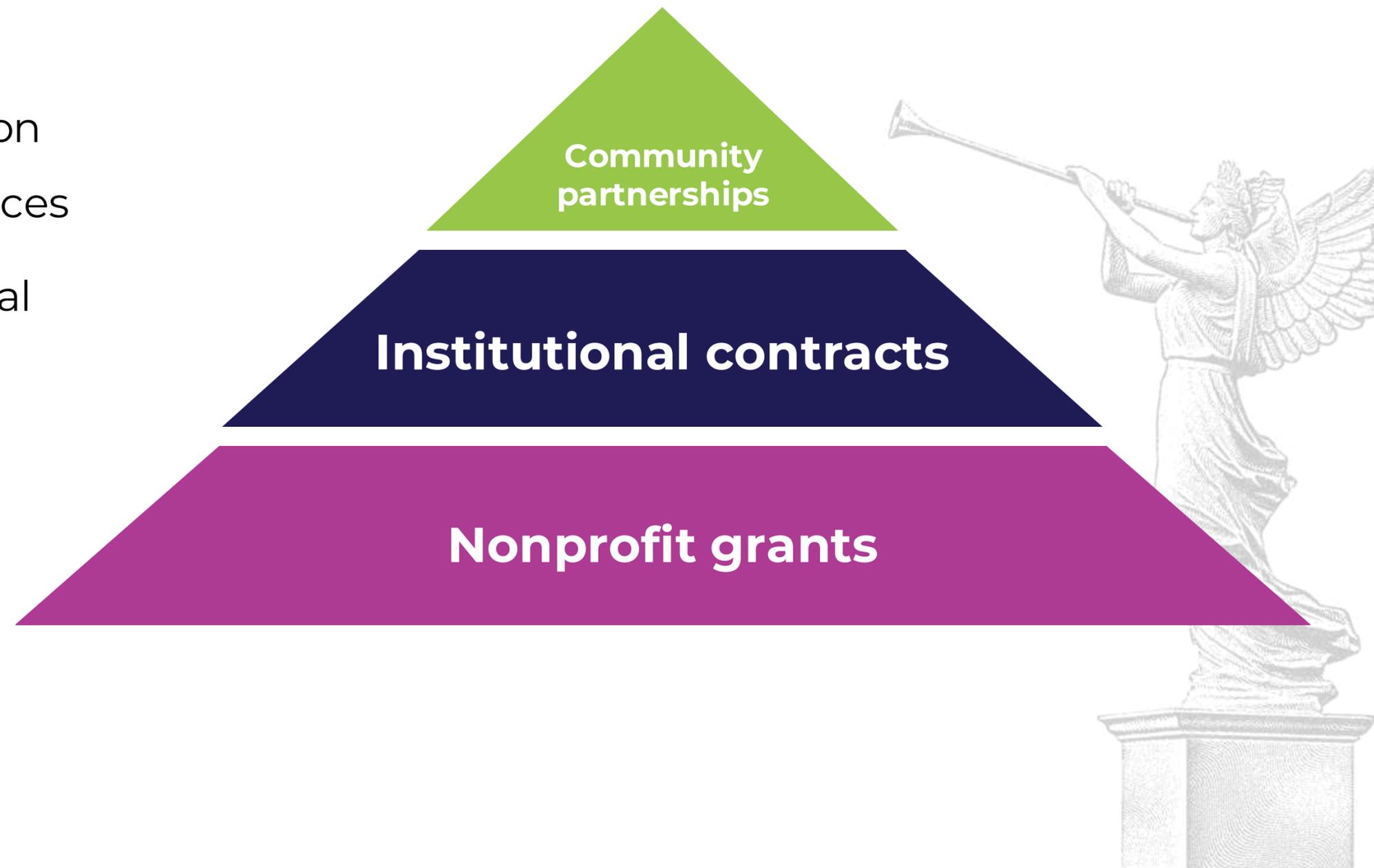


# ..in Communities/Media and through Policy advocacy



# Funding opportunities for health literacy initiatives

- Funding is hard because education isn't directly reimbursed like services
- But nonprofits, grants, institutional contracts make it possible
- Model: Use nonprofit structure to fund advocacy/education



# Takeaways

- Healthcare literacy = preventative advocacy
- Advocates can integrate prevention at every level of care
- Prevention doesn't always “pay” — but it eases the burden on our system
- Educate your clients. Ask the extra question.

**Be the bridge between prevention and care.**

For all inquiries, contact:

 [info@healthpair.org](mailto:info@healthpair.org)

 [healthpair.org](http://healthpair.org)

@healthpair on instagram

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# Emily Bernstein

**BCPA, Certified Community Health Worker**

Emily Bernstein is a Board Certified Patient Advocate and Certified Community Health Worker from Rhode Island. Her background is in international education and customer service, and she pivoted to patient advocacy after her mom was diagnosed with CNS lymphoma in 2019. Her focus is on advocating for newcomers to the US healthcare system, specifically helping people get connected to benefits and navigating billing and insurance issues. She has secured funding from the RI Department of Human services and RI Department of Health to create innovative strategies for supporting these communities, and serves as a Commissioner for the Rhode Island State Commission on Health Equity as well as the Vice President of the Providence Rotary Club.



# Challenge: Assisting low-income clients

- Independent advocacy for the most part focuses on providing services at an hourly rate, ranging from \$80-200/hour or more.
- However there are huge numbers of people who need our assistance, but cannot afford this rate.
- How do we provide services for them while still maintaining a profitable business?
- Do we do this through for-profit or non-profit structure?



# Medicaid Reimbursement

## A cautionary tale

Community Health work in Rhode Island is reimbursable by Rhode Island Medicaid

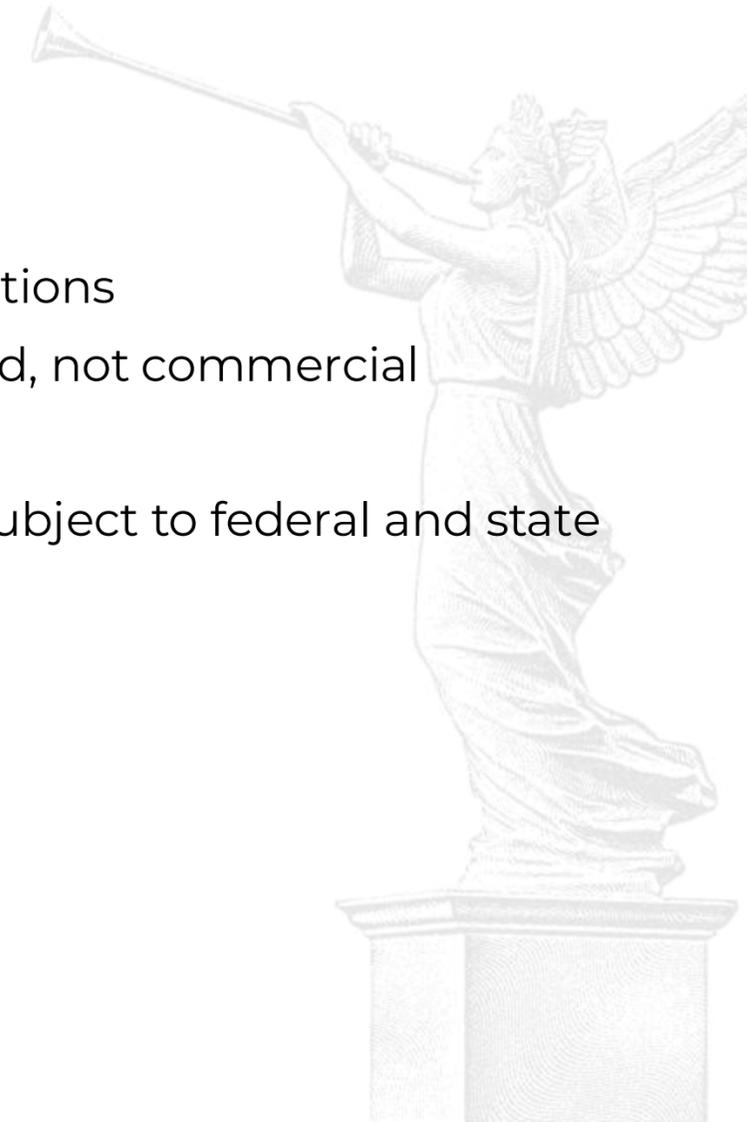
- **Must have medical necessity documented by licensed health professional**
- **Must bill by chronic health diagnosis codes**
- **Services covered:**
  - **Chronic health management**
  - **Healthcare navigation**
  - **Resource coordination**
  - **Healthcare education**
  - **Can be performed in groups or individually, billed by the half hour unit**

## Pros

- Great option for getting revenue to support low-income clients

## Cons

- Subject to federal and state regulations
- Only covers individuals on Medicaid, not commercial insurance plans
- Low reimbursement rates, again subject to federal and state regulations



# Government Contracts

## Public private partnerships

My organization has secured contracts through our Department of Human Services & our Department of Health

- **DHS: Specific contract to provide support for Haitian immigrants**
- **Department of Health: Training contract to support new Community Health Workers**
- **Both through state-level organizations**

Initial contract through personal connections.

Extensive networking and establishing scope of work.

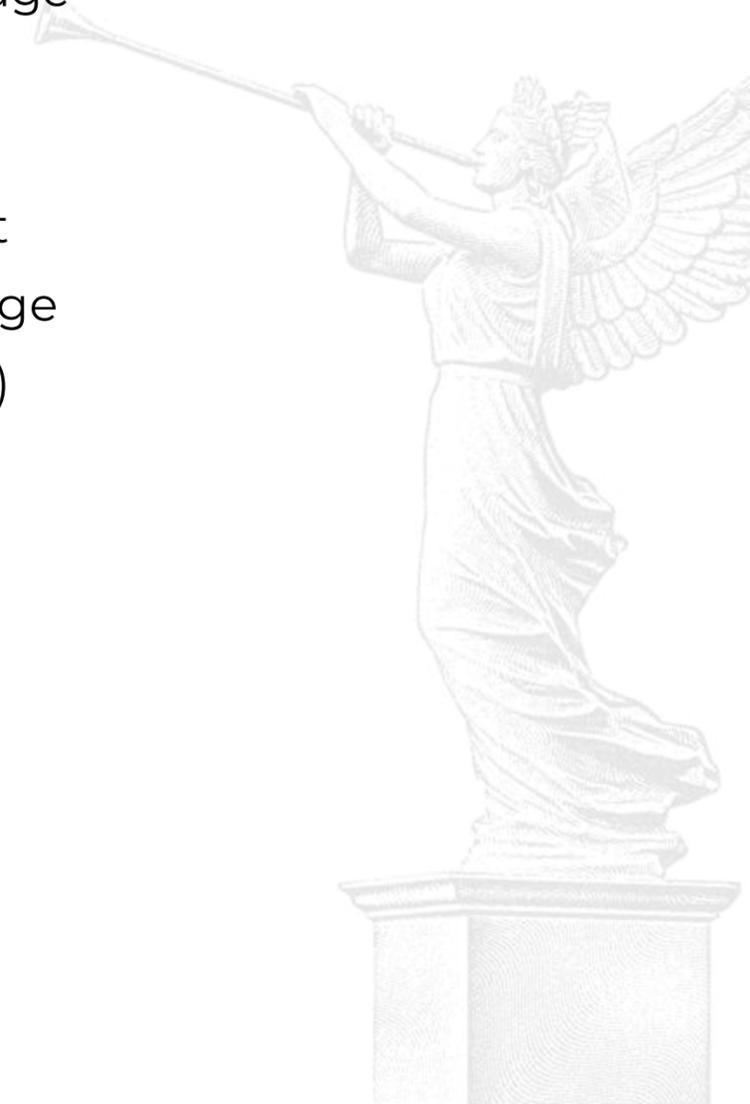
There are also grants available for LLC organizations through state organizations.

## Pros

- Good sustainable revenue
- Builds reputation and business leverage

## Cons

- Lengthy process to establish contract
- Requires additional insurance coverage (cybersecurity, higher coverage rates)
- May be limited scope of work
- Bid process



# Nonprofit Organization

Business structure determines revenue sources

## Pros

Various business structures are available to drive different revenue streams. A nonprofit structure would allow for:

- **Donations**
- **Wider range of grants**
- **Collaboration across sectors**

Mission-driven work can keep growth focused on the target population and gain support from a wide audience.

- Potential for a wider, more diverse range of revenue
- Wider visibility of your mission
- Focused scope of work

## Cons

- Donor cultivation process
- Intellectual property
- Board management
- Reliance on one-time income



# Health Literacy

Education to empower individuals to advocate for themselves

There is extensive confusion surrounding insurance, medical navigation and healthcare billing, regardless of socioeconomic background. Adding in other barriers makes things even more confusing.

- **Immigrants and refugees**
- **recently unincarcerated individuals**
- **unhoused individuals**
- **college students**
- **26 year-olds coming off their parents' insurance**

Creating educational content that is geared towards practical, applied information - guides to navigate specific aspects of healthcare like setting up primary care appointments, getting preauthorizations, how insurance works, etc.

## Revenue model

### Potential curriculum customers

To sustain a business model, we will need to find customers to purchase this curriculum

- **Resettlement Organizations**
- **religious institutions**
- **insurance companies - to educate their consumers**
- **college student life offices**

Content can be tailored to each of these organizations.



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# DEBORAH BATSON BCPA

## Patient Advocacy Partners LLC

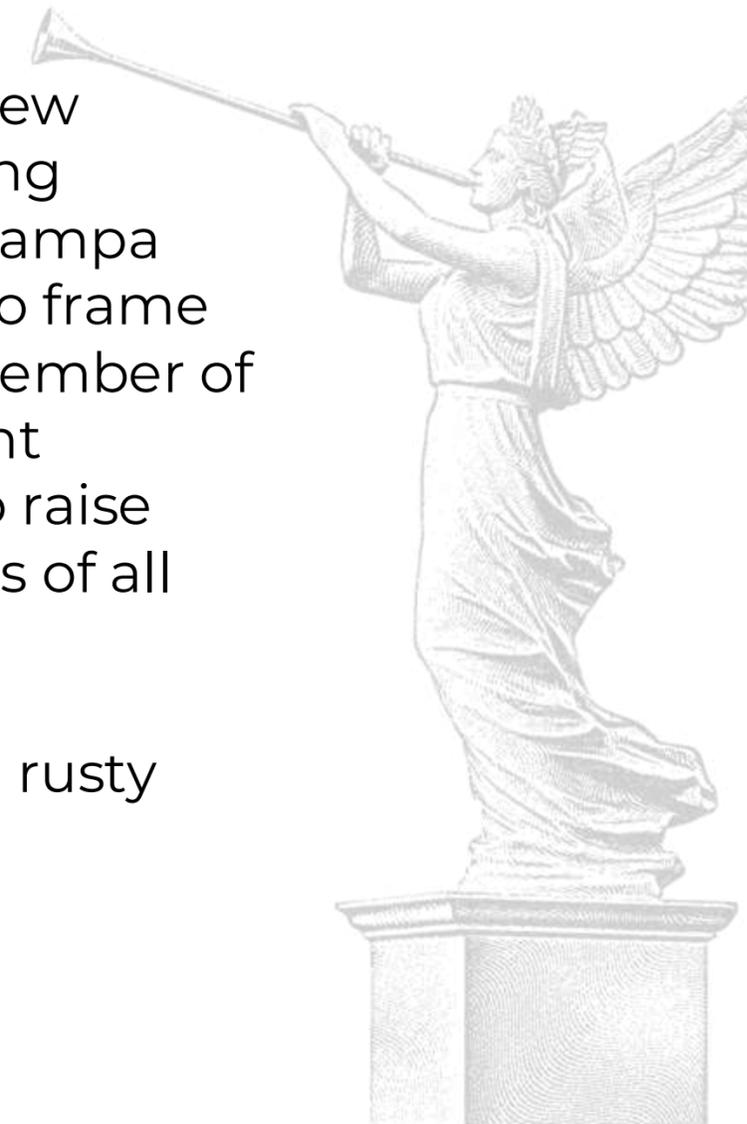


Deb is a board-certified patient advocate in private practice, helping clients navigate cancer diagnoses.

In addition to Patient Advocacy Partners LLC, Deb sits on the pediatric panel of the Colorado Multi-Institutional Review Board, where she reviews research study proposals involving children as human subjects. She serves on the UCHealth Yampa Valley Medical Center Clinical Ethics Committee, helping to frame difficult questions for patients and clinicians and she's a member of a local health activism group. Deb is treasurer of the Patient Advocacy Certification Board, a national body that helps to raise knowledge, standards and ethics among patient advocates of all kinds, where she chairs its Ethics Committee.

When Deb gets free time she likes to ski, carve stone, weld rusty metal, and travel.

Steamboat Springs, Colorado and Washington, DC



# What is Independent Patient Advocacy?

Advocacy provided by direct consultation; outside of traditional healthcare institutions

Client- and family-focused, usually patient funded

Services tailored to individual health and navigation needs



# Specialty Practice Area Examples

- Complex case management
- Cancer navigation and survivorship
- Rare diseases and experimental treatments
- End-of-life care and advance directives\*

\* *Should be the starting point of every client encounter*



# Payment Models in Independent Advocacy

- Hourly billing for services
- Fixed-fee contracts for casework
- Sliding scale for clients with limited resources
- Pro-bono or grant-supported work



See presentation about Navigating Your Client Mix – Wednesday at 3PM



## Risk Benefit: Self-Employment vs Organizational Work

- Flexibility in caseload and schedule
- Higher administrative burden and risk
- Autonomy in setting practice scope and values
- Lack of institutional support or infrastructure



## Supporting Medical Literacy

- Helping clients interpret diagnoses and treatment options
  - Explaining risks, benefits, and alternatives
    - Promoting shared decision-making
- Bridging communication between clients and providers



## Ethics: Autonomy and Justice

- Autonomy: Respecting client decisions, supporting informed consent
  - Justice: Addressing inequities in access and care navigation
- Advocates uphold ethical standards\* while guiding clients through complex systems

\* *Ethical standards are the core of the BCPA credential*



# Challenges and Rewards

- Emotional labor and ethical dilemmas 
- Navigating fragmented healthcare systems 
- Deep personal fulfillment and direct impact 
- Building long-term relationships with clients and families



# Independent Patient Advocacy

## Closing Thoughts

- Independent advocates fill a critical gap in the U.S. healthcare system
- Specialty practice offers a flexible, meaningful career path
- Ongoing education, networking, and peer support are key to sustainability



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# DEB GORDON, MBA

**DIRECTOR, ALLIANCE OF PROFESSIONAL HEALTH ADVOCATES (APHA)**

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**AUTHOR, *THE HEALTH CARE CONSUMER'S MANIFESTO***

Deb has spent her career trying to level the playing field for healthcare consumers. Serving as the Chief Marketing Officer for a nationally ranked Medicaid health plan, Deb led efforts to connect low-income residents with comprehensive coverage. She also previously served as CEO of a nonprofit health technology firm. She started her career in public health research and consulting.

Deb is the author of *The Health Care Consumer's Manifesto*, based on her research as a Senior Fellow at the Harvard Kennedy School's Mossavar-Rahmani Center for Business and Government. She has been recognized as an Aspen Institute Health Innovators Fellow and an Eisenhower Fellow, for which she traveled to Australia, New Zealand, and Singapore to explore the role of consumers in high-performing health systems.

She holds an MBA with Distinction from the Harvard Business School and a BA in Bioethics from Brown University.



# THIRD-PARTY PAYERS

Many ways to define and participate in third-party reimbursement

## Third-party payers

- Commercial insurers
- Medicare
- Medicaid
- Employers
- Disability insurers
- Loved ones

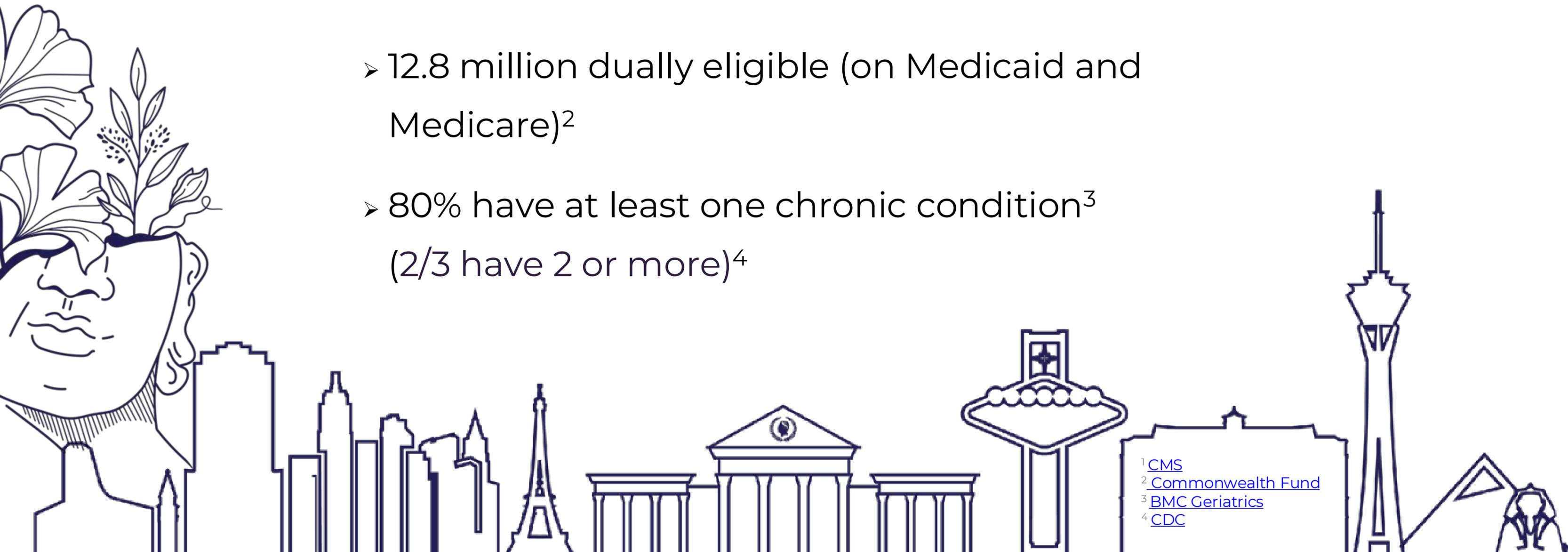


# MEDICARE NAVIGATION SERVICES

There is a huge need for healthcare support in this population

69 million Medicare beneficiaries<sup>1</sup>

- 12.8 million dually eligible (on Medicaid and Medicare)<sup>2</sup>
- 80% have at least one chronic condition<sup>3</sup>  
(2/3 have 2 or more)<sup>4</sup>



<sup>1</sup> [CMS](#)  
<sup>2</sup> [Commonwealth Fund](#)  
<sup>3</sup> [BMC Geriatrics](#)  
<sup>4</sup> [CDC](#)

# MEDICARE NAVIGATION SERVICES

Even on Medicare, many face affordability challenges

- 36% of Medicare beneficiaries report delaying or forgoing care due to cost<sup>1</sup>
- Medicare beneficiaries are least able to absorb healthcare costs<sup>2</sup>

## Share of total household spending

■ Health care ■ Housing ■ Food ■ Transportation ■ Other spending

Medicare households

Total: \$51,800



Non-Medicare households

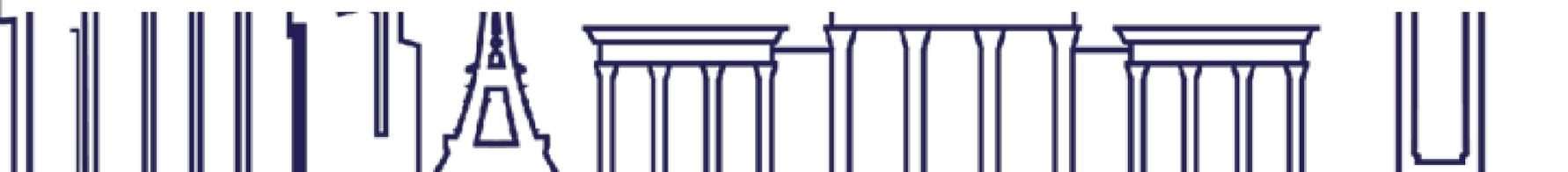
Total: \$74,100



Source: KFF analysis of the Bureau of Labor Statistics Consumer Expenditure Survey Interview and Expense Files, 2022

**KFF**

<sup>1</sup> KFF  
<sup>2</sup> KFF



# MEDICARE NAVIGATION SERVICES

## How it works



**PATIENT**

Patient presents for care or seeks navigation help



Provider conducts assessment in 'initiating visit' to determine patient needs



Provider refers eligible patients to qualified advocate



Advocate develops action plan with patient



Advocate delivers advocacy/navigation services under provider's "General Supervision"



**ADVOCATE**

# MEDICARE NAVIGATION SERVICES

## Accessing CMS reimbursement is complex

- Services must be initiated by a CMS billing practitioner
  - MD, DO, NP, PA, Clinical Nurse Specialist licensed in patient's state
- Services may be furnished by 'Auxiliary Personnel'
  - Must be qualified in patient advocacy, navigation, care coordination
  - Must meet state-specific requirements where applicable
- Services must be billed in 30-minute increments after initial 60





# Q & A Session

Patient & Health Care Advocacy  
Models of Practice

