Patient Advocacy Committee
Interactive Modules

Objectives
By the end of each module, participants should be able to:
1. Better identify barriers patients may experience in obtaining and complying with health care
2. Better understand struggles patients may have in optimizing their health care goals
3. Offer suggestions to overcome some of these barriers with patients so that patients may become more compliant; therefore, improving their overall health
4. Serve as a patient advocate to legislative representatives

3 areas identified as barriers to patients include:
1. Compliance
2. Cost
3. Transportation
4. Patient Advocacy
Cost
Medical expenses as well as other financial burdens can interfere with patients’ ability to obtain healthcare or to optimize their treatment plan.

Part 1:
1. Establish a Monthly Income for participant.
   a. Example: Family of 4 with total annual income of $40,000.
   b. Example: Family of 4 with total annual income of $XX,XXX amount… being $300.00 above your state’s max income to receive Medicaid and/or food stamps.
   c. Example: Expecting mom with one child in diapers and at poverty level.
   d. Identify the average income in your area (this will be used in the discussion portion of this module)
2. Have participant print Medicaid application and complete application given each separate income scenario.
3. Have participant obtain all required material (check stubs, bills showing current home address, copy of license, etc.)
   a. It is important to stress that all these materials will not be viewed. The purpose of this part of the exercise is to understand all steps of the application process.

Note: This exercise is not intended for the resident to actually submit the application or make an appointment with the Medicaid office. The goal is to understand the process—not to burden the existing system.

Discussion:
1. What barriers did you run into when applying for Medicaid?
2. Did you know that the average income for our patient population is roughly (insert average income)? Thoughts?
3. How hard was it to collect all necessary items to submit application?
4. How hard would the application process be if internet/computer access was not available to you? How would you overcome these barriers? What resources are available to patients in obtaining this type of aid?

Suggestions:
At the completion of this module, consider having a social worker come to speak with your residents regarding the application process for Medicaid and other assistance available to patients.

Cost
Part 2:
1. Using the income from part 1, give participants a monthly income that puts them $300.00 above the annual salary required for eligibility of Medicaid.
2. Create a vignette for a few common clinical encounters, then have residents order tests for these particular work ups.
a. Example: REI workup for infertility, Menometrorrhagia, vaginal bleeding with admission to hospital for blood transfusion

3. Have participants then estimate the ‘self pay’ cost for labs, imaging, procedures, pathology, hospital stay and medications for these vignettes.
4. Have participants then find actual ‘self pay’ costs at your facility.

Discussion:
1. What barriers did you encounter as the physician ordering the test? Did you find yourself questioning necessity of each lab, test, imaging, medication, and procedure?
2. Were your estimates in line with actual ‘self pay’ costs? Which ones surprised you?
3. Are there less expensive alternatives that are available that will contribute similarly to the patient’s diagnostic or treatment plan?
4. Based on your selected income as the patient and your ‘medical problems’, how compliant would you be with the treatment plan established?

Suggestions:
At the completion of this module, consider having a representative from pharmacy, radiology, surgery, and/or lab come to speak with residents regarding cost/expense of most commonly ordered medications, studies, treatment/surgeries.
Transportation
Transportation can interfere with patients’ ability to obtain healthcare or to optimize their treatment plan. This module would reflect areas where public transportation is not frequently used by residents and where patients are affected by the inefficiency of a public transportation system that is not routinely used.

1. Take the bus to work.
   a. Establish a location for ‘work’. It could be the hospital, clinic, etc.
   b. This may create problems for residents as they may be late for work, etc.
      i. Have participants take the bus to work on a Saturday or a holiday in which clinic is not scheduled to be open.

2. Take the bus for a day.
   a. Some participants may choose to take the bus to a day care (simulating a parent getting his/her child to child care prior to work).
   b. From day care, take the bus to work.
   c. From work, take the bus to your clinic (or any clinic) to simulate an appointment. From clinic either return to work or go back to day care.
   d. From child care, run errands. Go to the grocery store, etc.

Discussion:
1. What barriers did you run into when taking public transportation?
2. Did you have the correct fare?
3. Were bus routes easy to read?
4. Were you late? How much earlier did you have to leave?
5. Did you get lost?
6. Identify barriers that your patients may have when coming to appointments.

Suggestions:
At the completion of this module, consider having a social worker come to speak with your residents regarding options for transportation for patients. (Is there a Medicaid transportation service in your area? If so, have someone speak regarding the process of obtaining this service.)
Patient Advocate:

According to Merriam-Webster, the term advocate is to support a cause or issue. As physicians, our cause is our patients and our issue is the healthcare system we use to meet their medical needs. With the changing climate of medicine, we need to be ready to support the practice of obstetrics and gynecology and advocate for our patients. Like any other skill, being a patient advocate requires practice. This module is intended to allow residents the opportunity to lobby their local/state legislators on a legislative topic found on ACOG’s Advocacy website:

Example Legislative topics include:

- Support Healthy Pregnancy for working women
- Support Physician Workforce (i.e. increase GME funding, student loan repayment)
- Contraception for Women Servicemembers and Dependents Act

1. Residency Program Lobby Day (State Capitol)
   1. Each resident should choose a topic of interest, research the topic and current Legislation (see the legislative action center)
   2. They should also develop an “ASK” for each topic chosen.
2. Invite your local representative for a 1-hour Q&A (allow time for the representative to present his/her platform) during resident education.
   1. There should be formulated questions for residents to ask during this session, which residents should come up with ahead of time
   2. Assign residents to view the speaker’s website to review his/her platform and positions (if available).
3. Send residents to other organized lobby day events (district- or section-sponsored)

Discussion (post-event):

1. What did you find the most interesting about the legislative topic you presented?
2. What did you think of the speaker’s position? How well did he/she respond to your questions?
3. What challenges, if any, did you face trying to explain your position to your representative(s)?
4. What were the strengths of this experience?
5. If you could do this again, what would you do differently to be more effective?

Suggestions:

This interactive Module is best done after the completion of the Advocacy 101 and Online Modules.
Your ACOG District Legislative Representative (Fellow and Junior Fellow) will be a great resource for advice on hosting or coordinating a local representative meeting or visit.
For the most up to date information on current advocacy issues, legislation tracked by ACOG, or help with finding your local representative(s) please visit ACOG’s Legislative Action Center.
Compliance:

Compliance remains a challenging aspect of improving health and/or preventing adverse outcomes from both the provider’s and patient’s perspectives. In Obstetrics, many of our patients are young, healthy and normally do not require routine medications. This poses a challenge in patients meeting the goals to successfully comply with our outlined recommendations. A systematic review by Claxton et al. described a varying degree of compliance: full, partial and non-compliers and an association of increased non-compliance with increasing dose regimens (1). Rosenberg et al. outlined that successful strategies for good compliance include counseling patients and establishing a daily regimen. For this module, we will adapt a model for Medication Adherence and Compliance first presented by O’Connor et al. (Lesson in a Pill Box: Teaching About the Challenges of Medication Adherence).

1. Tic-tac: OCPs
   a. Scenario: You are 16 years old, G2P0020, who presents with desires for contraception after your second termination of an unplanned undesired pregnancy. You were counseled on all other forms of contraception, including LARCs, and decided that you heard "bad things" about all of them except birth control pills. Your OBGYN prescribes you with daily OCPs for contraception.
      i. Write a "prescription" for an OCP to take daily x 2-3 weeks.
      ii. Identify a "pharmacy" (office, or actual pharmacy) for the resident to pick up the prescription (have pills in a bottle available for pick up). DO NOT give the resident any reminders about picking up his/her medications.
      iii. Create hours of operation (e.g., Monday-Friday 9am-5pm).
      iv. Instructions for the resident/patient to take the medication as prescribed (normal OCP regimen) x 2 weeks.
      v. At the end of the trial, have the resident/patient bring in the pill bottle of tic-tacs and count the number of missed pills. (See Discussion below.)

2. Tic-Tacs: Chronic HTN in Pregnancy with newly diagnosed A2GDM
   a. Scenario: You are a 35 year old female at 32 weeks EGA with known history of Chronic HTN currently controlled on Labetalol 200 mg BID. In a previous visit, you were told that you failed your oral glucose challenge test and 3hr glucose tolerance test. You met with a nutritionist and despite efforts to control your newly diagnosed gestational diabetes, your OB/GYN at your next routine maternity visit tells you she is planning to start you on an oral agent (Glyburide 2.5mg QHS). You are also in need of a refill for your Labetalol and she gives you a refill on this medication.
      i. Write a prescription for both Glyburide and Labetalol with the appropriate instructions.
      ii. Follow the same instructions as in the OCP example.
      iii. Suggestion: Use two different color tic-tacs (white/green) for this.
b. For an added challenge: require the resident to pay a co-pay of $5 (do not tell them in advance that there is a co-pay involved).

Note: Identifying an actual pharmacy (inpatient or outpatient) to participate in this exercise may be a logistical challenge. As an alternative, your residency program staff (coordinator) could serve as the "pharmacist" with hours of operation that coincide with normal office hours for your program office (e.g., 8am-4pm or 9am-5pm).

3. Make an Appointment and Be on Time.
   a. Have resident call the resident clinic to make an appointment during normal clinic hours (and not on their scheduled clinic day) for a new GYN visit. Make the appointment with a two week time frame.
   b. Resident will need to make it to the resident clinic by the scheduled date and time and "check-in".
   c. The secretary or front desk staff will have a sheet to mark down the date and time the resident "checked-in." Once they are logged in, he/she can return back to his/her routine clinical duties.
   d. Multiple residents can perform this task but may not have the same appointment dates and time AND cannot switch with other residents.
   e. If a resident cannot make his/her scheduled appointment, please refer 'the patient' to your clinic policies and procedures

Discussion:
1. What barriers did you run into when getting your prescription filled? Taking your medications as prescribed?
2. If there was a co-pay, how did you feel finding out about the co-pay?
3. How would you counsel the patient about the "bad things" she heard about other methods of contraception?
4. Did you find it difficult to take two different medications at different times? Which medication dose was easiest to remember and why?
5. How difficult was it for you to make an appointment at the clinic?
6. How difficult was it for you to keep your appointment and make it on time?
7. Identify barriers that your patients may have when coming to appointments or staying compliant with the medication regimens.
8. How can you assist your patients with these barriers?

Suggestions:
At the completion of this module, consider having a social worker come to speak with your residents regarding options for contraception and coverage and co-pays, experiences with missed appointments and other challenges of your patient population.

References
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