The health care reform law—a.k.a. Affordable Care Act (ACA)—is introducing many changes to health care delivery, one of which is the greater engagement of patients in their own care. Toward that end the re-configuration of health care providers (HCPs) and patients into what is termed “patient-centered, team-based care” is being increasingly promoted and implemented. New organizational structures being promulgated to provide this focus of care are the “patient-centered medical home” (PCMH) and the “accountable care organization” (ACO). Not only do they promote patient-centeredness, they rely on it. Shifting focus from HCPs to patients promises streamlined care by improving coordination among clinicians and continuous service at transitions of care.

It is important to realize that patient-centered, team-based care is not limited to hospital care, but can occur in many settings, including an ambulatory clinician’s office and the patient’s home. This approach promises the patient that he/she will be fully involved. In other words, “Nothing about me without me.” To actualize this concept, however, requires HCPs and patients to reframe how they view their responsibilities and accountability.

Providing Patients With Knowledge
Patient-centered care requires patients to be more knowledgeable about their conditions and treatments to ask effective questions and state preferences for care with their HCPs. Many patients have a low level of health literacy. Even when a patient is well-informed, they are not assertive in expressing their viewpoints to an HCP whom they may view as intimidating. How can patients overcome low health literacy and anxiety around HCPs? One way is to introduce a new, unforeseen, and as yet largely unrecognized health

Can community pharmacists serve as patient advocates?

By Keith D. Campagna, PharmD
team member, the patient advocate. Who? What? Isn't every team member an advocate for the patient? Fundamentally the answer is yes, but the patient advocate is conventionally seen as an independent entity who serves only as the representative of the patient and who acts in accord with the patient’s values and wishes. The patient advocate empowers patients by educating and supporting them both in their healthcare discussions and decision-making with the doctor, and with the patient’s encounters with the system (such as understanding health insurance coverage and costs).

The job of the patient advocate is to make certain that the patient is in the best informed position to make their own health care decisions in collaboration with their HCP. While the patient advocate may be physically present to bolster patients in their communications with HCPs, much of the patient advocate’s work is done behind-the-scenes educating and evaluating options with patients before meeting with the HCP. The patient advocate helps patients navigate the medical care system with increased confidence in pursuing maximum efficiency, safety, and quality of care. In particular, the patient advocate supports patients in making shared decisions with their doctor or other HCP. The patient advocate does not make decisions for patients, but instead prepares them to understand all of the factors involved in making the best decision for themselves.

Patient Advocacy Is Crucial

Stories of near-miss collisions on the health care highway are all too common, but lend credence to the importance of patient advocacy. The following actual stories are representative of what happens every day within health care settings.

- DHB, an 80-year-old retired engineer with Parkinson’s disease fell and broke three ribs. He was admitted to the hospital, and his daughter, JB, reports his mental state began to deteriorate by the second day, and by the third day he was incoherent. DHB was mentally stable before the hospitalization, so it wasn't normal for him to be so confused. The several doctors who saw him seemed to assume this was his natural state, given his age and condition. JB would have to convince each new doctor that saw him that this was not normal for him. A neurologist finally figured out what was wrong. Different doctors had prescribed pain medications, and the drugs were interfering with DHB’s Parkinson's medication. That caused his mental deterioration and made his limbs rigid. After the medication was straightened out, he improved, but JB and her sisters believed they had to maintain a constant vigil at his bedside to prevent another medication error. Now JB regrets that she ever took her father to the hospital in the first place. “He has a lot more dementia than he had a year before,” she says. “He can’t walk anymore. I’m not sure if it would have normally progressed like this, or if we really sped it up.”

- JK, a pharmacist, whose 93-year-old father, was found to have 95 percent blockage of two coronary arteries, was scheduled to undergo coronary artery bypass surgery in three days, unbeknownst to her. After being informed serendipitously by her sister, JK questioned the surgeon, who finally admitted that since her father had minimal symptoms, perhaps his collateral circulation was adequate and he could be treated with a beta-blocker instead of surgery. Today, 18 months later, her father is doing well and enjoying his life. Because of his daughter’s intervention he avoided a dangerous surgery for a man his age, and suffers no “zipper scar,” nor any “psychological scars” such as depression, which commonly occurs following this surgery.

Both stories were of an adult child serving as advocate, which is common. Although in one case the child was a health professional, often a family member...
without medical knowledge may advocate for a family member or friend.

As an independent community pharmacist, these stories told by your patients are all too familiar. And, you too have likely had personal experience with near misses and outright mistakes made in your own care or that of a family member whether occurring at the doctor’s office, the chemo clinic, a skilled nursing facility or the hospital. Being a health professional, you are informed and will often recognize these events early-on and intervene to mitigate them. But what about the lay person with low health literacy? When I ponder this question I am genuinely frightened by what might be happening to this large segment of patients. How many medical and medication errors could have been avoided? Did HCPs listen when the patient or family member voiced a concern, asked a question, or sought to have real input into the decisions being made about their care?

Could a health professional member of the health care team also be able to serve as patient advocate? This would entail a different look at patient advocacy—a regular team-member who also is designated as the one who holds all members accountable in assuring that patients are fully-informed and engaged in their health care decisions, and who champions the patient’s preferences. The patient advocate is most often thought of as a singular role, but is it possible to serve the patient’s patient advocacy needs and provide your professional health services concurrently? Would being paid by the health care system for your professional practice dampen your allegiance to the patient? On the other hand, an established and respected health professional may present a more credible voice, already have established working relationships, not pose a threat to the physician’s authority, or even be disregarded out-of-hand as a lay person might be.

**An Ideal Role for Pharmacists**

If it is possible for an HCP to provide clinical and advocacy services, who on the health care team might be best-suited to also serve as the patient advocate? The community pharmacist can be recognized as the “hub” in the wheel of the health care team treating patients. As pharmacists are the most accessible team member (in many cases being visited by a patient or family member several times per week), and possess the record of drug treatments from the patient’s several (often unlinked) prescribers, they appear well-positioned for patient advocacy. Pharmacists enjoy high public trust, have deep clinical skills, communicate daily with prescribers regarding medication issues, utilize information technology in their practices, work daily with health insurance processing and claims, and educate patients about their medications. This all adds up to solid experience with the health care system. Independent community pharmacists are also entrepreneurial, willing to take the risk to make a new service work, as evidenced by their development of home infusion therapy and parenteral nutrition, medication therapy management, and immunizations, to name only a few. Integrating patient advocate responsibilities would seem to be a natural fit.

So far, I have made the argument for integration of patient advocate into the realm of pharmacy care, with time being allotted to both functions. However, given the recent excess of pharmacists being produced by the explosion of schools of pharmacy, a highly entrepreneurial and motivated community pharmacist might find being a full-time patient advocate to be a viable alternative. 

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