

THE HEALTHCARE EXPERIENCE: WITH & WITHOUT ADVOCACY

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RUPERT CASE MANAGEMENT**

HEALTHCARE ADVOCACY 365:



HEALTHCARE CHALLENGES » Personalized Solutions

rupert case management inc.

MY FIRST ADVOCACY CASE:



- 18 month old daughter in Sick Kids
- SEPTIC
- NO ONE HAD A CLUE!
- Need to mobilize or else
- Get abdo ultrasound organized



OUTCOME:



- Ruptured appendix
- Treated and did well
- **Lesson:**
- Be proactive not passive
- Don't be timid
- Ask hard questions
- Do your research
- Get an advocate



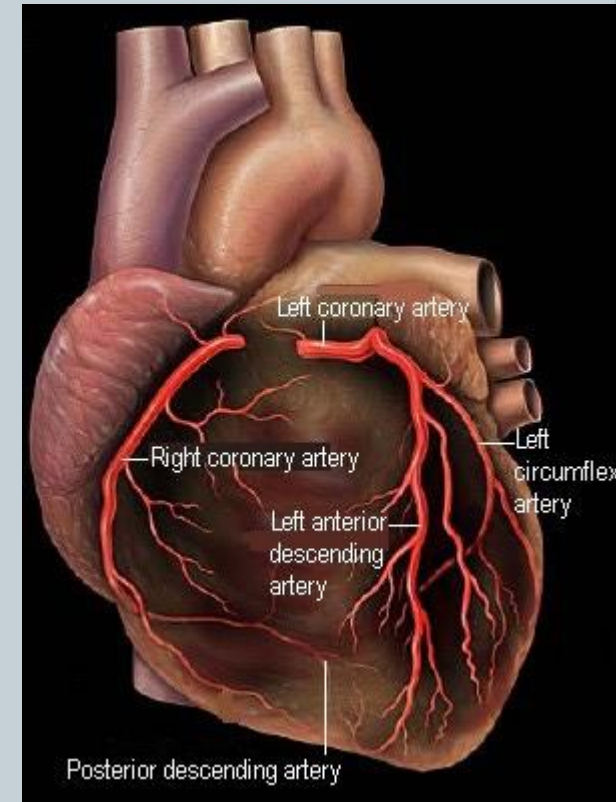
RUPERT CASE MANAGEMENT:



- Serving Canadians since early 90's
- Focus: any healthcare challenges
- High impact teams
- Collaborative culture
- High performance networks
- +2400 medical experts
- +2500 specialized vendors
- +50 associates

CASE STUDY- MEDICAL ADVOCACY

- 52 yr old male in Oakville
- Community hospital
- Minor heart attack “go home”
- RCM is retained
- Organize an angiogram
- 2 cardiac arteries 100% blocked
- 2 artery bypass surgery
- Back at work in 10 weeks



WHAT WAS THE ROLE OF HIS INSURANCE + BENEFITS?

PUBLIC HEALTHCARE SYSTEM:



- Smart people
- Not an intelligent system
- Hurry up and wait
- Barriers to access
- System complexity
- **WE FLOAT**



OUR HEALTHCARE EXPERIENCE:



- Timely access is the issue
- No culture of service
- Waiting list management
- Bumping rules
- Sensitivity re: “private care”
- Patients are “timid”
- No changes in sight

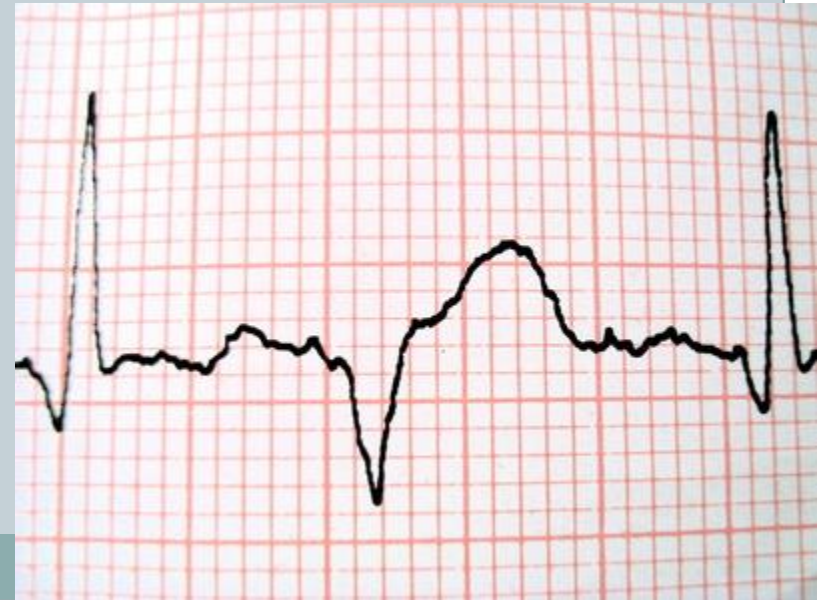




INSURANCE APP IS DECLINED:



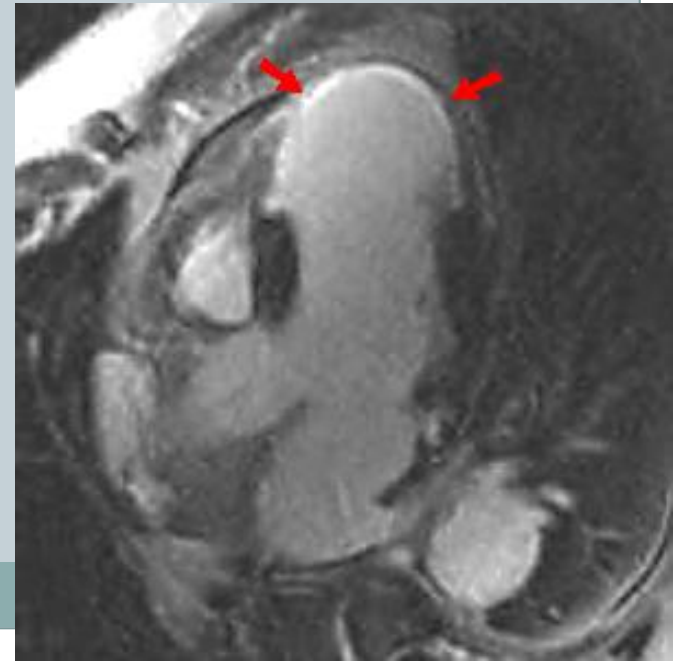
- 43 year old jogger gets senior VP job
- Benefit is new insurance
- Para-med takes EKG at office
- Abnormal EKG shows a heart attack!
- Application is declined!



INSURANCE RESCUE:



- RCM orders a cardiac MRI
- Proves- no heart attack
- Advocate with medical directors at insurer and reinsurer
- Application approved



INSURANCE CLAIM IS DECLINED:



- 46 year old professional
- No work for 2 years
- Confusing set of 20 symptoms
- No clear diagnosis
- Doctors did not take him seriously
- LTD insurer and critical illness insurer both said “**have a nice day**”.

ADVOCACY FOR DECLINES:



- CT and MRI of brain- showed nothing
- FAVRES assessment – diminished cognitive functioning
- PET scan of brain- multiple **strokes**
- Met the definition of CI policy
- Our client gets the CASH



ADVOCACY WITH INSURERS:



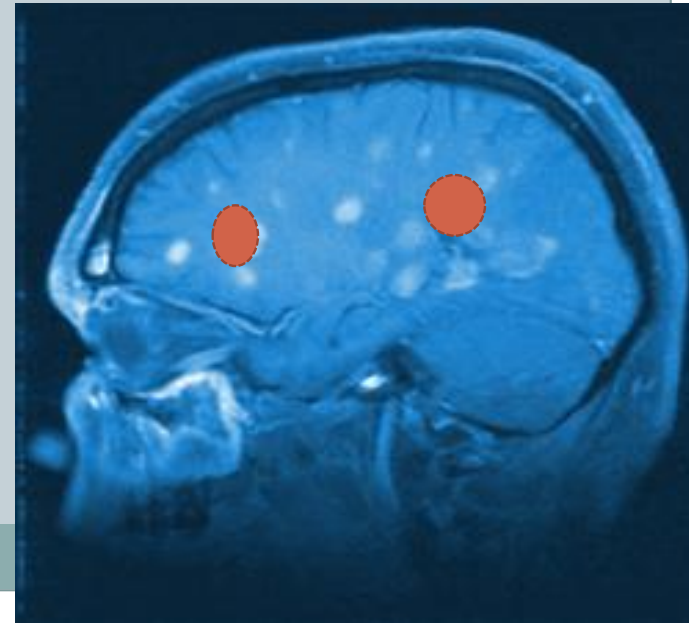
- Review the details of the decline
- Represent client in appeal
- Introduce new opinions and evidence to claims team
- Expert panel
- Move the case up the food chain



CLIENT HAS 2 DOCUMENTED STROKES:



- 37 year old auto worker
- 2 strokes documented on MRI
- Patent foramen ovale (PFO)
- Insurer refuses to pay CI claim \$50,000
- Advocate reviews policy & medical evidence
- Policy “**measureable neurologic deficit**”



TRAVEL HEALTH ADVOCACY:



- Call the 800 number for assist company
- Non declared conflict of interest
- Manage the cost of the claim
- You need an advocate



TOM HAS PNEUMONIA IN CHINA:



- 75 year old Canadian admitted to a rural hospital
- No one speaks English
- Chinese doctor wants to operate
- RCM advocates for Tom
- Arrange a conference call
- Assist company says “ **if Dr. Rupert is involved, we are dropping the case** “



NO TRAVEL HEALTH INSURANCE:

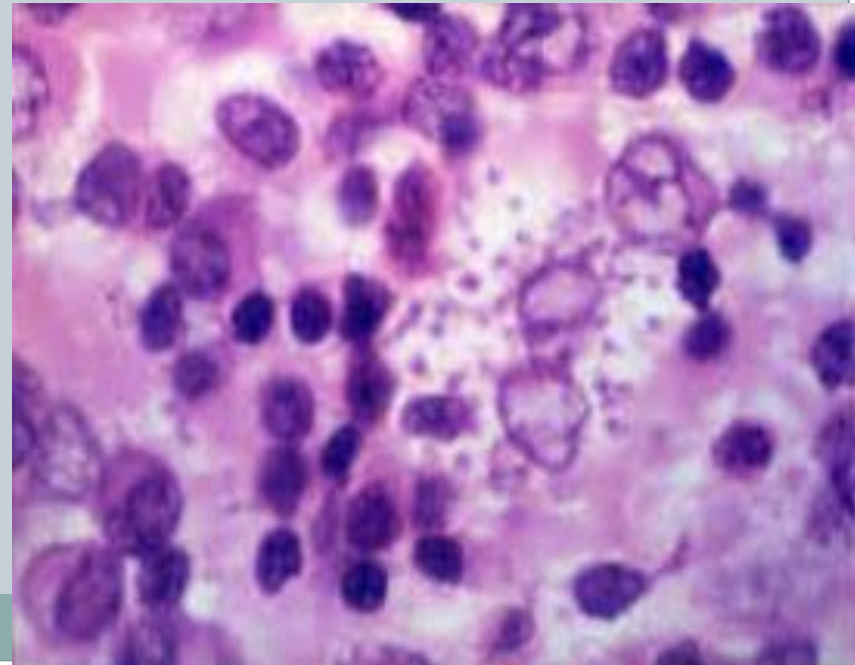
- 78 yr old male with no travel health insurance
- Admitted to NCH hospital Naples, Florida
- Surgical ICU * 14 days
- RCM monitors care + cost
- Medical bills \$300,000
- Organize bed in Ontario
- \$24,000 ride
- \$135,000 discount



ADVOCACY FOR TREATMENT:



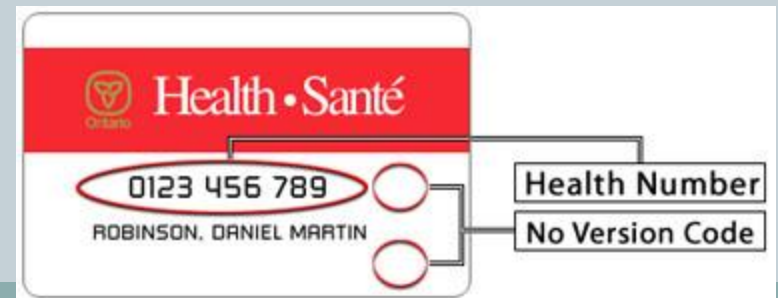
- 66 year old male with bone marrow failure (MDS)
- Needs bone marrow transplant
- No transplant in Canada
- Meds are failing
- Blasts are increasing



OHIP AS CATASTROPHIC INSURER:



- Find solution at Johns Hopkins, Baltimore
- Apply to OHIP for funding
- Response in 5 days
- \$700,000 funding from OHIP



ROLE OF THE ADVOCATE:



- Represent the interests of the patient
- Avoid medical gridlock
- Anticipate client needs
- Provide clinical leadership
- Understand the technical language and jargon (ICD) (DNR) (DVT)(SPS)(MSA)
- Know the gatekeepers and influencers
- Seamless transitions + continuity of care

AVOIDING MEDICAL MISTAKES:



- “10,000 to 24,000 hospitalized patients die in Canada each year of medical mistakes” 2004
 - **Error rate: 1 in 10,000**
- **Complexity is the enemy of patient safety**

CASE STUDY:



- Sara age 35 was in hospital with jaundice
- Sara is complex
- Rupert Case Management was retained



SARA BOOKED FOR WHIPPLE:

- 1 year of abdominal pains
- Turns yellow/jaundiced
- CT shows a pancreatic mass
- Booked for Whipple procedure
- Mortality rate 2 to 4%



SARA'S OUTCOME:



- Engage 4 leading pancreatic surgeons
- Advice- CA 19-9, IgG4 and pancreatic biopsy
- CA 19-9 usually +10,000 with pancreatic CA
- Sara's CA 19-9 was 5
- Pancreatic biopsy was negative
- Cancel the Whipple

WHAT WE LEARNED:



- Challenge all assumptions
- Geography matters
- Invite diverse viewpoints
- Create tension
- Deeper decision

DOUBLE HEADER:



- 71 year old woman with abdominal pain
- CT abdomen showed
 - Pancreatic cancer
 - Plus
 - Breast cancer



ADVOCACY & CASE MANAGEMENT:



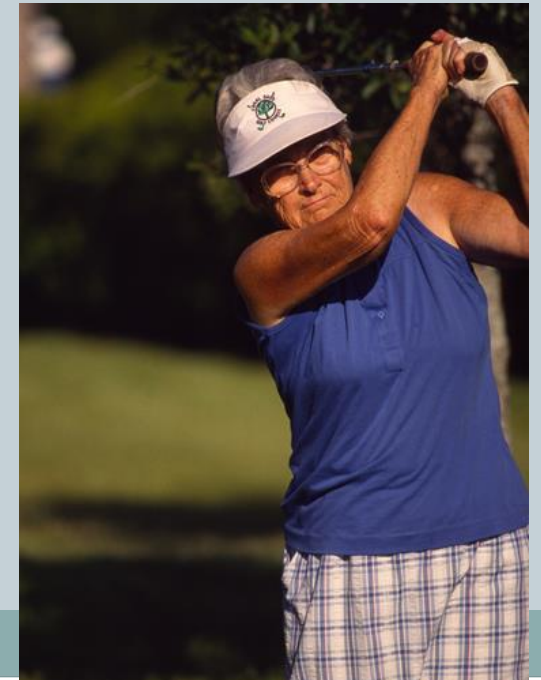
- Organize breast investigation
 - NORMAL breast MRIs
- MRI abdomen * 2 (Buffalo and Mt Sinai)
 - Labs normal (CA 19-9 was 5)
 - NORMAL MRIs



AGEISM + ADVOCACY:



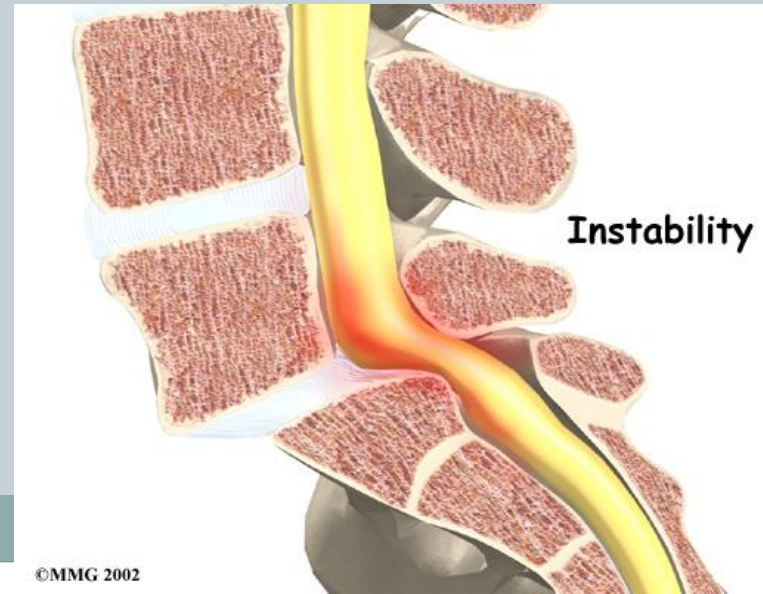
- 78 year old female
- Golfs and gardens all summer
- In kidney failure (creatinine 750 vs 100)
- Nothing happening
- Family is upset
- RCM **advocates** for the client
 - Biopsy
 - Dialysis
 - Treatment



SPINAL CASE + AGEISM:



- Bill is 66 yrs old with spinal stenosis
- 2 surgeons took a pass
- RCM presented the case to 3rd surgeon
- EMG- proves nerve compression
- Imaging supports the diagnosis
- Has surgical decompression



CHRONIC DISEASE MANAGEMENT:



- **GUIDED CARE 2.0**
- Multiple chronic diseases
- Complex management
- Doctor on call 365
- On line records
- Guided access
- Continuity of care
- Seamless transitions



CONCIERGE CARE WITH A TWIST:



- Sophisticated clients traveling anywhere
- Personalized service
- Call center 24*7
- Escalate to a doctor * 365
- Guided access to care
- RCM's network access
- Online records
- Continuity of care
- Quality control



CALL MONDAY AT 11AM:



- 52 year old female executive calls RCM
- Pelvic ultrasound -3 right sided nodules
- Family history of ovarian cancer
- Gynecologist requests a pelvic CT



GUIDED ACCESS:



- Monday company buys private MRI
- Tuesday at 4:30PM MRI
- Wed at 4PM MRI results
- Thursday 2 PM sees specialist
- Procedure is booked
- Compare cycle times
 - ✦ With advocacy -access **4 days**
 - ✦ Without advocacy- **60+ days**

MENTAL HEALTH ADVOCACY:



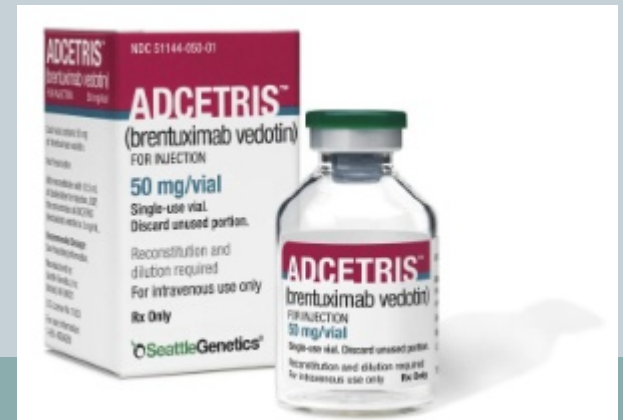
- 50 years old female in Prince George BC
- Major depression
- PhD psychologist in Vancouver CBT
- Psychiatrist in Toronto
- Medication coaching of GP
- Outcome- excellent care



SPECIALTY DRUG CLAIM DECLINED:



- 29 year old with Hodgkins lymphoma
- All drugs had failed
- Need brentuximab \$100,000/year
- Had catastrophic drug insurance
- Declined by SUN LIFE



DRUG PLAN ADVOCACY

- Local solution in Sudbury
- Private infusion center
- Oncologist
- Private specialty pharmacy
- Supervising doctor
- APPROVAL



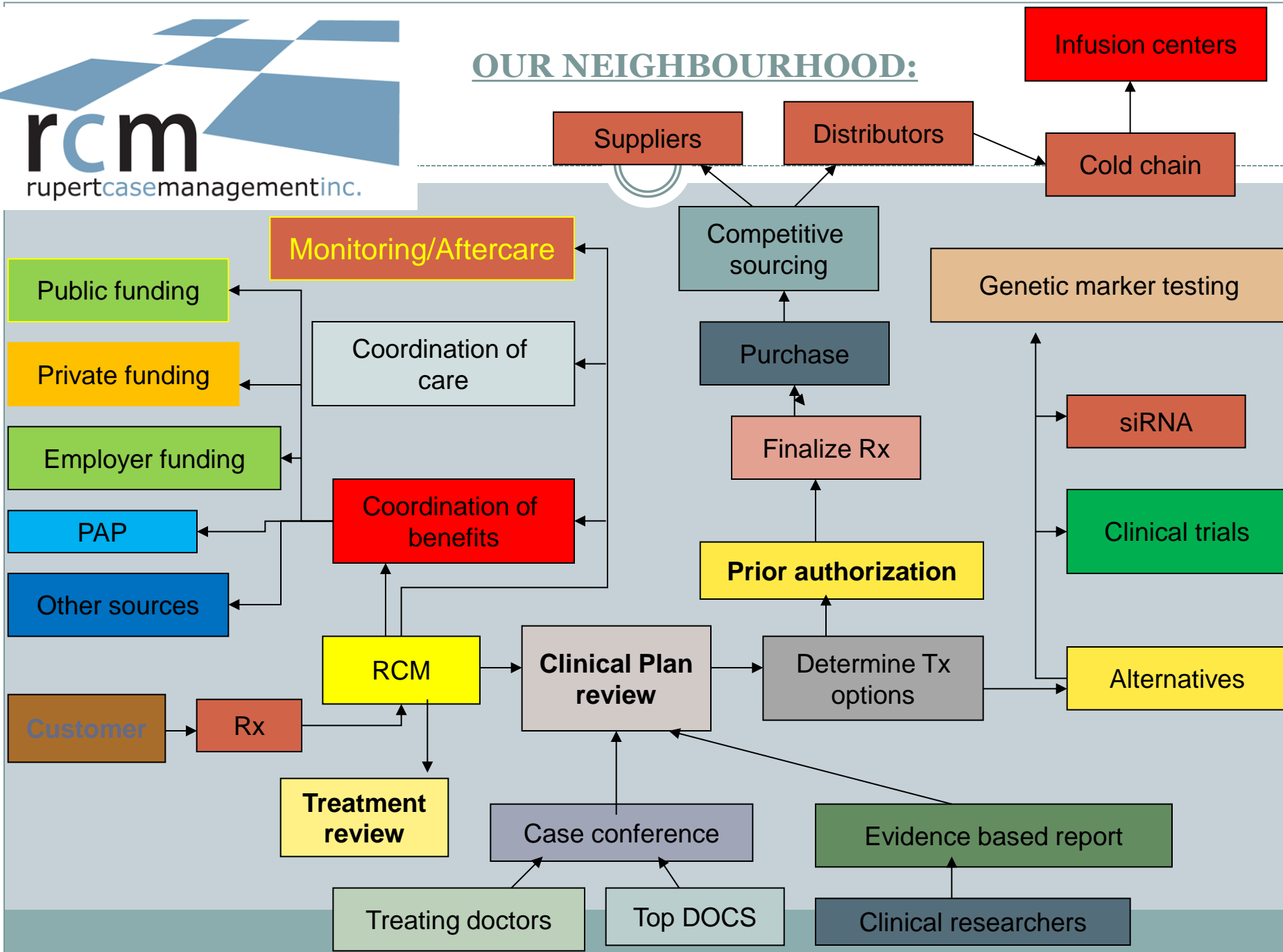
GORD NEEDS BIOLOGIC:



- Gord is 60 year old business man
- Has leukemia and lymphoma
- Requires rituxin at \$65K per year
- 50% improvement in survivorship



OUR NEIGHBOURHOOD:



IMPROVE HEALTHCARE EXPERIENCE:



RCM'S HEALTHCARE ADVOCACY 365



HEALTHCARE CHALLENGES » Personalized Solutions

rupert case management inc.