



SAMPLE Documentation of Patient Advocacy Experience

Using any of the Statements from the Self-Assessment Quiz, describe how you obtained the knowledge and/or how you were able to utilize that knowledge in providing Patient Advocacy services. Documentation of experience can be from paid work, pro bono work, or general volunteer services.

Example:

My spouse was diagnosed with Multiple Sclerosis 15 years ago. Obtaining an accurate diagnosis was challenging. I set out to ensure she received the best care and to optimize her opportunity to live according to her wishes.

Over the years, I have invested significant effort to become her patient advocate. Using PACB's Knowledge statements, the following describes some of the ways in which I can demonstrate experience in the practice and hopefully qualify to sit for the BCPA certification examination.

Since her diagnosis in 2005, I have become active in our state MS Society and share the skills I have obtained with other individuals. It is my hope to help others move more efficiently through managing this diagnosis by having an advocate with expertise in MS to provide patient advocacy services. [1.36]

Naturally, I had to first learn how the US healthcare system works [1.2] and how to access resources (including financial) that would enable us to manage this chronic, debilitating disease [1.1; 1.4; 1.7; 1.8; 1.45; 1.46; 1.47].

The exacerbating/remitting nature of this diagnosis has landed her in and out of the hospital on several occasions, and even at home, I have made multiple accommodations to provide a safe space that allows her to function optimally. This is particularly important with MS since clinical depression (the severest form of depression) is among the most common symptoms of the disease. [1.5; 1.12; 1.19]. As with all chronic illnesses, there is the ongoing (and sometimes ever-changing) management of medications (both prescription and over-the-counter), [1.19] and the never ending organizing, submitting, tracking, and negotiating insurance claims, appealing denials, and filing appeals. [1.2; 1.21]

Occasional utilization of PT and OT rehabilitation services also helps to support her desire to live as normally as possible. [1.45]

The rise of COVID in 2020 certainly added a layer of complexity for management of serious chronic illnesses, particularly since access to treatment has been limited. However, it has given rise to telehealth opportunities that in many ways are a better solution. [1.18].

Please see my two letters of recommendation from:

Percy Vere, Executive Director

Multiple Sclerosis Society,

Anytown USA

And

Rita Book, Director of Education

MS Support Services

Anytown USA

Knowledge, Skill and Ability Statements

1.1 Basic knowledge of financial resources (e.g., insurance limitations, employer benefits, VA, short-term disability, long-term disability, waiver programs, and legal alternatives)

1.2 Knowledge of healthcare delivery systems

1.3 Knowledge of hospice, palliative, and end of life care

1.4 Knowledge of insurance principles (e.g., health, disability, long term care)

1.5 Knowledge regarding levels of care and care settings

1.6 Knowledge of managed care concepts

1.7 Knowledge regarding management of clients with acute and chronic illness(es)

1.8 Knowledge regarding management of clients with disability(ies)

1.9 Knowledge of medication safety, reconciliation, and management

1.10 Knowledge of population health concepts

1.11 Knowledge of negotiation techniques

1.12 Knowledge regarding physical functioning and behavioral health assessment

1.13 Understanding of private benefit programs (e.g., pharmacy benefits management, indemnity, employer-sponsored health coverage, individually purchased insurance, home care benefits, COBRA)

1.14 Understanding of public benefit programs (e.g., SSI, SSDI, Medicare, Medicaid)

- 1.15 Basic knowledge of reimbursement and payment methodologies (e.g., bundled payment, case rate, prospective payment systems, value-based purchasing, financial risk models) *
- 1.16 Knowledge of transitions of care principles
- 1.17 Knowledge of utilization management principles
- 1.18 Knowledge of alternative care options (e.g., telehealth, virtual care)
- 1.19 Basic proficiency with federal, state, and governing agency regulations for homecare and hospice
- 1.20 Basic proficiency in negotiating rates to optimize the utilization of available resources and/or benefits to meet the client's health care needs
- 1.21 Basic proficiency in organizing, submitting, tracking, and negotiating claims, appealing denials, and filing appeals
- 1.22 Recognition of types of abuse and neglect (e.g., emotional, psychological, physical, financial)
- 1.23 Familiarity with behavioral health concepts and symptoms (e.g., diagnosis, dual diagnoses, co-occurring disorders, substance use)
- 1.24 Knowledge of client engagement and empowerment concepts and techniques
- 1.25 Awareness of patient safety tools and resources such as those provided by Campaignzero.org and Hospitalsafetygrade.org
- 1.26 Knowledge of client self-care e.g., self-advocacy, self-directed care, informed decision making, shared decision making, health education)
- 1.27 Awareness of community resources (e.g., elder care services, transportation, fraternal/religious organizations, meal delivery services, pharmacy assistance programs)
- 1.28 Understanding of conflict resolution strategies
- 1.29 Familiarity with crisis intervention strategies
- 1.30 Understanding of health literacy
- 1.31 Knowledge of interpersonal communication skills (e.g., group dynamics, relationship building)
- 1.32 Familiarity with interview tools and techniques such as motivational interviewing

- 1.33 Awareness of multicultural, spiritual, and religious factors that may affect the client's health
- 1.34 Understanding of psychosocial aspects of chronic illness and disability
- 1.35 Familiarity with resources for the uninsured or underinsured
- 1.36 Awareness of supportive care programs such as support groups, pastoral counseling, disease-based organizations
- 1.37 Awareness of wellness and illness prevention programs, concepts, and strategies
- 1.38 Knowledge of social determinants of health
- 1.39 Ability to use appropriate judgment and critical thinking in decisions that require consideration of regulatory compliance, customer service, and client/patient welfare
- 1.40 Familiarity with adaptive technologies (e.g., text telephone device, teletypewriter, telecommunication device for the deaf, orientation and mobility services)
- 1.41 Familiarity with life care planning concepts
- 1.42 Familiarity with rehabilitation service delivery systems
- 1.43 Comprehension of ethics related to professional practice including cultural and linguistic sensitivity, code of professional conduct that govern patient advocacy practice
- 1.44 Ethics related to delivery of care including, experimental treatments, end of life, advance directives, refusal of treatment/services
- 1.45 Knowledge of health care and disability related legislation including the Americans with Disabilities Act, Health Insurance Portability and Accountability Act, Affordable Care Act, HITECH Act)
- 1.46 Knowledge of legal and regulatory requirements applicable to the practice of patient advocacy
- 1.47 Understanding of and adherence to privacy and confidentiality requirements
- 1.48 Ability to effectively communicate and establish collaborative relationships with physicians, clients/patients, clinical and administrative staff, and the public
- 1.49 Ability to establish and maintain professional relationships with clients, families, peers, and other members of the health care team
- 1.50 Knowledge of the Patient Bill of Rights