

## **UA** handles complexities for patients

Docs, lawyers, social workers help the poor concentrate on healing, not bureaucracy

By Rhonda Bodfield ARIZONA DAILY STAR

Teresa Camacho was hollowed-out and terrified when she learned in July that her husband of 25 years had mere months to live as cancer took over his liver, head and spine.

## Where to call

For more information about the program, call 694-1624.

She also realized she was ill-equipped to deal with the fallout.

Her doctor asked if the couple had living wills. They didn't. They were both only 46. It hadn't occurred to them that they'd need living wills.

Her doctor asked if they had medical power of attorney so Teresa could make Ray's medical decisions if necessary. They didn't know the first thing about getting it.

Then came the financial questions. Teresa, who worked at a grocery store deli, had quit her job to care for her ailing parents. Ray, a maintenance worker, was the sole breadwinner. He wouldn't be able to work.

Their doctor referred them to an attorney. This immediately made Teresa nervous, because Ray had always done most of the driving. That's when the doctor told her the lawyer was under the same roof at the University Physicians Healthcare Family Medicine Clinic, 707 N. Alvernon Way.

Ray Camacho was among the more than 330 patients who received help over the last three years through an innovative program at the University of Arizona, where doctors, attorneys and social workers all join forces to give hope to low-income patients.

Typically, when attorneys and doctors meet, it's as adversaries in court.

But the UA's Tucson Family Advocacy Program — the first of its kind in the state — weds the professions into a partnership that helps patients navigate the complex and frustrating bureaucracy that typifies modern medicine.



Margie C. Rivera, left, and Suzanne Teeple, a staff attorney with the Tucson Family Advocacy Program, talk about Rivera's eligibility for the Arizona Health Care Cost Containment System, the state's version of Medicaid for those with minimal incomes. Gaining acceptance in this and other benefit programs can be confounding and time-consuming.

If, for example, Medicare balks at paying for special equipment to help an elderly woman get around better, program workers will step in and lobby for her.

If treatment doesn't seem to be working on an asthmatic patient and program workers find out that the patient is living in a run-down apartment with mold and cockroaches — both of which are triggers for breathing problems — they can explain tenant rights to the landlord.

If a patient is being turned down for food assistance because of eligibility glitches, the program helps there, too.

In the Camachos' case, the program got the couple on food stamps and completed the sometimes long and often confusing paperwork to set up the living wills and the power of attorney.

After Social Security told the couple that it would be six months before disability checks would start arriving — if they were lucky — the program intervened, gathering and submitting all of the necessary medical information. The checks started coming within the month.

Teresa cries readily when she thinks of it. When they first heard they might be without income for six months, they started thinking of what they could sell.

"We've always worked, but we had very little, and he was so worried about leaving me in debt," she said.

They thought they might be able to get \$5,000 for their 49-year-old trailer, which would pay for a studio apartment for a while. They thought about selling their car and taking the bus.



At left, Laura Neely, a social worker with University Physicians Healthcare, and Suzanne Teeple, right, discuss Margie Rivera's health-care options. The program can be a big help in getting care for patients quickly.

Instead, she said, "we were one of the lucky ones because of this program." Ray died in January. She still has her home.

What the project does is make sure that patients save their energy for healing, not cutting red tape.

"Physicians don't know a lot about how these things happen," explained Dr. Edward Paul, the residency program director and an associate clinical professor in the UA's Department of Family and Community Medicine. "These are not things that are covered in medical school."

It allows doctors to ask new questions to address health more holistically, he said.

"Now we can ask if they have enough money to buy the medication they need, do they have enough food for their family, what are their housing conditions like?"

The program got its start three years ago in October, modeled after a Boston program that has since spawned 70 projects across the nation. The UA is particularly well-suited for the program because it has both medical and law students who can be exposed to the gospel of multidisciplinary approaches to health, said program director Anne Ryan, an attorney who was named Citizen of the Year last month by an Arizona branch of the National Association of Social Workers.

Preliminary data for a study on the program's effectiveness show a statistically significant decrease in stress among patients referred to the program.

Ryan said surveys of patients in the program show 94 percent had not sought legal help for their medical problems. But 100 percent told their doctors of their hurdles when asked. That shows that they trust their doctors and will open up when in that environment, she said.

The program receives support from a host of agencies, including the Arizona Foundation for Legal Services and Education, funded through the State Bar, as well as Southern Arizona Legal Aid, the Medical-Legal Partnership for Children, and United Way. It also relies heavily on volunteer attorneys.