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Outliers **ASIDES & INSIDES**

Ex-Aetna execs find new life navigating HMO minefield

In a career switch reminiscent of prosecutors becoming defense lawyers, some former top managers at Aetna U.S. healthcare, including the former president and chief medical officer, have crossed over to the other side of the healthcare marketplace to form a “patient advocacy” company.

The company, Health Advocate, touts itself as experts at helping employees “cut through the red tape and confusion they routinely find when confronting the healthcare and managed-care systems.” (No, they haven’t said they were “shocked, shocked” to find out about such bureaucracies.) The West Conshohocken, Pa.-based company offers a spectrum of services to help, employers, employees and consumers navigate the system and facilitate members’ interactions with insurers and providers

The service costs roughly \$2 to \$3 per employee per month, a pittance compared with the money saved in healthcare costs and also from an employee productivity perspective, says Abbie Leibowitz, M.D., former chief medical officer of Aetna U.S. Healthcare and now executive vice president and chief medical officer at Health Advocate. Leibowitz’s new firm—which is headed by Michael

Cardillo, former aetna U.S. Healthcare president—was founded in fall 2001 and began enrolling clients last January. During the six months of this year, it enrolled more than 50 employers and group sponsors covering more than 80,000 individuals.

Leibowitz says that about 40% of what they do involves calling managed-care companies and arguing an employee’s case. But rather than turn on the managed-care system entirely, he says there often are extenuating circumstances.

“Certainly we know and understand the gaps in the system, but the truth is that there are a lot of things you would like to do for consumers when you operate on the managed-care side to help them be better-helped consumers that you can’t do,” Leibowitz says.

Still there have been some epiphanies since forming the new company, he admits. “Some large systems are very, very difficult to deal with because they are so decentralized,” Leibowitz says. “Many of the health plans are organized in a way that makes it difficult for a consumer to call one person with two questions and find a person who can answer both questions. To some degree, we get into the same kind of turnstile, but that’s our job.”