



EPISODE 68 Being a Patient Advocate is a Real Option

With guest Dr. Nicole Rochester

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NR: “Remember that on the other side of that stethoscope, there is a real human and they have people who love and care about them. And so just remembering to keep them centered as we provide medical care.”

HF: Welcome to The Doctor's Crossing Carpe Diem Podcast. If you're questioning your career in medicine, you've come to the right place. I'm Heather Fork, a former dermatologist and founder of The Doctor's Crossing. As a master certified coach, I've helped hundreds of physicians find greater happiness in their career, whether in medicine, a non-clinical job, or something else. I started this podcast to help you discover the career path that's best for you and give you some resources and encouragement to make it happen. You don't need to get stuck at the white coat crossroads. So, pull up a chair, my friend, and let's carpe that diem.

Hello, hello, and welcome back to the Doctor’s Crossing Carpe Diem podcast. You are listening to episode number 68. I am super excited about our topic today and our lovely guest.

We're going to be talking about becoming a patient navigator, which could also be called a patient advocate. This is something I hear a number of you asking about and wondering if this is a real thing. Could you actually help patients and their families navigate the healthcare system, understand their medical conditions, get the best possible care, and be paid for your efforts? A lot of you, I know, already give this kind of help to family members and friends. It comes with the territory of being a doctor.

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Our guest, Dr. Nicole Rochester started her own business a number of years ago. So she could do just this, be a patient navigator and help individuals get the care they deserve. Seeing the great value of this work, she also created a program where she helps other physicians who want to become patient navigators.

Dr. Rochester is a pediatrician, speaker, and health equity consultant with 20 years of clinical experience, who is the founder of Your GPS Doc. We're going to hear a story about how she got started doing patient navigation and advocacy work, what her day-to-day is like, and some steps you can take if you're interested in exploring this compelling direction. I'm very honored to welcome Dr. Nicole Rochester to the podcast. Hey, Nicole, how are you?

NR: Hi, Heather. Thank you so much for having me. I'm excited.

HF: I'm really, really excited. I think a wonderful place to launch is just for you to tell us a little bit about yourself and how you got into this work. And also a little bit about this consulting that you're doing right now, because I think it creates a really nice arc and backdrop to this patient navigation landscape.

NR: Sure. As you mentioned, I am a pediatrician by training. It's all that I ever wanted to be since I was like seven or eight years old. I initially did primary care for a few years and then transitioned to hospital medicine and was a pediatric hospitalist, medical director, and assistant professor for the majority of my career.

What happened is that in 2010, my dad's health declined. He already had lots of chronic health conditions. He had diabetes, he had hypertension, he had end-stage kidney disease. He was a dialysis patient. He had heart disease, all the things, and his health really started to decline fairly abruptly towards the end of 2010. And my sisters and I really started to see that he was no longer able to take care of himself effectively. So we rather abruptly were deployed as his family caregivers.

And that is really what led to my career pivot. I never wanted to do anything other than medicine. I never had any goals or aspirations of being an entrepreneur. I didn't even want to own my own practice. I was very happy being an employed physician, being a hospitalist, an educator, an administrator.

But what happened is that as I began taking care of our dad, we divided up roles. And as the only physician in the family, my job became kind of managing and overseeing my dad's medical care. The experiences that I had caring for him, accompanying him to medical appointments, in and out of the emergency departments, hospitalizations, and some nursing home stays. We ended up moving him into an assisted living facility.

And so, we had all of these encounters with the healthcare system, that for me, as a pediatrician were completely eye-opening. Things that I had never experienced in my role as a pediatrician. And then even as an adult I had been really healthy, really hadn't had to use medical care. Thankfully, my kids, my husband were also healthy.

So, it was like the first time that I was really witnessing healthcare from what I like to call the other side of the stethoscope. And it was not pretty at all, Heather. It was very disheartening seeing the lack of communication, the poor coordination of care. And I just often felt like my dad was kind of just left on the sidelines, that he wasn't really given agency. And also to see that he really didn't seem to want agency. Often, I was the one speaking up in his medical appointments.

And initially, I didn't disclose what I did for a living. I didn't think that that was important. I just wanted to be there as his daughter. I would just kind of sit back and try to engage as his caregiver, but I was often ignored, dismissed. And finally, one day I mentioned that I was a physician and then all of a sudden it was like the demeanor changed. The doctor slowed down and leaned in. I started to see this pattern where, when I identified myself as a doctor who also was his daughter, people treated me completely differently.

And honestly, at times they treated him differently. And most importantly, I started to see that his care was better, and that actually pissed me off. It was great for my family, for my dad, but I just started to think about the fact that that was a privilege that I had and that there were so many times when I spoke up only because I was a physician. I knew things that I wouldn't know if I wasn't in medicine, I was asking questions that the average layperson wouldn't ask.

And so this continued for almost three years, unfortunately, until his untimely death in 2013. After he passed away, I just kept getting this gnawing feeling that I was supposed



to do something about that. I just kept thinking about experiences that I had with my dad, but I was, again, a pediatrician, my lifelong goal. I loved my job. And so, I just kept pushing those ideas and thoughts back to the recesses of my mind.

And then finally by 2017, I just, I couldn't ignore it any longer. And so, as you stated in the intro, I left my amazing full-time job in pediatric hospital medicine to launch my own company, Your GPS Doc.

The primary mission is to help patients and family caregivers understand and navigate the healthcare system. That's primarily what I did for the first few years of my career, and really enjoyed this new entrepreneurship journey, although it came with a lot of challenges, maybe some of which we'll talk about.

And then to pivot into what I'm doing now, I do still do help advocacy work, but in the spring-summer of 2020, as everybody who's listening knows, in the wake of George Floyd's murder, there was this sudden awareness or reawareness of racism in America. And for me specifically, I started to see an interest and increased awareness of racism in medicine. And that's always been something that I was very interested in.

I spoke up in a board meeting. Next thing you know, I volunteered to give a couple of talks. That put me in the eyesight or the ear site of many healthcare professionals in Maryland and healthcare organizations. And that has led to some very exciting opportunities to do consulting work in health equities. So that's how I'm spending the majority of my time these days.

HF: There's so much in your story that I would like to go and dive into more. It's hard to even decide where to go. But I do acknowledge that it is hard to hear how much things changed when the doctors knew that you were a physician. While we know that happens, it's also disturbing. So I can understand why it made you angry and feel like you need to do something about it.

I do hear this story fairly frequently, where a physician will say, a family member got sick and then they got involved with their care. And they often remark, if I weren't a physician, I know their care would've suffered. And it scares them because they just understand from being on the other side of it, of all the challenges.

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And then they do talk to me about, is there some work as being an advocate? Is this a role that I could actually do? Are there companies that would hire me? Do insurance companies hire me for this kind of thing? So this is where some of the interest is coming in and it's from that life experience and that concern that you have and wanting your loved ones to get the best they can and knowing you want that for other people too.

NR: Exactly.

HF: Now, to me, when I listen to your story, it's a sense of someone being called to a mission. And it's nothing to do with, I need to do something different because I'm burned out and unhappy. You said many times over, "I was very happy to do this. I was not thinking of being an entrepreneur." And so, you were probably resisting that call in some way, like, "Please, how can I ignore this?" But you couldn't. And what do you think it was that finally made you decide that you're going to do something, even though you didn't know how you were going to do anything about this problem?

NR: That's a great question, Heather. I'm a spiritual person and I cannot tell this story without talking it up to God. I don't believe there are any coincidences in life. And like you said, I definitely know that this is a calling. I was ignoring it. And as the years got longer, and particularly as we got close to 2017, I just started getting these messages that I can really note. I can't explain any other way.

And so, people would call me and say, "Hey, I know that you were taking care of your dad. I'm now taking care of my mom. I have this question." And so I just started getting more and more text messages, Facebook messages from friends, colleagues, other family members asking my specific opinion about how to navigate the system more so than I don't understand my hypertension, but it was really related to "My insurance company is saying, my mom can't have this particular wheelchair." Those types of things.

People kept asking me questions about the things that I had done for my dad. I would see random commercials that seemed to just lead me in this direction. I started seeing a lot more about caregiving and it just seemed like it was being placed in front of me over and over and over again. And that's when I finally said "Okay."

HF: I get the point. I get the point all right already.

NR: Exactly. Clearly these are messages. And honestly, my goal initially, because I did enjoy my job. I didn't plan on leaving medicine. I really wanted to keep my job and do this part-time. But as many of the people listening to your podcast probably know, there were a lot of contractual elements and agreements and things of that nature that while I think they were misinterpreted, the conflict of interest and all those types of things, I was essentially told that I wouldn't be able to build my business on the side and continue working for my former institution. And that's when I knew for sure. I had already anticipated that, but once I got that news from human resources, literally that day I decided I was leaving. So, they made the decision for me.

HF: And you aren't the first guest I've had on the podcast who's talked about something from human resources that was the straw that broke the camel's back, or pushed them in a new direction. It's that one thing, but it's a significant thing. And it's also the universe coming along with a cattle prod and saying, "Making sure that you follow this calling."

NR: That's exactly right. Because if I had figured out a way to do part-time, I don't know. I mean, I can't say what would've happened, but I was forced to really walk in faith.

HF: Now, would you like to give us a couple of examples of how you actually do this work? Do you have a few case studies that you could share?

NR: Sure. Yeah. I think the most common way that I work with patients and families is often, unfortunately in an emergency. A lot of times they will reach out to me when their loved one is hospitalized. When they feel that the care that's being provided is inadequate or subpar, or when they just don't understand the care that's being provided because of all of the communication gaps.

Sometimes maybe they have asked questions about second opinions or transfers, and they're kind of shut down by the medical team or their loved one is incredibly ill in the intensive care unit. And they just really want someone to kind of oversee everything and make sure that everything is being done properly.



I think probably one of my most complex cases was a family that reached out to me and their loved one had a very complex and rare condition that is really only treated well in a few institutions throughout the country. And this person was in a community hospital that honestly did not have the capacity to care for her properly. They were doing their absolute best, but they were really in over their heads. And the family knew that, and this person was getting worse and worse and worse.

And so, they reached out to me because they had been trying to orchestrate a transfer on their own, and they just kept meeting all of this resistance. I was able to work with them and did some research, found out the top specialists in the country for this particular condition and was able to with lots and lots of phone calls, lots of emails, a little bit of begging, but again, because I'm a physician and a health advocate, I was easily able to hop on phone calls with top-notch specialists in the country. They returned my emails. And so, I was able to make contact and had a gracious, gracious physician accept the transfer.

That's probably one of my most complex cases. One of my easier cases is when a family reached out to me at the beginning of a diagnosis of dementia for their family member. And they just wanted to be proactive. They had just received this diagnosis. They anticipated that there was going to be this uphill climb and they knew that in time there was going to be some decline.

And so, they wanted me to come along to really help them understand what their loved one's needs were going to be. What other doctors need to be involved, which specialists should they be looking into. And then really planning in terms of long-term care, making sure that they had things in place for when the condition was going to decline, and really just keeping them abreast of new research related to the condition.

That journey was very different because it wasn't like an emergency. They had time. I had time to really walk hand in hand and be very proactive. That's just two examples. Sometimes people will reach out to me because they are looking for a new health insurance plan and they're confused. There are 15 options, particularly those who are buying insurance through the open market. And I've helped individuals pick out proper health insurance or transition to Medicare. So, there's lots and lots of ways that I work with my clients.



HF: Those are really excellent examples. And it just shows how we do have this inside advantage for so many of the things that you're helping with. And just the peace of mind that I'm sure you bring when you come on board to these families and the patient of knowing someone cares and someone's going to advocate for them. That in itself is priceless.

NR: Yeah.

HF: I know you're doing more of the consulting work and health equities and disparities here now. But if you think back, maybe when you were doing this navigation work full time, what did a typical day look like for you?

NR: That's one of the things that I love about health advocacy, is that there really was no typical day. A lot of the days were different. That's also why I got into hospital medicine because the day-to-day grind of outpatient pediatrics was becoming a little bit mundane.

But I would say, if I were to describe a typical day, it would probably involve a variety of things. One would be, I usually would have a few discovery calls with potential clients. So people would find me and clients who were looking for someone to work with, either them or with their family members. And they would schedule a call with me, where we would hop on the phone and it would give me an opportunity to learn a little bit more about what was going on with them or their loved one, to then articulate to them how I thought I could help. And then to talk in more detail about the charges for those services.

I would usually have maybe one or two of those in a given day. Then a lot of my day would really involve active work with my clients. And that could be doing research on a particular health condition, research on treatments for a health condition. That could involve looking at health insurance policies and researching those based on the client's needs and really trying to figure out what's a good match. That could involve sometimes researching skilled nursing facilities, home care agencies.



I recently worked with a client who was having a hip replacement, and this client wanted some assistance with really finding a home care agency that was highly rated and that met some of this client's specific criteria. Sometimes it involves vetting home care agencies, or even individual healthcare practitioners, helping people find second opinions.

A lot of it is research. And then some of that is also spending time collaborating with other physicians, other providers. I am very clear in this role that I am not the doctor. I am not that person's healthcare provider or physician. Sometimes it's getting on the phone call with a physician, with a hospitalist, with a specialist and getting a better understanding of what's going on with a hospitalized patient, talking with the case manager and coordinating family meetings, being on a family meeting, either through Zoom or on a phone call or in some cases in person. There are so many things that occupy my day and there's a lot of variety.

HF: It sounds like a lot of interacting and communicating and going back and forth with information. When you think about this as a possibility for a physician, what are some things that they should know in terms of could this be viable for them as a full-time job, or should this be more of something that side gig? How do you even think about doing this work?

NR: I first want to say that I think that every physician would be an amazing professional health advocate or patient advocate. Because as you stated earlier, Heather, this is what we do in our everyday work. When I'm talking to physicians who are interested in this work, what I hear over and over again is I want to do this for my patients, but I just don't have the time or I do a little bit of this, but I feel torn and conflicted because I just don't have the time to really sit down and help them understand.

The first thing I want to say is that we do this naturally, this is all so ingrained in how we want to be able to help our patients. In terms of financial viability, it definitely is something that because we are such high earners, I think that unless you have a really big flush fund, this is something that I would recommend physicians start out doing as a part-time side gig. And then using your full-time clinical job or your part-time clinical job, or in my case, I had a part-time nonclinical job to literally fund your business as you grow it.

I think it's hard to immediately replace a six-figure income realistically with a health advocacy practice, but over time, especially if you're willing to think outside of the box and do some things outside of just one-on-one advocacy, this absolutely can replace a modest physician income.

HF: Are you able to talk a little bit about what people charge when they do this kind of work?

NR: Sure. The funny thing is when I started, I knew nothing about the field. I knew nothing about how much to charge and like everything else, Heather, people are a little tight-lipped when it comes to this. As I started trying to do research and find out how much should I even charge for this?

I had some difficulty getting those answers, but ultimately, I have been able to discern that the range for these services varies greatly, depending on your background. Some of us are physicians, some are nurses. If you have a license, licensed professionals can certainly charge more for this. Laypeople who are doing health advocacy work tend to charge less.

There's also a lot of variability geographically. Those in small rural towns charge a lot less than those of us that are either in big cities or near big cities. I've seen ranges anywhere from literally \$50 to \$75 an hour, all the way up to \$450 to \$500 an hour. I think within the range of physicians who are health advocates, I think an average is probably anywhere from about \$150 to about \$300 an hour.

HF: Thank you for sharing that. And you brought up a really good point about how we can do one-on-one work and that we can't scale that. We only have so much time, but you mentioned that you can get creative and do some things to enhance this income. Do you want to mention what a couple of those things might be?

NR: Absolutely. I very early on started doing professional speaking engagements. I've always loved speaking and teaching and presenting and as a former academecian, that was something that I would do regularly with medical students and residents. I knew that I was going to want to have speaking as a component of my business. And so, professional



speaking either to local organizations, community organizations, but even to larger healthcare organizations. I've spoken at national conferences, I've done a TEDx speech, which of course was unpaid.

But speaking is absolutely one way that you can augment your revenue. You can also do paid workshops. I've done paid workshops for rising college students and their parents, teaching them about navigating the healthcare system for the first time on their own. I've done paid workshops for caregiver conferences, helping caregivers understand and navigate the healthcare system.

Workshops, webinars, things of that nature are another way. You can create courses. I have a course, "Health Insurance for Bosses" that was really designed, again, out of my own personal experiences. When I left my full-time job, I also left benefits behind. My husband is also self-employed. And so, we had to suddenly find health insurance for ourselves and our two kids.

That experience taught me a lot about how to properly shop for health insurance, and how to navigate the Affordable Care Act website. And after a couple of rounds of doing that, I took that knowledge and began sharing it through a course to other entrepreneurs who were struggling, trying to understand how to purchase their own health insurance. You can do courses. Then I now have a coaching program where I'm teaching other doctors how to become health advocates. There are lots of ways that you can augment your income.

You can also develop guides and have worksheets and PDF guides and things of that nature that you can share with either clients, but for those who may opt not to work with you as a client, maybe you're outside of their price range, but maybe they can afford a \$25 or a \$30 PDF that gives a guide for them to walk them through that process. And that can be a way to get passive income as well.

HF: I have to laugh, Nicole, because you being a reluctant entrepreneur are a born entrepreneur, because just listen to all those ideas that she just rattled off. I hope you were taking notes if you're interested, because even if you're not interested in patient navigation, she just said, whatever business idea you have, there's so many different ways to monetize it and create massive income even, and scale what you do. Just take that idea and run with it for whatever you're interested in. I just want to take a quick

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pause here for a special message, and then we'll be right back because I want to have Nicole talk to us about this coaching program.

LinkedIn has been one of the most helpful resources for my clients in landing great jobs. Initially, many of them were reluctant to put themselves out there and network on this platform. But once they created a profile and learned how to use LinkedIn strategically, they had a lot of success.

My LinkedIn for Physicians course shows you how to create your own standout profile, have success networking, and land nonclinical jobs. To learn more about this online course, go to doctorscrossing.com/linkedincourse or simply visit the Doctor's Crossing website and hit the products tab at the top of the page. Now, back to our podcast.

All right, we're back with Dr. Nicole Rochester who's talking to us about patient navigation. So, Nicole, this is great that you created a program to help other physicians do this because I'm sure some of them listening are going, "This sounds great, but how? How do you even get clients? How would I get started?" That's always the big roadblock is "How?"

NR: Absolutely. Like I said, that was a roadblock for me. In full transparency, Heather, the first almost one year of my "business", and I'm putting "business" in quotes because my husband very gently and lovingly challenged me one day and said, "Is this going to be a hobby or is this going to be a business?"

HF: A jobby. I know, I know.

NR: I was not making any money. I was spending my days as a doctor, as you know, we overanalyze everything. I found myself in this analysis paralysis phase, and I just kept thinking, I just need to learn one more thing. I just need to check one more box. And so I spent a lot of time doing a lot of research, listening to podcasts, reading books, anything that I could find remotely related to health advocacy, picking brains, all those things that we do.



I learned a lot. And then once I finally took that next step and moved forward and started learning how to take imperfect action, putting the things into place that I had learned, my career trajectory just shot upward.

What I realized on the other end of that is that had I had that knowledge at the beginning, I would not have wasted so much time. I would've been profitable much sooner, and it just wouldn't have been such a difficult journey. And so, over the last couple of years, I've had so many physicians reach out to me saying "I want to do what you do, or how did you get started?" And so I would hop on the phone and share information with them for hours. Then as I've gotten busier, I just no longer had the time or the bandwidth to do that.

But I also have this passion. I am dedicated to helping more physicians do health advocacy work, because I'm a little biased, but I think that we're amazing health advocates. I decided to package all of that information that I gathered, my own personal experiences, my challenges, my triumphs, as well as my trials and just put it all in one place so that instead of Googling and doing all the stuff that I did, you can just come here and get everything you need to know.

And so we talk about just what you said, how to get started. From the very basics, starting with mindset, which was a huge barrier to me. I realized that many of the things that make us physicians often make us poor entrepreneurs, poor in money, but I guess we could say that too.

But there are some mindset blocks and some things that make us great doctors, but make us very unwilling to take risks, which is an important part of being an entrepreneur.

We start with mindset, we talk about the basic business building blocks. I teach about business structure, the different entities, helping individuals understand what the differences are and what may be best for you. We talk about the legal aspects of health advocacy, specifically as a physician. What does this mean for malpractice insurance? What are the other types of insurance that you need to have? The dangers of crossing that line, providing medical advice when you're not supposed to do that as a health advocate. We talk about the variety of services that you can offer as a health advocate,



how to price those services, how to market those services, how to find your clients, all of those things all packaged in this coaching program. I'm really, really excited about it. I initially did it one-on-one, and now I'm launching it in a group format for the first time. And it's going to be great.

HF: It makes me want to take the course, even though I don't want to be a patient advocate because it just sounds like you have everything soup to nuts, and you have such a lovely personality. I'd like to just be alone just to get your glow.

NR: Thank you.

HF: Yes. You have this wonderful energy. Where can people find out about this course and about you?

NR: People can find out for the course, right now we are about to start our first cohort. By the time this airs, we probably would've already started. There is a waiting list and you can go to bit.ly/NHAapply1. I'll say that again, bit.ly and then all caps, NHA, lowercase, [apply1](https://bit.ly). And that's where you can go to fill out the application, you get on the waiting list. I'll reach out to you and we'll schedule a call so that we can see if you're a good fit.

We will be opening up enrollment again, likely in April. And the next cohort will probably launch in late May to early June. Otherwise, people can find me at my website, www.yourgpsdoc.com. I'd love for you to follow me on social media. I am now more active on Instagram thanks to my oldest daughter, who's my social media manager.

HF: All right. Can I borrow her, Nicole?

NR: Yes. Oh my God. Find me on Instagram @thegpsdoc. You can also find me on Facebook under the same handle, Twitter, just search Nicole Rochester, and also at LinkedIn. I love LinkedIn. So, I'd love for people to follow me on LinkedIn as well.

HF: Well, this is great. I'm sure there'll be people reaching out to you. And I'll put all of this information in the show notes so people don't have to remember it and they can find you. Do you have any last words that you'd like to share?



NR: I think my last words would be my kind of centering motto, which is that patients and family caregivers belong at the center of every medical team. And I truly believe that. For all the physicians listening, I know that you are time-strapped. I know that there are tons of administrative barriers and lots of things that you're being asked to do that have nothing at all to do with providing good medical care, but I would just implore you to remember that on the other side of that stethoscope, there is a real human and they have people who love and care about them. And so, just remembering to keep them centered as we provide medical care.

HF: Oh, that's such a beautiful message. Thank you so much for coming on the podcast, Nicole. It's just been a treat to have you here. I've been wanting to have you on for a long time, so I'm glad we got together, and thank you for all the work that you're doing to just make this world a better place. You make a big difference and you're a bright spark, and I'm sure there's more to come.

NR: Thank you, Heather. This has been awesome. I appreciate you having me.

HF: Thank you. Thank you. All right, guys. I just want to reiterate something here that's really powerful in her story, is that we're often given some guidance about the direction for us to go in, but it typically starts kind of quiet and then it gets louder and louder. We have to sometimes get still or really tune in to, "What am I hearing? What is calling me?" And one of the clues is, there's energy around it. There's something connected to your spirit that makes you focus in this area and want to do something.

So don't worry about the how, because that's where we shut down this energy. We shut down our calling. We shut down our guidance. Just know that the how is figureoutable. We can always figure that out. But try to really listen to what's going on that's calling you. Nicole said, "I just couldn't put it down. It just kept nagging at me and getting louder and louder." I'm just curious if there's something calling to you to pay attention to it and find out what it really means, because that could be a new direction for you.

All right. Thanks so much for listening guys. Don't forget to carpe that diem and I'll see you in the next episode. Bye for now.



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Podcast details

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