EPISODE 84 She Loves Her Job as an Employed Patient Advocate

With guest Dr. Caitlin Fawcett

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HF: "That gets in the way sometimes of the business success."

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 nonclinical 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're listening to episode number 84. Before we launch in, I wanted to ask a favor of you. When you finish listening to this episode, if you can think of someone to share this podcast with and reach out to them before the day is over, I would be so grateful.

I want to keep growing the podcast as I'm hearing how helpful it is to physicians at the crossroads, trying to figure things out and make some changes. It won't take but a

minute to share this podcast with a friend, a colleague, your neighbor, or someone asking for help in one of those Physician Facebook groups.

There was this fitness instructor at my gym who was fond of singing to our class when we were doing squats. “Squeeze your buttocks. I can't do it for you.” So please share the podcast. I can't do it for you. Thank you so much. Now onto our topic.

Today, we're talking about a type of job that I think is something a lot of you would be interested in. This is the role of helping patients get appropriate care and better understand their medical conditions. Back in March, in episode 68, with Dr. Nicole Rochester, we talked about how you can start your own business doing this type of work as a patient advocate and how Dr. Rochester has a program to teach you the steps.

Coming at this from a bit of a different angle, our guest today, Dr. Caitlin Fawcett is going to discuss the job she has as an employed patient advocate. In her position she helps patients get appropriate care, understand their medical conditions and avoid unnecessary procedures.

When I first heard about what she does, I could hardly believe that this type of paid position existed. Dr. Fawcett is an internal medicine physician who will be sharing with us how she found this very interesting and flexible job, what her day to day is like, and the kind of physician who might be a good fit for this type of work. It is my special pleasure to welcome Dr. Caitlin Fawcett to the podcast. Hi, Caitlin.

CF: Hello. Thank you for having me.

HF: Yes. I'm really excited about this. And as I said, I really was surprised when it was one of my clients who actually told me about you.

CF: Oh.

HF: Yeah, to hear what you did. And thanks so much for saying yes to come on the podcast and talk about what you do.

CF: Absolutely. Yeah, my pleasure.

HF: Yeah. I'd love to begin with your story of how you got into this work. I know it's sort of a bittersweet story. So, wherever you'd like to begin with that.

CF: It all started about 12 years ago, thinking back to it. My father was diagnosed with cholangiocarcinoma and because everyone knows that's not a great diagnosis. We're in the Boston area. So, we immediately went to some fantastic hospitals here. We saw some great GI doctors and oncologists and were kind of given a grim prognosis that he probably had less than a year just based on the tumor growth and the location. It was a pretty tough time for us and I trusted all of the opinions that we received and didn't really think about going anywhere else. We actually went to the various different hospitals within the area, which if anyone has been to Boston means that you basically crossed the street.

So that's what we did. We went to all the different area hospitals and received the same opinion. And then it was actually my uncle who is a lawyer and he actually represented the Mayo clinic. And he said they're really doing some interesting stuff out there. I think you should call them. And so, I did and they said, "Oh yes, we have a specific protocol for cholangiocarcinoma. It's no longer experimental where we do liver transplant. And if your father qualifies, then we'll have him out here and perform the surgery."

I make it sound easy, but there was a process to that. And I sent out his medical records and within a few days they got back to us and said, "Yes, he's a candidate. Can you come out here? And we'll start testing relatives to see if they would be a match." And it turns out my sister was a match. And so, within about two weeks, he was flying out there to

have the workup done and the testing done and eventually had the transplant done, probably just a month or so later. And it was a successful transplant.

Prior to the transplant, he had had a stent placed because ideally in cholangiocarcinoma to keep people alive for as long as possible, you just have to stent the bile duct and keep it open for as long as possible. So, we had a really great stent placed, but unfortunately, where it was placed, made it more difficult for the transplant procedure to get all of the duct out, all of the tumor out because the stent itself is like chicken wire.
They knew going into that. They said usually with the transplant, you have a 50-50 percent chance of living beyond three years. And that was at this time, this was 12 years ago. So, they said, I think his chances may be a little bit less because we know we had to leave some of that stent in there. So, there's a chance that there's still some tumor there. And then he went on to have chemo radiation, I think after that, or before that, I'm not remembering exactly, but did very well for five years after that.

And he had a great quality of life. He walked us all down the aisles, met his grandchildren. And then it did come back and he did end up passing away. But I would say there were definitely no regrets in having that procedure done. And it was a learning process for me, that I realized that maybe Boston isn't the Mecca of medicine and there are other things out there.

So, I was very sheltered in my thinking and it kind of opened up to me that there's no way that anyone who doesn't have a medical degree or any experience in medicine would be able to navigate this system and figure this out.

So, I decided to start my own company that was called Direction Medical, where I was going to help people find medical procedures that they might need or help them navigate the healthcare system. The problem with doing it myself was that I'm not a very good business person, I realized, because I really don't like to charge people money.

HF: Yeah. That gets in the way sometimes of the business success. But I totally hear what you're saying.

CF: Yeah. When people are struggling, you don't want to send them a bill. And so, yeah, I was doing it all for free because I didn't have the heart to send people a bill.

HF: Oh my gosh, you had a charity. You started a nonprofit without the 501(3)(c).

CF: Right. I should figure that out, but I just realized I didn't want to do that part. So, I just happened to be looking in The New England Journal of Medicine at the back pages that have the ads for physician jobs. I think I was getting the magazine in full hard copy version. And the company that I work for now had an ad for a physician. And the description was basically exactly what I was doing, helping patients navigate the healthcare system. And so, I got in touch with them. They happened to be in Massachusetts as well. So, it really was just fate, I think.

And since then, that was approximately 10 years ago now, I started to work for them. And they were recently acquired by a larger company, so now it's just a larger company, but it was a startup for 25 years. I joined them kind of at the end of their tenure as a startup. And here I am today, continually doing it. Yeah.

HF: Thank you for sharing that story. And I'm really sorry about your dad, but I'm glad you did have this extra time when he got to see you and your sisters get married and see grandchildren. And this is a profound story about getting an outside opinion, and this happened to be a lawyer, your uncle who suggested something different to do and to explore, even in spite of the great hospitals and centers that you were going to. So, if we kind of jump into the current work that you're doing now, can you describe how this company works and what is the actual role that you have?

CF: Absolutely. So, it is very unique, I think, but certainly a growing industry. I'm sure people have probably heard about it. It is a second opinion program technically, but there's definitely a lot more to it than just a second opinion. The way the program works is it is a separate vendor and they contract with different large corporations and it becomes part of the benefits package. So, none of the patients, we call them participants, are paying for any of these services, it's included in their benefits.

They call us as a third party. So, they're not calling their employer with a medical issue. And we listen to what their medical issues might be. And then we kind of direct them to their various services. So, one of our services is that we just provide information about disease illness. So someone can call in and say, “I was just diagnosed with diabetes. And I would like to know more about it.” We would send them a packet of information about diabetes.

And that doesn't usually involve the doctors except that every couple of months we review all of the literature that's being sent to people to make sure it's up to date and to make sure it makes sense. And then other people will call in and say, “I was told I needed surgery and I'd like to get a second opinion.” And so, we go through various processes of doing this. One would be to find another surgeon or another doctor in their area that takes their insurance that meets all of our criteria. We have a special algorithm for finding doctors so that they can get an in person second opinion, if that's what they would prefer.

The other option is what we call remote second opinion. And what happens there is we have a group of doctors that we've acquired over the years. They tend to work at large academic institutions like MGH and Johns Hopkins and Cleveland Clinic. And we collect the medical records of the participants and send them to our experts. And then we have the participants ask them questions, but that's where the doctors jump in and usually tweak the questions a little bit, add on some more questions to make sure that we're getting to everything that we know the participants are going to want to know.

And so, then they get sent a report back as to what that medical expert recommends. And I read through that as well, to make sure it makes sense. And sometimes I'll discuss the findings with the participants on the phone.

Another part of my job that I do is I have conference calls with participants. So, they'll call in and say, "I just want to talk to a doctor about my diagnosis or what I should do next." So, I have time set aside each week to just talk to participants. And a lot of what I do on those calls I would say is explain the healthcare system and where they need to go next. And a lot of these calls start out with just very frustrated people because they've hit a wall and that's why they're calling. So, I try to walk them through what they should expect next, what kind of doctors they might need to see and try to figure out. Really, we avoid making diagnoses on the phone discussing labs and details like that because we are not treating physicians. And we do make that very clear when we talk to them on the phone. We're just helping them navigate through the system and figure out what needs to happen next.

HF: Yeah. Very interesting. Can you give us some examples of when a patient might reach out, or the participant, and want a second opinion, and then you go to an expert and get their opinion?

CF: Absolutely. I'll just review the one that I just did. We had a participant call. She was referred to us by her insurance company and just said, "Yeah, sure. I'll get a second opinion." She has been having low back pain for years and thinking, I can't remember exactly how old she was. I just reviewed it briefly 42. And she was referred for a fusion procedure because the conservative measures weren't working and she wanted to avoid a surgery and specifically wanted to avoid a fusion.

She called into us and we sent her information about low back pain in general, surgeries that might be an option for her. And then we collected her medical records, sent them off to our spine surgeon who reviewed them and felt that a fusion procedure was not

necessary at this point, but that a microdiscectomy would probably be a better option for her because she did have a lot of relief in the area when she had an epidural injection. But it was only short lived.

Basically, the surgeon explained all that in the report, and I'm not sure what she's going to end up doing, but at least she can take this report back to her surgeon and say "Can I do a microdiscectomy instead?" If they decide they don't want to go to that surgeon anymore, if they want another opinion in person, then we would find them a doctor in their area to get another opinion.

HF: This is an interesting situation. Do you find that the participants, physician or their provider ends up getting upset because of these second opinions and then this creates some conflict with a patient and their doctor?

CF: I have never heard back from a physician that was unhappy with this. I have seen on Facebook in physician's groups where physicians might have been upset with this second opinion, because there are other second opinion programs out there other than ours. And so, I was surprised by that. I do think it's possible. Other second opinion programs are a little bit more involved with the patients and the patients may then go see those doctors.

I'm not sure how they work. But I find most often is our surgeons and our second opinions are actually reinforcing what their doctors already said. And it's more of a reassurance that, "Okay, I am doing everything." And sometimes when another doctor writes out in a question, like, "I really think that exercise and weight loss is going to have more effect on your back pain than a surgery." It somehow hits home like, "Oh, okay. They said that before. And no, maybe I should do that." I find that it kind of settles in more with the participants when they see it on paper and they're hearing it again from another surgeon of, "I don't think the surgery is going to work for you", or "I do think you

need a surgery." In both situations I find that it really reinforces the decision of the participant.

HF: Yeah. There is a lot of truth to that, that we often need to hear things a couple different times in different ways.

CF: Right.

HF: And these second opinion surgeons aren't working for the health insurance company, they're independent. Is that correct?

CF: Yes.

HF: And sometimes it's the participant, the patient, who's reaching out for help. And sometimes it's their insurance company that suggests that they get a second opinion.

CF: A lot of times the insurance companies direct them to us because the participants are calling to find another doctor or to find a second opinion. And that's why the insurance company sends them to us. They don't send them to us because they don't want them to have the surgery. It's more they're sending people to us who call in with medical questions that they can't answer.

HF: Okay. Gotcha. Okay. I know that you said that a lot of the times you're defending physicians when patients are complaining about "I call and no one gets back to me. I haven't heard back in two hours." Can you talk a little bit more about how you're defending physicians in your role?

CF: I think a lot of what I do on my calls especially, is explain to the participants why things happen the way they do in medicine. So many people will call in and say, "My doctor just doesn't have the time for me. They said it really quickly. I didn't really understand. And

then they left." And so, they don't care. And I try to explain that it's definitely not that they don't care, but that they are trying to see as many patients as possible in 15 minutes. And this pressure is put on them from outside forces. They would rather sit here like I'm doing right now with as much time as we need and discuss everything with you, answer all your questions.

And sometimes doctors can do that, but I would say the vast majority of time, they can't. And so, they would rather sit here and explain it to you and explain their reasoning. But they're trying to get as much information to you as possible in a very limited amount of time.

I also look through to say your doctor did everything right here. There was just nothing more that could be done. And here's why. Let me just show you all the information. This is why your doctor did what they did and we'll send them up to date articles to show your doctors are following the standard protocol. Your doctor can't call you back during the day because they have patients scheduled all day. And when they do call you back, that's on their time. Like their free time. They're sitting in their office when they could be at home. So that's why they're not calling you back right away. And also, sometimes they don't even get your message because they're being filtered through nurses. So, it's possible to never even hear your message. People expect the doctor to answer the phone.

I think after explaining that to people and reinforcing that "Your doctor's doing everything they can", they feel better, but they're just in a frustrated state to begin with.

HF: Well, I would say that you're a patient advocate, but you are also a physician advocate, really. There are two hats that you're wearing here, at least. So, thank you for doing that important job of painting the picture of what's going on behind the scenes that they understandably aren't aware of. We tend to think we're the only person in the world when it's about us. And we don't think that there are all these other patients and

demands going on. So, could you give us a little bit of an idea of this structure of your job as an employee? How much do you work, when are you required to do this job?

CF: Absolutely. It's very flexible and that was what attracted me to the job to begin with. And initially they hired doctors who were all working, they wanted everyone to have a clinical piece to it. And then over the years, some of the doctors had dropped off their clinical piece as I did. We ended up moving and moved further away from my clinic.

And so, I ended up saying, "Well, as opposed to this being my second job, my part-time job, I'm just going to make it my only job and just work more hours." So, I can work as many or as few hours as I want in a day. And the times that I need to be there are just the times that I have scheduled for the participant calls, which I could always reschedule as needed, but those are usually scheduled about a week or two out even.

I'm booked all the time. Every minute that I have for a conference call is always booked. So that's the only time of my week that's really scheduled. I could sit down at my computer. They gave me a company computer. You can't really do it from anywhere because of the security issues, but I can bring my laptop anywhere with me and sit down and I review the cases.

And a lot of what I do is write questions. So, I write questions for people to ask their physicians on their next visit. I write the questions to the experts. I review the cases, make sure everyone's going to the correct physician. So, a lot of times with tricky cases, it's not clear what type of physician they should be seeing. Or even a lot of times in neurology, people are going to the wrong type of neurologist. They really need a different type of neurologist, seizure specialist, things like that. So that's a lot of what I do during the day. And I just sit down at my computer when I can. And I log in, I work, I have a list of cases. They put them in the physician queue and I just click on it and take a case. And then I can log out anytime. And then I just log my hours at the end of the week.

HF: Oh, wow. I know flexibility is one of the top things that my clients talk about wanting more of. And your job sounds like it has a fair amount of it, which is so important when you have families and you want to have a life.

CF: Yes, exactly. In fact, the decision I made to do this full time was based on the fact that I could then eliminate childcare. So, that was a big piece of what we were spending money on. So, by saving that, I certainly don't make as much money doing this as I would if I was a full-time primary care doctor, but it's close.

And so, if I wanted to work full-time doing this, I could. There really aren't any doctors that are doing that except for our boss who does this full time, has done this for years full time. But she oversees us and does a lot more of the sales piece of it. But most of the other doctors, in fact, I think almost all the other doctors that work there have a full clinic. And so, they do this on the weekends and at night. And so, it's just extra money for them. And interesting. The research department sends us articles. So, I get to review all the latest research on specific things all the time. It's nice to have these new research articles come out and I'll say, "Oh, I didn't know that they were doing that." So, it's also educational.

HF: All right. So, we're going to take a short break. Don't go away, we'll be right back. And when we come back, I want to talk to Caitlin about what type of physician might make a good fit for this kind of work. All right. We'll be right back.

If you are applying to a nonclinical job, it's a great idea to convert your CV to a resume. A well-crafted resume helps recruiters see why you are the right person for the job. My resume kit is a downloadable PDF that walks you step by step through creating an impressive resume of your own. You'll have everything you need, including templates and a bonus on writing a winning cover letter.

To get immediate access to this kit that I use with my coaching clients, go to doctorscrossing.com/resume kit or simply go to the Doctor's Crossing website and hit the products tab at the top of the page. Now back to our podcast.

All right, we are back here with Dr. Caitlin Fawcett, and we're talking about this great job that she has, where she works part-time as a patient advocate. Now, you had mentioned that a lot of these other doctors are still working full time clinically, and a little bit about the compensation. Could you talk to us about the specialties that you see working in this type of job, and also maybe any more details about the compensation?

CF: Sure. We have doctors from all over the country now. I would say the different types of physicians that we have are internists, oncologists, very important. A lot of our questions are oncology related and they get shuffled right to the oncologist. On occasion they'll be sent to the internists, but they really try and make sure that they're answered by the oncologist, cardiologist, nephrologist. I think that's all we have right now, offhand that I can remember. Oh, and orthopedist.

But really, I would say any specialist could do this. I really do think. I think we even get questions about pathology often. So, I think that any physician could do this job. It would be great if we could have some neurologists and rheumatologists here, I will say that those are a lot of my questions.

But I think that anyone could do this because you can add it on, to the end of your day. It probably is a little harder for surgeons because they have such long days and maybe don't want to add this on to their day, but we have a lot of surgical questions and we tend to send those on to our experts who are outside of the company. They're totally separate from our company. And they're just paid a fee for each report that they do.

In terms of income, what I make, I would say is comparable to what I would make as a primary care doctor if I was working full-time or if I was working part-time. And I say that

because I was just about to take a different job when I moved in primary care and I compared it to this job. And I figured out that it would be about the same. So, if I could work from home and do this and not have to commute and travel around, then I would rather do this.

I know that the specialists do make more because they answer more specialized questions, but I don't know if they would make comparable to what they would make in a full clinic. But I do know for internists, it is close and it is certainly for me lifestyle wise worth it.

HF: Yeah. There's a big advantage to having that flexibility. It's priceless to a lot of people. So, we're coming close to the end of the podcast here, and I'm just curious, Caitlin, when you think about the work you did as a “boots on the ground” physician, helping patients, and then what you're doing now, how is it fundamentally different in terms of your satisfaction?

CF: Well, I would say I do miss seeing people in person a little bit and having that relationship and getting to know the people, because I don't ever talk to, I rarely will talk to a participant twice. So, when I finish my conversation with them, we're really done. I don't have that ongoing relationship with people. And I do miss that somewhat.

But I will say after talking to most of their participants, it's only scheduled for a half hour, sometimes they go much longer, but most of the time they'll just say, “Thank you so much for explaining that to me. I was so confused, thank you.” And you don't always get that in clinical medicine at the times that patients just say, “Oh, thank you so much.” So, I will say I do feel very satisfied after my patient calls. And they do surveys with all the participants.

And at the end of the week, they'll post some comments from the participants. And they'll say who they were commenting about. And so, it is just like a little boost. They

sent it out to the whole company of this participant and said "A big thank you. I couldn't have made it through this without you guys." And things like that. So, it definitely adds back to that satisfaction factor.

HF: So much better than getting a negative Yelp review of how angry the patient was with the office and this and that.

CF: Yeah. Yeah.

HF: So just one last question, which is, if a physician is thinking about, if they might want to do this work, who might this be a good fit for?

CF: I think this job could really be two totally separate things. You could either do this type of job as your full-time job if you want to come out of clinical medicine entirely, and you are willing to be out of clinical medicine. So not see people in person anymore, and really just be at a computer most of the time talking to patients on occasion. So, taking away that one-on-one relationship that you have with patients. Or it is really just a supplement, like an income supplement and a kind of very flexible add on to your work-day when you want, when you can. Some of the physicians only do the work on the weekends. So, if you want just that income piece, it is that kind of job as well. So, I feel like it could be two totally separate things, depending on what you're looking for.

HF: That's a great explanation. It also sounds like there's opportunities for physicians who want to give that second opinion and work in that way too.

CF: Yes. And I know those positions are out there. Actually, it's not part of what I do, but I believe we use a separate company. So, we use a vendor and that helps us find those physicians that are willing to do this. My impression is that that takes a number of hours because some of the reports that we get back are just so phenomenal. They're just so

well done and so detailed that I feel like it must take hours for these physicians to do. So, we're very appreciative. And I think that they are well worth the time.

HF: All right. Well, this has been a really interesting conversation and I want to just remind the listeners that if being a patient advocate is captivating for you, that the prior episode 68 with Dr. Nicole Rochester, she talks about how to start your own business doing this versus the employed model that we're talking about here with Caitlin.

Her company isn't currently hiring, but we're hoping that because they were recently acquired by a much larger company, that there will be more positions and you might search for second opinion companies on the internet for positions. All right, Caitlin. Well, thank you again, and I'm very grateful for you for sharing your experience with us.

CF: Thank you so much for having me.

HF: All right. Well, thanks so much for listening guys. Don't forget to carpe that diem and I'll see in the next episode. Bye for now.

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Podcast details

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