What Would Florence Do?
Nurses as Patient Advocates

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Meet David. After smoking for 40 years, he was not surprised when, at age 56, he was diagnosed by computed tomography scan with lung cancer. He was scheduled for a lobectomy two weeks later at an urban academic medical center. His wife, a member of a local union, reached out for help to Guardian Nurses Healthcare Advocates, a patient advocacy firm providing services to her union.

The nurse advocate spoke with David's wife and then with David. She asked him if he had gotten a second opinion, and his response was "Why should I? I'm scheduled for surgery in two weeks." After explaining to him and his wife the clinical value of getting a second opinion, he acquiesced, and she expedited an appointment for the next week at a regional National Cancer Institute Center of Excellence. The nurse advocate, Debbie, facilitated all of David's diagnostic testing information being sent to the consulting physician, and when David presented to the office reception area, Debbie was waiting there for him. And so it was that she was by his side when the oncologist said, "David, I don't think that you have cancer."

Amidst a whirlwind of strong emotions, the least of which was relief, David and his wife posed a few questions, but Debbie was also there to ensure that not only were questions asked, but answers were provided. After all, David still needed to make a decision to move forward despite now not having cancer. But he couldn't stop thinking about what would have happened had he not listened to his nurse advocate and gotten a second opinion.

Without question, the answer to many of our country's current healthcare challenges is better care coordination. Every day, issues related to care coordination are discussed in committees, presented at conferences, and dealt with at the patient level. As we head into a new era of healthcare, health systems, providers, health plans, governments and municipalities, labor funds, employers, and consumers—in essence, almost everyone—are looking for innovative approaches to address challenges associated with quality, efficiency, care delivery and coordination, and cost effectiveness. And nurses are often part of those innovative approaches.

Many diverse entities across the care continuum are recognizing the need to provide support beyond the walls of the acute care hospital in order to promote more effective care coordination. Hospital stays are shorter and shorter, and patients are discharged with higher levels of acuities. Plus, patients interacting with the healthcare system are still no better prepared to deal with the maze of tests, physicians, and facilities that await them when dealing with a healthcare issue.

Patients, like David and countless others, are victims of poor communication from their physicians, their nurses, and their insurers. Frustration abounds when they realize the "right hand doesn't know what the left hand is doing," even in regard to some basic service issues like making sure patients' previous testing is received and reviewed by the physician before the patient arrives for an appointment. Clinical issues flourish, as in David's case, but so do financial issues. For patients, health insurance is a complex labyrinthine system that exists to protect the insurance companies' profits, not cover studies or treatments or drugs. Ask patients, nurses, or doctors who is directing care, and it's likely they'll respond, "insurance companies."

It would be a huge understatement to say that there are plenty of challenges in the healthcare system. New models of care are being tested using a combination of clinical and nonclinical professionals to work in teams to improve transitions of care and provide support and resources so consumers can be active participants in their care, working with the healthcare team in supporting wellness and better managing their plan of care.

The current healthcare marketplace, however, is congested with scores of vendors promising disease management, health coaching, care coordination, and nursing support lines, but these programs, and the clinical resources necessary to operate the program, are typically solely telephone based. The nursing resources are located either in the vendor's main office or perhaps they may even be virtual, making outreach calls from their home offices or connecting with members online or through e-mail.

Although no doubt there has been success engaging patients using these telephone-only models, there are two critical flaws: trust and timing.

Think of the most critical component of any intimate relationship. It's likely you would say "trust." It is the foundation of any good relationship. Even more so in a healthcare relationship when patients are injured, sick, or frail—and dependent. Trust. It is why patients choose physicians, surgeons, and even facilities. According to David A. Shore, the Harvard professor who is the founding director of the Trust Initiative of Harvard School of Public Health, "Trust improves medical outcomes."[1] In fact, trust "is the #1 predictor of loyalty. Patients who trust their healthcare team are more likely to follow treatment protocols and are more likely to succeed in their efforts to change behavior."

In one brief anecdote, a union member was asked why she had not filled out the disease management vendor's health risk assessment that would have resulted in her receiving reduced health premiums for the next year. Her response? "I'm not telling *them* my weight."

It is often quipped that "timing is everything." In a patient's healthcare journey, nothing could be truer.

Meet Mike, a 58-year-old truck driver, who is married to his high school sweetheart, now a wheelchair-bound, T10 paraplegic. After a routine test led to more testing, Mike was diagnosed with prostate cancer. His wife, reliant on his physical and financial support, panicked as she presumed Mike's cancer would kill him. Though there was clinically no need to panic, she feared that Mike's death would hasten her death because he was the one who had cared for her all these years. She called for help and was introduced to Maryellen, a nurse advocate with Guardian Nurses. In true nursing assessment fashion, her initial assessment focused not just on Mike's cancer diagnosis, but also took into account his wife's fear, dependence, and lack of control. As Nurse Nightingale herself penned, caring for the patient is about caring for the whole family!

After shepherding Mike and his wife through the initial diagnostic work-up, she also facilitated a second opinion. Though he still chose surgery, he felt more confident with the urologic surgeon with whom Maryellen had connected him and so changed his treatment and care to him. Following Mike's surgery, she checked in with him by making a quick post-op visit to the hospital and called the day after he returned home—just to make sure everything was OK. When his daughter said he was at the hospital, Maryellen learned that Mike's wife had been taken to the emergency room for heart palpitations. Because of the ability to support both Mike and his wife, she called Mike's cell, found out what was happening, and was able to help him help his wife. The week before Mike was scheduled to return to work, he received an outreach call from an insurance company nurse. She