

Patient Advocate

A new position in the health care field benefits both patients and doctors.

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When Scott Winnick successfully advocated for his dad through two major medical emergencies, he couldn't believe the time, perseverance and ingenuity involved.

He negotiated the care, insurance payments and United States-to-Canada transport of Dr. Alan Winnick, a Canadian citizen who fell and broke his hip as he and Scott were ice skating at a West Bloomfield rink.

"He was scared," said Scott, a West Bloomfield resident with dual citizenship who is a licensed Canadian attorney. "A lot of people needed to be kept on the same page. I sat on the phone for a heck of a lot of hours."

More investigation and patience were required in a later incident when the Toronto dentist developed melanoma. Scott researched and oversaw his care, including persuading Canadian insurance to cover trips to specialists in the United States.

"I told him you should be doing this for other people, you're so good at the detail," Alan Winnick said. "Most lay people aren't aware of dealing with insurance companies. There's a lot of bureaucracy. He's a trained negotiator. He took charge."

Now Scott, who says his legal skills and belief in *tikkun olam* (repair of the world) are a good fit with patient advocacy, hopes to create the best possible outcomes for other patients who need and can pay for such services.

Indeed, customized patient advocacy is a growing field as people live longer, families are scattered, medical options multiply, research on any disease is available on the Web, doctors are pressed to handle ever more patients and insurance coverage is often fraught with barriers.



Dr. Alan Winnick

"Patient advocacy is for any patient who needs advocacy, who can't or doesn't want to advocate for him or her self," says Perry Ohren, director of community support services at Jewish Family Service of Metropolitan Detroit.

Ninety-five percent of the agency's advocacy is on behalf of older adults. It can involve filling almost any immediate or long-range need including arranging transportation, accompanying a client to medical appointments, acting as a liaison between the client and doctors, researching a diagnosis on the Web, interpreting for those who don't speak English, keeping relatives informed, handling the insurance paperwork, etc.

Ten or so caseworkers, most with social work and/or geriatric training, do patient advocacy work for JFS, which charges according to a client's ability to pay. And that roster is headed upward, Ohren predicts, as the Detroit Jewish community nears the top of the nation's aging Jewish populations.

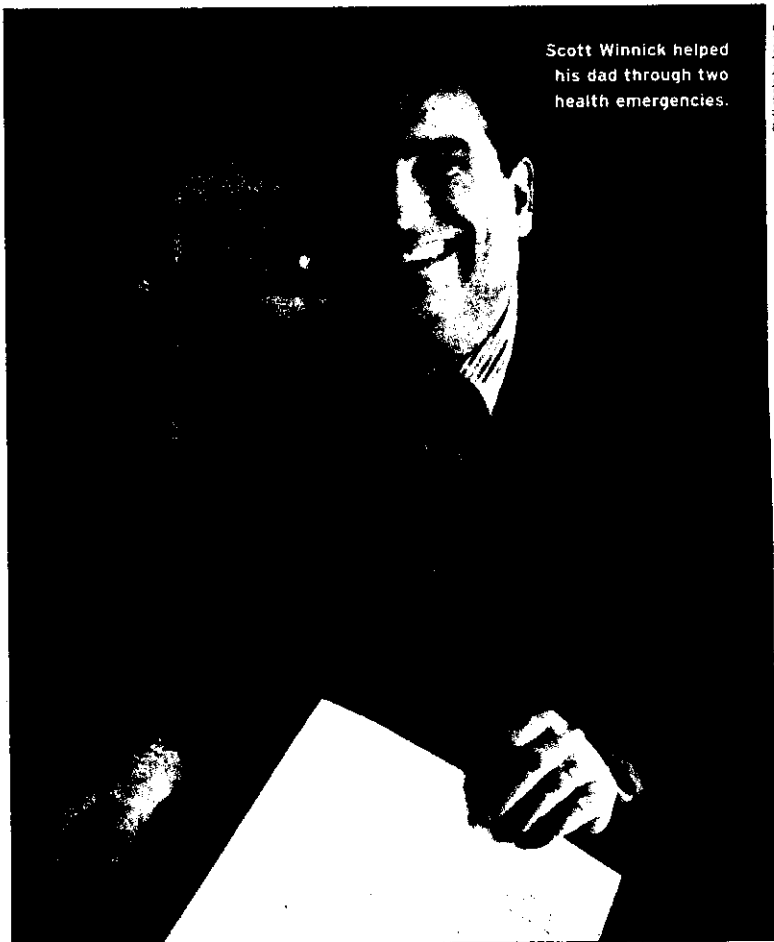
In the 2005 Jewish Federation of Metropolitan Detroit population survey, the median age of a Metro Detroit Jew is 47, as compared with 39 nationwide.

Twenty-four percent of local Jews are older than 65 compared with 16 percent nationwide. And 14 percent are over age 75, compared with 8 percent nationwide.

"We don't advertise that we have a patient advocacy program," Ohren says. "But in a year, we might. We're a reputable agency and when we're competing with the for-profit world, we want to convince the world that we can do it as well or better."

"I think it's fantastic,"

says Dr. Peter Lichtenberg, director of Wayne State University's Institute of Gerontology in Detroit, of the growing emphasis on patient advocacy. "Study after study shows there's a real barrier between the patient and the health care team. And people aren't always going to



Scott Winnick helped his dad through two health emergencies.

Staff photo by Angie Baer

have that relative around.

"My only concern is for people who are somewhat isolated and vulnerable to confidence games," he says. "It would help to have an agency behind it or being credentialled in some way."

So far, Sarah Lawrence College is leading the way, offering a master's degree in patient advocacy. New York University has a year-long program to train patient advocacy volunteers in emergency research services (PAVERS). The University of Wisconsin Law School has created a patient advocacy training center and the University of North Carolina at Chapel Hill lists a series of undergraduate classes.

Boston Globe writer Judy Foreman said in a May 1 Health Sense column: "It's so early in the life of this new profession that it's not entirely clear what an advocate is or how to judge whether you've found a good one . . . Some advocates have minimal medical training, others are nurses and doctors. Some charge nothing, others thousands of dollars. Some advocates might help save your life; others may complicate patient-doctor relations."

"I think it (patient advocacy) is going to be the wave of the future," says Arthur Malisow, a principal in the law firm of Mall Malisow in Farmington Hills.

The firm, which specializes in estate planning and eldercare, has an experienced client advocate on staff. "We actually deal with some of the hand-holding issues," Malisow says.

"The medical profession tends to see advocacy as adversarial," Malisow says.

"We try and explain to the doctor that everyone is on the same side" and "it's important to have that second set of ears."

Dr. Robert R. Frank, executive vice dean of Wayne State University's medical school, agrees that doctors may resist efforts of the patient advocate. "We have a long way to go to understand that someone who helps the patient get to the essential issues is going to be a huge time-saver."

To point medical students in that direction, he has them role-play various scenarios, including one featuring a geriatric patient and a daughter-in-law who is her advocate.

"We are professional relatives," says Ileana Stone, a patient advocate who is one of JFS's independent contractors. She holds a master's in education and a certificate from the University of Michigan's Institute of Gerontology.

"I can rely on her judgment," says Sarah (not her real name), who is one of Stone's clients. "Sometimes, you want a more impersonal opinion and you have things you don't want your family to do."

The advocate can be a social worker, a nurse, an eldercare law attorney, says Carol Rosenberg, executive director for Jewish Home and Aging Services. "This person has no emotional involvement and can stay focused on the wellness of the patient. They have to be qualified. They have to have an advocacy personality."

"Patient advocacy is where it's at," Rosenberg says. "We must advocate for patients in general." □