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Is Independent Advocacy Right for Me?

Transcript of Podcast 3: What Background and Credentials Do I Need to Be an Advocate?

This, our third podcast, addresses education and experience: what background do you need to be an independent health or patient advocate? Including a question I'm asked frequently...

Do I need to be a nurse to be a professional patient advocate?

I'm going to take this last question first – because it's the simplest and most definite answer to provide... do you need to be a nurse or a doctor or some other clinician to be a professional patient advocate?

The answer is NO! In fact, if I knew you better I'd say "hell NO!" But far better than that is for me to give you all the reasons you don't need to be a nurse – or a doctor or any other clinician in order to be a successful professional independent patient advocate. And let me emphasize that word SUCCESSFUL.

And, if you're patient, (so-to-speak) I'll also tell you something somewhat surprising about that in just a minute or so – and hopefully something that will spur you on to making the choice to become an independent advocate.

We're going to begin with the many reasons you can be successful – VERY successful at advocacy without a clinical background.

Reason 1 is this: advocacy is NOT a medical pursuit. Let me repeat that – advocacy is NOT a medical pursuit. It's an everything else in the healthcare system pursuit EXCEPT medical. That means that as an advocate, you'll be involved in all the aspects that support a patient's journey, but you won't be providing medical care.

That surprises many people who consider advocacy, but if you think about it, it makes perfect sense. For one thing, our Code of Ethics states specifically that advocates will not provide medical advice. Secondly, we aren't licensed for medical services. Even if you are a nurse or physician or some other clinician, when you function as a patient advocate, under the auspices



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of a contract that states you don't provide medical services, you cannot legally provide them. Further, when you operate as a professional patient advocate, you are not insured – as in, having liability insurance - to provide medical services. If you do, it will render your insurance null and void.

The services you WILL provide as an advocate are everything else inside the system. On the CARE side, you might be making appointments, or helping a client with a list of questions for the doctor, or filling a prescription, or researching clinical trials, or sitting by the hospital bedside, or helping an adult child choose a nursing home for her elderly father – and that's just a start. On the COST side you might be getting a claim approved, or auditing a hospital bill, or negotiating a price on a wheelchair, or filing home health or Medicare claims... and of course NONE of those things needs a medical degree or nursing degree or experience to handle them.

I do want to provide one side note here, though... that is, that nurses make GREAT advocates – as do physicians or nurse practitioners or physician assistants or many of the allied health professions – they all do because their background knowledge of medicine can inform the work they do with clients. Here's the difference: say you are working with a client who has diabetes and you see that he has a bad wound on his leg. With A clinical background you would be more likely to recognize if the wound isn't healing properly because of that diabetes. You would know to suggest to your client that an appointment with his endocrinologist be made. Now, without that clinical background, you would probably still suggest your client see his doctor, and a trip to a primary certainly wouldn't hurt because the primary might well recommend your client see his endocrinologist anyway... but that medical background might have shortened the process before your client got the help he needed.

Another IMPORTANT point is this: every nurse I have ever met would be considered an advocate for his or her patients... that's what drives most nurses... their wishes to be advocates for their patients. But of course, not every advocate I have ever met has been a nurse... so there's that.

I mentioned a few minutes ago that I would tell you something surprising about whether you need a clinical background to be an independent patient advocate. Drum roll please.... Here it is!



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Over the years, I've discovered that most doctors or nurses, nurse practitioners or physician assistants who come to advocacy from clinical careers ASSUME they know how to be advocates. It never crosses their minds that they don't because, after all, they've spent their careers in the middle of the healthcare system...

And you KNOW what they say about assumptions! And in this case – it's very true. I can't tell you how often clinicals fail at independent advocacy... sadly – yes – FAIL – because of those assumptions. What they FAIL to realize is that in the first few years of advocacy, their ability to be successful is far less about doing advocacy work, and far MORE about learning to run a business – marketing, client acquisition, contracting, all those things I've mentioned in previous podcasts. Without the business aspects, they cannot sustain a practice and thus, sadly, those very advocacy-capable people just go out of business.

That does NOT seem to be true among those who come from other backgrounds... Some of our most successful advocates never worked in healthcare, but perhaps weathered a scary medical situation themselves, or shepherded a loved one like a spouse or a parent through tough medical times, or worked for an insurer or hospital in some other non-medical fashion, or in some way cut their healthcare system chops by learning about the system in some non-medical way... making them far more cognizant of the need to learn the business aspects of getting started. They didn't come to advocacy with any preconceived notions about their ability to be good advocates, so like sponges, they soaked up every piece of information they needed – advocacy, yes, but even more so BUSINESS! And thus, many more succeed.

That distinction surprises many... providing a good warning to those who do have a clinical background, and HOPE to those who don't! So you can see – it's good for everyone to hear.

As for the question about education and experience:

So far there has been no determination that anyone needed a college degree, or any sort of certification or licensing, or even any specific experience before they can hang out their shingle and call themselves a health or patient advocate. This includes the requirements of the Patient Advocate Certification Board which, as of the recording of this podcast, does not require any specific education or experience to take the certification exam. So the answer is NO –no specific education, training, certification, or licensing is required.

But here's a caveat – that word REQUIRED is important – because, as I mentioned in our last podcast – becoming an independent advocate is about creating your own business to do so...



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and sustaining a business is all about acquiring clients or customers... and THEY will be the people who want to know about your education or experience. For this reason, it's my personal opinion that you must be CERTIFIED. Becoming certified can often overcome any lack of education or experience.

As a member of APHA, you probably already realize how much information we provide about certification through the Patient Advocate Certification Board – we keep you abreast of certification information, upcoming exams, and more. If you ever need to find that information on the membership site, simply do a SEARCH for the acronym P-A-C-B OR just the word "certification.

That's it for this podcast. We hope you have a better idea of what sort of credentials and background you'll need to establish an independent advocacy practice. You can find links to even more information right on this podcast page.

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