

December 8, 2025

Advisors can help their clients be healthier — and save money

By Betty Long, President/CEO and Founder, Guardian Nurses Healthcare Advocates

The American health care system can feel like chaos: delayed appointments, test results that no one explains, playing phone tag with call centers instead of real conversations, and confusing bills. The confusion isn't just frustrating for patients — it's costly. Missed opportunities for prevention and miscommunication drive claims higher, and ultimately, both employers and employees pay the price.

Here's the truth: the current system rewards disorder. Health systems and insurers benefit when patients delay care or undergo duplicate tests. But employers and union funds — especially those that are self-funded — end up footing the bill. That's where advisors and benefit consultants can play a pivotal role.

Looking downfield, not just at premiums

Too often, benefit conversations get reduced to comparing carrier quotes. But the real differentiator isn't which carrier you choose — it's how well your population uses the benefits you're already paying for. Smart advisors look beyond rates and "manage downfield." They study claims patterns, anticipate needs, and help their clients connect employees and members to services that improve health and reduce costs.

For example, a blue-collar population may be more likely to experience musculoskeletal injuries, while a white-collar group might have higher claims tied to anxiety and depression. An advisor who understands these nuances can recommend tailored support — before costs spiral.

The opportunity is even greater when you understand why health care costs so much. According to a JAMA analysis, waste in the U.S. health care system adds up to nearly



\$1 trillion annually. The biggest contributors — failure of care delivery, overtreatment, pricing failure, administrative complexity, and poor coordination — all share one common denominator: confusion.

How confusion drives cost

When care delivery breaks down, the costs compound. A missed diagnosis leads to delayed treatment and more expensive interventions down the road. A medication error can send a patient back to the hospital. Poor discharge planning — such as sending a post-surgical patient home without follow-up — often means a return to the ER within days. Each breakdown adds another layer of expense that could have been prevented through clear communication and coordinated care.

Lighting your way
through the
healthcare maze.

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Overtreatment is another byproduct of confusion. When patients don't understand their options, or when multiple specialists fail to coordinate, they may undergo unnecessary scans, procedures, or surgeries. Consider the patient who receives duplicate MRIs ordered by different providers in different systems — both covered by insurance, both avoidable. Or the senior prescribed four medications for the same condition because no one reconciled their drug list after a hospital stay.

Pricing failures thrive in this confusion. Hospitals and insurers maintain complex chargemasters that often have little connection to the actual cost of care. Two patients can receive the same procedure — one paying \$1,200, another \$12,000 — depending on the negotiated rate. Even with "price transparency" laws, the posted numbers are often indecipherable, leaving patients unable to comparison-shop effectively. That opacity benefits the institutions but drains employer plans.

Administrative complexity adds another layer of waste. Endless prior authorizations, mismatched billing codes, and siloed systems create delays that frustrate providers and patients alike — and every delay has a dollar sign attached. Behind every denied claim, there's a patient waiting for treatment and an employer paying for the fallout.

The result is a health care landscape that rewards volume over value. As JAMA estimated, administrative complexity alone adds hundreds of billions of waste each year — not to mention the emotional cost of employees navigating it all without help.

Why navigation matters

What most employees and plan members need is simple: someone they trust to help them through the health care maze. Apps and telephonic services can't replace a real human who shows up at the hospital, sits with a patient during a doctor's visit, and explains options clearly. That's what nurse advocacy brings to the table.

Take the story of a 54-year-old man with metastatic colon cancer who was discharged home after emergency surgery. His home care never arrived, and a critical prescription

wasn't filled — until a nurse advocate intervened to coordinate post-discharge care and prevent a costly readmission. That's the difference human navigation makes.

Guardian Nurses' results show how clarity reduces waste. In 2024 alone, Mobile Care Coordinators supporting the School Health Insurance Fund (just one of several funds, unions, and employers Guardian Nurses serves) supported over 1,500 cases, made nearly 1,000 hospital visits, and prevented 26 unnecessary admissions — avoiding more than \$3 million in excess costs. In nearly one in five cases, the patient's diagnosis changed after a nurse review. And when patients are guided toward appropriate care, their confidence grows: 99% of those served report the highest satisfaction and 95% say they feel more confident in their decisions.

When patients are informed and supported, they make better choices, avoid duplication, and recover faster. For employers, that means fewer claims, healthier employees, and more predictable costs.

The win-win for advisors

When advisors introduce high-touch navigation services like Guardian Nurses, they don't just add value for their clients — they stand out as true consultants. Clients appreciate having a partner who brings tools that improve member satisfaction and control costs. In fact, administrators and union leaders often tell us how transformative it feels to finally have someone advocating for their members.

By helping clients cut through the chaos, brokers become known not just for plan design expertise, but for delivering real outcomes: better care, lower waste, and higher trust.

A call to care

At the end of the day, the most important thing an advisor can do is care. Care enough to look past premiums. Care enough to anticipate problems. Care enough to bring solutions that are human, practical, and effective.

Because in a system where chaos pays off, clarity is what truly saves — money, time, and lives.