

“CREATING PULL” FOR PATIENT OWNERSHIP OF CARE

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Creating Pull



When we work with organizations, we help them turn strategy into action quickly by “creating pull”—identifying what will make changing behavior easier for people, which helps people put changes in place.

Creating pull—rather than trying to “push” a new behavior—begins with understanding the interests of each person at the table. The health and wellness interests of individuals are particularly difficult to work toward, and helping people comply with lifestyle changes without immediate results is difficult. The goal is to have the patients convince *themselves* of the benefits and seek effective tools to better manage their own care. This new paradigm can be described as “creating pull” for patient and family ownership of care.

Based on what we know about what it takes to influence and support behavior change, we have identified several strategies for creating pull:

Triangulating

Often when someone is in failing health, their condition affects people beyond themselves. Triangulation is “pulling” a patient toward fulfilling health needs by involving the most influential people in the patient’s life. A common situation would be when a son or daughter asks a parent to stop smoking. Triangulation creates change by having the group that will benefit the most do the legwork.

For example, preventing medical errors is in the best interest of everyone involved, from payors who save on costs, to providers who want to ensure high-quality care for their patients. But patients clearly benefit the most from preventing harmful errors.

Triangulation can work to prevent errors by mobilizing patients and their families to change *provider* behaviors. The organization, Campaign Zero, is guided by this principle. Campaign Zero has created online resources, such as checklists, to educate patients and their families on specific ways to contribute to avoiding hospital-acquired infections and other errors. The checklists contain information about detecting early signs of bed sores, for example, as well as what a family member can tell nurses, and what they can ask them to do. The checklist becomes a tool for creating pull by encouraging specific actions and doing so in a way that helps normalize the behavior. The steps remind the family member of their responsibility in preventing medical errors, even if it means giving a provider information he or she “should already know.” This combination of having a motivated clinical partner in the family member, and the checklist with information and encouragement, creates the conditions for triangulation to succeed.

Enlisting a Critical Mass

We know that in times of illness, people seek others who have been through similar ordeals. Now patients are creating online communities based on shared experience. The web-based communities are especially powerful for those with rare diseases, previously invisible to one another, and these resources can act as supports for people to take more agency in their own care. For example, PatientsLikeMe is a social-networking site that connects people who are battling the same illnesses, while also encouraging openness of medical information to understand outcomes and drive at solutions more quickly. It puts the data in patients’ hands and gives them a platform to discuss it. When patients meet, they can create pull for change together, by doing things as simple as sharing tips on interventions, or launching larger undertakings, like lobbying the government to fund research for their condition.

These strategies for creating pull can help patients take the lead in health and wellness — and help others influence them to do so.

“Our Goals.” CampaignZERO. Online. Accessed 3 Oct 2012. <<http://www.campaignzero.org/about/our-goals/>>
 “About Us.” PatientsLikeMe. Online. Accessed 12 Oct 2012. <<http://www.patientslikeme.com/about>>