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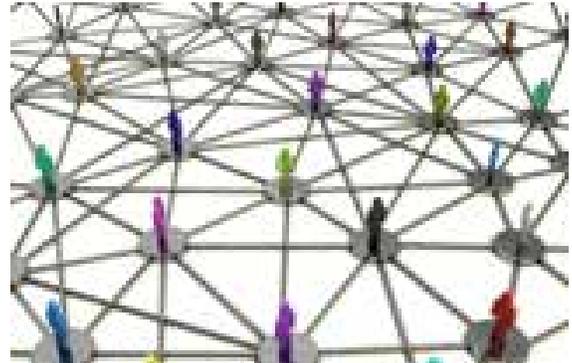
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PART 2: FROM PATIENT TO PARTNER — CREATING PULL FOR THE SHIFT TO POPULATION HEALTH MANAGEMENT

This is the second in a series of three articles about engaging patients in population health management.

In the [first installment](#), we discussed the necessity of a shift to helping patients become full partners in their own health. We introduced the theory that lasting change comes from identifying new behaviors and providing people the “supports” (from reminders to new skills) they need to adopt those behaviors.

In this article, we talk about specific strategies, using new behaviors and corresponding supports, to aid patients in behavior change.



Creating Pull

When we work with organizations, we help them “create pull” — develop and implement the strategy for identifying, developing, and building out the supports that need to be in place to change organizational behavior and practices.

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, not least because people tend to dismiss the importance of their well-being and begin to feel “skin in the game” only upon becoming acutely ill (a noticeable loss of well-being). Even when the risks and benefits are communicated effectively, complying with lifestyle regimens without immediate results remains 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 becoming an engaged partner in one’s own health.

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

Triangulating — To mobilize the group with the most interest in change to influence others.

Often when someone is in failing health, their condition affects people beyond themselves — their co-workers, neighbors and friends, and usually most acutely, their families. Triangulation appeals to another interested party to help spur change in someone’s health, having people “pulled” toward fulfilling their own needs by those who can influence them the most. Simple examples include when a son or daughter asks a parent to stop smoking or when a spouse cuts out salt and fat on the dinner table after a heart health scare. But while some reforms in population health will depend on patients changing their own practices, more complex innovations will depend on groups, including payers and providers, making changes. Triangulation creates change by having the group that will benefit the most do the legwork.

Medical errors are a well-documented issue, and a ripe area for changing providers’ practices. Preventing medical errors is in the best interest of everyone involved, from payers who are less likely to have to cover the cost of follow-up treatment, to providers who want to ensure high-quality care for their patients — and avoid litigation and marks on their reputation. But patients clearly benefit the most from preventing harmful errors.

In the case of error prevention, triangulation works by mobilizing patients and their families to change provider behaviors. [Campaign Zero](#), an organization that “delivers safety strategies to patients

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and their family-member advocates to prevent medical errors,” is guided by this principle. [Campaign Zero](#) has created online resources, such as checklists, to educate patients and their families on specific ways they can contribute to avoiding hospital-acquired infections and other medical errors. The checklists contain information about detecting early signs of bed sores, for example, as well as context for what a family member can communicate to 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 — reminding the family member of their agency and their responsibility in preventing medical errors, even if it means telling a provider information he or she “should already know.” This combination of having¹ a motivated clinical partner in the family member and² the supports in place, in the form of a checklist with information and encouragement, creates the conditions for triangulation to succeed.

Enlisting a critical mass so that others can join an already-winning effort.

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. These groups are especially powerful for those with rare diseases, previously invisible to one another. They can now more easily share information and experiences with symptoms, procedures, medications, workarounds, and providers. And these resources can act as supports for people to assume more agency in their own care.

The web is beginning to have a dramatic impact on the lives of people suffering from obscure and more prevalent conditions alike, through a kind of snowball effect. [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 communicating about interventions that work, sharing their own medical data and results, or launching larger undertakings, like lobbying the government to fund research for their condition or convincing pharmaceutical companies to develop drugs that have a life-saving impact on a relatively small number of worldwide sufferers.

These strategies for creating pull can help patients take the lead in health and wellness — and help others influence them to do so. Setting expectations for clinician behavior helps patients and caregivers understand their own responsibilities for medical outcomes. And providers can personally connect patients with one another and also direct them to online communities as another option.

In the third article, we will discuss some thoughtful ways to turn strategy into action quickly with provider roles under pressure.

For more information on this topic or related materials, contact CFAR at info@cfar.com or 215.320.3200 or visit our website at <http://www.cfar.com>.

References

1. “Our Goals.” CampaignZERO. [Online](#). Accessed 3 Oct 2012.
2. “About Us.” PatientsLikeMe. [Online](#). Accessed 12 Oct 2012.