Empowering Questions

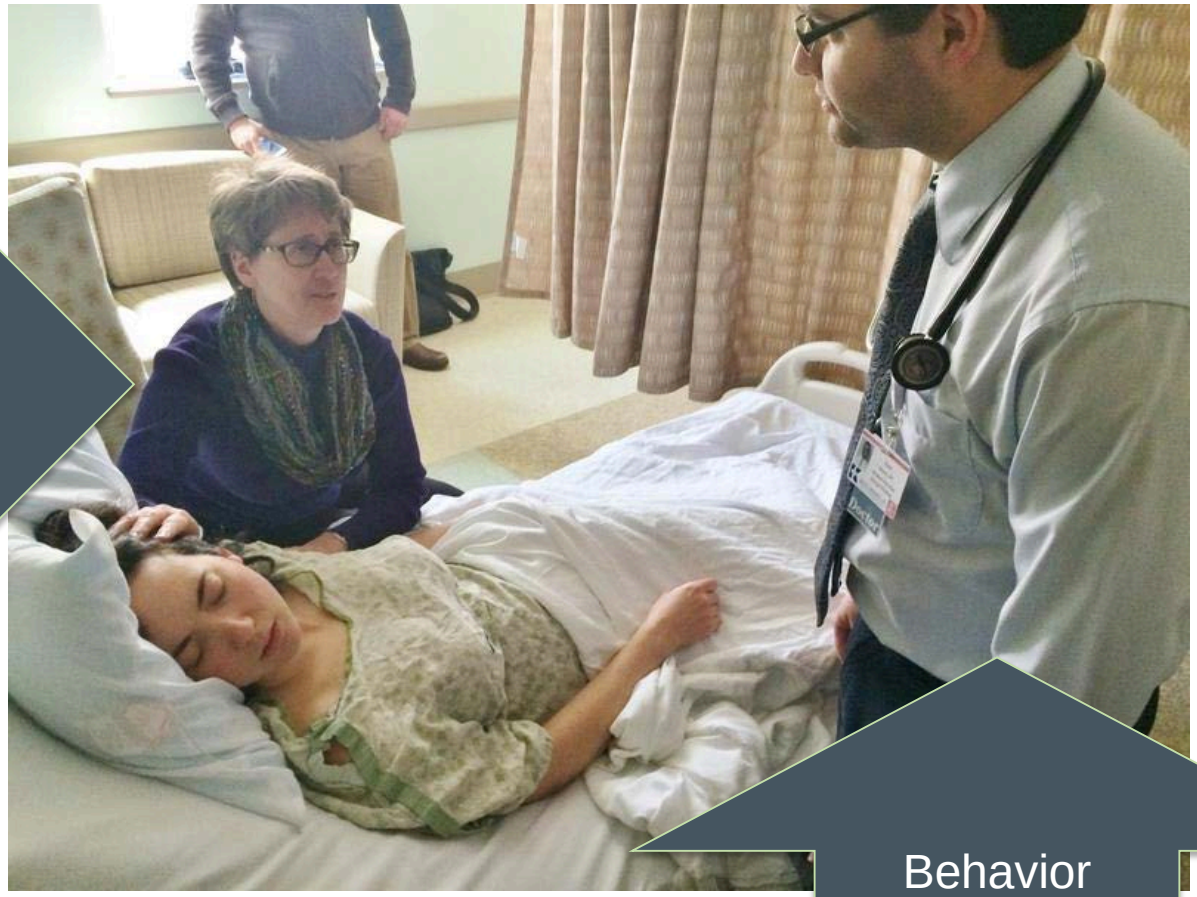
Uncovering ways to empower patients at the end of life.

SALTERMITCHELL marketing for change

There’s a lot things we lose in old age. Losing control over our own healthcare shouldn't be one of them.

So this should be simple*

Add empowerment element here



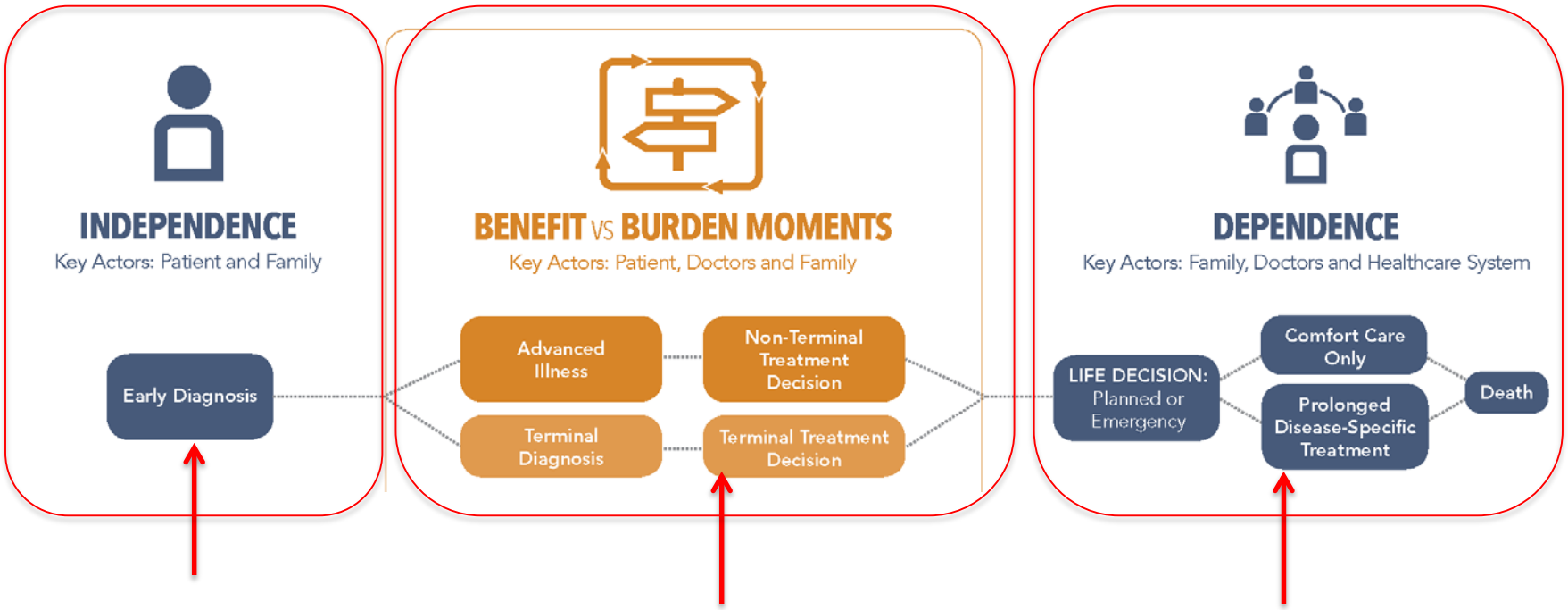
Behavior change here

*Except, of course, it isn't

First insight: No demand for change.

- Rapid Research Review
- Key Informant Interviews
- In-Depth Individual Interviews (n=80)
  - Caregivers / family members (‘good’ v. ‘bad’ death)
  - Very seriously ill patients (likely to die soon)
  - Oncologists, gerontologists, cardiologists, palliative care specialists, and ICU nurses
  - Clergy members and social workers
- Added Qs to survey of 3,520 adults (PN’s HealthStyles)

ASSUMPTION	ASSUMPTION
We could engage at the time of the terminal diagnosis	We can give people the power they want.
FINDING	FINDING
There is often no clear recognition of terminal until the very end.	No one thinks they need more power to control their care.



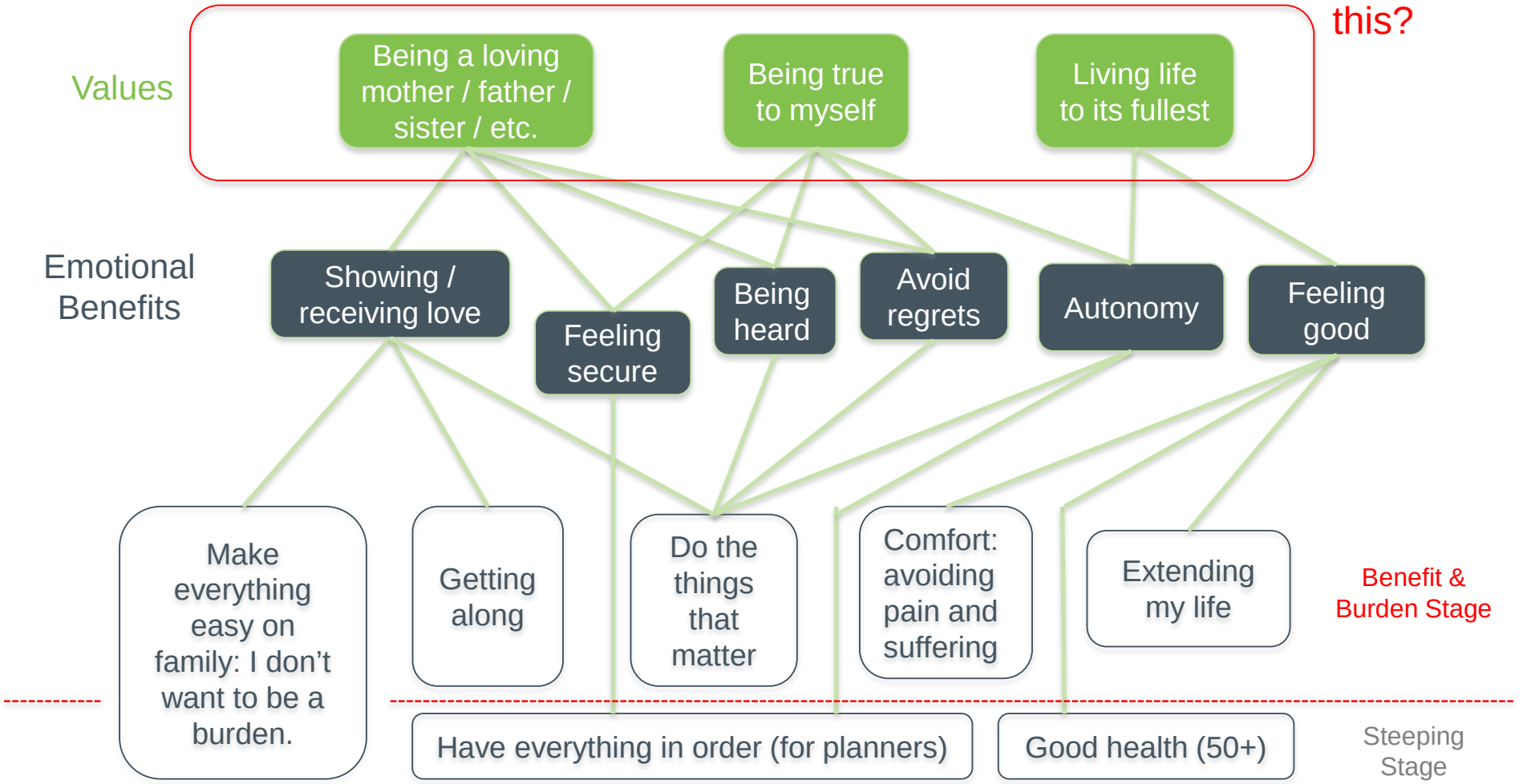
- Lots of work here
- Decision here may not predict choice later
- Tough to make choices matter

Let's focus here – this is where an important dynamic is being built. This where the real change will take place.

- Not a sole intervention point: We would need to load the patient's voice prior to this

What patients are seeking.

Can we help with this?



So we tried – we envisioned, we prototyped, we tested, and then we tested some more

- 29 dyads testing product concepts with seriously ill and caregivers (n=58)
- National survey of 1501 adults age 50+ that oversampled Boomers with Living Parents (613), Affluent Silents (352) and Seriously Ill Patients (359)
- 21 focus groups of Boomers with living parents and Silents with adult children (n=86), testing creative and product concepts
- Sprint & prototype testing
- Names/tags tested with 1,241,189 unique Facebook users

ASSUMPTION

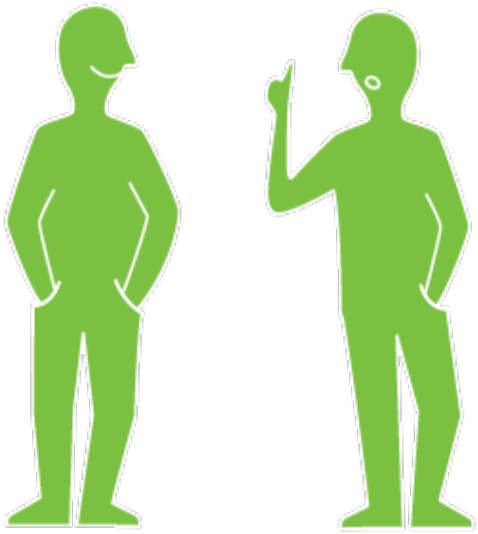
We can make great EoL tools.

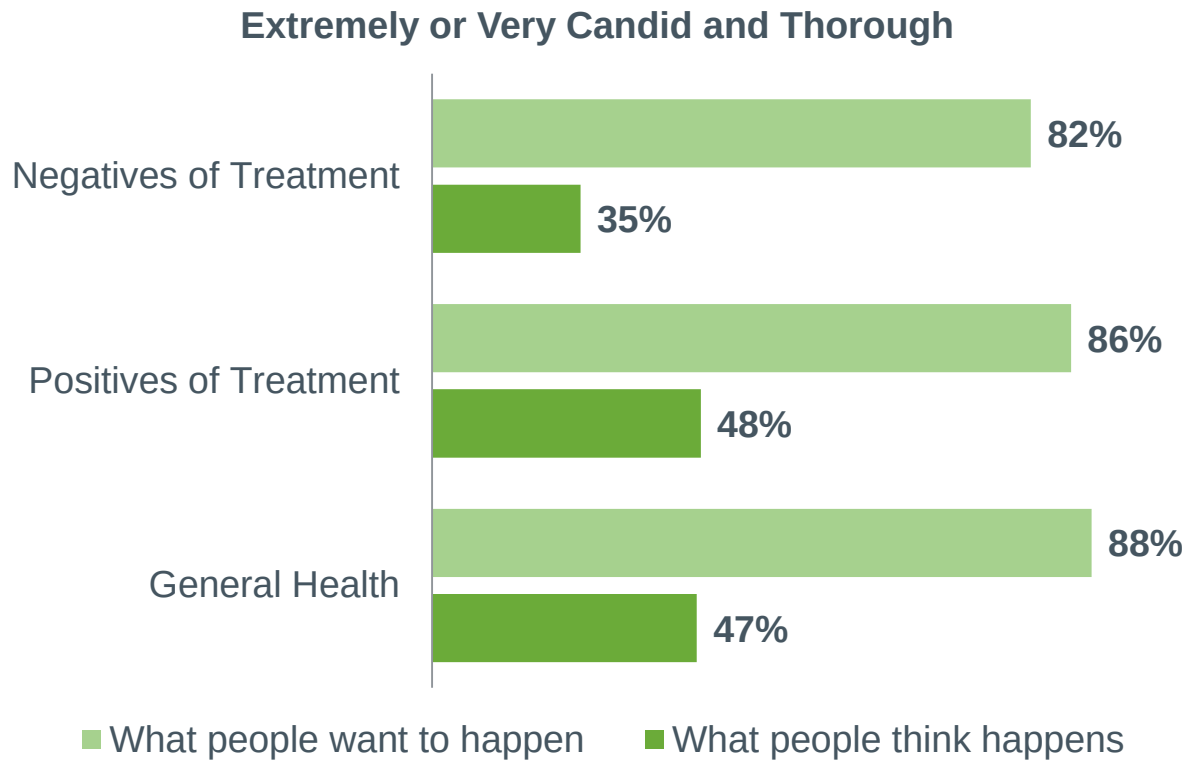
FINDING

People prefer 'better life' tools.

Doctors not seen as candid about negatives

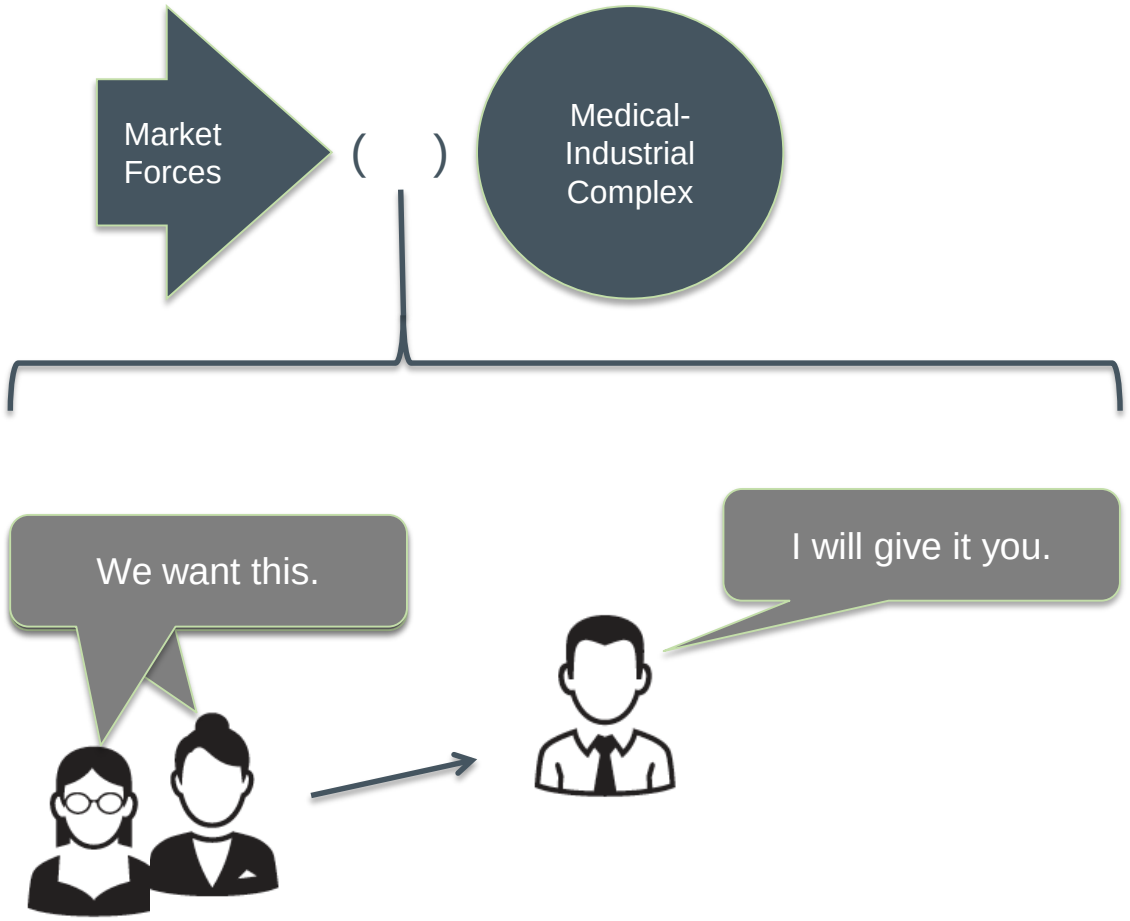
Most respondents think there's a similar drop in candor from their doctor as the conversation turns to the downsides of treatment. More importantly, they want much more candor than they think they receive.



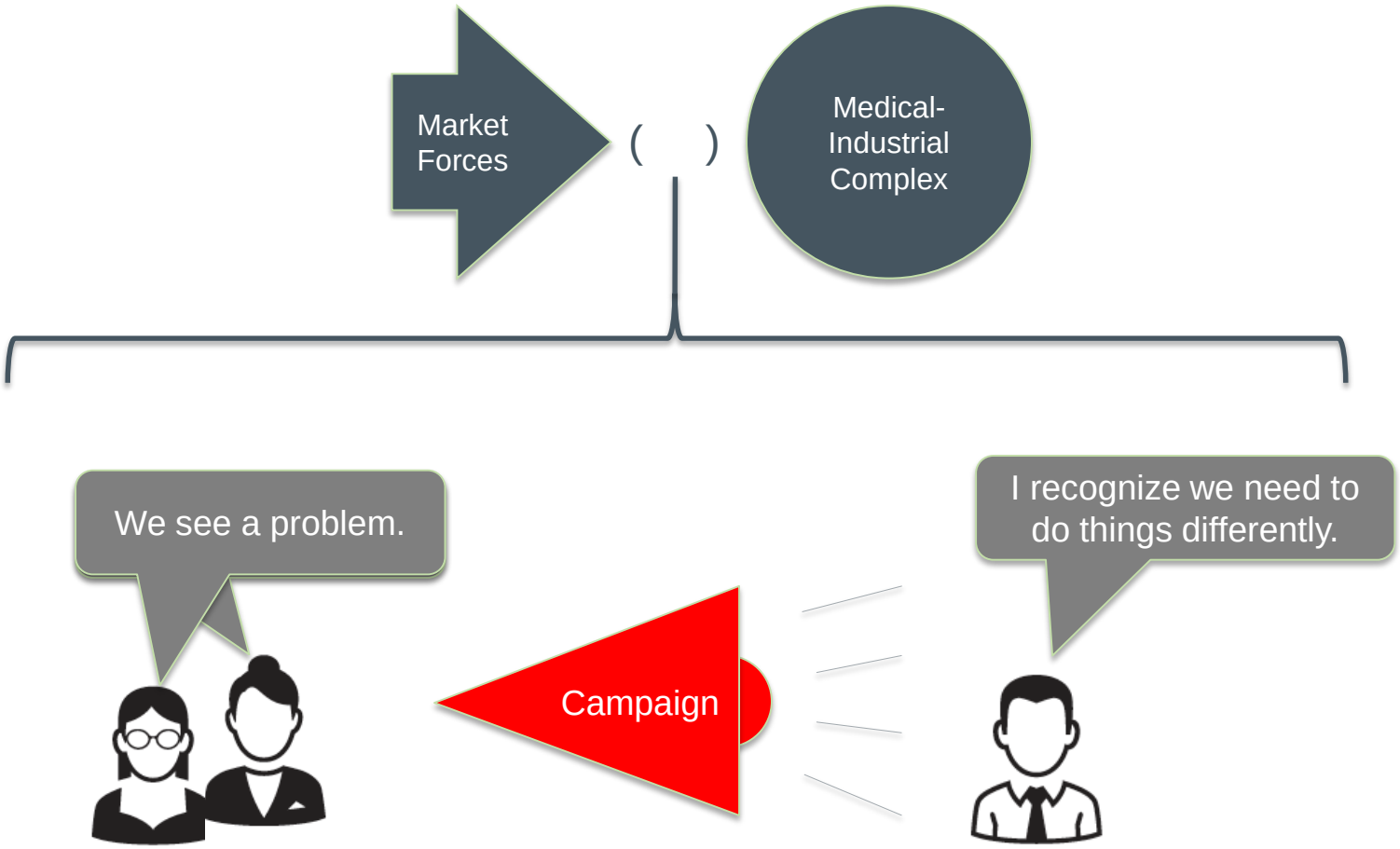


Q32. How candid and thorough do you think doctors are generally when doctors talk to their patients about their health and the positives and negatives of possible treatments? / Q33. How candid and thorough do you want your doctors to be with you when they talk about your health and the positives and negatives of possible treatments?
Total (N=1501)

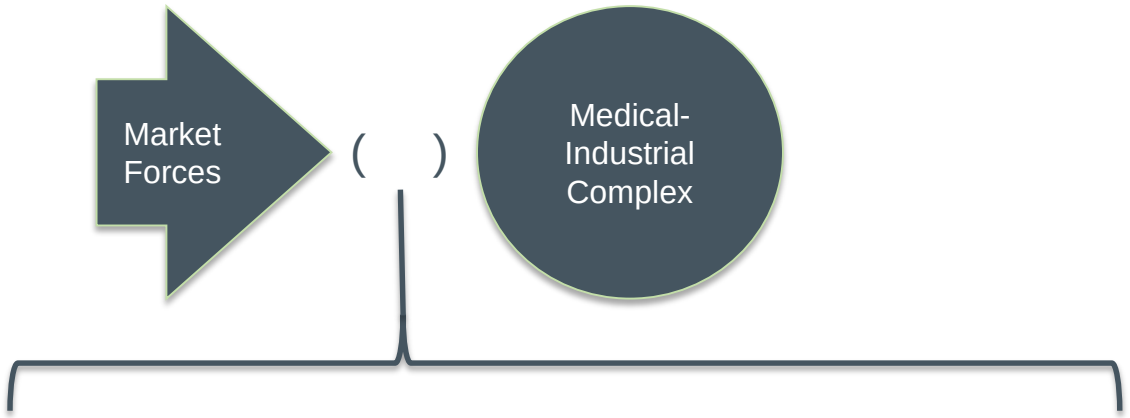
Oversimplified original approach



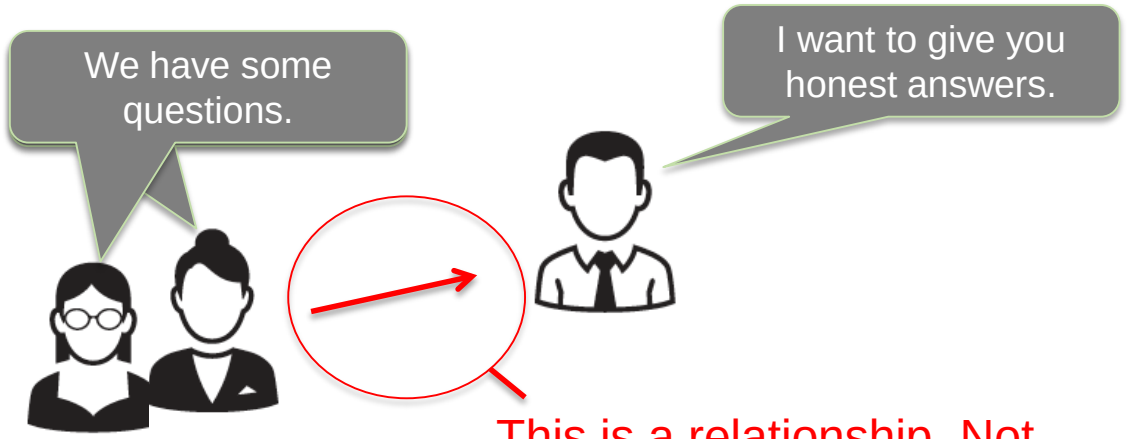
Oversimplified campaign approach



Current approach (still oversimplified)



The disruptions are the questions we trigger.



This is a relationship. Not just a conversation

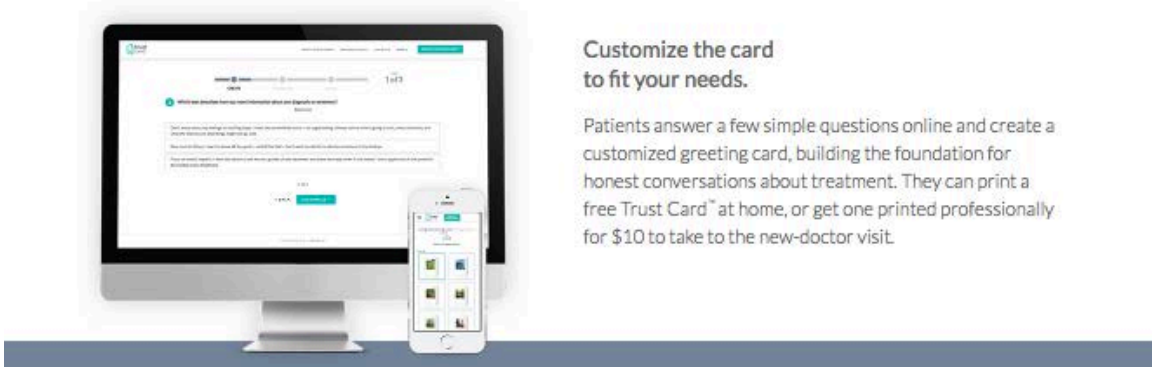
What is a Trust Card™?

Your doctor may be the expert on your diagnosis, but you're the expert on you.

The Trust Card™ helps your doctor understand you better.

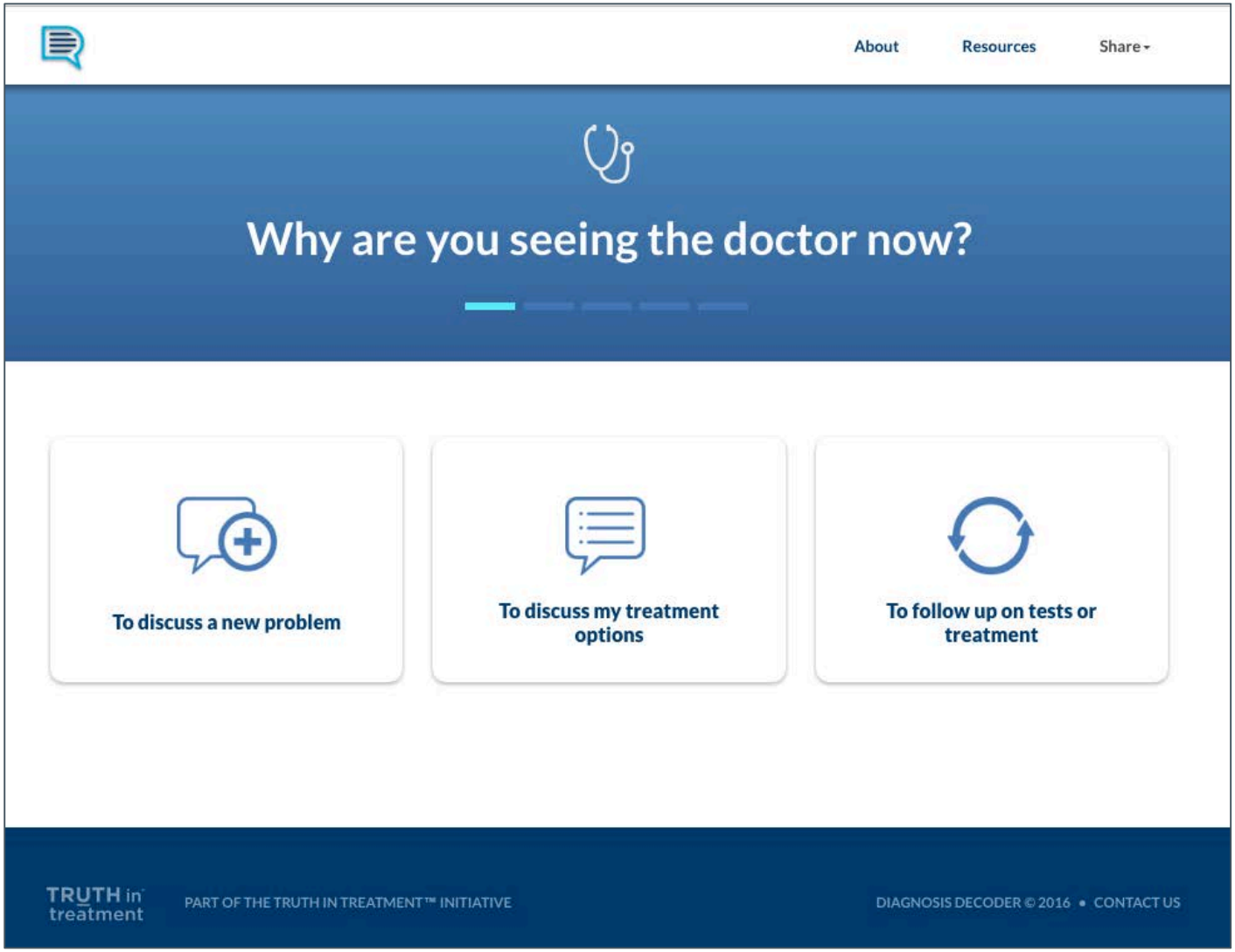
The Trust Card™ is a new communication tool that helps patients with advanced illness who are visiting a new doctor convey their values and emphasize what matters most about their goals for care.

Professionally printed Trust Card



Customize the card to fit your needs.

Patients answer a few simple questions online and create a customized greeting card, building the foundation for honest conversations about treatment. They can print a free Trust Card™ at home, or get one printed professionally for $10 to take to the new-doctor visit.



Diagnosis Decoder