# What will it take to move the needle? A Patient's Perspective Katie MacDonald, Alliance for Headache Disorders Advocacy Agenda • My Story • My Thoughts on Moving the Needle • Resources **Personal Story**

## **Personal Story** • Diagnosed at 14 • Chronic for last 9 years **Personal Story** • Journey through treatments • Frustrated, difficult patient turned advocate • HCNE 2013 • HOH 2015 • Left Corporate Job – June 2016 • Miles for Migraine 2016 • AHDA 2017 **Lessons Learned**

#### **Lessons Learned**

- There is no cure and treatments are limited.
- We need advocates on our side and we need to learn to advocate
- Importance of expectation setting
- Providers are frustrated by lack of treatments too
- Patients should not expect advocacy to be someone else's job
- It's better to participate and pay the price, then to miss out...and pay the same price

#### Moving the needle through ADVOCACY

- Learning that my HA specialist was research + advocacy
- First HOH was a life changer
  - Patients and Providers speaking together
  - Being in same place with other people who had migraine
  - · Having my story heard
  - Gaining confidence in sharing that I have migraine

#### Moving the needle through ADVOCACY

- Miles for Migraine
  - In-person events
    - Walk, Run or Just Relax
    - Education Days
    - Youth Camps
    - Migraine Community Groups
    - Meet-ups
  - Discussing Stigma & Advocacy
  - Providing Resources



### Moving the needle through ADVOCACY • How can providers promote advocacy? • Encourage patients to share their story • Talk to patients about how you are involved Make your patient base aware of events • Champion communication within your health • Become a mentor • How do you currently promote advocacy? Why is ADVOCACY the path? • Gives purpose to disease Connects people with common interests Lessens isolation Improves function • The more we talk, the more people understand **Other Ideas**

### **Moving the needle through Providers** • De-emphasize role of Headache Specialists More education to fields like: • Primary Care • NP • OBGYN • ENT • Optometry • Emergency / Urgent Care • School Nurses A few more ideas • Large employers to offer education on invisible illness. • Engage with the episodic migraine community • Fewer organizations with clearer focus Palatucci program for patients Resources to introduce to patients: • Step I: Coalition for Headache and Migraine Patients (CHAMP) • Step 2: Miles for Migraine • Step 3: Alliance for Headache Disorders Advocacy (AHDA) • Encourage in person events over social media

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Thank you

Questions?