Increasing patient activation to improve the management of chronic disease

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Objectives

• Describe how greater patient activation contributes to better chronic disease self-management.
• Describe strategies for increasing patient activation.

Key Behavioral Challenges in Managing Chronic Illness

• Adopting new behaviors
• Extinguishing old behaviors
• Sustaining new behaviors
  • Learning new skills

Adopting and sustaining positive health behaviors is difficult for many

• Some patients will be able to adopt and sustain behaviors without too much trouble
• Others will have more difficulty and will need more support
• It all depends on the patient’s level of:
  • Knowledge
  • Skill
  • Confidence for self-management
The key is to start where the patient is – and to help them to move forward

- But how do we know where the patient ‘is’?
- We can measure a patient’s knowledge, skills, motivation and confidence for managing their health and healthcare
- This assessment is called the Patient Activation Measure (PAM)

What is the Patient Activation Measure (PAM)?

- PAM is a patient survey of 10 or 13 items
  - They are general statements people may make about their health
  - Patients respond with degrees of agreement or disagreement
- Following completion of the survey, a score is calculated that indicates the individual’s likelihood of effective self-management
  - Both a score (0–100) and a level of activation 1–4 (a higher number indicates higher activation) is provided
  - The PAM score and/or level can be used to tailor support to the patient
- The PAM score can also be used to track progress:
  - Are patients gaining in their ability to self-manage?
  - Are they gaining in knowledge, skill, motivation and confidence?
  - A PAM score will tell you

Patient activation

- A PAM score indicates the individual’s likelihood of effective self-management
- Knowing a PAM score helps clinicians and clinical teams know where to start with a patient AND what is likely to help him/her move forward

Agenda

- What is the Evidence that it is linked with outcomes: Behaviors; Health; Utilization, Costs?
- Key insights from research
- What are the implications for population health management?
- How are health care delivery systems using measurement of activation to achieve better outcomes?
What is Activation?

An activated consumer:

• Has the knowledge, skill and confidence to take on the role of managing their health and health care
• Full range of activation in any population group
• Demographics tend to account for 5% to 6% of PAM score variation

Over a Decade of Research Shows that the Patient Activation Measure is a Good Predictor of:

• Most health behaviors
• Many clinical outcomes
• Health trajectories
• Overall costs
• Unnecessary costly utilization
• These findings hold true after controlling for demographics and health status
• Results are found across populations and within condition specific groups

Patient Activation Measurement (PAM)

Difficulty Structure of 13 Items

1. When my doctor or nurse tells me that doing things is important for taking care of my health
2. Taking an active role in my own health care is the most important thing I can do for my health
3. I know what each of my prescribed medications is for
4. I am confident that I can tell whether I need to be hospitalised or whether I can take care of a health problem at home
5. I am confident that I can not be a doctor, nurse or pharmacist I can tell you what I need to do
6. I am confident that I can follow through on medical instructions I am told to do in a hospital
7. I have ever been able to explain things to the doctors, nurses, or other staff
8. I am not sure what it is like to see a doctor
9. I am confident that I can figure out what some problems were with my health
10. I am confident that problems with my health are always taken care of
11. I am confident that my health care is free of unnecessary costly utilization
12. I am confident that health care is provided free of unnecessary costly utilization
13. I am confident that things like taking my medicine are not done

Activation Measure Items

Difficult Level:

1. Does not yet believe they have active/important role
2. Beginning to take action
3. Maintaining behavior over time
4. Level 1
5. Level 2
6. Level 3
7. Level 4

Gloria
Manny
Ivey
Activation is developmental

Level 1
Overwhelmed & disengaged
10-20%

Level 2
Becoming aware, but still struggling
10-20%

Level 3
Taking action
25-30%

Level 4
Maintaining behaviors
20-25%

0-100 point scale

Less activated patients

- Less activated patients are more likely to say:
  - “It doesn’t matter what I do, I can’t have a positive impact on my health”
  - “I’d rather not think about my health”

These patients need to be supported and helped in a different way than patients who feel more confident about managing their health.

- Less activated patients are much more likely to be passive in the medical encounter – they are less likely to ask questions or to offer information.
Insights

- Many of the behaviors we are asking of people are only done by those in highest level of activation.
- When we focus on the more complex and difficult behaviors—we discourage the least activated.
- Start with behaviors more feasible for patients to take on, increases individual's opportunity to experience success.

How Does Activation Level Influence Health Outcomes—within a single condition: Cancer Care?

Do people who are less activated have a different experience with cancer?

What are the implications for providers of cancer care?

Every Step of the Cancer Journey—Is More Fraught for Less Activated Patients
Cancer patients low in activation were significantly less likely to have been diagnosed through a routine screening

How Cancer was Discovered
Q: Which of the following led to the discovery that you had cancer?

<table>
<thead>
<tr>
<th></th>
<th>Level 1 &amp; 2</th>
<th>Level 3</th>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in health, went to doctor</td>
<td>67%</td>
<td>45%</td>
<td>39%</td>
</tr>
<tr>
<td>Went to ER with symptoms, had tests</td>
<td>10%</td>
<td>10%</td>
<td>9%</td>
</tr>
<tr>
<td>Had routine screening exam</td>
<td>22%</td>
<td>46%</td>
<td>46%</td>
</tr>
</tbody>
</table>

% indicating

Source: CancerCare Study, Q8, Wave I

Understanding Conversations with Providers
Q: Rate your understanding of conversations had with your healthcare providers. How well did you understand conversation with:

<table>
<thead>
<tr>
<th></th>
<th>Physician (n=409)</th>
<th>PA/NP (n=131)</th>
<th>Nurse (n=152)</th>
<th>Member of the staff (n=126)</th>
<th>Social worker/psychologist (n=68)</th>
<th>Family/Loved one</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Lot or Extremely Well</td>
<td>80%</td>
<td>87%</td>
<td>90%</td>
<td>82%</td>
<td>87%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Some</td>
<td>14%</td>
<td>16%</td>
<td>12%</td>
<td>9%</td>
<td>6%</td>
<td>4%</td>
<td>16%</td>
</tr>
<tr>
<td>A Little or Not at all</td>
<td>0%</td>
<td>2%</td>
<td>2%</td>
<td>4%</td>
<td>3%</td>
<td>6%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Source: CancerCare Study, Q13 and Q.15 (Overall), Wave I

Information Seeking & Self-Management
Q. Which of these activities did you do when you found out you have cancer?

<table>
<thead>
<tr>
<th></th>
<th>Diet</th>
<th>Exercise</th>
<th>Sleep</th>
<th>Strategies to relieve symptoms &amp; side effects</th>
<th>Other (prescribed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within two months</td>
<td>64%</td>
<td>59%</td>
<td>63%</td>
<td>55%</td>
<td>56%</td>
</tr>
<tr>
<td>Within one month</td>
<td>15%</td>
<td>17%</td>
<td>18%</td>
<td>21%</td>
<td>17%</td>
</tr>
<tr>
<td>Within a week</td>
<td>4%</td>
<td>4%</td>
<td>2%</td>
<td>2%</td>
<td>4%</td>
</tr>
<tr>
<td>Within a month</td>
<td>11%</td>
<td>13%</td>
<td>14%</td>
<td>14%</td>
<td>13%</td>
</tr>
</tbody>
</table>

% indicating

Source: CancerCare Study, Q33, Wave III
Patients low in activation are significantly less likely to be able to control symptoms and side effects from treatment

Ability to Control Symptoms/Side Effects

Q. How able are you at controlling symptoms or side effects from cancer or it’s treatment?

<table>
<thead>
<tr>
<th>Levels</th>
<th>0%</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1 &amp; 2</td>
<td>20%</td>
<td>52%</td>
<td>65%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 3</td>
<td>52%</td>
<td>65%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level 4</td>
<td>65%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: CancerCare Study, Q16, Wave Y

Study Summary

- The findings show that at every point along the continuum from diagnosis to treatment to coping with symptoms and working with their care team— the patient’s activation level is shaping their experiences
- The findings highlight how vulnerable less activated patients are to poor outcomes
- Findings highlight the need to provide customized support to patients based on their level of activation

Studies Examining Activation and Clinical Outcomes

- Clinical outcomes in an ACO
- Screenings
- Costly Utilization

Impacts of Being Engaged are Enduring: PAM in 2010 Predicts Outcomes 2 Years Later: Odds Ratios

Models included controls for age, sex, number of chronic conditions, income, and percent of care that was received in-network.

*Significantly different from PAM Level 1 at p<0.05  Health Affairs Mar 2015
When Activation Changes Costs Change in Expected Direction: Predicted Average Per-Capita Costs 2 Years Later by Change in PAM Level

<table>
<thead>
<tr>
<th>Level</th>
<th>Predicted Patient Costs ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 4 both time periods</td>
<td>$6,411</td>
</tr>
<tr>
<td>Move Level 3 to Level 4</td>
<td>$6,475</td>
</tr>
<tr>
<td>Level 3 both time periods</td>
<td>$7,085</td>
</tr>
<tr>
<td>Move Level 4 to Level 3</td>
<td>$7,301</td>
</tr>
<tr>
<td>Move Level 1 to Level 3 or 2 to Level 3 or 4 to Level 1</td>
<td>$7,419</td>
</tr>
<tr>
<td>Move Level 3 or 4 to Level 1 or 2 both time periods</td>
<td>$8,150</td>
</tr>
<tr>
<td>Level 1 or 2 both time periods</td>
<td>$8,398</td>
</tr>
</tbody>
</table>

Predicted costs are based upon regression models with log transformed costs that control for age, sex, chronic conditions, natural logarithm of income and percent of care that was received in-network. Costs were retransformed from log dollars using the Duan smearing factor.

Less Activated Patients have Higher Total Healthcare Costs

- After controlling for demographics and health status, $1987 per patient annual cost differential between those patients who stay high in activation and those who stay low in activation over time. That represents a 31% difference.

Published in Health Affairs March 2015

Patient Role & Outcomes

- Study Findings indicate the importance of the patient role in outcomes and cost
- As payments become more closely linked with patient outcomes, understanding how to increase patient activation will become a priority

Study 1: What is the Added Predictive Value of PAM within a High Risk Patient Population?

Fairview 15% of risk (as measured by Optum Symmetry Score) N= 14, 721
PAM scores from 2011, predicting utilization and costs in 2012, 2013, 2014

- Study published in Health Affairs in March 2016.
**Study 2: PAM Contributions to Population Health Management**

- Can PAM predict the diagnosis of a new chronic illness?
- Can PAM predict costly utilization that could have been prevented? ACS Hospital and ACS ED use?

**Managing Risks and Costs in a Patient Population**

- Fairview, all risk levels. N = 98,142
- PAM scores from 2011, predicting outcomes in 2012, 2013, and 2014
- Illness Progression: a diagnosis of new chronic disease 1 to 3 years later
- ACS ED, and hospital. Preventable utilization

*Published in HSR Aug 2016*

**Odds Ratios from Logistic Regression Analysis Predicting a New Chronic Condition 1 Year Later By Baseline PAM Level**

Differences significant at the .01 level

Adjusted for age, gender, income tercile, and presence of chronic conditions at baseline

**ACS ED and Hospital Utilization**

- Does PAM level predict this type of costly utilization that could have been prevented?
- First time PAM has been examined in relationship to ACS utilization
Odds of ACS Hospital Use by PAM Level – 1 Year Later

Multivariate analysis controlled for age, gender, income, risk and depression

Why would less activated patients have more hospitalizations and ED visits?

• Less likely to recognize “red flags”
• More likely to ignore symptoms
• Less likely to know what to do to handle symptoms

Implications

• This utilization represents “waste.” Utilization that could be prevented.
• This isn’t just happening in the high risk population—where much of the efforts are focused.
• Focusing on less activated patients—represents an opportunity to reduce this type of costly and wasteful utilization

Summary of Key Insights from Research

• Activation underlies most health behaviors
• When activation changes multiple behaviors change in the same direction
• Least activated patients gain the most when appropriately supported
• It is the higher activated that show up when self-management resources are offered
• Some clinicians are better at supporting self-management than others.
Increases in activation are possible

- If we want patients to take ownership we have to make them part of the process
  - Listen, problem-solve and collaborate
  - Help them gain the skills and confidence they need
  - Focus on what is important to them
- This represents a major paradigm shift
  - Moving away from simply ‘telling patients what to do’
  - Working in partnership with patients
  - There is a focus on developing confidence and skills, and not just the transfer of information
  - This is about capacity building.

Tailoring Support to the Patient’s Activation Level

Helping the Less Activated Patient (Level 1 and 2)

- Just cover basics—don’t overwhelm patient with too much information or changes
- Build confidence through small step successes
- Provide more support and more frequent contact than patients are higher levels of activation
- Be empathetic and provide emotional support—celebrate small successes
- Problem solve with the patient to overcome barriers
- Discuss the patient’s role in the care process and that of the health care team (make role expectations explicit)
- Focus on what is important to the patient, jointly set realistic behavioral goals
- Help patients prioritize

Helping Patients who are Moderately Activated (Level 3)

- Assume the patients at this level are ready to use more information and to use it on their own
- Reach out for regular contact, but with less frequency and for shorter check-ins
- Emotional support and problem solving still important
- Ready for “full behaviors”
- Jointly set realistic goals
- Celebrate successes
Helping the Higher Activated Patient (level 4)

- Go beyond the basics, provide more in-depth information
- Provide less support and less frequent contact than for patients who are at lower levels of activation
- Plan for challenging situations
- Plan ahead to anticipate barriers and how to overcome them
- May want “stretch goals”
- Discuss strategies for working effectively with care team

Examples of how delivery systems are applying Activation Strategies

- Tailored coaching
- Extra help for less activated patients (patient portal; trained MA; mammograms)
- Segmenting their populations (cancer care)—person-mediated support vvs. Electronic supports
- Tailored care pathways

Innovative Delivery Systems

- PAM score is a Vital Sign
- Tailored coaching/ support
- Using both a behavioral lens and a clinical lens to manage patient populations
- More efficient use of resources: target those who need more help
- Used as an intermediate outcome of care measure
- Used as a way to assess provider performance

FIGURE 1. MODEL OF PHM FOR PRIMARY CARE

1. Low Disease Burden
   High Activation
   Focus on healthy behaviors. Provide online tools and community supports

2. High Disease Burden
   High Activation
   Partner with patients to improve/maintain disease control. Usual clinical input. Provide online tools and community supports

3. Low Disease Burden
   Low Activation
   Focus on increasing activation, slowing risk and improving behaviors. Coaching support from trained MA

4. High Disease Burden
   Low Activation
   Focus on developing self-management skills. Coaching support from trained MA to augment conventional clinical support. Coaching to prepare for clinical visit coaching after visit
Meeting Patients Where they are:

- Improve patient experience
- Increase the likelihood the patient will do their part in the care process
- Improve efficiencies—more targeted use of resources
- Improve outcomes and reduce costs