Promoting better health and better care at lower cost: The Patient Activation Measure (PAM)

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I. WHAT IS THE PATIENT ACTIVATION MEASURE (PAM)?

1. Overview

A person’s involvement in his or her health care is a good predictor of healthy behavior and outcomes. Thus, measuring a person’s level of involvement in their health care, known as patient activation, supports clinicians and organizations in helping patients adopt positive healthy behaviors and improve the management of their conditions.

There is a specific tool that has been developed that has been found to be useful, easy-to-use, valid and effective in measuring patient activation, the Patient Activation Measure, or PAM. This tool was designed to determine a person’s knowledge, capability and confidence in managing his or her health care (Hibbard et al., 2004; Hibbard et al., 2005).

The PAM is different from other tools because it not only captures beliefs about self-management, but it gauges the extent to which people will put these beliefs into action. The measure has been proven to be reliable and valid across different countries, languages, cultures, demographic groups, and health statuses (Hibbard and Greene, 2013).

Patient activation does not simply reflect a person’s income, culture or age and people in the same demographic group do not always have the same levels of activation. In fact, patient activation has been found to be a much better predictor of health outcomes than known socio-demographic factors, such as ethnicity and age. Also, socio-economic status has been found to be only moderated associated with activation levels (Hibbard and Gilburt, May 2014).

*This description of the Patient Activation Measure is largely based on the work of Judith Hibbard. A complete list of references can be found below. For more information, please contact Wendy Wisbaum wwisbaum@funcas.es
2. Description of the tool

Through a short questionnaire of 13 questions, patients answer questions about their beliefs, confidence and self-assessed knowledge regarding their health and health care. The survey contains statements about managing one’s health, such as “I am confident that I can tell a doctor my concerns, even when he or she does not ask.” Responses are degrees of agreement or disagreement. The measure is scored on a 0 - 100 scale and can also be categorized into 1 of 4 levels from least activated (1) to most activated (4). Least activated people tend to be passive and feel overwhelmed by managing their health, while most activated individuals tend to ask the right questions, take their medication and adopt healthy behaviors (Hibbard and Greene, 2013).

II. WHY IS THE PAM USEFUL AND HOW DOES IT SUPPORT INTEGRATED CARE?

The tool supports patient-focused, integrated care by differentiating patients and pointing to areas of needed attention. In this way, extra assistance can be provided to those who really need it. The PAM encourages patient focused team-based care because it enables all care providers –dietician, the nurse, and the physician– to target messages in the same way, concentrating more on less activated patients (Hibbard and Minniti, 2012).

Specifically the PAM is useful in three main areas:

1) to target providers’ focus, depending on a patient’s degrees of activation. This way, providers can concentrate more on the most needy patients, which is more efficient and effective and frees up time and resources.

Tailoring support to patient activation levels = much more effective support. By meeting patients where they are, it is more likely that they will respond and make progress toward better self-management.

2) to evaluate the performance of interventions designed to improve self-management. Patients can be checked before and after interventions to determine their effectiveness. Scores have been found to be fairly constant unless there is a specific intervention, although studies show that patients can learn to be more activated. Some health care delivery systems are using a change in PAM score to evaluate the quality of health care patients receive.
to encourage healthy behaviors and lessen health inequalities. This tailored approach to support patient engagement enables people to take practical, realistic steps towards improvement.

This tool is important for three reasons. A higher PAM score leads to:

**HEALTHIER BEHAVIOR:** Many different studies have indicated that those patients with higher PAM scores engage in healthier behavior, and are more likely to exercise and eat well. These patients are more apt to seek out preventive behavior, see their health care provider when needed, ask the right questions and understand their treatment guidelines (Greene et al., 2015; Hibbard and Greene, 2013). On the other hand, those with lower PAM scores have been found to have almost twice as many hospital re-admissions within 30 days than those with lower PAM scores (Mitchell et al., 2014). A large population study of more than 25,000 patients in a single health care delivery system demonstrated that, for every 10 additional points of a PAM score, the predicted probability of making a visit to an Accident or Emergency (A&E) department was one percentage point lower (Greene and Hibbard, 2012).

**BETTER RESULTS:** A positive relationship has been found between higher PAM scores and better clinical outcomes (clinical indicators in the normal range, including body mass index (BMI), blood sugar levels (A1c), blood pressure and cholesterol (Hibbard, 2013; Greene and Hibbard, 2012).

**LOWER COSTS OF CARE:** In a study of over 30,000 patients, patients at the lowest PAM level had predicted health care costs that were eight percent greater than the costs of those at the highest level, after controlling for health care risk and demographic characteristics. (Hibbard et al., 2013). In addition, among patients with chronic illness, those with the lowest activation scores had 12 percent higher predicted costs compared with patients with the highest activation scores. For patients with asthma, those with the lowest activation had 21 percent higher costs.

Several other studies have pointed to a significant link between patient activation scores and health care costs, with more-activated patients having lower rates of hospitalization and fewer visits to accident and emergency (A&E) departments, even after controlling for demographics and severity of disease (Hibbard and Gilburt, 2014). Differences in the use of primary care services by activation scores have not been found. The cost differences between less-activated and more-activated patients appear to be largely due to differences in hospitalizations and the use of A&E departments (Hibbard et al., 2013; Greene and Hibbard, 2012).
These cost differences remain statistically significant even after controlling for differences in severity in disease and demographics (Hibbard and Gilburt, 2014).

The largest observation study to date that looked at the relationship between the Patient Activation Measure levels and outcomes over time found that the association is lasting and that when the PAM level moves, outcomes move in the expected direction in terms of healthy behavior, healthier outcomes and cost (Greene et al., 2015).

III. HOW IS THE PAM USED?

Some examples:

■ PRIMARY CARE VISITS

The tool is used in primary care visits as part of routinely gathered data. For example, Fairview Health Services in Minnesota—a large not-for-profit health care system with forty-one primary care clinics, specialty care clinics, and hospitals—routinely collects Patient Activation Measure data as part of primary care (Hibbard and Greene, 2013).

This questionnaire is collected in waiting rooms or by medical assistants and inputted into electronic medical files. In addition, there has been experience using the PAM by mail, by telephone or via the internet, and it has been found to be effective.

The tool helps maximize the value of doctor’s appointments for less-activated patients. For example, in some settings a specially trained medical assistant meets the patient before their appointment to help them ask questions to the doctor. They meet again afterwards to discuss the visit and review the patient’s medications. This helps optimize the patient’s visit (Hibbard et al., 2013).

■ SPECIALITY VISITS

● Urinary tract infections

The tool is being used to improve the ability to detect and treat urinary tract infections in people with disabilities and chronic conditions. Patients with high levels of activation are offered home testing kits,
while those with lower levels of activation are encouraged to see the specialist more often. This takes advantage of the patient’s ability to self-manage and allocates resources appropriately to lessen the chance of hospitalization (Hibbard, 2014).

- Mammograms

This tool can be used to encourage appropriate screening tests such as a mammogram. If during the course of a primary care clinic visit it is determined that a patient has low activation scores and is due for a mammogram, they are able to arrange for a mammogram on the same day. It is not possible to do this for all patients, but it does ensure that resources are allocated to those at higher risk of not returning (Hibbard et al., 2013).

IV. WHERE IS THE PAM BEING USED?

The PAM has been tested and validated in the United States, Germany, Denmark, the Netherlands, Japan, Norway, Australia, Israel, Brazil, Canada and the UK (Hibbard, 2013).

Most experience using the PAM is from the US, but it is also actively used in UK. The PAM is licensed by the US company Insignia Health LLC. There is a fee for employing the tool, but the price is intentionally low to encourage use.

In the US, for example, as a drive to improve hospital safety and reduce re-admissions, hospitals in more than 30 states are using the PAM to tailor support to patients as they are discharged from the hospital to home.

In England, NHS Kidney Care is employing the PAM to measure the effectiveness of its program and to improve care planning. It decided to use the PAM after a thorough review of its performance in supporting the active involvement of patients with long-term conditions. The PAM is currently being used in 18 trusts across England to evaluate patient activation as a measure of impact.

For another example in the UK, the Islington ClinicalCommissioning Group – as part of an attempt to integrate care for COPD patients by identifying high risk patients and planning care accordingly – is using the PAM as a measure of the system’s performance.
V. SOME RESULTS FROM USING THE PAM

St Joseph’s Health in California reduced hospital re-admissions by 20% by using specialized (and more expensive) personnel for patients most likely to be re-admitted, and volunteer personnel for those at lower risk of re-admission. This was found to be an effective way to optimize resources (Hibbard and Gilburt, 2014).

To use PAM as an outcome, there is a need to measure scores at least twice. The Medica insurance company in Minnesota routinely measures patient activation scores as part of its telephone and online coaching program. Patients complete the PAM at the beginning of the program and their scores determine the type and amount of support they receive. The PAM is employed again during the program to measure patients’ progress, and to gauge the effectiveness of the program. The coaching program has led to increased patient satisfaction and lower costs (Hibbard and Gilburt, 2014).

VI. CONCLUSIONS

Most importantly, users of the PAM need to determine the purpose for its use, who will implement it and how data will be collected and utilized.

For its use to be effective there is a need for cultural change in the roles of professionals, patients and providers. For example, not all providers are necessarily used to communicating in a different way to various types of patients and providing specific tailored messages according to patients’ degrees of activation.

There are also challenges for using the tool for risk stratification, such as data protection issues.

However, overall, compelling results from 10 years of experience with the PAM point to positive outcomes thanks to this tool. Indeed the PAM is deemed very useful in charting the way towards the triple aim of better health (through its capacity to activate patients) and better care (through its capacity to distinguish between more and less activated patients) at lower cost (through its capacity to save money).

BIBLIOGRAPHY


— (2013a), “Patients with lower activation associated with higher costs; delivery systems should know their patients’ scores,” Health Affairs (Millwood), 32(2): 216–222.


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