The more “activated” a patient is, the more they will take charge of their own health, check their blood glucose levels, take their medications and avoid the ER.

And the less money they will cost the health system.

Which is why Portland-based Insignia Health’s revenue has grown 25 percent this year and will likely do so again in 2017. Insignia’s Patient Activation Measure, or “PAM,” is used by health insurers, health systems, Medicare and Medicaid agencies and even Britain’s National Health Service. It involves giving patients a 10-question survey that places patients in one of four categories to determine how activated they are, with the lowest being “disengaged and overwhelmed.”

About 15 million patients will complete the PAM survey in the next year. Typically about 40 percent of the general population and half the Medicaid population are considered “lower activation” and lack the confidence and skills to be highly involved in their own care.

Insignia Health has the exclusive license for the PAM system, which was developed at the University of Oregon. Given health reform’s emphasis on managing chronic conditions, the company can expect its growth surge to continue.

Coordinated Care Organizations, which dispense Medicaid services to 1 million Oregonians, are evaluated on various quality metrics, including reducing unnecessary hospital stays, re-admissions and ER usage. Medicare is also moving toward value-based payment models that reward providers along those same lines, and commercial plans also have a financial interest in reducing wasteful spending.
In Oregon, most of the major commercial insurers are using the PAM assessment, including Kaiser Permanente Northwest, Providence Health Plan and Moda Health Plan. While the CCOs are required to measure patient activation, only the Eastern Oregon CCO is currently using PAM. Several others are in various stages of signing up, however, said Insignia CEO Chris Delaney.

There have been more than 300 peer-reviewed published studies validating the results. One showed that for patients with the lowest activation scores, costs were up to 21 percent higher than patients with the highest activation scores.

The tools have been shown to save health plans between $1,100 and $4,000 per patient per year, at a cost of just $5-$6 per patient, Delaney said. Most of those savings are derived from a reduction in ER use and unnecessary hospitalizations, which can quickly run up into the thousands of dollars a day.

“It’s an important vital sign to capture on patients to shift how you provide support and to be more efficient and effective,” Delaney said. “With the medical model, you’re throwing low activation patients in the deep end of the pool and they can’t swim.”

The company developed coaching tools to help ease patients into the shallow end. For example, it can help a diabetic patient understand the disease, then get them started on glucose monitoring.

Providence Health Plan uses PAM to help it develop individualized care plans.

“We can then tailor health-related interventions and actions to best meet our member’s needs,” said Susan Abate, vice president of Health Care Services at Providence Health Plan.

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