

Increasing Patient Activation to Improve Health and Reduce Costs


Judith H. Hibbard, DrPH

Institute for Policy Research and Innovation

University of Oregon

The Need to Do Better with Less

- Patients are an important resource in health care.
 - We won't reach quality goals and improved outcomes without patient engagement



There is great variation in patient activation in any population group

Measurement would allow us to:

- ▶ To know who needs more support
- ▶ To target the types of support and information patients and consumers need
- ▶ To evaluate efforts to increase activation
- ▶ To Evaluate quality

Measurement of Patient Activation

- Share
 - key insights
 - Implications
 - Applications to improve care and outcomes

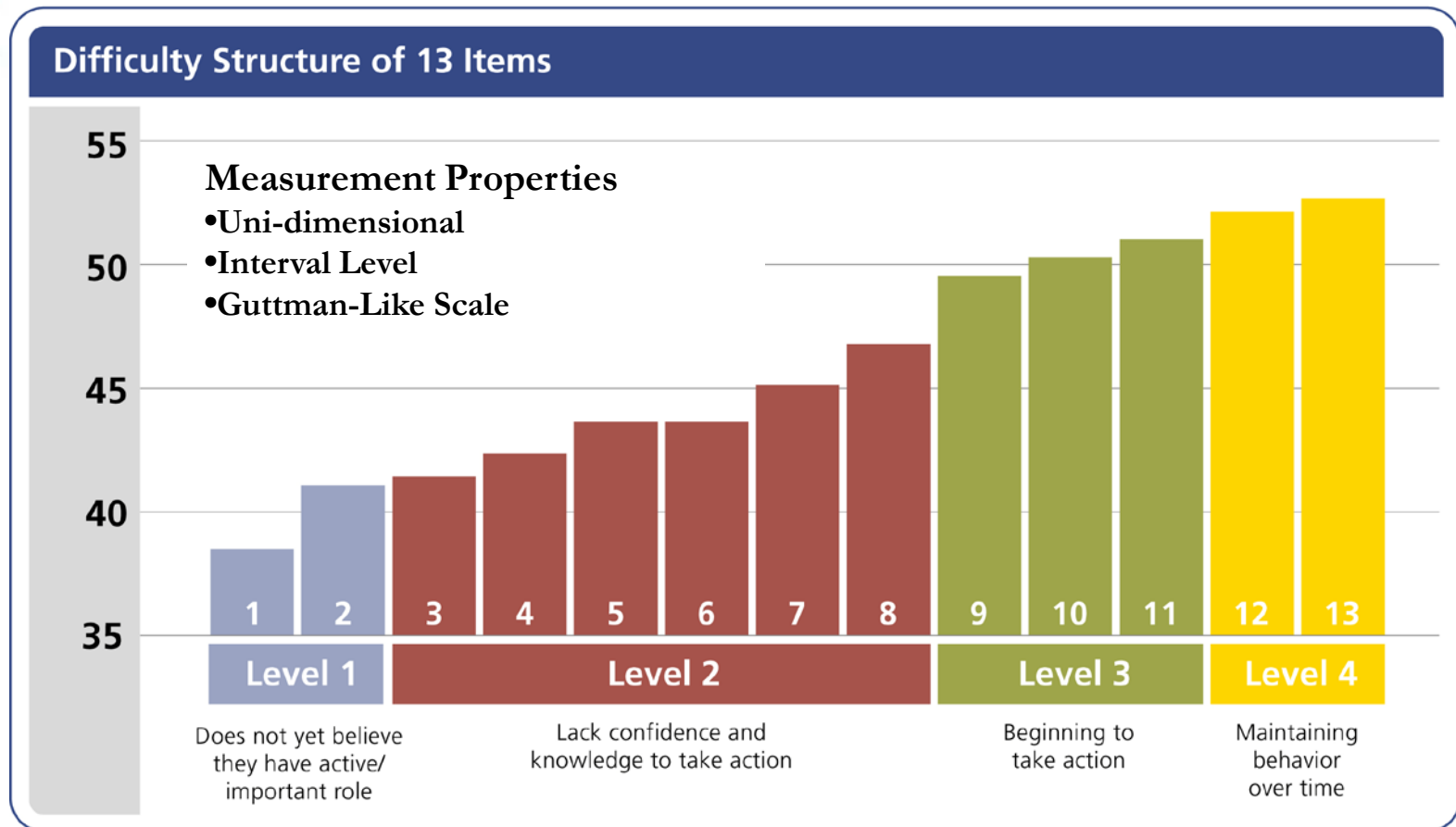
What Does it Mean to Be Activated ?

	...self manage	...collaborate with provider	...maintain function/ prevent declines	...access appropriate and high quality care
Has the knowledge to:	Identified by experts and consumers as a key component		Identified by experts and consumers as a key component	
Has the skills to:	Identified by experts and consumers as a key component	Identified by experts and consumers as a key component	Identified by experts and consumers as a key component	Identified by experts as a key component and identified by consumers as a secondary component
Can access emotional support to:	Identified only by experts as a key component		Identified only by experts as a key component	
Believes patient is important in:	Identified by experts and consumers as a key component	Identified by experts and consumers as a key component	Identified by experts and consumers as a key component	

Identified by experts and consumers as a key component
 Identified only by experts as a key component
 Identified by experts as a key component and identified by consumers as a secondary component

Patient Activation Measurement (PAM)

Difficulty Structure of 13 Items

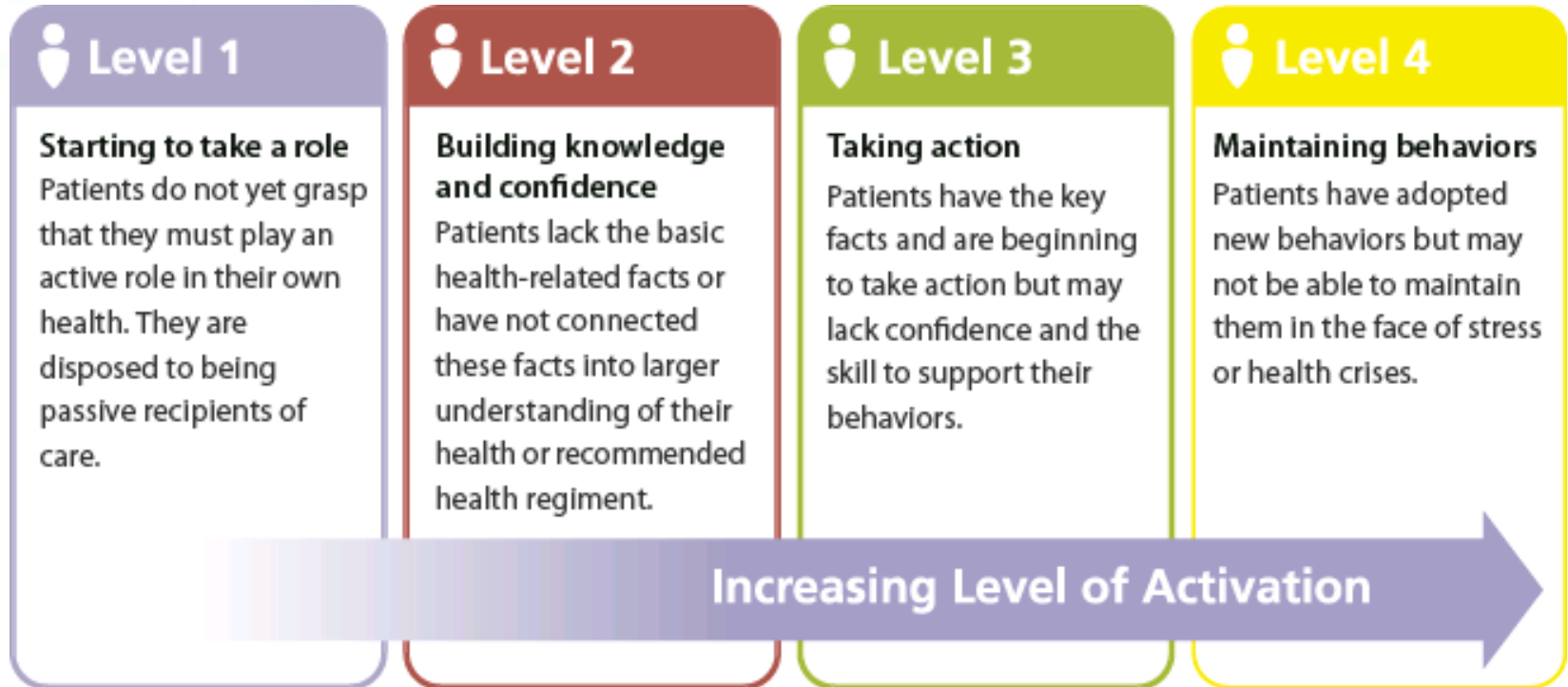


PAM 13 Question

Level 1	When all is said and done, I am the person who is responsible for taking care of my health
	Taking an active role in my own health care is the most important thing that affects my health
Level 2	I am confident I can help prevent or reduce problems associated with my health
	I know what each of my prescribed medications do
	I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself.
	I am confident that I can tell a doctor concerns I have even when he or she does not ask.
	I am confident that I can follow through on medical treatments I may need to do at home
Level 3	I understand my health problems and what causes them.
	I know what treatments are available for my health problems
	I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising
Level 4	I know how to prevent problems with my health
	I am confident I can figure out solutions when new problems arise with my health.
	I am confident that I can maintain lifestyle changes, like eating right and exercising, even during times of stress.

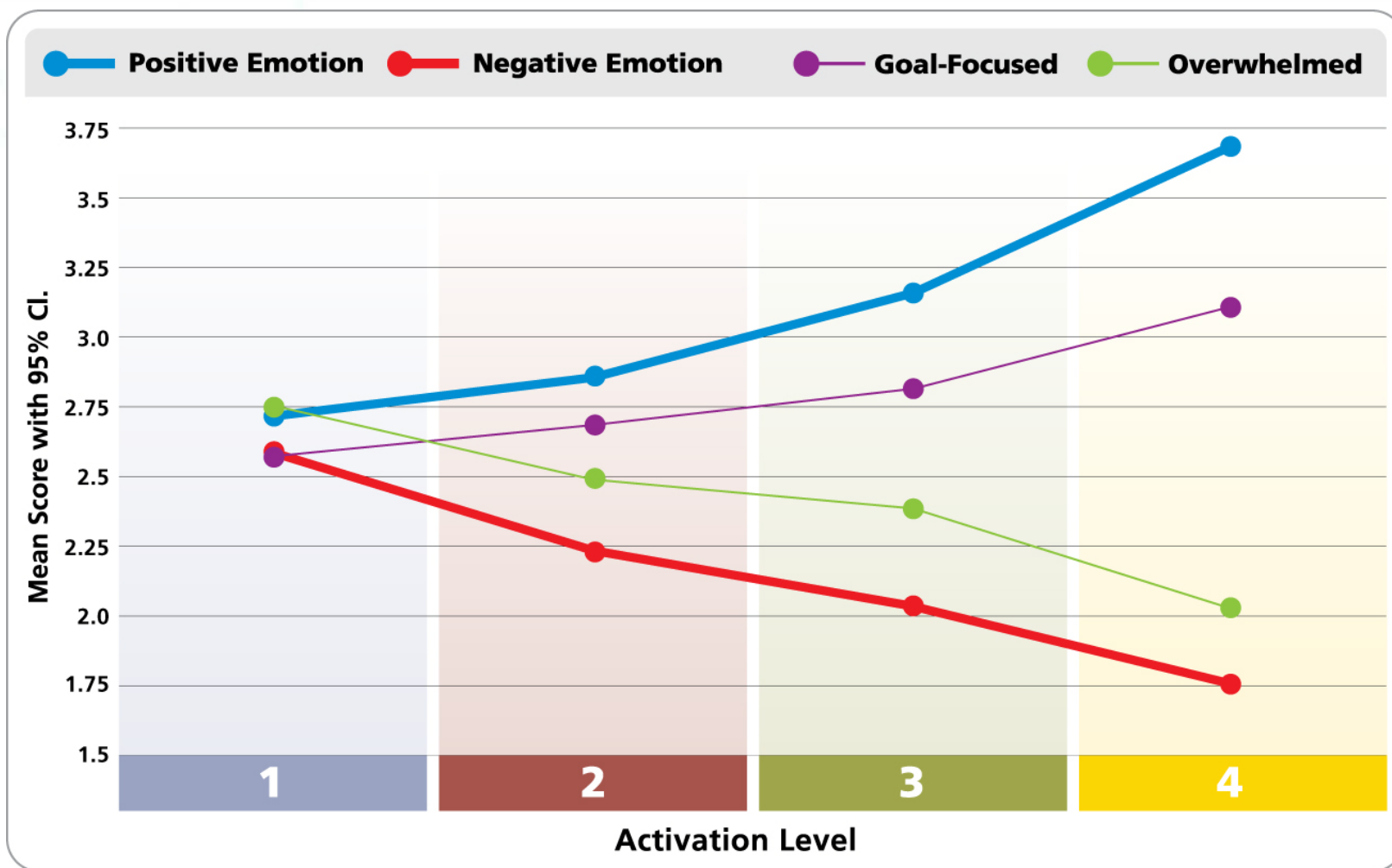
* Related instruments: PAM 10, PAM 2, Clinician PAM

Activation is developmental



Source: J.Hibbard, University of Oregon

Emotion plays a profound role in patient activation



Source: KnowledgeNetworks National Study 2008

Activation Level is Predictive of Behaviors

Research consistently finds that those who are more activated are:

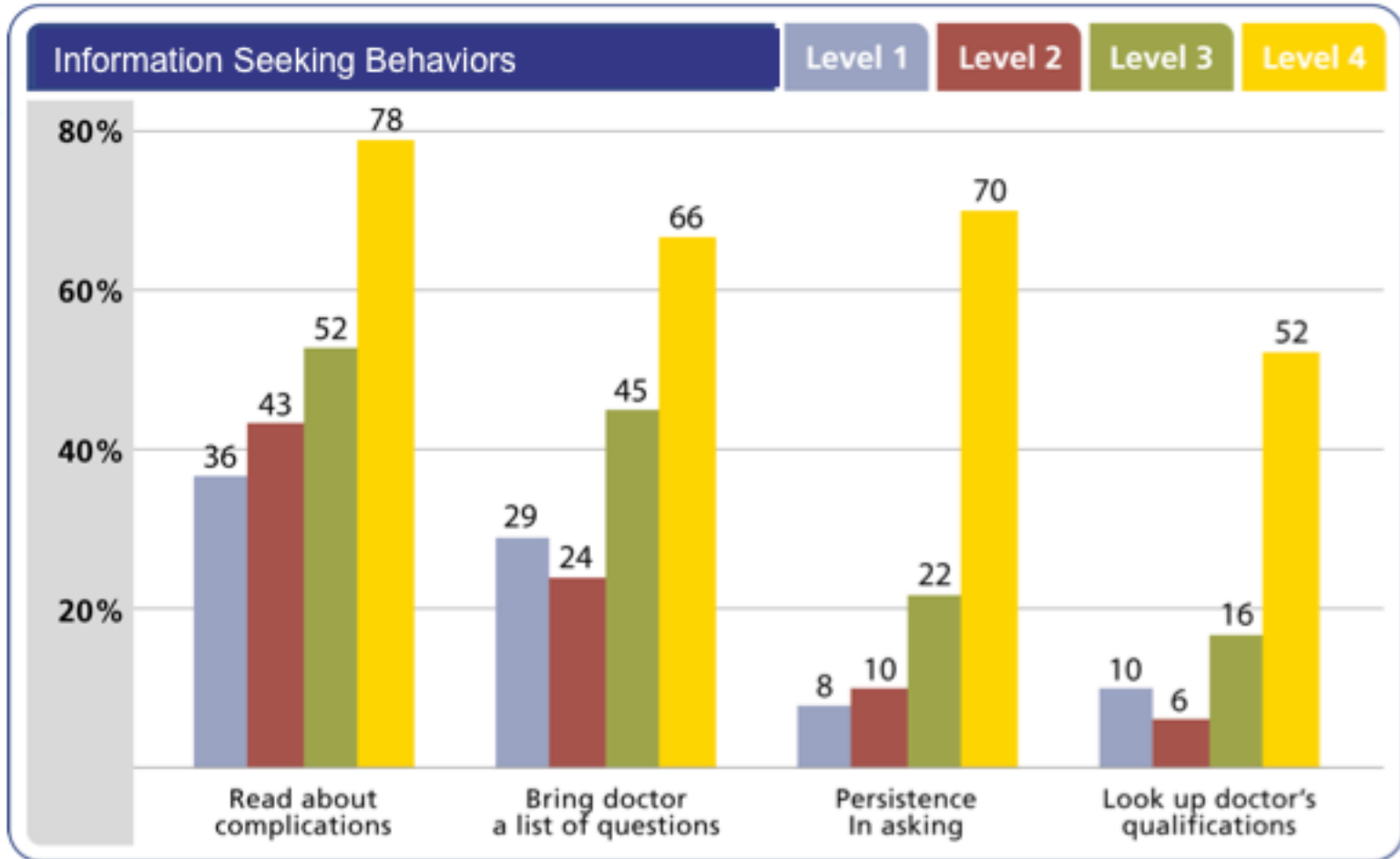
- Engaged in more preventive behaviors
- Engaged in more healthy behaviors
- Engaged in more disease specific self-management behaviors
- Engaged in more health information seeking behaviors

Level of activation is linked with each behavior



Source: US National sample 2004

Behaviors in Medical Encounter by Activation Level

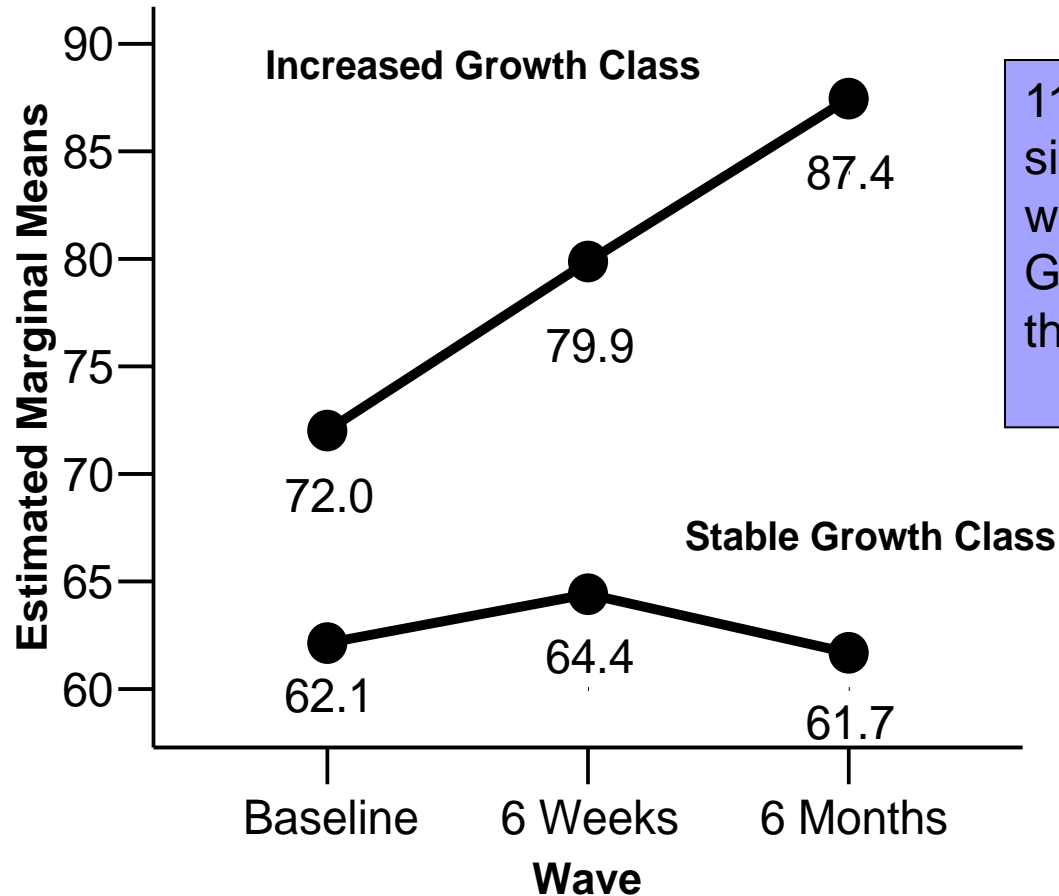




Insights

- ▶ Use activation level to determine what are realistic “next steps” for individuals to take
- ▶ 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

When activation changes several behaviors change



11 of 18 behaviors show significant improvement within the Increased Growth Class compared to the Stable Growth Class

Activation can predict utilization and health outcomes two years into the future for diabetics

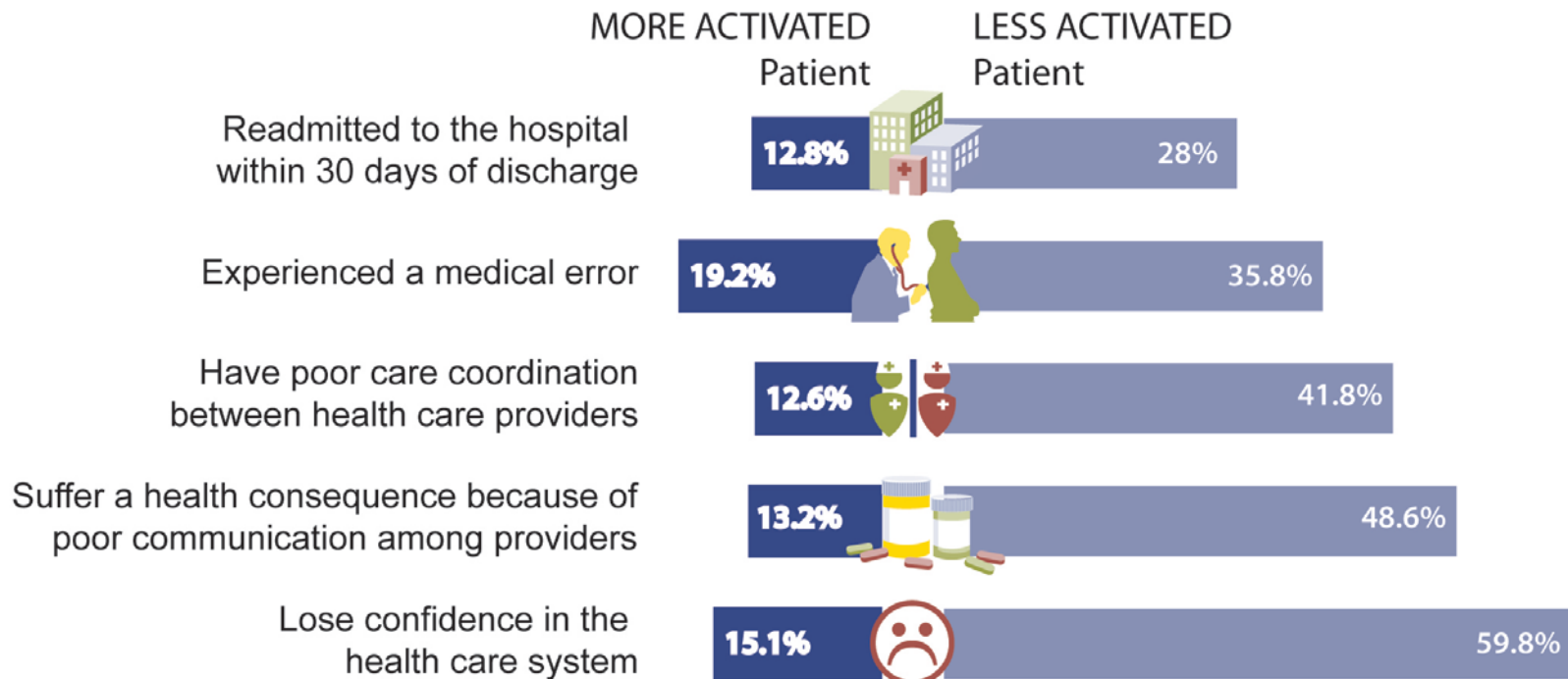
	% change for a 1 point change in PAM Score	10 Point Gain in PAM Score 54 (L2) vs. 64(L3)	<i>P</i>
Hospitalization	1.7% decline	17% decreased likelihood of hospitalization	.03
Good A1c control (HgA1c < 8%)	1.8% gain	18% greater likelihood of good glycemic control	.01
A1c testing	3.4% gain	34% greater likelihood of testing	.01
LDL-c testing			

Carol Remmers. *The Relationship Between the Patient Activation Measure, Future Health Outcomes, and Health Care Utilization Among Patients with Diabetes*. Kaiser Care Management Institute, PhD Dissertation.

Multivariate analysis which controlled for age group, gender, race, comorbidities and number of diabetes-related prescriptions.

Low activation signals problems (and opportunities)

**The MORE ACTIVATED you are in your own health care,
the BETTER HEALTH CARE you get...**



Source: Adapted from AARP & You, "Beyond 50.09" Patient Survey. Published in AARP Magazine. Study population age 50+ with at least one chronic condition. More Involved=Levels 3 & 4, Less Involved=Levels 1 & 2



Using the PAM to Improve Care

- ▶ Evaluations
- ▶ Improve efficiencies
- ▶ Improve efficacy
- ▶ Population based approaches
- ▶ Individual tailored approaches

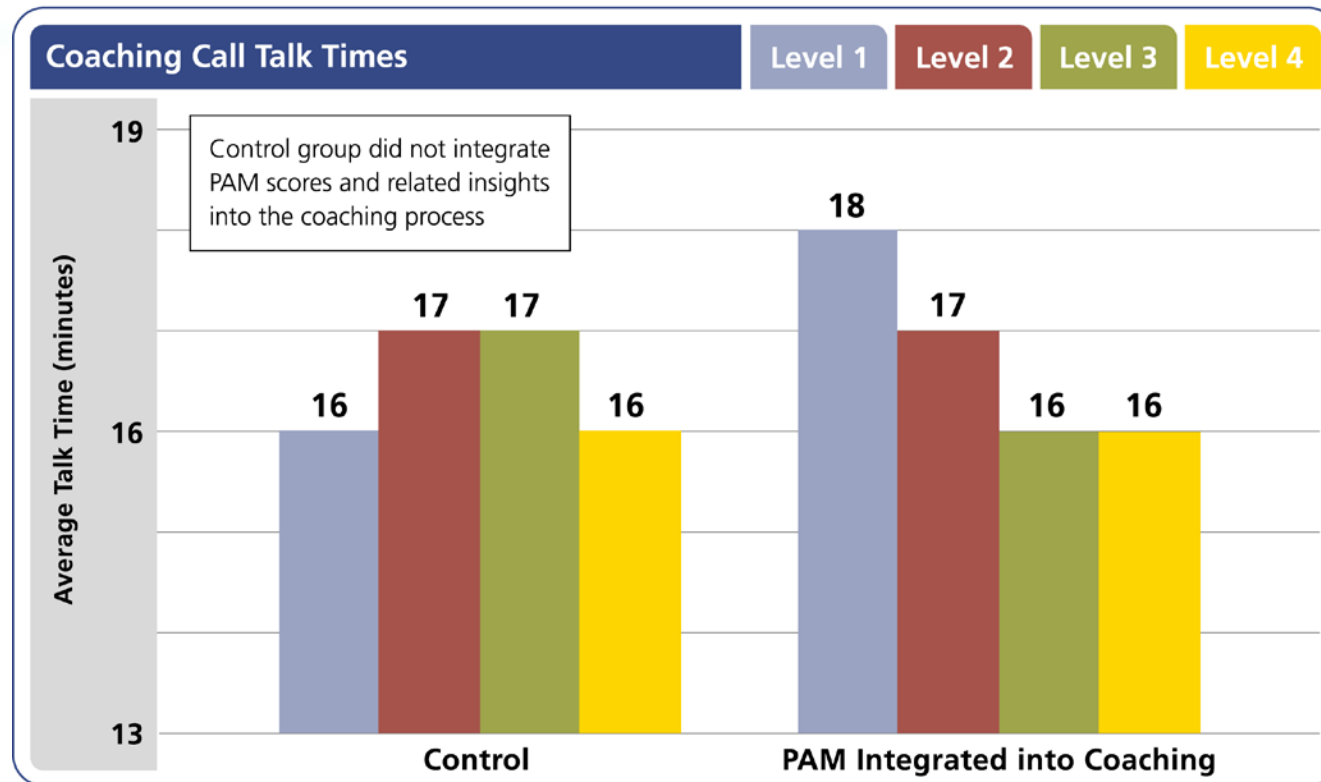
Tailoring Support to Activation Levels

Level 1	Develop Basic Knowledge, Self-Awareness, & Confidence Individual becomes self-aware of own behaviors and symptoms. Focus coaching on the relationship between symptoms and behaviors, building self-confidence and awareness. The individual should choose the area(s) they want to work on.
Level 2	Increase in Knowledge, Initial Skills Development Individual develops the knowledge, skills and confidence needed to master new self-management competencies. Coaching should focus on helping the individual learn to monitor symptoms, behaviors and adverse triggers - and adjust accordingly. Focus on taking small steps.
Level 3	Initiate New Behaviors Individuals initiate new health promoting behavior(s) and work to further refine techniques to monitor and adjust. Coaching should focus on providing encouragement, noticing successes, and problem solving.
Level 4	Maintaining Behaviors & Techniques to Prevent Relapse Individual strives to maintain desired health-related behaviors over time and learn to anticipate difficult situations that will arise. Coaching should focus on the issues that make it hard to stick to correct behaviors and to help the individual trouble-shoot.

Tailored Coaching Study

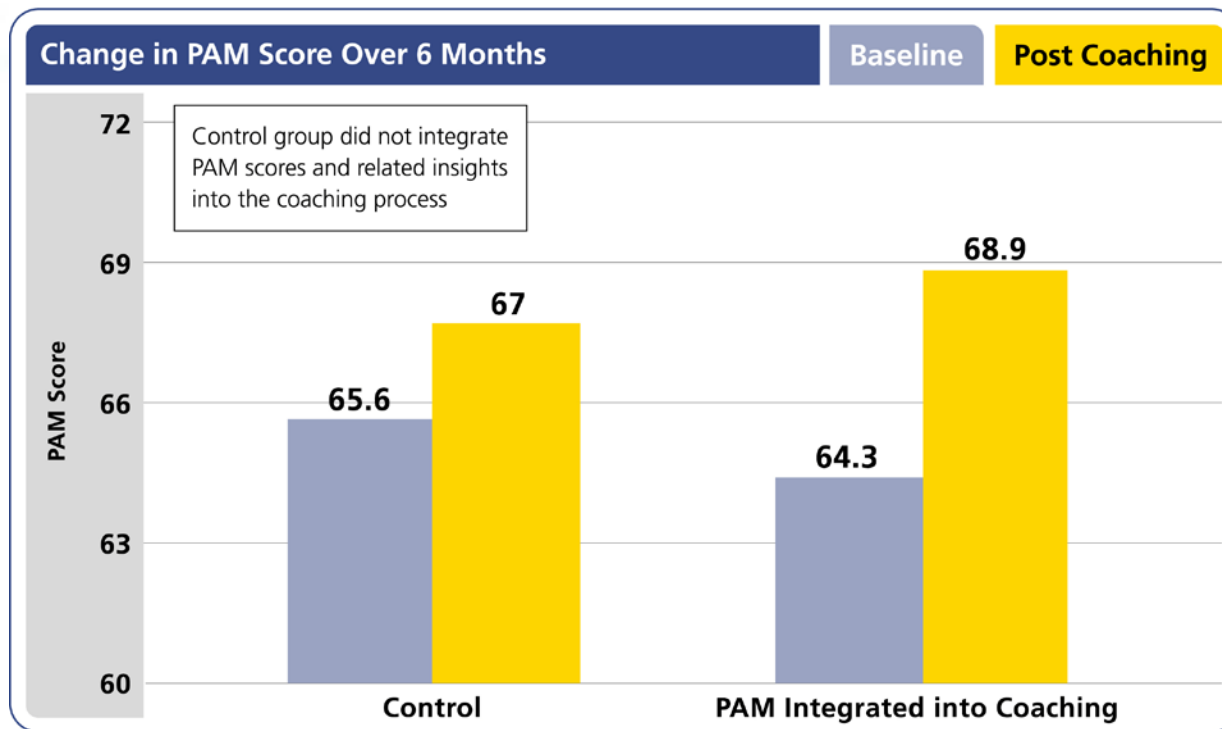
- ▶ Intervention group coached based on level of activation. Control group was “usual care” coaching (DM company)
- ▶ Examined changes in claims data, clinical indicators, and activation levels
- ▶ 6 month Intervention period.

Coaches allocated more talk time to lower activation participants when they had access to PAM scores



Source: National DM Firm. N=1030 intervention; N=501 in control group.
Difference between the two groups is significant at the .05 level

PAM tailored coaching resulted in a statistically significant greater gains in activation



N.=245 in intervention group; N=112 in control group. Only those with 3 PAM scores are included. Repeated measures shows that the gains in activation are significant in the intervention group and not significant for the control group ($P < .001$)

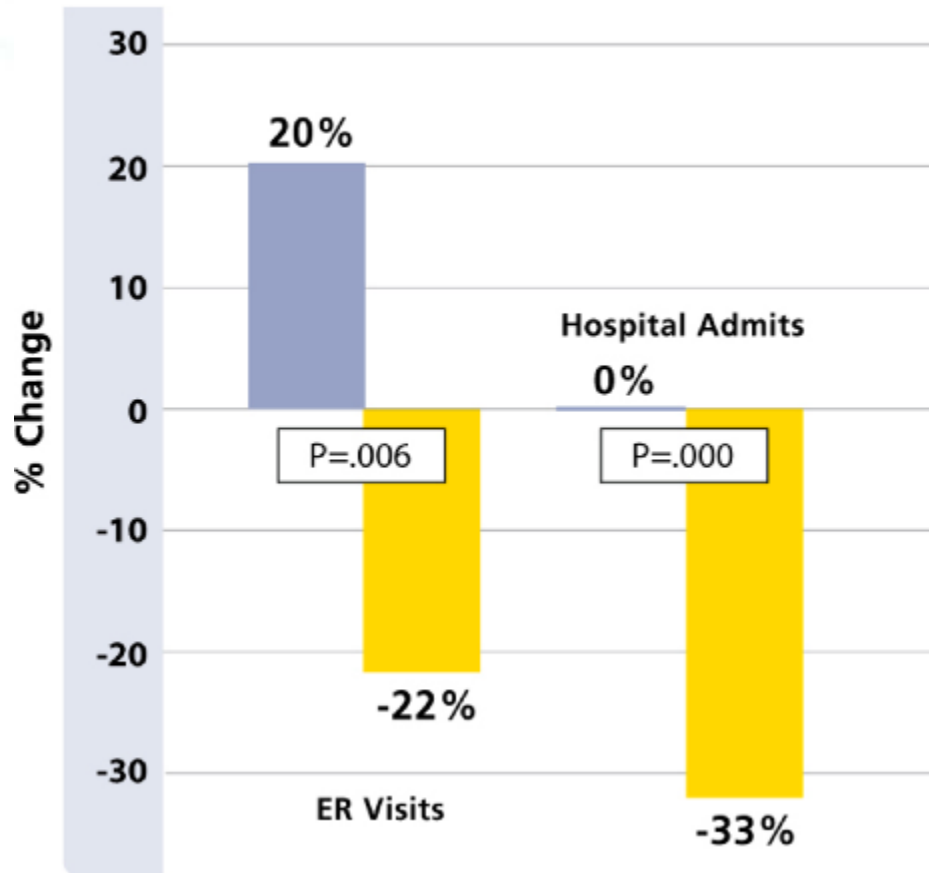
Adherence to Recommended Treatments

PAM-tailored Intervention vs. Usual Coaching Control

Treatment	Mean Value, %		Significance of Interaction of the Intervention and Repeated Measure
	Preintervention Period 2006	Postintervention Period 2007	
Influenza vaccine (all chronic conditions)			
Control (n = 2494)	57.2	61.6	F = 25.82, P = .000
Intervention (n = 3493)	53.1	64.6	
ASA antiplatelet therapy (CAD)			
Control (n = 1329)	83.5	84.1	F = 42.48, P = .000
Intervention (n = 1774)	83.2	89.8	
ASA antiplatelet therapy (diabetes)			
Control (n = 2165)	68.5	58.1	F = 67.99, P = .000
Intervention (n = 3022)	70.7	71.3	
Antilipidemic therapy (CAD)			
Control (n = 2165)	72.6	73.5	F = 22.96, P = .000
Intervention (n = 3022)	70.2	75.6	
Beta-blocker (CAD/CHF)			
Control (n = 1294)	79.5	78.7	F = 11.57, P = .000
Intervention (n = 1506)	78.4	79.0	
ACEI/ARB (CHF)			
Control (n = 1177)	80.1	78.3	F = 3.90, P = .048
Intervention (n = 692)	79.1	79.9	

Tailored coaching can improve adherence and reduce unwarranted utilization

Change in Key Utilization Metrics Over 6 Months



Hibbard, J, Green, J, Tusler, M. Improving the Outcomes of Disease Management by Tailoring Care to the Patient's Level of Activation. The American Journal of Managed Care, V.15, 6. June 2009

Clinical Indicators*

Medications: intervention group increased adherence to recommended immunizations and drug regimens to a greater degree than the control group. This included getting influenza vaccine.

Blood Pressure: Intervention group had a significantly greater drop in diastolic as compared to control group.

LDL: Intervention group had a significantly greater reduction in LDL, as compared to the control group.

A1c: Both intervention and control showed improvements in A1c.

*Using repeated measures, and controlling for baseline measures

Tailoring had a positive impact on all patient outcomes

- Findings consistent across all outcome measures
- Results are compared to usual coaching
- Valuable Implementation lessons learned along the way

Greater Activation is Related to Better Outcomes (in multivariate analysis)

<u>Prevention</u>			<u>Clinical Indicators in Normal Range</u>		
Colon Mammograms	.00				
Pap Smears	.02***				
	.01**				
<u>Healthy Behaviors</u>			Systolic Diastolic	.01**	
Not Obese	.04***			.00	
Not Smoking	.02***		HDL	.02***	
			Triglycerides	.01***	
			A1C	.01*	
<u>Costly Utilization</u>					
Lower Hospital	.00***				
Lower ER	.01***				
Controlling for age, income, gender, and number of chronic diseases					

Providers are increasing paid on outcomes

- Total costs
- Clinical outcomes
- Patient Experience
- Panel size
- Will they tap into the resource that patients represent?

Applications

- ▶ Brief interventions in the clinical setting– with follow-up. Medical home
- ▶ Team approach– and differential allocation of resources
- ▶ Care transitions and reducing hospital re-admissions
- ▶ Wellness, disease management

Being Patient Centered:

- Means meeting people where they are
- Providing behavioral support that meets the individual's needs
- Measurement is key to making progress in this area