

South Carolina Hospital Association

■ *best practice report*
The Patient Activation Measure



Background

Judith Hibbard developed an interest in patient engagement as an expectant mother who wanted to be involved in the decision making about the delivery of care to her and her unborn child. In 1969, when Hibbard was pregnant, the health care delivery system was adapting to the new arena of Health Managed Organizations and expenditures that were rapidly increasing. The relationship between a patient's role in understanding the delivery of his care and the cost and quality of care received was not yet at the forefront of everyone's thoughts but Hibbard would later spend her career researching and proving its merit.

The Patient Activation Measure, PAM, was developed by Hibbard and her team at the University of Oregon in response to health policy at the time that focused on the influence that patients and consumers have in health care quality and cost. Consumer-directed health plans and the Chronic Care Model developed by Dr. Ed Wagner and the MacColl Institute both emphasized the patient as a member of his care team and required a patient to be informed and involved in the delivery of care.

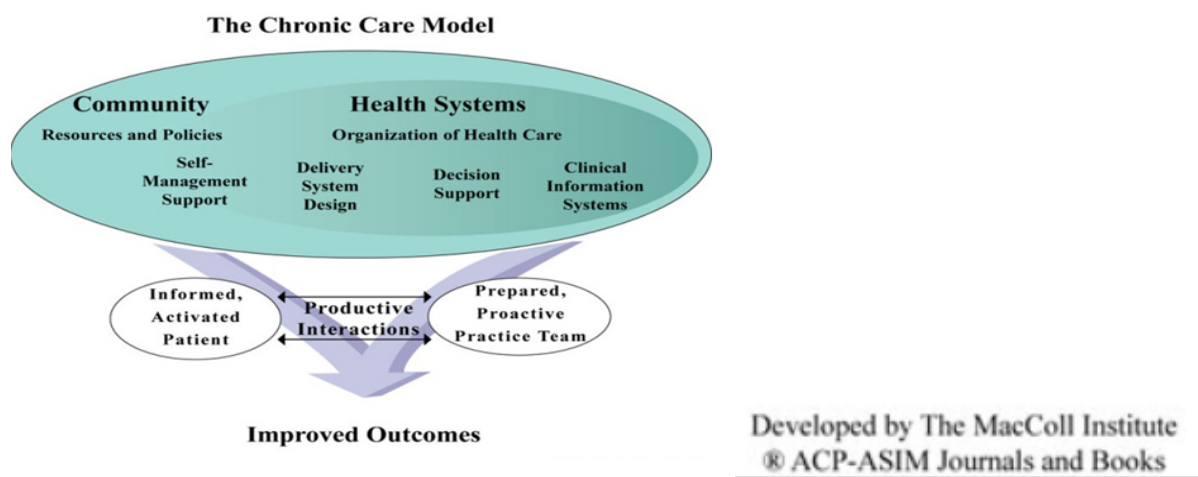


Figure 1-Chronic Care Model, Source: [Improving Chronic Illness Care](#)

Action was taken to gauge how involved, or activated, a patient is and the correlation between patient activation, his care and overall wellbeing. Gauging patient activation would help to answer the question of what knowledge, skills, beliefs, and motivations patients as consumers need to become more involved in their health care delivery.

The PAM is a developmental measure that involves thirteen questions asked of a patient regarding his belief about his role as a patient, his confidence and knowledge of taking action with his care, and ability to take action to promote good health in the future. The PAM can be self-administered or administered by clinical or non-clinical staff as a guided interview in the event that a patient has limited reading comprehension. In the successful pilots detailed further in this report, the tool was administered by a non-clinical health coach. The original tool was created in English but groups have successfully translated it into other languages for use with non-English speakers (Alegria, et al).

Based on responses to the measure, which are scaled from zero to one hundred, patients are characterized into one of four stages of activation with stage one being the least activated and stage four being the most; the characteristics of each stage are detailed below:

- Stage One (not activated): Patients are seen as passive recipients of care and not yet aware that they must play an active role in their health. Patients are also more likely to display negative emotions and feelings of being overwhelmed .
- Stage Two (approaching activation): Patients convey having the confidence necessary to take action but lack health-related knowledge and a better understanding of their health status. Patients are also less likely to express feeling of being overwhelmed and having negative emotions.

- Stage Three (activated): Patients communicate that they are beginning to take action to maintain and improve their health and are also likely to display positive emotions and feelings of competency with their care.
- Stage Four (highly activated): Patients have adopted new health behaviors but may not be able to stay on the course of prioritizing their health when under stress. Patients are also more likely goal-oriented and display positive emotions. Additionally, patients are confident in bringing questions to their doctor and are more likely to have researched doctor's recommendations.

Licensing for the tool must be purchased from Insignia Health, who owns the tool, in order to use it. The cost of licensing varies based on factors such as the number of participants it is administered to and the type of organization administering the tool. For more information, contact Insignia Health directly at info@insigniahealth.com or visit www.insigniahealth.com.

Implementation

Studies have used PAM with great success to gauge the correlation between how activated patients are and the likelihood that they will engage in self-management, health information seeking behaviors, and report improved health outcomes. One study compared PAM scores for 25,047 people with health outcomes that were divided into four areas: prevention, unhealthy behaviors, clinical indicators, and costly utilization. For every additional ten points scored on the PAM, participants' probability of being obese, smoking, being hospitalized, or visiting the emergency department was one percentage point lower. The table below illustrates the relationship between patient activation scores and the probability of participants being obese or a current smoker and the relationship.

Patient Activation Scores	Probability of Being Obese	Probability of Being a Current Smoker
50	.46	.19
70	.39	.16
100	.29	.12

Figure 2-Patient Activation and Healthy Behaviors, Source:University of Oregon

Data can be interpreted as participants with an activation score of 100 were 29% more likely to be obese while participants with an activation score of 70 were 39% more likely to be obese. (Hibbard, 2008).

The implications for the application of PAM are widespread. The tool was recently used in a pilot of a patient-centered primary care medical home model in Eugene, Oregon referred to as ‘Team Filingame’. Health coaches were used to administer the PAM to new patients and coordinate appropriate behavioral health and self-management support in conjunction with primary care in an effort to improve patient and provider satisfaction and delegate tasks that do not require a physician’s skills and training. Based on their level of activation, patients were delegated to appropriate staff. For example, an individual who identified in stage four as highly activated when initially screened would be seen by a non-clinical Care Facilitator while someone in stage one would be seen by a nurse care manager. Staff was able to suggest and tailor different interventions for conditions based on patient activation levels. A reduction in costs for unplanned hospital admissions of six dollars per member per month was calculated, even given the fact that savings were offset by an increase in at-home care provided. More than 98% of patients reported high levels of satisfaction with their care, stating that staff showed concern about their health and how they were feeling. Findings from the pilot suggest that use of the PAM allows for resources

to be directed to those with the most need and to impact the health of those willing to engage.

Conclusion

The insight that PAM scores provide can have a defining role in shaping the patient-provider relationship. Findings from a large national sample confirm that the majority of the U.S. population identifies in stages three or four of activation; they possess the interest in and ability to be informed health care consumers. Scores can provide guidance for providers as to what next steps are realistic for a patient - what care they will be receptive to and an idea of their knowledge of disease self-management.

Administering the PAM to a network participant would help to further achieve a comprehensive, continuum of care. The knowledge the PAM provides could be used to tailor a network's intervention. For example, an individual's PAM score could be referenced when making initial recommendations for disease self-management. If a participant scores in stage two, his activation level would identify that he has the confidence necessary to take action but lacks health-related knowledge and a good understanding of his condition. The plan for disease self-management could first include a thorough overview of the condition to facilitate a better understanding of the disease and then include questions to ensure understanding. An individual who scores in stage four of activation may have adopted new health behaviors and may need reinforcement to continue to manage his condition. This individual would not require as thorough an overview, but rather encouragement and resources to manage his care.

Use of the PAM with network participants can be an integral part of providing patient-centered care and connecting to effective healthcare. With knowledge of

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participants' existing knowledge, skills, beliefs, and motivations, care can continue to be coordinated in the most appropriate, comprehensive manner.

Sources

- Alegria, M., Sribney, W., Perez, D., Landerman, M., & Keefe, K. (2009). The Role of Patient Activation on Patient-Provider Communication and Quality of Care for US and Foreign Born Latino Patients. *Journal of General Internal Medicine*. 24 (3). 534-541. Retrieved from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2764038/>
- Hibbard, J.H., Stockard, J., Mahoney, E.R., & Tusler, M. (2004). Development of the Patient Activation Measure (PAM): Conceptualizing and Measuring Activation in Patients and Consumers. *Health Services Research*. 39 (4 pt. 1). 1005-1026. doi: 10.1111/j.1475-6773.2004.00269x
- Hibbard, J. and Overton, V. (2008) . *Patient Activation: Leveraging the patient's knowledge, skills and confidence to Improve quality, cost, and satisfaction outcomes*. [Powerpoint slides]. Retrieved from http://www.icsi.org/colloquium_-_2012/05_08_2012_patient_activation_leveraging_the_patient_s_knowledge_skills_and_confidence_to_improve_quality_cost_and_satisfaction_outcomes.html.
- Hibbard, J.H., Mahoney, E.R., Stock, R., & Tusler, M. (2007). Do Increases in Patient Activation Result in Improved Self-Management Behaviors? *Health Services Research*. 42 (4). 1443-1463. doi: 10.1111/j.1475-6773.2006.00669.x
- Hibbard, J. & Cunningham, P.J. (2008). How Engaged Are Consumers in Their Health and Health Care, and Why Does It Matter. *Center for Studying Health System Change*. (8). Retrieved from: <http://www.hschange.com/CONTENT/1019/>.
- Medicaid Case Study: Washington State Aging & Disability Services Administration Chronic Care Management Program. Retrieved from <http://www.insigniahealth.com/wp-content/uploads/2011/01/WA-State-Medicaid-Study-Overview.pdf>
- J. Greene and J. H. Hibbard. Why Does Patient Activation Matter? An Examination of the Relationships Between Patient Activation and Health-Related Outcomes. *Journal of General Internal Medicine*, published online Nov. 30, 2011.
- Mosen, D.M., Schmittiel, J., Hibbard, J., Sobel, D., Remmers, C., & Bellows, J. (2007). Is Patient Activation Associated With Outcomes of Care for Adults With Chronic Conditions? *Journal of Ambulatory Care Management*. 30 (1). 21-29. Retrieved from: <http://myweb.facstaff.wvu.edu/knecht/Lectures/Stepping%20stone%20readings/Activation.outcome.pdf>
- The Chronic Care Model. (2012). [Graphic illustration of The Chronic Care Model]. *Improving chronic illness care*. Retrieved from: http://www.improvingchroniccare.org/index.php?p=The_Chronic_Care_Model&s=2