Patient activation and self-management of chronic conditions

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What is patient activation?

Knowledge
Skills
Confidence

to manage your own health and care

Stages of activation:

1. Believe their role in their own care is important
2. Learn and develop confidence to act on their own behalf
3. Actually acting
4. Reaching the point of acting even under stress

*Source: Hibbard, Judith; Stockard, J; Mahoney, ER; Tusler, M (August 2004). "Development of the Patient Activation Measure (PAM): Conceptualizing and measuring activation in patients and consumers". Health Services Research. **39** (4): 1005–10026.*

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Why does it matter?

Patient activation has been shown to predict:

- medication adherence
- ED presentations
- hospitalisations.

What is the Patient Activation Measure?

- Gauges knowledge, skills and confidence
- Segments consumers four activation levels.

LEVEL 1: May not yet believe that the patient role is important
(Having a PAM score of 47.0 or lower, 11.8%)

LEVEL 2: Lacks confidence and knowledge to take action
(Having a PAM score of 47.1 to 55.1, 29.3%)

LEVEL 3: Beginning to take action
(Having a PAM score of 55.2 to 67.0, 36.5%)

LEVEL 4: Has difficulty maintaining behaviors over time
(Having a PAM score of 67.1 or above, 22.3%)

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Below are some statements that people sometimes make when they talk about their health. Please indicate how much you agree or disagree with each statement as it applies to you personally by circling your answer. Your answers should be what is true for you and not just what you think others want you to say.

If the statement does not apply to you, circle N/A.

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

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Rationale

- PAM has been widely used as an outcome measure
- Less evidence about the use of PAM as a tool to tailor care
- Testing the feasibility of implementing the PAM as a tailoring tool

The study

Feasibility study of the use of the PAM to improve quality of care.

Three phases

1. Scoping literature review on use of PAM to improve quality of care.
2. Retrospective record audit investigating use of the PAM in SESLHD.
3. Pilot study to test use of the PAM as a tool to improve the quality of care for patients with chronic conditions.

Phase 1 Results: How has PAM been used?

1. As a tool for tailoring care

- Care planning and self management: goal setting, coaching, motivational interviewing
- Supporting transition from hospital to home
- Hospital readmission prevention programs

2. Risk profile assessment for population groups

- Clinical indicators plus PAM scores
- Stratification to tailored interventions

Phase 2 Results: Retrospective record audit

- 61% (n=118) completed the program (pulmonary rehab)
- Mean (SD) baseline PAM score was 60.5 (15.7)
- PAM score improved to 65.4 (15.5) at program completion
- Anxiety, lung information needs and QOL were associated with patient activation

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McNamara, Renae J., et al. "Knowledge, Skill, and Confidence in People Attending Pulmonary Rehabilitation: A Cross-Sectional Analysis of the Effects and Determinants of Patient Activation." Journal of Patient Experience 6.2 (2019): 117-125.

Phase 3: Pilot study of the use of PAM for tailoring

Method	Baseline	Intervention period	Follow-up: 3-4 mths
Patient survey: Patient demographics, health information, PAM, Partners in Health scale	X		X
Team interviews		X	
Clinician survey: CS-PAM tool		X	
Audiotapes of patient-clinician consultations		X	
Patient interviews			X
Monthly team reports	X	X	X

Summary of Phase 3 qualitative findings

- Tactical and practical challenges in using PAM
- Many issues are similar to those faced in adopting new practices (NPT)
- Making PAM meaningful within a clinical encounter is not straightforward

Summary of Phase 3 patient survey findings

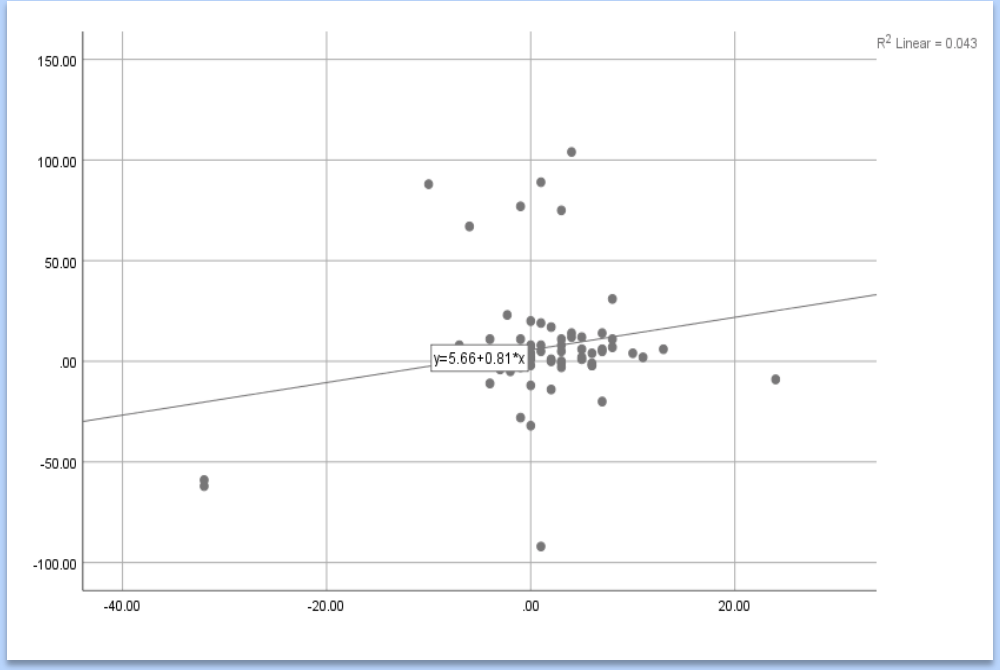
Patient Activation and Measure and Partners in Health scores at assessment and 3 months follow up

Scale (number)	Assessment (SD)	3 month follow-up (SD)	Significance
PAM 13 (n=70)	63.04 (13.79)	68.16 (15.59)	p=0.002*
PIH (n=62)	79.19 (10.76)	81.97 (9.37)	p=0.042*

*paired t-test

Summary of Phase 3 patient survey findings

Change in individuals' PAM scores between assessment and follow up by change in PIH scores



However when individuals' PAM scores were compared with changes in their PIH scores no significant correlation was found

$r = .207$, $n=72$, $p=0.081$

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Summary of findings

- Although PAM and PIH scores were associated, a change in PAM did not predict change in PIH.
- Suggests that PAM and PIH may have been associated due to other unidentified factors, such as health literacy, education, or health status.
- There’s more at play here than a simple conceptualisation of activation.

So what?

Barriers and facilitators

- Critical role of clinicians – linked to perceptions of PAM and its value
- Tailoring care requires high level skills
- Competing workplace demands, clinical practices, routines
- Ease of understanding the PAM questions
- Challenges of calculating scores in clinical settings

Reflections

- This is a small study
- Implementing the PAM as a tailoring tool is a work in progress
- Challenges that were more prominent than expected:
  - Language and literacy barriers
  - Unwell patients
  - Integrating the PAM into established programs
- Could enable more efficient targeting of resourcing to patients with lower activation – but this requires an explicit discussion about equity

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Investigators
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