



# Centre for Primary Health Care and Equity

Never Stand Still

Medicine

Centre for Primary Health Care and Equity

## PAM intervention training day

Monday 17 October 2016

# Agenda

9.00-9.20	Welcome, acknowledgement of country, introductions Overview of the day	Julie McDonald
9.20-9.30	Introduction to Breakthrough Collaborative Improvement methodology	Maria Jessing
9.30-10.15	Introduction to PAM & pilot intervention study	Julie McDonald
10.15-10.40	BREAK	
10.40-13.00	Skills development: 5 A's, motivational interviewing, tailoring care, role plays	Mark Harris
13.00-14.00	BREAK	
14.00-14.30	Implementation of PAM	Rachael Kearns
14.30-15.15	Applying Breakthrough Collaborative Improvement method	Maria Jessing
15.15-15.30	BREAK	
15.30-16.15	Intervention planning	Tom Chapman
16.15-16.30	Evaluation and close	Rachael Kearns

# Overview

## Breakthrough Collaborative Improvement Methodology

# Introduction to PAM

1. What is patient activation, how is it measured & evidence?
2. How is PAM used?
3. What is the PAM study?

# What is patient activation?

## Definition:

“..an individual’s knowledge, skill and confidence for managing their health and health care.” (Hibbard et al 2005)

## Patient Activation Measure (PAM)

- 13 item survey about beliefs, confidence in the management of health-related tasks and self-assessed knowledge.
- Patients rate the degree to which they agree or disagree with each statement
- Scores are combined to provide single score between 0-100

<http://www.insigniahealth.com/>

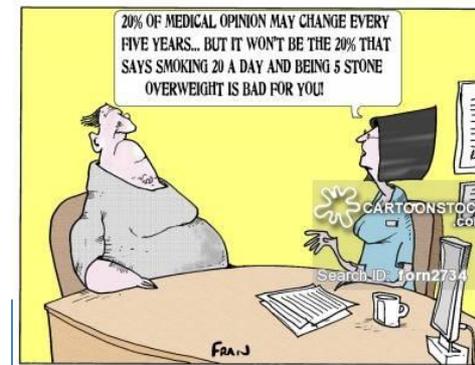
# The PAM survey

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
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
3. I am confident I can help prevent or reduce problems associated with my health.	Disagree Strongly	Disagree	Agree	Agree Strongly
4. I know what each of my prescribed medications do.	Disagree Strongly	Disagree	Agree	Agree Strongly
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
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
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
8. I understand my health problems and what causes them.	Disagree Strongly	Disagree	Agree	Agree Strongly
9. I know what treatments are available for my health problems.	Disagree Strongly	Disagree	Agree	Agree Strongly
10. I have been able to maintain (keep up with) lifestyle changes, like eating right or exercising.	Disagree Strongly	Disagree	Agree	Agree Strongly
11. I know how to prevent problems with my health.	Disagree Strongly	Disagree	Agree	Agree Strongly
12. I am confident I can figure out solutions when new problems arise with my health.	Disagree Strongly	Disagree	Agree	Agree Strongly
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

# PAM survey: scoring

Scale	Disagree strongly	Disagree	Agree	Agree strongly
Score	1	2	3	4
1			X	
2		X		
3		X		
4			X	
5			X	
6		X		
7			X	
8		X		
9		X		
10		X		
11			X	
12		X		
13	X			
<b>TOTAL SCORES</b>	<b>1</b>	<b>14</b>	<b>15</b>	<b>0</b>
<b>TOTAL PAM SCORE = 30</b>				

# Levels of activation



Level	Score	Interpretation
1	$\leq 47$	<b>Disengaged and overwhelmed.</b> <i>Tend to be passive &amp; feel overwhelmed by managing health &amp; may not understand their role in the care process</i>
2	47.1 - 55.1	<b>Becoming aware but still struggling</b> <i>Lack the knowledge &amp; confidence take action</i>
3	55.2 – 67.0	<b>Taking action</b> <i>But still may lack the confidence &amp; skill to support their behaviours</i>
4	$\geq 67.1$	<b>Mostly maintaining behaviours and pushing further</b> <i>May have adopted many of the behaviours needed to support their health but may not be able to maintain them in the face of life stressors</i>

# Validity of PAM

- Valid and reliable across different language versions & in different countries, with different population groups & settings.
  - Korean\*, Italian\*, Danish\*, Dutch, German, Spanish
- Some translational/interpretation considerations:
  - ‘health’, ‘disease’, ‘ability to function’, ‘health care’, ‘medical treatment’
  - patient expectations of the health care system and providers

**NB of consideration of cultural & linguistic circumstances & context**

# Relationship to patient experience

## Higher PAM scores

- More +ve experiences of care
- Higher quality of interpersonal exchanges
- Greater fairness
- Fewer care coordination problems

interactions



"I have a question about my medication.  
Why is the couple in the commercial  
sitting outdoors in separate bathtubs?"

# Evidence

Health behaviours	Indicators/ outcomes	Health care utilisation
<b>Higher PAM score</b>		
<p><u>More likely:</u></p> <ul style="list-style-type: none"> <li>• Screening</li> <li>• Immunisations</li> <li>• Regular check ups/care</li> <li>• Engage in healthy behaviours (diet, exercise)</li> <li>• Adherence to Tx</li> </ul>	<p><u>More likely to have normal:</u></p> <ul style="list-style-type: none"> <li>• BMI</li> <li>• Blood sugar levels</li> <li>• Blood pressure normal</li> <li>• Cholesterol</li> <li>• Better CD outcomes - many conditions</li> </ul>	<p><u>Less:</u></p> <p>Hospitalisation ED use (but not necessarily GP use)</p>
<b>Lower PAM scores</b>		
<p><u>Less likely:</u></p> <ul style="list-style-type: none"> <li>• Actively question Drs</li> <li>• Know about their Tx</li> </ul> <p><u>More likely:</u></p> <ul style="list-style-type: none"> <li>• Have unmet needs</li> <li>• Delay appointments</li> </ul>	<p>Less likely to have normal CI</p>	<p>More re-admissions within 30 days</p>

# How has PAM been used?

# As an outcome measure

*“ The whole concept of activation – an individual’s knowledge, skills and confidence – seemed like a really useful measure to enable us to understand where people are on that trajectory. That is turn would enable us to understand whether interventions are working or whether they would benefit from other specific interventions”*

Armstrong et al (2015) Independent evaluation of the feasibility of using the Patient Activation Measure in the NHS in England. University of Leicester

# As a tailoring tool

*“It would include what services patients get signposted to as a result of having this score rather than that score. And the nature of the consultation itself would be different according to what score they got, and that is a massive culture change from a patient having a seven-minute consultation with the GP which results in a prescription being given.”*

Armstrong et al (2015) Independent evaluation of the feasibility of using the Patient Activation Measure in the NHS in England. University of Leicester

# An outcome measure & tailoring tool

*“For me tailoring is really the critical part of this... but also using it as an evaluation tool, to say: Okay. This person started at this level of activation ....Where have they got to by the end of six months, by the end of a year and what impact has that therefore had on their health?”*

Armstrong et al (2015) Independent evaluation of the feasibility of using the Patient Activation Measure in the NHS in England. University of Leicester

# Population segmentation/risk stratification

Care pathways appropriate to activation level

PAM level	Low disease burden	High disease burden
High	Electronic resources Usual team members Prevention focus	E resources + peer support Usual care team Focus on illness management
Low	More highly-skilled team members Focus on prevention	More highly-skilled team members More outreach (care navigation) Focus on developing SM skills

Implications:  
service redesign

# The PAM study

## Background

- SESLHD Integrated Care Strategy priority: *“Engage with people & communities through person centred planning & evaluation.”*
- This includes testing the use of PAM as one of the tools to improve the quality of care.



## Purpose

A feasibility study on the use of the Patient Activation Measure (PAM) to improve the quality of care.

## Projects

- ✓ A scoping literature review
- ✓ Retrospective record audit
- ✓ Testing the use of PAM as a tool to improve the quality of care for patients with chronic conditions

# The PAM pilot study

## Purpose

- To develop and test the use of the PAM tool as part of clinical and team/service practice to improve the quality of care for patients with chronic conditions.

## What's involved

- Selecting two teams to participate
- Training team members
- Implementing through the Breakthrough Collaborative methodology
- Evaluating implementation and immediate outputs achieved for patients, clinicians and teams

# PAM study timeline

	Oct-Dec			Jan-March			April-June			July-Sept			Oct-Dec		
	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
Submit ethics (28/11)		X													
1 <sup>st</sup> action period (planning)		X	X	X	X										
2 <sup>nd</sup> action period (implementation)					X	X	X	X							
Recruit patients					X	X	X	X							
Baseline data collection					X	X	X	X							
Analysis									X	X	X				
3 <sup>rd</sup> action period (adjustments)									X	X	X				
Follow up data collection										X	X	X			
Analysis Partnership grant													X	X	X



Questions  
are  
guaranteed in  
life;  
Answers  
aren't.