

CONFERENCE ABSTRACT

Activating people to partner in health and self-care: The use of the Patient Activation Measure

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Introduction

The majority of health occurs outside of the clinical setting through our genetics, behaviour, environment and social circumstance. The influence of a person's behaviour on health outcomes is fundamental to everything from preventing illness through to self-care of long-term health conditions.

How do you determine a person's self-care ability?

Description of practice change implemented

Patient activation is a behavioural concept that captures a number of key components of a person's involvement (behaviour), each of which is important for active engagement and self-care. The Patient Activation Measure (PAM) is a validated unique interval scale measure used to determine a person's Activation Level. It is being used by health care organisations, insurers, and service providers in various ways: tailor care to improve self-care; risk stratification to target interventions; measure the performance of health care organisations and evaluate effectiveness of interventions to engage patients.

Aim

The aim of any person-centred model of care is to improve patient engagement and empower people to self-care. In order to achieve this, care providers need to know a person's level of self-care ability or 'Activation Level'. Having this information or 'vital sign' can support the care provider tailor service delivery to the patient's activation level ensuring that the level of care is appropriate to their needs. Then overtime, the care provider can increase the person's knowledge, skills and confidence to self-care leading to improved health outcomes. We will use two case studies to illustrate the use of PAM in the Australian setting.

Targeted population, stakeholders, time-line

Case study 1 (May 2019 – December 2020): Remedy Healthcare an in-home health care provider used PAM for their HealthierMe program. Case study 2 (October 2018-March 2021): Osana Care used PAM for patients in several general practices.

Highlights

Self-care behaviour varies significantly depending on a person's activation level. In both case studies the mean PAM score improved for lower activation people (Level 1-3) over time meaning

that the individuals were more activated to self-care. In both cases, care providers were provided some level of training to tailor care to person's activation level. PAM can be used as a tool to help design and deliver touchpoints of care to support patient enablement and self-care.

Sustainability

PAM is being used increasingly across populations such as US Center for Medicare and Medicaid supporting up to 5 million patients in Alternative Payment Models (APMS) and Health Systems in 40 US states; and nearly 200 Clinical Commissioning Groups and Trusts through the NHS in England. In Australia it is being considered as part of the 10-year Primary Health Care reform agenda.

Discussions

If health organisations, health policy and other stakeholders are genuinely interested in person-centred models of care which empower people to become partners in health and care then an investment in PAM will support achieve this with proven evidence to improve: self-care, health outcomes, health care costs, patient and care provider experience (improve the quadruple aim in health).