Patient Engagement and the Learning Organization, Fairview Medical Group
Lessons, Outcomes and Next Steps
What is Patient Activation?

When patients possess the appropriate--

- Knowledge
- Skills
- Confidence

They are activated to manage their health challenges
Activation is developmental

Level 1: Disengaged and overwhelmed
Individuals are passive and lack confidence. Knowledge is low, goal-orientation is weak, and adherence is poor. Their perspective: “My doctor is in charge of my health.”

Level 2: Becoming aware, but still struggling
Individuals have some knowledge, but large gaps remain. They believe health is largely out of their control, but can set simple goals. Their perspective: “I could be doing more.”

Level 3: Taking action
Individuals have the key facts and are building self-management skills. They strive for best practice behaviors, and are goal-oriented. Their perspective: “I’m part of my health care team.”

Level 4: Maintaining behaviors and pushing further
Individuals have adopted new behaviors, but may struggle in times of stress or change. Maintaining a healthy lifestyle is a key focus. Their perspective: “I’m my own advocate.”

Increasing Level of Activation

15-25%
20-25%
25-30%
20-25%

Interval level measurement and a 0-100 point scale.

Slide Insignia Health 2014, used with permission
Collecting PAM: Practical aspects of a Patient-Reported Measure (PRM)

1. Works well with rooming process on paper, or electronic questionnaire

2. Scripting: “Please take a moment to answer a few questions about yourself to help us meet your healthcare needs better”

3. PAM score visible in key places in EHR
   – “Snapshot”, Disease management reports, care conferencing reports
What have we learned at Fairview?
Patient Activation
Cost implications

• 33,163 Fairview patients with PAM score
  – Lower activated patients 8% more expensive than more highly activated patients
  – Asthma patients with lower activation had 21% higher costs than higher activated pts.

Hibbard, J.H., Green, J., & Overton, V. (2012). Patients with lower activation associated with higher costs; delivery systems should know their patients' 'scores.' Health Affairs, 32(2):216-22.
Depression remission associated with Activation

Patients with high PAM score more likely to remit

Moderate Depression
OR: 1.89

Severe Depression
OR: 3.98

Remission

Similar trends in PHQ-9 reduction, response rates

Patient Activation and Patient Experience

• 5,002 patients; 49 providers
• Higher activated patients report 10-14% better patient experience than their lowest activated counterparts

Green, J., Hibbard, J.H., Sacks, R. & Overton, V. (2013). When seeing the same physician, highly activated patients have better care experiences than less activated patients. Health Affairs, 32(7):1295–1305.
Change in Patient Activation Matters

*When activation changes over time; outcomes change*

- Longitudinal study Health Affairs, March 2015
- Lowest activated or those with activation trending down had poorer clinical outcomes
- Lowest activated and those with activation trending down had increased costs
PAM cost relationships over time

- Higher activated patients are less costly
- Change over time is related to cost

<table>
<thead>
<tr>
<th>PAM Level</th>
<th>Cost implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAM 3 &amp; 4 vs. PAM 1 &amp; 2</td>
<td>8% - 13% lower costs</td>
</tr>
<tr>
<td>Reduction PAM from 4 to 3 vs. stable level 4</td>
<td>14% increase in costs</td>
</tr>
<tr>
<td>Increase PAM from 3 to 4 vs. stable at 3</td>
<td>9% lower costs</td>
</tr>
</tbody>
</table>

What interventions change Activation?

• If Patient Activation is important, how can it change?
• How can we in healthcare influence positive change in Patient Activation?
Diabetes Coaching Trial

• Randomized trial of 3 models of coaching
  – Online coaching tool only—Cohort 1
  – Online coaching tool + phone coaching—Cohort 2
  – Online coaching tool + face to face coaching—Cohort 3
  – Control group—Cohort 4

• Approximately 300 patients per group
Coaching Models

• Experienced coaches
• Trained by Fairview in patient activation principles
• Trained by MINT trainer in Motivational Interviewing—fidelity testing
• Used online Activation-based coaching tool.
• Intervention lasted 6 months.
6 Month Coaching outcomes

Monthly Optimal Diabetes Care 0-6 Months (during intervention):
Rolling 6 months is limited to pts in baseline and 6 month reports
(n=1170)
12 Month Coaching Outcomes

Monthly Optimal Diabetes Care 6-12 Months (after intervention):
Rolling 6 months is limited to pts in baseline, 6 and 12 month reports (n=1101)

- Cohort 1: p = 0.001
- Cohort 2: p = 0.007
- Cohort 3: p = 0.002
- Cohort 4: p = 0.016
- Cohort 5: p = 0.026
- Cohort 6: p = 0.029
- Cohort 7: p = 0.024
- Cohort 8: p = 0.048
Compensation: Lack of influence on Patient Activation

On the whole no change in Activation with Comp changes

• 40% comp at risk for Quality outcomes
  – No change in Patient Activation
  – No change in overall quality outcomes
  – Differential change in low income patient quality
  – Subset of clinicians who do move the dial on Patient Activation

J. Greene, J. H. Hibbard, and V. Overton, “A Case Study of a Team-Based, Quality-Focused Compensation Model for Primary Care Providers,” Medical Care Research and Review, published online Nov. 13, 2013.
Providers’ support for Activation matters

• A subset of our Physicians, NP’s, PA’s have a differential improvement in their panel’s PAM score over time

• Survey and qualitative analysis of these providers’ attitudes reveals:
  – These providers are more likely to value patient self management
  – They are more likely to employ “coaching” type behaviors
  – Can attitudes and behaviors be trained??
Impact of Technology

- Low activated patients are likely to use technology appropriate for their condition
  - Depression
  - Diabetes
  - Smoking
- Recruiting and retaining low activated patients can be difficult
Does Patient Activation Determine Activity?

Login trend indicates lowly activated patient may use wellness tool more frequently.

<table>
<thead>
<tr>
<th>PAM</th>
<th>% in PAM Level</th>
<th>Cohort 1</th>
<th>Cohort 2</th>
<th>Cohort 3</th>
<th>Cohort 4</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (n=153)</td>
<td>12.5%</td>
<td>2.64 (n=42)</td>
<td>11.54 (n=48)</td>
<td>12.54 (n=37)</td>
<td>1.0 (n=26)</td>
<td>7.55</td>
</tr>
<tr>
<td>2 (n=242)</td>
<td>19.7%</td>
<td>2.65 (n=60)</td>
<td>9.56 (n=63)</td>
<td>9.46 (n=67)</td>
<td>1.02 (n=52)</td>
<td>5.98</td>
</tr>
<tr>
<td>3 (n=408)</td>
<td>33.3%</td>
<td>2.33 (n=107)</td>
<td>10.67 (n=93)</td>
<td>11.68 (n=114)</td>
<td>1.33 (n=94)</td>
<td>6.61</td>
</tr>
<tr>
<td>4 (n=423)</td>
<td>34.5%</td>
<td>2.22 (n=91)</td>
<td>9.26 (n=110)</td>
<td>8.40 (n=99)</td>
<td>1.15 (n=123)</td>
<td>5.19</td>
</tr>
</tbody>
</table>

Table 2: Logins Per Person by PAM Level and Cohort Assignment

Cohort 1 – online wellness tool only
Cohort 2 – wellness tool + phone coaching
Cohort 3 – wellness tool + face-to-face coaching
Cohort 4 – control
Study Recruitment

Patients who drop out of study are younger, less activated and in poor health

<table>
<thead>
<tr>
<th>Difference in Characteristics between Retained Patients and Dropouts</th>
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<tbody>
<tr>
<td>Values</td>
</tr>
<tr>
<td>--------</td>
</tr>
<tr>
<td><strong>Age</strong></td>
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<tr>
<td>Retained</td>
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<tr>
<td>Dropout</td>
</tr>
<tr>
<td><strong>PAM</strong></td>
</tr>
<tr>
<td>Retained</td>
</tr>
<tr>
<td>Dropout</td>
</tr>
<tr>
<td><strong>Optimal Diabetes Care</strong></td>
</tr>
<tr>
<td>Retained</td>
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<td>Dropout</td>
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Training and integration into practice
Evidence Based Interaction and PAM

“This is the work of our Century....” Dr. Lynne Fiscus

• Current training—PAM, MI, SDM, clear communication
  – LMS
  – Video, and
  – Role Playing
  – https://www.youtube.com/playlist?list=PL6uHgoVZGZLkNAItqcitluOHPZKPr0Ad0
Training for clinicians: Patient-centered is patient-tailored.

- Practical Suggestions: Low PAM
  
  ✓ Small successes
  
  ✓ Bring resources to them
  
  ✓ Be aware of emotional overlay:
    
    • “I can’t do this” or “Things never work out for me”
    
    • May have sense of failure in many areas of life
  
  ✓ Avoid too much in one visit. More frequent follow up
Training for clinicians: Patient-centered is patient-tailored.

- Practical Suggestions: High PAM

  ✓ Stretch goals

  ✓ Maintaining gains

  ✓ Support patients’ attempts at being their own “Health Care Executive”

  ✓ Many health care providers are uncomfortable with behaviors of highly activated patients
Technology and Patient Activation

• Tool development and segmentation implications

1. Many assume that only highly activated patients tend to use technology.

2. Diabetes coaching and Smoking coaching population on line tool analysis reveals that low activated patients are using tools at a higher rate than their higher activated counterparts.
Final Thoughts
Finally.....

1. Patient Activation Measurement is a helpful PRM that is related to cost and quality outcomes.

2. Patient-Centeredness means tailoring or customizing one’s approach, individually and for populations.

3. General measures of health may not be intuitively actionable to clinicians. Connect action items to these general measures.

4. Training is difficult and essential for this new world of interactions.

5. Technology impact on chronic disease and health is an area for more exploration.
Questions?

Thank You!
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