

Patient Engagement and the Learning Organization, Fairview Medical Group

Lessons, Outcomes and Next Steps

What is Patient Activation?

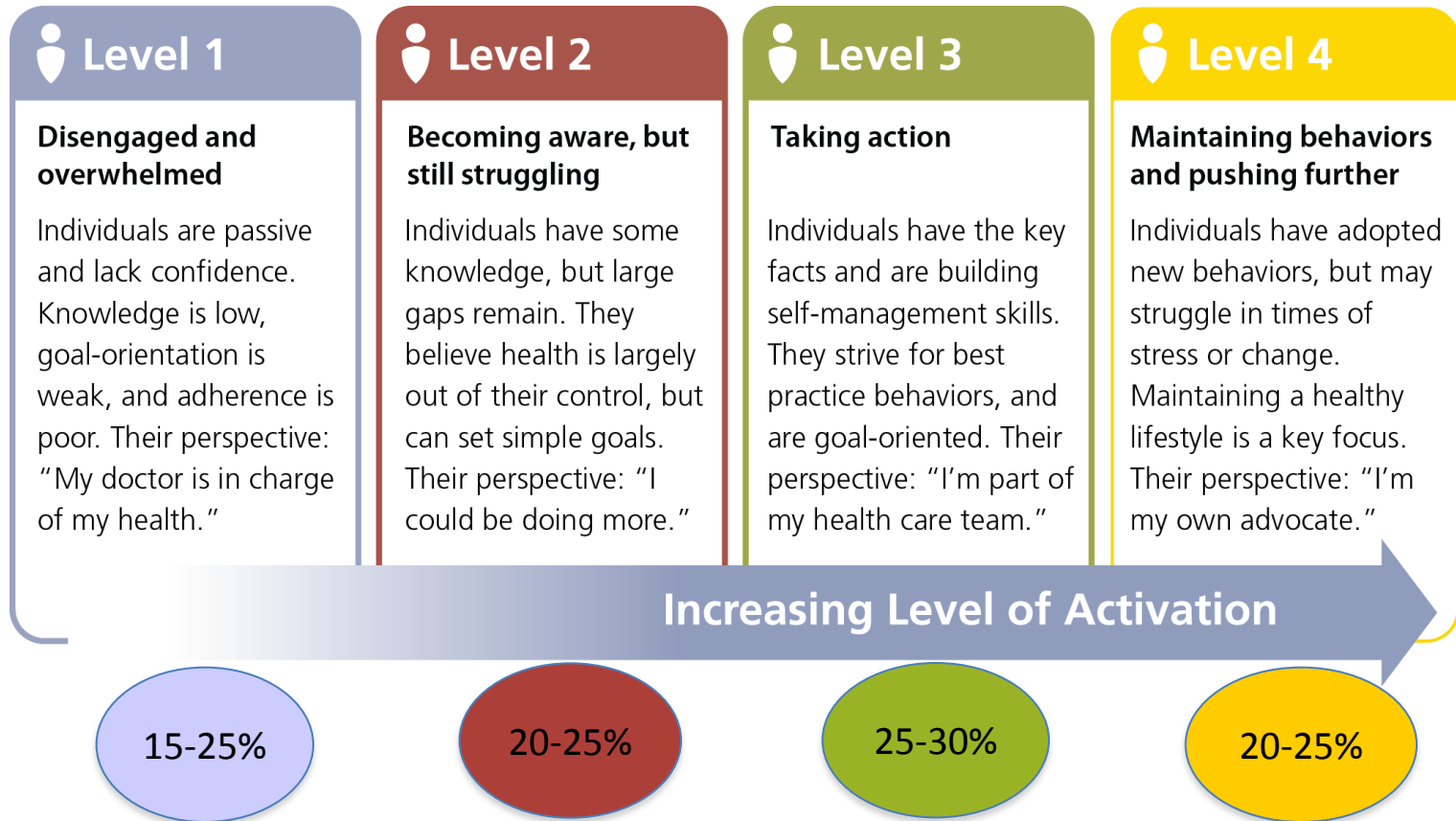


**When patients possess
the appropriate--**

- Knowledge
- Skills
- Confidence

**They are activated to
manage their health
challenges**

Activation is developmental



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*

Rebecca M. Sacks, Jessica Greene, Judith H. Hibbard,, Valerie Overton. (2014). How well do patient activation scores predict depression outcomes one year later? *Journal of Affective Disorders*. 169:1–6.

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*

PAM Level	Cost implications
PAM 3 & 4 vs. PAM 1 & 2	8% - 13% lower costs
Reduction PAM from 4 to 3 vs. stable level 4	14% increase in costs
Increase PAM from 3 to 4 vs. stable at 3	9% lower costs

Green, J., Hibbard, J.H., Sacks, R. & Overton, V. & Parrotta, C. (2015). When activation levels change, health outcomes and costs change too. *Health Affairs*, 34(3):431-437.

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

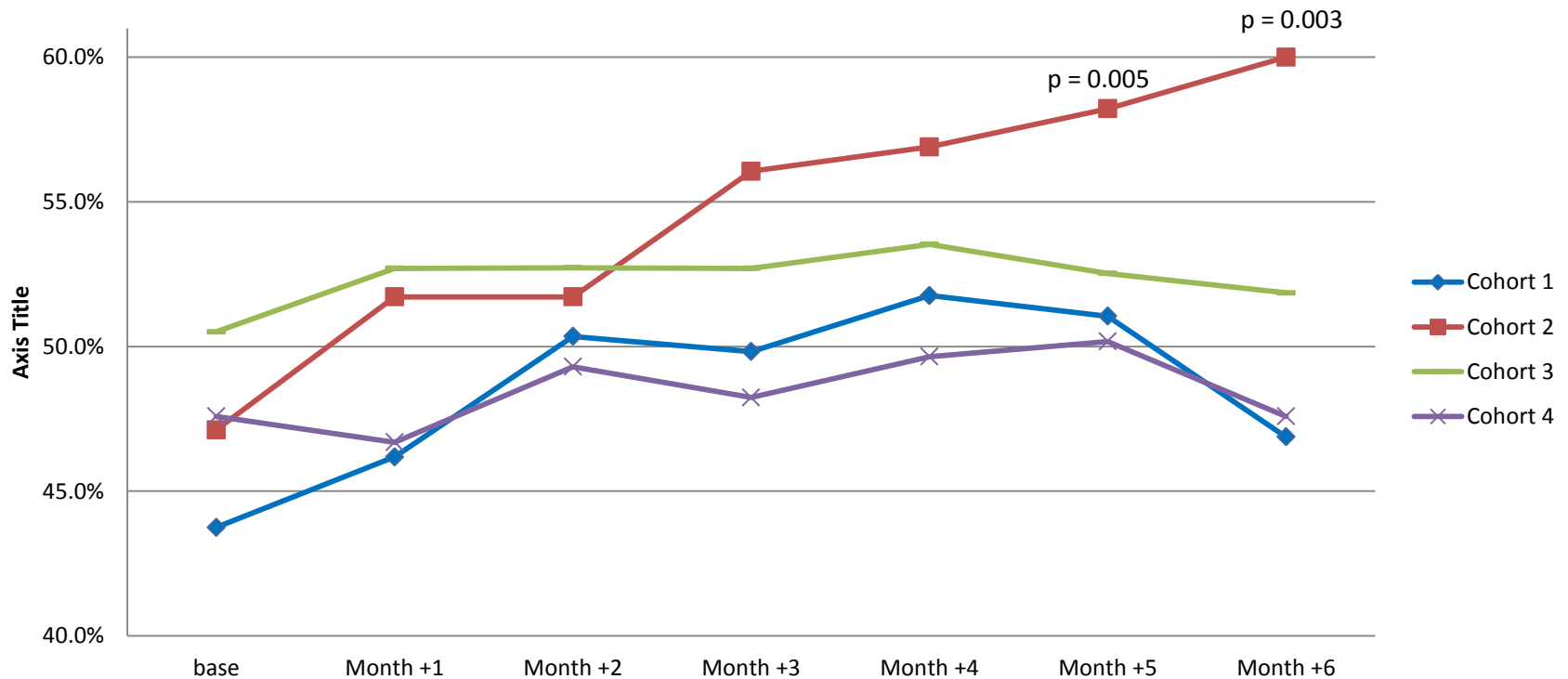
- Randomized trial of 3 models of coaching
 - Online coaching tool only—Cohort 1
 - Online coaching tool + phone coaching—Cohort 2
 - Online coaching tool + face to face coaching—Cohort 3
 - Control group—Cohort 4
- Approximately 300 patients per group

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.

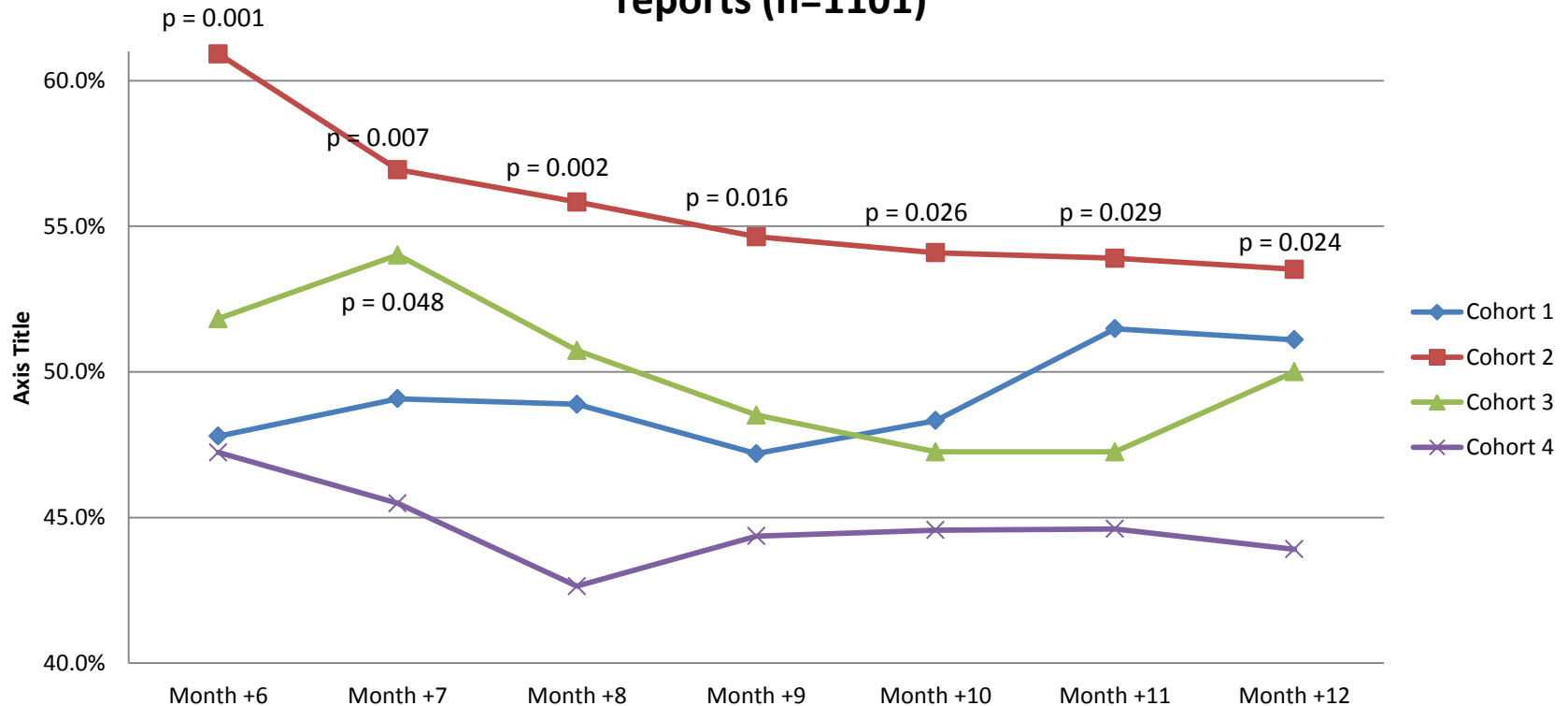
6 Month Coaching outcomes

**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)**



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 2: Logins Per Person by PAM Level and Cohort Assignment						
PAM	% in PAM Level	Cohort 1	Cohort 2	Cohort 3	Cohort 4	TOTAL
1 (n=153)	12.5%	2.64 (n=42)	11.54 (n=48)	12.54 (n=37)	1.0 (n=26)	7.55
2 (n=242)	19.7%	2.65 (n=60)	9.56 (n=63)	9.46 (n=67)	1.02 (n=52)	5.98
3 (n=408)	33.3%	2.33 (n=107)	10.67 (n=93)	11.68 (n=114)	1.33 (n=94)	6.61
4 (n=423)	34.5%	2.22 (n=91)	9.26 (n=110)	8.40 (n=99)	1.15 (n=123)	5.19

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

Difference in Characteristics between Retained Patients and Dropouts			
	Values	Sample Size	p-value (Retained v Dropout)
Age			
Retained	58.0	1054	
Dropout	55.4	156	0.007
PAM			
Retained	62.1	1054	
Dropout	59.9	156	0.060
Optimal Diabetes Care			
Retained	45.0%	1054	
Dropout	30.1%	156	0.000

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!

Val Overton

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