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Using the Patient Activation Measure in Dudley

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Background to the project

Summary

- ICF and The Strategy Unit were asked by NHS Dudley CCG to support an internal evaluation of the Patient Activation Measure (PAM) which has been piloted as part of a health coaching programme at a GP surgery in Stourbridge since July 2017.
- This slidepack presents the findings from interviews with Health Care Professionals (HCPs) and patients, which focused on the acceptability and use of the PAM. It compliments a larger piece of work trialing PROMs and PREMs (patient-reported outcome and experience measures) in primary care in Dudley. It is intended to inform future decisions about the use of the PAM in Dudley and contribute to national NHS learning about its potential uses.
- We present here key implementation details, findings from consultations with staff and patients, some emerging findings on the impact of the PAM tool, conclusions and considerations for the future.

Introduction

Patient activation and the PAM

- Activation has been described as the ‘knowledge, skills and confidence to self-manage health and care’, (Hibbard et al, 2005). Improved patient activation has been found to be associated with better health outcomes and reduced use of healthcare resources, (Greene and Hibbard, 2012; Hibbard et al, 2013).
- The PAM is a commercially licensed PROM, measuring patient activation. It was developed in the US and has been validated for use in the UK, and is endorsed by NHS England.
- It includes a series of 13 statements to which patients are invited to indicate their strength of agreement. These responses are scored; scores are matched against four levels of activation, with level one being the lowest level of activation, and level 4 being the highest.
- The PAM has multiple uses, it can be used in the following ways:
  - 1) as an outcome measure of activation to evaluate support services,
  - 2) to support practice – for example by shaping care planning and goal-setting, and promoting involvement in self-care, and
  - 3) in service redesign, for example by stratifying populations by activation level and tailoring services to meet the needs of people at different levels.

Introduction

The PAM in Dudley

- A large GP surgery in Stourbridge has been trialling the PAM as part of a health coaching programme since July 2017. PAM has been specifically designed to be suitable for use in this setting.
- A Health Coach has been working with over 150 people with diverse patient profiles to identify areas for improvement, set goals, and enable them to gain skills, knowledge and confidence in self-management. Patients may attend multiple appointments to review progress in working towards their goals - the frequency of appointments is their choice.
- The PAM is administered during an initial consultation. In January 2018 a follow-up process began where measurement is repeated in order to see if there has been any change in activation.
- The patient's PAM level is recorded onto EMIS so that other staff can understand a patient's activation and adjust their communication and engagement accordingly.

Health coaching programme

Eligibility criteria for participants:

The two-year programme is open to a wide variety of patients with different conditions:

- Newly diagnosed pre-diabetes; diabetes or hypertension
- Poorly controlled diabetes
- Three or more long-term conditions
- BMI of 40+
- Recent TIA stroke; heart attack, asthma or COPD diagnosis.

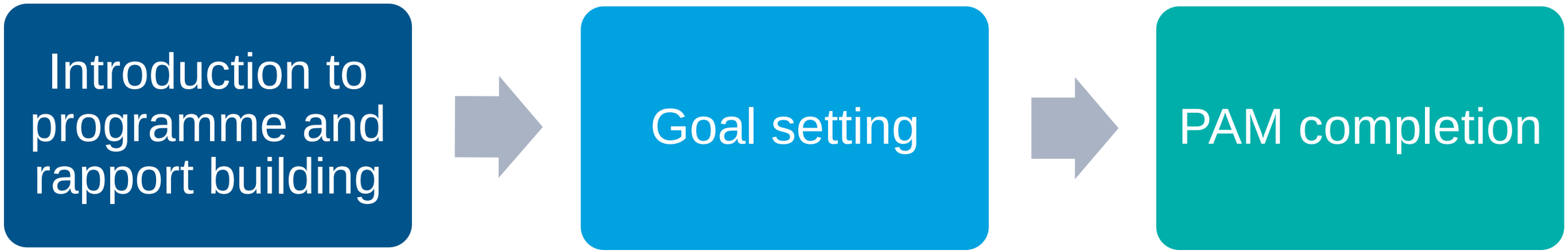
The eligibility criteria were expanded from a more narrow range of conditions in order to enable as many patients as possible to benefit from the personalised and holistic care offered during the programme. Patients first meet with their Health Coach immediately after clinic appointments and NHS Health Checks in order to maximise attendance.

Health coaching programme

Service description

First appointments involve a three-part process:

1. Participants are introduced to the Health Coach, the aims, hopes and ethos of the programme. The coach and the participant discuss any issues they are struggling with.
2. The coach and the patient decide on goal(s) that the participant would like to work towards e.g. going for a regular evening walk.
3. The patient is then asked to verbally respond to the 13 PAM statements which are scored to provide a PAM activation level. This is recorded on EMIS.



Methodology

- The practice is conducting some internal evaluation of the impact of the health coaching programme and use of PAM – ICF have provided qualitative insights into its value as an outcome measure and different aspects of its use.
- The CCG identified several criteria of interest, against which to judge the performance of the PAM. This framework was used to guide discussions with HCPs (n=2) and patients (n=5). Please see Table 1 for these criteria.
- We primarily focus on a discussion of these qualitative views. We also present emerging findings – follow-up PAMs have only started to be completed from the start of this year.

Table 1 Evaluation Framework criteria

Criteria	Example of definition
Practicality	Administration of the PAM must be practical within the confines of general practice.
Acceptability to Healthcare professionals	Healthcare professionals think that the tool fits within the overall approach to care planning and shared decision making.
Acceptability – patients	Patients find the tool acceptable and comprehensible within the process of assessment and care planning.
Effectiveness	Relative to alternative measures, the tool must be effective given its intended purpose (e.g. assessing patients, directing to services, supporting better care planning). Ability to move patients through activation levels based on effective signposting. Patients managing their own conditions & health.

Scoring the PAM

- The 13 statements cover the spectrum of self-management skills, knowledge and confidence e.g. knowledge of medications and necessary lifestyle changes.
- The coach asks the patients the questions the same way each time in order to maintain consistency, only providing further clarification when asked to by patients.
- A calculated raw score from 0-100 is matched against these levels:

  Level 1 (≤47.0):Individuals tend to be passive and feel overwhelmed by managing their own health. They may not understand their role in the care process.

  Level 2 (47.1–55.1): Individuals may lack the knowledge and confidence to manage their health.

  Level 3:(55.2–67.0) Individuals appear to be taking action but may still lack the confidence and skill to support their behaviours.

  Level 4: (≥67.1) Individuals 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.

Stakeholder views on the PAM

Stakeholder views on the PAM

HCP views on practicalities of using the PAM

- **Role of Health Coach. I**t was felt that the coach was a more suitable HCP to administer the PAM than a GP as they have time to provide more personalised attention. This is important because people may need support to respond to questions honestly. Rapport building during these longer appointments was considered integral to encouraging accurate responses.
- **Need for 'right' skills and personality to deliver the PAM.** Respondents discussed how replicating the model in other practices would require the recruitment of health coaches with key interaction skills, such as being able to put people at ease. This helps effective use of the PAM, where it is used to make a difference to patients' lives.

They've already discussed their weaknesses so they can admit it and disagree with statements about maintaining their health.

You need more people like [health coach] – I think these patients interact with her better than younger Healthcare Assistants

Stakeholder views on the PAM

HCP views on practicalities of using the PAM

"It was really impersonal to keep looking at the screen…I find it easier to look at patients with the hard copy in my lap"

- **Format of questionnaire.** One HCP felt that it was difficult for the coach to maintain rapport with patients when completing the questionnaire electronically, as it involved frequently turning away from the patient to enter the answers. Completing via a paper copy, then writing up post-appointment, enables maintenance of eye contact and focus.

- **Length of funding for culture change.** One HCP felt that a longer period of funding is needed to properly embed the culture of self-management and shared responsibly with patients.

You need more than a year to really establish a programme like this…to really encourage people to make links between their behaviour and their health.

Stakeholder views on the PAM

HCP views on acceptability of the PAM

- **The PAM is liked because it encourages self-responsibility.** One HCP thought that the PAM was effective when placed at the end of a conversation because it contrasted the preceding discussion where the coach and patient work together to discuss the patient's health. The PAM's use of 'I' statements leaves the patient with the message that they are responsible for these aspects of their care. "*It works to say…over to you now*."
- **However, there can be a disconnect between people's answers and their behaviour.** HCPs highlighted that some people agree with statements that do not appear true for them. They raised particular issues with certain statements in particular e.g. "I have been able to maintain lifestyle changes": "*One patient recently said to me 'I defy anyone to answer that honestly,' and I had to agree with him."*
- **Language and length.** One HCP commented on the length of the questionnaire – that it was possibly '*three questions too long*'; they would not say which questions they would remove. *" I kind of feel I'm losing my audience*." They also indicated that education level can have an impact on people's ability to understand the statements - the one on medical treatments at home is one they have to regularly expand upon.

Stakeholder views on the PAM

HCP views on effectiveness of the PAM

HCPs did not always distinguish between the PAM and the health coaching programme when discussing positive effects on people, sometimes they conflated the two. Interviews also took place prior to emergence of data on changes in activation. However, the PAM was praised for the following reasons:

- **The PAM may encourage patients to better understand their role in healthcare.** One HCP thought the health coaching programme and the PAM were important for encouraging a shift in how people view and access the health system. "*We're working on patients understanding [the NHS] is not just a GP but a whole range of people that a patient can access…the PAM taps into that.*"
- **The PAM enables people to be honest with themselves about their activation.** This was another reason why it worked to have the conversation at the end of the appointment rather than the beginning – because it enables people to feel at ease enough to think more deeply and answer more honestly. *"They find it so much easier to admit the problems they've been having."*

Stakeholder views on the PAM

Patient views on the acceptability of the PAM

The patients did not always find it easy to comment on the PAM itself and referred to other aspects of the programme e.g. the provision of nutritional information. The praise for the health coach was universal. Nevertheless some reflections on acceptability were made:

- **Patients appreciated completing the PAM with the health coach.** This was because they felt it:
  - Pushed them to complete it accurately, and gave them the flexibility to ask questions if they didn't understand parts of it.
  - They appreciated the personal attention

If you were filling in a form, you don't want to do things…you can just fudge it.

It's better than doing it on your own, it's nice to deal with another person.

Stakeholder views on the PAM

Patient views on the acceptability of the PAM

- **Patients were not always able to answer all the questions easily.** One patient recalled that her diagnosis had come as a shock, and her appointment with the coach had followed so swiftly that she felt she '*couldn't answer*' some of the questions. Another remembered that one particular question had made her think more deeply about her response:

"I went to say yes but then [the health coach] asked me to think about our conversation. I realised that everything I thought I had been eating right was wrong so I couldn't agree with the question."

Stakeholder views on the PAM

Patient views on the effectiveness of the PAM

- **Not all patients were sure they would answer differently to the questions in their follow up appointments.** The patients had mixed responses to this question – while some felt that they were much more knowledgeable and had changed their behaviours, others were not sure. One patient suggested that the health coaching session had helped him understand more accurately his ability in one area so he would be agreeing less strongly.
- **The PAM was appreciated for laying out all aspects of self management as a reminder.** One patient felt that the session and then the PAM did not necessarily give him new information but provided a useful summary of areas for attention: *"I found it useful, in that I know what I should be doing … I found it worthwhile 'cos it laid things out for me, just reminded me of the changes I needed to make, so from that point it was very valuable, 'cos you can talk to somebody and get refocussed."*

Emerging findings from follow-up results

Emerging findings from follow-up

The programme has just begun to arrange follow up meetings with those patients who first had their activation level calculated in July. The following information has been supplied by the internal evaluation at the practice. It includes a case study of a patient and how their health and behaviour has changed.

Activation levels of cohort

From the 167 people who have had their PAM level calculated already as part of the health programme, the majority (72) were at Level 3 indicating some action was being taken but people were lacking in confidence or skill. Only 15 people scored Level 4. The full numbers and their associated activation levels are shown in Table 2:

Table 2 Activation levels of coaching cohort

Activation Level	Number of people
Level 1	24
Level 2	55
Level 3	72
Level 4	15

Changes in Activation Level

There were a limited number of people (n = 6) who had completed the PAM for a second time when our evaluation period ended (up to 19 January 2018). Apart from one, the activation levels of all participants had increased as shown in Table 3.

Table 3 Activation levels – initial and follow up

Initial Activation Level and score	Follow up Activation Level and score
Level 1 47%	Level 3 65.5%
Level 1 42%	Level 3 60.6%
Level 2 51%	Level 3 63%
Level 2 48,9%	Level 3 70%
Level 3 65.5%	Level 3 67.8%
Level 3 63.1%	Level 3 60.6%

Patient case study*

- **Background:** Paul was a newly diagnosed diabetic (he was ‘At risk’ for 18 months): age 53, BMI 30.3, weight 86kg, blood sugar reading of HbA1c 58. He stated that there were two aspects of his life he ignored: diet (and what was in the foods he ate) and exercise (‘too much effort’).
- **Consultation:** At initial assessment, his PAM level was calculated as level 3 indicating that he had knowledge but might still lack confidence or skill to manage his health. He discussed diet and cycling with a HCP and was shown how to access the Diabetes UK website.
- **Action:** He immediately made changes to the foods in his kitchen, going home and throwing out chocolates/biscuits and started looking carefully at labels. He bought a bicycle.
- **Results:** At his last PAM review he had lost 9kgs, his BMI is now 26. His blood sugar had reduced to HbA1c 37 and his cholesterol halved. He buys lots more vegetables and eats non-meat meals twice a week. He is enjoying buying trendy clothes. He is confident: ‘Now I understand what I need to do’. His final PAM appointment will be in February 2018 – he has been seen 5 times in total.

*Adapted from internal evaluation

Conclusions and recommendations

Conclusions

It is difficult to separate the benefits of the PAM from the health coaching programme.

For HCPs and patients at this practice the PAM is synonymous with the programme – whilst this made it difficult to establish views and effects that were specifically related to the PAM, it also shows that the PAM is embedded in practice.

The PAM – when used in consultation – is effective in emphasising a sense of self-responsibility among patients. The use of 'I' statements was felt by HCPs to encourage patients to think deeply about their health and how it connects with their behaviour. This was echoed by patients.

The sequencing of the PAM conversation facilitates care planning. In this practice it has been found most helpful to use the PAM conversation as a way of emphasising and confirming a health coaching conversation. It is also useful for signposting when patients indicate a lack of knowledge in a particular area.

Completing the questionnaire 'in consultation' helps patients to make changes. Patients have shown engagement with the PAM when used in this way, given more honest answers, and used it to think about their lifestyle and self-care. Early analysis of PAM responses has also indicated positive change in activation level (for a very small sample).

Recommendations

Primary care staff interested in using the PAM should consider what they are trying to achieve and how best to engage patients. The value of the PAM in this practice is that it has been used as part of a wider conversation. The whole programme has engaged people in thinking about their own health, rather than the PAM alone. Whilst this may be an option requiring more intensive resource, it is also one which is most likely to influence culture and behaviour change in both HCPs and patients.

Wider roll-out across Dudley will require investment. Whilst the findings of this pilot are very positive, the trial has been focussed on one health coach delivering a programme in a single practice. For wider usage, a pool of HCPs would need to be trained in its use, within the context of an ethos of person-centred care. Licensing costs for PAM would also need to be accounted for. Insignia currently offer these costs at scale, with prices based on patient populations. Example licence costs for smaller organisations (less than 10,000 patients in total) are in the region of £3200 for up to 500 individuals, £5500 for 501-1000 individuals. Insignia provides bespoke licensing cost quotations for organisations with larger patient populations (Insigniahealth.com, 2018).

Continue to evaluate findings. Findings from the pre-post evaluation of PAM data are only just emerging. There will be real value in continuing to evaluate as PAM use is expanded. Opportunities to maximise the potential of the PAM should be taken – for example using data to understand different populations across Dudley and to design services to meet their differential needs.

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