

The responses below provide Tables and Figures (along with associated narrative response) that could not be uploaded directly into the PQM submission portal. This PDF is bookmarked for ease of review.

Section 2. Importance 2.4 Performance Gap

Table 1 provides the distribution of mean performance (proportion of patients with 3-point change) by practice across 32 practices in Dataset 3. See description of Dataset 3 under Scientific Acceptability.

	Overall	Min	Decile	Max									
			1	2	3	4	5	6	7	8	9	10	
Mean	0.4	0.3	0.33	0.37	0.38	0.38	0.4	0.42	0.43	0.44	0.45	0.48	0.5
Score													
Entities	32	1	4	3	3	3	3	3	3	3	3	4	1
Total Persons	11367	53	915	1180	2136	967	1265	2074	862	643	748	577	1482

Table 1 - Performance Gap for Dataset 3

The overall performance for the clinician groups in Dataset 3 is 0.40, or on average, 40% of patients at a clinician group achieve a 3-point change in their PAM score. The range of performance ranges from 0.33 to 0.48 for deciles 1-10, which demonstrates a wide range of performance and an overall opportunity for improvement across clinician groups.

Additional performance gape data can be seen in Tables 6a-6c for datasets used for reliability testing.

Section 4. Scientific Acceptability 4.1.3 Characteristics of Measured Entities *

Table 2 outlines the number of clinician groups used for scientific acceptability testing from each data source and descriptive statistics on the number of patients per clinician group.

*	Total Clinician groups	Total Patients	Patients per clinician group - Mean	Patients per clinician group – Std Dev	Patients per clinician group - Min	Patients per clinician group - 25%	Patients per clinician group - 50%	Patients per clinician group - 75%	Patients per clinician group - Max
Dataset 1	13	2259	174	114	78	89	151	205	411
Dataset 2	45	6145	137	114	50	71	101	136	520
Dataset 3	32	11367	355	357	53	113	251	439	1482

Table 2 - Description of clinician groups in the datasets used for reliability and validity testing



Supplemental Attachment CBE #2483 – Gains in Patient Activation Measure (PAM) Scores at 12 Months

Spring 2024 Page 2 of 10

	Total	Total	Patients per						
*	Clinician	Patients	clinician						
	groups		group -	group – Std	group - Min	group -	group -	group -	group - Max
			Mean	Dev		25%	50%	75%	
Dataset 4	25	10022	400	385	53	123	298	440	1482

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4.1.4 Characteristics of Units of the Eligible Population *

All accountable entity level analyses were performed using patients included in the measure specification. Patient-level identifiable demographic data was unavailable for Dataset 1 and Dataset 2. Table 3 provides age and gender, and median household income¹ demographics for Dataset 3. It should be noted that income information is not available for 17.2% of patients.

Table 3 -	Description	of nationts	included in	Dataset	2
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Demographic	Group	Patient Count (%	Proportion of Patients
		of Total Patients)	with 3 Point Increase (95% CI)
Gender	Male	3694 (32.5%)	0.39 (0.37-0.4)
*	Female	7673 (67.5%)	0.41 (0.4-0.42)
Age	18to25	908 (8.0%)	0.42 (0.39-0.45)
*	25to40	2602 (22.9%)	0.42 (0.4-0.44)
*	40to50	2086 (18.4%)	0.41 (0.39-0.43)
*	50to65	3566 (31.4%)	0.40 (0.38-0.41)
*	65+	2205 (19.4%)	0.37 (0.35-0.39)
Median Household Income	\$15,000-\$24,999	7 (0.1%)	0.57 (0.18 - 0.9)
*	\$25,000-\$34,999	134 (1.4%)	0.4 (0.31 - 0.48)
*	\$35,000-\$49,999	1194 (12.7%)	0.4 (0.37 - 0.43)
*	\$50,000-\$74,999	4857 (51.6%)	0.4 (0.39 - 0.41)
*	\$75,000-\$99,999	1767 (18.8%)	0.42 (0.39 - 0.44)
*	\$100,000-\$149,999	1357 (14.4%)	0.4 (0.38 - 0.43)
*	\$150,000-\$199,999	97 (1.0%)	0.31 (0.22 - 0.41)
Total	Patients	11367	0.4 (0.39-0.41)
*	Clinician Groups	32	0.4 (0.39-0.41)

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Table 4 shows the demographics of the patients used for Dataset 4. It should be noted that income information is not available for 18.6% of patients.

Demographic	Group	Patient Count (% of	Proportion of Patients
		Total Patients)	with 3 Point Increase (95% CI)
Gender	Male	3310 (33.0%)	0.39 (0.37-0.4)
*	Female	6712 (67.0%)	0.41 (0.4-0.42)
Age	18to25	791 (7.9%)	0.42 (0.39-0.46)
*	25to40	2237 (22.3%)	0.42 (0.4-0.44)
*	40to50	1854 (18.5%)	0.42 (0.39-0.44)
*	50to65	3166 (31.6%)	0.40 (0.38-0.41)
*	65+	1974 (19.7%)	0.37 (0.35-0.39)
Median	\$15,000-	6 (0.1%)	0.5 (0.12 - 0.88)
Household	\$24,999		
*	\$25,000-	134 (1.6%)	0 / (0 31 - 0 /8)
	\$34,999	134 (1.070)	0.4 (0.51 - 0.48)
*	\$35,000-	1147 (14.1%)	0.4 (0.37 - 0.43)
	\$49,999		
*	\$50,000-	4084 (50.1%)	0.4 (0.38 - 0.41)
¥	\$74,999	4544 (40.00()	0.40.40.00.0.44
T	\$75,000- \$99,999	1544 (18.9%)	0.42 (0.39 - 0.44)
*	\$100,000-	1142 (14.0%)	0.41 (0.38 - 0.44)
	\$149,999		
*	\$150,000-	96 (1.2%)	0.31 (0.22 - 0.42)
	\$199,999		
Total	Patients	10022	0.4 (0.39-0.41)
*	Clinician Groups	25	0.4 (0.39-0.41)

Table 4 - Description of patients in validity analysis cohort - Dataset 4

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 Median household income is proxied by mapping the patient's location, where available, to the S1901: Income in the Past 12 Months (in 2022 Inflation-Adjusted Dollars) dataset from the United States Census Bureau. (Source: <u>https://data.census.gov/table/ACSST5Y2022.S1901?q=median%20income&g=010XX00US\$860</u> 0000).



4.2 Reliability

4.2.3 [If reliability testing was conducted] Reliability Testing Results *

Table 5 displays the mean reliability of the beta-binomial at the clinician group level across the three data sources using the minimum sample size of 50 patients, as outlined in the measure specification.

Table 5 - Description of reliability analysis using beta binomial

Metric	Dataset 1	Dataset 2	Dataset 3
Patient count	2259	6145	11367
Clinician group count	13	45	32
Mean reliability of the beta-binomial	0.96	0.89	0.81

Table 2 [If accountable entity-level testing was conducted, i.e., if 4.2.1 includes"Accountable Entity-Level")] Accountable Entity-Level Reliability Testing ResultsTables 6a-6c show reliability results for each dataset.

*	Overall	Min	Decile	Max									
			1	2	3	4	5	6	7	8	9	10	
Reliability	0.96	0.92	0.93	0.93	0.94	0.95	0.96	0.96	0.96	0.97	0.98	0.98	0.985
Mean Performance Score	0.54	0.32	0.49	0.46	0.54	0.32	0.70	0.62	0.59	0.41	0.57	0.52	0.85
N of Entities	13	1	2	1	1	1	2	1	1	1	1	2	1
N of Persons / Encounters / Episodes	2259	78	162	89	95	108	229	154	160	205	251	806	411

Table 6a - Accountable Entity-Level Reliability Testing Results – Dataset 1

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CBE #2483 – Gains in Patient Activation Measure (PAM) Scores at 12 Months Spring 2024 Page 5 of 10

*	Overall	Min	Decile	Max									
			1	2	3	4	5	6	7	8	9	10	
Reliability	0.89	0.79	0.8	0.83	0.85	0.87	0.89	0.9	0.91	0.92	0.94	0.97	0.97
Mean Performance Score	0.55	0.35	0.56	0.53	0.48	0.58	0.58	0.49	0.47	0.65	0.57	0.55	0.91
N of Entities	45	1	5	4	5	4	5	4	4	5	4	5	1
N of Persons / Encounters / Episodes	6145	50	263	262	386	335	490	467	522	559	733	2128	520

Table 6b - Accountable Entity-Level Reliability Testing Results – Dataset 2

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*	Overall	Min	Decile	Max									
			1	2	3	4	5	6	7	8	9	10	
Reliability	0.81	0.55	0.56	0.66	0.71	0.77	0.83	0.86	0.89	0.91	. 0.92	0.96	0.97
Mean Performance Score	0.4	0.3	0.41	0.39	0.48	0.4	0.4	0.42	0.38	0.41	. 0.38	0.4	0.5
N of Entities	32	1	4	3	3	3	3	3	3	3	3	4	1
N of Persons / Encounters / Episodes	11367	53	229	257	342	451	671	825	1078	1316	5 1571	4627	1482

Table 6c - Accountable Entity-Level Reliability Testing Results – Dataset 3

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4.3 Validity

4.3.5 [If validity testing was conducted] Interpretation of Validity Results *

These results demonstrate a statistically significant correlation between PAM-PM and patient satisfaction in the hypothesized direction. Clinician groups that achieve a greater proportion of patients who improve their PAM scores by at least 3 points also have a greater proportion of patients who indicate they are satisfied with care from their providers.

A graphical representation of the regression results can be found in Figure 2. The plot shows on the xaxis the PAM-PM performance measure scores, and the y-axis shows patient satisfaction operationalized as the average net promoter score for each clinician group. Each point on the plot represents a clinician group in the validity analysis sample. The regression trendline trending upward indicates that a better performance on the PAM-PM is associated with better patient satisfaction.



CBE #2483 – Gains in Patient Activation Measure (PAM) Scores at 12 Months Spring 2024 Page 6 of 10



Clinician Group PAM Performance Measures Association with Net Promotor Score

Figure 2 - Clinician Group PAM Performance Measures Association with Net Promotor Score - Dataset 4

4.4 Risk Adjustment

4.4.1 Methods Used to Address Risk Factors *

- □ Statistical risk adjustment model with risk factors
- □ Stratification by risk factor category

□ Other

4.4.1a Describe other method(s) used

 \boxtimes No risk adjustment or stratification.

4.4.1b [If Measure Type is outcome or cost/resource]

Provide a rationale for why there is no need to address differences in patient characteristics (i.e., case mix) to achieve fair comparisons across measured entities for your outcome or resource measure.

Empirical testing to determine whether to consider risk adjustment or stratification for the measure was performed using Dataset 3 and Dataset 5. One consideration was to assess whether measure performance is affected by the case-mix of patients across available socioeconomic (SES) factors, while controlling for any accountable entity level effects. It is important to note that no accountable entity level characteristics and/or patient level clinical features were available for consideration in our analyses.



Supplemental Attachment CBE #2483 – Gains in Patient Activation Measure (PAM) Scores at 12 Months Spring 2024 Page 7 of 10

To do this, a random effects logistic regression model was built using Dataset 3 to predict the probability of meeting measure performance¹ The limited SES factors available for analysis (Age Group, Gender, and Median Household Income) were considered as predictors in the model as fixed effects, plus a random intercept to account for the effects of the accountable entities. A variance component analysis from the model concluded that there is limited contribution from the accountable entities to the total variability in the performance outcome. Given lack of significant between-group variance, decision would be to not control for this factor in a potential risk adjustment model.

Given this, the focus shifted to assessing patient-level differences. No statistically significant differences were concluded from the Gender and Median Household Income fixed effects in the regression model. However, the p-values did indicate small differences in measure performance amongst older age groups, specifically the 65+ age group. Additional patient level testing performed using Dataset 5, where similar SES factors were available (Age Group, Gender, Income Range, as well as Education Level) however came away with contradictory results. Empirical testing of the measure score in Dataset 5 using Chi-square tests showed no statistically significant differences in measure scores across all SES factors available. We present these results in Table 7.

Characteristic	Category	Patient Count	Proportion of Patients with 3 Point Increase with Cl	Chi-square value	Chi-square p value	Interpretation of Results
Age Group	18to25	25 (0.91%)	0.36 (0.18 - 0.575)	3.51	>0.05	No statistically significant differences
*	25to40	224 (8.12%)	0.39 (0.328 - 0.46)	*	*	*
*	40to50	282 (10.22%)	0.36 (0.302 - 0.417)	*	*	*
*	50to65	1006 (36.46%)	0.33 (0.305 - 0.364)	*	*	*
*	65+	1222 (44.29%)	0.34 (0.308 - 0.362)	*	*	*
Gender	Female	1535 (55.64%)	0.34 (0.318 - 0.366)	0.231	>0.05	No statistically significant differences
*	Male	1224 (44.36%)	0.34 (0.315 - 0.369)	*	*	*
Income Range	Less than \$15,000	99 (3.59%)	0.34 (0.251 - 0.446)	5.87	>0.05	No statistically significant differences

Table 7 - Results of validity testing of the risk adjustment model - Dataset 5



CBE #2483 – Gains in Patient Activation Measure (PAM) Scores at 12 Months Spring 2024 Page 8 of 10

Characteristic	Category	Patient Count	Proportion of	Chi-square	Chi-square p	Interpretation of
			Patients with 3	value		Results
			Point Increase		value	
			with Cl			
*	15 000±024 999	183 (6 63%)	0 31 (0 245 -	*	*	*
	13,0001024,555	105 (0.0570)	0 384)			
*	25 000to34 999	214 (7 76%)	0.30(0.239 -	*	*	*
	23,0001034,555	214 (7.7070)	0.365)			
*	35 000 <i>t</i> 049 999	319 (11 56%)	0 35 (0 296 -	*	*	*
	33,0001043,555	515 (11.50%)	0.403)			
*	50.000to74.999	545 (19 75%)	0 34 (0 303 -			*
	50,00000 1,555	3 13 (13.7376)	0 385)	*	*	
*	75 000±099 999	451 (16 35%)	0.34 (0.293 -	*	*	*
	10,000000000000000000000000000000000000	101 (10.0070)	0.383)			
*	100.000to124.999	318 (11,53%)	0.37 (0.321 -	*	*	*
		010 (11.007.5)	0.43)			
*	125.000to149.999	203 (7.36%)	0.38 (0.312 -	*	*	*
	,	200 (7.007.07	0.45)			
*	150.000to199.999	194 (7.03%)	0.35 (0.279 -	*	*	*
			0.417)			
*	\$200.000 or more	134 (4.86%)	0.31 (0.236 -	*	*	*
	+	201 (10070)	0.399)			
*	Decline to answer	99 (3,59%)	0.33 (0.242 -	*	*	*
			0.435)			
Education Level	Less than high	2 (0.07%)	1.0 (0.158 - 1.0)	6.7	>0.05	No significant
	school		- (_		differences
*	Completed some	34 (1 23%)	0 38 (0 222 -	*	*	*
	high school	31 (1.2376)	0.564)			
	High school	396 (14,35%)	0.33 (0.282 -			
*	graduate or		0.377)	*	*	*
	equivalent (e.g.,		,			
	GED)					
	Completed some	523 (18.96%)	0.33 (0.289 -			
*	college, but no		0.371)	*	*	*
	degree					
	College graduate	737 (26.71%)	0.35 (0.313 -	4		L
*	(e.g., B.A., A.B.,		0.383)	*	*	*
	B.S.)					
*	Completed some	168 (6.09%)	0.37 (0.296 -	*	*	*
Ť	graduate school, but		0.447)	Ť	Î	Ť
	no degree					
*	Associate's degree	329 (11.92%)	0.33 (0.284 -	*	*	*
			0.388)			
*	Completed graduate	568 (20.59%)	0.35 (0.309 -	*	*	*
	school (e.g., M.S.,		0.389)			
	M.D., Ph.D.)					



Spring 2024 Page 9 of 10

Characteristic	Category	Patient Count	Proportion of Patients with 3 Point Increase with Cl	Chi-square value	Chi-square p value	Interpretation of Results
*	Decline to answer	2 (0.07)	1.0 (0.158 - 1.0)	*	*	*

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Interpretation of results:

The results from Dataset 3 and Dataset 5 are mixed in terms of the conclusions that can be drawn from the effects of patient level differences. or specific SES factors in the form of a risk adjustment model, the decision remained to not risk adjust this measure. Regardless of their sociodemographic characteristics, the conceptual model rationale indicates that patients are able to report improved activation scores. This finding is consistent with a body of literature on the relationship of socio-contextual factors and the PAM survey itself. As the measure is expanded in its use, we will continue to monitor the impact of socio-contextual factors in assessments of accountable entity performance.

1. Bouwmeester, W., Twisk, J.W., Kappen, T.H. *et al.* Prediction models for clustered data: comparison of a random intercept and standard regression model. *BMC Med Res Methodol* **13**, 19 (2013). https://doi.org/10.1186/1471-2288-13-19

4.4.3 [If risk factors are addressed by any method (4.4.1)] **Risk Factor Characteristics Across Measured Entities** *

Table 8 provides descriptive statistics from Dataset 3 of how risk variables considered in the analyses are distributed across the measured entities.

Demogra phic	Group	Number of	Mean	STD	Min	25%	50%	75%	Max
		entities							
Age Group	18to25	32	0.08	0.06	0.00	0.04	0.06	0.11	0.28
*	25to40	32	0.24	0.11	0.05	0.17	0.23	0.27	0.55
*	40to50	32	0.18	0.06	0.07	0.14	0.18	0.21	0.34
*	50to65	32	0.31	0.09	0.14	0.27	0.31	0.36	0.57
*	65to110	32	0.20	0.12	0.02	0.10	0.20	0.27	0.50
Gender	Female	32	0.67	0.12	0.40	0.58	0.67	0.74	0.93
*	Male	32	0.33	0.12	0.07	0.26	0.33	0.42	0.60
Median	15000-	32	0.00	0.00	0.00	0.00	0.00	0.00	0.01
Househol	24999								
d Income									

Table 8 - Distribution of considered risk variables across measured entities - Dataset 3



CBE #2483 – Gains in Patient Activation Measure (PAM) Scores at 12 Months Spring 2024 Page 10 of 10

Demogra	Group	Number	Mean	STD	Min	25%	50%	75%	Max
phic		of							
		entities							
*	25000-	32	0.01	0.03	0.00	0.00	0.00	0.00	0.12
	34999								
*	35000-	32	0.07	0.12	0.00	0.00	0.02	0.08	0.53
	49999								
*	50000-	32	0.40	0.31	0.00	0.08	0.39	0.67	0.92
	74999								
*	75000-	32	0.20	0.18	0.00	0.09	0.14	0.26	0.72
	99999								
*	100000-	32	0.19	0.26	0.00	0.00	0.04	0.24	0.80
	149999								
*	150000-	32	0.01	0.03	0.00	0.00	0.00	0.01	0.11
	199999								

Section 6. Use & Usability

6.2 Usability

6.2.4 [If maintenance review OR Current Status = Yes (6.1.1)] **Progress on** Improvement *

Dataset 1 was used to study progress on improvement of measure performance across measured entities. Patients were evenly split into two groups based on the date of their baseline PAM survey, with Group 1 representing patients who took their baseline PAM survey earlier in time. The mean PAM-PM score across the entities was taken for both groups. We expected patients in the second group to show improvements in the measure, compared to those in the first group, due to measured entities having more experience activating patients in the cohort.

Table 9 provides the summary of the results across the two patient groups. The results show an increase in the mean score across the two groups, which we interpret to be a positive trend in performance of the measure.

Group	Minimum Baseline PAM	Number of Patients	Number of Entities	Mean Score	STD Score
1	January 2022	1130	13	0.52	0.16
2	May 2022	1129	11	0.56	0.12

Table 9 - Performance Trend of PAM-PM – Dataset 1

We will continue to evaluate progress on improvement as we collect more data using the measure.