Figure 1. Improving Patient Activation Leads to Improved Health Outcomes

Tailored Coaching Intervention*

Baseline Knowledge, Skills and Confidence *(PAM Level 1-3)*

Peer-led Motivational Interviewing Intervention*

Website-based Health Education*

Improved Knowledge, Skills and Confidence (Increased PAM scores)

Improved Health Behaviors, Navigation, and Communication

Improved Clinical Outcomes

Decreased Healthcare Utilization

Decreased Healthcare Costs

Improved Patient Satisfaction with Care

Examples of interventions from the published literature that have been used to improve patient activation
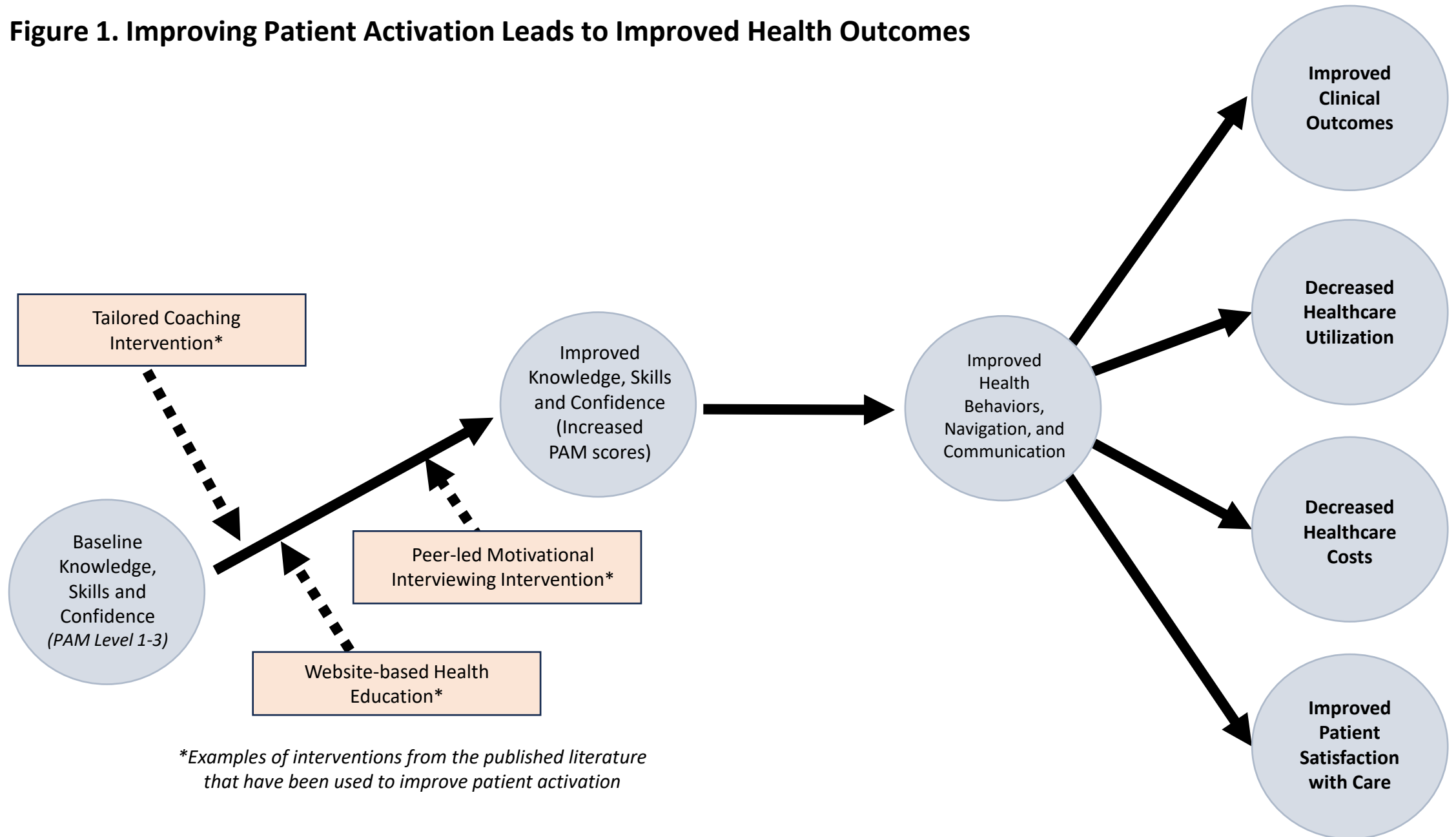
Figure 1 depicts a logic model highlighting how improving patient activation (as measured with the PAM survey) can lead to improved health-related outcomes. A clinician group assesses patients' knowledge, skills, and confidence for self-management to identify patients (i.e. those with baseline PAM Levels 1-3) who may benefit from an intervention to improve their self-management skills (i.e. increased PAM score). Those interventions lead to improved health behaviors, navigation, and communication, which in turn lead to improved clinical outcomes, decreased healthcare utilization, decreased healthcare costs and improved patient satisfaction with care. Patients with baseline PAM Level 4 scores (the highest level of activation) are less likely to benefit from intervention to improve their PAM scores and so are excluded.

The PAM assesses if individuals currently have the capacity to engage effectively in self-management of their care. Clinician groups can identify and support these individuals by providing additional resources, or by changing their own approaches. Several examples of approaches to improve patient activation have been described in the literature, including tailored web-based education and coaching,[1] pharmacist-led activation,[2] as well as support from community health workers,[3,4] The PAM helps groups identify the appropriate level of personalized high-quality care, coaching and support to be assigned to each patient based on activation level, which can lead to greater activation over time. As depicted in the logic model, increased patient activation can support changes in health behaviors and choices, as well as health outcomes (such as improved clinical outcomes and decreased healthcare utilization), lower costs on a population health basis, and improved patient experience.

CBE #2483 is an outcome measure, indicating the degree to which the patient feels more able to self-manage effectively over time. The measure can be used to identify patients who will need more support, for example, before or after surgery, for on-going self-management, or for making a transition from the hospital to home. The measure can be used to assess whether individual patients or whole groups of patients are more able to manage their care and their health. From a population health management perspective, PAM scores provide a risk assessment that is not captured by traditional claims-based risk measures. PAM scores indicate the probability that patients feel empowered and prepared to engage with their care providers. That is, the PAM can be used at the point of care to tailor care for individual patients and inform population management.

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3. Nelson RG, Pankratz VS, Ghahate DM, Bobelu J, Faber T, Shah VO. Home-Based Kidney Care, Patient Activation, and Risk Factors for CKD Progression in Zuni Indians: A Randomized, Controlled Clinical Trial. *Clin J Am Soc Nephrol*. 2018;13(12):1801-1809. doi:10.2215/CJN.06910618

4. Kangovi S, Mitra N, Grande D, et al. Patient-centered community health worker intervention to improve posthospital outcomes: a randomized clinical trial. *JAMA Intern Med*. 2014;174(4):535-543. doi:10.1001/jamainternmed.2013.14327