

Use of Patient Activation Measure™ (PAM) 10 question survey to determine and improve level of patient engagement in the Diabetes Alliance Integration Initiative in Hunter New England Local Health District (HNELHD)

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BACKGROUND

- HNELHD provides health care to 873,741 people across an area similar to England
 - Prevalence of type 2 diabetes is estimated to be 10.5% in the HNELHD
 - Hunter diabetes alliance integration is an innovative, integrated model of diabetes care delivery where specialist team comprising of visiting endocrinologist and diabetes educator conduct case-conferences with GP, practice nurse and patient in the general practice setting
 - PAM 10™ is an instrument that assesses consumer's knowledge, skills and confidence for self-management.
- This PAM™ response report is used during case conferences to improve patients engagement in improving self management behaviour and hence diabetes outcomes.
- Till to date 45 general practices have been enrolled in this programme, about 1350 case conferences have been conducted. Preliminary assessment of 147 patients showed significant improvement in metabolic parameters at 6 months follow-up after case conference:
 - HbA1c reduced from 7.6% to 7.1% (p=0.0006).
 - weight improved from 98.3 ±20.8 to 97.0 ±21.3kg (p=0.015).
 - total cholesterol reduced from 4.5 ±1.2 to 4.4 ±1.2mmol/l (p=0.04).
 - systolic BP improved from 136 ±18 to 133 ±17mmHg (p=0.015).

METHOD

Each patient completes a PAM™ survey prior to their appointment. Scores against responses are: Disagree Strongly=1, Disagree=2, Agree=3, Agree Strongly=4. Not applicable (N/A) are scored as missing. Total points divided by number of items completed gives the RAW score, which is converted into ACTIVATION score of PAM™ into a 0-100 interval scale. PAM™ segments people into four progressively higher levels of activation.

RESULTS

Out of around 1350 case conferences, an analysis of 334 PAM responses were conducted between February and August 2017. 18% of patients indicated they did not know what each of their medications do. The highest number in percentage score was seen in 74% agreed response on how to prevent problems of patients own health. However, 35% patients were unable to maintain lifestyle changes. 28% patients are not confident about figuring solutions if they face new issues with their own health. 9.3% of patients scored a level 1 and 41% scored level 2, indicating they lack basic knowledge about their condition, treatment options and have low confidence in their ability to manage health. 38.6% patients scored level 3, indicating they are taking action and are engaged in management. It is interesting that 99% patients agreed (50% agreed, 49% strongly agreed) about being responsible of taking care of their own health, however only 11.1% patients scored more than 67 to be categorised having level 4 activation.

AIM

The aim of the use of PAM™ is to understand the level of engagement of this population group in their health management and subsequently identify the areas where intervention is required for accelerated engagement.

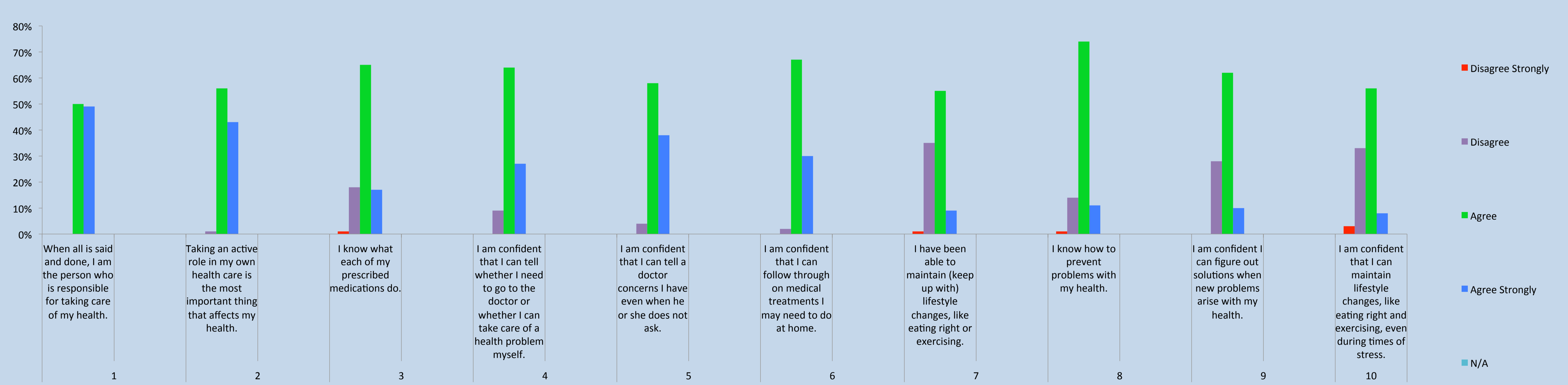


Fig 1: PAM™ questions and responses

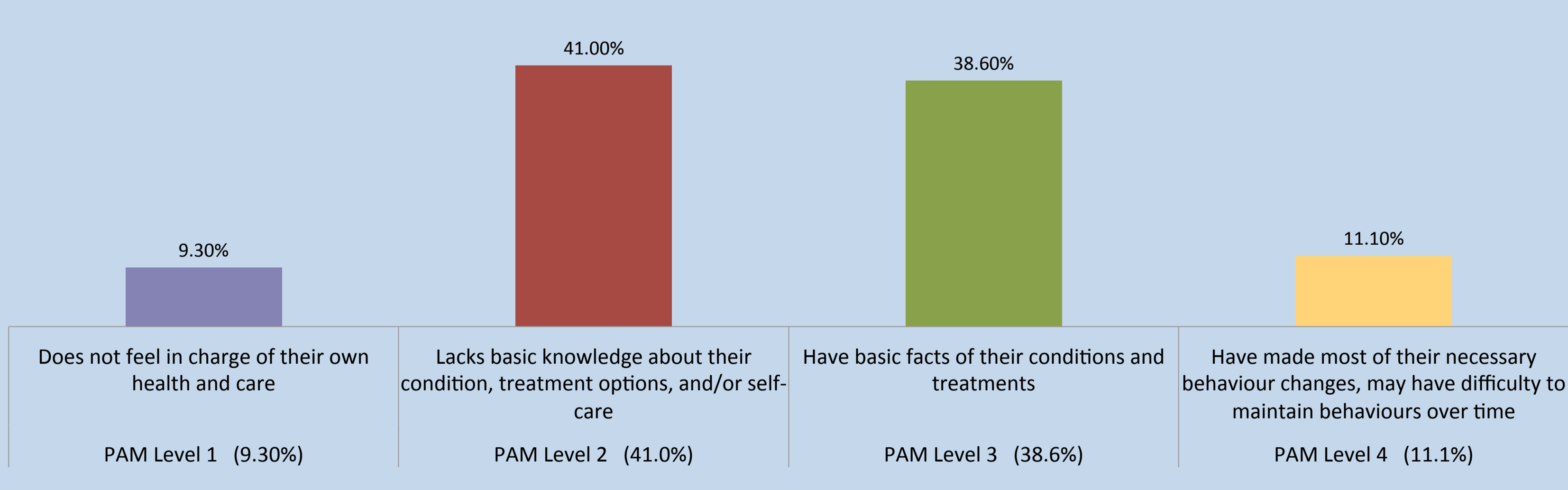


Fig 2: PAM™ levels of activation

Level 1	Level 2	Level 3	Level 4
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."	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."	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."	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

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DISCUSSION AND CONCLUSION

Majority of our type 2 diabetes patients appear to struggle with their self-management behaviour as evidenced by PAM™. During case conferences these issues are discussed in a motivational style of interview matching patients level of activation. Follow up PAM™ evaluation of this group of patients is planned and it would be interesting to observe whether Hunter Alliance case conferences had any impact on their activation levels.