Using the Patient Activation Measure to tailor care and enhance self-management capacity

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Context and aims

Clinicians routinely undertake activities such as motivational interviewing and coaching that are intended to enhance patients’ self-management capacity. The Patient Activation Measure (PAM) has been widely used to measure changes in patients’ knowledge, skills and confidence as a result, known collectively as activation.1 There have been few studies published on PAM’s use to tailor and differentiate care based on patients’ levels of activation at assessment.ii iii

This study aimed to investigate whether assessment of patient activation at assessment can be feasibly used to tailor care, and whether this leads to changes in patient self-management capacity as measured by the Partners in Health (PIH) scale.6 This poster reports on patient survey data collected. Qualitative data collected from patients and health professionals on how PAM was administered and used to tailor care is reported separately.

Methods

Three rehabilitation teams from South Eastern Sydney, Australia, recruited 84 active patients, aged 45 and over and with chronic conditions, between August, 2017 and February, 2018. The PAM and PIH were administered as part of the patients’ initial assessment or review when starting rehabilitation. Follow-up data was collected 3-4 months after this.

Results

• 70 study participants completed both assessment and follow-up PAM scales and 62 participants completed assessment and follow-up PIH surveys.

• There was a significant increase in the scores for PAM at assessment (M=63.04, SD=13.79) and at follow-up (M=68.16, SD=15.59); t(69)=-3.271, p=0.002. This represents an increase in mean activation levels from 3 (taking action but lacking some confidence and skills) to 4 (adopted necessary behaviours and actions but may face challenges maintaining them over the longer term).

• There was also a significant, but less marked, increase in PIH scores between assessment (M=79.19, SD=10.76) and at follow-up (M=81.97, SD=9.37; t(61)=-2.076, p=0.042.

Figure 1. Patient Activation and Measure and Partners in Health scores at assessment and 3 months follow up

<table>
<thead>
<tr>
<th>Scale (number)</th>
<th>Assessment (SD)</th>
<th>3 month follow-up (SD)</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAM 13 (n=70)</td>
<td>63.04 (13.79)</td>
<td>68.16 (15.59)</td>
<td>p&lt;0.002*</td>
</tr>
<tr>
<td>PIH (n=52)</td>
<td>79.19 (10.76)</td>
<td>81.97 (9.37)</td>
<td>p=0.042*</td>
</tr>
</tbody>
</table>

*paired t-test

Discussion

• Improving activation did not result in a changes in PIH.

• These findings suggest that PAM and PIH may have been associated because they may both have been associated with other unidentified factors, such as health literacy, education, or health status.

• This is a small study, conducted in a specific clinical context. However it is a context where coaching and motivational interviewing are commonly used, and where patient self-management is an important

CONCLUSION

Use of PAM in itself does not appear to be associated with changes in self-management capacity. Qualitative investigation of how PAM is used and how it allows care to be tailored in practice may provide further insights.

References


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