



Welcome!

Putting PAM and Coaching for Activation into
Practice

October 8, 2014



Today's Agenda



- *Quick* Patient Activation Measure Review
- What does PAM tell us
- Coaching for Activation (CfA)
- Vidant Case Studies



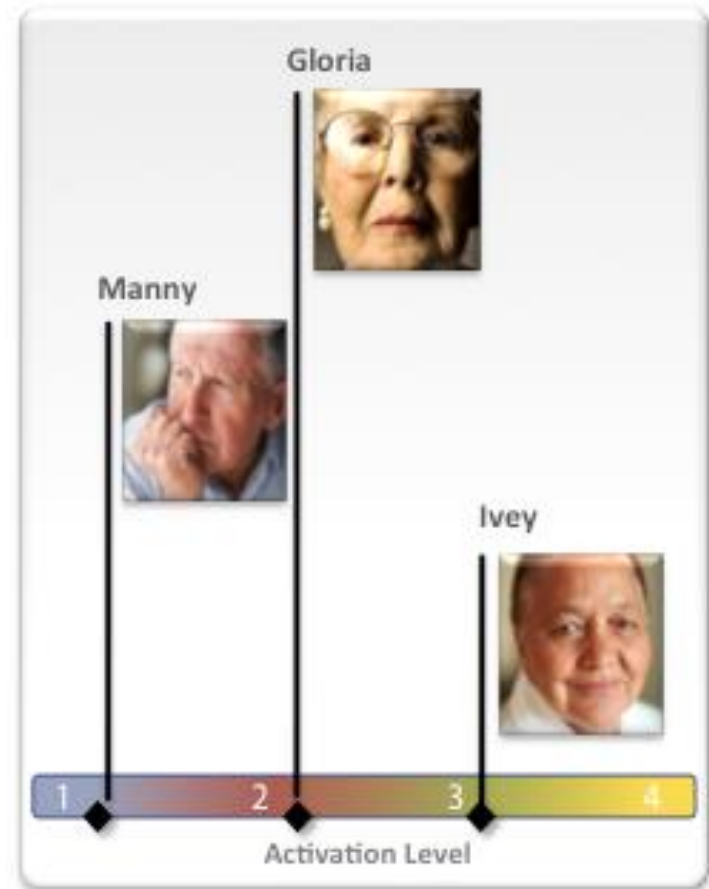
Which interaction looks better to you?



Why measure a person's Activation?

The ability to measure activation is important:

- To know who needs more support
- To tailor the support and information patients need to be successful self-managers
- To measure performance and to have a marker for quality care





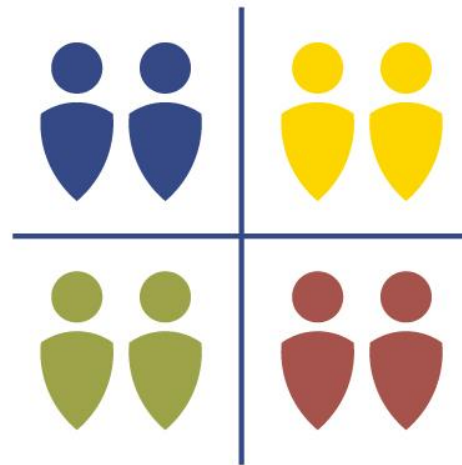
Activation cannot be
predicted by demographics

PAM score works across
conditions

Your patient is ready to
improve if you meet him
where he's at

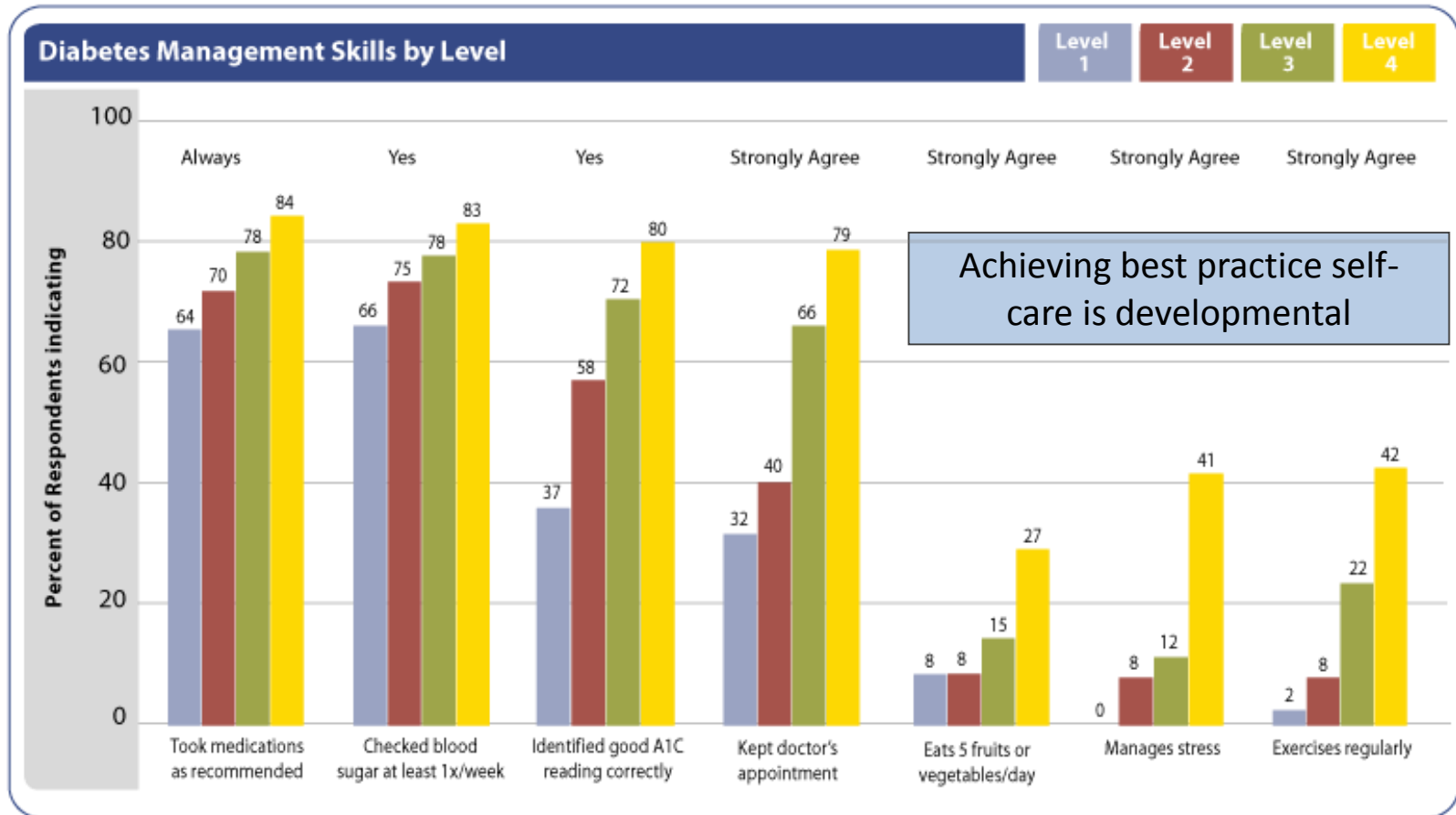


Behavior Maps & Health Activation Personas



PAM Relationship to Self-management Behaviors

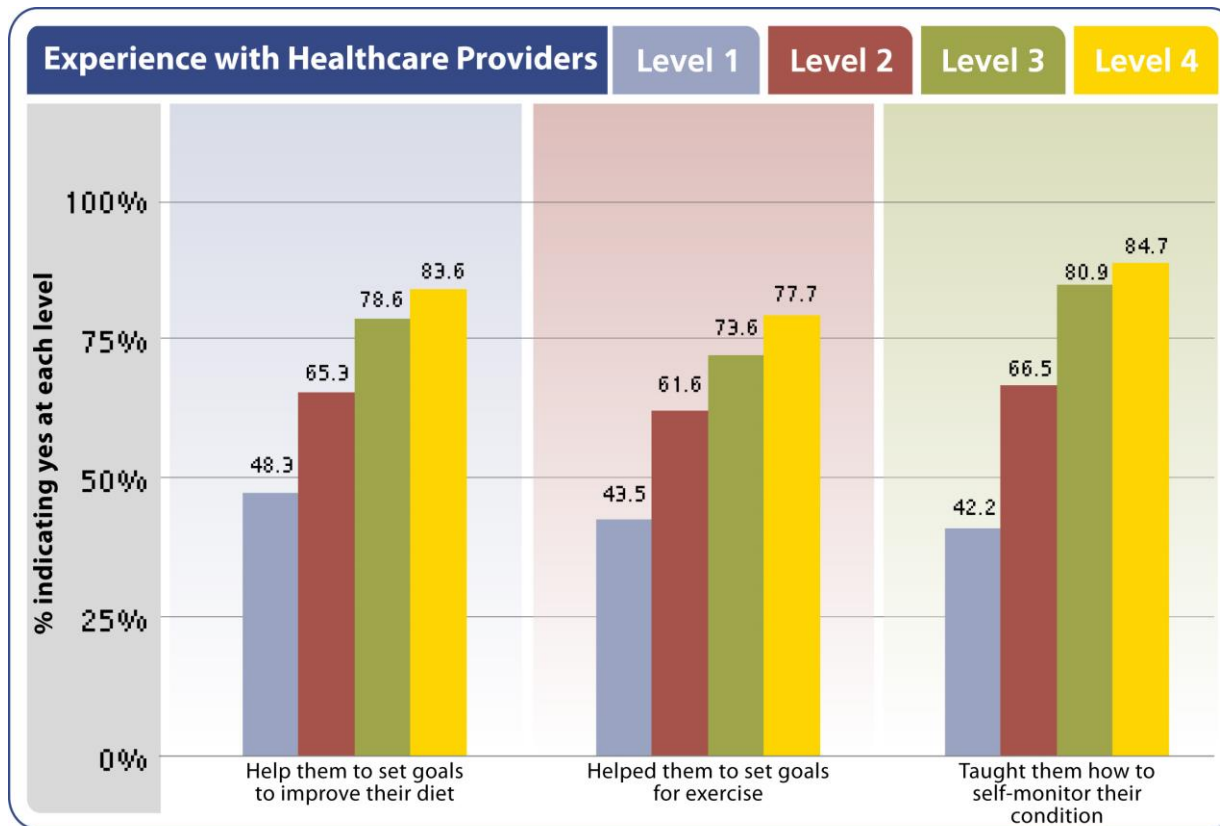
PAM levels guide the journey to best practice self-management



Source: RWJ Aligning Forces Study 2008. Kaiser Center for Health Research 2006

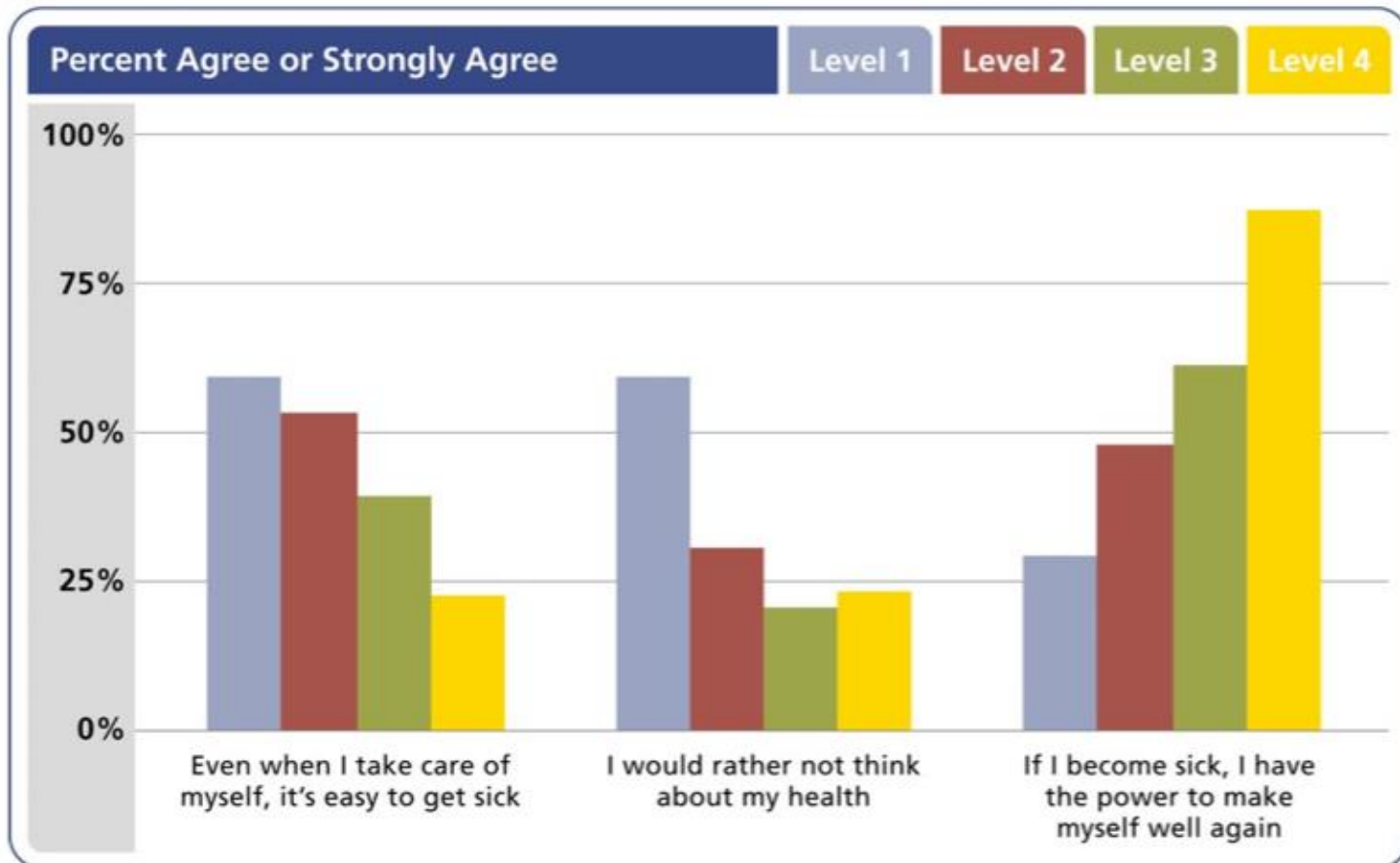
PAM Relationship to Care Experience

Patient experience with HCPs improves significantly with increasing activation



Source: Center For Studying Health System Change 2007 Household Tracking Study
Differences between level 4 and other levels significant at $p < .05$

Lower activated don't feel in control



Source: University of Oregon 2006, N=150

Patient perspective of *YOU*



Level 1



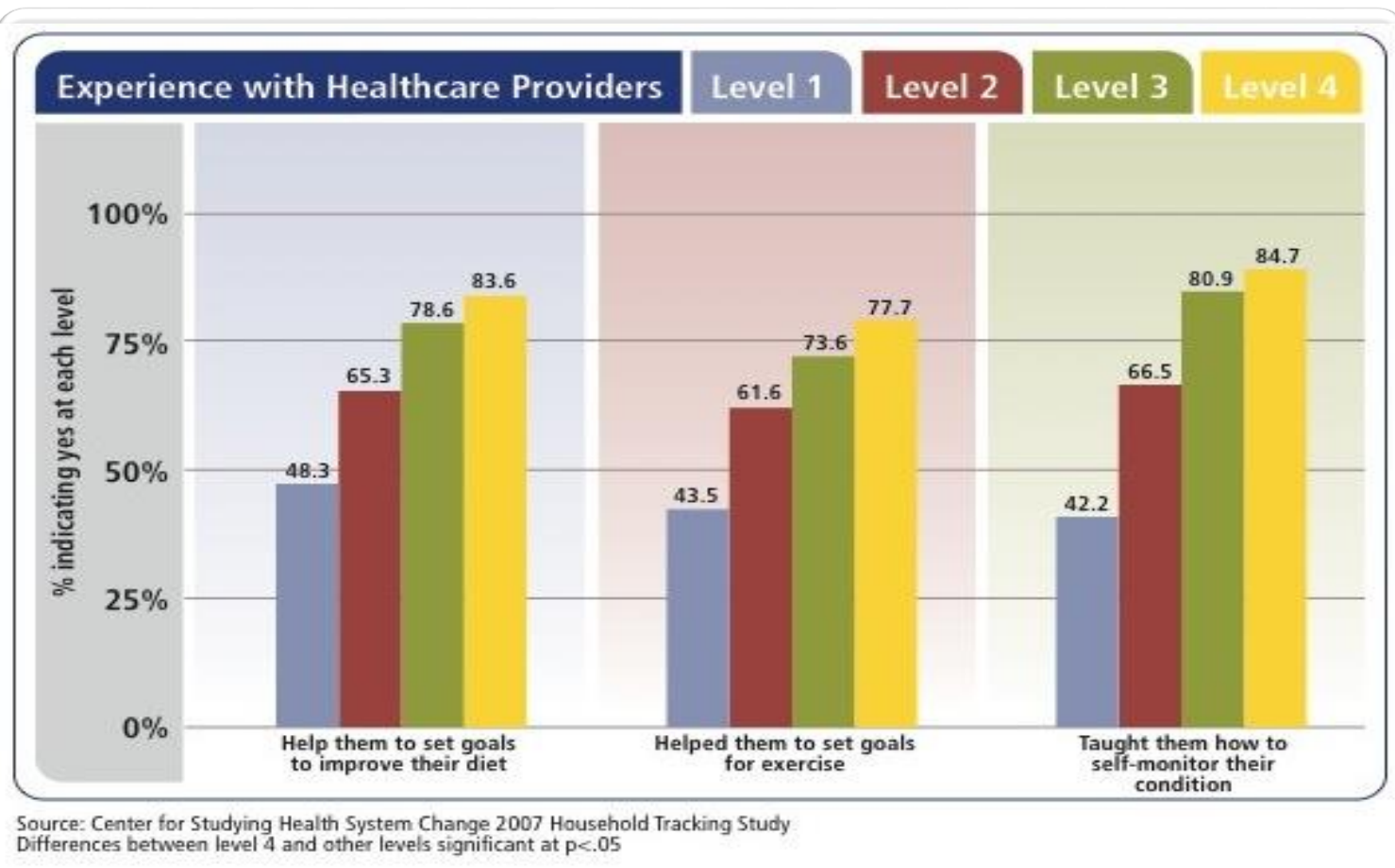
Level 2



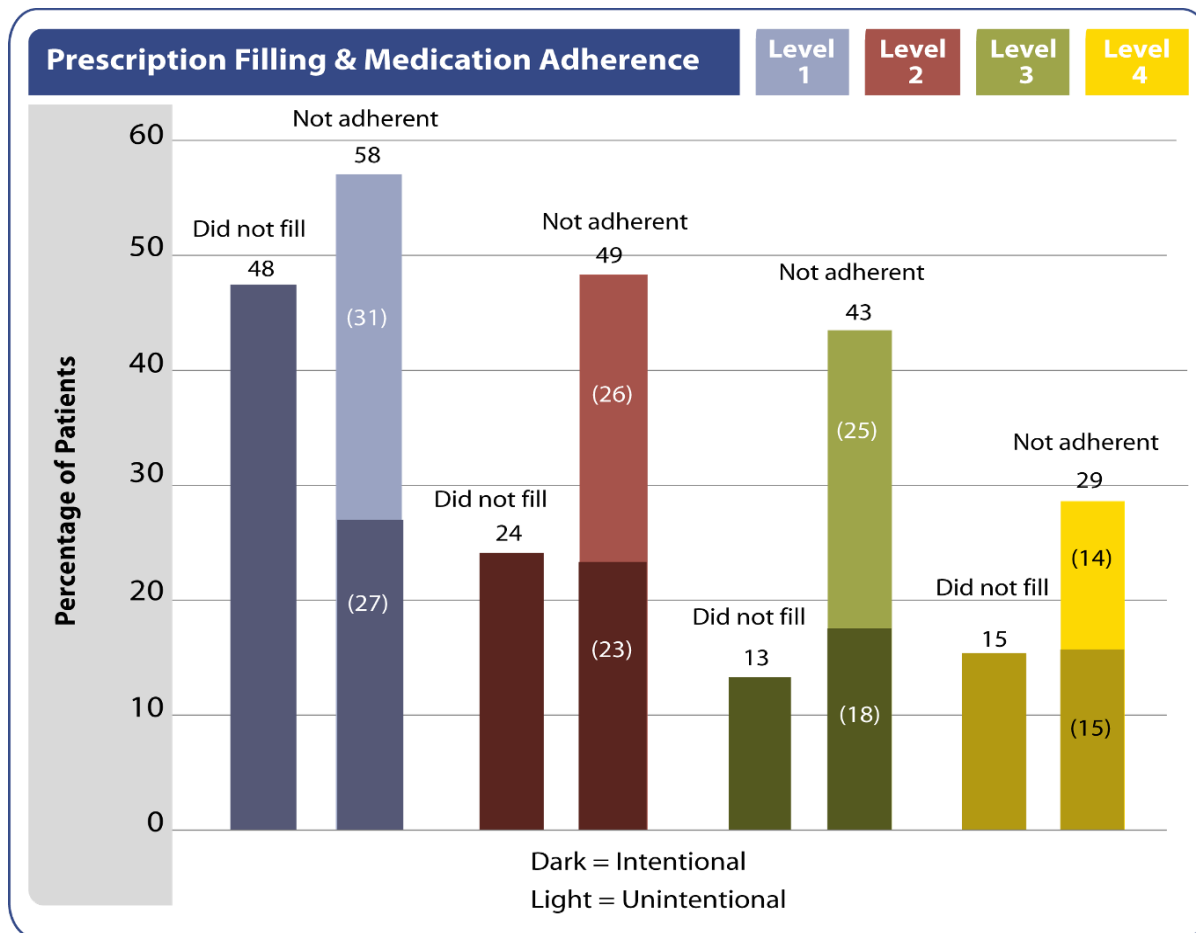
Level 3



Level 4

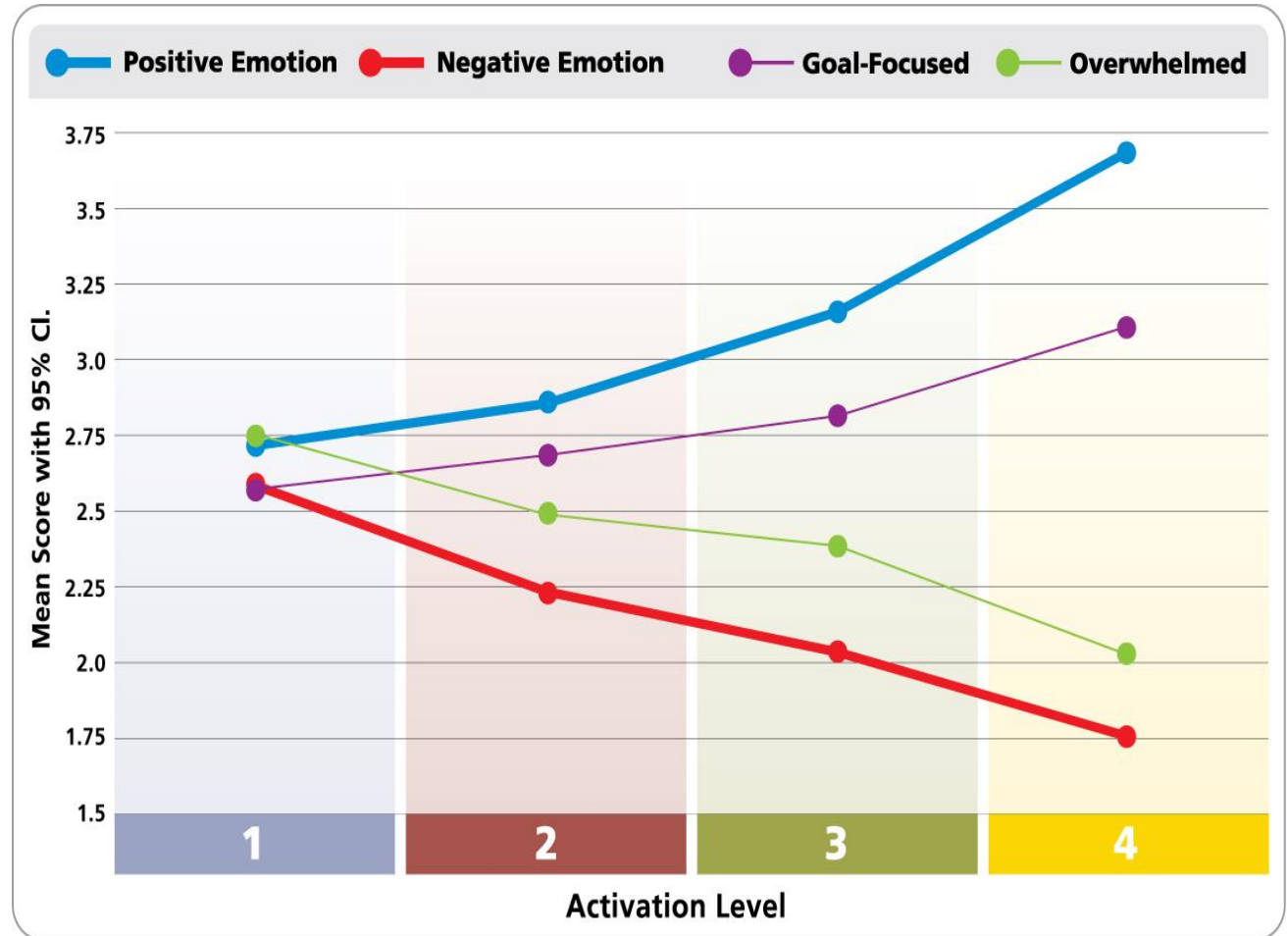


Transitions - the low activated struggle with their medications



Source: QIO Care Transition Program, 2010-2011

Emotional drivers correspond well with levels of activation



Source: KnowledgeNetworks National Study 2008

Coaching for Activation guides patient coaching



Coaching for Activation
BY INSIGNIA HEALTH

Diabetes | Asthma | COPD | CHF | CAD | Lifestyle | Hypertension | High Cholesterol

► Activation Level 1
▼ Activation Level 2
Condition & Symptoms
Medication
Diet & Nutrition
Physical Activity
Stress & Coping
Smoking Cessation
► Activation Level 3
► Activation Level 4
► Resource Library

Diet & Nutrition - Level 2

Select Level: 1 2 3 4

☒ Goal: Improve awareness around emotional eating triggers and start to develop healthier responses

Possible Action Steps

- Discuss the signs (eating in response to feeling bored, stressed, depressed, angry) of emotional eating and how to recognize these signs
- Keep track of emotional eating responses – what were you feeling and how did you respond?
- Try out some different responses – substituting healthy food choices (apple, celery, carrots, grapes) or non-food choices (gardening, going for a walk, calling or emailing a friend)

Supporting Resources

- [How Can I Manage Stress?](#)
- [Weight Loss Help: How to Stop Emotional Eating](#)
- [Tips for Coping with Emotional Eating](#)
- [Tips for Coping with Stress](#)

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Goals and Action Steps are tailored to activation level

Key areas of self-management

Resources reinforce coaching and can be easily printed or emailed

Tips for Coping with Emotional Eating [Back](#)

This very brief document offers ideas around things to replace food when an emotional response triggers the urge to eat outside of meal times

Source: Joslin Diabetes Center

Format: Web page

Activation Level Suitability: All


English: [View](#) | [Email](#)

Coaching for Activation Tutorial



Coaching for *Activation*

BY INSIGNIA HEALTH



Diabetes

Asthma

COPD

CHF

CAD

Lifestyle

Hypertension

High Cholesterol

▶ Activation Level 1

▶ Activation Level 2

▶ Activation Level 3

▶ Activation Level 4

▶ Resource Library

Condition & Symptoms - Level 1

Select Level: 1 2 3 4

[Contract All](#) | [Expand All](#) | [Print this Page](#)

☐ Goal: Work with the client to build awareness of problem symptoms, and what makes him/her feel better or worse. Symptoms might include fatigue or low energy, depression or anxiety, extreme thirst or excessive hunger

☐ Goal: Help the client understand his/her role in managing diabetes and the importance of their active involvement as part of their care team

☐ Goal: Help the client become familiar with the language of diabetes

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Goals and action steps are tailored to a level of activation

Level 1: Knowledge, self-awareness and confidence is developed

Diet & Nutrition - Level 1 Diabetes

Select Level: 1 2 3 4

[Contract All](#) | [Expand All](#) | [Print this Page](#)

☐ Goal: Become aware of portion sizes and start the journey to right sized eating

☐ Goal: Develop a solid understanding of how carbohydrates impact blood glucose and which carbs are okay, and which to avoid

☐ Goal: Become familiar with the Plate Method for diabetes and begin to put this approach to work

☐ Goal: Become aware of the good and bad foods that can impact diabetes management and the triggers that bring on poor eating habits

☐ Goal: Learn to use the food label and nutrition information to make better food choices at home or when eating out

☐ Goal: Start to grow confidence and control diabetes with a small-step change in diet and nutrition

Level 3: Guideline skills are pursued

Diet & Nutrition - Level 3 Diabetes

Select Level: 1 2 3 4

[Contract All](#) | [Expand All](#) | [Print this Page](#)

☐ Goal: Develop a carb counting routine

☐ Goal: Improve food habits at home, from better grocery shopping to cooking smart

☐ Goal: Master use of the Glycemic Index to make good food choices

☐ Calories are key. Get to the right calorie intake based upon weight objectives

☐ Goal: Putting it all together. Engage in healthy diet and nutrition-related behaviors near, or at, guideline levels

☐ Goal: Celebrate. Do something good for yourself when improving eating habits

CareMaps™ provide high level coaching guidance



CARE TRANSITION ACTIVATION INTERVENTIONS

PAM LEVEL 1 & 2

LOW ACTIVATED PATIENT PROFILE	OVERARCHING COACHING GOALS
<ul style="list-style-type: none"> • May not understand that they need to play a role in their own health • Lacks basic knowledge about their condition • May not understand treatment options or self-care expectations • May not feel in charge of own health and healthcare • Used to failure and lacking problem solving skills • Feels very overwhelmed • Experiences a lot of negative emotion that makes it hard to cope • Low confidence in their ability to impact their health • Difficulty following through on treatment regimens • Has trouble connecting behavior to health • 30%-40% Rx adherent; High rate of ER use/hospitalization 	<ul style="list-style-type: none"> • Frequent contact, especially during first 2 weeks when readmission risk is highest • Short term focus on symptoms and red flag awareness • Focus on medication adherence • Help patient overcome immediate barriers to a successful care transition • <u>Avoid overwhelming with too much information</u> • Baby steps with small achievable goals to improve confidence • Increase self-awareness through self-monitoring; help them connect the dots between behavior and how they feel • Show empathy by using positive messages
INTERVENTIONS	INTERVENTIONS
<p>RED Flags</p> <ul style="list-style-type: none"> • Enable patient understanding of RED FLAGS by focusing on the <i>most important</i> signs that can lead to a readmit. Supply a simple step for the patient to carry out should he/she encounter a red flag. Avoid overwhelming the patient <p><u>Action:</u> Educate the patient about the red flags that apply to his/her condition. Keep it simple</p> <p><u>Action:</u> Ask patient to explain his/her red flags.</p> <p><u>Action:</u> Educate patient on how to respond to RED Flags. Create/provide a simple list outlining RED Flags and how to respond/who to call.</p> <p><u>Action:</u> Highlight which RED flags require an ER visit or 911 call</p>	<p>Medications</p> <ul style="list-style-type: none"> • Work with patient to understand how prescribed meds work; emphasize those meds <i>most important</i> to preventing a readmission and how to take medications correctly <p><u>Action:</u> Identify and address any medication concerns including potential barriers to taking correctly</p> <p><u>Action:</u> Together, fill out a medication chart that includes all prescribed meds & dosing directions</p> <p><u>Action:</u> Decide with patients what reminder he/she will put in place to remember to take meds.</p> <p>Physician Communication & Appointments</p> <ul style="list-style-type: none"> • Emphasize importance of patient keeping his/her follow-up appointments <p><u>Action:</u> Schedule the follow up appointment for the patient.</p> <p><u>Action:</u> Make a reminder call the day prior to the patient's appointment</p> <ul style="list-style-type: none"> • Encourage patient to communicate with providers <p><u>Action:</u> Ask them to have a pad near them at home to write down questions for his/her next visit. Remind him/her to bring questions during reminder call</p>



Demographics:

Name (fictitious): Janice

Age- 47

Gender- Female

Problems/Medications

1. Hypothyroidism: synthroid (unstable and not to goal)
2. Noncompliance
3. Type 2 diabetes:

Humalog 50/50 15U ac tid **A1C 2008 to 2012 most often in the 8%; 2013 to present >11-14%**

August 2014 11.7

Amaryl 4 mg daily

4. Hypertension: HCTZ 12.5 mg daily **B/P often to goal, but occasional diastolic 80-100**

5. Dyslipidemia: Zocor **Total cholesterol=239**

Triglycerides=136

HDL=38

LDL= 174 (as high as 242)

6. Obesity: **Wt 230-245# BMI 39**



- **Purchase healthy items from shopping guide to pack in lunch for each day**
- **Check blood sugar before each meal (goal 100-150)**
- **Take humalog 15 units 50/50 before each meal**
- **Eat well balanced meal (1 meat type food, 1 portion starch/carbohydrate, 1 portion vegetable or fruit)**



Level 1



Level 2



Level 3



Level 4

One size DOES NOT
fit ALL!



The cat made this look easy!

Patient #1



PAM Level 1

- Does not feel in control
- Lacks basic health knowledge
- Poor self-awareness
- Poor Tx & medication adherence
- Few self-management skills developed
- **Very passive**
- **Poor communication with providers**
- **Very low confidence**
- **Disengaged**
- **OVERWHELMED**

PAM Level 1 Profile



PAM Level 1

- Does not feel in control
- **Lacks basic health knowledge**
- **Poor self-awareness**
- Poor Tx & medication adherence
- Few self-management skills developed
- Very passive
- Poor communication with providers
- Very low confidence
- Disengaged
- **OVERWHELMED**

Your Intervention with an Activation lens



PAM Level 1 Plan

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Opportunities:

- What is on her mind? What resonated with the patient?
- Cardiac Risk...start here, but with an Activation-based focus

Your Intervention with an Activation lens



PAM Level 1 Plan (Choose 1 or 2)

- Build Basic Knowledge about her particular cardiac risk
- Develop knowledge about medications related to cardiac condition...connect non-adherence to increased risk
- Build knowledge about diet and cardiac risk...be specific about what a heart healthy diet is
 - Do not expect her to change her diet...start with goals built solely around knowledge
- Later, begin to connect cardiac risk and Diabetes Mellitus to get her thinking & talking about DM

Tactics at L1:

- Less is more
- Baby steps
- Show empathy
- Short term focus
- RED FLAG awareness



Demographics:

Name (fictitious): Thelma, 74

Gender- Female

9.11.14 visit: BS- 436, B/P 196-96

Lab Hx:

8-13-14 BS 256 A1C 11.8

8-20 BS 307

9-11 BS 411

9-12 BS 283

9-16 BS 449

9-18 BS 341

9-23 BS 380

Meds:

- Amaryl 4mg po q am
- Lantus 24u q am
- Adalat CC 30mg po qd
- Trazadone 50mg po q hs
- Novolog 8u sq tid with meals

Issues:

- Non-compliant with med regimen
- Does not remember to take Lantus more often even though now takes in the am
- Requires repetitive instruction of med changes
- Verbalizes non-compliance with diet and med adherence

Current Plan and Goals



Patient #2



PAM Level 1

- Does not feel in control
- Lacks basic health knowledge
- Poor self-awareness
- Poor Tx & medication adherence
- Few self-management skills developed
- Very passive
- Poor communication with providers
- Very low confidence
- Disengaged
- **OVERWHELMED**

PAM Level 1 Profile



PAM Level 1

- Does not feel in control
- Lacks basic health knowledge
- Poor self-awareness
- Poor Tx & medication adherence
- Few self-management skills developed
- Very passive
- Poor communication with providers
- Very low confidence
- Disengaged
- **OVERWHELMED**

Your Intervention with an Activation lens



PAM Level 1 Plan

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Opportunities:

- What is on her mind? What resonated with the patient?

Your Intervention with an Activation lens



PAM Level 1 Plan (Choose 1 or 2)

Tactics at L1:

- Less is more
- Baby steps
- Show empathy
- Short term focus
- RED FLAG awareness

PAM Level 2 Profile



- Passive in their care
- Struggle with medications
- Inconsistent self-management
- Poor communication with care givers
- Gaps in knowledge
- Low Confidence
- Very basic self-management skill set
- Unsure



Your Intervention with an Activation lens



PAM Level 2

Plan

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Opportunities:

- Less is more
- Baby steps
- Show empathy
- Short term focus
- RED FLAG awareness

PAM Level 3 Profile



- Recognize responsibility for their health
- Taking action
- Have had some success
- Good interaction with providers
- Developing confidence
- Good goal orientation
- Good medication adherence
- Knowledgeable about their health

Your Intervention with an Activation lens



PAM Level 3

Plan

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Opportunities:

- Build on past successes
- Baby steps still resonates
- Connect self-care to long term benefits
- Promote and encourage information seeking and sharing
- Strive for achieving self-care guidelines

PAM Level 4 Profile



- Self-aware
- Good self-managers
- Confident
- Realize importance of their role
- Strong medication adherence
- Strong goal orientation
- Aware of stress
- Interact well with healthcare providers



Your Intervention with an Activation lens



PAM Level 4 Discharge Plan

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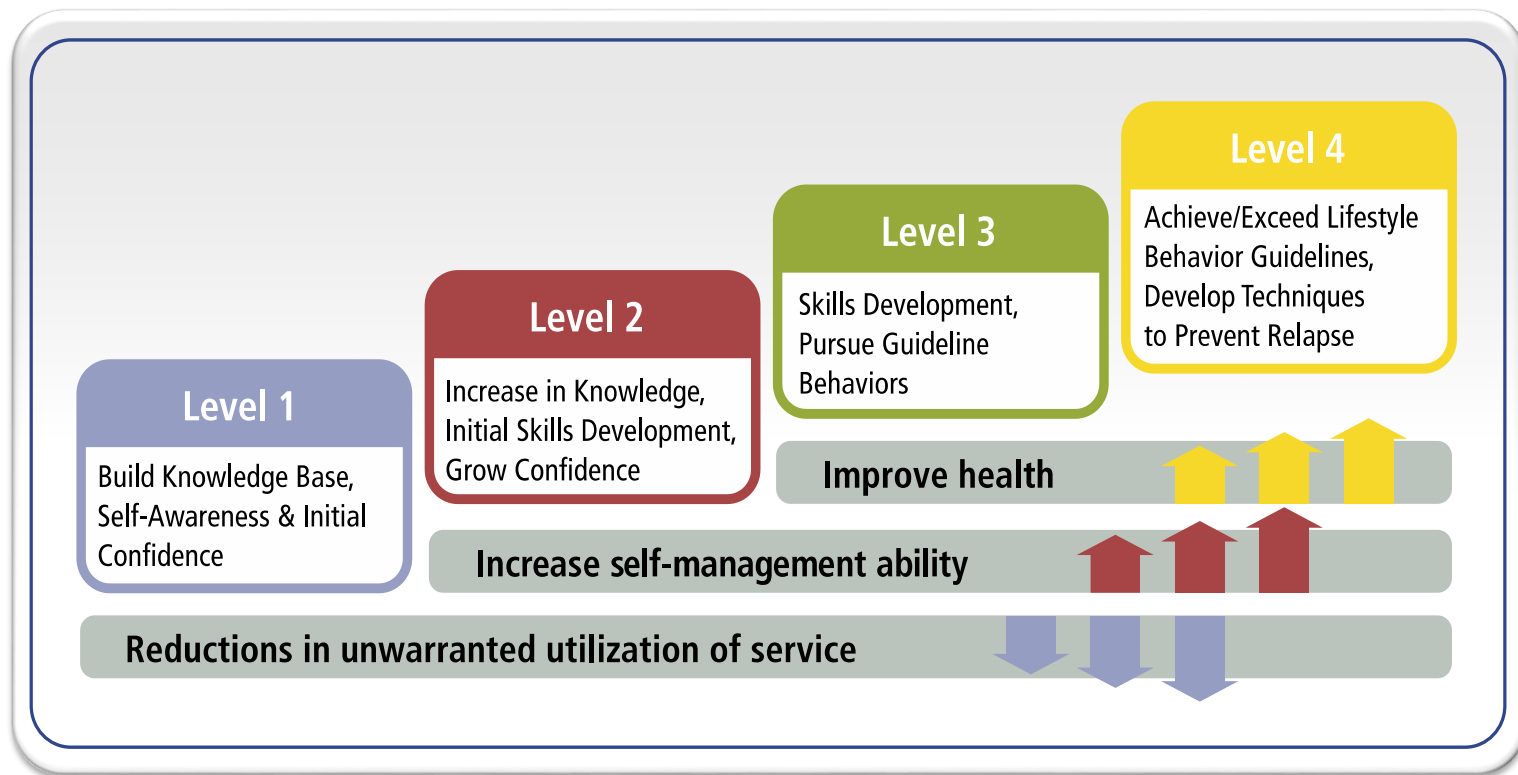
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Opportunities:

- Focus on skills for relapse prevention
- Troubleshoot in advance of difficult/stressful times
- Create goals that challenge patient
- Promote social support and peer education

Increasing Activation. One size support does not fit all

More clinically significant skills are developed once a base of knowledge and confidence is established



Progressing Along the Continuum



Action steps are tailored to a level of activation



Level 1	Level 2	Level 3	Level 4
Discuss...	Discuss further...	Ensure strong understanding of...	Discuss stress
Encourage...	Continue together to...	Together discuss “complex” items...	Encourage maintenance of...
Do together...		Have the individual research...	Have individual research...
Promote awareness of...	Begin to track...	Consistently track...	Track and plan out...
Try a skill once or twice this week.	Try a skill 2-3x a week	Focus on guideline skills	Focus on guideline skills and pushing further

A single point change in PAM score is meaningful








In a rigorous study, PAM demonstrated it's ability to predict utilization and outcomes two years into the future

	% change for a 1 point change in PAM score	10 point gain impact 54 (L2) to 64 (L3)
Hospitalization	1.7% decline	17% decreased likelihood of hospitalization
Good A1c control (HgA1c<8%)	1.8% gain	18% greater likelihood of good glycemic control
A1c testing LDL-c testing	3.4% gain	34% improvement in testing

Source: Is Patient Activation Associated with Future Health Outcomes and Healthcare Utilization Among Patients with Diabetes? Journal of Ambulatory Care Management, Oct/Dec 2009.

Key Point Takeaways



-  Patients will complete the PAM, and do so accurately. Proper administration is critical. Convey caring and not evaluation
-  Help patients build competency and confidence, especially at the lower levels. Competency comes from confidence over time – it's a journey.
-  Best practice/evidence-based self-care is achieved by those at L3 & L4
-  Allocate more resources to the low activated (L1 & L2), while shifting from the most activated (L4)
-  L3 and L4 do not require intense support, but they do require appropriate support or they will ignore you



Questions?



Thank you!

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