Engaging Strategies
Improving adherence through activation

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Disclosure
I, Doug Seubert, do not have any relevant financial interest or other relationship(s) with a commercial entity producing health care related product and/or services.

Learning Objectives
- Define difference between patient engagement and patient activation.
- Describe Patient Activation Measure, background and research.
- Compare the four levels of activation, including “patient characteristics,” types of interventions, and examples of effective tools and approaches.

Learning Objectives
- Demonstrate use of Patient Activation Measure, especially in the context of initiatives or programs designed to improve adherence.
- Describe other engagement and activation tools and strategies.

Patient Engagement
- Definition
  - Actions individuals must take to obtain the greatest benefit from the health care services available to them.
- Engagement framework
  - Presents a realistic and comprehensive picture of what individuals must do (and the magnitude and scope of the challenges people face) in finding and using safe, decent care.

Patient Engagement
1. Find Safe, Decent Care
2. Communicate with Health Care Professionals
3. Organize Health Care
4. Pay for Health Care
5. Make Good Treatment Decisions
6. Participate in Treatment
7. Promote Health
8. Get Preventive Health Care
9. Plan for the End of Life
10. Seek Health Knowledge

(Center for Advancing Health)
7. **Communicate with HC Professionals**
   - Prepare a list of questions/issues to discuss
   - Bring list of all current medications and be prepared to discuss their benefits and side effects
   - Report accurately on the history and current status of physical and mental symptoms
   - Ask questions when any explanations or next steps are not clear and express any concerns about recommendations or care experiences

8. **Make Good Treatment Decisions**
   - Gather additional expert opinions on any serious diagnosis prior to beginning any course of treatment
   - Ask about the evidence for the efficacy of recommended treatment options (risks and benefits)
   - Evaluate treatment options
   - Negotiate a treatment plan with the provider(s)

9. **Promote Health**
   - Set priorities for changing behavior to optimize health and prevent disease and act on them
   - Identify and secure services that support changing behavior to maximize health and functioning and maintain those changes over time
   - Manage symptoms by following treatment plans including diet, exercise, and substance use agreed upon by the patient and his or her provider

10. **Seek Health Knowledge**
    - Assess personal risks for poor health, disease and injury and seek knowledge about maintaining health and caring for one's self
    - If diagnosed with a chronic disease, understand the condition(s), the risks and benefits of treatment options and personal behavior change(s) by seeking opportunities to improve health/disease knowledge
    - Know personal health targets (e.g., target blood pressure) and what to do to meet them

11. **Engagement vs. Activation**
    
    Patient Engagement is an outcome of patient centered care: A comprehensive set of skills, behaviors, expectations, and demands.

    Patient Activation is measureable: Supports development of self-management behaviors to improve and maintain health.

    "engagement" is a pathway to improved activation.

12. **Patient Activation**
    - The ability and willingness to take on the role of managing one's health and health care
    - Patient Activation Measure
      - A tool to assess an individual's knowledge, skill and confidence in managing their health
Patient Activation Measure

Developments of the Patient Activation Measure (PAM): Conceptualizing and Measuring Activation in Patients and Providers

Patient activation changes over time. Increases in activation are followed by improvements in health behaviors; decreases in activation are followed by declines in health behaviors.

We can predict patients with higher activation will engage in more preventive behaviors and engage in more self-care management of chronic disease.

Why Measure Activation?

“Being patient centered means meeting patients where they are. The PAM helps providers understand where a patient is starting from. For providers, the PAM is like another “vital sign” telling them essential information they need to effectively work with the patient.”

Judy Hibbard
Why Measure Activation?

- PAM can be used to segment patients and utilize resources more efficiently and effectively.
- PAM can assist in tailoring education and interventions to meet the needs of individual patients according to their level of activation, "readiness for change," and confidence in their ability to manage their health.
### PAM: Level 1

<table>
<thead>
<tr>
<th>Patient Characteristics</th>
<th>Common Communications</th>
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<tbody>
<tr>
<td>Overwhelmed by stress</td>
<td>“You’re the Expert”</td>
</tr>
<tr>
<td>Inattention</td>
<td>“It’s in God’s hands.”</td>
</tr>
<tr>
<td>Disempowered</td>
<td>“My doctor takes care of that.”</td>
</tr>
<tr>
<td>“No Clue”</td>
<td>“My wife’s the boss of my medical care.”</td>
</tr>
</tbody>
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**Coaching/Assessment Strategies**
- Ask for “exception to the rule” (when? why?)
- Introduce idea of goals (based on interest)
- Introduce role differentiation
- Educate on healthy diet
  - Notice food in house
  - Who plans meals
- Provide brochure on Care Team roles
- Importance of medications

### PAM: Level 2

<table>
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<tr>
<th>Patient Characteristics</th>
<th>Common Communications</th>
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| Patients lack basic health care facts or have not connected them to larger understanding of their health. They lack confidence to take action. | “I don’t know what to do.”
|                        | “Where do I start?”    |
|                        | “It seems so overwhelming.” |

**Coaching/Assessment Strategies**
- Introduce small steps
- Introduce awareness of choices
- Ask “If you had a friend, what would be a key thing you’d tell them about your disease?”
- One fruit a day
- Look at food labels
- Start walking
- “My Medicines”

### PAM: Level 3

<table>
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<tr>
<th>Patient Characteristics</th>
<th>Common Communications</th>
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| Patients have key facts and are beginning to take action but may lack confidence/skills. Focus on choices, benefits and consequences. | “I feel better when I…”
|                        | “I’m trying to…”       |
|                        | “I discovered that…”   |
|                        | “Maybe I should try…”  |

**Coaching/Assessment Strategies**
- Lead with patient’s interest
- Celebrate successes
- Problem solve with patient
- Take a cooking class
- Read/compare food labels
- Keep a journal, use a meal planner
- Use a pedometer
- Identify medication barriers
PAM: Level 4

**Common Communications**

| Patient Characteristics | "I can do it when... but I need help with..."
|-------------------------|--------------------------------------------------|
| Patients struggle to maintain behavior when faced with stress or difficulties. | "Every time I..."
| | "Except when..."
| | "I do OK until..."

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**Coaching/Assessment Strategies**

- Brainstorm with patient barriers to maintaining behavior
- Problem-solve as partners
- Introduce other avenues of support
- Join a support group ("in person" or online)
- Ask for support/help from others
- Remove triggers, find alternatives
- Proactive planning

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**Coaching Model: Tailoring**

- Addressing the specific challenges associated with the individual’s level of activation.
- Developing skills and knowledge that lay a foundation for the next higher level.
- Building confidence by a series of small successes.

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**Coaching Model: Action Plan**

- The action plan is based on the patient’s level of activation.
- In levels 1 and 2 action plans focus on knowledge, beliefs, awareness and "pre-behaviors."
- In levels 3 and 4 action plans focus on the initiation of new behaviors and maintaining behaviors.

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**Improving Adherence**

- Positive relationships and quality of the clinical environment
- Ongoing reinforcement, motivation, and support at every step in the healthcare system
- Simplifying dosage regimens
- Involving patients in the decision-making process and setting goals that are later reviewed with the patient
- Education about the medication, its benefits, side effect management, duration of therapy, and vital to patient can accept
- Follow-up calls and reminders
- Rewards for achieving goals
- Social support, including family members, when possible
- Self-management training

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**Access to Information**

- More information does not in itself lead to higher activation
- Information used as a springboard for action and shared decision-making
- Information must be meaningful
  - Health literacy
  - Tailored to activation level

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**References**

- Tailored to activation level
Test Results

Visit Summary
- A document shared with patient during a primary care visit that draws from the electronic medical record in real time
  - current and trended data for vitals and lab results
  - current medication list
  - preventive services list
  - care plan

Patient Portal to EHR

Visit Summary: Meaningful Use

Visit Summary: Prevention
Visit Summary Benefits

- Engenders sense of personal responsibility and shared accountability
- Serves as visual aid in discussion
- Promotes causal links: “My weight has gone up and so has my blood pressure and my LDL”
- Serves as motivator for patients who do not want OVERDUE on their list of preventive services
- Promotes goal setting and shared decision making: “What do you want to do about this?”

Patient Response

“We don’t waste a lot of time on history, on how have you been, what have you done? It’s more, ‘We had goals and where are you at now with that? How’s this working out?’ I feel like my 15 minutes is fully packed, whereas before 10 of it was spent trying to get to where we needed to be.”

Quote from patient participating in pilot study titled, “Using an Electronic Personal Health Record to Empower Patients with Hypertension.” Medical College of Georgia. Funding provided by AHRQ.
Patient Survey
- The health care professional (HCP) sometimes used confusing medical terms.
- The HCP did not clearly tell me what he/she wanted me to do.
- The HCP did not help me think about ways to make changes in my diet and habits.
- The HCP did not do a good job addressing my fears and concerns.

Provider Survey
- The patient was unfamiliar with medical terms.
- The patient did not understand my explanations of the medical problem and treatment.
- The patient has difficulty remembering my instructions.
- I could not understand all of what the patient wanted to tell me.
- The patient does not take responsibility for his/her own health.

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