FREQUENTLY ASKED QUESTIONS
ABOUT PAM®

What is the Patient Activation Measure® (PAM®)?

The industry standard in measuring activation, PAM is a 10- or 13-item survey that assesses a person's underlying knowledge, skills and confidence integral to managing his or her own health and healthcare.

How does it work?

PAM is a unidimensional Guttmann-style assessment survey developed with classical test theory psychometric methods and Rasch measurement technique. The survey produces a PAM score that places an individual along a 100-point, interval-level scale. PAM score indicates one of four behavioral groupings or levels of activation. Each level (1-4) provides deep insight into a person's self-management abilities today and in the future.

What do the levels of activation tell us?

People with higher levels of activation (Levels 3-4) tend to engage more regularly in preventative health measures, condition-specific self-management and health information-seeking behaviors compared to people with lower activation (Levels 1-2). Activation level can be a leading indicator of future use and utilization of emergency or urgent care resources, as well as the likelihood for hospital readmission following discharge. Activation level can also predict how likely individuals will adhere to prescribed medications, treatments and therapies. People with lower activation are more likely to experience unmet health needs and feel overwhelmed by the task of condition or health self-management.

How can the Patient Activation Measure® (PAM®) be applied?

In patient-facing programs where healthcare providers (and payers) would benefit from better understanding the self-management capabilities of the individuals they serve. Examples include ambulatory care settings, acute and sub-acute inpatient settings, health coaching programs, and case/disease management programs.

In quality improvement programs as a marker for organizations looking to positively impact key indicators of patient health outcomes. Examples include analysis on reduction in 30-day hospital readmissions, increased medication adherence, and increased patient and provider satisfaction.

In risk stratification and resource optimization within a population to help determine who might be at risk for higher utilization or who might benefit from extra care resources. Examples include implementing PAM for new health plan members then proactively assigning health coaches to individuals with lower activation to address their needs in advance of potential utilization of services.

What are the benefits to healthcare organizations for measuring patient activation with PAM?

- Identify which individuals needs more support and resources.
- Target and tailor the types of support and information that individuals need now.
- Evaluate efforts to increase activation and enhance patient outcomes and organizational metrics.
- Establish quantifiable markers for quality care (e.g., gains in activation = higher quality care)
- Analyze performance of programs and vendors, like condition and disease management programs, with a consistent metric across programs and populations.
- Improve efficacy by supporting people where they are on the activation scale to develop skills, increase knowledge and build confidence in health self-management behaviors.

How does PAM impact the Triple AIM?
- **Improve Population Health**: Kaiser performed a study for members with poorly controlled diabetes (A1c>9) across nine states. The results across the study population showed a single-point gain in PAM score equated to a 2% gain in good A1c scores, and movement to a higher PAM level led to about an 18% likelihood of good glycemic control.
- **Better Care Experience**: AARP found individuals at PAM levels 1 and 2 are more than twice as likely to be readmitted to the hospital within 30 days of discharge compared to individuals in PAM levels 3 and 4. Also, individuals with lower activation are nearly twice as likely to experience a medical error, four times more likely to have poor coordination between providers and three times more likely to suffer a health consequence because of poorcommunication between providers.
- **Reduce Costs**: For a large, fully integrated health system in the Pacific Northwest, measuring PAM and tailoring health management strategy in their Patient Centered Medical Home has yielded a nearly 50% reduction in emergency department utilization. Another program that has adopted PAM has saved a Washington health homes program about $110 per participant per month.

How has PAM been validated?

PAM has widespread adoption in hundreds of third-party, peer-reviewed published studies worldwide. This research spanning nearly 20 years has validated how understanding PAM score and level can lead to positive impacts in multiple domains. PAM has also been effective across nearly two dozen countries and many more languages, highlighting the assessment's validity across cultural lines. A list of published studies using PAM can be found at https://www.insigniahealth.com/research/archive/.

Where is the PAM being used today?

PAM is used in several countries and more than 250 organizations, including health plans, hospitals, governmental agencies, clinics and pharma/life sciences firms. These organizations are using PAM to measure activation and customize care based on a patient's or population's ability to engage in health-related behaviors.

How does PAM compare to other ways to segment patients and populations?

PAM takes a *prospective* approach with the intention of determining where each person is at *now* in terms of their ability and motivation to self-manage healthcare-related behaviors and issues. Typical health analytics models use a *retrospective* approach based on *past* health-related activities (e.g., you went to the ER twice last year) and conditions (e.g., you have diabetes plus hypertension) to determine a risk profile. With the prospective PAM-based model, appropriate treatments and resources can be structured and applied immediately – when they can have the most impact – rather than building an intervention for the future based solely on information from years past.

How did we get to the 4 levels of Activation?

PAM results are comprised of two metrics: Score and Level. PAM score is an interval level value from 0-100, derived from Rasch analysis (i.e., a proven statistical methodology) and computed based on the answers to the survey statements. Each point on the scale has equal value, which allows for the differences in PAM score between people, as well as changes in PAM score (up or down) over time for a particular person or population, to be objectively evaluated.

PAM Level is based by PAM score. The four levels are defined by latent behavioral groupings that show up in the data, as determined by Rasch analysis. For example, people who have poor health-related behaviors generally score low on PAM. They are less engaged and often overwhelmed around health issues. From a self-management perspective, they all behave similarly, despite any demographic or socio-economic similarities or differences.

What if an individual's PAM score/level is higher or lower than expected?

It is important to understand that an individual may respond to the PAM survey in a way that is incongruent with your assessment of where they should be. This can occur for a variety of reasons.

- The individual's perception of their own health self-management ability is quite different from your idea of what it should be. Perhaps you have an implicit bias based on your past experience with this individual or with others that have similar characteristics or behaviors.
- Some response bias was inadvertently introduced into the survey process. Perhaps the respondent feels suspicious of assessments or surveys, or wants to look good in front of the interviewer. It could be the individual is not immediately engaged and therefore not invested in responding accurately.
- This set of PAM responses is an aberration for this individual, for whatever reason. PAM can be re-administered if the responses indicate an unreliable data pattern (e.g., all answers are Agree Strongly), or if the individual does not appear to understand the instructions. Over time, with multiple PAM assessments, a more predictable array of PAM scores should appear, which will guide future health resource allocation and interventions.

What if you feel an individual has responded as she thinks you (the provider) would like her to respond?

First, does the scoring pattern look strange, such as a straight-line response pattern or four or more "N/A" answers? If so, revisit how PAM was introduced and re-administer PAM at the next interaction with this individual. Until that next PAM survey opportunity, treat the individual as a PAM Level 2.

What if the responses to the PAM survey are all the same (i.e., all "Agree")?

Any straight-line response pattern should warrant extra attention. By design, it should be difficult to respond to the PAM survey with the same answer for all statements. If you observe someone is responding in this "straight-line" pattern, it is advisable to stop the survey and re-introduce it. Emphasize the importance of thoughtful responses, that there are no right or wrong answers and that their answers will not impact their care or health benefits.

Is it OK if an individual does not improve in activation score or level after taking PAM again at a later date?

Yes. Although is it less likely that an individual will have exactly the same score on subsequent PAM surveys, it is relatively common for individuals to remain at the same PAM level for a while. Remember that patient activation is a reflection of an individual's ability to self-manage health-related behaviors. If PAM score does not improve from one time interval to the next (e.g., 3-6 months), re-examine the goals, action steps, resources, interventions or treatments that were implemented to address a particular health behavior, such as poor medication adherence, and make a reasonable and achievable adjustment.

About Insignia Health

Insignia Health is a global provider of PAM-based health activation solutions that help organizations rigorously measure a person's self-management ability and then align resources and tailor support accordingly. The Patient Activation Measure® (PAM®) is a predictive powerhouse backed by over 15 years of health activation research and insight gained from supporting hospitals, health systems, insurers, life science companies and government health agencies around the globe. Our PAM-based products and services have proven through extensive published research to increase activation resulting in declines in preventable utilization, lower costs and improved health outcomes. Insignia Health has offices in Portland and Minneapolis.