

PAM readministration 101



Readministering the Patient Activation Measure® (PAM®) survey is an important component of the PAM Behavioral Activation Model.

Asking a patient to take the survey more than once allows you to measure any changes in their score, which indicate changes in their self-management ability (or activation level). Increased PAM scores may predict improved health outcomes, such as a decline in hospitalizations¹ and healthcare costs².

PAM score-change benchmarking can provide valuable insight into the performance of an organization, a care delivery location, a program, a care model and individual staff members³.

Understanding the PAM Behavioral Activation Model

1

Measure PAM activation.

The first PAM survey establishes the baseline, allowing care teams to identify a patient's initial self-management ability.

2

Optimize workflows.

Knowing patients' PAM scores lets care teams allocate resources more effectively, optimize interaction methods and stratify intervention strategies.

3

Provide tailored support.

Tailored coaching based on a patient's PAM level allows care teams to identify appropriate starting points and set realistic health goals to support the patient's activation.

4

Readminister PAM.

Readministering PAM enables care teams to assess gains in activation, evaluate their return on investment and reoptimize processes as needed.

Using PAM in performance measure programs

Using PAM as a quality or performance measure requires an initial baseline administration followed by at least one additional administration within the same 12-month period.

This second PAM survey typically occurs between months three and 12, depending on the mode, duration and frequency of support, adequate training and experience of those providing support, and program requirements. Measure requirements differ by quality program, so be sure to consult your specific program's measure specifications document for detailed requirements for the PAM performance measure.

We encourage a third administration of the PAM survey between months six and 12. For most performance measure programs, two PAM surveys per year is a "must-have," while three per year is a "nice-to-have."

If a patient completes three PAM surveys in one year, the two most recent ones can be used to compare changes in score and level, and other previous results can help analyze trends.

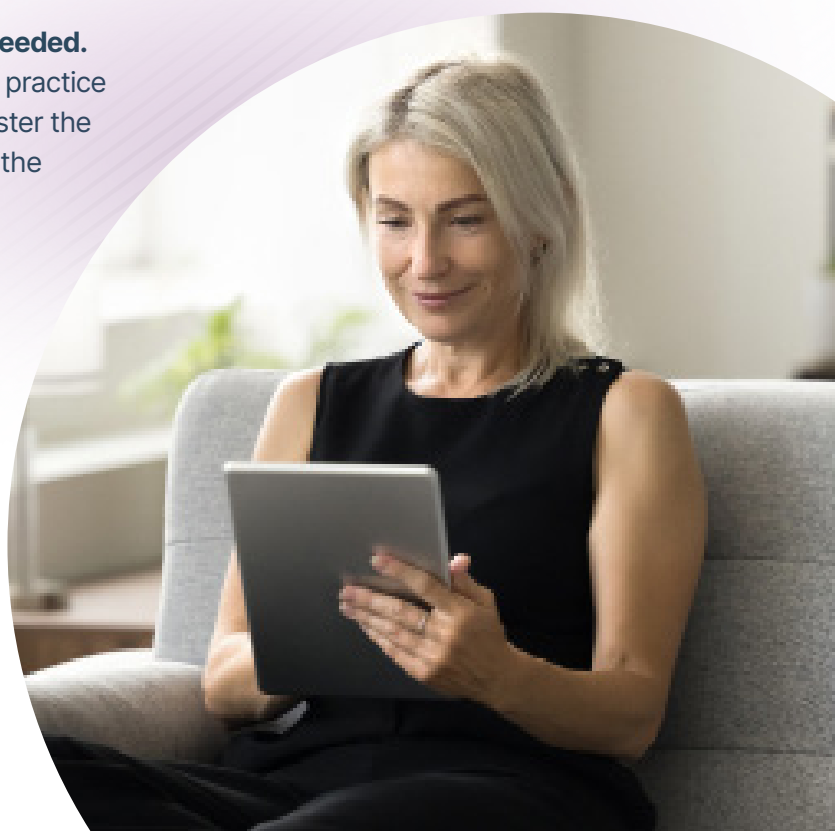
- ➔ A “passing” score is defined as a three-point PAM score increase in a three- to 12-month period.
- ➔ An “excellent” score shows an average six-point PAM score increase in a six- to 12-month period.

Expect the greatest gains to occur among low-activated patients. For instance, Level 1 patients who receive appropriate support are likely to progress to Level 2, whereas Level 4 patients will remain at Level 4. Therefore, it's best to focus on Levels 1, 2 and 3 when tracking performance. (In some performance measure programs, Level 4 patients are excluded from the score-change calculation altogether.)

Keep in mind that a patient's PAM score may decrease when they experience high stress or anxiety—for example, if they receive a chronic or terminal diagnosis.

Achieving high readministration rates

- 1 Integrate PAM into patient workflows.** Create a systemic process for documenting how often staff administer (and readminister) PAM, which team members administer it and how your practice accesses results.
- 2 Schedule staff PAM trainings.** Make sure your trainings address the value of patient activation and incorporate best practices for administering PAM. Be sure to include objectives and timing, and make clear what data or value PAM brings in your workflow documentation. For example, you might codify that your organization must administer PAM to 50% of patients by Dec. 31 in order to apply for financial reimbursement by Jan. 15.
- 3 Monitor PAM scores regularly.** Analyze administration patterns monthly to identify any gaps related to objectives for baseline and repeat administration of PAM.
- 4 Adjust administration timing as needed.** If a population is likely to leave the practice or program before you can administer the survey again, consider presenting the survey sooner than planned. For example, you might let patients take the survey during week 12 when you initially slated the next round for week 16.
- 5 Look for readministration best practices.** Identify what's been working well and what you'd like to improve. Disseminate this information among your team to incorporate into their workflows.



Navigating survey fatigue

Be prepared for resistance—from patients and staff alike—when they realize that PAM needs to be administered multiple times.

It helps to set expectations around PAM from the onset. Explain that the survey must be administered on a recurring basis to track progress.

Here is a script you can use to help staff understand the value of readministration:

I know how busy you are, how hard you work and how carefully you must manage your time. Administering PAM might feel like extra work. But patients must take the PAM survey regularly so we can measure their score change. When a PAM score goes up, it shows us that we're making progress with that individual.

It demonstrates to leadership how well you're performing at your job. And you deserve to know the impact you're making on patients' lives—improving PAM scores quantify that impact.

Here is a script you can use to help patients understand the value of readministration:

I know you already completed this questionnaire, but it's important that you take it again. PAM helps us deliver personalized care to meet your specific health needs. We ask patients to retake the survey once or twice a year so that we can monitor how well we're supporting you. That's why it's important for you to answer the statements in the way that best reflects how you feel in this moment. PAM takes just a few minutes to complete. I'd really appreciate your participation! Ready to begin?

References

1. Remmers C, Hibbard J, Mosen D, Wagenfield M, Hoyer R, Jones C. Is patient activation associated with future health outcomes and healthcare utilization among patients with diabetes? *J Ambul Care Manage.* 2009;32(4):320-7. <https://doi.org/10.1097/jac.0b013e3181ba6e77>
2. Lindsay A, Hibbard J, Boothroyd D, Glaseroff A, Asch S. Patient activation changes as a potential signal for changes in health care costs: Cohort study of US high-cost patients. *J Gen Intern Med.* 2018;33(12):2106-2112. <https://doi.org/10.1007%2Fs11606-018-4657-6>
3. Callaway C, Grover S, Steele K, McGlynn A, Cunningham C, Sribanditmongkol V, Powell C. Evaluating Patient Activation Measure (PAM) Scores and Readmission Rates Following Implementation of a Nurse-Initiated Multi-Faceted Strategy for Patients on a U.S. Navy Inpatient Oncology Unit: A Quality Improvement Project. Defense Technical Information Center. 2016. <https://apps.dtic.mil/sti/citations/AD1022747>