

Patient Activation Measure® Pilot

Summary report

Safer Care Victoria's Patient Activation Measure® (PAM®) Pilot found PAM® can be used in Victorian chronic disease management services to help tailor care to people's needs.

BACKGROUND

Patient activation describes a person's knowledge, skills and confidence to manage their own health. People living with chronic conditions have different levels of activation, but this is not always measured or used to guide care.

Higher levels of patient activation are linked to better health outcomes, improved care experiences, fewer hospitalisations and unnecessary healthcare use^{1,2}.

THE PATIENT ACTIVATION MEASURE®

The Patient Activation Measure® (PAM®) is a licensed and validated survey that assesses a person's activation. It is used widely across Australia and internationally. Improvements in PAM® scores are associated with better health outcomes and reduced healthcare utilisation¹.

This pilot used the 13-question version of PAM®. It gives a score from 0 to 100 and places a person into one of four levels of activation (see Figure 1). Changes in scores and levels can show whether a person's ability to manage their health has improved, stayed the same or declined.

Health services can use PAM® to understand a person's level of activation, tailor care to their needs, identify groups who may need more support, and measure changes over time including in initiatives aiming to reduce unnecessary healthcare use³.

AIM

SCV piloted PAM® across 12 health and community health services between November 2023 and December 2025 to explore uptake and feasibility in Victorian chronic disease management settings. Services aimed to administer PAM® and use the results to tailor care for at least 50% of eligible patients.

PROJECT AT A GLANCE

- November 2023 – December 2025
- 12 Victorian health and community health services

HIGHLIGHTS

The pilot showed the Patient Activation Measure (PAM®) can be used in Victorian chronic disease management settings to support more tailored, person-centred care.

- 2,606 people completed an initial PAM®
- 1,386 people completed a follow-up PAM®
- PAM® scores increased across all 4 levels
- Uptake: 63% of eligible patients completed a PAM®, exceeding the 50% service-level target.
- Feasibility: PAM® was generally easy to use, but workflow pressures, staff turnover, language and health literacy needs affected implementation
- CFEP Surveys' cost-impact modelling estimated potential net savings of approximately \$8.37 million (does not include all administrative and workforce costs)

PROJECT SUPPORT

In partnership with Phreesia and CFEP Surveys (the organisations who own and license the use of PAM® in Australia), SCV supported community health services by providing licences, implementation resources, training, monthly coaching and quarterly communities of practice.

OUTCOMES

The pilot found PAM® could be used in chronic disease management programs to identify support needs and tailor care, when services had the right implementation supports in place.

- Of 2,606 people who completed an initial PAM®, 1,386 completed a follow-up PAM®
- PAM® scores increased for participants at all four starting activation levels, meeting or exceeding the pilot targets: 92% at Level 1, 67% at Level 2, 54% at Level 3 and 29% at Level 4. These results suggest many participants' activation improved during the pilot. However, the pilot was not designed to prove PAM® alone caused these changes.
- Clinicians reported that PAM® supported structured conversations, helped identify support needs and gave teams a shared language for tailoring care
- All surveyed clinicians agreed that their knowledge of PAM® and techniques for tailoring care increased following training
- CFEP Surveys' cost-impact modelling estimated potential net savings of approximately \$8.37 million after contract costs. These are modelled savings only and do not include all administrative and workforce costs.

While the pilot provides useful insights into implementation and potential benefits, it was not designed to determine whether PAM® directly caused observed outcomes or resulted in actual cost savings.

CONSUMER STORY

A 76-year-old client with newly diagnosed heart failure returned to hospital with complications. After leaving hospital the second time, they completed PAM® with a result of Level 1 (score 47.0). The care coordinator used this score to:

- **Risk-stratify:** Level 1 indicated high risk of re-presentation. This was corroborated by the client already having an unplanned re-admission.
- **Tailor care:** the care coordinator specifically tailored care to the areas the client felt less capable in – including health education, accessing local health services, and self-management.

6 months later, the client's score had increased to Level 3 (score 65.5) and they had not returned to hospital during that time.

This individual example shows how PAM® can be used to guide care and measure improvement in patient activation.

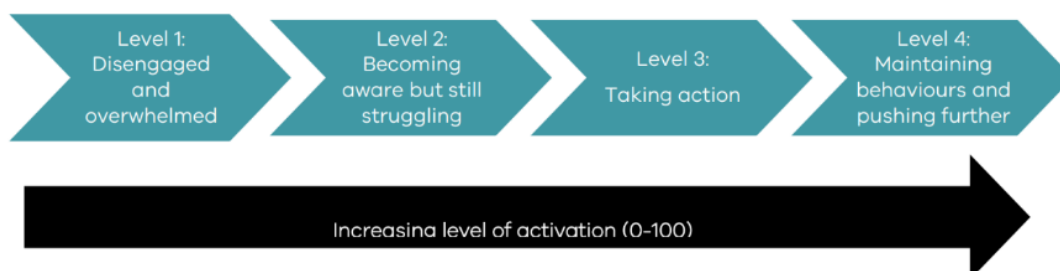
Uptake

Participating services administered PAM® to 63% of eligible patients, exceeding the 50% service-level target. This suggests many services were able to introduce PAM® into routine care and engage eligible patients in completing it.

Feasibility

PAM® was generally quick to administer, taking an average of 5 minutes and 46 seconds. Services reported it was easy to use, but workflow pressures, staff turnover, language needs and health literacy affected implementation.

Figure 1: PAM® levels of activation



WHAT WE LEARNED

- Build PAM® into existing workflows from the start.
- Secure leadership support and identify local champions.
- Provide practical training and opportunities for services to learn from each other.
- Plan early for patients' language and health literacy needs.
- Build consumer involvement into project design and evaluation so patient experience can be understood alongside service and clinician feedback.
- Consider licensing costs, minimum volumes and data collection requirements before implementation.
- Undertake economic evaluation to confirm actual savings at a project or service level.

NEXT STEPS

Some services continued using PAM® after the pilot. SCV is also using PAM® to measure patient activation in digitally enabled care pathways for chronic conditions through the SCV Assisted Self-Management Pilot.

LICENSING INFORMATION

For SCV's PAM® Pilot, Focused Evaluations Program Pty Ltd, trading as Client Focused Evaluation Program Surveys (CFEP Surveys), facilitated the use of PAM®. CFEP Surveys is based in Australia and holds a licence from Insignia LLC (Insignia Health) to administer PAM® in Australia. Insignia Health is a division of Phreesia Inc. Both are incorporated and based in the United States of America.

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REFERENCES AND RESOURCES

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Learn more about PAM® < www.insigniahealth.com/pam/ >

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