NCQA INCLUDES ODS PROGRAM IN NATIONAL QUALITY LEADERSHIP PUBLICATION

The National Committee for Quality Assurance (NCQA) invited ODS to submit a case study for publication in its "Quality Profiles: The Leadership Series."

The series highlights best practices and programs from the nation's leading healthcare organizations, offering guidance to healthcare providers, plan providers, group medical practices, employers and payers as they work toward excellence in patient-centered care.

Honored to be included in this well-respected publication, ODS submitted a case study highlighting the ODS Care program with details on how integrating the Patient Activation Measure into the ODS Care program helps improve patient engagement.

Here's the full case study as published in "Quality Profiles: The Leadership Series". A full copy can also be ordered for free from NCQA.

Profile: Integrating the Patient Activation Measure Into Health Coaching to Improve Patient Engagement

Background

One of the main ways health care coaching and disease management programs influence outcomes is through their support of patient self-management and engagement. ODS, a health plan based in Portland, Oregon, integrated the Patient Activation Measure (PAM) and PAM suite of tools into its health coaching program to improve patient engagement and health outcomes. This approach is part of an overall effort by the health plan to shift focus from traditional disease management toward management and improvement of patient health behaviors. Unlike many other organizations, ODS uses the PAM score not just as a tool for determining patient activation; it also impacts how health coaches interact with their patients because it allows for accurate assessment of the individual patient's needs. The primary goal of the program is to determine if assessing patients' capabilities for self-management and tailoring coaching support based on this assessment are effective in improving member health outcomes.

Overview

The ODS health coaching program originally was directive in nature and focused on the disease and condition rather than patient behaviors. However, a few years ago, ODS recognized that shifting care toward a more holistic, behavior-based management approach could lead to improved outcomes and, therefore, sought to redefine its coaching program to accomplish this goal. As part of this paradigm shift, ODS incorporated the PAM suite of tools along with the Coaching for Activation (CFA) platform into the organization's health coaching program. Included in these is an online survey administration system to record, track and produce outcomes reporting. In addition the PAM suite and CFA provide resources and guidance for the clinician/coach to tailor PAM level–specific coaching support, increase engagement and retention in condition-management programming and customize various modes of communications (online and print) for greater impact that is unique to an individual's or audience's level of activation.

As the first step in this program, ODS determines what members may benefit from the ODS health coaching program. The health coaching program covers a wide variety of areas that include

- Cardiovascular risk factors
- Women's health
- Depression
- Diabetes
- Asthma
- Chronic obstructive pulmonary disease
- Musculoskeletal disorders
- Obesity management
- Lifestyle risk

To identify eligible members, ODS reviews claims data and referrals from providers, case management and behavioral health staff. Population-specific eligibility criteria and predictive risk scores are then used to identify members who suffer from a high disease burden, comorbidity and gaps in care before they become high-cost utilizers of health care services.

Eligible members are then sent the PAM survey (see Appendix 5) via mail. If the member is interested in participating in one-on-one health coaching, he or she completes and returns the PAM survey. Health coaches use the survey results to stratify members to activation levels.

Members who have opted into the phone coaching component of the program are contacted by telephone. Supplemental support is also available through e-mail and online. The PAM score helps ODS health coaches determine the best way to interact with the member. For example, it can be used to identify the best method to approach the member, call frequency, the amount of time spent speaking with a member, objectives and goals for the member and potential resources available to assist in care. It is this approach that demonstrates how ODS maximizes the PAM assessment by moving it beyond an assessment tool and incorporating it into the total coaching model. The goal is to make the PAM assessment results a part of the dialogue with the member and to use them as the basis for determining communications and interactions.

By understanding participants' activation levels, health coaches can better tailor programs to meet the individual needs of the member. For example, for a member at a lower level of activation, it is best not to overwhelm that person with a lot of information. A health coach would, therefore, ensure the member is given smaller amounts of information in a way that is easier for the member to absorb and understand.

ODS health coaches are trained in the use of evidence-based guidelines and motivational interviewing techniques. A PAM score augments these skills to give ODS health coaches insight into a participant's self-management abilities and brings focus to behaviors and skills that are realistic and achievable for a given level of activation.

Research underscores that patient knowledge levels, confidence and commitment to adhere to a long-term treatment plan vary. This variability is usually correlated with a patient's level of activation. Therefore, ODS believes that a successful coaching regimen must provide ongoing motivation and follow-up based on the individual's unique health style. ODS clinicians take a highly patient-centered and holistic approach incorporating motivational interviewing techniques, coupled with a focus on lifestyle, culture and belief systems.

Initiative Development

Program development began with a comprehensive literature review, which took approximately three weeks to complete. Studies that have documented the importance of patient activation were reviewed. The research suggested patient education initiatives have a significant short-term impact but only moderate long-term impact on health outcomes. In addition, ODS found that more than 85 studies documented the importance of activation and the PAM's ability to measure this construct and to predict a broad range of behaviors, drivers of behaviors and health outcomes. Based on the research, ODS concluded that tailoring support to levels of activation would be an effective strategy for enhancing patient engagement and improving health outcomes.

The shift to this new approach to care was reviewed with internal and external stakeholders. As part of ODS' standard internal practice, the decision for selection and continuation of quality initiatives rests with the ODS Medical Quality Improvement Committee (MQIC). The MQIC monitors and evaluates health care and services provided to ODS members to ensure that the care and services meet current standards of medical practice and clinical guidelines. The final stage of development was ensuring that departments and partners across the organization were in support of the program and communicating the change to the provider community and purchasers. The coaching team, leadership and internal stakeholders were trained on the new model of care. The marketing team also developed a press release to assist with program communication to internal and external customers. This took approximately four weeks.

Initiative Implementation and Rollout

Initiative implementation began with a pilot phase, which included changes to the health coaching program. The first step of implementation was moving to sole use of the PAM replacing the standard functional Short Form (SF)-12 health status survey as the primary assessment for ODS health coaching. At the initial launch, 1,100 members who had opted into the program were given the PAM survey. The 646 members who returned the survey were then contacted via telephone by a health coach who worked with the member and tailored coaching by evaluating the PAM results and incorporating this understanding into the dialogue. On completion of one-

on-one coaching, members were asked to complete a satisfaction survey and final PAM assessment to evaluate the effectiveness of the intervention.

Approximately one year following the launch of the pilot program, the second phase of the rollout began. This included expansion of the program to other parts of the organization, such as the care coordination and behavioral health departments. The program is now integrated within all medical management programs. Activation language and motivational content are built into all materials sent to members, such as workbooks and other communication materials. This provides a cohesive exchange that reinforces the goals of the behavioral-based model.

As part of the implementation, there was a significant investment in tools and resources. Financial investment included licensure of the tool itself and development of administrative and coaching-activation Web sites that are used for tracking and reporting. Internal systems also required development or modification for the tracking and analyzing of data. Since this program was a shift away from a traditional disease-management model, there were costs associated with continued training of the staff on a behavior- and activation-focused model.

Challenges

One of the major challenges faced by ODS was the learning curve associated with the shift from a traditional to a behavioral-based management approach. The health coaches were unfamiliar with the new model and it was challenging to move from a standardized approach to one that was more fluid. Training and education were used to help the coach understand that effectively using the tool requires a customized approach. Although initially the transition was difficult for the coaches, over time they felt more comfortable and, therefore, effective in their role.

ODS also faced logistical challenges. Initially, the coaches administered the first PAM survey over the phone, whereas subsequent surveys were sent via mail. Early data indicated that there were discrepancies in patient responses when the surveys were not delivered in the same mode; patients who responded via telephone were more apt to be agreeable with the coaches administering the survey, and had less time to reflect on their responses. As a result, ODS now administers all surveys via mail.

Lastly, there were financial challenges. The cost of the licensure for the tool was initially viewed as a barrier to use. ODS leadership was provided with the research that demonstrated the importance of behavioral activation and the PAM's ability to measure this construct and predict a broad range of behaviors, drivers of behaviors and health outcomes. Once the program was presented to leadership, it immediately recognized its value.

Outcomes

Incorporating the PAM suite of interactive tools dramatically enhanced the health plan's efforts to engage members in actively

managing their health and wellness. The amount of time patients participate in the program depends on predetermined goals. While this time may vary, there is always an established goal that determines the completion of the coaching program. If members would like to establish new goals, they can reenter the program at any time. At any given time, approximately 3,000 members are participating in the program each month. To determine changes in activation, ODS performs pre- and postsurveys on all participating members and evaluates those data quarterly. As of 2009, overall PAM scores have increased by 7.9 percent, or five points. This positive trend continued in 2010. ODS has also seen an overall improvement quarter to quarter in member activation. Quarterly improvements have ranged from 24 percent to 61 percent of members moving from lower levels of activation to higher levels of activation. The findings, though preliminary, suggest that tailoring coaching to patients' activation levels and using the same metric to track progress improves the outcomes of health coaching.

Small increases in activation can have an impact on medication adherence, emergency room utilization and hospital length of stay. Therefore, the goal is for the final PAM score to improve by an average of 5 percent across all disease management programs and for the final PAM scores to be higher than those of the comparison population (members eligible for disease management programs but not engaged in health coaching). In 2011, ODS will use claims data to further validate changes in the PAM scores. Early trends indicate a plateau, or slight reduction in emergency room/acute visits, improvement in medication adherence and a decline in length of stay during admission episodes.

The impact of this initiative has been very positive on ODS members and staff. By understanding participants' activation levels, health coaches have been able to better segment and tailor programs to meet the individual needs of the member. Through this approach, coaches are able to identify and encourage behavioral change opportunities that are realistic, achievable and that allow an individual to realize success and build confidence. Health coaching programs that meet the patients where they are, reinforce strengths and help motivate them on their journey seem to be the most effective. Tailoring support based on a PAM score has helped accomplish that.

Leadership has been able to allocate resources more efficiently by focusing coaching activities on the lower activated members who need the most support and leveraging more advanced technology and self-directed and on-demand solutions for the higher activated members.

Lessons Learned

ODS learned several lessons through challenges and successes. One of the key lessons was to ensure implementation of the program across all aspects of the organization. One of the reasons the ODS program was successful was due to the continued support of staff and

leadership company-wide. Another important element was ensuring that all staff members understood and had an appreciation for the change in care processes. The program should be viewed by staff members as an integrated approach to help tailor outreach and support to the members' needs. The staff believes that the change in behavior is going to positively impact outcomes and is, therefore, the key to success for ODS members and the greater community. It is also important that there is a level of flexibility. The staff and leadership are able to modify the program and tactics based on data and feedback.

Future Directions

As part of the next phase for the program, ODS has introduced an interactive Web portal for members that provides additional self-directed care assistance. Through this portal, the member completes the PAM survey and obtains a report, called My Health Style Report (see Appendix 6), displaying his or her health self-management style and level of activation. The portal also provides additional information in a manner that is meaningful and appropriate for the member based on responses to the survey. This new version of the tool will assist members in further behavior modification to improve care. However, direct mail is currently the primary method of survey delivery.