**INTRODUCTION**

Patients who actively participate in their health care have demonstrated improved outcomes in adopting healthy behaviors, controlling chronic illness, and obtaining preventive services. Patient Activation Measure (PAM) is a validated self-evaluation tool that measures a patient’s knowledge, skill, and confidence in managing one’s health. Lower PAM scores are correlated with higher use of ER visits and hospitalizations in several patient populations, particularly in underserved, low-income groups. Patients with lower PAM scores can be identified for interventions to improve patient activation with the goal of improving health outcomes and reducing unnecessary utilization.

**OBJECTIVE**

To determine if patient activation scores correlate with subjective measures of patient complexity and utilization in an urban family medicine residency serving a diverse, low-income, underserved population.

**METHODS**

The PAM survey was administered to consecutive English and Spanish speaking patients presenting for care to faculty at a university-based family medicine residency affiliated with a federally qualified health center in Madison, WI. In addition, demographic information and a single-item general self-rated health measure was collected from patients. For the patients who completed the PAM, the primary care provider (PCP) completed a five-question survey estimating patient complexity and utilization of health care resources.

Sample questions from the PAM survey (response on 7 point Likert scale):

“Taking an active role in my own health care is the most important thing that affects my health.”

“I am confident that I can follow through on medical treatments I may need to do at home.”

“I understand my health problems and what causes them.”

“I am confident I can figure out solutions when new situations or problems arise with my health.”

“I am confident I can maintain lifestyle changes, like eating right and exercise, even during times of stress.”

Sample questions from the PAM survey (response on 7 point Likert scale):

“Looking poster, do not distort proportionally by holding down the SHIFT key and dragging one of the corner handles. For a professional printing quality, you need to go to VIEW > NORMAL to continue working on your poster.

**RESULTS**

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If they are blurry or pixelated, you will need to go to VIEW > NORMAL to continue working on your poster. Please, make sure to go to VIEW > NORMAL to continue working on your poster.

**DISCUSSION**

Although low patient activation scores are correlated with high utilization, as estimated by PCPs, the PAM score is not an independent predictor of estimated utilization in our study.

Future studies will evaluate patient activation scores from this data set against objective measures of utilization.

**REFERENCES**


**ACKNOWLEDGEMENTS**

Funding for this study was provided through a grant from the Department of Family Medicine.

Thanks to Larissa Zakletskaia, Wen-Jan Tuan, Terry Little, and MayBeth Plane.

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**RESULTS**

Table 1 shows the demographic and single item general self rated health measure results. The patients were largely representative of the general clinic population.

Pearson correlation shows a statistically significant inverse correlation between PAM Scores and utilization, with lower activation associated with higher utilization (Table 2).

Generalized linear model (GLM) of utilization scores revealed that PCP and single item general self rated health are significant predictors of the utilization scores (Table 3). Further, when Medicaid is added as a variable to GLM, Medicaid and single item general self rated health remained predictors of utilization, while the PCP no longer predicted utilization (Table 4). PAM scores did not predict utilization with the GLM.

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Age, gender, race, education were not significant predictors of utilization (not shown).

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