How can patients be encouraged to participate in their own care?
And just what does it mean to be an empowered patient?

In 2011/12 each person in England was prescribed an average 18.3 items at an annual cost of £167.22 per person. It’s a commonly accepted fact, however, that rates of adherence vary among most patients, and even the diligent may not always stick to their treatment regimens. Healthcare professionals may aim to deliver treatment and advice according to the latest evidence, but what the patient does outside of their appointment to manage their own health has to date been considered largely beyond their remit.

The question of why some people take an active role in managing their health and others are passive is one that Professor Judith Hibbard has spent her career studying. It’s led to the development of a concept called ‘patient activation’ that captures the skills, knowledge and confidence an individual has in managing their health, and a greater understanding of how empowerment relates to a patient’s health outcomes and the cost of their care. Patients with low levels of activation often struggle to take an active role in their care and staying healthy, and are not as good at seeking help when they need it, or in following a doctor’s advice. Indeed, a lack of confidence often means they prefer not to think about their health.

By contrast, it’s not surprising that patients with high levels of activation are not only healthier but less likely to attend accident and emergency departments, be hospitalised or readmitted, leading to overall lower healthcare costs. With the full range of patient activation levels found in the majority of populations, including people with long-term conditions and mental illness, patient activation provides new insights into who is most at risk of poor outcomes.

Meeting patients ‘where they are’
But how does this relate to a healthcare professional delivering care? Well the fact patient activation is not stable – but with appropriate intervention can be increased – is at the heart of why health policymakers are so excited about its potential. Understanding where a patient is in terms of their knowledge, skills and confidence provides an opportunity for health professionals to ‘meet them where they are’ and deliver

Patient activation and medicines adherence

The opportunity to help patients improve their health behaviours, such as taking medication, has not gone unnoticed by the pharmaceutical industry. In understanding the likelihood of a patient being able to manage their health condition, patient activation provides an opportunity to identify those who are most likely to be non-adherent before they are. Pharmaceutical companies are increasingly taking an active interest in predictors of adherence, and patient activation provides an additional means of understanding the factors that influence adherence, allowing tailored support for patients.
support at a level at which they are likely to benefit. Many see this as an evolution in the way we practice medicine, layering the ‘clinical’ lens of diagnosis and treatment with a ‘behavioural’ lens of the individual’s own ability to manage and participate in the management of their care.

Two approaches to using patient activation in clinical care have emerged. The first focuses on raising patient activation levels, whereby health professionals work with low activated patients to break down their goals into activities that are manageable and achievable – improving health behaviour, as well as confidence in managing their own health.

The second approach aims to maximise the delivery of existing care by providing a ‘high touch’ approach for low-activated patients to ensure they get the necessary support to use services effectively, and a ‘low touch’ approach for highly activated patients with existing skills and the confidence to manage their health. This can also be used to maximise appropriate resource allocation. One approach adopted by a US hospital to detect urinary tract infections in people with chronic conditions provides highly activated patients with a home testing kit while encouraging those with low activation to attend more regular appointments for hospital testing.

The evidence supporting patient activation is captured in more than 200 papers; however, it is the extent to which it’s been adopted by commissioners and providers in the USA that speaks to its impact and has gone unnoticed in the UK where a recent pilot in five sites led by the Health Foundation and funded by NHS England will start the process of wider implementation for measuring patient activation.

There is a growing recognition in the UK that maximising the role patients play in managing their health is not only good for their own wellbeing, but a core element in helping them manage the potential burden of long-term conditions while reducing costs to the NHS. Patient activation raises important questions about how effective current resource allocation is, but in recognising this it also provides a mechanism for improvement.

‘Give us information, give us time, help set and manage our expectations, train us to better help ourselves, and therefore the whole system’

Dr Helen Gilburt is a fellow in health policy at The King’s Fund. See its latest paper, Supporting patients to manage their health: an introduction to patient activation.

www.kingsfund.org.uk/patientactivation

How can we help more patients to take control of their health?

As the patient activation model suggests, some patients are more adept at managing their health than others and the impact this can have on the individual and the NHS should not be under-estimated. However, there is no ‘one size fits all’ solution to improving patient activation; we have to encourage engagement through a variety of touch-points on and offline and complement face-to-face interaction with HCPs and pharmacists.

Of course there are great opportunities for pharma to connect patients and HCPs online, and thus add value to the patient pathway. The industry has been naturally cautious about such online engagement and the NHS, which might seem an obvious communication channel, has traditionally been off-limits for external messaging. However, this has changed thanks to a new network of NHS websites created by Fendix Media and the NHS, which now allows external organisations to inform and educate HCPs and patients via NHS intranets and NHS public websites respectively.

Therefore, signposting educational resources regarding therapies to an HCP via their NHS intranet, as well as patient information materials following the point of dispense (POD), makes good sense. The patient can also access relevant resources signposted/placed on their local, external NHS Trust website – thus creating a joined up experience between the patient and HCP online.

For more information on Fendix Media:
www.fendixmedia.co.uk – email Simon Grime, Commercial Director, simon.grime@fendixmedia.co.uk