


Patient Engagement Annotated Bibliography

Updated October 2020

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As the volume of patient and family engagement research continues to grow, so too does the page count of the Patient Engagement Annotated Bibliography.

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Thank you for your interest in the Patient Engagement Annotated Bibliography.

Sincerely,

The O'Neil Center

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Shared decision-making (SDM) is a process whereby patients and their health care providers participate in a bidirectional flow of information and involves understanding patient preferences. SDM has been shown to improve decision quality, patient adherence, risk perception and patient outcomes, while reducing health care costs and resource utilization. Decision aids have been shown to increase patient knowledge and are frequently used to aid in the SDM process. The COVID-19 pandemic has presented some challenges as well as opportunities in how we conceptualize and provide health care services while maintaining public health requirements for physical distancing. One unique opportunity to address fear of COVID-19 infection and lack of personal protective equipment is to implement “virtual” SDM. This model provides opportunity for patients to engage in their health care from their home using telehealth. Further study is needed to fully understand how virtual SDM impacts the provider-patient relationship and patient engagement. This article brings attention to how we can reconceptualize health care delivery and SDM during the current pandemic.

Andersen-Hollekim, T., Solbjor, M., Kvangarsnes, M., Hole, T., Landstad, B. J. (2020). *Narratives of patient participation in hemodialysis. Journal of Clinical Nursing, 29, 2293-2305.* DOI:10.1111/jocn.15238 Added October 2020

The purpose of this qualitative study was to understand how working-age adults experience patient participation in hospital hemodialysis. Purposive sampling was conducted to recruit adults between the ages of 35 and 64 for face-to-face interviews. All participants must have been receiving hemodialysis for more than three months at one of six dialysis units in Norway. A total of 11 people consented to participate. The interviews were examined using a narrative analysis. The following themes were identified: 1) informed, but not involved in treatment choices; 2) duality of care and control; and 3) frail trust reflecting collaborative deficiencies. None of the participants were involved in the choice of dialysis modality. However, they felt that they were well informed. Patients reported that nurses did not listen to them, were disrespectful and valued medical knowledge over the patient experience. Some patients used the Internet to gain knowledge and seek solutions to their problems. Several limitations were noted including the inability to recruit patients between the ages of 18 and 34 years of age. Despite limitations, this study highlights the lack of patient autonomy in this area of health care.

Bengston, A. M., Kumwenda, W., Lurie, M., Kutengule, A., Go, V., Miller, W. C., Cui, E., Owino, M., & Hosseinipour, M. (2020). *Beyond mobile phones: Exploring using technology to support sustained engagement in care for HIV-infected women on antiretroviral therapy. AIDS CARE, 32(8), 959-964.* <https://doi.org/10.1080/09540121.2020.1737639> Added October 2020

The purpose of this mixed methods study was to evaluate barriers and facilitators to three technologies to monitor engagement in care among pregnant HIV-infected women. The technologies under investigation include mobile phone text messaging, mobile phone SIM card scanning and biometric fingerprint scanning. Health care workers (HCWs) and pregnant HIV-

infected women were recruited using convenience sampling from two large urban HIV clinics in Malawi. A quantitative survey, eight focus group discussions and five in-depth interviews (HCWs) were conducted. A total of 104 HIV-infected women and 50 HCWs were included in the study. Quantitative and qualitative data among the women and HCWs showed strong support for using technology to monitor patient engagement in HIV care. Biometric fingerprint scanning was the preferred method among women and HCWs. Facilitators include the perceived ability by HCWs to recognize when patients transfer to other clinics. Barriers to mobile phone-based strategies included limited phone ownership, illiteracy, selling or changing phones, and privacy concerns. Study limitations include the use of convenience sampling. While this study identified biometric fingerprint scanning as the preferred method, additional research is needed to determine feasibility of its implementation.

Biederman, J., Fried, R., DiSalvo, M., Driscoll, H., Green, A., Biederman, I., Woodworth, K. Y., & Faraone, S. V. (2020). A novel digital health intervention to improve patient engagement to stimulants in adult ADHD in the primary care setting: Preliminary findings from an open label study. *Psychiatry Research*, 291, Article 113158.

<https://doi.org/10.1016/j.psychres.2020.113158> Added October 2020

The purpose of the paper was to assess the effectiveness and adequacy of a digital health intervention for improving patient engagement in adults with attention deficit hyperactivity disorder (ADHD) in the primary care setting. The intervention involved customized ADHD-centric text messages that included medication reminders, prescription refill reminders and ADHD education. The intervention group (n=112) consisted of adults between the ages of 18 and 55 years, recruited from primary care and psychiatric practices at Massachusetts General Hospital. Participants for the comparison group (n=336) were recruited using the hospital's electronic medical records data registry. These participants were matched to the intervention group based on age, race and gender. Patient engagement was assessed based on timely prescription refills. Results showed that 81% of participants in the intervention group refilled their prescriptions in a timely manner compared with 36% in the comparison group (OR= 7.54, 95% CI: 4.46-12.77, $p < 0.001$). Study limitations include the lack of random assignment in the intervention group. The authors report this digital health technology involving text messaging has not been previously used for ADHD in the primary care setting.

Brodney, S., Valentine, K. D., Fowler, F. J., & Barry, M. J. (2020). Validation of the 3-item what engagement looks like (WELL) scale in patients with diabetes. *Journal of Patient-Reported Outcomes*, 4, Article 57, <https://doi.org/10.1186/s41687-020-00225-6> Added October 2020

The purpose of this study was to develop and test a short, condition-specific measure to assess patients' self-report of how engaged they feel in managing a specific condition. The first phase consisted of cognitive interviews of six patients and input from survey methodologists and clinicians to develop a preliminary 3-item WELL scale. The measure is scored from 0 to 10, where 0 is *not at all* and 10 is *a lot*. The second phase consisted of an online survey that compared the 3-item WELL to an existing patient activation measure (Short Form Altarum Consumer Engagement Measure [SF-ACE]). The sample consisted of 606 participants with either diabetes or obesity. Results showed that the correlation between the WELL scale and the SF-ACE was significant, $r = .43$, $p < .001$. The third phase was a validation study involving 35 primary care physicians and 243 diabetic patients. The WELL scale was shown to be a significant predictor of physicians' ratings of how much effort patients committed to managing their condition ($p = .007$). Study limitations include the lack of demographic descriptors from the online sample, thus limiting generalizability of findings. Further research on this 3-item WELL scale is needed to determine reliability.

Campbell, K., Louie, P., Levine, B., & Gililand, J. (2020). Using patient engagement platforms in the postoperative management of patients. *Current Reviews in*

Musculoskeletal Medicine, 13, 479-484. <https://doi.org/10.1007/s12178-020-09638-8> Added October 2020

The authors of this article discuss the concept of the perioperative orthopedic surgical home and provide a review of patient engagement platforms (PEP) and their impact on outcomes and clinical workflows. The perioperative orthopedic surgical home involves a coordinated care system that guides patients through their surgical experience outside the hospital setting. Several PEPs are discussed including web-based patient portals, mobile applications and messaging chatbots. PEPs can improve the patient experience by increasing patient engagement and making a patient feel connected to the health care team. There is evidence that PEPs reduce cost and improve patient outcomes. The needs of the health care practice should be considered when selecting a PEP. Future advances include automated communication and integration of the PEPs into the electronic health record.

Crafoord, M. Fjell, M., Sundberg, K., Nilsson, M., Langius-Eklof, A. (2020). Engagement in an interactive app for symptom self-management during treatment in patients with breast or prostate cancer: Mixed methods study. *Journal of Medical Internet Research, 22(8), Article e17058. doi:10.2196/17058* Added October 2020

The goal of this study was to examine engagement with the Interaktor app among patients receiving treatment for breast or prostate cancer. The Interaktor app was designed to support symptom management for patients receiving cancer treatment. A mixed methods study involving telephone interviews and the collection of patients' daily symptoms data was conducted. Breast cancer patients (N=74) and prostate cancer patients (N=75) from two different randomized controlled trials participated. There was an 83% rate of adherence to daily symptom reporting in the app and this number remained stable throughout the study period. Ninety-six percent of the participants in the breast cancer group triggered at least one alert with a median of seven alerts during the study period. The median number of alerts in the prostate cancer group was two. Three themes were identified from the interviews: user friendliness, interaction with the health care professional and support for self-care. Symptom graphs and self-care advice features in the app were unknown to some of the participants in the prostate cancer group and considered a study limitation. The Interaktor app needs further study but findings from this study show that this app promotes patient engagement and self-care through its self-monitoring features.

Dwinger, S., Rezvani, F., Kriston, L., Herbarth, L., Harter, M., & Dirmaier, J. (2020). Effects of telephone-based health coaching on patient-reported outcomes and health behavior change: A randomized controlled trial. *PLoS ONE, 15(9), Article e0236861. https://doi.org/10.1371/journal.pone.0236861* Added October 2020

The purpose of this study was to examine the effects of telephone-based health coaching (TBHC) for people living with chronic illness on quality of life, health behaviors and psychosocial outcomes including patient activation. A 4-year prospective, pragmatic randomized controlled trial design was used. The sample consisted of patients insured through one of Germany's health insurance funds. Participants had to be 18 years of age or older and diagnosed with at least one chronic illness. TBHC intervention consisted of motivational interviewing, goal-setting and shared decision-making. TBHC was conducted by 20 nurses and one ecotrophologist. A total of 4,283 patients returned their questionnaires at baseline. The average age was 67.3 years and female (55.5%). Use of TBHC was found to be statistically significant in physical activity ($p = .03$), BMI ($p = .009$), blood pressure ($p < .001$), patient activation ($p < .001$) and health literacy ($p < .001$) compared to the control group. Study limitations include possible bias due to social desirability. TBHC was found to influence patient activation. However, results from this study should be viewed cautiously as the effect sizes were small.

Eliacin, J., Matthias, M. S., Cunningham, B., & Burgess, D. J. (2020). Veterans' perception so

racial bias in VA mental healthcare and their impacts on patient engagement and patient-provider communication. Patient Education and Counseling, 103(9), 1798-1804.

<https://doi.org/10.1016/j.pec.2020.03.017> Added October 2020

The aim of this qualitative study was to understand how African American veterans perceive verbal and non-verbal cues during their mental health visit and its impact on their health care experiences, patient engagement and communication. A total of 85 African American veterans receiving mental health services from the VA were interviewed. Social identity theory aided in the four-phase analysis of the interview data. Participants were mostly male (76.7%), unemployed (57%) and a mean age of 49.72 years. Two major themes emerged from the data: perceptions of how diversity is represented in health care settings, and situational cues that signal identity threat by evoking feelings of being feared, judged and disrespected in health care interactions. Black veterans' perception of identity-safe and identity-threatening cues was found to impact their level of engagement in health care and patient-provider communication. Limitations include participants were recruited from one VA facility. The authors offer important suggestions on how to create an identity-safe environment for minority patients such as staff diversity.

Eskildsen, N. B., Ross, L. B., Bulsara, C., Dietz, S. M., Thomsen, T. G., Groenvold, M., Pedersen, S. S., Jorgensen, C. R., & Johnsen, A. T. (2020). Development and content validation of a questionnaire measuring patient empowerment in cancer follow-up. Quality of Life Research, 29, 2253-2274. https://doi.org/10.1007/s11136-020-02483-9 Added October 2020

The purpose of this paper was to develop and perform content validation of the Cancer Patient Empowerment Questionnaire (CPEQ), which assesses the level of, desire for and enablement of empowerment among cancer survivors. Development of this instrument was based on Empowerment Theory, a systematic review of measures that assess empowerment or related concepts, qualitative data from interviews (n =18) with Danish cancer survivors, input from cancer patients serving as co-researcher, expert steering group and cognitive interviews with cancer survivors (n=16). Development involved four phases: (1) conceptualization, (2) development and revision of initial item pool, (3) initial validation and revision based on cognitive interviews, and (4) psychometric testing. The CPEQ development consisted of 12 versions. The final questionnaire consists of 67 items and 11 open-ended questions. The CPEQ consists of five themes: information/knowledge, navigation/overview, questions/communication, decisions, and self-care. Study limitations include an overrepresentation of patients with breast cancer and high education level. Ethnic minorities were not included in this stage of development. While content and face validity of the CPEQ has been established, phase 4 involving psychometric testing is yet to be completed.

Gefter, L. R., Morioka-Douglas, N., Srivastava, A., & Rodriguez, E. (in press). Increasing patient activation scores of vulnerable youth by partnering medical residency programs with public high schools. Patient Education and Counseling.

<https://doi.org/10.1016/j.pec.2020.08.035> Added October 2020

The aim of this exploratory pilot study was to determine if participants in the Stanford Youth Coaches Program (SYCP) increased patient activation scores. The SYCP is a validated and national program where resident physicians train high school adolescents from low-income and racial/ethnic minority communities to become self-management coaches for family members with a chronic health condition. Seven high schools and four medical residency programs from California, Alabama, Kansas and Missouri participated in SYCP. A total of 143 high school students in grades 9 through 12 participated. The sample was mostly female (83%) and racially diverse. Coaching programs focused on diabetes, heart disease and cancer. The Patient Activation Measure-10 was used to assess the students' patient activation level pre and post SYCP. There was a significant improvement in mean PAM-10 scores pre-program (64.5) and post-program (69.37), ($p = .002$) based on paired t-tests. There was a significant improvement in the level of patient activation post-

program. Study limitations include the lack of randomization and control subjects. This study shows support for participation in SYCP as a method to increase patient engagement for vulnerable youth populations. Further study is necessary to validate these findings.

Goldfarb, M., Bibas, L., & Burns, K. (2020). Patient and family engagement in care in the cardiac intensive care unit. *Canadian Journal of Cardiology*, 36(7), 1032-1040. <https://doi.org/10.1016/j.cjca.2020.03.037> Added October 2020

This article examines opportunities for patient and family engagement (PFE) in the cardiac intensive care unit (ICU), discusses current evidence for PFE in patient care, identifies barriers to PFE, identify gaps in the literature and suggest areas of future research. Patients' and family members' ICU experiences may lead to physical, emotional and psychological symptoms in the post-hospitalization period. Five categories of PFE opportunities ranging from most passive to most active involvement include family presence, receiving care and having needs met, communicating and receiving information, participating in decision-making and contributing directly to care. One example of family presence includes flexible and longer family visitation which has been associated with decreased rates of patient delirium and anxiety. Barriers to PFE exist at the societal, organizational, provider and patient-family level. Strategies to overcome these barriers are discussed. An example of future research includes examining the cardiac ICU experience on patient outcomes and to inform clinical practice. Previous research has focused on the general critical care environment. This review brings attention to the need for further study regarding PFE in the cardiovascular ICU setting.

Halvorsen, K., Dihle, A., Hansen, C., Nordhaug, M. Jerpseth, H., Tveiten, S., Joranger, P., & Knutsen, I. R. (2020). Empowerment in healthcare: A thematic synthesis and critical discuss of concept analyses of empowerment. *Patient Education and Counseling*, 103(7), 1263-1271. <https://doi.org/10.1016/j.pec.2020.02.017> Added October 2020

The purpose of this thematic synthesis was to understand empowerment in health care from the perspective of the health care service user. A systematic search was conducted in Medline, CINAHL, EMBASE, PsycINFO and ERIC for relevant concept analyses published between 1986 and 2019. Twelve concept analyses were included in this review. Findings revealed that the attributes of empowerment are described as a social process, a helping process and a dynamic process. Empowerment encompasses personal change, self-reflection and transformation of consciousness. Self-determination is viewed as a guiding attribute in empowerment. Consequences of empowerment include a conscious self-understanding, improved quality of life, mastery and control over situations, goal setting, risk taking, and development of trustful and participatory relationships. Frustration and distress are viewed as potential negative consequences of empowerment. Study limitations include variability in the quality of the concept analyses being appraised. The concept of empowerment is complex and search terms used may have led to the exclusion of relevant articles. Concept analyses provided little insight regarding the power inequality between health care providers and service users.

Hamilton, R., Kleinpell, R., Lipman, J., & Davidson, J. E. (2020). International facilitators and barriers to family engagement in the ICU: Results of a qualitative analysis. *Journal of Critical Care*, 58, 72-77. <https://doi.org/10.1016/j.jcrc.2020.04.011> Added October 2020

The aim of this study was to identify the strategies, facilitators and barriers to integrating family engagement in the ICU. This study also examined the degree of variability in family engagement practices internationally. This study was conducted online through the World Federation of Intensive and Critical Care using an exploratory design. A total of 345 health care clinicians from 43 countries participated and answered two open ended questions. The majority of participants were intensivist physicians (n=107, 31.4%). Themes identified included communication, leadership, team engagement and family engagement. Countries outside the U.S use the term

'counseling' when describing communication with family. Use of that specific term implies that communication is an intervention, and therapeutic and a priority. The U.S. tends to view family meetings as a low-priority, thus greater challenges are experienced in operationalizing routine family care conferences. Study limitations include the inability to confirm data saturation. Seventy percent of the response came from the U.S., Canada, India and Japan, thus making it difficult to identify differences internationally. Further study is needed to aid clinicians to adopt best practice for family engagement in the ICU.

Jerofke-Owen, T., Garnier-Villarreal, M., Fial, A., & Tobiano, G. (2020). Systematic review of psychometric properties of instruments measuring patient preferences for engagement in health care. *Journal of Advanced Nursing*, 76(8), 1988-2004. DOI:10.1111/jan.14402 Added October 2020

The purpose of this systematic review was to identify, appraise and summarize instruments that assess patients' preferences for engagement in health care. Databases of PubMed, CINAHL, PsycINFO and Embase were searched for relevant articles in English from inception to March 2019. A total of 16 articles describing eight instruments were included in this review. Methodological quality including content validity, structural validity, internal consistency, reliability, hypotheses testing for construct validity, measurement error, cross-cultural validity/measurement invariance, criterion validity and responsiveness were assessed using COSMIN checklists. The results were summarized and a final rating for the quality of evidence for each instrument was determined using the modified GRADE approach. Results showed that none of the articles reported all nine measurement properties that are part of the COSMIN checklists. The Patient Preferences for Patient Participation Scale (4Ps) and the Decisional Engagement Scale (DES-10) had the highest overall GRADE scores. However, methodological and testing issues were present. The study was limited in that it only reviewed published articles in English, and instruments may have been overlooked due to search strategies. The COSMIN guidelines highlighted the lack of testing and reporting of all measurement properties of the instruments reviewed in this paper.

John, J. R., Tannous, W. K., & Jones, A. (2020). Outcomes of a 12-month patient-centered medical home model in improving patient activation and self-management behaviors among primary care patients presenting with chronic diseases in Sydney, Australia: A before-and-after study. *BMC Family Practice*, 21: Article 158. <https://doi.org/10.1186/s12875-020-01230-w> Added October 2020

The purpose of this study was to assess changes in patient activation scores and to determine predictors of patient activation following a 12-month patient-centered medical home intervention called WellNet among patients with chronic disease. WellNet is a chronic disease management program led by a general practitioner working among a multidisciplinary team. Targeted convenience sampling was used to recruit participants from six primary care general practices in Sydney. Patient activation was measured using the Patient Activation Measure (PAM-13) at baseline and at 12 months. A total of 626 patients with a mean age of 69 years enrolled at baseline. A total of 420 patients completed the 12-month program and data collection. Results showed a significant improvement in mean PAM scores between baseline and follow-up ($p < .001$). There was a significant increase in PAM levels from baseline to follow-up where 43% of participants moved from a low level to a high level of activation. Older age and uninsured participants were significantly associated with lower PAM scores at follow-up. Study limitations include lack of a control group. WellNet is the first known chronic disease management program in Australia to demonstrate improved patient activation and self-management over a 12-month period.

Masters, K., Loda, T., Al-Abri, R., Johannink, J., & Herrmann-Werner, A. (2020). Surgical patients' use of, and attitudes toward, the internet for e-patient activities in Germany and Oman. *Annals of Medicine and Surgery*, 55, 287-293.

<https://doi.org/10.1016/j.amsu.2020.05.022> Added October 2020

The purpose of this study was to examine surgical e-patients' Internet use patterns, attitudes towards e-patient activities and possible impact on health care delivery. The term *e-patient* describes patients who are equipped, enabled, empowered and engaged in their health and health care decisions. Convenience sampling was conducted to recruit German patients (n=83) and Omani patients (n=93) from surgical clinics in their respective countries. The questionnaire was developed and included items regarding the number of hours per day of Internet usage, email and social media interactions with their doctor, and bringing material from the Internet to the consultation. The sample of German participants had a mean age of 50.72 (SD = 16.67). The mean age of the Omani participants was 36.08 (SD = 10.54). Results showed that more Omanis used the Internet for health-related activities than German patients ($p < .001$). More Omanis engaged with their provider through email ($p = .043$) and social media ($p < .001$) than German patients. Omanis were more likely to bring information from the Internet to their doctor consultation than German patients ($p = .027$). Omanis viewed this as positive and believed that it would improve the patient-physician relationship. Study limitations include lack of generalization of findings to other settings and populations. Overall, surgeons may benefit from the growing use of social media to interact with patients.

Newland, P., Lorenz, R., & Oliver, B. J. (2020). Patient activation in adults with chronic conditions: A systematic review. *Journal of Health Psychology*.

<https://doi.org/10.1177/1359105320947790> Added October 2020

This systematic review investigated what the best measures of self-management are using patient activation and health-related quality of life (HRQOL) concepts. A literature review was conducted to find measures that assessed patient activation and HRQOL in adults with chronic noncancerous health conditions. The databases of CINAHL Plus, PsychINFO, OVID and PubMed Central were searched for relevant articles published from 2009 to 2019. Ten articles were included in this review. Several patient activation measures such as the Patient Assessment of Care (PACIC) and the Patient Activation Measure (PAM) are discussed. The review includes well established measures for HRQOL including the 36-item Medical Outcomes Study Questionnaire, 12-item Short Form Survey, Leeds QOL and the Patient-Reported Outcomes Measurement Information System (PROMIS). The authors propose the use of the PAM and PROMIS Global-10 short form as they align with the National Institute Nursing Research (NINR) common data elements. The use of common data elements such as PAM and PROMIS will aid in the reproducibility and generalizability of research findings. Limitations of this review consist of the inclusion of only a small number of randomized controlled trials with large samples. Further study involving RCTs using longitudinal methods to examine patient self-management of chronic conditions are needed.

Ortiz, M. R. (2020). Patient engagement, nursing theory, and policy possibilities. *Nursing Science Quarterly*, 33(3), 268-271. <https://doi.org/10.1177/0894318420920614> Added October 2020

The aim of this paper was to discuss patient engagement within the nursing theoretical principles of Parse's theory of human becoming. Nurses should develop a practice where they listen to what the patient values and cocreate plans that are meaningful. It is important for persons *living the life* share their stories so that patient engagement unfolds with living experiences. The authors use Parse's theory as an example for developing and implementing patient engagement policies that are based on nursing knowledge and the patient experience. The policies and nursing processes should be specific to ways in which nurses are *present with* patients as they spend time listening to their stories to understand their concerns, beliefs and values. The nurse-patient relationship is strengthened through supportive nursing processes and the quality of time nurses spend *being with* their patients. Patients and families should be encouraged to participate in policy development to improve care delivery. This article provides an overview of unique ways of integrating patient

care that is based on patients' values, beliefs with supportive nursing processes and policies.

Van Swol, L. M., Kolb, M., & Asan, O. (2020). 'We are on the same page': The importance of doctors EHR screen sharing for promoting shared information and collaborative decision-making. *Journal of Communication in Healthcare*, 13(2), 129-137.

<https://doi.org/10.1080/17538068.2020.1777512> Added October 2020

The aim of this qualitative study was to understand the physicians' experiences of screen sharing the electronic health record (EHR) with patients. Purposive convenience sampling was used to recruit physicians from family medicine clinics at a large Midwestern university in the United States. Data saturation was achieved at 13 interviews (six males, seven females). The interviews were coded and categorized. Results showed that screen sharing facilitated the repetitive exposure of important information. Screen sharing was viewed as helpful in collaborative decision-making. Physicians also felt that sharing the screen was a way to build common ground with the patient, build trust and help the patient understand the data. Physicians tended to share the screen with younger patients due to their technical skills, and with newer patients as a means of establishing common ground and trust. Issues of privacy and the sharing of sensitive information was viewed as potentially problematic. The patients' perspectives on screen sharing were not obtained and thus viewed as a limitation. This study views screen sharing as a strategy for shared ownership of information and a collaborative way of counseling.

Wetzstein, M. M., Shanta, L. L., & Chlan, L. L. (2020). Patient activation among community-dwelling persons living with chronic obstructive pulmonary disease. *Nursing Research*, 69(5), 347-357. DOI: 10.1097/NNR.000000000000446 Added October 2020

The aim of this study was to determine the patient activation level, patient characteristics and health outcomes of community-dwelling adults with chronic obstructive pulmonary disease (COPD) in the United States. This study used a descriptive, correlational design. Participants were recruited from a health care organization with specialty and primary care centers in the Southwest, Midwest and Southeastern U.S. Patient activation was measured using the Patient Activation Measure-13. Additional instruments were used to assess symptoms and functional status, general perception of health, overall quality of life and biological function. The sample consisted of 64 participants, mostly white (94%) and female (61%). Patient activation scores were high, with 73% of participants at a PAM level 3 or 4. The regression model consisted of four independent predictors of patient activation that together accounted for 45% of the variance: positive affect, smoking pack-years, overall quality of life and female gender. Study limitations include the use of self-report measures, small sample size, recall bias and social desirability bias. While future study is needed, identifying the predictors of patient activation in this COPD population may facilitate nursing care to improve patients' self-management of their condition.

Wu, Q., Ye, X., Wu, Y., & Zhao, L. (2020). Development and psychometric evaluation of the patient engagement in health care questionnaire. *Journal of Nursing Care Quality*, 35(3), E35-E40. DOI: 10.1097/NCQ.000000000000439 Added October 2020

This article describes the development and psychometric testing of the Patient Engagement in Health Care Questionnaire. This instrument was developed to measure the core components of patient engagement in health care during the process of obtaining health services. Item development consisted of a literature review, expert panel discussions for content validity and patient feedback on item clarity. A 5-point Likert scale response option (1-strongly disagree to 5-strongly agree) was used for this questionnaire. Convenience sampling was used to recruit patients from eight hospitals in three provinces in China. Participants had to be at least 18 years of age or older and hospitalized for at least three days. Psychometric testing was conducted in two phases. A total of 354 patients participated in the first phase and 433 participated in the second phase. The final 33-item instrument consists of a 6-factor structure including: communication and

information exchange, engaging in treatment and care, engaging in decision-making, giving feedback about care quality, monitoring care safety and choosing health care providers. Cronbach alpha for each of the factors ranged from .69 to .929, and the overall questionnaire was .928. Study limitations include the use of convenience sampling. Further research is need to assess criteria validity and use among other populations.

Young, N. D., Mathews, B. L., Pan, A. Y., Herndon, J. L., Bleck, A. A., & Takala, C. R. (2020). Warm handoff, or cold shoulder? An analysis of handoffs for primary care behavioral health consultation on patient engagement and systems utilization. *Clinical Practice in Pediatric Psychology*, 8(3), 241-246. <https://doi.org/10.1037/cpp0000360> Added October 2020

The purpose of this paper was to examine the influence of 'hand-offs' on patient engagement, medical system utilization and behavioral health system utilization against a typical referral process. The 'hand-off' is a referral and care transfer process in which a primary care provider introduces patients to and *immediately* transitions care to a behavioral health provider (BHP) within the integrated care team. A retrospective cohort design was used to examine longitudinal data for 175 behavioral health referrals in two urban pediatric primary care clinics. Comparisons between 'hand-off' (n= 64) and referral as usual (RAU) (n=111) were examined for differences in patient engagement and utilization of services over a 4-month period. Results showed that 'hand-off' referrals were associated with greater behavioral health encounters, fewer primary care provider no-show/same-day cancellations and decreased time to complete BHP follow-up post-referral. While the data indicates that families were more engaged in care, these associations were not consistent over the 4-month data collection period. Study limitations include the lack of randomization during data collection and the lack of a standardization in how the 'hand-off' was conducted. This study supports the need for integrated pediatric primary care to increase family engagement in care and improve utilization of services.

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