



Hybrid Psychiatrist-Patient Relationships: Proficiencies for 21st Century Psychiatry

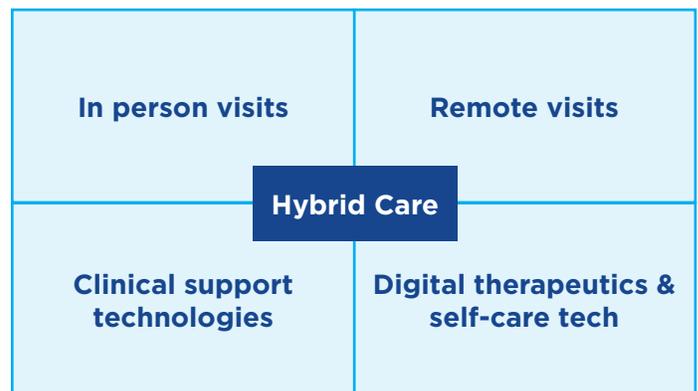


Purpose

The psychiatrist-patient relationship is conducted not only in-person, but also through a range of information technologies (IT) and online modes. This relationship can depend on clinical needs, clinical informatics & IT infrastructure, patient preferences, and psychiatrist preferences.

What is “hybrid care”?

The hybrid psychiatrist-patient relationship involves working with a patient in-person, while also performing remote visits as necessary through a range of widely used communication technologies (phone, email, and video devices) in conjunction with: clinical support technologies (such as booking systems, electronic health record (EHR) systems, e-prescriptions (eRx), health information exchanges, and patient portals). Digital therapeutics (dTx, also known as Software as a Medical Device or SaMD) and self-care technologies within mental health have applications in this hybrid relationship (e.g. smartphone apps, virtual reality, and web-assisted therapy).



Why is becoming adept at hybrid relationships important?

- Widespread steady transformation of society and psychiatry with use and integration of technology in all aspects of care over the past several decades.
- COVID-19, Climate Change, and Disaster Psychiatry
 - Rapid virtualization of psychiatric services and operations in response to the COVID-19 pandemic has led patients, individual providers, organizations and systems of care to implement widespread deployment of technologies in mental healthcare.
 - Increased comfort, experience, and streamlining of technology used by both psychiatrists and patients.
 - Accelerated longer-term trends of technology use.
 - COVID-19 changes in use of technology will remain with widespread and increased use of technologies in health care.
 - Virtual space/treatment is different than traditional in-person work for which medicine and psychiatry have been organized and developed around.
 - Growing evidence of effectiveness of many technologies (e.g. videoconferencing).
 - Often need to adapt clinical style, workflow, interactions and expectations to work effectively with a particular technology.

- Given increased appetite for at-home and flexible treatment options, there will likely be continued growth in demand for hybrid treatment modalities.
- Patient satisfaction with hybrid care is generally high, and the more flexible access to providers frequently leads to less “no show” appointments

What factors impact the patient experience of hybrid care?

- Patient Background and Experience
 - Age, gender, education, ethnic/cultural identities, geographic location
 - Experience and comfort with technology (digital literacy) in general and specific technologies in which they are receiving care
- Digital Disparities: The 5 Questions to Assess Patients Readiness for Use
 - Do they have adequate bandwidth to access the specific digital care?
 - Do they have up-to-date and adequate platforms (e.g. mobile device, tablet, computer) able to run telehealth software or apps?
 - Do they have sufficient comfort and knowledge in the use of the specific technology?
 - Do they have sufficient technical and troubleshooting support in real time?
 - Do they have a means to pay or have the service covered by insurance provider?

What factors impact psychiatrist-provider experience of hybrid care?

- Provider background, generation, experience, training and exposure
 - Provider personal background and experience with technology
 - Professional experience, general level of comfort with technologies, and specific training and expertise in any given technology they are using.
- Providers use of virtual space
 - Understand the strengths and limitations of each technology that they deploy including effects on rapport, communication and treatment outcomes.
 - Providers interpersonal style and ability to flexibility engage and connect with patients across specific platforms
 - Ability to identify and manage virtual boundaries, miscommunication, virtual disinhibition.
- Additional operational support provider has for managing and integrating digital care into their practice(s)/ organization.

3-step framework to evaluate and manage technology in psychiatric practice and its impact on hybrid physician patient relationships

For each technology, psychiatrists & organizations should consider the administrative, operational and clinical issues for adapting these into practice.

Administrative	Operational	Clinical
<p>These include the legal, regulatory and technology requirements of any specific technology. Technology specifics include proper installation & maintenance such as data backups, data security & privacy, and efficiency and usability of software.</p>	<p>These include the use of standard operating procedures, integrating a technology into a practice setting, addressing onboarding patients, onboarding healthcare providers, and workflow efficiency such as documentation burden and inbox management.</p>	<p>The impact of a technology on clinical process, rapport, and alliance including how to adapt and modify communication, clinical style and approach to maximize effective use and support of engaged and connected psychiatrist-patient relationships.</p>

What can a psychiatrist/provider do to be proficient in hybrid physician-patient relationships?

- Learn about current and future trends in mental health technologies. This includes evidence for their use and effectiveness; best practices in implementation and clinical use; and administrative, operational and clinical issues. The APA Technology blog and the APA Telepsychiatry Toolkit are essential resources.
- Seek education and training in both specific technology use, but also management of hybrid relationships. Sessions at the APA Annual Meeting and On Demand highlight latest technologies and education initiatives used in psychiatry.
- Set clear expectations, policies and ongoing communication with patients on processes for communication and treatment, with each technology used in treatment.

Stay Informed and Offer Informed Decision Making around Smartphone apps

- Many patients today have tried or are concurrently using mental health smartphone apps. Even if you do not want to use them yourself in care, being able to explain their risks and benefits is critical to offering patients relevant and timely information.
- The APA has created a smartphone app evaluation framework and website with information examples, videos, and scheduled office hours, to support virtual care competencies and proficiencies: <https://www.psychiatry.org/psychiatrists/practice/mental-health-apps>

Resources & References

1. Yellowlees, P., Richard Chan, S., & Burke Parish, M. (2015). The hybrid doctor-patient relationship in the age of technology-Telepsychiatry consultations and the use of virtual space. *International Review of Psychiatry*, 27(6), 476-489.
2. Parish, M. B., Fazio, S., Chan, S., & Yellowlees, P. M. (2017). Managing psychiatrist-patient relationships in the digital age: a summary review of the impact of technology-enabled care on clinical processes and rapport. *Current psychiatry reports*, 19(11), 1-7.
3. Yellowlees, P., & Shore, J. (2019). Hybrid Practitioners and Digital Treatments. In L.W. Roberts (Ed.) *Textbook of Psychiatry* (pp. 1040-1054). Washington, DC.: American Psychiatric Association Publishing.
4. Yellowlees, P., & Shore, J. H. (2018). *Telepsychiatry and health technologies: a guide for mental health professionals*. Arlington, VA: American Psychiatric Association Publishing.
5. Henson, Philip, Pamela Peck, and John Torous. "Considering the therapeutic alliance in digital mental health interventions." *Harvard review of psychiatry* 27.4 (2019): 268-273.
6. Lopez, A., Schwenk, S., Schneck, C. D., Griffin, R. J., & Mishkind, M. C. (2019). Technology-based mental health treatment and the impact on the therapeutic alliance. *Current psychiatry reports*, 21(8), 1-7.
7. Shore, J. H. (2020). Managing virtual hybrid psychiatrist-patient relationships in a digital world. *JAMA psychiatry*, 77(5), 541-542.
8. Lundin, R. M., & Menkes, D. (2021). Commentary: Managing Virtual Hybrid Psychiatrist-Patient Relationships in a Digital World. *Frontiers in Public Health*, 9, 382.
9. Chan S, Li L, Torous J, Gratzler D, Yellowlees PM. Review of Use of Asynchronous Technologies Incorporated in Mental Health Care. *Curr Psychiatry Rep*. 2018 Aug 28;20(10):85. doi: 10.1007/s11920-018-0954-3. PMID: 30155593.
10. Chan S, Godwin H, Gonzalez A, Yellowlees PM, Hilty DM. Review of Use and Integration of Mobile Apps Into Psychiatric Treatments. *Curr Psychiatry Rep*. 2017 Oct 30;19(12):96. doi: 10.1007/s11920-017-0848-9. PMID: 29082425.
11. Chan, S. R., Torous, J., Hinton, L., & Yellowlees, P. (2014). Mobile Tele-Mental Health: Increasing Applications and a Move to Hybrid Models of Care. *Healthcare (Basel, Switzerland)*, 2(2), 220-233. <https://doi.org/10.3390/healthcare2020220>
12. Chan S, Hilty D, Parish MB, Lindley S (2022). "Privacy and Security for Psychiatry Health IT." *APA Publishing Textbook of Administrative Psychiatry*, 3rd edition.
13. The American Psychiatric Association's Telepsychiatry Toolkit. Accessed: September 13, 2021. <https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/toolkit>
14. Shore JH, Yellowlees P, Caudill R, Johnston B, Turvey C, Mishkind M, Krupinski E, Myers K, Shore P, Kaftarian E, Hilty D. Best Practices in Videoconferencing-Based Telemental Health April 2018. *Telemed J E Health*. 2018 Nov;24(11):827-832. doi: 10.1089/tmj.2018.0237. Epub 2018 Oct 24. PMID: 30358514.
15. Hilty, D. M., Crawford, A., Teshima, J., Chan, S., Sunderji, N., Yellowlees, P. M., & Li, S. T. (2015). A framework for telepsychiatric training and e-health: Competency-based education, evaluation and implications. *International Review of Psychiatry*, 27(6), 569-592.
16. Hilty, D. M., Chan, S., Torous, J., Luo, J., Boland, R. J. (2020). A framework for competencies for the use of mobile technologies in psychiatry and medicine. *Journal of Medical Internet Research Uhealth and Mobile Health*, 2020; 8(2) <http://mhealth.jmir.org/2020/2/e12229/>.
17. Hilty, D. M., Torous, J., Parish, M., Chan, S., Xiong, G., Scher, L., & Yellowlees, P. M. (2020). A literature review comparing clinicians' approaches and skills to in-person, synchronous and asynchronous care: Moving toward asynchronous competencies to ensure quality care. *Telemedicine Journal and E-Health*, 2020;10.1089/tmj.2020.0054.
18. The American Medical Association (2018), "Guidelines for Patient-Physician Electronic Mail and Text Messaging." Accessed September 15, 2021. <https://policysearch.ama-assn.org/policyfinder/detail/Guidelines%20for%20Patient-Physician%20Electronic%20Mail%20and%20Text%20Messaging%20H-478.997?uri=%2FAMADoc%2FHOD.xml-O-4344.xml>
19. The American Medical Association (2018), "Digital Health Implementation Playbook." Accessed September 15, 2021. <https://www.ama-assn.org/system/files/2018-12/digital-health-implementation-playbook.pdf>
20. The American Psychiatric Association (2009), "The Internet in Clinical Psychiatry." Accessed September 15, 2021. <https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Practice-Management/Practice-Management-Guides/GeneralIssues-ResourceDoc-Internet.pdf>