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**Title**

*Implications of a hybrid approach to care in primary care practices*

**Priority 1 (Research Category)**

Practice management and organization

**Presenters**

Tamar Wyte-Lake, DPT, MPH, Steffani Bailey, PhD, Deborah Cohen, PhD, Shannon Williams, MSc

**Abstract**

Context: Incorporating telehealth modalities (telephone and video visits) into primary care was an essential response to the pandemic, with little consideration of the implications of this change. Practices continue to offer telehealth and in-clinic care, what we refer to as a hybrid approach to care delivery. Examining the effect of this hybrid work environment on clinicians and clinical teams in primary care settings is imperative. Objective: Identify clinicians' and clinical teams' experiences of a hybrid approach to care. Study Design: Qualitative comparative case study. Analysis: Inductive qualitative approach. Setting: Two family medicine clinics; 1 rural health clinic; 1 urban federally-qualified health center (FQHC). Population Studied: Semi-structured interviews with multidisciplinary clinic team members of an opioid use disorder (OUD) treatment team at each clinic (N=12); interviews were conducted to examine change in experiences related to hybrid care delivery. Outcome Measures: Experiences related to team culture, communication, interaction, operational workflows, and team member well-being. Results: Clinical team members described a rich culture of formal and informal communication, a key element of OUD care. Prior to the COVID-19 pandemic, this communication was conducted in-person as team members shared office space, held meetings in the clinic, and engaged in informal hallway exchanges. Benefits of this regular communication included the facilitation of emotional breaks, consultation with each other, collaboration, and information exchange. Although team members described benefits of telehealth, they recognized that the incorporation of a hybrid approach resulted in fragmented schedules and reduced in-clinic interactions, which led to less information sharing and a degradation of informal support networks that could adversely impact patient care. In this hybrid approach, team members described challenges in maintaining dynamic relationships, although they saw the value of their pre-existing social capital as mitigating this loss. Conclusions: The National Academies of Sciences, Engineering and Medicine has recommended the continuation of primary care telehealth rule revisions. However, there are less visible impacts of hybrid care approaches on interdisciplinary clinic team culture and operations that must be recognized and further studied to understand and mitigate the effects they may have on patients' care, quality, and team well-being.