

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

Submission Id: 6379

Title

Digitally Mediated Therapeutic Relationships in Primary Care

Priority 1 (Research Category)

Healthcare informatics

Presenters

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Abstract

Context: Therapeutic relationships have been demonstrated as fundamental to primary care delivery. The rapid adoption of digital technologies since the onset of COVID-19 has led health care systems to consider or adopt a “digital-first” primary care delivery model. Questions remain regarding what impact this transformation will have on the relationships between primary care providers and patients.

Objective: This study explores whether and how digital health technologies used in primary care create an environment that enables relationship-building between complex patients and their primary care providers.

Study design and analysis: A rapid ethnographic approach including observations of virtual primary care visits and follow-up interviews with providers, patients and caregivers was used. Using social representation theory as a lens, observation and interview data were inductively analyzed (using thematic coding and visual mapping techniques) to uncover how patients and providers understand the role and value of digital technology as related to therapeutic relationships.

Setting: Ethnographic data was collected across three primary care settings in the Greater Toronto Area and included two Family Health Teams and one Community Health Centre.

Population studied: Participants included 10 primary care providers (5 physicians, 2 social workers, 1 nurse practitioner, 2 residents), 9 patients and 1 caregiver. 8 virtual care visits were observed.

Results: Virtual care interactions were broadly influenced by patients’ and providers’ understanding of the nature and value of therapeutic relationships and technology. Personal characteristics (including technology comfort, roles, and identity), past experiences (with care delivery and technologies), and expectations (of what should occur in the clinical visit, or the desired outcome of that visit) informed how participants understood relationships and technologies; in turn, influencing whether virtual care was considered appropriate and effective by both patients and providers.

Conclusion: Patients and providers come with expectations of virtual clinical interactions that are influenced by who they are and how they have experienced those interactions before. These

findings have implications for how tools like virtual care platforms are developed (ideally through co-design) and implemented appropriately to attend to context, clinical situation, personal and professional identity, to enable shared meaning.

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