

The Impact of Health Information Technology on the Doctor-Patient Relationship in Child and Adolescent Psychiatry

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KEYWORDS

- Health information technology
- Patient-psychiatrist relationship
- Electronic health records

KEY POINTS

- Health information technology is increasingly permeating psychiatry and behavioral health interactions.
- Limited data suggest that health information technology does not have to negatively impact the patient-provider relationship.
- Thoughtful interaction strategies and appropriate boundary setting strategies are needed to mitigate any potential impacts.

INTRODUCTION

The growth of information technology in health care (health information technology, or HIT) is dramatically altering the landscape in which health care is delivered. For psychiatrists, particularly those operating in larger health systems adopting electronic health records (EHRs), health information technology is now simply a way of life, and the impact on practice must be accounted for. Although HIT creates innumerable new efficiencies and opportunities, it also has significant impact on practice patterns and potentially on the therapeutic relationship, which is of particular relevance to mental health. This article explores the available literature on the impact of HIT on the patient-provider therapeutic relationships across medicine and discusses strategies for managing this impact in the psychiatric relationship.

HOW HEALTH INFORMATION TECHNOLOGY IMPACTS PSYCHIATRIC CARE

The impact of health information technology on the therapeutic relationship between patient and psychiatrist can be felt in several domains. The most obvious is the impact

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on the clinical visit itself. The arguably less-intrusive method of pen and paper note taking is increasingly being replaced by a computer monitor and keyboard that demand active attention over the course of the visit and become a third party in the room. Furthermore, the spread of EHRs and the ongoing drive to move psychiatry toward outcome-based care creates opportunities for automated completion and tracking of outcome measures, which can further alter the nature of the visit and the resulting alliance. Although the impact of this new presence has only recently been explored in psychiatry and not at all in child adolescent psychiatry, we may at least fall back on a body of literature from general medicine that has, over the last several decades, explored the effect of electronic health records entering into the medical practice setting.

There are equally concerning but far less well understood effects of recent advances in HIT that warrant consideration. For traditional, office-based providers, the development and propagation of patient portals that allow any patient a direct communication channel to their provider and the expectation of a timely response has clear implications (both positive and negative) on the structure of the therapeutic frame, particularly for patients or families who struggle with appropriate boundaries or may express acute safety concerns through such channels. Indeed, these channels actually provide not just a communication mechanism but an entirely new option for delivering care, as seen by the growth of online care technologies ranging from telehealth efforts such as video-conferenced office visits to email or text/chat-based therapy.

The same HIT infrastructure allowing increased access to providers also raises disclosure and privacy concerns with respect to provider documentation. Patient portals have the capability of providing patients immediate access to their medical records, potentially including immediate access to behavioral health documentation. Although this feature can greatly improve transparency and create new opportunities for therapeutic engagement, it may also greatly disrupt the therapeutic relationship if unexpected and mishandled. This issue is of significant importance given the broad trends toward disclosure of medical records to patients.¹

The trend of allowing patients access to their medical (and behavioral health) records is preceded only by the trend to allow free access to behavioral health records within a health system, allowing non-behavioral health providers full access to behavioral health documentation and diagnosis. Although this trend greatly expands opportunities to understand and account for mental health illness in general medical decision making, it may also create concerns from patients and families about how to safely discuss concerns with a psychiatrist or mental health specialist while limiting the exposure of important but sensitive topics.

WHAT WE KNOW ABOUT THE EFFECT OF HEALTH INFORMATION TECHNOLOGY ON THE THERAPEUTIC RELATIONSHIP

Electronic Medical Records and the Patient Encounter

There is, unfortunately, little to no hard data on the impact of HIT on the nature of the child and adolescent psychiatry encounter itself. Rather, we must extend from the small knowledge base found in general psychiatry and the larger knowledge base found in general medicine. We must also recognize the high variability in the child and adolescent psychiatry encounter itself. One can reasonably assume that the effects of HIT on interactions with a 17 year-old patient would be different from interactions with a 10-year-old patient. Similarly, interactions with a parent are different from interactions with the child. The differences in these populations compared with adult patients should be kept in mind when considering the available literature. It is also

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