

## Where Is mHealth in Integrated Primary Care Education?

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**PRiMER. 2024;8:14.**

Published: 2/14/2024 | DOI: 10.22454/PRiMER.2024.566626

### To the Editor:

The evolving landscape of health care is increasingly influenced by technology, with mobile health (mHealth) applications emerging as pivotal tools in reshaping the future of integrated primary care especially as it pertains to behavioral health.<sup>1</sup> As family medicine educators, it is imperative to critically examine the roles mHealth apps play and their impact on the patient-provider relationship. The integration of mHealth apps in primary care holds tremendous potential to revolutionize the delivery of behavioral health interventions.<sup>2</sup> These applications offer patients accessible and convenient avenues for self-monitoring, psychoeducation, and therapeutic engagement. As primary care increasingly embraces a holistic approach to health care, mHealth apps become valuable tools to address the behavioral health aspects of patients' well-being.

One of the primary advantages of mHealth apps is the enhanced accessibility they afford to patients. With these applications readily available on smartphones and other mobile devices, individuals can seamlessly integrate behavioral health interventions into their daily lives. This accessibility is particularly pertinent in primary care, where the emphasis on early intervention and preventive measures aligns with the proactive use of technology to support patients' mental health. Moreover, mHealth apps have the potential to foster patient engagement and empowerment. Through features such as self-monitoring tools, patients can actively participate in their own care, promoting a sense of autonomy and self-efficacy.<sup>3</sup> Behavioral interventions delivered through these apps can be tailored to individual needs, thereby increasing the relevance and effectiveness of treatment plans.

While the potential benefits of mHealth apps are substantial, it is essential to scrutinize their impact on the patient-provider relationship. The introduction of technology into the patient-provider dynamic may raise concerns about depersonalization and the erosion of the humanistic aspects of care. Striking a balance between leveraging technology and preserving the interpersonal dimensions of care is paramount. The primary care setting, often characterized by its emphasis on comprehensive and patient-centered care, requires a nuanced approach to integrate technology seamlessly.

To navigate the integration of mHealth apps effectively, health care providers need adequate training. This training should encompass not only the technical aspects of app utilization but also the interpretation of patient-generated data and the incorporation of this information into clinical decision-making.<sup>4</sup> There is currently a dearth of literature and research on how to situate mHealth app use and other digital communication technologies in curricula or educational experiences for health care providers within academic health care systems that are typically slow to embrace change.<sup>5</sup> Training programs, institutions, and the greater body of scholarly literature needs to incorporate mHealth into health care curricula and pedagogical best

practices must be established to fully realize the benefits of this technology and train digitally-proficient primary care physicians.

The integration of mHealth apps in primary care, particularly within the context of behavioral health, signifies a paradigm shift toward a more patient-centric and technologically advanced model of care. By providing adequate training for health care providers that maintains a commitment to humanistic care, we can harness the benefits of mHealth apps while preserving the essential elements of compassionate and patient-centered health care.

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## References

1. Kruse CS, Betancourt JA, Gonzales M, Dickerson K, Neer M. Leveraging mobile health to manage mental health/behavioral health disorders: systematic literature review. *JMIR Ment Health*. 2022;9(12):e42301. doi:10.2196/42301
2. Dinkel D, Harsh Caspari J, Fok L, et al. A qualitative exploration of the feasibility of incorporating depression apps into integrated primary care clinics. *Transl Behav Med*. 2021;11(9):1708-1716. doi:10.1093/tbm/ibab075
3. Wang K, Varma DS, Prospero M. A systematic review of the effectiveness of mobile apps for monitoring and management of mental health symptoms or disorders. *J Psychiatr Res*. 2018;107:73-78. doi:10.1016/j.jpsychires.2018.10.006
4. Rowland SP, Fitzgerald JE, Holme T, Powell J, McGregor A. What is the clinical value of mHealth for patients? *NPJ Digit Med*. 2020;3(1):4. doi:10.1038/s41746-019-0206-x
5. Terry DL, Terry CP. Smartphone use and professional communication among medical residents in primary care. *PRiMER Peer-Rev Rep Med Educ Res*. 2018;2:18. doi:10.22454/PRiMER.2018.766371

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