

Adopting Health Technology Can Be A Complex Process:

DEFINING IT EXPECTATIONS WILL ASSIST IN DECISION-MAKING

Imagine if health care organizations were truly able to leverage the advantages of information technology (IT) efficiently. Let's put it into dollars: The RAND Corporation (a global think tank) has estimated that \$77 billion could be saved annually if 90 percent of U.S. health care providers effectively used electronic health records (EHRs).

With these kind of anticipated returns, everyone — from government to venture capitalists — has been predicting how great things will be once we're all using some form of Health Information Technology (HIT) system. But adopting technology is a complex process, as borne out by the history of other industries, such as the high-tech aerospace sector.

In light of all this emphasis on technology, what should our expectations of HIT actually be?

First, we should step back and define HIT. One definition is: all of the automated systems that help health care providers and facilities do their jobs. HIT applications include practice management (PM) systems, EHRs, and the variety of clinical and business programs that run on a community health center's computer hardware and networks. To understand the benefits of HIT and learn how to best adopt it and optimize its use, we need to first have an idea of what to expect from IT in general.

IT is valuable because it provides:

Connectivity — In its many

forms, connectivity is the most valued capability of IT. It allows us to keep in touch regardless of time or location. Connectivity includes e-mail, instant messaging, electronic collaboration, and video sharing.

Data Storage and Access — Companies today, including health care organizations, house millions of strategic documents as well as millions of individual facts that are the basis for their work. An average health center, for example, may have 8-10 Gigabytes of information (not counting clinical images).

Analytic and Processing Power — The laptop I'm using to write this column is about 1,000 times faster at doing calculations than the mainframe computer I used 25 years ago. Our computers today can handle complex analytic tasks in ways we only dreamed of back then.

Simplification of Complex Tasks — We routinely use computers to manage tasks that combine aspects of these capabilities. The real advantage is that we can describe tasks at a general level and use the automated capabilities to accomplish each task

more easily, while creating records of what we have done.

Second, we should ask what leads to the adoption and use of IT. My work and the work of my colleagues indicate that it is not enough to acquire technology. Technology needs to be well aligned with the work you are doing. Stated another way, simply buying a software application does not ensure that it will be adopted appropriately and used optimally, and the organization will not benefit unless the software is adopted and used. In order for that adoption to happen, the technology must:

- Align well with the way people in an organization actually work;
- Allow people to use it without having to substantially alter what they normally do;
- Provide functionality that is easy to understand and use;
- Enable users to do things that were either very difficult or impossible to do before;
- Encourage change to promote efficiency without requiring radical changes in practice.

So what should you expect based on

this view of information technology? Let's look at what you shouldn't expect. No technology is the one solution you need — especially not software technology focused on specific tasks and information types.

There are several things, however, you can expect:

1. You can and should expect technology to simplify your work by organizing and guiding you through specific tasks in an effective and efficient way and by streamlining workflow. Of course, most technologies require some period of adjustment, but any technology that doesn't simplify the specified task is not useful.

2. Similarly, you should expect that any technology you use be well

aligned with the work you are doing. Does the software provide a function that is essential to your work, and does it provide it in an understandable and easy-to-use way?

3. Finally, the technology should make connectivity and information management easy, but not require complex expertise to make it work. An example is software that is configurable enough to allow you to define custom reports that you need for your business, but doesn't require you to write code to implement.

These are general expectations, but technology must be understood at the general level before it can be understood at a more specific level. Future columns will focus on specific

expectations of software programs such as EHRs and Practice Management, and expectations for the future.

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TRACEY BARTON

Springfield Business Journal, the first weekly business newspaper in Missouri honored 20 professional women during its eighth annual “**Most Influential Women**” luncheon in September. Honorees included **Tracey Barton**, Chief Marketing Officer at **Skaggs Community Health Center** in Branson. Awards are made to women whose work and contributions have shaped the business environment of southeast Missouri.

DR. GUISEPPE ZAVADZKAS

Dr. Guiseppe Zavadzkas, Medical Director of **Good Neighbor Health Center**, Columbus, NE, was among four Nebraskans honored by the Nebraska Minority Health Association. Zavadzkas was recognized with the **Outstanding Minority Health Service Provider Award** during the 2007 Minority Health Conference held this past August in Lincoln.

Raponzil Drake, Administrator, Office of Minority Health and Health Disparities, Nebraska Department of Health and Human Services (NeDHHS), noted that the awards are a means of giving tribute to individuals who have made invaluable contributions in improving health services for minorities in the state.

CYNTHIA SELLECK

Cynthia Selleck, DSN, ARNP, program director of the USF Area Health Education Center (AHEC) Program, has taken the reins as **President of the National AHEC Organization (NAO)**. The NAO is a national membership organization that supports and advances 50 AHEC programs and more than 200 centers operating in nearly every state. AHEC programs were developed by Congress in 1971 to recruit, train, and retain a health professions workforce committed to underserved populations. Approximately 120 medical schools and 600 nursing and allied health schools currently work with AHEC programs to improve the health of individuals and communities by transforming health care through education.

Dr. Selleck served on the NAO Board for the last six years in several capacities, including member-at-large of the Program Director's Constituency Group (PDCG), secretary of the PDCG, secretary of the NAO Board and, most recently, president-elect.