Health care reform has been one of the most heated issues over the past three decades. It was not until the late 1990s that Health Information Technology (HIT) was adopted by care providers (e.g., hospitals) to improve the quality, safety, and efficiency of health care delivery (MedPac 2004). Indeed, HIT used today makes significant progress toward automating medical operations and, to a certain extent, can enhance the quality and productivity of health care services. However, significant barriers toward the use and further investment of HIT by health care professionals remain (Hersh, 2004). While barriers are many, two most apparent concerns from care providers are: the risky financial burden and unproven technical difficulties in handling the data security and privacy. But, one major “hidden” resistance (or worry) to HIT from health care professionals (e.g., physicians) and consumers (e.g., patients) is its head-on approach to resolve day-to-day operations, which may improve efficiency at the expense of weakening the relationship among physicians, patients, and others (Ventres et al., 2006). Such concern, in fact, is not unfounded since an inappropriate implementation of health care systems may force practitioners to shift their attention to non-health care activities (e.g., recording patent data) more than communication with patients; the latter fosters relationship between practitioners and patients. This relationship, if properly retained and nurtured, will produce positive healing power that leads to better health care outcomes (Goodyear-Smith & Buetow, 2001). As a matter of fact, relationship between health care practitioners and patients along with its impacts on health care was recognized by health care scholars and professionals long time ago. Not until 1994, Relationship-centered care (RCC) was formally coined by a group of health care researchers via a report on advancing psychosocial health education (Tresolini & The Pew-Fetzer Task Force, 1994). Since then, increasing attention has been given by health care practitioners, educators, and patients about RCC. Moreover, a number of relationship-centered care networks were formed in many regions in the States. The Relationship-centered Care Network of South West Michigan (RCC-SWMI) is one of such organizations formed by participants from inside and outside of health care field to promote RCC within the health care community.
Will the implementation of electronic health record (EHR) systems using HIT endanger or worsen RCC? Could there be synergies created by integrating HIT with RCC? While there exist evidence that HIT could be both a facilitator and a barrier to RCC, there certainly is room for HIT to go hand-in-hand with RCC (Weiner & Biondich, 2006). Note that, as pointed out by Ventres and Frankel (2010), the EHR is predominantly used to ensure quality and consistent information to be shared by all health care practitioners to produce the best health outcomes for patients, whereas RCC is more of a philosophy and doctrine that will assure sufficient communications to nurture the relationship between practitioners and patients. The success of both EHR and RCC is hinged on the constant flow of information. With little doubt, it is our belief that future health care can benefit through integration of HIT with RCC when EHR is used. Under this common vision, an international conference was jointly hosted by the Center for Health Information Technology Advancement (CHITA) at Western Michigan University and the RCCSWMI on October 28, 2011 to call for more presentations and studies that will promote proper use of HIT and its constructive integration with RCC. More than 200 health care practitioners, HIT scholars, and professionals attended this one day event. Participants came from three different countries including Canada, China, and the United States.

This special issue includes four high quality research papers presented at the conference. Altogether, only sixteen research papers were accepted for presentation and each paper was doubly blind reviewed. Since the conference was held with a balanced theme - repositioning health care through HIT and RCC, the selected final four includes two that focus on HIT adoption in practice and the other two examine effects and issues when HIT is implemented with RCC. Each of these four papers has been further improved by authors with one more external blind review. While RCC has been promoted over the past two decades, its applications in health care are still evolving. In particular, when integrated with HIT, RCC may create huge impacts on health care in a much broader sense. Therefore, this special issue is completed with a book review, which provides an update on the theory and cases of success about RCC based on one most recent publication in the field. A brief description of research contributions from each paper and a succinct highlight of the book review follow.

This special issue opens with a study by Dobrzykowski on “Examining Heterogeneous Patterns of Electronic Health Records Use: A Contingency Perspective and Assessment.” This study focuses on the understanding of the heterogeneity in adopting EHRs by two major types of hospitals – Critical Access Hospitals (CAH) located in the rural areas and Major Teaching Hospitals (MTH) residing around major research universities. Based on the operations integration view, the author takes the definition that “EHR is an information system that enables the health care delivery supply chains to operate efficiently and effectively” and groups EHRs into two major types: the basic Electronic Results Viewing (ERV) systems and the advanced Computerized Provider Order Entry (CPOE) systems. The research was triggered by the curiosity that MTH is associated with a medical school and for research purposes MTH tends to treat highly complex cases, which subsequently provides them incentives in employing advanced EHR such as CPOE. Furthermore, this research is to verify what contingencies may drive the heterogeneity in EHR. An internet survey was employed to collect data from 297 hospitals in 47 states to test five major hypotheses based on the Contingency Theory. Exploratory factor analysis was used in analyzing data. Findings indicate there is heterogeneity in EHR use, i.e., CAH lags behind the adoption of even basic EHR and MTH has not only had higher levels of use, but also leads in the use of advanced EHR. This study successfully verified the differences in EHR use and findings are important to hospital executives and practitioners who are concerned with resource allocations and meaningful use of HIT in health care.
The second article, by DeMello and Deshpande, was focused on “Factors Impacting Use of Information Technology by Physicians in Private Practice.” Instead of examining the merits of IT in health care practice, this study is driven by need for a better understanding why some physicians are reluctant to embrace IT. Data used in this research were taken from 2008 Health Tracking Physician Survey (HTPS) conducted by Center for Studying Health System Change (HSC). All physicians are members of American Medical Association. However, only data provided by physicians who worked in a solo or group of private practice were included in the study. Altogether, the dataset is composed of surveys from 3,425 physicians. Regression analysis was used to pinpoint the use of IT (i.e., dependent variable) in three areas: clinical practice, prescription, and patient information against 15 independent variables that are grouped into four categories: practice-related (e.g., competitiveness), physician-related (e.g., gender, age), minority patients-related (e.g., percentage of Hispanic), and revenue sources (e.g., percentage from Medicare). Findings indicate that the number of physicians in practice and the extent of use in EHR are the only two factors have significant positive impacts on the use of IT in all three areas – clinical practice, prescription, and patient information, while other factors have only partial influence on the use of HIT. Results demonstrate that the age of physician affects the use of HIT in both clinical practice and patient information, the income and the ownership of practice significantly impacts the use of HIT in patient information, and among others. Their study suggests the need for developing strategies to increase the use of HIT.

In contrast to the first two articles focused on HIT adoption, Dohan, Xenodemetropoulos, and Tan proposed a Relationships-Communities-Quality (RCQ) model to conceptualize how continuous quality improvement (CQI) can be supported through the retention and maintenance of inter-clinician relationships within and across emerging communities of practice (COPs). Their research is hinged on three basic notions: quality control via practice audit (PA), quality care via relationships (i.e., relationship-centered care - RCC), and knowledge sharing among communities of practice. The intent of the RCQ model is to create a self-sustained environment that will ensure quality care and information sharing between clinical professionals. As medical resources fall short of the consumer demands, clinical expertise must be shared, in particular, across physical boundaries (i.e., between service providers located at different cities or states). The proposed model is novel but implementable with today’s information technologies such as secure networking, data encryption, virtual community, and cloud computing. The authors also define “trust” as the fundamental determinant that will back the integration of the three virtual components in the RCQ model. Possible inhibitors and facilitators of this novel model are also identified. This article opens a new dimension in HIT research that promotes quality health care through relationship assurance and knowledge sharing. The authors conclude with a series of research hypotheses and corresponding rationalization with detailed discussions to direct possible future research in the RCQ domain.

From a different perspective, Manning-Walsh and Falan investigated the “Effect of Practitioner Self-Care and Anxiety on Relationships within the Context of Organizational Change.” In this study, the authors provided an extensive literature review of relationship-centered care (RCC) and examined what the phrase means in terms of the self-care, self-awareness, and how people interact with each other. These authors also gave a brief history about RCC - its emergence in the early 1990s, and its evolution into a critical concept for a rapidly changing health care environment. Additionally, the authors provided detailed explanation on how implementation of HIT may cause changes that will create potential impacts, both positive and negative, on organizational environments. Those impacts
are likely to affect the clinicians, their work processes, and patient outcomes. Manning-Walsh and Falan asserted that incorporating technologies into health care practice is not without some individual consequences (i.e., anxiety), which will not only influence practitioner relationships with each other, but can also affect the relationship shared between patients and practitioners. In this article, a research model - “Self-Care as a Mediator for Anxiety and Practitioner Relationships” is introduced as a means for understanding the meaningful connection between anxiety, self-care, and practitioner relationships with others. The authors provided insightful directions for future research in the health care environment where technologies are being infused.

This special issue is completed with Falan’s book review on a timely publication titled Leading Change in Healthcare: Transforming Organizations using Complexity, Positive Psychology and Relationship-centered Care authored by Anthony L. Suchman, David J. Sluyter, and Penelope R. Williamson, along with three forwards by Peter Block, Carol A. Aschenbrener, and Ralph Stacey. In healthcare, the environment is so rapidly changing that organizations are at risk for increasing employment dissatisfaction, and it has been evidenced by the high turnover rates in the industry. As a consequence, those who receive health care may unwillingly suffer from poor quality care. Infusing relationship-centered care and wisdom from other positive thought collectives may be beneficial. Falan’s book review will provide a glimpse into the content of this timely book, from its basic theories to the case studies presented within. Overall, Falan strongly recommends the book to those who are involved with health care, including executives who want to create better organizations by extending relationship-centered care into relationship-centered administration.

In the fast changing world where health care becomes the top priority and technology is available everywhere, it is necessary to bear in mind that HIT can facilitate and enhance relationships. Whether it is an organization or an individual, the primary reasons for using HIT may be for knowledge sharing, for better health/care at lower costs, and for the generation of intelligence to improve health management. However, its ultimate success will depend on people who are either the users (i.e., practitioners) or the beneficiaries, including everybody. From the functional viewpoint, HIT is the enabler that will not only be used as the framework, but also generates value-added information for better communications and the strengthening of relationships within the health care environment. The notion of RCC in the health care environment can and will continue to serve as the foundation that promotes quality human care (Miller et al., 2010), which truly can be materialized by the proper and meaningful use of HIT such as potential use of social networking and media to facilitate the development and maintenance of human relationships. It is our belief that RCC along with the use of technology can produce a friendlier world where understandings are elevated and people become empowered, not only in their clinical roles but also for the recipients of caring.

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REFERENCES


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