Discussion B on Article 4:  
Healthcare IT – Do All Roads Lead to a Bridge?  

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In their provocative article “Managing the Care of Health and the Cure of Disease,” Glouberman and Mintzberg (2001) asked, “Shouldn’t the fact that different countries seek to solve the exact same problem by moving in diametrically opposed directions be telling us something?” The article by Michel-Verkerke, Schuring, and Spil describes an approach to facilitating the chronic care needs of multiple sclerosis (MS) patients in the Netherlands. From my U.S. perspective, I cannot help but note that while the healthcare establishment here is presently rushing forward to embrace the electronic medical record (EMR) as the basis for long-term healthcare reform, the authors of this article indicate that our European counterparts are rejecting this notion in favor of targeted, situation-specific solutions. The authors advocate a purpose-built patient-relationship management system: an e-mail-based patient-routing system intended to improve the patient management process. This system would be independent of any EMR system, although it is envisioned as being extensible to performing standardized message exchange with computerized healthcare information systems. In contrast, American researchers addressing the need for better care coordination for patients with chronic disease are promoting the idea of a wholly integrated approach in which chronic care applications, such as disease registries, and acute care applications, such as EMR, will merge (Chang, 2004).

That researchers in the Netherlands and the U.S. are attempting to solve the exact same problem — care coordination for chronic disease — using precisely opposite approaches should, as Glouberman and Mintzberg (2001) suggest, tell us something. In fact, it may tell us several things. First, it indicates that it is possible that a technological solution to this problem may have been put forth before the problem itself has been fully understood. As Gazendam (1999) notes in the specific case of healthcare IT, “information technology is no panacea that solves organizational problems” while ignoring fundamentals, such as the “will…to cooperate, power domains and organizational culture.” The underlying problem in managing healthcare delivery is not one of too little information technology. The actual problem is with the system by which healthcare provision has traditionally been organized. It is beyond any reasonable expectation of information technology that it can achieve by itself the integration urgently needed among healthcare’s highly differentiated four core...
constituencies: physicians, nurses, administrators, and government and private insurers (Glouberman & Mintzberg). These four groups, while all profoundly concerned with providing quality care, are not related hierarchically. In a nonhierarchical organization, no one entity can exert control over the whole system. Among the usually cited critical success factors for IT adoption are executive engagement and management buy-in. With the healthcare system organized as it is now, these factors have little meaning, and programs to introduce information systems that depend on these and similar precepts face serious challenges to acceptance.

A second point suggested by our orthogonal solution set for chronic care is that there still exists a wide divide between the research and practice communities of information systems and medical informatics. Framing the problems to be solved in any domain is dependent on the framers’ points of reference. Systems people are thought to view every problem as an opportunity to develop a new system, while medical informaticists, the majority of whom are clinicians, are observed to raise the (perceived) complexity of medicine in order to stake an exclusive claim to that territory. The results of this divide come in two common forms. One is the conceptual design for a healthcare IS application grounded in solid IS theory, but that is never implemented. The other is the healthcare application built on an intuitive understanding of the domain, but that fails to achieve the desired goals due to design problems.

Before floating more ideas for new systems to develop, both camps might be wise to first consider how information systems can and should relate to the unique organizational environment of the healthcare enterprise. Perhaps the biggest benefit that could be immediately derived from the application of information technology would be the facilitation of collaborative networks among healthcare stakeholder groups, creating a community to help fill the gap where hierarchical organization is absent.

REFERENCES

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