

Module 7 dq 1 and 2

Technology, Information Technology



Module 7 DQ1 and 2 John Jones DQ1 The Health Information Technology (HIT) manager has duties that are as varied as the health profession itself. According to the US Department of Labor, the position now known as HIT Manager is also referred to as the administrator of the health care facility. Among other things, the person 1) manages the efficiency of the organization, 2) supervises the financial aspect of the facility, 3) facilitates with state and federal governments in respect to adherence to various health laws and 4) is directly responsible for the accurate keeping of medical records (BLS, 2013).

The medical staff feels that the technical aspects of EHR and following laws take away from their time treating patients. The HIT manager therefore takes that burden away from them and by doing his or her job; the clinical people can be free to concentrate on their main concern, the patient. Goetz et al (2013) published a survey in The American Journal of Managed Care in which she states under HIT, communication is the main benefit and that the physician's records are more organized. As business people also, the medical personnel feel that the greatest challenge is the increased cost of the equipment and people required for implementation.

The Journal of AHIMA (2013) has published a list of those items absolutely essential for good strategy planning. For one thing, the article states that IT should be involved in all facets of the brainstorming. Another is that the involvement and representation from all levels in the facility (all stakeholders) is likewise necessary for the plans to succeed.

DQ2

In the ongoing controversy between top down and bottom up philosophy in deploying a healthcare IT system, IBM has put together a white paper concerning the advantages and disadvantages of both (2005). Although almost eight years is an eternity in information technology, the points brought out are still very much relevant. The bottom up approach offers more clinical saturation early on. As initial costs are lower, benefits are realized much sooner, material and otherwise. As well, password security is managed better. Yet the main disadvantage is that later changes to the system are not necessarily very easily accomplished. Therefore, it can be said that top down is a mirror image of the bottom up method. Although initial costs are much greater, its main advantage is that the entire facility is not disrupted during the implementation process. Because of the higher costs, it will take a longer period to realize a payback. In addition, custom nuances have to be designed and installed early on.

The main problem with deploying a HIT system is that computer systems are not HAL from 2001. They are only as good as the data fed into them (GIGO) and Karsh (2010) writing for JAMIA states that it took years of human engineering to build the modern marvels, sometimes a century or more. So the biggest risk would be to implement a system on a profession where lives are at stake, especially among the seriously ill, without many more years practice to know it is safe. He likewise suggests FDA oversight of HIT systems, as in new medicine might be a good way to minimize those risks, for lab and clinical trials are the only devices available to tell whether a system is “ perfect”.

References

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