

## Chapter X

# Entrepreneurial IT Governance in a Rural Family Practice Residency Program

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## Abstract

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*This study describes and assesses the evolution of IT governance practices in a rural family practice residency program. The need to establish IT governance was driven by the practice's desire to implement electronic medical records capability. The authors employed a prominent information technology (IT) governance framework to conduct this assessment and exposed significant strengths and weaknesses in terms of the suitability of the IT gover-*

*nance framework within the rural healthcare setting as described. Given the relatively slow adoption rates within the healthcare industry in general, and among rural health providers more specifically, we present local knowledge (Geertz, 1985). In doing so, we provide an additional perspective for those seeking to construct theoretical bases for the formulation of health policy intended to promote the adoption of IT as a means of improving healthcare in the rural United States. In addition, this chapter describes the role of IT in enabling the residency practice to embrace current practice improvement initiatives.*

## Introduction

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Healthcare is arguably the most transaction-intensive industry in our society. Yet compared to other industries, healthcare has significantly underinvested in information technology (IT). Even today the vast majority of healthcare transactions occur via telephone, fax, paper, and electronic data interface (EDI). The result of this archaic information communication system is that much data is not captured, is captured incorrectly or inefficiently, and is difficult to retrieve and use (Barber, Caillouet, Ciotti & Lohman, 1994; Wager, Lee & Glaser, 2005).

Health information is typically spread throughout the healthcare organization and held in incompatible legacy systems with little or no interconnectivity or interoperability (Pendharkar, Khosrowpour & Rodger, 2001). These disparate systems need to be tied together. Healthcare executives are focused on improving the quality, reducing the cost, and expanding access to healthcare, but cannot improve what cannot be measured and cannot measure inconsistently captured or inaccessible information that is reported and held in non-compatible home-grown systems and databases.

In an industry where the paper medical record has been considered the “gold standard,” electronic medical record systems (EMR), by capturing complete patient information, are believed to be an increasingly vital facet for improving: patient safety and quality of care, operational efficiency, and compliance with regulations while reducing medical errors and decreasing the risk of law suits. Still, an EMR is perceived by many to be a money pit rather than a source of efficiency, income, and enhanced quality of care.

United States healthcare is struggling with decision making, implementation, standardization, and connectivity surrounding the EMR. This is indicative of the unsystematic and independent nature of healthcare organizations in the United States. Fewer than 1 in 5 hospital information technology (IT) executives report that their organizations have a fully operational EMR. In fact, the number of healthcare organizations reporting a functional EMR actually decreased from 19% in 2004 to 18% in 2005 (Lawrence, 2005). Only 8% of physicians report using computerized order entry systems (CPOE) and only about  $\frac{1}{3}$  of U.S. hospital emergency and

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