

Managing IT Development Collaboration

Teemu Paavola, LifeIT Plc and Seinäjoki Central Hospital, Koskenalantie 16, 60220 Seinäjoki, Finland; E-mail: teemu.paavola@lifeit.com

Kari Mäkelä, Tampere University of Technology, Korkeakoulunkatu 10, 33720 Tampere, Finland; E-mail: kari.2.makela@tut.fi

INTRODUCTION

Ten hospital districts in Finland have joined forces in the 'Proxit' project to develop common health care IT solutions. The participating organisations include half the national health districts that cater for the health care needs of roughly a third of the national population.

Previous attempts at national health care IT development have resulted in a large number of independent, relatively small IT projects. These individual approaches were later replaced by a single regional IT effort in 1998-2002 - the 'MacroPilot' project in Pori region. This project attempted to create a unified information solution for regional needs covering most levels and organizations of health care (Nissilä, 2002). The MacroPilot project suffered the same fate as similar attempts in many countries previously: due to unrealistically large expectations and limited resources, the project did not meet its goals. Subsequently the Ministry of Social Affairs and Health resumed funding of regional or municipal health care IT projects, but in contrast to the strategy of the mid 1990's, large development projects were favoured. This emphasis on larger, joint ventures culminated in the Proxit project described in this report.

METHOD

Ten hospital districts decided in late 2004 to start a joint IT development project to meet Finnish health IT targets. These call for national integrability of hospital IT systems by 2007 and require adherence to common health record structuring and common standards such as HL7/CDA-R2 and DICOM (Ministry of Social Affairs and Health, Finland, 2003).

The health districts that decided to start a joint development project were installing, developing or considering to purchase the same healthcare EPR and HIS platform, the 'Efficia' system by TietoEnator Plc. By launching a joint project, it became possible to share development work and best practices between all participants. The Proxit project started in 2005 and will continue until 2007. This is the largest single health care IT project in Finland to date: the total estimated budget is 10 million euros. Approximately 50% of these costs are covered by the Ministry of Social Affairs and Health, and the rest is covered by individual participating organisations. All the health districts participating in Proxit are public sector organisations. Overall project management and support is provided by LifeIT Plc.

Proxit consists of four main development and implementation sub-tasks or work packages:

- Structured electronic patient record system (EPR)
- Patient and hospital administration software (administration)
- Exchange of data between organisations (referrals, reporting)
- Joint IT project management

The first three modules are primarily IT development tasks specifically geared toward meeting national goals of intercommunicability between organizations in health care. The last module, joint IT project management and support for hospital districts on this scale, has not been achieved in Finland until now. 'Proxit' is the first time such a large consortium has embarked on a joint project by mutual consent.

RESULTS AND DISCUSSION

All main Proxit modules have shown significant progress. A new highly structured EPR version has been installed in most participating hospital during 2005 and early 2006. Common structuring and choice of formatting and datafield labelling has resulted in development of a single operational EPR version that can be adjusted to take into account the different needs of individual hospitals.

Somewhat more difficult has been changing hospital's working practices and workflow to accommodate a common EPR and administration system, but so far this work has also shown signs of progress. Data exchange solutions in the form of referrals and reports that can be sent between primary and secondary health care as well as between participating hospitals in Proxit, have also advanced to implementation stage by early 2006.

The progress achieved in all individual modules will be tracked and evaluated during this project. The level of national health IT target compliance of the solutions implemented by Proxit participants will be evaluated and compared to the situation in hospital districts that did not participate in this project. In this way it is hoped to show the benefits and gains achievable by common IT project management and collaboration in large scale health care IT development.

CONCLUSIONS

Development of joint solutions needs a joint development approach. It can be argued that the time for this type of national project was ripe: the benefits of a common effort were seen clearly enough by all participants, and definite national IT targets set by the Health Ministry set precise goals.

Changing working practices within individual organisations or hospitals is not easy, but if the benefit to all participants is seen as outweighing the problems caused to individual organisations, the work will none the less be carried out (Berg, 2001; Littlejohns, Wyatt & Garvican, 2003). Through common management of the project it is easier to demonstrate the rationale for this type of change. Learning to work together in this type of project has in itself been a significant achievement.

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