

# Chapter 10

# Multinational

# Teams of Teams

## ABSTRACT

*Chapter 10 explores the challenge of approaching the problem of multinational EHR interoperability using teams of teams. The opportunity to leverage agile methodologies and a small group approach to large-scale transformation employs the holonic model. Sustainability is a critical quality measure of the outcome and requires stakeholders to manage the details of this type of approach. With an emphasis on innovation and a shared vision, leaders will need to keep adopting future technologies into the approach and move forward at the speed of technological advancements. Utilizing existing methods, leaders can continue to implement these advancements into the iterative approach to the outcome.*

## INTRODUCTION

A multinational approach to interoperability will require us to work as a team. Nations, organizations, agencies, companies, and systems may already be working on elements of the problem of interoperability. The concept of *Teams of Teams* provides a framework to discuss collaborative problem-solving efforts equitably representing all stakeholders. In this chapter, the discussion approaches visualization of the outcomes, collaborative approaches to innovation, planning in various forms, sustainability through stakeholder involvement, and combining efforts through a process inspired by *Teams of Teams* (McChrystal et al., 2015; mcchrystalgroup.com).

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## SEE THE END FROM THE BEGINNING

Years ago, Stephen R. Covey (1989) encouraged readers to “Begin with the end in mind” (p. 97). This habit of highly effective people speaks to the power of visualization, which is the beginning of innovation. Combine the concept of visualization with synergy and now we look at the power of a shared vision and working together to accomplish more than each team could do alone. Shukla et al., (2025) took the concept of synergy by leveraging advancements in financial technology with advancements in healthcare technology. They acknowledge the complexity of the systems involved in each industry and promote protection through leveraging blockchain technologies.

The potential resistance to adopting more advanced technologies is in the fear of bad actors misusing technology. In our research, we have heard participants voice the fear of health information falling into the wrong hands, information being added to health records that isn’t correct, or the challenge of the healthcare providers’ time to put enough information in the record. Others thought that the lessons of COVID-19 already created some huge advancements, so it is no longer something to be concerned over. The truth is that we need more research, more collaborative discussion, and more collective action to take advantage of this technological opportunity.

Some research has been done following the lessons of the COVID-19 pandemic. For example, Wong et al. (2023) propose using the START tool in preparation to implement technological advancements using the Plan-Do-Study-Act (PDSA) cycles. The START acronym stands for Sharing benefits and failures, Tailoring planning with staff partners, Acknowledging staff concerns, Recruiting opinion leaders early, and Targeting residents’ needs.

Advancements in technology in healthcare have grown to the level of industry including naming the industry for Health IT as HealthTech (Madir, 2020). Madir defined HealthTech including electronic health (eHealth), mobile health (mHealth), MedTech, telemedicine, and other related technologies as examples of how technology is improving the “delivery and consumption of healthcare.” Wachter (2015) presented a vision for the future of Health Information Technology. The potential future described in his 2015 book *The Digital Doctor* is quickly becoming the current state complete with the use of natural language processing replacing the typed EHR of the past. Patients are completing their own digital records in preparation of a telehealth visit.

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