Input HHS HIT Burden Comments

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 Might HIT assessments to date be very heartfelt analyses, but of only the iceberg’s above-water segment?

 Might a nuanced assessment of “necessary” or “correct” HIT spending, retraining, “change management,” and other burdens merit more evidence-basing?

 To what extent have any parties yet conducted robust research to both (i) quantify the actual (direct plus indirect) “spend” and impacts of HIT to date and (ii) compare past investments in other, non-HIT sectors?

 The relatively belated robust deployment of software, data networks, and ecommerce networks in U.S. healthcare, as compared to other industries, suggests that HIT leaders necessarily lack the years and diverse experiences outside healthcare of IT risk management, IT product lifecycle transitions, data loss, difficult transitions of IT staffing and leadership, and other growth pains. CIOs, their Boards, their procurement and legal resources, and other allies likely better know IT burden, in the finance, manufacturing, consumer product, and other economic sectors.

 Initial research and analysis suggests that HIT contracting is thinner than in other industries.[[1]](#endnote-1)

And regular (albeit informal) communications with HIT practitioners across the US (e.g., in HIMSS meetings and other contexts) suggests that HIT leaders have not undertaken studying of other industries’ IT risk management practices, deployed best practices in procurement contract negotiations and documents, enjoyed ongoing detailed Board of Directors level focus on IT optimization and risk management, and habitualized robust due diligence of prospective vendors.

 Perhaps HIT burden to date is -less- than both (i) needed for optimal HIT use (e.g., for smart management of healthcare operations, patient safety, and other goals) and (ii) will be needed for predictable, necessary, useful tasks and investments in health care.

 So perhaps HIT leaders focused on the (consensus) greater monetary and management “burden” of IT in US healthcare, can arrive at better IT management (and hence better overall management) by devoting effort and resources to investigating the actual “epidemiology” of HIT – researching and learning from both (i) the “morbidity and mortality” of others’ HIT troubles, and (ii) other industries’ spending and payback, to achieve a better-informed assessment of appropriate IT burden.

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1. E.g., “Exploring HIT Contract *Cadavers* To Avoid HIT Managerial Malpractice,” Chapter 48, “H.I.T. Or Miss,” 3d edition, American Medical Informatics Association (now in production). [↑](#endnote-ref-1)