An age of dissolution for role boundaries in healthcare?

Does successful deployment of integrated, holistic, organizational health information system solutions require interdisciplinary actors who commingle and confound traditional, professional role boundaries?

Examples demonstrate some ‘blurring’ has begun

Educational interdisciplinarianism
Pharmacist-financiers, nurse-lawyers, and physician-informaticians represent a class of multi-degreed, healthcare professionals set to lead their industry through unprecedented change associated with healthcare IT.

New, interdisciplinary roles
The pharmacy department employs a nurse in charge of ‘integration.’ The Clinical Engineering department includes a database analyst who constructs custom applications. Blended roles are solving problems and creating synergies - along with some organizational chart confusion.

Customer, client, and collaborator?
Healthcare IT customers are teaming with vendors. Both sides are engaged in relationship management. What are the implications? What are acceptable boundaries within such close, collaborative relationships?

Unintended consequences
Healthcare IT mishaps often reveal hidden nuances of existing workflows, processes and points of contact within organizations. Can interdisciplinary approaches uncover these sooner?

Who are the insiders? The outsiders?
Process engineers, developers and quality experts are poised to lead healthcare IT initiatives. Will these non-clinicians be able to help dissect and dissolve boundaries in order to optimize quality and throughput?

Pressure to reevaluate professional roles within the hospital and healthcare enterprise

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As a pharmacy informaticist I first thought that hospital pharmacy practice was destined for upheaval and radical change because, compared to present systems that do not fully support our practice, a new and improved generation of pharmacy systems was already in development. Over the past several years I have learned that the practice of pharmacy is not changing in isolation. Instead pharmacy must adapt to keep up with changes to the entire healthcare enterprise.

The inexorable forces seeking a more socially handsome cost-benefit equilibrium in healthcare are marked by an emphasis on patient value. The fragmented, costly American healthcare sector is now expected to demonstrate dramatic quality and efficiency improvement. To do so, the general consensus is that antiquated information-handling practices, including a reliance on burdensome paper records, must give way to the use of massive, complex and multidisciplinary enterprise clinical information systems. Critics abound. Previous healthcare IT gaffes make it too easy to characterize calls for information system adoption as misguided requests bent on removing the humanity and the art from patient care. There is a lot at stake; a lot to do and to prove.

In pharmacy, for example, there is growing pressure to reevaluate roles and responsibilities. Must we maintain different classes of hospital pharmacists? How should we communicate with physicians and nurses to properly integrate our activities? What is the role for informatics and process engineering in pharmacy? As healthcare IT professionals is our role to lead interdisciplinary medication-use initiatives that deliver patient value via well-designed workflows? Where will we simultaneously find efficiencies and cut costs?

Working in isolated, professional silos is clearly outmoded. Interdisciplinary, systematic thinkers who value continuous learning are testing staid role boundaries in healthcare. They may well become a valued class of ‘gold collar’ does whose efforts lead to an integrated, efficient, safe, computerized healthcare enterprise. However, their testing of existing boundaries may also be uncomfortable for awhile.