



Special Interest Group of the Association for Information Systems on Healthcare related research

## AMCIS SIG-HEALTH NEWSLETTER

Editor Nilmini Wickramasinghe, MBA PhD

As newsletter editor, I would like to welcome you to our first newsletter for the year. I am very excited to be your editor.

Our goal is to provide two newsletters this year to help you keep up-to-date with all the great things that are happening in the world of healthcare. As healthcare is an important global industry regular features will include discussions of key research and industry perspectives from leading experts relating to healthcare – IS initiatives in North America as well as important happenings in other areas of the world. Upcoming events by Ann Fruhling are aimed to help you plan your calendars in advance regarding conferences and possible publishing outlets. In addition, we shall feature “How To’s” by knowledgeable guest contributors to help you become a successful and active participant in this vital healthcare arena.

For this first issue we wanted to wet your appetites by introducing you to our new office bearers as well as emphasize why health informatics is so important and why we are indeed at the right time and in the right place. In addition, we thought the first “how to” section should discuss how to promote, edit and run a successful conference given that AMCIS 2008 is just around the corner. Our

feature story from an industry perspective provides us with some interesting scenarios and tests out “what do we know?” and some of the many challenges faced in the industry.

I want to thank all those who helped to compile this first newsletter of 2008. It is our intention that this be the first of many newsletters for SIG-Health.

On behalf of the whole team, I would like to urge you to think of items you would like to see included or if you wish to run a special topic in an up coming newsletter please do not hesitate to contact me at [nilmini@stuart.iit.edu](mailto:nilmini@stuart.iit.edu) Remember, this is our newsletter and we want it to be as useful as it can be to all at SIG Health.

For those of you located in the northern hemisphere enjoy the summer and I look forward to seeing all of you at AMICS 2008 in August.

Nilmini



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### **Healthcare Informatics – The Time is Now!**

*By Samir Chatterjee, Professor,  
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Four years ago, President Bush outlined a plan to ensure that most Americans have access to electronic health records within the next ten years. As part of a larger agenda to advance the use of technology, the president told the public that he believed that better health information technology was essential to his vision of a health care system – one that puts the needs of patients first and helps them make clinical and economic

decisions in consultation with their physicians. Ultimately, this health information technology (HIT) initiative would address longstanding problems of preventable errors, uneven quality, and rising costs in the nation’s health care system.

While this recent national agenda may have been the final push for healthcare organizations to get their act together, there has been a great deal of interest within both the public and private sectors to encourage all healthcare providers to migrate from paper-based health records to a system that stores health information electronically and employs computer-aided decision support systems. The vision of building a National Health Information Network (NHIN) is bold and exciting and has many positive implications. If every physician’s office used an EHR system, their data and diagnosis would be automatically submitted to a national clinical repository via regional health interoperability organizations. At the national repository public health officials would mine that data to search for patterns, trends in treatment and figure out what works. That knowledge would then be fed back to each individual physicians’ system thus creating an advanced clinical decision support system. While this vision is exciting, we now understand that the obstacles to its implementation are not the technology or research required to create such a system, but rather in finding skilled human resources who can effectively manage and implement it. This requires knowledge in a emerging field termed “biomedical informatics” or “healthcare informatics”. We define biomedical informatics as the scientific field that deals with biomedical information, data

and knowledge – their storage, retrieval, and optimal use for problem solving and decision-making.

AMIA (American Medical Informatics Association<sup>1</sup>) the largest medical informatics organization in the world, has recently issued a “10x10” call in which they state that there is a need to train 10,000 Health Information Management (HIM) specialists by the year 2010. HIMSS (Health Information Management Systems Society<sup>2</sup>) is another such association and they predict that HIM trained professionals will be in very high demand as the health-care sector starts to embrace electronic medical records and deploy more information technology within their premises. Additionally, The National Institutes for Health has made open calls to convert all paper-based patient records into electronic systems. These are called Electronic Health Records (EHRs) or Personal Health Records (PHRs). As such, HIM graduates are, and will continue to be in high demand, particularly in the areas of health informatics and information management.

Areas of work for such professionals include hospitals, health departments, IT firms, government authorities, research units, pharmaceutical companies, community health centers and general or specialist medical practices. Examples of job titles include: chief medical information officer, information systems manager, data manager, project manager, clinical researcher, clinical information analyst, systems analyst, quality improvement coordinator, health

grid manager and classification specialist (nosologist).

At Claremont Graduate University School of Information Systems and Technology (CGU SISAT), we recently launched a Master’s degree in Health Information Management<sup>3</sup> (MHIM). I would like to briefly share how we have done it and the ongoing challenges we face. The Master’s in Health Information Management program is comprised of 44 semester units. Students will participate in ten 4-unit classes and one 4-unit Clinical Immersion component to acquire a broad-based range of skills in the four essential disciplines of health information management: health and medical sciences, information systems and information technology, management, and mathematics/biostatistics.

A unique facet of our program is the clinical immersion. This is a key practical component that will provide students with the experience of assisting a leading medical or healthcare institution with the design, implementation and management of health information technology. A student can satisfy the clinical immersion requirement by spending one semester implementing and refining the various skill sets learned in the classroom in a clinical environment such as a hospital, research lab or other healthcare organization. Alternatively, students may work in a small group of three to five students and apply health information management techniques to complete a project supplied by an outside healthcare organization. Such a projects would be supervised by a CGU SISAT faculty member and may be

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<sup>1</sup> <http://www.amia.org/>

<sup>2</sup> <http://www.himss.org/ASP/index.asp>

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<sup>3</sup> <http://www.cgu.edu/pages/4596.asp>

particularly appropriate for those students such as MD's or RN's who already have the clinical experience, but can benefit from the practical research experience.

We welcomed our first class of MHIM students in the Fall of 2007 and interest in the program has continued to grow. Clearly there is a huge demand for such a program and we expect that it will be come one of the more popular degree options we offer. However, we face some interesting challenges. First, since CGU does not have a medical school, some thought that to offer this program without access to a medical facility would be a daunting challenge. Fortunately, we are in southern California and are surrounded by many excellent healthcare facilities with whom we have partnered. Second, we quickly realized that health-care professionals who would join the program part-time require flexibility in terms of class schedule. For example, many such prospective students have told us that due to the nature of their jobs and work schedule, they simply cannot leave work in time to attend on campus classes and would prefer to have an online class option. While we investigate this option (CGU does not currently offer online courses) we have made special arrangements to offer classes late in the evening and on week-ends to address the issue of prohibitive work schedules. Third, the question of program accreditation comes up often. It should be noted that AHIMA and HIMSS have an educational HIM accreditation process but mainly geared towards undergraduate programs. In fact, in one of their recent white papers AHIMA set 2016 as the deadline by which they would like to have an established

graduate level HIM curriculum model that would help facilitate the creation of such programs. We are certainly ahead of the curve in those terms and indeed are working closely with AHIMA and HIMSS to get the accreditation process underway. Another possibility is to explore the AMIA 10x10 certification. CGU recently joined AMIA's Academic Forum that is dealing with similar issues of how best to help faculty teach and train in medical informatics. In their first meeting at Stanford which I attended, it was very clear that the field still does not have a clear identity and current programs at various universities have evolved from research units who felt the need to offer such degree programs. Most programs are affiliated with medical schools, while only a few are affiliated with computer science.

Our school is a research intensive environment in which several of our faculty are engaged in cutting-edge research in many areas of e-Health. As such, we felt we were uniquely equipped to venture into this emerging education space. Once this program was established were quickly recognized by both the industry and peers as pioneers in this area as ours is the only such program in Southern California. We are excited to have the opportunity to bring some of our research into the classroom and be involved in the development of future HIM professionals. When considering the task of educating the next-generation information systems specialist in healthcare informatics, we realized that 'the time is now'. The challenges are formidable but the rewards will far exceed them since what is at stake is really an opportunity to create a new paradigm for healthcare.

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## ***What do you know?***

By *BOB FOLDEN*

Mary experienced an episode of mild vertigo and the blurring of vision in her left eye. She scheduled an appointment with her primary care physician. The doctor examined her, but wanted to have more definitive tests before rendering a diagnosis and so scheduled her for an MRI at the local hospital across town. Since she had only had one incidence and seemed to be in otherwise good health, the doctor allowed her to transport herself to the hospital for the test.

On her way to the hospital, her car crossed the center line and struck another vehicle head on at about 40 miles per hour. She struck the windshield and suffered a severe head injury that rendered her unconscious. She was transported to the local ER where she was treated for the head injury, but failed to recover. The data was recorded and submitted to the states data repository as a death from a motor vehicle collision.

Is that what really happened? When we don't have all of the pertinent information, we can draw potentially erroneous conclusions. It can be assumed that she was distracted on her way to the hospital for the tests, but could she have had a more severe TIA or even a full stroke? While it could be determined, without the background data, the true cause will not likely be determined. Accurate data is important for many reasons, not the least of which is determining injury, morbidity, or even mortality to improve the delivery of healthcare.

The simple answer to this problem would be to establish a patient identifier

that is universal. It would be used every time the patient receives care. The data from every treatment would be linked in some fashion; either in a centralized data store or by having a record locator service linking disparate data sources. It is not that we don't already link records in the health care system, but it is not ubiquitous, leaving many silos.

Attempts to overcome this problem utilize some form of statistical process, like probabilistic matching, to link various records. The difficulty of this problem can be compounded when different names for the same person are entered into the system. For example, I have gone by the name of Bill to my family, but Bob or Robert to most of the people that I know away from home. My given name is Robert William. If I was injured and a family member provided my information, they would register me as Bill, but in another incident without a family member I would be listed as Bob or Robert. Probabilistic matching would not likely turn up both records unless they had my full given name to work from.

Since we have a very mobile population, this becomes even more compounded. Our records may now be in various jurisdictions and not linked in any fashion. Data is only valuable when it can be used to provide information. It can only provide quality information when all relevant data is connected to provide a true picture. In our current system, that is generally not possible. As we move away from a paper based data storage system, we increase the probability that we can link and access all relevant data.

Getting the data and making it universally available faces three major hurdles. There are probably many minor ones, as well. We will briefly look at

three for now: Privacy, Security, and Performance. Each of these have a multitude of factors that impact the ability to achieve an acceptable level. Privacy is generally focused on protecting one's identity. Generally, we don't care what other information or data one has, as long as they can't link it to my identity. Identity involves data that makes me uniquely me and can be used to separate me from others with similar data. Identifiers are not necessarily part of my identity, but rather just place holders that represent my identity. There must be some means to link my identity to the place holder at some point in the data acquisition and/use cycle. That is the major problem with identifiers and privacy. We can do many things and discover much information without ever linking the two, but there are occasions when it will be unavoidable.

Security focuses on ensuring that only authorized individuals have access to the data, that the data is available to whatever entity needs it, and that the data is reliable. This would seem to cover the privacy problem, but nothing is truly secure. There are many ways to breach security and new ones seem to be developed as quickly as we develop protection for the known methods.

Performance deals with the system being able to conduct the functions of business with minimum interruption of the business process. Whether we want to accept it or not, all health care is a business and must perform its functions according to proper business principles. All of us can handle a limited amount of inconvenience (just consider boarding a plane in the post 9/11 environment), but we will all reach our limits and seek to find ways to mitigate the inconvenience, even when it compromises security and/or privacy.

While this article does not offer answers to the problems that we as an industry are confronting, it is our hope that it will stimulate thought that will generate some answers. We firmly believe that we have some the most intelligent personnel in this industry and if we put our heads together we can solve the problems that confront us. If we don't solve these issues our legislators will write laws in an attempt to do so. We all know how well that works, but in a void that is what we will get. There are already attempts to accomplish this. The Healthcare Transformation Utilizing Information Technology Act of 2007 is just the latest in attempts to address these and other issues.

We would welcome your input on this and other issues. If you have a viewpoint, write it up and send it along. Nothing will be rejected out of hand. We will use as much as we can, but will consider everything offered. You may also have other topics that you would like us to consider, or maybe have a perspective on. Send them along. This is your opportunity to improve our field.

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### **2008 Officers- Thoughts about the Field and SIG-Health**

As we welcome our new officers, let us also extend a *big thank* you to those who served in SIG-Health positions to date and helped us to become what we are today. I thought it would be helpful for us to get to know our new SIG-Health office bearers so I asked them a few questions about themselves and their thoughts for SIG-Health. Here are their answers:

**Cindy LeRouge, Chair**



*Q: What do you think the critical issues are for IT in healthcare at this point ??*

Looking at emerging health care technologies from an organizational strategic perspective – going beyond the pilots and grants to sustainable and feasible options.

Interoperability and standards that support connectivity of the total patient record and interconnectivity of facilities and providers

Process design for integrating new technologies into health service workflow

Recognizing the health care consumer in the design of consumer health technologies used for such things as managed care and monitoring and enabling the patient using the technologies as co-producer of health services.

Using advances in health IT to reach the underserved nationally and across nations.

Advancing health care policy that can support and safeguard IT in healthcare.

*Q: How does your research work try to address these issues?*

Each of these issues is quagmire of variables and challenges. Even addressing a narrow issue in this complex environment seems to demand multiple perspectives. As a result, the current projects that I pursue related to

these issues often include multiple perspectives from the field and /or working with research partners from other academic domains or nations. Regarding specific projects, I am working on one telemedicine project related to organizational strategy and another that explores aspects of work design for telemedicine, as an instance of a modern work arrangement. In addition, I am also working with a cross-disciplinary international team to develop a culturally and socially sensitive application to assist manage care patients in an underdeveloped country use a smart phone platform.

*Q: What are the 3 most important things you would like to see for SIG Health?*

To increase opportunities in this field by linking researchers interested in health information systems to each other as well as to events and information of interest.

To collectively work as a strong force to raise the awareness and need for increased recognition of the health care context and health care technologies in the main stream information systems community.

Bridging communication to practitioners and other domains interested in IT in health care.

*Q: How do you see SIG Health facilitating the realisation of superior healthcare?*

By bringing together great minds with unique perspectives all concerned with superior healthcare.

**Fay Cobb Payton, Vice-Chair**



Dr. Fay Cobb Payton's research involves healthcare and digital equity in the context of information and communication technologies (ICT). This includes the discourse of inclusion and exclusion in ICT domains. Her earlier research examined the design and implementation of regional health information networks along the data management issues impacting health care delivery systems. Her most recent works examine and include the following discourses: AIDS/HIV research, health disparities, physician use of telemedicine applications; impacts on digital equity and public policy. She is the Health Care IT section editor for the African Journal of Information Systems and member of the IEEE Medical Technology Policy Committee.

*Q: What do you think the critical issues are for IT in healthcare at this point and how does your research work try to address this/these?*

Health disparities, emerging technologies and influence on public policy

*Q: What are the 3 most important things*

*you would like to see for SIG Health?*

Creating research opportunities among HCIT scholars; dissemination of HCIT academic and practitioner events; creation of grant writing teams (links to the first point)

*Q: How do you see SIG Health facilitating the realization of superior healthcare?*

Through dissemination and increased presence in journal outlets & faculty collaborations

### **Ronald Spanjers, Resource Chair**



Ronald (Ron) Spanjers currently has a sabbatical to work on his thesis on e-health at Tilburg University ([www.uvt.nl](http://www.uvt.nl)), Department for Information Systems and Management. From 2002-2007 Ronald Spanjers was CFO/CIO of the Catharina Hospital ([www.catharina-ziekenhuis.nl](http://www.catharina-ziekenhuis.nl)), Eindhoven, The Netherlands. From 1998 to 2002 he was Manager of the Division Perinatology and Gynaecology at the University Medical Centre Utrecht ([www.umcutrecht.nl](http://www.umcutrecht.nl)). He started his career in 1992 at the Jeroen Bosch



Hospital ([www.jeroenboschziekenhuis.nl](http://www.jeroenboschziekenhuis.nl)), where he worked at several financial departments. Besides his work, since 2005, he is Treasurer of the Supervisory Board of the Zonnebloem ([www.zonnebloem.nl](http://www.zonnebloem.nl)), the largest volunteers (33.000) organization in the Netherlands, helping people that due to a disease, handicap of age have physical limitations and face social isolation.

*Q: What do you think the critical issues are for IT in healthcare at this point and how does your research work try to address this/these?*

Healthcare is gradually undergoing a change in healthcare delivery processes. These changes are needed to make the new ICTs work in practice.

*Q: What is the most important thing you would like to see for SIG Health?*

SIG Health should focus on getting academics and practitioners to join efforts in 'making things work' for healthcare. That can be in research projects, as authors or reviewers.

*Q: How do you see SIG Health facilitating the realisation of superior healthcare?*

SIG Health should facilitate relations between academics and practitioner.

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## **How to Promote, Edit, and Present a Successful SIG Health Conference Event**

*By Vance Wilson, University of Toledo, Founder of the AMCIS "IT in Healthcare" Track*

### **Overview**

This article briefly summarizes my experiences during the five years I spent coordinating the AMCIS "IT in Healthcare" track, which began with a single minitrack at AMCIS 2003 (Tampa). My objective here is to provide some basic guidelines and recommendations for those of you who find yourself in the position of chairing a future SIG Health conference event (mini-track, track, symposium, workshop, etc.) or are considering this responsibility. Instructions on applying to chair an event should be obtained from the specific conference committee as procedures vary among conferences (and frequently from year to year even at the same conference).

### **The Academic Conference Environment**

Before you do anything else, you must (a) recognize that the academic conferences at which SIG Health sponsors events are almost entirely run by the participants and (b) examine the implications of this situation. Here is a non-exhaustive list of important considerations:

1. Participation is voluntary—implying that people may not participate in the ways you might like, such as completing reviews on schedule, and that you will have relatively little direct control over them
2. Executive positions (such as conference program chairs) frequently are assigned based upon academic prestige or

convenience rather than experience with the conference—implying that you may be confronted with an unresponsive chain of command

3. Organizational memory is not generally transferred from one executive to the next—implying that your understanding of the way things worked in the past may not predict the present
4. And on the positive side, SIG Health representatives and participants in SIG Health events historically have been highly motivated and hard working—implying that you will have solid sources of help available if you call upon them effectively

### **Promoting Your Event**

In order to be successful your event needs to attract submissions, but what can you do to promote your event beyond simply preparing a “standard” call as part of the conference-wide call for papers. First, it is very important for you to create a *clear, concise, and inviting* description of your event including the types of submissions you would like to receive. Create a compelling title and keep the description brief. Make sure you check that your document is readable when sent through email and, if needed, create a separate version that is formatted correctly for text-only email clients .

Second, consider which people are the most promising targets for your promotions. The metaphor of *triage* can be useful in this exercise by distinguishing three groups which benefit from different promotion approaches. One group includes your friends, supporters, past participants, and like-minded colleagues. Although these

people make up your core constituency, extensive promotion to them is not necessary or desirable; a single personal contact inviting them to participate is all that is needed. Another group comprises everyone who is not interested in your topic. Your promotion methods should *avoid* contacting these people, for example, through use of general mailing lists such as AISWorld. The final group deserves your very special attention as it is made up of all the people who are interested in your topic but may not be aware of your conference event. For “IT in Healthcare” topics, these include many worker in fields outside traditional MIS areas, including medical informatics, healthcare technology management, and public health administration. The promotion mechanism you choose will need to be tailored to your topic, but successful promotions have been targeted in the past using AMIA and IFIP working group mailing lists. Experience shows that this final group of “potentially interested” persons can be contacted up to three times without generating excessive animosity.

Third, promote *early!* Many people create or adapt conference submissions in response to calls so your most important contact will be the earliest one that you send.

### **Editing Submissions**

There is nothing in the title of “Event Chair” that says you are an editor, but in fact you are. There are two important aspects to this responsibility. First, you are responsible for recruiting reviewers for submissions, and having adequate supply of interested, capable reviewers will make your life easier.

Unfortunately, review software that is now used for many conferences can

make it difficult for you to directly sign up reviewers, however, this does not relieve you of the responsibility for recruiting them. You should contact potential reviewers close to the submission deadline. Authors of recently-published papers in your topic area and the SIG Health membership listing are good sources for reviewers. You may be tempted to request authors of submissions to your event to also conduct reviews, but I recommend against this based on the potential for bias in author review. You will have better response and higher-quality reviews if you do not ask reviewers to handle more than one submission. If you find that your event has received substantially more submissions than expected (Congratulations!), your SIG Health contact for the event (typically the SIG Health Conference Coordination Chair) can be a good resource for quickly recruiting additional help.

The second aspect of editing is decision-making. It is common practice for event chairs to assess submissions purely on the basis of reviewer scores, but I would discourage you from following this course for two important reasons. First, a sample size of two or three evaluators is not sufficient to form a rigorous assessment based on statistical principles, thus it is a false premise to assume that small-to-medium differences among reviewer ratings indicate significant quality differences among the submissions. Second, *this is your event!* Not only do you need to know what is being submitted—your position as chair entrusts you with the responsibility to guide the search for knowledge within the event and your actions (or non-actions) have meaning and consequence. If you feel you do not

have authority to make these decisions or you do not want to make them, then you should consider participating in other ways than chairing an event.

### **Presenting Your Event**

After the groundwork that is involved in applying, promoting, recruiting, and editing, presenting your event should be an easy and rewarding experience. A few key actions on your part will help this happen. First, find your session venue early and check to make sure the computer/projector technology is running and ready to proceed. If not, immediately seek assistance from conference workers (typically student volunteers) who may have specialized knowledge regarding how to make the technology work. Second, be available to greet and assist presenters as they arrive. It is important for you to take time to talk with them and see if they have any particular needs or need reassurance (often the case with student presenters). It also is essential to establish your rules for presentation length and handling of audience discussion. Keep in mind that presenters are much more likely to submit to your event in the future if they are comfortable this year. Third, plan to stay after the event to talk with the presenters and audience members. You will rarely have such a good opportunity to interact with colleagues who share your research interests.

Finally, it is essential to manage time for the benefit of presenters and the audience. Start on time, taking no more than a minute or two to introduce the event and your role in it. Introduce presenters only briefly so that they are not placed in the position of repeating your introduction. Do not allow early presenters to overrun preset time limits

or allow audience members to extend a presentation beyond its limits. If the presenter or audience member(s) do not respond to more subtle indications that time is up, be prepared to stand and say “I’m sorry to interrupt this presentation, but we need to move on—thank you” and then applaud the presenter. Presenters often feel powerless to end audience discussion or to step down before showing all the slides in their presentation, so it is up to you to preserve time for later presenters. Keep in mind that many in the audience have appointments requiring them to get up and leave at the scheduled end of the presentation, so it is a great disservice to have the final presenter run late.

### **Essential Skills**

I believe your experiences in chairing a SIG Health event will be improved dramatically by developing and exercising skills in the following areas:

- **Collegiality:** Nothing motivates people to participate so much as feeling a sense of collegiality, which you can promote by maintaining and sharing a positive attitude about the people around you and the purpose of your participation.
- **Openness:** The disciplines of information systems and healthcare cover extremely diverse endeavors, and it is in all our interests to maintain a “big tent” outlook and avoid cliquishness.
- **Resourcefulness:** Being able to draw on resources, especially other people, is critical. You don’t have to do everything by yourself, but you do need to ask when you need help.
- **Self-recognition:** Knowing why things are worth doing and doing them for that reason is a critical skill

when working in voluntary endeavors. As an event chair, you can’t necessarily count on someone else telling you that you’re doing a good job—in fact you will occasionally hear the opposite! So it’s important to be able to look at your own objectives and recognize where you are along the path to achieving them.

- **Perseverance:** A certain portion of the typical event chair’s activities involves dealing with situations that are unexpected, undeserved, and undesired! Showing up, staying on task, and remaining calm will get you through almost any problem.

Finally, it is important to remember that you are doing good work and there are others around you who are willing and able to help you. Your comments may be sent to [vancewilson@gmail.com](mailto:vancewilson@gmail.com).

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### **SIG Health Website and Forum**

Members have indicated in our last year’s survey that they favor a website and forum to support communication, in addition to a periodic newsletter. Undifferentiated email mass communication is reserved for special reminders and news briefs. So, we set up a basic website [www.aissighealth.com](http://www.aissighealth.com) and a forum. Both Website and Forum need no registration to access, though the forum requires registration to post. Website (board to member communication)

### **The Web Site**

The purpose of the web site, being more static of nature, is to provide you with newsflashes on the SIG-health activities. The web site also includes formal

communication on bylaws, member list, past newsletters and information on how to join our SIG can be found there.

If you have a communication that you find appropriate to communicate via the formal web site, please contact our SIG Chair Cindy LeRouge (cynthialerouge@mac.com).  
[Forum \(member to member communication\)](#)

### **The Forum**

The purpose of the forum is, being more dynamic of nature, is to provide you with resources and publication opportunities. We have moderators set up for each sub forum. You can reach them by sending them an email, their addresses are available on the forum. Here is a list of our current forums and their moderators:

#### Resources

- Calendar: Ronald Spanjers
- Panel and Tutorial materials: Nelson King
- Programs and Teaching: Cindy LeRouge
- Member Publications: Neset Hikmet
- Dissertation Digests: Ann Fruhling

#### Publication Opportunities

- SIG Health Related Journals: Cindy LeRouge
- Friendly Review: Vance Wilson, Ronald Spanjers
- Call for Papers Journals and Conferences: Ann Fruhling

- Call for Research Proposals: Nelson King.

If you are just a forum 'reader', you do not need to do anything, since you can see all posts without registering (and you will probably lose your password and bother us with it anyway). We, as SIG Board, encourage you to participate and contribute to the discussions and information on the forum. We provide the structure for you and moderate discussions (and post just like you). For SIG members to actually post on the forum (and that is what we want) they need to register with the forum. We suggest you use the step by step Registration Aid we provide to guide you through the process:

[http://www.aissighealth.com/wordpress/?page\\_id=16](http://www.aissighealth.com/wordpress/?page_id=16).

If you have interest in starting and moderating your own sub-forum: contact our Resource Chair; Ron Spanjers ([ronald.spanjers@iae.nl](mailto:ronald.spanjers@iae.nl)).  
[Plans for the Future](#)

### **The Future**

We realize that the website and forum is basic. AIS is in process of developing an integrated CMS. At present, we are keeping the web site as basic as possible so that a migration will be less complicated. If you have any ideas regarding the web site or need help in using the site, please contact our Resource Chair; Ron Spanjers ([ronald.spanjers@iae.nl](mailto:ronald.spanjers@iae.nl)).

Ron

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### **Announcements/ Recent Events**

First Tri National Workshop on Healthcare Systems

The Center for the Management of Medical Technology (CMMT) at IIT's Stuart School of Business directed by professors Elie Geisler and Nilmini Wickramasinghe were very pleased to host the first Tri-National Workshop on Health Care Systems. As Dr Nilmini Wickramasinghe notes "this workshop is particularly exciting because it brings together both intra- and inter- school collaboration as well as external grant funding – a critical success factor for the attainment of great scholarship. We are delighted that the Institute of Design at IIT is supporting the workshop and we are also very excited to have students and key faculty from BerufsAkademie, Heidenheim in Germany and an expert professor from Scuola Superiore Sant'Anna Pisa, Italy, as well as of course leading experts from the US. Healthcare is a complex area that requires not only a cross disciplinary approach but also a global perspective since healthcare and more especially the realization of superior healthcare delivery, is now a global priority. Forums such as this will only serve to help to address critical issues that affect healthcare". At the opening workshop distinguished guests included the consul general from Germany and Italy respectively, both of whom were most supportive of such cultural and academic exchanges of knowledge. In addition, the grant that Dr Wickramasinghe got from Healthcare Foundation in collaboration with Northwestern Memorial Hospital has made it possible for the German students and professors to work on the project and attend the workshop.

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## Events to Note

*By Ann Fruhling, e-health SIG  
Publication Chair*

Greetings Everyone,  
I am pleased to join the AIS e-health SIG team. I will be serving as your publication chair. In this role I will be updating publications and conference information on the website. I will also be including information on calls for publication opportunities in the newsletter. So, if you have information, please send it to me at [afruhling@unomaha.edu](mailto:afruhling@unomaha.edu), so I can share it with the e-health SIG community. Recently, I added a new forum that lists e-health related dissertations. If by chance we missed yours and you would like your dissertation listed on the website please send me an e-mail and I'll be glad to add it.

### **CONFERENCE OPPORTUNITIES**

CONFERENCES SUBMISSIONS  
OPEN:

<p><b>International Conference on Prognostics and Health Management</b> – Denver, CO, October 6-9, 2008 <b>Submissions due April 25, 2008</b> <a href="http://www.phmconf.org/OCS/index.php/phm/2008/cfp/cfpSub?Methods">http://www.phmconf.org/OCS/index.php/phm/2008/cfp/cfpSub?Methods</a> Sponsor: IEEE Reliability Society</p>
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<p><b>ICIS2008</b> – Paris, France, December 14-17, 2008 <b>General Papers – submissions due May 6, 2008</b> <a href="http://www.unice.fr/icis2008/step1/themeTracks.html">http://www.unice.fr/icis2008/step1/themeTracks.html</a></p>
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**HICSS – Information Technology in Health Care Track** - Big Island, January 5-8, 2009

**submissions due June 15, 2008**

<http://www.hicss.hawaii.edu/>

*Tracks and Mini-Tracks:*

[http://www.hicss.hawaii.edu/hicss\\_42/42\\_tracks.htm](http://www.hicss.hawaii.edu/hicss_42/42_tracks.htm)

Tracks: Information Technology in Health Care

Mini Tracks:

- [Innovative Tools for Bioinformatics and Translational Research](#)
- [Consumer Health Informatics](#)
- [HCI Issues in Healthcare IT](#)
- [Healthcare Systems Off the Ward](#)
- [IT Architectures and Applications in Healthcare Environments](#)
- [IT Adoption and Evaluation in Healthcare](#)
- [Strategies and Technologies to Exchange Medical Information](#)
- [Transforming Health Care through Information Technology Adoption](#)

**AMIA/Medinfo** - South Africa - mark your calendars!!

<http://medinfo2010.org/>

**NACRA 2008 ANNUAL MEETING:**

October 30 – November 1  
The New England Center  
Durham, New Hampshire

NACRA has special interest in health care and IT cases and would very much welcome health IT/IS teaching cases. With the health informatics programs springing up, these will be quite welcome. The conference is workshop round table style and round tables help authors with cases in progress take them to the next level for publication in the Case Research Journal.

Deadline for cases is June 16, so put the finishing touches on the case that you're working on right now and submit it. The web site for the meeting containing the Track Chair names and contact information is:

<http://www.nacra.net/Meeting2008/>

**CONFERENCES SUBMISSIONS CLOSED:**

**In addition please keep in mind the following conferences, though submissions have closed:**

**ICMCC** 9th-11<sup>th</sup> June 2008

<http://www.icmcc.org/>

**Bled** e-commerce 15th-18th June 2008

<http://www.bledconference.org/>

**And of course**

**AMCIS 2008** in Toronto – don't forget to register, finalize your paper and pack your bags

<http://www.business.mcmaster.ca/amcis2008/home.htm>

**AMIA Annual Symposium** –

Washington, DC, November 8-12, 2008  
Submission date passed

<http://www.amia.org/meetings/f08/>

**JOURNALS:**

**SPECIAL CALLS:**

**Information Systems Research**

Special Issue: The Role of Information Systems in Healthcare Organizations:

Synergies from an interdisciplinary perspective

Guest Senior Editors:

Rob Fichman, Boston College:

fichman@bc.edu

Rajiv Kohli, College of William & Mary; rajiv.kohli@mason.wm.edu

Ranjani Krishnan, Michigan State University; [krishnan@bus.msu.edu](mailto:krishnan@bus.msu.edu)

Key Dates:

- Announcement Date for Special Issue (February 4, 2008)
- Submissions Due (February 6, 2009)
- First Round of Decisions (June 2009)
- First Round Revisions due within three months of receipt of first round decision letter.
- Research Symposium (September 2009)
- Second Round of Decisions (February 2010)
- Second Round Resubmissions Due (April 2010)
- Final Decisions (June 2010)

Authors will be required to adhere to a strict schedule for submission and revision of papers. Papers that miss the deadlines will be rejected.

For more details please check the website

<http://www.informs.org/site/ISR/article.php?id=124>

**JAIS** – *Special issue on Health Care IT... Process, People and Patients*

The focus of this special issue is to advance understanding, effectiveness, and efficiency of Health Care Information and Management Systems (HIS) through the lens of information systems empirical and theoretical research.

Papers may address issues related to users, design, acceptance, use, workflow, organizational structure, evaluation, cost benefit, and diffusion among other HIS related theoretical applications. Theory development using techniques such as grounded theory are welcome as well as papers that offer advancement and insight into existing theories such as those in the compendium of theories used in IS research that can be found at <http://www.istheory.yorku.ca/>. Please check the website at <http://jais.aisnet.org/format.asp> for author guidelines including format and style.

Key Dates:

August 2009:

Abstract Deadline

January 15, 2010:

Final submissions

April 30, 2010:

Review decisions

August 1, 2010:

Revised papers due

October 2010:

Notification of acceptance

December 2010:

Camera ready submission



**International Journal of Healthcare  
Technology and Management  
(IJHTM)**

*Special Issue on: "Public Health and  
Policy"*

[http://www.inderscience.com/bro  
wse/callpaper.php?callID=876](http://www.inderscience.com/browse/callpaper.php?callID=876)

Submissions due January 31,  
2009

Suitable topics include, but are  
not limited to:

- Health care administration
- Health policy and management
- Health management information
- Health informatics
- Pharmoeconomics
- Pharmacy administration
- Public health
- Epidemiology and environmental  
health
- International health
- Health economics and finance

**STANDING JOURNAL  
OPPORTUNITIES:**

Remember that you can always submit  
your high quality healthcare and/or IS  
manuscript to either of

Intl. J Biomedical Engineering and  
Technology

([www.inderscience.com/ijbet](http://www.inderscience.com/ijbet))

Intl. J. Networking and Virtual  
Organisations

([www.inderscience.com/ijnvo](http://www.inderscience.com/ijnvo))

And if you like please feel free to take  
the lead and run a special issue in either  
of these journals. Just contact the Editor-  
in-Chief Dr Nilmini Wickramasinghe

[nilmini@stuart.iit.edu](mailto:nilmini@stuart.iit.edu)

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