

Functions and Competences of Clinical IT Departments

(and their CIOs)

Heilbronn, 30.05.2008

Agenda



- 1. History**
- 2. Requirements today**
- 3. Technologic view**
- 4. Specific situation in health care**
- 5. New competences ?**
- 6. Conclusion**

>1960

Vertical Approach

- age of **Mainframes** (1-tier-Architecture = host computing)
- hospital: management of patients 'residence time'
- accounting with health insurances
- no inhouse IT → communal / commercial data centers

>1980

Horizontal Approach

- age of **PCs**
- management of medical devices and their patients
- rudimental LAN (RS232/centronics, peer-to-peer)
- later: client server applications (2-tier-Architecture)

>2000

Distributed Approach

- age of **Networking**
- medical → clinical → patient information systems
- Internet, Web-Services
- future: Parallel-/GRID-computing

Mainframe's World



```
Winsok 3270 Telnet - mvs.kent.edu
Connect Close Exit Edit PrintScreen Setup Help

*****
**          KENT STATE UNIVERSITY          **
**   INFORMATION SYSTEMS IBM NETWORK   **
*****

A) UM/CMS . . . ACADEMIC AND RESEARCH SYSTEM
B) TSO . . . . MVS TIMESHARING SUPPORT SYSTEM
C) CICS . . . . ON-LINE APPLICATIONS
D) MVAS . . . . NETVIEW ACCESS SERVICES

???  FOR ASSISTANCE CONTACT THE INFORMATION SYSTEMS STAFF  ???
???                                     AT (330) 672-2031  ???

SELECT
APPLICATION ==> █

14:51:38 IBH-3278-2
Clear Erase EOF New Line PA1 PA2 PA3
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No need for clinical
IT-Departements.

PC World



First need for clinical
IT-Departements.

Dr. Jürgen Schöchlin

Distributed World

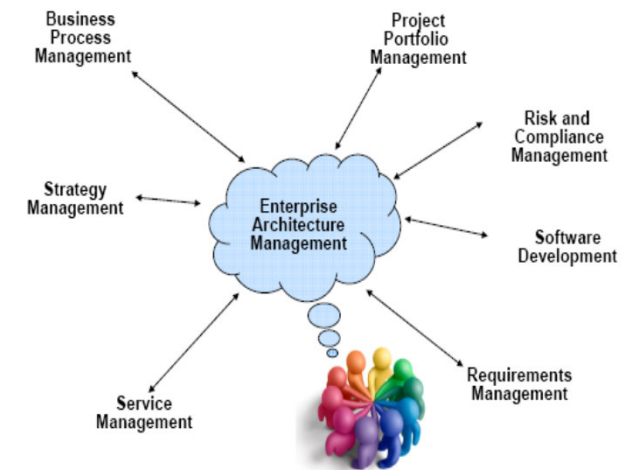


Further need for clinical
IT-Departements ?

Requirements I



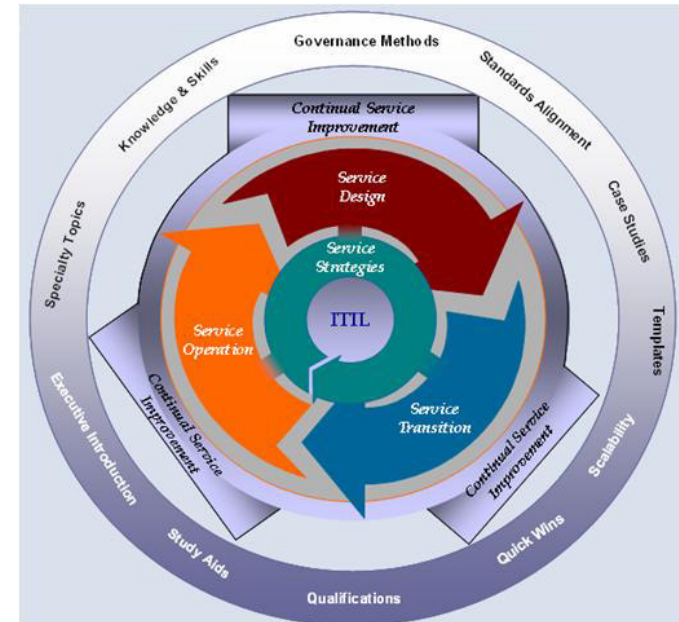
- **Data security / protection**
 - legals (BDSG, prof. secrecy, KontraG, RÖV etc.)
 - internal carelessness → training
- **Availability**
 - redundances
 - backup / disaster management
- **Performance**
 - No ‚bloody‘ interruptions of daily business!
- **Customer support**
 - user helpdesk
 - peripheral hardware → technician
 - user (access-)management (new, change, delete)
- **IT Procurement**
 - Licenses / Software
 - Hardware (technology, innovation etc.)
 - case of warranty → guarantee management



Source: BOC group

Requirements II

- **Maintenance / service contracts**
 - administration
 - controlling
- **Financeability**
 - Investments (= federal subventions)
 - running costs (→ accounting)
- **BP support / management**
 - IT as a service – Who is the ‚customer‘ ?
 - What needs the customer for his BP ?
 - Does the ‚computer personnel‘ understand medical BP ?
- **Flexibility (to survive)**
 - management must react to health care policy
 - improvisation talent is needed
 - cooperations, networking
 - company fusions
 - new services, p. e. telemedicine



The ITIL V3 framework.

Technology I



Technologies to be controlled by (clinical) IT departments today:

System-Management

- client / thin client
- server (classical, terminal, virtual)
- software distribution

Databases

- N-tier DB-systems (Oracle, SQL, DB2 etc.)
- Data warehouse (cubes)

Storage

- long time → archive solutions
- disaster → backup
- short time → performance / caching

Security

- crimeware, viruses, spam etc.
- intrusion protection / detection
- authentication → access authorisation
- cryptography / signatures (> 2009: eGK/HBA)

System Management Philosophy



Technology II



Communication

- (planning) structured cabling
- IP, Voice-over-IP, SNMP
- wireless services
- LAN: routing and switching
- WAN: monitoring

Groupware / Web technologies

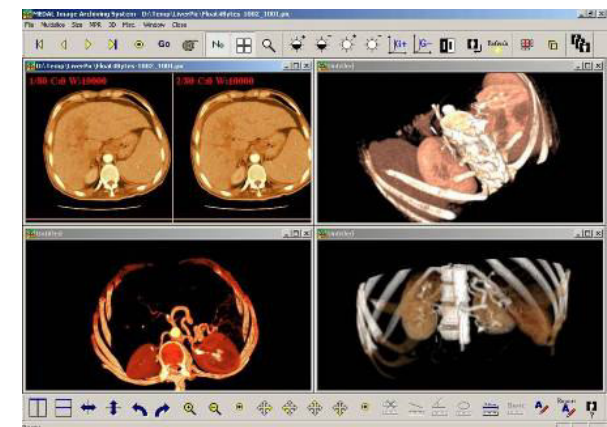
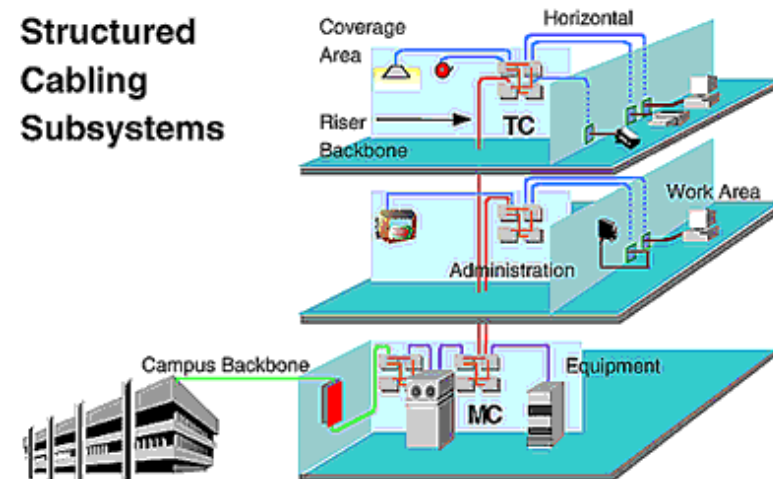
- eMail (archive, security etc.)
- Intranet / Homepage
- CMS / knowledge management (p.e. ontologies, wikis etc.)

Specific: medical data

- focus: PACS, mammography, new: pathology
- problem: management of non-DICOM files (endoscopy, US files, fotos etc.)
- trend: audio files, video streams, podcasts
- Interfaces



Structured Cabling Subsystems



Sectoral specifics



Health care is a ‚specific‘ business sector for IT:

Personel problems

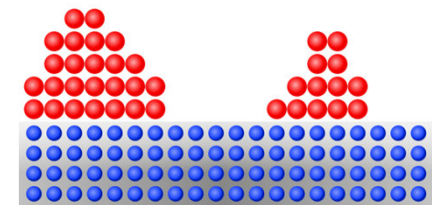
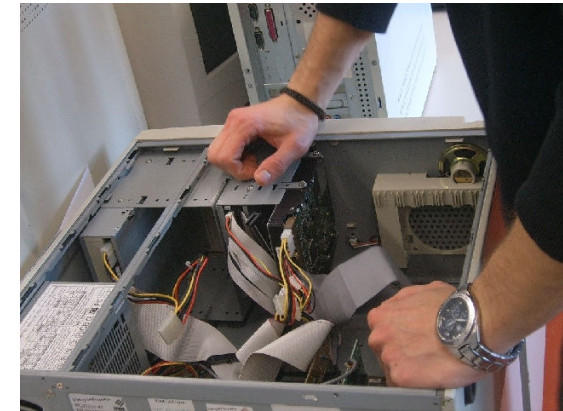
- staff members are mostly public servants
- low salary (rel. to industrial employees)

Financial problems

- low budget (rel. to other service providers)
- ‚investment competition‘ with medical sections

Structural problems

- ‚no home‘ for IT in hospital buildings (data center ?)
- grown structures (islands / principalities)
- health care is a ‚governed market‘



Example: SAP hosting



Clinic data center to host SAP R/3 system (core modules, I-SH *med, BW etc.) in 2007:

- climate control unit overloaded
- no access control/security
- only 2-system landscape
- only partial redundances

- large sums invested/bonded for hardware (partial, not consistent)
- additionally: regular and high costs by external consulting

CIO / management's dilemma:

No chance for more investment in adequate infrastructure / availability.

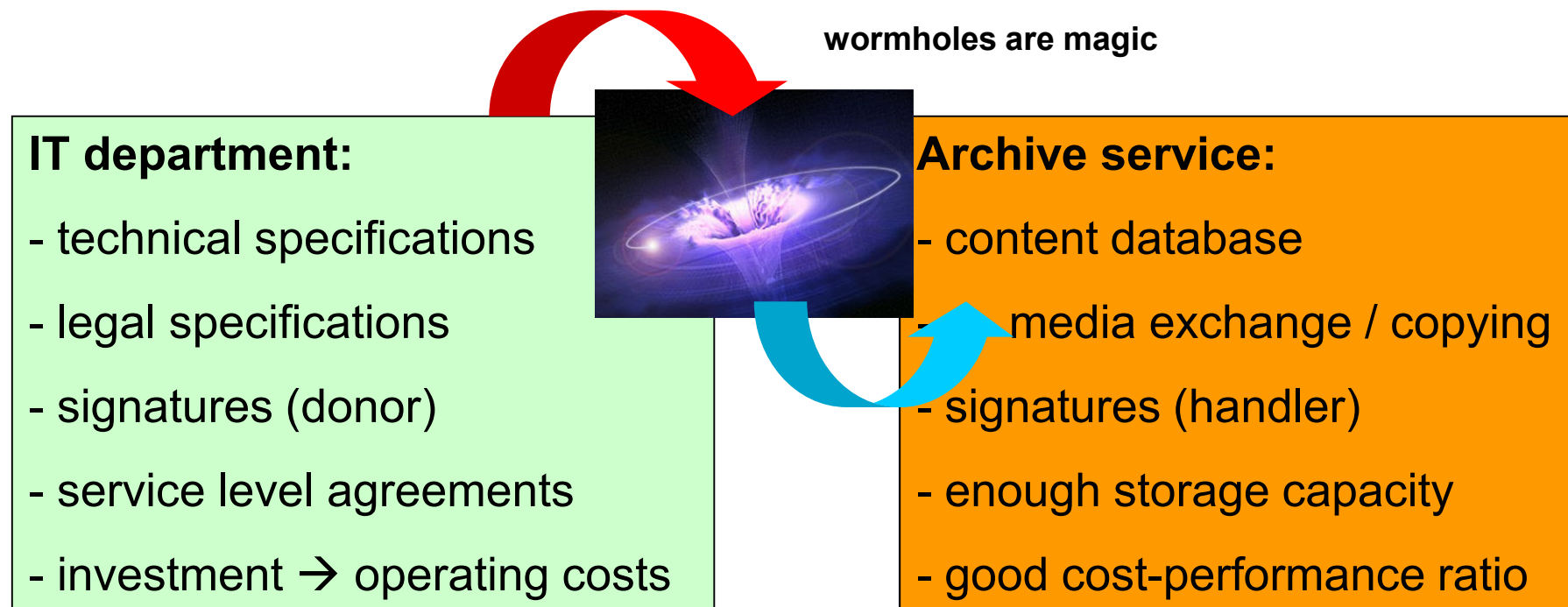
Solution: Outsourcing of the SAP hosting to an external service provider.

Example: Archiving



Long term archiving of digital data

- radiology: amount of data > 10 MByte / bed / day
- special cases: archiving up to 30 years
- **digital** archiving is the single chance (i.cp. papers → microfilms)
- further (archive) standards ?



IT out of the box ?



Thesis:

Long-term survival of clinical IT-departements is not evident.

If there is no way to help manage clinical BP, clients order their IT-support from external service providers.

Evidence:

Ben Pring, Gartner Group:

„ [...] more and more heads of internal departments places an ‚Software-as-a-Service‘ contract without a participation of the CIO.“

(Computer Zeitung, No. 21/2008)

Conclusions:

- Concentration to the ‚core‘ business.
- Sectoral IT needs all your energy.
- Outsourcing is your subject.
- Otherwise you are the outsourcing subject.



Competences I

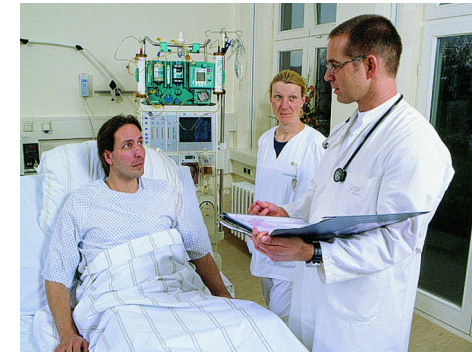


Needed competences in the IT department:

Medical processes

You must understand the main BP of your clients.

- basic medical knowledge:
→ to speak the language of your doctor
- clinical (medical) pathways = the 'roads of patients'
- the whole purpose of medical data
- function of medical devices (data sources)
- Medical science go's on !



Health care business

Read the thoughts of your CEO.

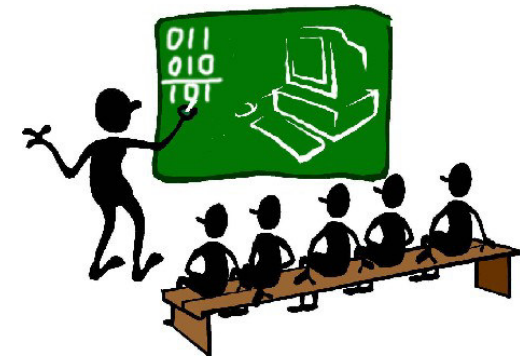
- understanding the structure of health care market
- What are the trends ?
- financial problems / economical strategies
- legal conditions (data protection, contract law etc.)



State of the art in IT

IT changes rapidly. Update your knowledge regularly.

- solid basics in math and natural sciences.
- standard methods and technologies.
- fundamental trends in technological evolution.



(Information) Engineering

Manage your team, your projects and your IT.

- Engineering is ‚applied science‘.
- How to plan and act in company projects ?
- How to find a good IT system on market ?
- IT services must be measured and controlled.



Conclusion



Future CIOs in health care sector ...



... are not a doctor,



they understand them.



Dr. Jürgen Schöchlin