

Call for Papers

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Healthcare infrastructures for governance, quality improvement and service efficiency

Guest editors

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Important Dates

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The use of information infrastructures in healthcare to monitor and govern the provision of healthcare services and quality has become prominent as the digitization of healthcare has intensified. The overall goals of infrastructures and information systems have allegedly always been to increase the efficiency and quality of the healthcare sector. However, previous efforts have mainly focused on the challenges of design, development, implementation and use of information systems in clinicians' daily work. This has led to the identification of crucial socio-technical challenges confronting clinicians and system developers in these processes, and has highlighted how different practices are interconnected and interdependent, which in turn has demanded a broad approach to the field.

Less attention has been dedicated to the use of information infrastructures to monitor and govern the healthcare sector, and this workshop intends to contribute to filling this gap by focusing on the analysis of infrastructures for governance, quality improvement and service efficiency. This includes practices and systems dedicated to such governance only, as well as the re-purposing of systems dedicated to supporting healthcare staff in their core activities. Dedicated infrastructures for governance may, for instance, be systems monitoring overall performance or output from healthcare such as quality databases or reimbursement infrastructures based on diagnoses-related groups. Re-purposing of systems for governance may include the use of electronic health records (EHRs), not only for the support of clinical work, but also to serve managerial ambitions of increased efficiency and patient throughput. Other related systems along the same lines may be computerized provider order entry (CPOE), picture archiving and communication system (PACS), patient reported outcome (PRO), patient portals or, more broadly, any other systems used in the clinical practice.

Previously, dedicated healthcare information infrastructures for governance and quality improvement purposes used by healthcare economists and hospital management have been able to generate data from administrative systems without interfering much into to healthcare staff's practices, as have quality data bases for research purposes. At the same time, IT systems developed for laboratories, X-ray and MR scans, and drug administration have operated without much attention from management. This has changed dramatically the recent years and health as information infrastructures such as EHRs are increasingly expected to provide policymakers and healthcare managers with data that may be used for policy decisions and governance. There are growing expectations that the data generated by healthcare infrastructures and systems used by healthcare professionals or even patients can be re-purposed and re-used.

While this may sound promising, questions arise as to whether data generated for one set of purposes can be meaningfully re-purposed, as well as to what the costs in terms of additional workload and consequences for healthcare staff will be. The re-purposing of existing systems, for instance, calls into question a major issue regarding the main beneficiary of these systems and data. For example, a recurring challenge in the development and implementation of EHRs is that they tend to benefit ‘secondary use’ to the detriment of healthcare professionals: Whereas ‘primary use’ is the use of healthcare staff of healthcare information systems when conducting their core activities such as diagnosing, treatment and caring for patients, ‘secondary use’ is the use of the same systems for administrative, legal, managerial or governance purposes. Similar issues may arise with the re-purposing of PROMs or other patient-oriented systems.

The use of healthcare infrastructures for governance, quality improvement and service efficiency raises several questions regarding both the design and implantation of such infrastructures and the feasibility, costs, and organizational effects of their use.

We wish to bring international researchers, healthcare professionals, information systems professionals, administrators, and vendors together to discuss these issues. We particularly invite contributions which methodologically are based on ethnographic/case/field studies.

Topics of interest include, but are not limited to:

- The use and role of healthcare information systems, e.g. EHRs, for purposes of governance, quality improvement and service efficiency;
- The use and role of patient-generated data for healthcare management;
- Opportunities, challenges and conflicts in the re-use and re-purposing of healthcare data;
- Good and bad examples of the integration of primary and secondary purposes into one infrastructure;
- Opportunities and challenges in the design and development of healthcare infrastructures for governance, quality improvement and service efficiency;
- Analyses of the different perspectives on quality and service efficiency and how this influences the development and use of healthcare infrastructures;
- Detailed case studies that elucidate examples of integration of primary and secondary use of healthcare information systems;
- Methods of designing, developing and implementing healthcare infrastructures
- Challenges in studying healthcare infrastructures for governance, quality improvement and service efficiency
- Studies of the social life of healthcare data and the repercussive and performative effects on the practices from they arise.

Please send questions/abstracts to:
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Manuscript preparation and submission

All manuscripts will undergo JCSCW usual rigorous reviewing process. In the preparation of your manuscript, remember to adhere to the CSCW journal format standards: see [Instruction for authors](#).

Submit your manuscript through the journal Editorial Manager website:
<http://www.editorialmanager.com/cosu>.

Authors will need to register on-line and will then be guided through the submission procedure by on-line instructions. Select the appropriate SI-entry in the submission system

Background Note

This call has its origins in the discussions following the 6th international workshop on Infrastructures for healthcare (IHC) that took place in Aarhus, 22-23 June 2017. (<http://conferences.au.dk/infrahealth2017>). The event was jointly organized by the University of Aarhus (Denmark) and Fondazione Bruno Kessler (Italy) and it was chaired by the guest editors.