

IT Angle

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by Carol Quinsey, RRA

Since my first years managing health information, it has been my goal to deliver information to clinicians in a format that is timely and useful. My current job is practically made to order to meet my personal goals as well as contribute to the vision that Kaiser Permanente, my employer, is striving to achieve. Years of experience working in clinical settings have given me a real appreciation of what is needed to optimize patient care in the way of delivering health information to clinicians. Now I am working to make this vision a reality.

Kaiser Permanente is the nation's largest not-for-profit health maintenance organization (HMO), with 8.6 million members in 18 states. The organization comprises 30 medical centers, 361 medical offices, and 10,000 physicians in a partnership that incorporates health plans, hospitals, and partnerships with medical groups.

In April 1998, I joined Kaiser Permanente's National Clinical Information Systems (NCIS) project to participate in writing system requirements for NCIS products with respect to legal and regulatory issues. A few months later, I became manager for national clinical implementation for the information systems being developed for deployment across the country. This project has taken two paths.

First, we have been responsible for supporting the implementation of pilot clinical information systems projects in Georgia, Hawaii, and California, with additional pilot implementations planned for sites in California, Oregon, Colorado, and yet-to-be-named sites along the Eastern seaboard.

Second, we are working toward making our vision of widely implementing clinical information systems beginning in the year 2000 a reality. To this end, I have been leading work toward identifying the best structure, plan, and tools for implementing NCIS products in hundreds of sites across the country. This has involved researching the most successful implementation strategies and integrating them with the key players in other parts of the Kaiser information technology program. This work has included defining roles and responsibilities, setting definitions for milestones and deliverables, and creating detailed and high-level work plans and tools.

Of my HIM-related skills, experience as a project manager has proven to be a real asset. In addition, a clear understanding of patient care, workflow in an integrated delivery system, and problem solving is very useful. The key differences in working in an HMO, in my experience, are the complexity of the relationships, sheer size and numbers involved, and the reality that more than one area within the organization may have overlapping responsibility for projects. A tolerance for process and consensus building goes a long way in this environment.

There are many opportunities to use HIM training and background. Much of the work in writing requirements, for example, is very detailed and spans a body of knowledge most of us have already mastered. In addition, we know the resources we can tap to get the detailed knowledge needed.

In a managed care setting, the information technology field offers many opportunities for people interested in analysis of workflow and research and measurement of potential benefits achieved through the implementation of clinical information systems. Other opportunities include system administration tasks such as defining user roles, table set-up and maintenance, writing clinical scenarios that test soundness of software design and development, participating in testing, working with users to gather requirements, and actually implementing clinical systems. HIM professionals contemplating an information technology-related role in a large managed care organization should remember that roles are not considerably different—but that the complexity and magnitude of the relationships will be. Though the scale may have changed however, the goals remain the same. It is rewarding to work with colleagues who share a common vision of excellence and a willingness to work to achieve it.

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