

IT-ENABLED GOVERNANCE STRUCTURES IN HEALTH CARE

Mini Track Chairs:

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Health care is one of those industries where computerization and networking processes are proceeding very fast. At the same time, cost justification pressures are high, and personnel resources turn scarce in many countries. Add to this the fine-tuned ethical dimension of delivering at least minimum service to all citizens regardless of their income. No wonder the industry is in a turbulent situation, where novel ways of organizing activities are badly needed.

The minitrack focuses on the effect of information and communication technologies (ICT) on the governance structures of health care. How does and should information and telecommunication technology affect them? Business process redesign is related to the issue, but governance structures are at a higher level both in importance and interest: business processes happen within the frames governance structures give. Governance structures are stable and slow to change.

The minitrack contains five papers. The paper by Mayumi Hori and Masakazu Ohashi named “Teleworking and Mental Health: Collaborative Work to Maintain and Manage the Mental Health for Women’s Teleworkers” discusses the actions that can be taken in order to maintain worker’s mental health in telework settings, especially from the perspective of women. K.V Ramani contributes the paper “IT-Enabled Applications in Government Hospitals, India Illustrations of telemedicine, e-governance, and BPR” with a special focus on the problems a populous and fast developing country. An example to an opposite direction is shown in the paper “Sustaining and Extending Organization Strategy via Information Technology Governance“ by Sheila K. McGinnis, Lela Pumphrey, Kenneth Trimmer and Carla Wiggins – they discuss the especial problems of a small community, that of Mountain Valley in Idaho, U.S.A. Matthew W.Guah and Wendy L. Currie discuss the ramifications of application service provision within the UK National Health Service in their paper “Logicality of ASP in healthcare: the NHS Case Study”, and introduce the concept of Primary Service Provision (PSP). The fifth paper is that by Carolyn J Green and Jochen Moehr titled “Governing health regions / Informing board

members”, that focuses on the very kernel of corporate governance discussion in business: that of informing board members.

Together the five papers illustrate the richness of topics that are important in the field of IT-enabled governance structures for health care. They all show that information systems cannot be effectively taken into use without careful consideration of the governance structures and business processes surrounding them.