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Healthcare IT talent acquisition meets the gig economy

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Healthcare Is A People Business

While this title is painfully obvious, it also seems to be the most forgotten, ignored, exploited, and sometimes maligned concept in our industry. Whether your healthcare industry perspective revolves around wellness, prevention, or illness – it involves people. With a technology lens, my focus is quite naturally on the need for expert IT talent to support the demands of our challenging and constantly evolving healthcare industry.

HIT Trends and Challenges in 2019

"More of the same" is what many of us are feeling as we approach another year where the words and initiatives change slightly – *interoperability, quality, payment reform, value-based care, telehealth, consumerism, IoT, cybersecurity, M&A, divestitures* – while the effort that is needed to support them remains constant. At HealthITq we believe that meeting the HIT challenges of the coming year requires acknowledgement that our IT workforce is irreversibly changing.

Embracing an independent and highly specialized HIT workforce is paramount to our success in 2019. The global workforce and economy are being defined by terms such as *GIG, agile, sharing, contingent, freelance, and independent*. From a clinical perspective we readily embrace a contingent workforce model as is evidenced by our routine use of *locum tenens and traveling nurses*. The picture is quite different in HIT. While historically consultants have supported specific IT projects and initiatives, the traditional FTE workforce model remains essentially unchanged. IT organizations continue to struggle with endless project lists, project demands, and deadlines that cannot be efficiently or cost effectively met with local skill sets due to the constant knowledge curve resulting from technology advances.

Changing HIT Workforce Models

It is obvious to all that interoperability, value-based care, telehealth, market consolidation and clinical/quality advances will dominate our energy in 2019. But just as trends in fashion cycle every few years, so must our approach to meeting the HIT challenges presented by these and other topics in 2019. It is an exciting time to work in HIT with the rapid introduction of technology and application innovations that free us from traditional work environments and challenge us to think out of the box. I am a forceful advocate for embracing a changing HIT workforce that is more agile with experiences across varied venues that can pivot to meet stakeholder needs. The rigidity of the traditional FTE model in most healthcare IT organizations is, in my estimation, the primary reason we are unable to keep up with innovation. For years I have promoted the idea that our ability to deliver solutions to our stakeholders is predicated on the skill of our best employed analyst. In a traditional FTE model where IT talent is hired to meet the needs of today, is it practical to believe the same talent can constantly evolve to meet the ever-changing HIT landscape? In healthcare, as with other industries, we are quickly becoming a workforce of experts, whether in specific technologies or software applications, and it is the rare person who can pivot quickly to assimilate new knowledge and skills to meet the demand. An agile, contingent workforce is an essential complement to the local IT team if we truly want leverage IT as a competitive advantage.

Integration is Job 1 (1995) VS Interoperability (2019)

Incentives for true interoperability in a competitive marketplace remain an outstanding issue. As challenging is developing a common definition of interoperability – will we know it when we see? For the front-line care giver, interoperability means ease of use and beneficial data that enhances productivity. For the patient or consumer interoperability means every healthcare encounter is informed by the data amassed in previous encounters. Like many veteran healthcare workers, I have struggled with interoperability issues for more than two decades, Now, our arsenal to combat interoperability is greatly enhanced by availability of exponentially advanced technologies, regulation requiring data sharing, and market consolidation to only a handful of single source EMR vendors. Death of the "best of breed" application strategy known to many of us in those early years is likely the number one credit for our current interoperability. In 2019 we remain in need of a practical working definition for interoperability and our collective challenge is to continue to find ways to collaborate and share relevant patient data. Interoperability is clearly a marathon and not a sprint.

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