

Challenges of HIT Workforce Acquisition

Healthcare Information Technology (HIT) has attained immense momentum in helping the providers meet the required information technology transformations as initiated by the ICD 10 and ARRA incentives and penalties. More research and analysis is being carried on the most optimum technology and process changes needed for this transformation. However, very little is analyzed on the people to bring out the required transformation. There is a definite need for highly qualified and experienced workforce to successfully accomplish this huge transformation.

The HIT workforce can be broadly categorized in to Information Technology (IT) professionals, health information management (HIM) professionals, and Biomedical Informatics (BMI) professionals. Most of the studies on the HIT workforce in United States are not comprehensive and have focused on one group in the workforce, such as IT or health information management (HIM) professionals. According to a research by Gartner done on 85 integrated delivery systems, there was a consistent finding of about one IT staff per 56 non-IT employees and listed programmer/analyst (51%), support (28%), and telecommunications (16%) as the major IT staff. Another US – based study identified that the primary work setting for the HIM professionals was hospital inpatient (53.4%), hospital outpatient (7.8%), physician office/clinic (7.2%), and consulting firm (4.2%).



Another interesting finding in a study was that among the HIM workforce involved in EHR implementation, two-thirds were on the planning team and half were on implementation team.

Though these studies show a wider variation in the settings and roles played by the HIT workforce, there identified that there is a definitive need for a in depth and deeper knowledge in areas of IT, legal and regulatory issues, reimbursement methodologies, and healthcare information systems.

Further more, it is estimated that to deploy a Nationwide Health Information Network (NHIN) in the US with a five-year implementation time frame, there would be a need for HIT workforce to the level of 7,600 FTE for installation of EHRs at 400,000 practicing physicians who do not currently have them, and 28,600 FTE for the 4,000 hospitals that do not have EHRs, and 420 FTE to implement the infrastructure to connect the network.

Challenges in choosing the perfect workforce

On the other hand, significant obstacles and challenges limit the optimal utilization of the existing workforce. Few of the major challenges hindering the providers in leveraging the HIT workforce knowledge base are as follows:

- **Varied technological Specificities:** With the technological solutions used at the provider settings aging up or being very new hiring the perfect HIT workforce to bring in the transformation is becoming a great hurdle. Product specific knowledge is becoming more and more required for the HIT workforce.
- **Evolving regulatory requirements:** More federal and state regulatory requirements are being implemented to safe guard the patient's safety and privacy as well enhance the quality of care. The HIT workforce's knowledge up gradation to meet the requirements plays a vital role in their continued utility.
- **Qualifications and Experience:** Analyzing the qualification and experience to match the required technical know-how equivalent is a very cumbersome task.

Staff augmentation a better solution

- Based on the size of the provider settings, most of the HIT workforce staff is required for shorter duration. Resting on staff augmentation companies for such contract-based profiles provides benefits in terms of cost and time of the recruitment process.
- Understanding the exact technical specification of the profile requirements by provider based HR/Recruiter is a big challenge. Outsourcing the process to a staffing company having strong IT and healthcare domain knowledge is advisable to move things faster.
- Preference should be given to staffing augmentation company which can provide related healthcare IT service offerings as these companies take the ownership of responsibility not only for the personnel but also to the component of the project for which the provider organizations want to hire the HIT workforce.
- Outsourcing the staff augmentation reduces the provider's workload for monitoring and mentoring of the HIT workforce performance metrics. ■

