Questions and Answers

Ed Hammond, Duke University—My interest is in who is going to do work on this and how you are going to get them to do it. I agree with the concepts that you outline. This audience probably agrees with much of it, but the power to make it happen may not exist within this group. Where does the power to make this happen lie, and what are the pathways that attract their attention?

Bill Stead—This is a question that has two components. One component has to do with how we work within an organization, and the other component has to do with how we work across the region. Within an organization, the converted (internal or external) meet with the deans or CEOs to educate them about the art-of-the-possible and its implications for the survival of the enterprise. The AAMC is currently addressing this issue with medical schools. When Jordan Cohen asked me for advice about how to proceed, I suggested that he find a way to communicate the fact that the schools are at risk if they don't act on these issues. The leadership of the organization has to understand the risks and have a strategy for working through them. As a beginning step in that direction, three of us are going to conduct a short deans' roundtable in early December. There has to be an analog for this within other organizations.

The regional problem is more complicated because it means working with competitors. The group representing the University of Cincinnati at the Workshop shared with us what they have learned as they tried to make a consumer resource available on the WWW. Eventually, people will begin to understand that technology has reached a point where it allows enterprises that are competing with each other to collectively do more than if they were separate. We are beginning to see companies like IBM working with other companies because they now realize that the problems are too great to tackle alone. Taking IAIMSs to a regional level at this time is like the early call to medical schools 13 years ago.

Ed Hammond—What is the organizational structure that brings regions together? Where is the infrastructure that gets the communication started? Is it at the state level?

Bill Stead—Just as IAIMSs have been different between institutions, they will differ from region to region. The process is incremental. Institutional IAIMSs started as a committee process among institutions.

IAIMSs across a region will probably start in a similar way and evolve through the committee structures to an organizational structure. The IAIMS has always been, and will likely remain, a thorough mix of top-down and bottom-up effort.

Bob Reynolds, University of Virginia—I would add one dimension to this overview—managing expectations. There seems to be a disconnect between the expectations of the senior management of an academic institution and what is possible in the short run to deliver.

Bill Stead—If you review my five-year tenure at Vanderbilt, we went through three distinct phases. During the first year and a half we were in a position that made it possible, by presenting vision, to get resources to invest in infrastructure. During that time, things were made worse from the user's point of view. Over the next year and a half we lacked credibility, because the benefit of what we were doing had not yet become apparent. In the last year and a half, our infrastructure allowed us to make some major breakthroughs, the most powerful being the integrated clinical repository. We are now back to where people expect us to do things that no-one else can do. We do not have the solution to this dilemma.

Don Detmer, University of Virginia—While our organizations are very supportive of the regional issues, we are also doing things nationally.

Bill Stead—That is a good point. The information-producer model that we talked about earlier could provide a competitive edge for academic centers across the country. It could collaboratively produce an effective product that would be a resource to the non-academic community. Reduction in the cost of accessing information would bring together constituencies to support the idea. Replacing the model of competitor–competitor with product–supplier, with people being in different roles at different times, might work.

Tom Rindfleisch, Stanford University—Do we have a metric for identifying what cost is reasonable and what benefit should be expected?

Bill Stead—I do not. IAIMSs have universally under-performed in the area of evaluating their own results. On the other hand, the IAIMS let Vanderbilt bring up an integrated clinical repository (inpatient and outpatient) in less than a year, at a cost of less than

$500,000. The consultants had predicted two to four years and a cost of $6–10 million. The hospital CEO understands that. It is a sound-byte that communicates. We need the data so that we can make the right decisions, but truthfully, we communicate with our CEOs with sound-bytes.

Jim Harrison, Tulane University—Is it possible to build IAIMSs across academic–corporate partnership settings?

Bill Stead—I strongly believe that it is possible. I envision the academic center as a facility that is solely dedicated to the learning experience becoming a thing of the past. I believe that the academic center will continue to have a responsibility in the production and dissemination of information, but only if it operates in full partnership with other pieces of the infrastructure. At the present time, corporate leadership has a better understanding of this idea than does higher education.