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ABSTRACT

Although there is increasing emphasis on and investment in healthcare information technology (HIT) it is important to determine why actual adoption and usage rates are below expectations. This research builds on Fichman and Kemerer’s (1997) work by examining the relationship between organizational learning capacity and assimilation of a complex organizational information technology. It also explores the role a community-wide organizing vision (Swanson and Ramiller, 1997) plays in organizational learning about EMR technology and considers the extent to which community-wide learning supplements organizational level learning in small physician practices. The study will employ a survey of physician practices in Hawaii and will contribute to both practice and theory. By determining the characteristics of small physician practices that facilitate or hinder the adoption of EMRs, findings will be valuable to organizations seeking to promote HIT generally and EMRs in particular. Theoretical contributions include replication and extension of Fichman and Kemerer’s (1997) assimilation model by testing the theory with a different type of complex organizational technology (an EMR system) by testing the theory in a different institutional context (healthcare) and by evaluating the applicability of the theory in a different organizational setting (small organizations). Theoretical contributions also include exploring applicability of Swanson and Ramiller’s (1997) organizing vision on organizational learning capacity in small organizations.