Understanding EHR Assimilation Using Social Information Processing Cues

TREO Talk Paper

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Abstract

Despite the impressive scale of growth in Electronic Health Record (EHR) platform implementation across healthcare organizations, appropriating benefits from such transformative digital artifacts remain a complex and challenging process. While significant focus of academics and policy makers on pre-implementation stages of EHR integration, little or insignificant focus has been on the critical phase of post-implementation EHR assimilation. The post-implementation stage of EHRs is a critical stage because it is in this phase that EHR users stabilize the usage behavior and pattern into their care delivery routine. This phase involves the process of understanding how a set or subset of process functionalities can be fit and adapted into the immediate healthcare task environment. The post-implementation stage consists of extensive interactions and exchange of information among the stakeholders as they learn to adapt and innovate the platform to the needs of their healthcare tasks associated with the care delivery process.

In such circumstances, social relations and influences associated with these relationships becomes a critical mechanism and driver of EHR assimilation and its subsequent impact on appropriate of healthcare benefits. While IS literature predominantly focuses on adoption and pre-implementation stages, we have limited understanding on the post-implementation phases-i.e., EHR assimilation. While the first two stages leads to understanding and comprehension of EHR in the task environment context, it is the post-implementation phase where the caregivers assimilate the functionality in a routine or innovative ways. Knowledge of functionality assimilation patterns thus becomes critical to the success of EHR implementation and assimilation across the healthcare domain.

Motivated by the need to understand the post-implementation aspect of emerging practices and innovation related to EHRs, we examine the drivers of EHR assimilation and the mechanisms through which such drivers enable key healthcare outcomes-i.e., patient satisfaction and quality of care. Drawing from the social information processing theory (Salancik and Pfeffer 1978), we propose that social cues emanating from two distinct form or ties-i.e., instrumental ties and expressive ties- are critical to understanding the mechanisms of EHR assimilation and its subsequent role in enabling healthcare outcomes. Thus, social contexts facilitate or constraints the impact of such interactions on the outcomes of EHR assimilation. This study can enhance our understanding of the role of social context in enabling EHR assimilation across healthcare organization.

REFERENCES