Assessing the Situation

Dr. Dan Johnson has just been appointed CEO of GHS. He has come to the Longwood area after serving five years as CEO of a 200-bed community hospital. Johnson is a definite fan of EHR and electronic medical record (EMR) systems, and he is enthusiastic about the potential for telemedicine to increase the reach of GHS. In particular, he is aware of the opportunities to use telemedicine functionality to extend the reach of Geneva's physicians and enable them to communicate with and care for patients without requiring those patients to drive into the city.

Johnson's predecessor, Jeffrey Ash, retired after serving 20 years as GHS's CEO. He had been decidedly "old school" and had little interest in leading the charge to put Geneva on the telemedicine map. Even though he was aware that the use of telemedicine was expanding, Ash had no interest in pursuing this opportunity at Geneva.

Johnson is aware of the likely resistance he will face if he tries to introduce telemedicine capabilities at Geneva. He has followed some of the IT implementation literature and knows that common barriers to implementation, such as physician resistance to change, may present challenges. He also predicts resistance from the patient experience department, which is concerned about how telemedicine might affect patient satisfaction.

A Hallway Conversation

As Johnson headed to the cafeteria for a cup of coffee, he was stopped in the corridor by Amy Chapman, who was leaving the patient experience department.

Johnson: Hi, Ms. Chapman. How is everything going in your department?

Chapman: Not well, Dr. Johnson. I heard a rumor that you were considering developing telemedicine services at Geneva, and that makes me very concerned.

Johnson: Well, Ms. Chapman, nothing has been decided yet, but there is a strong push to introduce telemedicine to better serve our patients in rural and outlying areas, and we don't want to be left behind.

Chapman: I understand that, Dr. Johnson, but I just don't think we want to do any of this too quickly. Mr. Ash had been very consistent in his message that Geneva had no reason to be an "early adopter" of such systems. As he repeatedly said, "Let all those other health systems make the mistakes first. Then we can learn from their mistakes and make our own decision. And, in the meantime, we can keep doing well what we already do well."