The Pros and Cons of Outsourcing Information Technology

Thanks to today's technology, it has never been easier to roll an entire oncology practice on to a few hard drives. In fact, filing data by computer has become so fast, so efficient, and so comprehensive, that internet penetration—as a recent Harris Poll calls it—is at an all-time high, both in terms of hours logged online and users on the Web.¹

So, in an era where everything from accounting entries to patient histories are linked electronically, it probably comes as no shock that one of the biggest growth industries in the service sector is outsourcing of information technology (IT), and innovation in office management programs and accounting technology are driving the trend.² Outsourcing, in fact, has become such a topical point of discussion that even meetings aimed at showcasing technical know-how now feature it as a “solution” for busy offices.³ And one outsourcing group, in an apparent move to foster better contractual relationships, recently presented the results of a survey on call-in centers that revealed the attributes likely to earn customer satisfaction. Not surprisingly, the list includes courtesy, accessibility, and responsiveness.⁴

In fact, that's just what Wendy McNatt, practice administrator of Wilshire Oncology Group Inc in southern California, recommends in an IT partner. After all, electronic records make everyone technology-dependent. She points out that, by outsourcing to a company that provides IT expertise, the big problems of support gets solved, but pesky, small problems may be created, namely challenges in communication when problems arise. Technical terminology, the first language of computer technicians, “can be like trying to speak a foreign language” to nearly anyone else, McNatt observes.

Every week, she goes through “Monday morning blues,” her term for the initial check of the computer system, and not a reference to the start of the work week. Power outages over the weekend have ambushed her on more than one occasion, in a place where earthquakes, fires, and powerful Santa Ana winds routinely ravage. “You actually stand there holding your breath,” she says. “Will screens remain black, monitors make funny noises, or the system not respond to the punch of keys? You stand there hoping, really hoping nothing is fried,” she says.

She has reason to worry: All nine of the locations in the Wilshire Oncology Group, in cities across the San Gabriel Valley ranging from Pasadena to Riverside, rely on the same database. When it goes down, anxiety levels rise, patients back up, charts remain inaccessible, and everyone—or so it seems—reaches for the telephone to inform McNatt about the grinding halt.

“If I could have one thing, it would be an onsite IT employee,” she says. So far, though, the oncology group—like the overwhelming majority of such office-based practices—has IT outsourced, a situation Robert Wachter, MD, professor of medicine and chief of the medical service at the University of California, San Francisco, has dubbed the “dis-location” of medicine.⁵

Why can calls to the IT specialist mean so much misunderstanding on both sides? The IT technician may ask, “What do you mean, it is not working?” A question no one in the office can readily answer, McNatt explains. “I can remember saying, ‘Here are the computers,’” McNatt says, recalling one such visit by an IT technologist. The response was “Well, where are the servers?” By the end of that encounter, “there was a lot of sign language going on.”

Now, after years of answering such inquiries, McNatt says she knows a little more about hardware. And, just as technology meant some early frustrations, it has also solved a few, she adds. Now, technicians who once rushed to the office on rescue missions can tap into the system remotely. In addition, she had a back-up system installed, ensuring that another drive can be used if the primary one fails. Also, the servers are under a relatively impenetrable electronic lock, ensuring that even if the office has a break-in (which one did, a while ago) all of the data are protected.

Last winter, the journal *Hospital and Health Networks* covered the need for such crash prevention, noting that “health care facilities throughout the country are investing in glitzy new applications like digital imaging and electronic medical records without paying full attention to the underlying business processes and contingency plans necessary to reap their full potential or avert a crisis if some disaster brings the system down.”⁶

Another potential pitfall is the Internal Revenue Service, which has fairly stringent criteria about the difference between an IT employee and an IT contractor. The line, in general, is drawn by distinctions ranging from the signatures on a written contract to the hours in which outsourced personnel are expected to be in any given office.⁷

Establishing an effective IT support relationship is important because IT is a big money saver, according to an investigation this past winter by the Oregon Office for Health Policy and Research in Portland. In their study results, researchers there showed that business costs can be slashed by more than half annually. How does it happen? In physicians' offices, about one third of the savings comes from elimination of unnecessary services, such as avoidance of repeat tests and

prevention of potentially harmful drug interactions. Two thirds are derived from more efficient processing of information.

And that doesn't take into account the potential for creating more "touch points," a term reflecting opportunities for patient contact provided by time conservation, and coined by medical informatician Bryan Bergeron, MD, who practices at Massachusetts General Hospital in Boston.

But forging a relationship with IT contractors takes big doses of patience and equal amounts of appreciation, McNatt says. Even in adulthood, there is a significant generation gap.⁸ IT seems to be a dramatic example—technology fix-it people aren't your usual temp workers. And such independent contractors require special treatment.⁹

The person coming to service the computers very likely will be a twenty-something male who grew up online; conversely, the person he will be working with, to identify the problem, may well be a middle-aged or older female, who learned word-processing as an adult, and perhaps even under protest. Generally, the former considers it a way of life; the latter, a tool.¹⁰

For anyone who's outsourcing, IT technologist Mike Dempsey has a few tips for building a good working relationship. He works in the Boston area for a company that provides such contractual services.

First, he advises, try to be clear in conveying the problem, rather than lamenting the loss of operability. Concise descriptions about the time a failure occurred, the way in which the system went awry, and the circumstances surrounding it, are very helpful, he says. Details ranging from a coffee cup spill on a desk to a screen that goes blank without warning all can give important clues to the origin of a problem. Conversely, complaining about the lack of reliability of a computer, while perhaps psychologically beneficial, doesn't convey helpful information. "You can't solve a problem in a vacuum," he observes.

"Try to set aside a little time (for the trouble-shooter) even when you are busy," he adds. In the case of physicians, particularly oncologists who are working with patients

battling a potentially life-threatening disease, he is particularly reluctant to interrupt. But such reticence may prolong the loss of function unnecessarily. A glitch "that maybe will take me five minutes to fix," is worth a temporary stop in the work flow, he points out.

A team approach is the best way to rectify any problem, he stresses. However, it is hard to feel like part of a team when he enters a medical office and somebody calls out to the staff: "The IT guy is here," he says. He cites oncologist Therese Mulvey, MD, whose office he helps service, as one of those in which he feels most comfortable and where he is greeted by name. Not that the two always agree. Technologically speaking, Mulvey likes to keep things simple, and Dempsey likes variety, so even their view of necessary laptop installations can differ. But he likes hearing how things are working out, and Mulvey is a master of what he calls "providing feedback."

As for the common bad rap given to those middle-aged, medical office managers who don't seem up-to-date with computer technology, Dempsey has some surprising news. Ignorance isn't nearly as difficult to deal with as its counterpart—the young, computer-savvy know-it-all. Like a physician with a patient who is providing his or her own diagnosis even before the exam, "it can be really irritating to deal with someone like that," who tells you "they already know" what needs to be done, he says.

McNatt, who notes there may be three decades between the IT expert and herself, nonetheless has developed some very friendly relationships with a few of those technicians over the years. "I have my favorites," she confesses.

However, she doesn't expect any of them to be available when she calls. "You know, if they are my favorites, they are other people's favorites, too, and probably everyone wants them." And that, in one nutshell, is one of the problems with outsourcing. The good ones always seem to get away, snatched up by one of those outsourcing office managers who decide to do just what McNatt has said is her own heart's desire—hire a favorite IT specialist of their very own.

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