



We know we're in trouble when cloning looks like the only answer...

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So admit it, how many of you have fantasized about cloning a colleague in order to have the capacity to deliver a project? I know I have, and more often than I would care to admit.

Much like the Tim Horton's coffee shops in Alberta where their hours of operation are being dictated by the availability of staff to serve their customers, we in healthcare informatics are rapidly becoming constrained by the availability of skilled workers to plan, manage or deploy new technologies. I know in our business we plan our year based on workforce availability (supply), not market need (demand). While some might say this is a "nice" problem to have for a business, it signals a root problem in the industry. It is also a severely rate-limiting step to deployment of the myriad components that make up the EHR, the related process improvement and hence the sustainability of our health system.

This is not a new problem or a new realization. We have anticipated the challenge for years now. We have written about it – ever since the War for Talent was published in 2001, it has been well documented and well understood that the War is upon us and will be for decades to come. The demographics are simple. The supply will decrease and the demand will increase.

And yet we continue to talk about it ... at length.

So I find it hard to believe we have to spur a sense of urgency. Yet that is how I feel. So why, I wonder, are we still thinking about what to do? Do we believe the problem will solve itself? Do we hope that generic IT services companies will just step up to the plate with hordes of skills suitable to deploy eHealth technologies, EHR and beyond? Maybe off-shore outsourcing firms will pick up the slack?

A good friend of mine once said, seemingly innocently, that "hope is not a strategy". This simple sentiment has stayed with me for years, and I believe it applies well here.

So what are we doing?

Well, we have developed a code of ethics and a set of core competencies... and now we are developing

a "business case" for certification. While only one facet of the solution, I have to admit to being a tad disappointed with the pace of progress on this dimension. Other countries have solved this part of the problem, namely the US and UK. I'm not sure why we haven't moved faster to adopt/adapt their solutions. It seems to me, albeit without the benefit of a lot of analysis, that we could relatively easily adapt HIMSS' CPHIMS approach to the Canadian context. HIMSS launched this in 2002 and have evolved it nicely. Surely we could capitalize on this investment. The result would be an inexpensive, timely and practical "don't reinvent the wheel!" approach. It would even result in North American harmonization. Something, btw, I am not scared of in the least.

Now that I think about it, we already have a professional certification for Health Information Management professionals in Canada. CHIMA has 35 years experience in professional development, standards and certification for HIM professionals.

Could we not leverage that well-earned experience and the CPHIMS curriculum to accelerate a solution to this piece?

I readily admit that professional development and certification are but two dimensions to the solution for our capacity problem. While they will certainly aid in skill development and quality assurance aspects, they do not in themselves build raw capacity. However it seems to me that we should be executing on these pieces as soon as possible without further study.

Turning to the raw capacity issues, it has been argued that there is sufficient raw capacity to service our industry demands. While I accept that there is an IM/IT workforce in Canada that could be focused on healthcare, it is inadequately prepared for the myriad unique challenges our industry poses. Such a source of supply could include:

- IT professionals that are currently serving other industries;
- HIM professionals that are members of CHIMA;

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- New graduates of non-industry specific IM or IT programmes;
- Healthcare IT professionals in countries outside Canada; and
- Many more...

I believe our challenges with the future workforce will be two-fold. Firstly, readying people for the vagaries of healthcare; and secondly competing for their favours in the face of other industries where they could ply their trade, possibly to greater financial advantage.

The first issue has been discussed a lot, so I will not belabour the point. Rather I will focus on the second. It strikes me that something we don't seem to do enough of is market ourselves; either our industry or our country. Here we could develop a few campaigns:

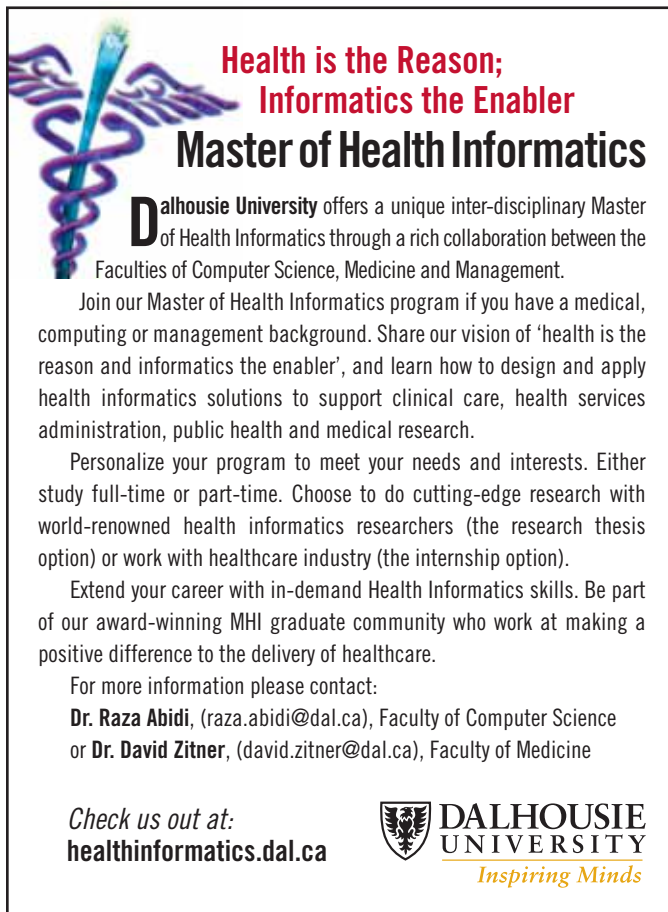
- One targeted at the IM/IT university programmes, or even high schools, advocating for healthcare as the place for these new grads to start their career. Young people entering University will have more and more options over the coming years and our industry is virtually unknown to them. We must educate them early before they have specialized and chosen a career. I also recognize that the new generations (X and Y - born from 64-89) are motivated differently. They are more motivated by personal fulfillment opportunities and particularly Gen Y's are viewed as idealistic with a high level of social consciousness. Both of these traits make our industry appealing to them – we just have to educate them about it.
- Another targeted at the IM/IT industry advocating for healthcare as the next destination for their career. I am finding a lot of older folks that see adapting their skills to healthcare as giving something back to society. We should capitalize on this.
- And a third targeted at the global market, promoting Canada as a great place to practice their already acquired healthcare IM/IT skills. This could be done jointly by government and industry. New Zealand has done this sort of partnering well together, albeit to market their healthcare software products.

I'm even confident we could secure funds from various arms of government for marketing campaigns, and subsidies for re-training or relocation programmes.

All of the above are just the ramblings of one guy. How about we get into a debate about these issues? Maybe we can use letters to the editor or someone could write a retort (hopefully constructive) to this column. Maybe we could strike a task force with representatives of the various stakeholders (CHITTA, COACH, CHIMA, government, educators, healthcare providers) to identify specific actions we can take? How about we scare up some money and hire someone to drive the task force and subsequent actions?

I do believe we need to create a form of crisis around this key issue; else it will languish on the "hope" and fantasy (cloning) lists.

What do YOU think? ●



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