itAIS2021
XVIII Conference of the Italian Chapter of AIS
Digital resilience and sustainability: people, organizations, and society

Healthcare IS and the resiliency of health provision during the pandemic and beyond

The Covid-19 pandemic has led to a widespread and partially new form of interest in information systems (IS) in several domains. Since the outbreak of the coronavirus, digital technologies have played a pivotal role in allowing to adopt strategies to combine the somehow conflicting needs to keep workplaces and service running while facing the constraints of social distancing. Telemedicine, similarly to remote work and distance learning, have swiftly become a reality for many professionals and laypeople. Such rapid adoption has been made possible by the use of pre-existing technologies which, ironically, had been around for many years and largely neglected.

Paradoxically, while healthcare information systems have been traditionally regarded as "holding a great promise", to use a common catchphrase in IS literature, the emergency faced due the coronavirus has challenged healthcare providers, technology manufacturers and the research community to shift their focus of attention from re-imagining the future of healthcare to supporting actual healthcare provision. This, in turn, has given a second chance to IS with a long history of testing and piloting which never gained momentum, and which have remained confined to limited use cases or small-scale implementation such as televisit or remote monitoring technologies.

As pandemic evolves from a short emergency requiring temporary patches to a new normal, we can discern some major shifts in the debates surrounding IS both in the academic and in the policymaker's discourse. We identify at least three major shifts:

- From the future to the present. Healthcare IS are required to be used in new organizational and institutional practices to address the situation at hand rather than being part of future set-ups. This, in turn, as noticed above, may require utilizing and scale up well-established 'old' concepts rather than developing new yet untested ones;
- form small scale piloting to large scale implementation. While healthcare IS usually undergo a severe and long period of testing in small scale pilots, there is a great push to adopt solutions that address the needs of larger population groups;
- from revolutionary to sustainable. While healthcare IS are traditionally associated with promises or disruptive changes to healthcare provision, long-term affordability is a major issue, leading to an increased attention to economic and organizational assessment.

Such shifts do not seem to have a contingent nature. The 'new normal', often evoked to describe the upcoming years, will most likely build on some of the responses adopted to face the emergency. The track aims at investigating how the current pandemic (and the anticipation of others) has led to re-consider the overall role of healthcare IS in the daily practices of health institutions and how such changes are paving the way for research in the field.

Track main topics

We solicit full papers or research-in-progress research in related fields. Papers exploring new directions or areas are also welcome. The track aims at gathering and promoting confrontation between engaged scholars investigating the role of IS in healthcare. Possible topics include, but are not limited to:

- Telehealth/mobile health applications and their sustainability.
- How the covid pandemic has impacted on health IT adoption and diffusion.
- Policy making and IS deployment and use.
- Managerialization and assessment of healthcare IS.
- Economic, regulatory, organizational and institutional issues related to healthcare IS.
- Design of health information technologies.
- Scaling of eHealth solutions.
- Orchestration of eHealth ecosystems.
- Patient-centered and chronic healthcare management.
- ICT, social responsibility, sustainability, accountability and resilient society.
- Analysis of eGovernment and eHealth project outcomes.

All the typical ItAIS forms of contributions are welcome, including full research papers, research-in-progress papers, experience-in-the-field reports, and case reports.

Track Co-Chairs

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Bios of track Co-Chairs

Enrico Maria Piras, Ph.D., is a senior researcher at Fondazione Bruno Kessler and adjunct professor at University of Verona. His research activity focuses on health information management, healthcare infrastructures, and the technology-mediated coordination of healthcare professionals and patient in telemonitoring. He has organized and chaired conferences and workshops on healthcare infrastructures and edited special issues in CSCWJ and HIJ on the same topics.

Miria Grisot, Ph.D., is an Associate Professor at the Department of Informatics, University of Oslo. She has conducted research on IT in healthcare context studying design, development, implementation and use processes. She has worked mainly with an Information Infrastructure perspective, published in JAIS, CSCWJ, JSIS, SJIS and has recently co-edited a book on Information Infrastructures within European Health Care published open access by Springer.

Andrea Resca, Ph.D., is assistant professor at the Università C. Cattaneo –LIUC, Castellanza, Italy. He investigates or has investigated subjects such as judicial systems, cultural heritage, healthcare and e-commerce. The Journal of Information Technology and the Journal of Strategic Information System have hosted some of his works.

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