





Digital healthcare: rethinking people's role, processes and organizations

Sustainability and digital transformation are elements that are characterizing the research on health systems by allowing a multiplicity of approaches to dialogue with each other [2]. Healthcare systems are strongly shaped by a management that primarily imposes the point of view of medical personnel, of regional and national administrative managers. In the current phase, there is a new attempt to centralize all digital services thanks to the new opportunities provided by digital technology [3; 5]. However, in these processes there is often a lack of attention for the point of view of citizens and, to some extent, of GPs. The inclusion of their views in the digital transition of healthcare systems is overlooked [1; 4; 6; 7; 8].

In the post pandemic the new normal is pushing health service providers, technology manufacturers and the research community to re-imagine healthcare [9]. This has forced a rethinking of community services and new care pathways that include the "home" (for example in post-hospitalization) where patients and caregivers play a crucial role [3]. Experimentation with new digital systems, e.g., telemonitoring, is providing new demands from patients so that monitoring, self-measurement and wellbeing applications can take place effectively [4]. We identify at least three fundamental changes in this transition:

- *The presence of new dynamics in digital health systems.* Systems are slowly moving from a traditional organization to different forms of hybridization involving everyday platforms in use by patients and hospitals [4]. These experiences have attracted the interest of specialized device brands capable of using data through AI algorithms and patient profiling [11].
- *Horizontal vs. vertical.* Implementation is the new mantra. Currently, less attention is paid to the role of systems in redistributing power within the healthcare organization. The multiplicity of approaches supporting these transformations do not always seem effective. Indeed, administrations are designing new functionalities to reach patients directly in every part of the territory (horizontal), while there is an increasingly specific interest on the part of patients, the NHS, public bodies and large corporations in being able to provide personalized care to specific groups of patients (vertical) [5; 9].
- *From traditional to sustainable healthcare systems.* While digital health systems are developing models based on time series, many studies show that health systems are the main contributors to waste generation and CO2 emissions. This requires renewed efforts to convert many traditional practices in the organization of care systems, treatment pathways, resource utilization and careful procurement that do not yet suffer from the urgency imposed by climate change [10].

For this reason, the track aims to bring together and promote debate among scholars investigating the interplay between digitization and organizational choices in healthcare systems so as to the real point of view of patients. At present, they are still kept out of processes, but they increasingly have the tools, skills and interests to be an important resource for digital transformations in a perspective of sustainability of health systems.

Track main topics

We encourage authors to submit their contributions concerning but not limited to the following topics:

- Telehealth/mobile health applications and their sustainability
- Policy making and digital healthcare
- Health organization and patient management
- Management of digital healthcare
- Economic, regulatory, organizational and institutional issues related to healthcare IS







- Design of health information technologies combining patient and clinicians' work
- Scaling of eHealth solutions: telemonitoring, telehealth, televisits, remote patient monitoring
- Implementation of eHealth
- 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
- Sustainability as a multifaceted strategy to face the climate change

References

- 1. Antonio, M. G., Petrovskaya, O., & Lau, F. (2020). The State of Evidence in Patient Portals: Umbrella Review. *Journal of Medical Internet Research*, 22(11), e23851.
- 2. Bossen, C., Pine, K. H., Cabitza, F., Ellingsen, G., & Piras, E. M.: Data work in healthcare: An Introduction. *Health Informatics Journal*, 25(3), 465–474 (2019).
- 3. Currie, W. (2014). Translating Health IT Policy into Practice in the UK National Health Service. *Scandinavian Journal of Information Systems*, 26(2).
- 4. Esmaeilzadeh, P. (2019). Consumers' perceptions of using health information exchanges (HIEs) for research purposes. *Information Systems Management*, 36(1), 57-77.
- 5. Hinings, B., Gegenhuber, T., & Greenwood, R. (2018). Digital innovation and transformation: An institutional perspective. *Information and Organization*.
- 6. Kruse, C., Fohn, J., Wilson, N., Patlan, E. N., Zipp, S., & Mileski, M.: Utilization barriers and medical outcomes commensurate with the use of telehealth among older adults: systematic review. *Journal of Medical Internet Research medical informatics*, 8(8), e20359 (2020).
- 7. Ljubicic, V., Ketikidis, P. H., & Lazuras, L. (2020). Drivers of intentions to use healthcare information systems among health and care professionals. *Health Informatics Journal*, 26(1), 56–71.
- Nordfonn, O. K., Morken, I. M., Bru, L. E., & Husebø, A. M. L.: Patients' experience with heart failure treatment and self-care—A qualitative study exploring the burden of treatment. *Journal of Clinical Nursing*, 28(9–10), 1782–1793 (2019).
- 9. Qi, J., Yang, P., Min, G., Amft, O., Dong, F., & Xu, L. (2017). Advanced internet of things for personalised healthcare systems: A survey. *Pervasive and Mobile Computing*, *41*, 132–149.
- 10. Rahimi-Ardabili, H., Magrabi, F., Coeira, E.: Digital health for climate change mitigation and response: a scoping review. *Journal of the American Medical Informatics Association*, 29(1/2), 2140-2152 (2022).
- Zanutto, A., Ponte, D., & Piras, E. M.: COVID-19 Pandemic and New Cardiology Telemonitoring Organization: How to Cast the Others. In S. Za, R. Winter, & A. Lazazzara (Eds.), Sustainable Digital Transformation (pp. 117–132). Springer International Publishing (2023).







Track Co-Chairs (one table for each track chair)

Name – Surname	Alberto Zanutto		
Title	Senior researcher		
E-mail	alberto.zanutto@unimc.it		
Affiliation	University of Macerata		
Short bio	Alberto Zanutto is Senior Researcher at the Department of Economics and Law at the University of Macerata where he teaches Business Organization and International Organization and Human Resources Management. His research interests are mainly oriented towards understanding the phenomena of digitization in healthcare organizations and deepening the field work with innovative methods to understand the relationship between technology, organization and practice.		

Name – Surname	Anne Marie L. Husebø		
Title	Professor		
E-mail	anne.m.husebo@uis.no		
Affiliation	University of Stavanger / Stavanger University Hospital		
Short bio	Anne Marie L. Husebø is Professor of Health Science at the Department of Public Health, Faculty of Health Sciences at the University of Stavanger, and the Research Department at Stavanger University Hospital. Husebø has vast experience with digital healthcare research and is currently leading an eHealth study on remote patient monitoring among patients with chronic illness. Other research interests are health services research, co-creation and social innovation, and health promotion in long-term illness.		

Name – Surname	Diego Ponte		
Title	Associate Professor		
E-mail	diego.ponte@unitn.it		
Affiliation	University of Trento		
Short bio	Diego Ponte is Associate Professor of Organization Studies and Information Systems at the Department of Economics and Management, University of Trento (Italy). He published international journal papers and peer reviewed books on topics connected with ICTs and organizations. He serves as reviewer in several national and international journals. He was programme co-chair of the XVIII Conference of the Italian Chapter of AIS. His main research areas lie on the intersection between ICTs and organizations. His research interests also include digital transformation and technological change in healthcare.		







Track Program Committee Members

Name	Affiliation	Country	email
Rosalynn Austin	University of Stavanger	Norway	rosalynn.austin@uis.no
Paolo Candio	University of Trento	Italy	paolo.candio@unitn.it
Fausto Di Vincenzo	"G. D'Annunzio" University	Italy	f.divincenzo@unich.it
Andrea Francesconi	University of Trento	Italy	andrea.francesconi@unitn.it
Irene Gabutti	Catholic University of the Sacred Heart	Italy	irene.gabutti@unicatt.it
Roberta Laurita	Catholic University of the Sacred Heart	Italy	roberta.laurita@unicatt.it
Kristoffer Woldseth Moldekleiv	University of Stavanger	Norway	kristoffer.w.moldekleiv@uis.no
Lorenzo Mercurio	University of Naples Federico II	Italy	lorenzo.mercurio@unina.it
Federica Morandi	Catholic University of the Sacred Heart	Italy	federica.morandi@unicatt.it
Alessandra Pernice	Catholic University of the Sacred Heart	Italy	alessandra.pernice@unicatt.it
Caterina Pesci	University of Trento	Italy	caterina.pesci@unitn.it
Enrico Piras	FBK	Italy	piras@fbk.eu
Lorenzo Gios	FBK	Italy	lgios@fbk.eu
Andrea Resca	Università C. Cattaneo –LIUC	Italy	aresca@liuc.it
Marianne Storm	University of Stavanger	Norway	marianne.storm@uis.no
Kristin H. Urstad	University of Stavanger	Norway	kristin.h.urstad@uis.no
Marco Zamarian	University of Trento	Italy	marco.zamarian@unitn.it