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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Barrier relevance to technology innovation deployment process** | | | | | | | |
|  |  | Initiation (pre-adoption) | | | | Implementation (post-adoption) | | | |
|  |  | Barrier | Cause | Effect | Source | Barrier | Cause | Effect | Source |
| **Owner of deployment barrier** | Individual |  |  |  |  | New technology is perceived as complementation  “So, the primary problem is going to be the variation that exists within the system (…) I saw statistics the other day that says 70% of our providers, our active providers, are using that system. Well, that means that 30% are not, 30% are calling us on the phone, 30% are faxing us information! [quote]” | Lack of [process] standardization | New technology is not used but users fall back on established data flow channels. | PY1\_A3\_DI, Pos. 19-22 |
| *Negative experience with performance of similar prior technology: Physicians used to get excited about new technology facilitating processes but when it came to implementation, they were often disillusioned e.g., additional work* |  | * *These people are much more skeptical about similar solutions until they see more proving out (PY2\_DI, Pos. 80)* * *They assume innovation equals more work for them (CDE2\_FA2\_DI, Pos. 66)* | PY2\_DI, Pos. 80  CDE2\_FA2\_DI, Pos. 66  PV1\_DI, Pos. 32 | *Negative experience with performance of similar prior technology: Physicians used to get excited about new technology facilitating processes but when it came to implementation, they were often disillusioned e.g., additional work* |  | * *These people are much more skeptical about similar solutions until they see more proving out (PY2\_DI, Pos. 80)* * *They assume innovation equals more work for them (CDE2\_FA2\_DI, Pos. 66)* | PY2\_DI, Pos. 80  CDE2\_FA2\_DI, Pos. 66  PV1\_DI, Pos. 32 |
| *Physicians have already too many apps* |  | * *Requires strategic partnerships: Any new technology needs to integrate with existing technology, i.e., Epic and Cerner* | PV1\_DI, Pos. 38 |  |  |  |  |
| Technology is perceived as substitute and organization has already invested money in a document interface that is not broken, making it unattractive to invest more money in a different exchange interface that does not bring many perceived additional benefits |  |  | FA1\_DI, Pos. 39 | *Physicians have already too many apps* |  | *Requires strategic partnerships: Any new technology needs to integrate with existing technology, i.e., Epic and Cerner* | PV1\_DI, Pos. 38 |
| Organization | Switching / replacing health IT vendors / systems |  | * Information needs to be transferred * Need to pay for and use two IT systems in parallel for a time | PV1\_DI, Pos. 34 | New things need to run in parallel with old things for a while to see use  “And then once you start getting adoption, you start weaning things off, you know, but again, I think that fax machines sitting out there is the big testament to, you know, even though things should go away, they stick around sometimes [quote].” | Healthcare cannot stop [see Pr\_SystemChar] | While obsolete technologies are expected to fade out eventually too often they continue sticking around [slow] | PY2\_DI, Pos. 64 |
| System |  |  |  |  | Take payment data and use it for clinical purposes | Clinical data does not flow [see Pr\_TechPerf] | Unnecessary surgeries and radiation, patients worrying about conditions they do not even have | CS1\_DI, Pos. 45, 1035-1085 |