# Information management: the limitations of ROI

THE REVIEW OF the 60-year history of the Australian Healthcare and Hospitals Association highlights the important role of information and information management in enhancing the Australian health care system. In 1990 Peter Read, the National Director of the (then) Australian Hospital Association, suggested that the health system would soon have

> hospitals where there are proper information systems which allow managers to identify problem areas by intra and inter hospital comparisons; hospitals where managers know how much treatment does cost and more importantly how much it should cost; and hospitals where the incentives encourage efficient high quality care and where payment received has some relevance to the cost of treatment given.[1]

But 2007 is almost over and, as outlined by Jared Dart our *n = 1* author (*page 510*), we are still waiting!

Government funders and health service organisations typically view information as a cost to be managed and not as an asset in which to invest. While investment in health care information management and technology cannot often be justified on economic or financial terms (that is, the financial return on investment [ROI]), a broader perspective that included the positive impact on the quality of care, the improvement in patient safety and patient satisfaction, and the reduction in social costs would favourably tip the investment scale. A paradigm shift is required to balance an overriding concern with *return on investment* with *return to care*.

This issue focuses on work that is being completed on information foundations *(pages* 523, 531, 540 *and* 546*)*, exploitation of technology (*page 527*) and the use of information to improve care. I would like to draw your attention to the paper by Watson, Rayner, and Lumley from Mother and Child Health Research that outlines their experience in obtaining ethics approval for a study of preterm birth (*page 514*). This paper provides an example of the information inefficiencies that we have created and perpetuate in our health care system.

Don't miss this issue's *Models of Care* paper by Francis and colleagues (*page 499*) and the concept of health in older age (*page 642*).

## AHR information indexed

I am pleased to announce that the Journal has been selected for coverage in the *Science Citation Index Expanded*™ (SCIE) of Thomson Scientific. The SCIE provides access to current and retrospective bibliographic information, author abstracts, and cited references from, as outlined in the Thomson website, "the globe's leading, peer-reviewed journals". We are proud that *AHR* has received this recognition.

In addition, a journal covered in the SCIE receives an impact factor (IF) and *Australian Health Review* will get its first IF in 2009. IFs are calculated by the Institute for Scientific Information and published in the Journal Citation Reports. The IF is calculated by dividing the number of citations in the tracked literature that a research journal receives, by the number of articles it publishes. Academics and authors are encouraged to publish in journals with higher IFs.

*Australian Health Review* was first accepted by Excerpta Medica in 1986 for inclusion in its abstract service and this latest achievement is another demonstration of the strength of the cadre of editors and guest editors that have served the Journal so well. As current editor I would like to acknowledge editors Barry Catchlove, Johannes Stoelwinder, Jonathan Tribe, Chris Richards, Ros O'Sullivan, Roy Green, Don Hindle and Judith Dwyer for laying a strong foundation for the future. As we end Volume 31 I would also like to thank Gary Day, Book Review editor, Deborah Roberts, Models of Care editor, the indispensable staff at the Australasian Medical Publishing Company, and the authors and reviewers (see pages 656 and 487) who have contributed to the continued success of *Australian Health Review*.

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