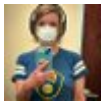
Twitter Thread by Just call me Cassandra.



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@lizzwestman

Medical/Science Twitter - Do not trust IT hotshots with actual science data unless they have been trained in the real processes, know scientific method and their account/project/product managers approach with an established and medically respectable kind of taxonomy, plan, etc.

■I will literally volunteer to sit in on these vendor pitches and translate snake oil sales pitches to make sure the stakeholder/end user requirements and needs and priorities are clearly defined so shit like this stops being a viable business model that does nothing but harm.■

Very few people in IT at any actual level that is being given respect right now out of dire necessity have the kind of training or experience to handle this shit. Few if any of the data models that have been accepted and are being used follow the HIPAA-grade science methodology.

I only know this stuff because I built and managed informational and compliance portals for a pharmacy chain's operations team and designed/built/launched a ton of stuff for uses with ACA. And my best friend from home is doctor who keeps me in medical research journals if I ask.

But the need to approach this virus as a true unknown with constant expected variable shifts and false positives and correlating behaviors that may or may not even be related to each other as the real research work is being done is imperative. Don't buy IT's easy answers to this.

Most of the data modeling and projection programs I have seen are based on what IT uses to asses and tweak a software release to different markets. The intention and goal in how these are made and thought of is the opposite to what medical research software has to do right now.

Information technology and computer science prefers to use business major econ math, logic and processes instead of actual real scientific method. They have no taxonomy and the builds use Greek myths (but never Sisyphus the only one that applies) as allegories for a task list.

The only reason I ever became a project manager was to stop the abject misery of agile and Scrum processes in the thousands of sites I launched for media groups - when I ended up in healthcare IT and got to go full nerd, I actually helped translate the pitches to real end users.

Information is gated and silo'd too much as it is but in this specific instance in this moment in time, I actually do know for a fact that not using medical grade, HIPAA-compliant levels of processes, tools or products in IT is not saving on efficiency or whatever justification.

But at the VERY least, do not get or trust your medical information from some 25-year-old asshole who is probably spending more time selling you on how great he and his vision for all things are than actually listening to needs, conditions, specificities and things that matter.

I'd actually suggest doing some version of the "no brown M&Ms" rule that Van Halen or some other 70s rock band used to make sure that the people setting up their pyrotechnics and really dangerous and heavy were paying attention to allll the details down to a weird candy request.

I have a lot of suggestions, actually, because I'm genuinely great at my job when I can find one (messy, long-ignored legacy software updates/rollouts for enterprise-level uses are kind of my jam hint hint). But am offering my skills, knowledge and tools to anyone if it can help.