

PART 2

# The Changing Role of the Healthcare CIO: Expanded Responsibilities in an Era of Economic Constraints

WHITE PAPER

## About Carefx

Carefx supports healthcare organizations in achieving their vision of advancing the quality and safety of patient care delivery through its Fusionfx solution suite. Fusionfx streamlines and simplifies clinical and business workflow and connects care providers to the information they need—where, when, and how they need it. Fusionfx delivers crucial patient information with speed, efficiency, and logic by managing care transitions and information gaps between diverse systems, departments, and facilities. Carefx supports more than 600 hospitals, health systems, regional health information organizations (RHIOs), and health information exchanges (HIEs) across North America and Europe.

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## Table of Contents

Introduction .....	4
A Changing Role for CIOs and CMIOs .....	4
Fostering Relationships with Clinicians .....	8
Presenting Dangers and Opportunities .....	10
Recession Survival Skills .....	12
Advice for CIOs and CMIOs .....	13
Conclusion .....	15

## Introduction

Bolstered by reports of newly available stimulus funds for health information technology (HIT), but sobered by the realities of tough economic times, today's chief information officers (CIOs) and chief medical information officers (CMIOs) continue their quest to advance and improve healthcare. Part strategist, visionary and big thinker, as well as part technologist, operations executive and tactician, these HIT professionals seek cost-effective HIT investments—those that will bridge the gaps and transitions among disparate information systems at their institutions. Carefx, a Scottsdale, Arizona-based developer of a scalable, service-oriented platform that leverages existing infrastructure to ensure logical, seamless and efficient delivery of patient information, is committed to the performance, goals and career satisfaction of healthcare CIOs and CMIOs.

With that in mind, Carefx has developed ***The Changing Role of the Healthcare CIO: Expanded Responsibilities in an Era of Economic Constraints*** as a follow-up to *The Changing Role of the Healthcare CIO: From Technologist to Strategist, Expert Perspectives*. Released by Carefx in December 2008, the first white paper featured opinions on the changing role of the CIO and CMIOs from experts such as Fred Bazzoli, Senior Director of Communications, College for Health Information Management (CHIME); Shahid Shah, HIT consultant and blogger; David E. Garets, President and CEO, HIMSS Analytics; Michael McBride, Editor-in-Chief, Health Management Technology; and Linda B. Hodges, Vice President, Information Technology Practice Leader, Witt-Kieffer.

***The Changing Role of the Healthcare CIO: Expanded Responsibilities in an Era of Economic Constraints*** brings the conversation on the role of the CIO and CMIO back to those who live it day-in and day-out. Featured within the white paper are CIO/CMIO luminaries such as David Hotchkiss, Director of Academic Technology Services, Cancer Therapy and Research Center at the University of Texas Health Science Center, San Antonio; Lynn Witherspoon, M.D., Systems Vice President and CMIO, Ochsner Clinic, New Orleans; Benoit Long, Chief Information and Marketing Officer, Trillium Health Centre, Ontario, Canada; Tom Martin, Senior Vice President for Strategic and Support Services and CIO, Evergreen Healthcare, Kirkland, Washington; and Ken Lawonn, Senior Vice President and CIO, Alegent Health, Omaha, Nebraska.

Each HIT professional offers unique insights on the changing role of the CIO with special emphasis on the CIO/CMIO as a change agent, innovator and connector who is tasked with an ever-growing list of executive responsibilities. These sources discuss their most pressing concerns and how they plan to resolve them, as well as how they work with clinicians to achieve their mission, vision, goals and objectives. The report closes with advice from CIOs and CMIOs on achieving career and organizational success through technology.

## A Changing Role for CIOs and CMIOs

CIOs are taking on new roles as strategists, visionaries and big thinkers, while also assuming new operational responsibilities. "As CIOs get involved in more operational areas, they demonstrate their ability to understand operations and become better positioned to influence change across the organization," says Ken Lawonn, from Omaha, Nebraska-based Alegent

Health. “As CIOs complete successful projects, they begin to be viewed as leaders and that, in turn, means taking on more responsibility for operations.”

Lawonn’s career path is typical of CIOs who are taking on a growing list of operational projects and programs. He already has responsibility for biomedical, security and construction and design, and more recently took over strategic planning, project management and retail operations, including durable medical equipment and retail pharmacy. While many CIOs have taken on responsibilities for medical records, telecommunications, biomedical and human resources, they’ve been less involved with construction and design, and retail pharmacy.

CIOs are either expanding their roles into operations or are turning into second-level executives with exclusive responsibility for IT. Lawonn now spends just 25-30 percent of time on IT, relying instead on four senior IT leaders, including the CMIO, all of whom help lead implementation of clinical systems in partnership with the chief nursing officer (CNO) and chief medical officer (CMO).

With \$400 million in construction projects underway, Lawonn depends on a vice president of construction and design for operations but continues to make executive decisions on capital for construction, medical equipment and IT. With CFO support, he also heads up an executive task force to balance the hospital budget and chairs the budget oversight committee with the support of the CFO.

Most critical, Lawonn takes charge of strategy and executive-level relationships, helping to champion the organization’s vision and IT’s role while engaging the workforce at a higher level. “If you gain commitment to a higher good, it’s easier to work through day-to-day or individual concerns and challenges,” he says. “My task is to deliver on the organization’s mission and then implement it every day. It’s fine to have a vision, but you can’t live the vision.”

Tom Martin, Senior Vice President for Strategic and Support Services and CIO at Kirkland, Washington-based Evergreen Healthcare has taken a similar path in his CIO career. After more than 15 years at the University of Washington and nine years at Anderson Consulting, Martin came to Evergreen Healthcare in the midst of an aggressive construction program that expanded the hospital’s footprint by 50 percent.



**Kenneth E. Lawonn, Senior Vice President and Chief Information Officer  
Alegent Health, Omaha, NE**

As senior vice president and chief information officer, Kenneth Lawonn brings 30 years of information technology experience and more than 22 years of management experience to his role at Alegent Health. Responsible for Alegent’s information technology, telecommunications, construction, property management, planning, innovation management, retail, sustainability, security and biomedical, Lawonn also had a pivotal role in crafting the organization’s strategic systems plan. He won the Innovator Award from Healthcare Informatics in January 2008.

*“Generic functions you learn in IT can easily be applied to operations. In the end, you’re able to see the entire organization from and through IT.”*

Tom Martin  
Evergreen Healthcare

After volunteering to manage a move into a new hospital tower, Martin applied the discipline of completing IT projects to developing the new hospital. Later, when a senior vice president was set to retire, management asked Martin to take command of strategic planning. Along the way, Martin picked up marketing, facilities and construction, which allows him to invest just 20 percent of his time being a CIO.

“CIOs and CMIOs are notoriously versatile in their ability to provide service to clinicians and to wisely invest in infrastructure,” says Martin. “Generic functions you learn in IT can easily be applied to operations. In the end, you’re able to see the entire organization from and through IT.”

Benoit Long at Ontario’s Trillium Health Centre comes to the CIO role with a business background, including years of experience in strategic planning, corporate affairs, technology, e-commerce, and service as chief of staff to several cabinet ministers in several portfolios within the Canadian government. Understandably, he views CIOs and CMIOs as “change warriors,” visionaries and innovators, not as pure technologists who are more likely to become directors of IT.

Four years ago, Long helped Trillium launch a long-term business vision enabled by technology. Instead of “representing vendor solutions that could be assembled to meet a revenue target,” he focused on transformational leadership and the necessarily disruptive role of technology in healthcare.

“Technology is embedded in everything and no business process is protected from it” he says. “CIOs are brought in as experts not just in understanding technology, but also in leveraging disruptive technologies and creating new opportunities for the business.”

Part of that opportunity involves an intense interest in production models typically found in the airline and manufacturing industries. “Healthcare is part of the trend away from mass production to mass customization,” says Long. “Technology now makes it possible to deliver services that are consistent and at consistently high levels of quality, without standardization to the point that one size fits all.”

Long also faces the unique challenge of working within the Canadian healthcare system, which, unlike the United States, restricts revenue generation to growing programs and increasing volumes rather than augmenting a product suite or shifting pricing. The public model, he says, stresses efficiency in meeting demand and managing under-capacity because resources get allocated based on attrition rather than price sensitivity. “If you give people a free good to consume, they will likely over-consume it,” he says, “And you’ll always be faced with under-capacity.”

Investments in IT for the Canadian healthcare system are rationalized with the same speed as within a revenue/price-sensitive model. The difference is that collaboration and partnership are essential, which explains why HIEs have emerged faster in Canada than in the U.S. Equally critical is rationing. “In Canada, you have fewer resources to do more with,” says Long. “You don’t make IT decisions lightly, and you don’t replace technology as quickly.”

*“We’ve done many things in our core that have led us to develop a more cost-effective product, but now we have to infuse that across an open environment and find even better strategies in the face of economic and reimbursement issues.”*

Dr. Lynn Witherspoon  
Ochsner Health

At New Orleans-based Ochsner Health, Dr. Lynn Witherspoon serves as Systems Vice President and CMIO. Having migrated from being a physician to being a medical informatics expert, he served as the organization’s full-time CMIO in the mid 1980s. He took on a part-time informatics role for another decade and has spent the last 12 years as Ochsner’s CMIO, first for the clinic and foundation and then for the entire enterprise as of 2001. His role is complex. Having acquired six hospitals in the greater New Orleans area following Hurricane Katrina, Ochsner is now an 800-physician multi-specialty practice with seven hospitals, five of which are community hospitals.

Witherspoon helped to guide Ochsner through the organizational and community disruption caused by Katrina and other natural disasters. Even though Ochsner is a large company with more than \$1 billion in net revenue, he concedes that it struggles to sustain a positive bottom line. Part of that challenge involves the acquisition of practices and hospitals with different standards and norms. “We’ve done many things in our core that have led us to develop a more cost-effective product, but now we have to infuse that across an open environment and find even better strategies in the face of economic and reimbursement issues,” he says.

At the Cancer Therapy and Research Center (CTRC) of the University of Texas Health Science Center at San Antonio, David Hotchkiss heads up a team of 100 in managing IT for the five academic institutions within the UT system, plus one large multi-specialty physician practice. Far from a traditional health IT professional, Hotchkiss secured an accounting degree early on and worked in managed care contracting until he developed an aptitude for technology and ran a one-man IT shop. Then came a call from Betsy Herscher, a well-known health IT recruiter, and Hotchkiss was off for a five-year stint at the Cleveland Clinic, where he “focused on process and people.”

Hotchkiss admits that the majority of organizations he’s worked with have been stymied by a lackluster understanding of strategic vision and plan. That doesn’t help IT, which must be nimble and quick enough to implement investments already made in projects. “It’s is extremely difficult, especially on large projects, to change direction,” he says. Sometimes a change is unavoidable, especially in the current economic climate, but if your projects are



**Benoit Long, Vice President, Chief Information Officer and Chief Marketing Officer  
Trillium Health Centre, Toronto, Ontario, Canada**

With a 20-year career that spans government, e-commerce, technology, financial services and healthcare, Benoit Long brings business and technology expertise to Toronto, Ontario-based Trillium Health Centre, where he serves as Vice President, Chief Information Officer and Chief Marketing Officer. Skilled in strategic management, planning, business development and operations, Mr. Long served in executive positions at one of Canada’s leading financial institutions before moving to healthcare. Other positions have involved technology management, corporate sales management, branding, strategic marketing and communications management, corporate affairs and government relations.

*"If you don't understand the day-to-day process and workflow of clinicians, you won't be successful. You must work as a partner because physicians are changing and the way they deliver care is changing."*

Ken Lawonn  
Alegent Health

truly aligned with the strategic plan and vision of your organization, then there is a lower likelihood a substantial change will be required."

He views his role as operating an internal service bureau paid for by organizational business units. "Business units either see value in their investment or they don't," he says. "My goal is for people to look at their IT investment and conclude it was some of the best dollars they ever spent."

## Fostering Relationships with Clinicians

CIOs and CMIOs are deeply involved in making the process of clinical care more effective and efficient and making it easier for physicians and nurses to perform their jobs. Part of that job is ensuring that all systems are available and performing, but an equally important task is meeting and understanding clinicians, both on the level of strategy and day-to-day medical practice.

CIOs and CMIOs must understand clinicians' workflow and challenges and work with them on how to apply technology. They must not only grasp the overall flow and process of care, but also understand clinicians' goals and how they hope to improve care, whether that involves streamlining a process, instilling discipline to deliver on evidence-based care or making information available at the point of care.

"If you don't understand the day-to-day process and workflow of clinicians, you won't be successful," says Lawonn. "You must work as a partner because physicians are changing and the way they deliver care is changing."

Martin agrees. "Having credibility from an IT perspective and listening with a different set of ears really helps. I might not have a specific answer or expertise, but I'm able to translate and help create the programs that will help clinically." Especially challenging, however, is implementing electronic medical records (EMRs), which he sees as "tearing at the very core of medicine."

Having the right champions in place is indispensable. When Martin arrived at Evergreen, he made sure he paid a portion of the salary of a physician who would function as an IT advocate. In addition, he learned where physicians congregated and invested many hours listening to their needs, building relationships and delivering short-term wins to gain credibility and acceptance. To that end, Martin created a portal that allowed clinicians to access more applications from a single log-in. The key, according to Martin is listening and being available to ask, "So what can we do for your next?"

Hotchkiss faces many of the same challenges. While other states are laying off academic faculty, Texas is one of just six states projected not to report a budget deficit. Still, Texas facilities are under pressure to deliver the same package of services at a lower cost. "You need to do the same things you did before with fewer dollars and fewer people, although underlying needs are often greater than they were before," he says.

*“You need to do the same things you did before with fewer dollars and fewer people, although underlying needs are often greater than they were before.”*

David Hotchkiss  
Cancer Therapy and Research Center  
at the University of Texas Health  
Science Center, San Antonio

While Hotchkiss remains optimistic about stimulus package funding, he concedes the challenge of calculating an accurate return on investment for an EMR. “Just because more money is available doesn’t make it any easier for healthcare to digitize,” he says. “The stimulus package has set high expectations but has failed to deal with the realities of implementation.”

His views are shared by analysts such as Avalere Health, which issued a March 2009 report indicating that half of physicians may decide that the perceived cost of installing EMR systems as described in the stimulus package is high enough to make them stick with the status quo. Avalere estimates that a single physician or small practice could spend around \$125,000 over the five-year period while stimulus bill incentives remain in effect.

To bring efficiency and discipline to stimulus plan responses, Hotchkiss now serves on a task force designed to identify stimulus bill opportunities and filter funding requests from the state to the federal level. “You can’t have multiple schools submitting requests for the same dollars and for the same purpose,” he says. “The professionals who review the requests will wonder if you really understand what you’re doing.” Also critical, he says, is sharing funding opportunities and requests with the employee base.

The situation at Ochsner illustrates the important and indispensable roles of both CIOs and CMIOs in helping a large organization realize change through technology. The CIO who works with Witherspoon reports to Ochsner’s COO. With responsibility for the clinical aspects of systems, he’s left behind some traditional IT responsibilities related to infrastructure and business systems. Ochsner’s CMIO reports to the chief medical officer, who, in turn, reports to the COO.

“Any CIO needs a physician who occupies an accountable, responsible role in securing the implementation of clinical systems,” advises Witherspoon. “Both parties need to be joined at the hip and aligned in their goals.” But reporting relationships are less critical than synergy. “It’s not so much who you report to, but how members of the senior executive group relate to each other and develop and execute a strategic vision for the organization,” he says.

Witherspoon is convinced that part-time physician champions or CMIOs will no longer suffice. While a physician informaticist typically occupies a part-time position, next generation CMIOs are increasingly likely to hold full-time positions with few or no patient care responsibilities. “A CIO need not be a physician, but there must be a physician who assumes accountability for clinical systems development, evolution and outcomes,” he says.



**Lynn Witherspoon, MD, Systems Vice President and Chief Medical Information Officer  
Ochsner Health System, New Orleans, LA**

A graduate of the University of Wisconsin Medical School, Dr. Witherspoon is certified in both internal medicine and nuclear medicine. Although Dr. Witherspoon practiced endocrinology and nuclear medicine and created and managed Ochsner’s immunoassay lab, he has served in informatics and CIO roles during much of his Ochsner career. In the mid-1980s, he conceptualized and built a clinical data repository, followed by the design, development and deployment of Ochsner’s electronic health record platform.

Hotchkiss is convinced that CIOs must learn to empathize with clinicians, understanding the degree and severity of pent-up frustration related to issues such as having to repeatedly sign in and out of multiple information systems. He counsels CIOs to explain a solution to clinicians in simple terms, including exact costs and delivery timetables. Then CIOs must query clinicians as to whether the solution meets their needs and expectations and benefits their practice of medicine.

Hotchkiss advises CIOs and CMIOs to avoid focusing on tools and gadgets and instead pay attention to what technology can do for clinicians, how it helps them fulfill their mission of caring for patients. Especially critical is respecting clinicians for their education and expertise, providing assurance that no matter what their training, IT can help them in performing their job better by minimizing administrative hassles.

### Presenting Dangers and Opportunities

Many CIOs and CMIOs see the economy as a double-edged sword. While IT has potential, it typically involves a significant investment of dollars and comes without a quick turnaround. The challenge, say CIOs and CMIOs, is to avoid the short-sightedness of cutting projects on the front end without significant backend return. The key, they say, is heavier scrutiny of capital investments, greater attention to efficiencies and review of the patient's ability to pay as increases in bad debt and self-paying patients are matched by a dip in volume and a decline in discretionary diagnostics.

Executives such as Lawonn find themselves in the third year of a five-year capital plan, entertaining ideas such as deferring the purchase of medical equipment or postponing new construction projects. While considering not starting new IT projects, Alegend has not yet slowed its IT spending. Meanwhile, Evergreen Healthcare ended 2008 ahead of plan but with high levels of debt, which required management of the organization's cost structure to prevent employee layoffs. Meetings between Martin and other vice presidents center on which projects to stop, slow down or get in the workflow for 2010.

Similar discussions are taking place across the country. Seventy-one percent of hospitals say budget allocations for health IT will be smaller in 2009, according to a survey conducted by Healthcare Informatics. Thirty-six percent of hospitals report being more cautious about IT spending due to the economy, while 19 percent have postponed some IT purchases and 16 percent have postponed all non-essential IT projects. Fourteen percent of hospitals report slow-downs in IT implementations. Some are actively considering how to better leverage their existing IT systems in order to make the most of their shrinking budgets.

And yet, many healthcare organizations are far from willing to abandon some core IT projects. Many choose to pursue EMR and computerized physician order entry (CPOE) projects, according to a January 2009 survey from analyst Health Industry Insights. While 75 percent of organizations surveyed admitted that the recession had resulted in a decline in either capital or operating budgets, high-level projects continue to receive funding.

CIOs and CMIOs are also searching for technology opportunities that are funded by the stimulus package. After identifying a shortage of primary care physicians as a threat to the community,

*“Both the U.S. and Canada are committed to developing information strategies that offer leverage in delivering services more efficiently and with greater patient centeredness.”*

Benoit Long  
Trillium Health Centre

Evergreen Healthcare’s Martin came to realize that the organization had to implement EMRs to attract physicians coming out of residency training programs. Implementing EMRs will help Evergreen recruit scarce physicians, while supporting technology implementation in existing physician practices.

The situation is somewhat different in Canada, where Long struggles with issues such as shortened product life cycles of two to three years, significant maintenance costs and the perils of a disjointed health record in a noncompetitive system. Much of his time is spent in trying to figure out how to build a single information management strategy for a continuum of care, as opposed to a single point of care or hospital system.

Long also struggles with workforce retention issues. While IT workers from other industries are entering health IT in growing numbers, they tend to cost organizations more. Canada’s healthy cadre of home-grown health IT workers also get stolen away by private industry.

And yet, Long is proud of the unique challenges he must face and overcome. “We may not have revenue to maximize, but we deal with issues that may be unheard of in the U.S. related to access and the flow of patients,” he says. “Both the U.S. and Canada are committed to developing information strategies that offer leverage in delivering services more efficiently and with greater patient centeredness.”

Speaking from New Orleans, Witherspoon is convinced that the healthcare blessing of the stimulus package will be balanced by public concerns over where the money goes and how effectively it is spent. While the stimulus focuses on EMRs, he sees the CIO and CMIO as having pivotal roles in leveraging all that health IT has to offer in providing a more effective delivery system.

Other organizations may zero in on building infrastructure, but Ochsner is likely to “make better use of the tools it already has and use the money to improve outcomes and efficiency,” says Witherspoon. Having already invested years in creating a clinical data repository and infrastructure, he believes that Ochsner must now invest more time in taking better care of patients more cost-effectively. “We must understand the quality of services that we provide, as well as cost and resource requirements to make better use of scarce commodities,” he says.

Looking toward a future characterized by a shortage of clinical resources, Witherspoon predicts that organizations will investigate care models where services such as cardiovascular medicine are



**David Hotchkiss, Director of Academic Technology Services  
Cancer Therapy & Research Center, San Antonio, TX**

With executive IT experience that includes the world-famous Cleveland Clinic and Tenet Healthcare, David Hotchkiss heads up academic technology services for the Cancer Therapy & Research Center the University of Texas Health Science Center, a National Cancer Institute-designated cancer center. Mr. Hotchkiss’ accomplishments include implementation of clinical, financial, procurement, e-business and managed care applications. He currently focuses on strategic development and deployment of technology in a higher education environment.

rationalized and where not every hospital can provide every service. Driven by resource shortages and changes in payment, organizations that were once reimbursed for episodes of care may soon be reimbursed for bundles of care, he predicts.

Witherspoon also thinks that the regional trend is toward collaboration, not competition. “We see ourselves as providers of community-based services and not competitors trying to edge each other out,” he says of local healthcare organizations. Hurricane Katrina helped to facilitate this change in consciousness and attitude. While Louisiana State University Hospital typically served Medicaid and indigent patients, Ochsner tended to serve the insured. More recently, however, Ochsner has seen a growing number of patients crossing the traditional divides.

Witherspoon also envisions greater involvement in the community, which includes being present on the ground and meeting with and better understanding clinicians. He’s also involved in several public/private initiatives, including the Louisiana Rural Health Information Exchange (LARHIX), the Louisiana Healthcare Quality Forum, electronic medical records projects, and a program involving the public schools of southeast Louisiana.

## Recession Survival Skills

The March 1, 2009, issue of Computerworld recommends that CIOs develop the following survival skills:

**1 Penny pinching.**

Focus on finding efficiencies by developing a plan to save money.

**2 Inspiring calm.**

Let staff know of your intentions by keeping them updated through positive honest communication. If you must make cuts, do so “humanely and decisively.”

**3 Understand how the economy affects your job.** Maintain a can-do attitude, even if large projects are put on hold and you’re forced to tackle somewhat lackluster tasks. Let your boss know that you’re willing to help and contribute.

**4 Make opportunities.**

Use the economic downturn as an opportunity to showcase your talent, skill, knowledge and character.

**5 Stay current.**

Be aware of how IT innovations can save on deployment and implementation costs.

**6 Get feedback.**

Solicit advice, support and guidance to help you self-evaluate performance and keep your job and career on track.

*“The sooner we can make a complete transition to an electronic system, the better we will be. And the faster we can optimize workflows by leveraging the electronic health record, the better and more mature we can make systems.”*

Benoit Long  
Trillium Health Centre

## Advice for CIOs and CMIOs

CIOs were unanimous in endorsing a blend of skills, including strategic thinking and planning, listening, communication and even empathy. CIOs and CMIOs also identified several sub-roles, including business enabler, operational driver, service leader, visionary, futurist, change agent and people motivator. Following are their recommendations for career and organizational success:

**Empathize.** “The best way to understand clinical and business processes is to put yourself in the shoes of the people who do the work,” says Lawonn. “Engage people by getting them to commit; then lead the charge and ask them to follow.”

Long agrees, “Put yourself in the place of the business leader and owner and imagine that you’re running the business.”

**Know the business.** “There’s substantial value to be derived if the CIO is knowledgeable in business,” suggests Witherspoon. “The CIO role is more effective if it’s rooted in business strategy and if the CIO understands the organization’s business objectives.”

Adds Hotchkiss, “Zero in on the organization’s business units and how they work independently and together.”

**Focus on the entire organization.** “Deliver on the promise of your job and within your own group, but then look for ways help the entire organization run more efficiently,” advises Martin. Also critical, according to Hotchkiss, is for CIOs and CMIOs to get deeply involved in broad-based strategic planning, ensuring that strategies, goals and objectives are evaluated and tied into organizational mission and vision.

**Think service.** “Work with a service philosophy that permeates your relationships and thinking,” advises Long. “The notion of enabling others and enabling the supporting system is something that can’t be taught.”

**Choose a CMIO who knows your physicians well.** “Alegent’s CMIO walks the talk, understands clinicians and can better represent their perspective,” says Lawonn. “When deciding to adopt a technology, you need to work with clinicians on how to deploy it, but you also need to look clinicians straight in the eye and tell them that what they want just isn’t possible.”

“Be a partner to clinicians,” advises Hotchkiss.

**Get ready to go lean.** “The days when healthcare had lots of executives are gone,” says Lawonn. “The CIO will have responsibility for IT, as well as expanded responsibilities in operations and delivering on strategy and vision.”

**Focus on optimizing workflow in an electronic environment.** “Living with both paper and electronic systems is truly unsafe,” says Long. “The sooner we can make a complete transition to an electronic system, the better we will be. And the faster we can optimize workflows by leveraging the electronic health record, the better and more mature we can make systems.”

*“CIOs and CMIOs need to learn to listen to healthcare professionals before they start talking. They need to walk into a room as if they know nothing—especially when they first arrive in an organization.”*

David Hotchkiss  
Cancer Therapy and Research Center  
at the University of Texas Health  
Science Center, San Antonio

**Develop a broad portfolio experience.** Long’s career has touched government, banking, insurance and healthcare. “Transcend the pure technology play,” he advises.

Martin agrees, advising CIOs to “look for opportunities to work outside of technology” and “escape from their technological comfort zone to deal with the organization’s business issues.”

**Communicate.** “Articulate how and why technology is an enabler for business, focusing on innovation rather than technology,” says Long. “While IT is neither science nor art, it requires process mindedness, discipline and structure.”

Hotchkiss concurs. “Don’t bother people with the nuances of technology and avoid using words that make no sense,” he suggests.

**Embrace the seriousness of clinical IT implementation.** “We are embarking on a fundamental change in how care is delivered, bringing information to bear that wasn’t available before and using systems to not only develop standards of care but also achieve personalization for the individual,” says Lawonn.

The key, says Hotchkiss, is getting involved with varied groups of professionals so CIOs and CMIOs can bridge the information gaps among them.

**Imagine the future.** “Articulate a vision that people will genuinely want to follow,” says Long. “But articulate change in an organized fashion so that change is predictable, not accidental.”

**Look on the bright side.** CIOs were unanimous in endorsing the good fortune of healthcare, an industry that’s always on the hunt for workers and that will likely have even greater access to skilled workers in the years ahead. Still, they warned of the imperative to do more with less, make strategic decisions on projects or suffer intense scrutiny.

**Empower people.** “Don’t rely on a ‘shape up or ship out philosophy,’” advises Long. “You may get short-term results, but you won’t build capacity for the future.”

**Stay objective, open and patient.** “CIOs and CMIOs need to learn to listen to healthcare professionals before they start talking,” recommends Hotchkiss. “They need to walk into a room as if they know nothing—especially when they first arrive in an organization.”

**Be a kid.** “Develop a child’s eye for the potential of technology and what it can unleash in peoples’ lives,” counsels Long.



**Tom Martin, Senior Vice President for Strategic and Support Services and CIO  
Evergreen Healthcare, Kirkland, Washington**

As senior vice-president for strategic and support services and CIO for Kirkland, Washington-based Evergreen Healthcare, Tom Martin heads up planning, marketing, construction, support services, IT and organization-owned primary care clinics. Formerly CIO at University of Washington Medicine, Martin directed applications and infrastructure development for two large teaching hospitals, a medical school and a Level I Trauma Center. He also worked in the state and local government practice at Andersen Consulting.

## Conclusion

Healthcare CIOs and CMIOs are visionaries and strategic thinkers who are committed to advancing healthcare within their organizations and the healthcare system. But they are also becoming increasingly involved in operations, establishing their credibility and taking over responsibility for functions as diverse as construction, biomedical, security, quality, strategic planning, project management and retail operations, in addition to traditional IT.

CIOs and CMIOs are also deeply involved in helping clinicians do their jobs more effectively and enhance the care of patients. To that end, they work to understand clinicians' workflow and needs, mobilize clinical champions and involve clinicians in system design, implementation and evaluation.

In the face of economic stagnation, healthcare CIOs and CMIOs struggle to avoid making short-sighted decisions that could compromise their organization's long-term competitiveness. As they head up task forces to cut, postpone, sustain or start IT projects, they remain optimistic about the promise of health IT to improve quality, reduce costs and minimize medical errors.

In advising colleagues on organizational and career success, CIOs and CMIOs remain upbeat. They argue for a deft blend of knowledge of the organization, its business units, and processes with physician workflow and needs. Much of the recommended knowledge and skill—communication, vision, empowerment, joy in the workplace—rest at the core of strategic leadership. Other qualities of character—patience, service, empathy, openness—almost resemble old-fashioned virtues.



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