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Simply Advancing Healthcare

# The Changing Role of the Healthcare CIO: From Technologist to Strategist

## Expert Perspectives

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 and when they need it. Fusionfx delivers crucial patient information with speed, efficiency, and logic by managing care transitions and information gaps between diverse departments, systems, and facilities. Carefx supports more than 400 hospitals, health systems, regional health information organizations (RHIOs), and health information exchanges (HIEs) across North America and Europe.

Founded in 2002 and headquartered in Scottsdale, AZ, Carefx can be reached at (480) 833-5010 or by email at [info@carefx.com](mailto:info@carefx.com). Visit [www.Carefx.com](http://www.Carefx.com) for more information.

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## SECTION ONE: New Directions in Healthcare CIO Roles

Healthcare chief information officers (CIOs) and chief medical informatics officers (CMIOs) are unified by a single vision: to advance and improve healthcare by managing the transitions and information gaps between department and systems. Carefx, which provides healthcare organizations with a scalable, service-oriented workflow platform that leverages existing infrastructure to ensure logical, seamless and efficient delivery of patient information, is committed to the growth and development of CIOs, CMIOs, CNIOs (chief nursing informatics officers) and every member of the healthcare IT team. With that goal in mind, Carefx has developed “The Changing Role of the CIO: The Experts Speak,” a white paper that brings together the views of six experts in health information technology.

*“Even if CIOs fail to participate directly in all C-suite discussions, they still have credibility with and access to the CEO, CFO, COO and every other member of the executive team.”*

Fred Bazzoli  
CHIME

Each of these experts provides candid insight into issues such as changes in the role of the CIO in terms of credibility, responsibilities, change management, interaction with providers and the C-suite, business value, return on investment (ROI) and problem solving. Also discussed are near-term, hot-button issues such as how CIOs are coping with the burgeoning financial crisis and specific mandates related to electronic health records (EHRs) and e-prescribing. Finally, this white paper explores how CIOs and CMIOs can best achieve their destiny as big thinkers, innovators, strategic thinkers and builders of teams around the IT vision.

In the past, healthcare CIOs have searched for technologies that met specific needs and then delivered those technologies on time and on budget, according to Michael McBride, editor-in-chief of *Health Management Technology* magazine. But the Bush mandate for pervasive use of electronic health records by 2014, as well as related developments in e-prescribing, have changed and broadened expectations for healthcare CIO performance.

### Growing credibility

Healthcare CIOs now have more credibility and access to other members of the C-suite, bringing them to a level above where a simple technologist used to be. “Even if CIOs fail to participate directly in all C-suite discussions, they still have credibility with and access to the chief executive officer (CEO), chief financial officer (CFO), chief operating officer (COO) and every other member of the executive team,” says Fred Bazzoli, senior communications director of the College of Health Information Management Executives (CHIME).

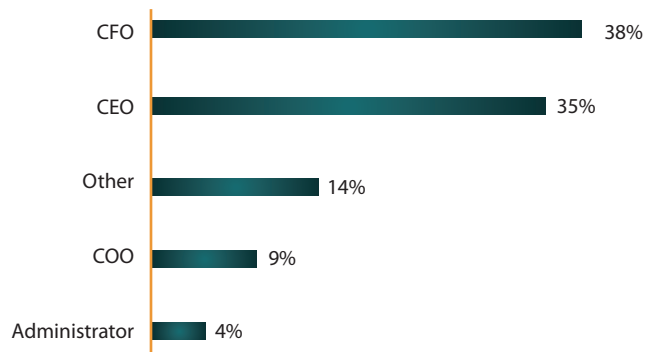
Gaining that credibility with upper management in these healthcare organizations has been a gradual process for healthcare CIOs. As technology has become more and more embedded into multiple areas of hospitals and health systems, CIOs have become more heavily counted on as key strategic decision-makers in these organizations.

“A growing number of hospitals and health systems have also come to view IT as ‘mission critical!’ More executives see IT as a normal cost of doing business, and they recognize the critical role of the CIO in IT implementation,” says Bazzoli. “The fact that IT is now three to

four percent of the average healthcare organization's operating budget is a measure of the importance of IT, as well as the importance of the CIO in managing that piece of the budget."

### To whom does the CIO report?

HIMSS AnalyticsT Database 2008



CIOs have also moved from their traditional role as cheerleaders for all forms of clinical and business IT to technology enablers who vet and support decisions made by business units about systems that sustain their environments but ensure that the business unit managers are accountable for achieving value and realizing benefits. "All CIOs can do is get the system in and see that it runs well and provide all the support they can," says David E. Garets, president and CEO of HIMSS Analytics. "CIOs are available to provide support, not own it. It's a business initiative with an IT component, and it needs to be owned by the business unit management."

All too often, however, CIOs are only as strategic as their credibility allows them to be, observes Garets. The problem is that many CIOs continue to report to the CFO or haven't yet become members of the C-suite. Instead of functioning as equals who provide organizations with sound business advice, some CIOs are relegated to the role of tech gurus.



#### Fred Bazzoli, Senior Director of Communications, CHIME

Fred Bazzoli is senior director of communications for the College of Health Information Management Executives (CHIME), an Ann Arbor, Michigan-based organization that serves the professional development needs of healthcare CIOs and advocates the effective use of information management within healthcare.

Mr. Bazzoli coordinates CHIME's partnership with the National Alliance for Health Information Technology (NAHIT). Prior to CHIME, Mr. Bazzoli served as editor of *Healthcare Finance News and Healthcare IT News*, which he helped to launch. He also held editorial posts for *Internet Healthcare/Technology in Practice*, *Windows in Healthcare*, *Health Data Management*, and *Modern Healthcare*.

*“The notion that the CIO could only worry about the IT component and not the clinical component like the integration of medical device data and clinical decision support is gone forever.”*

Shahid Shah  
The Healthcare IT Guy

## Increased responsibilities

Linda Hodges, a healthcare CIO search consultant at Oak Brook, Illinois-based recruiter Witt/Kieffer, has watched healthcare CIOs assume more responsibilities as IT has grown in reputation and credibility. As organizations have increased their investment in clinical systems, CIOs have assumed control of information management, as well as biomedical engineering and other technology-dependent functions such as admitting.

“CIOs are leading change throughout organizations because clinical systems impact everyone—from physicians and pharmacists, to nurses and lab techs,” Hodges says.

Shahid Shah, a healthcare IT consultant and blogger known as “The Healthcare IT Guy,” also has witnessed an evolution in the CIO’s role from its exclusive focus on e-mail, infrastructure and networks, to broadened integration of medical devices and sophisticated software.

“There was once a clinical world and an IT world, but now those worlds are combined,” Shah says. “The notion that the CIO could only worry about the IT component and not the clinical component like the integration of medical device data and clinical decision support is gone forever.”

Instead of heading up an isolated, somewhat esoteric IT department, CIOs are taking on responsibility for areas of the organization where they can have a significant impact, offering advice on how to resolve clinical and business problems through IT. However, none of that is possible without close communication with providers.

## Communicator with providers

Today’s healthcare CIO is no longer a mere director of technology, but a technology integrator and orchestrator who collaborates closely with providers. Gone are the days when the typical IT activity was adding another server or fixing someone’s forgotten password.

“There’s simply more interaction at the point of care with varied groups of providers,” says McBride, of Health Management Technology. “A growing number of CIOs and CMIOs are going out on hospital floors to interact with physicians and nurses, rather than just sitting near the servers.”

CIOs have had to learn and use clinical language to inform, educate, communicate and motivate clinicians. Doing so is essential since many clinicians remain understandably fearful and suspicious of healthcare technology.

“There’s more technology involved in ordering a pizza online than there is in healthcare right now,” quips McBride.



### Shahid Shah, Consultant and Blogger (“The Healthcare IT Guy”)

Shahid Shah is an established entrepreneur, blogger, speaker, author, technology and architecture evangelist and software engineer. In addition to creating the blog, The Healthcare IT Guy, Mr. Shah is a .NET enterprise architect, a Microsoft Architect MVP, and SOA (Service-oriented Architecture) consultant and speaker.

Mr. Shah specializes in healthcare IT with an emphasis on e-health, EMRs, data integration and legacy modernization. He is also a former member of the HIMSS Enterprise IT Committee.

Shah is equally convinced of the necessity of working with physicians and other clinicians (nurses, mid-levels) and overcoming resistance. “Physicians are happy to change if you give them something of high value,” he says. “But (clinicians) will fight you when confronted with a poor user experience—from time-consuming training to difficulty of use. EHRs have been around for decades, but they’re not pervasive because they don’t provide the same value to physicians as they do to professionals in finance or records.”

The conventional wisdom that physicians are naturally reticent to trying new technologies or changing their established workflow is just not the case. Shah believes that physicians want a reason to change, as well as a benefit or reward for embracing change. “If CIOs don’t feel that they work for the physician community, then they’re probably not being effective CIOs,” he says. “CIOs need to provide tools and clinical value that make physicians lives easier or actually demonstrably improve clinical decisions, not just simple automation and data collection.”

While Garets has seen a growing number of physicians become CMIOs, he’s not entirely convinced that they’re any more successful than non-MDs. “If you’re a non-MD, in a fairly good-sized place, who’s getting ready to implement CPOE (computerized physician order entry) or nursing documentation, you’re out of your mind if you don’t have clinicians on the IS (information services) team, in either an employed or consulting role,” Garets says. Garets is convinced that most of those organizations could use a CMIO who reports to the CIO or jointly with the CMO and who takes on the role of translator or information broker between IT and the medical staff.

### Change agent and strategist

Healthcare CIOs have also taken on the role of change agent, driven largely by broad transformations in care delivery.

Hodges has watched organizations add CMIOs, as well as project managers and clinical professionals, to handle the scope and complexity of IT projects. “The role of the healthcare CIO has changed, along with the type and number of people the CIO must manage,” she says.

*“The role of the healthcare CIO has changed, along with the type and number of people the CIO must manage.”*

Linda B. Hodges  
Witt-Kieffer

*“While the more traditional CIO was concerned about technology implementation, the Nouveau CIO is a strategic leader.”*

Jane Horowitz  
NAHIT

Changes within the past three to four years have been far more dramatic than changes in the years prior. “Previously installed financial systems may have affected finance, but they failed to touch everyone in the healthcare system,” says Hodges. “Newer, more complex systems typically affect everyone and go on multiple sites. “Some have been able to handle the change and others have not.”

Especially vulnerable are CIOs who rose through the ranks of management engineering and finance, or who gained exposure to financial systems within a hospital or health system.

Jane Horowitz, chief operating officer for the National Alliance for Health Information Technology (NAHIT), has witnessed the emergence of what she calls “the Nouveau CIO.”

“While the more traditional CIO was concerned about technology implementation, the Nouveau CIO is a strategic leader,” she says. “CIOs may have a full department to implement technologies such as EHRs or CPOE, but they remain strategists who work to achieve the organization’s mission through effective IT integration.”



**David E. Garets, President and Chief Executive Officer, HIMSS Analytics**

David E. Garets is president and CEO of HIMSS Analytics, a HIMSS (Healthcare Information and Management Systems Society) subsidiary company that provides research and information services to the healthcare information technology field.

In addition to his previous roles as a hospital chief information officer (CIO) and industry analyst, Mr. Garets formerly served as executive vice president of Healthlink Incorporated. He acted as a faculty member for executive education courses offered by the College of Healthcare Information Management Executives (CHIME) and sat on several editorial advisory boards of healthcare industry journals and trade publications. He also served as chairman of the HIMSS Board of Directors.

**C-suite entry**

The healthcare CIO now occupies a distinct role within the C-suite, according to Horowitz. While the CEO tends to focus on culture and the drivers of change, the COO evaluates healthcare IT investments. Chief medical and nursing officers serve as champions of work process change, focusing on the clinical side. CIOs execute organizational and business strategies through the effective use of IT.

“Savvy CIOs realize they must work with members of the C-suite to achieve innovation,” says Bazzoli. “How can they persuade the CEO to drive that change? How can they secure buy-in from physicians? How do they get physicians and nurses to actually use the system once it’s installed?” Those are just some of the questions CIOs are asking.

*“CIOs must provide solutions that attract more patients and physicians to their hospitals and then connect all parties so the organization can provide stellar care, bill for services easily and optimize revenue collection. To so do, CIOs must be clinically centered, not technology centered.”*

Shahid Shah  
The Healthcare IT Guy

Working with and through the C-suite also calls for CIOs to hone their motivational skills. “CIOs need to get everyone on the same page, while still managing their expectations. People need to realize the cost of their involvement, not only in terms of time, but in terms of resources,” says Bazzoli. “CIOs must secure buy-in from everyone to ensure an IT project achieves success. Even though CIOs may have a strong vision, they need to get people to buy into and own that vision.”

Of course, not all CIOs are created equal. At least part of the CIO role is influenced by organizational size.

“Smaller community hospitals are more likely to focus on infrastructure and seeing that patients get the care they need,” says Shah. “CIOs in large academic medical centers are more likely to function as high-level strategists and thinkers.”

Among the big picture issues likely to gain their attention: How does the organization draw patients and recruit and retain its physicians? How can it best market to physicians to facilitate patient referrals?

## Delivering business value and ROI

Healthcare CIOs now focus on both cost reduction and revenue growth. However, CIOs are also tasked with making sure that IT users are equipped and enabled to produce the best possible care for patients.

“Instead of operating cost centers, CIOs are asked to implement technologies that will boost revenue and productivity, which ties to revenue,” says Shah. “CIOs are moving from cost reduction to a broader understanding of their customers and the kind of care patients receive. In the process, they’re changing the nature and quality of care delivery.”

Shah believes that the majority of CIOs already understand the need to introduce or drive business value and function more as senior executives than as “tech guys.” However, he is also sure that the majority of CIOs receive only limited training in business, finance and the healthcare customer experience. “All too often, CIOs function as babysitters of legacy technologies that aren’t really providing the value that healthcare organizations require,” he says.

To move forward, CIOs need to appreciate their constituency tripod, which involves the payer, the patient and the provider. “CIOs must provide solutions that attract more patients and physicians to their hospitals and then connect all parties so the organization can provide stellar care, bill for services easily and optimize revenue collection,” says Shah. “To so do, CIOs must be clinically centered, not technology centered.”

*“It’s not so much about evaluating how technologies fit within an organization. It’s solving clinical and administrative staff issues on how to deliver care.”*

Jane Horowitz  
NAHIT

## Solving problems

The essential issue: What do groups outside of healthcare IT experience do when they come to the CIO with a business or clinical problem that requires resolution?

Like Shah, Horowitz sees CIOs as problem solvers, drivers of change and warriors against barriers to implementation success. But this is more than just a technical problem with a technical solution.

“CIOs want to know how to get the right dialogue in an organization to solve a problem,” she says. “It’s not so much about evaluating how technologies fit within an organization. It’s solving clinical and administrative staff issues on how to deliver care. While IT departments still engage in technology implementations and evaluation, they function far more as problem solvers than in the past.”

CIOs struggle with issues such as return on investment (ROI) because of the presence of soft measures within healthcare.

“It’s not all dollars and cents cost measures,” says Horowitz, in explaining theories explored in “Redefining Health Care: Creating Value-Based Competition on Results.” “CIOs must address issues such as safety and quality. Did my patient walk out of the hospital knowing how to take care of their condition? How can this organization engage patients electronically so they can take more active roles in their healthcare?”

Few CIOs are prepared to answer these questions and problems alone. Instead, CIOs must collaborate with other members of the C-suite to determine value, advises Horowitz. “Most organizations are still struggling to understand the nature and level of the collaboration required, but there are unique and appropriate roles for every participant – CIO, CFO, CEO, CMIO and CNIO.”

## Data fragmentation

CIOs will continue to struggle with data fragmentation as they search for technologies and Health Information Exchange (HIE) business models to remedy the problem. Physicians want to see patient information in one place and they haven’t been able to do that until recently, observes Garets. Now, breakthrough projects at organizations such as Kaiser and NorthShore University HealthSystem have generated press and raised expectations among CIOs and clinicians. “Things are changing because clinicians need to manage patients across multiple care settings,” says Garets.

Bazzoli, who interviewed about 40 CIOs at a meeting in late 2008, agrees that organizations are working to stabilize their installed base of systems and bring greater rationality to IT. Unfortunately, some organizations have more than 200 different IT systems and applications. “If you’re trying to create a single, unified view of a patient with that many systems, you have

*“If you’re trying to create a single, unified view of a patient with that many systems, you have to provide an efficient way for a clinician to look at it so it makes sense and allows for easy navigation between applications. ... CIOs are looking for new strategies that will facilitate the widespread adoption of technology.”*

Fred Bazzoli  
CHIME

to provide an efficient way for a clinician to look at it so it makes sense and allows for easy navigation between applications,” he says.

Equally important is the more intense focus on quality improvement and process. Bazzoli is convinced that understanding workflow is crucial to making IT a success, but he sees a need for creating bridges to clinicians and enhancing relationships. CIOs need to learn how to interact and collaborate with physicians and nurses in the form of CMIOs and CNIOs. “Some of these relationships have worked out well, but CIOs are looking for new strategies that will facilitate the widespread adoption of technology,” Bazzoli says.

Healthcare organizations that partner with companies such as Carefx to find technology solutions that enhance the quality of patient care. These solutions operate on legacy IT infrastructure, allowing healthcare entities to leverage existing technology investments. CIOs and CMIOs can streamline and enhance workflow without placing extra burdens on care providers or disrupting the flow of care. Implementations can be completed in as little as four to six weeks, saving time and money through scalable technologies that address the growing and changing needs of an organization.



#### **Michael McBride, Editor-in-chief, Health Management Technology**

Michael McBride is editor-in-chief of Health Management Technology, a publication written for senior executives in hospitals, healthcare organizations, integrated delivery networks, managed care organizations and health plans, and physician practices and IPAs.

Focused on the needs of CEOs, CIOs, CFOs, CMOs, CTOs and IT directors and managers, Health Management Technology covers security, clinical decision support and evidence-based medicine, security, data management, health plans and technology and hospital information systems.

### **Emerging realities**

Despite the impressive evolution of the healthcare CIO’s role, McBride believes that only a relatively small number of CIOs have actually connected and communicated with healthcare providers in theory and practice. Moreover, some healthcare organizations continue to operate without CIOs, choosing instead to outsource the CIO function to a third party that reports to the CFO or CEO.

*Health Management Technology* featured in-depth interviews with several top hospital CIOs in its editions in the latter half of 2008.

McBride also suspects that many younger healthcare IT directors may be more comfortable than the current batch of healthcare CIOs with new and emerging technologies. The question is whether healthcare organizations will find the knowledge, skill and experience of current

CIOs more valuable than the knowledge of younger tech-savvy professionals. “The old guard isn’t necessarily the vanguard,” says McBride.

Organizations will look for strategy and strong leadership in potential CIOs, but CIO requirements will almost always depend on organizational complexity and sophistication.

“More than ever, executive search consultants are asked to find CIOs who lack traditional backgrounds and may not have come up through the programmer or analyst route. Instead, organizations are seeking professionals with strong clinical or clinical systems experience making nurses and physicians especially strong candidates,” says Hodges.

Horowitz is optimistic about healthcare CIOs career prospects, believing that many have potential to become an organization’s next CEO. “Almost all CIOs see themselves as having emerged from the world of technology into their roles as strategic leaders,” says Horowitz. “In doing so, they are changing the way care is delivered.”

## SECTION TWO: What Matters Now—The Short-Term View for Healthcare CIOs

Healthcare CIOs continue to concentrate on healthcare’s most critical issues: cost, quality and access. “What healthcare needs in terms of facilities, safety, lower costs and practices is made possible through technology,” says McBride. “But the technology has to be implemented, and that’s the job of the CIO.”

Shah sees CIOs dealing with first tier issues such as security, privacy, compliance and regulation, along with second tier issues involving infrastructure. “Because most infrastructure and software is aging, CIOs are looking to modernize with better and faster networks,” he says. “And organizations are still concerned with storage and virtualization, which will help manage infrastructure, as well as disaster management and recovery.”

*“CIOs tell me that they’re not going to budget meetings anymore; they’re going to budget cut meetings.”*

Michael McBride  
Health Management Technology

### White House policy will shape healthcare IT

Unfortunately, healthcare has already had to put spending on hold, choosing to operate with a wait-and-see attitude on the incoming administration of Barack Obama.

“Obama supports EHRs and the use of IT as factors in lowering the cost of care,” says Horowitz. “He sees technology the way NAHIT sees technology – as an enabler, not a silver bullet, panacea or way of life. The goal is to figure out what kind of healthcare change technology can and will drive.”

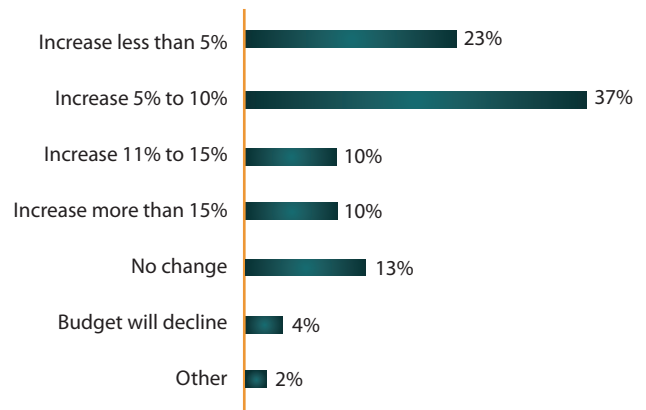
Organizations that relied on investments to offset operating losses have already lost significant funds due to the financial downturn. As a result, CIOs must examine how the financial crisis will influence budgets.

“CIOs tell me that they’re not going to budget meetings anymore; they’re going to budget cut meetings,” says Horowitz.

“CIOs are looking to the C-suite to buy into IT projects and feel pressured by both clinical and financial issues,” says Bazzoli. “As an example, CIOs are eager to find ways for their organizations to behave more professionally in terms of accounts receivable—getting money upfront as growing numbers of consumers manage their own medical expenses through consumer directed plans.”

### How do you expect your organization’s total IT budget to change in the next year?

Information from Health Data Management 2008 CIO Survey, co-sponsored by Quammen Group, an Orlando, Fla.-based consulting firm.



### Financial predictions vary

Overall, healthcare financial projections remain mixed. While a 10-hospital system decides to move forward with a \$228 million project, Moody’s, the credit rating agency, delivers a startling negative portrayal of the healthcare industry. “Some organizations seem committed to slowing down IT projects and postponing any further investments until 2009,” says Hodges. “Others who were looking to sign agreements may actually delay doing so.”

McBride believes that some organizations may choose to invest in integrated systems, abandoning their in-house legacy systems to go with a software or Web-based ASP model, or will outsource their IT to a third party.

Healthcare CIOs never function within a vacuum. There is little doubt they will be influenced by changes within Medicare and Medicaid and the Office of the National Coordinator. “Everything we do with IT is a public-private partnership and what happens on a public level will influence what occurs within the individual organization,” says Horowitz. “When CMS declares it will reduce reimbursements to organizations that have failed to implement CPOE, those organizations are likely to make e-prescribing a priority.”

The operative word for moving forward in healthcare IT is caution. More than a few healthcare organizations have laid people off, including professionals within IT departments. Hodges sees growing concern over the strength of support for IT within any given organization, while

*“If hospitals and health systems invest significant amounts of money in major IT initiatives that don’t go well, the CIO is in the hot seat.”*

Linda B. Hodges  
Witt-Kieffer

Bazzoli sees workforce as an ongoing challenge. “All CIOs need to grow an IT staff, but where can they find professionals to support their systems?” he asks. “Manpower shortages exist because of the laws of supply and demand, made more difficult by the relatively low pay with healthcare IT and the 24-hour nature of the healthcare industry.”

### Potential obstacles on the job front

Healthcare CIOs may also have to alter their career plans. “Relocation may be more challenging than ever before because of the housing situation. If CIOs have a home to sell, they may not be able to make a career change,” says Hodges. Among the other possible scenarios: Organizations may shift more responsibility to stronger executives, reducing the number of vice presidents from six to two. Or they may eliminate IT positions when IT projects reach completion.

Coupled with the economic downturn, increased visibility also makes CIOs more vulnerable to termination. “If hospitals and health systems invest significant amounts of money in major IT initiatives that don’t go well, the CIO is in the hot seat,” says Hodges. “But if CIOs are perceived as critical to the success of the organization and a significant system investment, they will be rewarded.”

In the end, every party may suffer. Small vendors that lack the strength to survive the economic downturn could be scooped up by other larger players. CCHIT (Certification Commission for Healthcare Information Technology) certification has already discouraged some vendors because of its high cost—from \$10,000 to \$20,000. “Without the CCHIT as the stamp of approval on a record system, providers wouldn’t buy it,” says McBride. “What was once just a piece of paper became a serious certification and standard.”

## SECTION THREE: Building the Future

Healthcare CIOs and CMIOs are busy searching for solutions that will help organizations achieve their unique vision for high-quality healthcare. Visionaries and innovators, they want flexible technology solutions that leverage existing investments and simplify and enhance workflow. But for CIOs to achieve their potential as change agents, strategic thinkers and visionaries, they must first develop discrete sets of knowledge, skill, talent and experience.

### Real-world words of wisdom

The six experts profiled in this white paper offer advice on how and why CIOs must excel in areas such as problem solving, provider communication, change management and implementation:

*“They must be enablers and business experts who can deliver possible IT solutions to a conversation and function as equal partners with clinicians.”*

David E. Garets  
HIMSS Analytics

**Define your optimum professional role and function:** “CIOs increasingly think of themselves as big thinkers, change agents, stewards of data confidentiality and security and engineers of greater patient involvement in care,” says Horowitz. The issue for healthcare CIOs is determining what those behaviors mean in terms of everyday actions and interactions with colleagues and customers.

**Partner and collaborate:** “CIOs have a wonderful opportunity to lead innovation through collaboration across the C-suite,” says Horowitz. “The alternative can halt a career.”

“Many CIOs fail when they insist on functioning as empire builders or regress back to an autocratic leadership style,” counsels Hodges. “Organizations want a highly transparent IT organization that encourages involvement and participation in decision making.”

**Cultivate in-demand skills and areas of knowledge:** “Organizations are looking for progressive leaders who can figure out the appropriate strategy, forge relationships and build trust at the executive level,” says Hodges. “While every organization has a unique flavor and executive team, all have similar expectations for their CIO.”

Garets recommends that CIOs become better listeners than talkers and “develop egos they can park at the door.”

“CIOs aren’t second class citizens; they’re an important part of the equation, but they have to know their role,” he says. “They must be enablers and business experts who can deliver possible IT solutions to a conversation and function as equal partners with clinicians.”

**Develop into a C-level business executive:** “If most of the things you read are in the realm of technology, you’re not building on your competencies,” advises Shah. He suggests that CIOs study marketing and understand finance – not only from the perspective of having a \$10 million budget, but also from the point of view of return on investment, metrics development and accountability.

**Know your strengths and best fit:** A surprising number of organizations involved in CIO searches request nationally recognized, “celebrity CIOs.” Fortunately, CIOs who lack national recognition are still able to perform at high levels by putting the right structures in place, hiring a smart team, and achieving successful system deployments. “What it really comes down to is the right person with the right experience for the right organization,” says Hodges.



**Linda B. Hodges, Vice President, Information Technology Practice Leader, Witt-Kieffer**

Linda B. Hodges is vice president and information technology practice leader at Oak Brook, Illinois-based Witt-Kieffer, an executive search firm.

Ms. Hodges has identified IT leaders for hospitals and integrated delivery networks, academic medical centers, managed care companies, physician organizations and healthcare associations, suppliers and consulting firms. She leads Witt-Kieffer’s national IT search practice in healthcare, higher education and managed care.

*“The CIO’s biggest job is to hear an opportunity in a business conversation, recognize it as one and then decide how to apply technology to making the most of that opportunity.”*

David E. Garets  
HIMSS Analytics

“Someone who couldn’t function as CIO in a major urban academic medical center could be an excellent fit in a smaller children’s hospital in the Midwest.”

**Liberate yourself to focus on the big picture:** “If a CEO were to catch a CFO doing accounting everyday, he or she would begin to wonder, but that happens everyday in healthcare information technology” says Shah. “Many new CIOs are simply afraid to hire people who are smarter than they are, feeling they would be diminished by the presence of a more intelligent employee.” The solution, he believes, is for CIOs to hire smart professionals to cover simple tasks and competencies and then focus more intensely on applying technology knowledge to solving business problems.

Garets also champions the notion of hiring smarter people from the technology realm, people who understand the business and become business people. “I used to think it was dumb for CIOs not to deeply understand technology, but now I think it’s OK as long as they have people around them who do deeply understand technology,” he says. “The CIO’s biggest job is to hear an opportunity in a business conversation, recognize it as one and then decide how to apply technology to making the most of that opportunity.”

**Anticipate and accept change within an expanded role:** Unfortunately, some healthcare CIOs are so embedded in existing technologies that they are unable or unwilling to accept added change. “There are people who moved into CIO roles who were good at running IT departments or data processing, but they faltered when they had to handle costly, complex, politically sensitive projects at the executive level,” says Hodges.

“CIOs must embrace change; making it part of their philosophy,” advises McBride.

**Communicate with providers:** “Healthcare CIOs sometimes lack an ability to communicate with care providers. They think differently from care providers, and it’s not part of their job description to function as A-level communicators,” observes McBride. He suggests healthcare CIOs learn to communicate on a macro level with their organizations, as well as on a micro level with those professionals who maintain and interact with technology.



**Jane Horowitz, Chief Operating Officer, NAHIT (National Alliance for Health Information Technology)**

Before becoming NAHIT’s chief operating officer (COO), Jane Horowitz served the organization as vice president and chief marketing officer. Focused on consensus-building among healthcare sectors, Ms. Horowitz has led two work groups to define and standardize key health IT terms in order to facilitate IT adoption.

In addition to directing NAHIT’s effort to redesign the New Orleans healthcare system, Ms. Horowitz has conducted qualitative research on the concept of the medical home and consumers’ views of privacy and sharing of health information.

*“Healthcare CIOs must have the vision to see how and where a technology will evolve within five years before making their recommendation.”*

Michael McBride  
Health Management Technology

**Adapt to the clinician’s mindset:** Knowing the danger of simply automating existing bad processes, Horowitz says CIOs need to work with clinicians and others within their organizations to apply technology to build better work processes. Horowitz believes that some clinicians will reject change as troublesome and difficult, while others will embrace it and emerge as champions. “When you change a work process, you’re not just changing behavior, you’re changing how people see themselves,” she says. “CIOs should also be prepared to prove how a technology adds value and supports the delivery of better care since physicians are all about evidence.”

**Focus on implementation excellence:** Too many organizations have invested millions in attempting to get a legacy system to function with new technology, only to be forced into abandoning their original concept because the technology had evolved so rapidly, according to McBride. “Healthcare CIOs must have the vision to see how and where a technology will evolve within five years before making their recommendation,” he says. “CIOs can’t afford to take that many hits due to false starts in technology implementation.”

## The Seven CIO Success Factors, by CHIME

### 1 Sets Vision and Strategy

Collaborates well with officers and senior leaders to set organizational vision and strategy and to determine how technology can best serve the business.

### 2 Integrates Information Technology for Business Success

Applies knowledge of the organization’s systems, structures and functions to determine how to best serve the business with technology.

### 3 Makes Change Happen

Monitors and influences the dynamics of adaptive change in IT and the organization.

### 4 Builds Technological Confidence

Builds the organizations’ awareness of and confidence in its technology by conveying IT’s contributions to the business.

### 5 Partners With Customers

Interacts with internal and external customers to ensure continuous customer satisfaction.

### 6 Ensures Information Technology Talent

Creates a work environment and community that draws, develops and retains top IT talent.

### 7 Builds Networks and Community

Develops and maintains networks with internal and external sources and links networks for greater exposure. Builds community to sustain networks by sharing knowledge and power in the marketplace.

These seven critical and developable competencies have been identified as the ‘CIO Success Factors’ by the College of Healthcare Information Management Executives (CHIME), the premier organization serving the professional development needs of healthcare Chief Information Officers.

*“Unless CIOs are involved in generating revenue with budgets attached to that revenue, they will have a hard time being seen as authentic business professionals.”*

Shahid Shah  
The Healthcare IT Guy

**Develop clinical experience and knowledge:** More than ever, executive search consultants such as Witt/Kieffer’s Hodges are asked to find CIOs who lack traditional backgrounds and may not have been programmers or analysts. With a growing demand for candidates with strong clinical or clinical systems experience, she sees more professionals with clinical backgrounds filling CIO roles. The American Medical Informatics Association (AMIA) and the American Board of Medical Specialties (ABMS) are also considering a proposal to make medical informatics a medical sub-specialty.

**Guard against career downfalls:** CIOs have experienced more turnover in the last three to five years than in the last 20 combined. “They either get fired, are asked to retire or decide on their own to make a move,” says Hodges. “If projects don’t go well, it’s a sure death knell for the CIO. But it’s also because of the complexity of the job, the necessity of relationship building and the reality of having many and varied internal customers, including the physician community.”

**Focus on accountability:** CIOs must be accountable to the consumers of what they create—whether that creation involves application development or installation of commercial applications, says Shah. “If CIOs are replacing legacy systems, at what rate are these systems being replaced and why?” he asks. “How is the CIO accountable to the business? Are metrics and an accountability plan in place? Unless CIOs are involved in generating revenue with budgets attached to that revenue, they will have a hard time being seen as authentic business professionals.”

## In conclusion

The role of healthcare CIOs and CMIOs is changing just as healthcare and medicine change. In contrast to years past, when CIOs headed up technology-focused IT departments, today’s most forward-looking CIOs have emerged from the cocoon of software and hardware to operate as change agents, strategic thinkers and innovators. No longer content to serve as technology cheerleaders, these CIOs are likely to get involved in aligning and bringing together diverse clinical and business professionals – from nurses, physicians and pharmacists, to billing department heads, radiology managers and members of the C-suite.

Focused on enhancing the patient care experience, CIOs have shifted their focus from the proverbial bells, lights and whistles of technology to ensuring that technology supports the organization’s strategy and the people who devotedly care for patients. Viewing themselves as integrators and enablers of data exchange, the current generation’s “Nouveau CIOs” join forces with others to enhance workflow, enable faster, better patient care and ultimately connect providers to the right information, where and when they need it.





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Simply Advancing Healthcare

Carefx Corporation  
7500 N. Dobson, Suite 200  
Scottsdale, AZ 85256  
P 480.833.5010  
F 480.649.9142  
[www.carefx.com](http://www.carefx.com)