Thought Leadership Roundtable
Relieving the Burden of Day-to-Day Operations to Drive Innovation

In a virtual thought-leadership roundtable, members of the College of Healthcare Information Management Executives (CHIME) discussed their changing roles as digital health leaders. They explored the challenges of balancing daily tasks like maintaining an EHR or a call center with longer-term strategic planning and solutions that allow them to focus on a technology-enabled future.

CHIME President and CEO Russell Branzell moderated the discussion among the following executives:

Stephanie Lahr, MD
CIO and CMIO,
Regional Health

Geoffrey Patterson,
North Region CIO & VP of Clinical Transformation,
Henry Ford Health System

Craig Richardville,
Senior VP & CIO,
SCL Health

Donna Roach,
CIO,
University of Utah Health

Daniel Waltz,
Corporate VP & CIO,
MidMichigan Health

Introduction

Senior digital healthcare executives increasingly are being viewed as essential members of their organization's strategic leadership team, providing a long-term vision for technology's role in the growth of the enterprise. At the same time, they need to ensure that day-to-day technical operations run smoothly. Most CIOs straddle the two worlds; those in organizations well along in their digital health journey have a foot firmly planted in the strategy world while those in less mature organizations may have only a toehold. Many digital health executives are somewhere in between, looking for ways to strike a workable balance while driving innovation across the organization.

Transition Over Time

The CIO's responsibilities have evolved over the decades as digital technology has become increasingly integrated into all aspects of healthcare. What in some organizations was once the job of a technically adept "IT guy" or "IT gal" has expanded into departments that can span multiple floors holding hundreds of skilled employees handling everything from software development to cybersecurity, often led by a C-suite digital leader. In some cases, the leader's title has also expanded to include words like innovation, transformation and strategy – words that reflect

a recognition that thoughtfully deployed technology will help organizations grow and advance healthcare. The participants in the virtual thought leadership roundtable, which was held in early 2021, agreed that in healthcare, CIOs or those with similar titles were trending toward a more strategic role but the transition was not universal.

"I think that is where we're going but not every organization is there yet," Stephanie Lahr said. "There are still some really big organizations that, depending on the reporting relationship, the technology arena still seems to be less strategic and more to deliver on the methodologies that are necessary." Organizations with that mindset are likely to struggle keeping and recruiting high-caliber IT talent, the thought leaders observed. "A lot of people who want to be in this role now look for organizations that have made that transition in their structure," Lahr noted. "Being part of that senior strategic team is my first job, I feel."

Competition from digitally sophisticated retailers and technology companies that excel at customer service has elevated the role of the CIO in some hospitals and health systems. When Craig Richardville joined SCL Health in 2019, they decided to create a digital arm and place it under the CIO, now entitled CIDO. The strategy positions the system to compete or collaborate with these new entrants, depending on the opportunity. "The growth of the CIO is an ever-changing maturity of the role and it is pretty exciting," Richardville said. "It is an accelerated trend moving forward in terms of increasing responsibilities."

Few leaders have the luxury to dwell solely in the high-level strategic world, though. Instead, they must toggle between managing the here-and-now and envisioning a future enabled by technology. As CMIO as well as CIO, Lahr may be resolving an immediate clinical problem one minute and educating her senior team about 5G broadband the next. Donna Roach, working in a state-funded academic healthcare system, may spend part of her day focused on the infrastructure and technology that supports the research community and part articulating COVID-19 vaccine and testing strategies at the state level. With a rapidly expanding health system, Daniel Waltz may need to focus on the daily challenges of managing disparate technologies that come with acquisitions and then offer senior leadership a vision of a fully aligned single digital strategy.

The dual role challenges are all the more striking when budgets are tight, yet expectations and needs keep growing. "To the point of IT operations, we have to make sure we are as efficient as we can be, and as safe as we can be," Geoffrey Patterson said. "Unfortunately, there's not a bucket of money anybody's going to be giving us anytime soon. It's in one way the most maddening times ever but it's also just an incredible opportunity for us to really deliver on the promise of technology and healthcare."

Building Trust

Partnerships within the organization are essential for a forward-looking digital strategy to succeed. "The purpose of the IT group as a whole is to enable," Patterson said. "But that enablement comes through partnership where we're trusted with the business and the designs of where we want to go are met with what capabilities we have today." Henry Ford Health System created a committee that includes finance, IT, security and human resources, among others, to explore strategic initiatives at a systems level. "Not to say something is right or wrong," he said, "but to be that partner that helps define what the future strategy will be in how we enable it and make sure all the pieces are (in synch) and functioning very well.

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Listening and providing feedback help to cement relationships that move the organization forward. Roach, who joined Utah Health in late 2020, was immediately paired with their CMIO to develop a digital health strategic plan. In an academic setting, responsibilities and ownership may be scattered across the system. Roach's approach was to be asked to be present during strategic discussions to help imagine the digital roadmap and juxtapose that with other programs to create a unified vision. "What's our strategy? What's our vision? I will support you with the architecture underneath it, whether it's the technology, whether it's the infrastructure, whether it's the connectivity technology," she said. "It's exciting because I have a lot of people culturally already behind the idea of this digital health space, but they don't know how to connect all the dots. I'm helping them connect those dots right now."

Lahr takes the time to educate senior leadership, developing a common language and understanding that allows them to transcend the particulars of a technology or platform and instead focus on objectives, costs and limitations. "Nobody's trying to talk to me about how many data centers we have and where they sit," she said. "The board and the senior executive team are not asking those questions because they think, 'She's got it. The team knows what they're doing.' We want to have higher level conversations."

Creating Cost Savings and Efficiencies

Without more resources, digital leaders must find creative ways to implement their digital health strategies. Clearly outlining the options and involving stakeholders within the organization can help, Roach proposed. "You make the argument of, 'I'll operate within my budget, or you can give me more money, or you can give me more staff, or I can have these resources come in, then I will deliver this.' But that's the negotiation," she said. "Then having others at the table, so it's not just IT saying this. It's partnering with my CMIO or my CMO or my executives who really want that project done."

Demonstrating benefits such as cost savings or greater efficiencies can open opportunities, although perhaps not immediately. Like many healthcare organizations, Utah Health shifted IT personnel to work remotely during the pandemic and is likely to maintain a hybrid/remote staffing program going forward. No longer having the IT department occupy three or four floors of office space in downtown Salt Lake City will save the system money and address the needs of the workforce. "The pandemic taught us how to do it (telework)," Roach said. "And it showed us opportunities for improvement. Now I have to make sure I can make it work outside of the pandemic."

Technologies like AI and voice recognition software allow for the ability to repurpose the human workload at SCL Health, Richardville noted. "The service is not going away," he said. "But rather, we're creating a digital workforce, one that is more efficient and provides more effective and multichanneled ways for delivery of the service."

Creating efficiencies won't necessarily translate into more resources for the IT department but it underscores their contributions to the organization and helps to build a case for support in the future, Lahr suggested. Automating some steps in the revenue cycle that expedite billing "doesn't impact my budget specifically but it is recognized that my team is the one who created the opportunity for that operational excellence," she said. "By delivering on that, then there are opportunities. If I can legitimize it, I can grow my team."

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>
> –Stephanie Lahr, CIO and CMIO Regional Health

Proving Value Across the System

The question is, what can digital health executives take off their and their team's plate that would free up time and labor to invest in higher priority projects? Echoing Roach's observation that the pandemic has changed expectations in healthcare systems that embraced digital health, Lahr said, "The toolbox I can use for what I can do differently has expanded because we have taken down some of the barriers and the walls." For instance, Regional Health's help desk may go 24/7 with outsourcing in the off hours. "Over time, will that morph to potentially being all outsourced and our help desk analysts will become more desktop technicians because we're going to be in more places? … I don't see that as a reduction in force but as a retraining of people and using them to their highest ability."

Beyond showing that their teams can create savings and efficiencies, digital leaders can make a case that investing in their group is an investment into the whole organization. "What are your contributions?" Richardville asked. "How can you make your division, your responsibilities differentiate your health system from your competitors?"

At SCL Health, Richardville is taking advantage of opportunities offered by outside companies to migrate some services to a public Cloud and provide a seamless experience for consumers with software as a service. For large projects, he is making a case for flexing staff to bring in outside support and then rightsizing when the project is done. "There's a deep skill set that you can get from people in certain target areas," he noted. "It may be a little bit more expensive per drink, but I don't have to buy the whole bottle. This allows us to be agile and to increase access to health services while at the same time lowering its cost. That is the true definition of value."

He also sometimes looks for outside partners when considering one-time major upgrades and implementations or standard hardware investments. "It really is about looking at the total cost of ownership over time for these investments that you make and doing it in such a way that you've found trusted partners with predictable cost, predictable timelines and predictable outcomes that you're going to work with," Richardville said. "Our experience has been that the right partners will deliver on their commitment and in turn, we get the best value that we're looking for."

The bottom line is the patient, the panelists agreed. If the experience is good, patients don't care if services are hosted in the Cloud or on premises, or if AI or a person is driving communications, or if maintenance of a system's EMR is outsourced or staffed internally. They care about getting high quality service that is timely, convenient, user friendly and accessible. "Whether I've outsourced that work or whether my team is doing that work or it's a blend, if the work's getting done, and the end product is great, then we can blur all the lines that we want," Lahr said.

Conclusion

The CIO's role has evolved with the extension of digital technologies into all aspects of healthcare. Many digital health executives now are considered essential members in an organization's strategic leadership team, setting the vision for innovative solutions that meet short and long-term goals. But they also still hold responsibilities for technology based day-to-day operations that require resources and staffing. By developing solutions that lower costs and increase efficiency, digital leaders are creating systemwide value and building a case for investments that will help their organizations grow. Outsourcing tasks like maintaining an EMR or call center, if done without compromising the patient experience, frees the team to innovate and support the strategic goals of the organization.

The panelists underscored the ability to listen, problem solve, collaborate and lead, skills that helped establish them as strategic members of their leadership teams. As healthcare becomes increasingly immersed in the digital world, new skills will be needed to complement new opportunities.