



● **MORE TO LEARN.** Today's chief information officers must be engaged in the clinical and business aspects of the hospital like never before, says Asif Ahmad, vice president for diagnostic services and CIO for Duke University Health System and Duke University Medical Center. "CIOs must get out of their comfort zone."

Not Just Techies Anymore

As technology becomes a key component of national healthcare reform efforts, chief information officers must manage a lot more than information.

The chief information officer has long been seen as the keeper of information resources—the keep-the-lights-on guy, so to speak. That limited description encapsulated the typical healthcare CIO's perceived role throughout the 1990s and into the early part of this decade.

Then came the calls for transparency. And pressure to find new quality and patient safety solutions. And a national economic stimulus package that allocates some \$19 billion for healthcare information technology. Those factors, among others, have not only helped make IT more critical than ever for healthcare organizations trying to plot a strategic path for the future, but also made the life of a CIO a lot more complicated. "Keeper of information resources" may still consti-

tute a portion of the CIO's job description, but that description promises to only grow longer and more complex as IT continues its transformation from a luxury for select organizations to a centerpiece of efforts to reform an entire industry. "If you look at the for-profit sector, most of the time the person who is running operations is also responsible for making sure the technology works," says Asif Ahmad, vice president for diagnostic services and CIO for Duke University Health System and Duke University Medical Center. "Healthcare needs to follow in those footsteps."

Beyond technology

Since taking the IT helm at Duke, a significant part of Ahmad's mission has been to create a diverse tech staff. "If you look at this team, you will see physicians, nurses, and researchers

working alongside those who have technology backgrounds. The point of this is that then they are not just accountable for technology, but also they are peers driving operations strategy and actually delivering on care,” he says.

While having an IT team composed of people from outside the technological inner circle is important, equally crucial is having a CIO who is engaged in the clinical and business aspects of operations, says Ahmad. “If we truly ever want to get adoption of these technologies up, CIOs cannot be sitting on the sidelines—which they have historically been doing, saying, ‘Well, it’s the chief medical officer’s or CEO’s job to really rally the troops.’ CIOs must get out of their comfort zone, which is usually technology for most of them, and learn clinical operations in order to deploy clinical solutions,” he says.

Linda Hodges, vice president and information technology practice leader at executive search firm Witt-Kieffer, says technology’s central role in efforts to improve patient care and refine processes throughout the hospital means today’s CIO must be firmly entrenched in the operational side of the business. “Strong leadership strategy and a knowledge and understanding of healthcare operations are vital,” she says. “It’s really no longer just a person to be responsible for technology, because so much of what’s happening today involves the transformation of how care is delivered with the implementation of these new complex systems.”

As a recruiter, Hodges says she is seeing a much wider variety of qualifications in today’s CIOs versus those of 10 or even five years ago. While some still come from a traditional computer or information services background, many are migrating from clinical or other operational areas, she says. “As CIOs have had to learn how the clinical part of the hospital works, they’ve inadvertently become even more vital as technology’s main champions to the rest of the C-suite and providers

who often remain unsure of healthcare technology,” she says. In addition, Hodges says that as organizations have increased investments in clinical systems, she sees CIOs assume control of information management, biomedical engineering, and other technology-dependent functions.

“You cannot underestimate how important it is now for the CIO to join forces with the rest of the C-suite to think about strategy and how technology works in the context of the business of healthcare.”

That shift in responsibility has led to an important shift in reporting structure, as well, says Andrew Hurd, chairman and CEO of healthcare technology company Carefx. In most cases, gone are the days of the CIO reporting to the chief operating officer or the chief financial officer. Now you will more likely see the position elevated to report directly to the CEO, all the while managing an ever-growing team. “The CIO no longer has the luxury of not thinking strategically. The people below him operating at mid-level IT have that luxury now. The CIO needs to be in line with the CEO who’s thinking strategically and always thinking four or five years down the road,” says Hurd.

A link to the docs

As a physician and a nuclear medicine specialist, Lynn Witherspoon, MD, certainly fits the description of a not-so-typical CIO. And as chief medical information officer at Ochsner Health System in New Orleans, Witherspoon says he’s had a clear view of how the CIO’s role has developed over the past several years. “It has become relatively

common in larger healthcare organizations to have a physician serve as the link between the medical clinical practice and IT. In our case, as we’ve expanded our health system quite dramatically, it became clear that having a physician focused on the clinical practice as well as the information technology tools they use had become increasingly important,” he says.

By serving as a link between technology and the physician staff, Witherspoon has been able to convert what had been disparate hospital information systems into what is becoming a comprehensive community infrastructure for information systems across the seven-hospital, 35-clinic Ochsner Health System. Witherspoon says he worries about the CIO who is not able to act as both a technologist and strategist to implement the kind of quality improvement measures that have been put into place at Ochsner.

“It’s been incredibly helpful to me to spend as much time as I can with my clinical and operational partners. Together we get focused on a project, whether it’s CPOE or EMR, and where in the past we might not think as much about how it fits in with overall culture and strategy of the organization, now these aspects are at the forefront of our decision-making plans,” says Witherspoon.

As CIOs have shifted their focus from pure technology to the organization’s overall strategy, they’ve also had to shift the way they think of themselves. The days of operating within a coterie of other technology buffs are over, says Hurd. “You cannot underestimate how important it is now for the CIO to join forces with the rest of the C-suite to think about strategy and how technology works in the context of the business of healthcare. The CIOs who don’t do this are going to get left behind.”

Kathryn Mackenzie is technology editor of HealthLeaders magazine. She can be reached at kmackenzie@healthleadersmedia.com

Reprint HLR0409-9