The Scottsdale Institute virtually convened 23 Chief Information Officers (CIOs) and other senior executives from 22 member organizations for its annual CIO Summit, sponsored and moderated by Impact Advisors on May 5, 2021. Representing myriad health systems across the U.S., these professionals came together to share their experiences and solutions in navigating healthcare technology and data trends—identifying leadership priorities, embracing Digital Transformation, supporting ongoing diversity and equity efforts and showcasing IT value.

Today’s healthcare technology landscape is a sometimes wondrous, sometimes confounding maze of opportunity and challenge, and Summit participants have learned firsthand some of the dead ends and switchbacks involved in planning strategically for the future. Toward that end, they:

• Reflected upon the “forced learning” COVID engendered,
• Defined “Digital” in a way to garner understanding and support at numerous levels of leadership,
• Discussed approaches for aligning IT, business and clinical goals and successful outcomes, including a switch to a product focus rather than an outdated project focus, and
• Shared ways to measure and communicate the “IT value story” more accurately and effectively.

SUMMIT OBJECTIVES

Scottsdale Institute CIOs expressed bold expectations for the Summit, as outlined here.

• Glean COVID leadership wisdom to tackle the new challenges revealed
• Define what’s most needed regarding the next generation of IT leadership
• Validate current priorities and those on the horizon
• Address diversity, equity and inclusion through intentional tactics
• Refine their approach to aligning Digital with all parts of business strategy
• Brainstorm understandable, team-strengthening ways to depict the value of IT
SUMMIT PARTICIPANTS

Scott Arnold, EVP & CIO, Tampa General Hospital
Andy Crowder, SVP & CIAO, Atrium Health
Carrie Damon, SVP & CIO, Centura Health
Lisa Dykstra, SVO & CIO, Lurie Children’s Hospital
Robert Eardley, SVP & CIO, University Hospitals
Brandon Gockley, VP of Technology Services, Mosaic Life Care
Ash Goel, MD, SVP/CIO, Bronson Healthcare
Jonathan Goldberg, EVP/CIO, Edward Elmhurst Health
David Hall, MD, CIO, OSF HealthCare System
Meghan Hendricks, VP, Ascension
William Huang, DCIO, University of Texas System
Jason Joseph, SVP & CDIO, Spectrum Health
Tricia Julian, CIO, Baptist Health
Hans Keil, SVP & CIO, Beaumont Health
Heather Nelson, SVP & CIO, University of Chicago Medicine
Sanjeev Sah, VP & CISO, Centura Health
Marcus Shipley, Chief Innovation and Information Officer, Trinity Health
Brent Snyder, EVP & CIO, AdventHealth
Jeffrey Sturman, SVP & CDO, Memorial Healthcare System
Tim Thompson, SVP & CIO, BayCare Health System
Eric Yablonka, CIO and Associate Dean, Stanford Health Care and School of Medicine
Mark Zirkelbach, CIO, Loma Linda University Health

CONVENER

Scottsdale Institute: Janet Guptill, FACHE/Executive Director, Cynthia Schroers, Janice Wurz, Chuck Appleby, Karen Sjoblom, Gordon Rohweder, John Hendricks, Ricki Levitan, Margaret Shea, Courtney Olson, Genevieve Hedland-Hill, Patrick O’Hare

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Sponsor: Impact Advisors
Moderator: Lydon Neumann, VP
Participants: Andrew Smith, President and Co-Founder; Todd Hollowell, VP/COO; Peter Smith, CEO and Co-Founder; Dan Golder, Principal Advisor
Writer: Karen Sjoblom
Next-Gen IT Leadership:
Navigating Through Strategies, Skills and Org Structures

“The story of the last 12- to 18 months for us is something of a five-act drama, concluding with new leadership expectations,” explained Trinity Health Chief Innovation and Information Officer Marcus Shipley. “With each act we’ve learned and done a lot, but it’s tested us.”

Early in the pandemic, Michigan’s governor required anyone whose job could be performed remotely to work from home, granting few exceptions. In less than two weeks, Trinity Health’s remote access infrastructure capacity for 3,000 remote workers increased to 55,000. Leaders rapidly implemented a FEMA Incident Command approach during the first surge to respond to the crisis and manage the business for the foreseeable future. And very quickly, a new and necessary business tenet emerged: Pandemic Speed.

SCRAMBLING FOR SAFETY
Trinity Health’s CEO, Mike Slubowski, referred to their first three acts as an “Imperfect Storm,” with simultaneous crises abounding.
- Inpatient and outpatient volumes dropped
- Government payments were at risk and inflationary expenses (wages, supplies, etc.) climbed
- Operations remained in flux

- Managing safety and patient/member satisfaction was challenging
- Challenges surrounding the vaccine increased (J&J pause, hesitancy, diminished role as providers)
- Virus mutations, pandemic fatigue and surges set in
- Supply lines were at risk, with shortages experienced
- Care disparities became more apparent

“Because of COVID, we had more telehealth success in the first month of the pandemic than we’d had in the preceding six months. With a 700 percent increase, we had to scale quickly, remove barriers and improve decision-making,” Shipley recounted. “But we also inadvertently set an expectation that wasn’t appropriate for the long-term: Asking people to work at pandemic speed isn’t sustainable because it causes burnout and morale issues. We had to talk about prioritizing better.”
By its second recovery in Act Four, which entailed vaccine distribution and public health measures, Trinity Health remained a trusted voice in their communities, and continued learning to live with COVID while adapting and resuming services. “We serve several different communities—rural, suburban, and urban. We serve communities of several racial and ethnic compositions; supporting and educating around vaccine hesitancy took on a whole new level of effort,” Shipley said. “COVID really highlighted the racial inequities of care. While we’ve always focused on delivering health for all, we had to look at racism as a public health crisis.”

**OBSERVING OBSTACLES**

Trinity Health’s current Act Five/Emergence 2.0 necessitates a hard look at different ways of doing business, so leaders have launched teams to move forward its ministry strategy, TogetherHealth 2023, while mapping various considerations.

- **Financial challenges:** Trinity Health faces higher labor costs, including staggering rates for contract labor as well as significantly higher costs for PPE, drugs, screening and testing—all at a time when Medicare/Medicaid provides the majority of their revenue
- **“Emergent and synergistic” management:** What used to be linear now is nonlinear and more complex, requiring collaborative problem-solving
- **Optimism and insights:** Trinity Health learned it can respond with agility and speed, surviving uncertain environments, all which impact decision-making
- **New social conversations:** Diversity, equity and inclusion complexities cannot be ignored, necessitating deeper discussions

Trinity Health’s 2023 priorities for Digital Transformation also include navigating the digital divide in the communities they serve. “While we recognize that the Digital Front Door will change primary care, we also have a lot of communities without broadband or access to technology; the digital divide is significant,” Shipley acknowledged. “We’re working with government agencies and looking at grants to help, but it will take time to level the field in terms of access.”

**MARKUS SHIPLEY ON TRINITY’S LESSONS LEARNED**

- **‘Just Do It’ or Get Approval?** “FEMA Incident Command structures were how decisions were made in the first surge; we didn’t go through multiple committees—we made decisions, and got it done. But then everything started going to Incident Command. We started to overuse it and not every decision belonged there.”

- **What Are “Products” and Who Sits on Teams?** “Products are composed of applications, compute, storage, and networking. Products are aligned with Clinical Excellence Councils (e.g., experts from cardiology, behavioral health and other segments). We gather the best minds across the organization. As we unify toward a smaller set of products, the clinical service lines help us make decisions. We also introduced an IT Product Manager, who’s accountable for developing a product roadmap.”

- **How to Scale and Utilize the Best Resources?** “We’re not getting rid of silos; we’re just creating different ones, so we need to make sure our processes are attuned to the new silos we’re creating. We have the full accompaniment of skills needed in our teams, so our org structure helps reduce waste. We’re not just reorganizing, but working differently.”
MOVING FORWARD

As Trinity Health continues its focus on Community Health, performance and growth, new service segments and the member experience, Shipley believes integration is the future of healthcare: What used to be divided or simply considered less relevant must come together more seamlessly—Innovation, Digital Health and Information Services (among others) must coalesce to serve the ministry overall.

“This is the first time I’ve had such an effective relationship with a chief marketing officer. This collaboration has become essential to create a consistent member experience,” Shipley explained.

PAVING THE WAY

What are Trinity Health’s hopes and expectations for next-gen IT as they move forward? Shipley sees a number of different and important facets.

- Leading through uncertainty
- Speeding up strategy (execution loop)
- Adopting Lean methodologies
- Democratizing technology
- Enabling and expecting technical acumen everywhere
- Avoiding Shiny Object Syndrome and innovating to purpose, ensuring they continue to align with mission, vision and values
- Continuing the focus on human-centered design
- Taking care of the new distributed (hybrid) workforce—helping colleagues feel safe, facilitating productivity and personal growth and fostering the ministry’s culture

“COVID really highlighted the racial inequities of care. While we’ve focused on delivering health for all, in working with advocacy we have to look at racism as a public health crisis.” – Marcus Shipley

POLL: Leveling Up: What’s the most important upskill characteristic for your organization in the coming year?

- 0% Nontraditional background
- 0% Outsourcing AI
- 13% Experience with emerging tech
- 19% Communication
- 31% Digital Transformation
- 38% Flexibility/adaptability

“We’ve been looking internally at how we define team roles—not applying flexibility/adaptability to one area but multiple areas. How does this come up in an interview process? It’s so much more about culture. We haven’t created the formal perspectives around it, but we’ll get there.” – Ash Goel, MD, SVP/CIO, Bronson Healthcare

“Adaptability and flexibility are key—those who can view the world they’ve built, plus the new world, and bring both together. Those who are adaptable and flexible do really well. Those who aren’t...don’t.” – Andy Crowder, SVP & CIO, Atrium Health

“We expect people to come with areas of expertise, but we also need to see they can adapt—that they can be a culture fit and also translate the business needs. They’re not just solving problems but enhancing capabilities in different areas. People with that mix can make the best candidates.” – Sanjeev Sah, VP & CISO, Centura Health
Defining Digital:
Parts, Players and Payoffs

“We think it’s all new but we’ve been on this journey for some time. It’s just ‘health in a Digital world,’” said Spectrum Health’s Jason Joseph, SVP and Chief Digital & Information Officer. “So what does that mean? It’s the way we think about Digital, now and into the future, and getting a common understanding to help strategize.”

Like many health systems, Spectrum is focused on enabling digital transformation while it continues to refine what that is, and is not, for them as an organization. Developing a common framework toward an aligned strategy, Joseph and his colleagues focus first on Spectrum’s mission, vision and values—to improve and personalize health while demonstrating compassion, collaboration, curiosity and courage. “Our tendency is to see a problem and look for a shiny object that will try to solve for it, but digital transformation doesn’t work that way. In fact, we removed the word ‘Digital’ as a specific part of our strategy post-COVID because we cannot identify it as one thing anymore,” he acknowledged. “It’s pervasive. It’s all Digital. And it requires re-thinking how we do things, more than just bringing in new tech.”

Using this broader lens, Spectrum has determined five main principles in designing and guiding its transformation, with an emphasis on enabling customers toward simpler, clearer interactions.

1. **People first**: Digital is first and foremost about empowering people to get what they need—when, where and how they need it.
2. **Brilliant at the basics**: Digital capabilities require 24/7 availability, a robust support model and secure, real-time connected data and services.
3. **Designed for Digital**: Take the emphasis off of technology, rather than gravitating toward a feature or function, redesign processes and rethink the value being delivered.
4. **Powered by platforms**: Most don’t need a new platform for every new thing. Use strategic platforms and data at scale to accelerate and enable change across myriad services.
5. **Aligned for agility**: It’s all collaboration—not just IT, not just Innovation. Train teams to think differently and deliver capabilities quickly and iteratively.

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Consider Digital Transformation as the systemic reimagining of an organization’s value chain through the lens of deep personalization, direct individual engagement, automation and self-service using web, mobile and other connected digital technologies.

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![Diagram](image-url)
CREATING VALUE

Joseph outlined four main categories for today’s health systems to consider: Engagement, Services, Self-Service and Automation. While these facets exist already, healthcare systems can leverage digital shifts to identify new revenue streams, generate customer benefits (virtual visits, customer reminders, 24/7 access) and offer even greater value in a simplified, automated fashion.

“Digital Value is about changing our mindsets, transforming how we do healthcare in the Digital world, and offering products that allow people to receive value via different channels,” Joseph described. “We use this way of thinking to target digital value propositions and map this out with our consumers, yes, but also with our partners and workers. Inviting others to join the conversations helps develop Digital product strategy.”

Spectrum Health focuses its Digital efforts on adding value to its people—patients, family members and customers, but also clinical workers, independent providers, staff, students and volunteers. Its Digital product teams ensure high-value use cases are clear and target solutions across multiple channels (phone, bot, chat, websites and apps, among others.) Spectrum Health teams work cross-functionally to drill into specific areas, determine the investment needed for each product, establish and fund teams around products, determine decision-making rights, and empower team members to achieve the goals that are set out for a given product.

“In some cases, these are very mature products, like Version 3 or 4, but what’s pushing the envelope is: Do we need a different product or a different platform? Do we need to give you a nudge to change what you’re doing? Do you need a different outcome?” Joseph asked. “We’re still working through this model but it has been very helpful for us as we further define Digital. We’re starting to change how we think about these things.”

PEER PERSPECTIVES

“In IT, everything’s a project. We’re good at executing on projects. But productizing things and determining the total cost to implement...do we have this skillset? Can we get to the next version? It’s like project equals implementation, but product equals a different mindset.”

- Heather Nelson, SVP & CIO, University of Chicago Medicine

“We organize Digital Services into five major channels of work: consumer, patient, provider, associate and partner. We frame all of this work into an overall ‘Program’. Each of our programs has multiple products; each product is an accumulation or a portfolio of projects, and each project has a unique defined business case. Thus, projects are aligned under a planned portfolio that creates our various products that we serve up within a given program.”

- Craig Richardville, SVP/CIDO, SCL Health

“It’s difficult for executive teams to really grasp what Digital is. We’re good at building structures and putting services in physical locations, but Digital comes across as fuzzy. But if I can talk about how our business is having to adapt, or how to do things in a more centralized way, it becomes easier to understand.”

- Jeffrey Sturman, SVP & CDO, Memorial Healthcare System

“One big struggle is that Amazon’s in our backyard right now and will eat our lunch if we don’t change how we’re thinking. We have to make the Digital landscape understandable for people and better define how we should approach the journey in healthcare.”

- Donna Roach, CIO, University of Utah Health
**POLL: Measuring Value:** Which will be your most important metric of IT value for the coming three years?

- 0% Expense reduction
- 7% Revenue optimization
- 14% Talent retention
- 14% Organizational strategic leadership
- 21% Digital health market share growth
- **29% Patient experience**

“We need to flip the conversation from expense reduction to driving value. Measuring the benefits of the investments we make is important, yet that might not be driving cost reductions in IT. We need to make sure our Executive Leaders recognize and attribute the value accordingly, and flip that conversation.” – Lisa Dykstra, SVP & CIO, Lurie Children’s Hospital

“We definitely have an expense reduction focus, but growth and enablers are separate conversations. Digital Transformation is a separate business case from IT. So how do we reduce expenses to invest in things like Digital...so IT can be the enabler of growth?” – Carrie Damon, SVP & CIO, Centura Health

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**Exceeding Expectations, Measuring Value:**

**Telling the IT Story**

“The essence of strategy is choosing what not to do.” – Michael Porter, Harvard Business School Professor and Author

In this two-part presentation, Ascension VP Meghan Hendricks started with the idea of technology collaboration—that is, partnering with an organization to deliver meaningful value. With 11 regional technical officers who report to her and act as bridges between IT and their market ministry executive partners, Hendricks wisely acknowledged that while it’s both satisfying and challenging to take care of both sides, bridges need care and maintenance, too, to remain strong and stable.

“About two years ago at Ascension, there were very intentional changes made to initiate a dynamic journey of Digital Transformation, with a focus on deepening and strengthening the relationship with our ministry executive partners.” Hendricks explained. “But that relationship historically had been more like, ‘What have you done for me lately? ‘ We wanted to pivot toward ‘Look at what we’ve done together,’ driven by value efficiency. Maybe by flipping the dynamics, we could take a different approach.”
JOINING FORCES

Clinicians and operational leaders often struggle with IT, finding the work mysterious, complex or downright confusing. “They think, ‘You’re crazy-expensive. You take the biggest share of the pie for those not delivering care, and when you talk about new things coming our way, it feels like another ‘shiny object’ that’s a waste of time and money in our world.” Hendricks described. But healthy collaboration is essential to tech team success. The solution, then, entails reinforcing those bridges for deeper relationships. Toward this end, Hendricks suggested:

• **Creating a “You get me” culture:** Learn what it’s like to walk the halls, be in an exam room or survive a shift in the ER. Technology is part of every workflow, but the tech team needs to earn a seat at the table and be there all the time. Without such consistency, others working hard on new initiatives might consult IT two days prior to launch, when tech ends up crashing the party with the reality that a project will cost far more and take far longer. At Ascension, they now partner clinicians and ancillary professionals with a singular IT connection—not the nameless, faceless whole of the department—to facilitate relationships and to partner well. This constant partnership then flips the script from reactive to proactive.

• **De-geeking your speak:** Clinicians are not impressed with IT talk, and they don’t want to learn the lingo. Learn their language and speak in a straightforward way.

• **Connecting to purpose:** “We’re having increased success with getting tech talent from non-healthcare facilities and deepening empathy in those truly wanting to make a difference,” Hendricks shared. “We talk about our mission, and their value, and ensure they understand their work has an impact every day.”

TALKING TURKEY

True collaboration requires IT to assume the role of expert advisor: There are times when hard conversations are required—when certain people, processes or tools might not be the best fit; when what works right now might not work five steps down the line.

“Truth is, friction is healthy, and more technology isn’t always the best answer. When one department wanted to spend a lot of money to replace a Tier 1 system—and it was the third time in six years they replaced it!—we had to say no,” Hendricks recounted. “At that point, it was just putting lipstick on a pig. Instead, we needed to look together to see what was working and what wasn’t. There’s no ‘Easy Button’ for this type of work, but rather collaborating to put plans and controls in place for the best outcomes.”

“If our IT professionals remember there’s a patient in a bed at the end of their work, they remember to ask questions…and better collaboration means better outcomes.”

– Meghan Hendricks

In the same vein, new isn’t always better, either. There are ways to improve the clinician experience without making a single technology change...if there’s communication and creativity in play. “Nursing makes up the single biggest part of the workforce, but there’s a shortage and they’re overburdened,” Hendricks stated. “So we worked in partnership with the CNO to conduct a nursing documentation renovation—not to buy new tools, not to make things harder, but to bring back the joy to clinical practice.”
In response, they looked in the EHRs and found that, over the years, some intake became so duplicative that it could—and should—be eliminated. Ultimately they removed something like 100 excessive questions from the intake forms. This improvement, alongside programs like Ascension’s Home In Time (where pointed software streamlining frees up time for family and fun instead of charting), helps participants see what can be accomplished collaboratively.

“The data we’ve seen is that users tap into only about 11 percent of features in any given software application. If we can find strategic opportunities to teach specialty populations to work smarter and faster, we can save them significant time. In one instance, we helped recapture 13 hours per doctor in EHR charting efforts,” Hendricks said. “Then those doctors offered to be program evangelists for others. In the end, the best ideas come from users. We always need to talk with the people who lay their hands on the patients—to get their input and ensure it’s we who are making decisions, not just IT.”

**MEASURING WHAT MATTERS**

As Robert Eardley, University Hospitals SVP & CIO, continued the conversation, he covered myriad ways to depict such IT value: benefits over costs, quality and service over costs over time, value versus performance and benchmarking. But with tech entailing the largest corporate expense, how can health systems define the value of IT well?

To tell UH’s IT Story, Eardley discussed some compelling options:

- **Alternative 1 – Cost Basis**: Comparison to peer institutions is a possibility but doesn’t show the whole picture
- **Alternative 2 – Benchmarking**: Is lower cost the best lens? Let’s look at categories of where people spend their time: Are we using the right metric?
- **Alternative 3 – End of Year Financial Performance (Budget)**: This offers another partial picture, but remember—“favorable to budget” doesn’t necessarily equal “value”
• **Alternative 4 – Cost/Benefits & Discrete Business Case:** Business case awareness and charge rules engine/mapping provide yet another angle

• **Alternative 5 – Annual Accomplishments:** UH’s 2020 goals included 103 initiatives spread across 12 goals/buckets. This is a story worth telling. How did we do?

Ultimately, Eardley’s team garnered a lot of great feedback with Alternative 5 simply by painting understandable and relevant pictures of accomplishments in areas such as Population Health, the Digital consumer journey and EHR usability. Regarding the latter (see Figure 1, pg. 11), Eardley’s team highlighted several accomplishments that supported the overall messaging of delivering the right tools at the right time for provider-, clinical- and business-system efficiency. In touting EHR Voice and Launchpad as two of UH’s prioritized goals, they shared successes around engaging providers and leaders, establishing communication venues, designing apps and initiating pilot programs.

“You can’t put this kind of information on a spreadsheet, but when we came in with all these accomplishments, with all the data and the details, it really resonated with people. We changed up our speakers, took one- to two-tiles from each bucket, communicated them well, and simply reminded them of what they already knew we were doing,” Eardley shared. “What was the worth from $220M spent? These stories, one after the next and told in a structured way, really communicated our value.”

**SHARING WISDOM**

Eardley then opened up a participant discussion by asking for feedback on how others communicated IT impact via:

- **Performance metrics** (availability, major incidents, upgrades, projects completed, turn-around times like from Helpdesk)

- **Cost metrics** (cost- or staffing benchmarking, YTD financial performance to budget, YoY reduced growth)

- **Benefits sought or achieved** (pre-project benefits expected, post-project benefit reviews)

- **Service delivered** (user-, consumer- and/or patient satisfaction)

- **Value equation** (which of the above do you pull into your value report?)

**Member highlights and feedback included the following.**

**Jason Joseph:** “Creating a relationship and then telling the stories is a great way to do it. If you put a hard measurement on all the things we’re doing, perhaps a better question is, ‘Are people asking whether we’re efficient, or whether we are getting value from our investments?’ An idea that always resonated with me is that people will pay willingly for what they want but negotiate for what they need. If you are producing value that people can see and ultimately want, it keeps the conversation from becoming transactional in nature.”

**Robert Eardley:** “It depends on the audience. Some folks need the budget to be four percent less than last year; others need to see greater support for positive return on organizational initiatives. From our speaker position, we were just trying to remind them of the number of accomplishments. From there, we can hone down—’Do we really want fewer accomplishments at lower cost?’”

**Craig Richardville:** “We tell our stories based on our outcomes: We never talk about us, ITDS. It’s clear we’re a service department and we are here to serve the imperatives of our strategy, and we always recognize our relationships. ‘We couldn’t do it without you,’ and we don’t include ourselves. We’re the narrator of other’s successes, so it’s important we pull ourselves out of the story and to socialize and talk about contributions.”
Michael Pfeffer, MD: “We need to recognize who in IT and who in business made a success happen when we communicate it. It kills two birds with one stone—a way to elevate talent and also let people know they’re part of the strategic plan.”

David Hall, MD: “I really appreciate the commentary on engaging folks and telling stories. We’re following the current process described at Ascension, as well as trying to tie our story back to strategy and recognizing others. We don’t often do that enough.”

Tricia Julian: “We don’t have an IT strategy; we have a business strategy, and we then focus on where IT can contribute to that strategy. Now the COO and the CFO are telling the story, and they’re saying they couldn’t have done it without IT’s collaboration. We’re meeting with all the VPs so they can tell us about their business strategy, and IT can listen in and determine whether there are tools or technology that might be able to contribute. It’s changing the conversation to how IT can enable others’ strategies.”

In helping map out the future of healthcare IT, today’s CIOs agree that, for the most beneficial outcomes, strategies need to be team-based and innovative, undertaken collaboratively and shared equally. And as they envision their shifting roles and needs in the coming months and years, they’re cognizant of never losing a human-centered focus in the midst of whatever comes—from pandemics to remote workforces, from leadership setbacks to technological advancements.

In some ways, CIOs are the map-makers, the trusted guides for this healthcare journey, who know that to connect the dots well means to enable and empower others in the organization. It’s an ongoing journey, not a destination—merging strategies with stories and recognizing the many hands involved in success as they navigate the challenges and opportunities to come.

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The Scottsdale Institute (SI) is a not-for-profit membership organization of 60 prominent, advanced, not-for-profit health systems and academic medical centers whose mission is to improve healthcare quality, efficiency and personal experience through IT-enabled transformation. Our North Star is thought leadership guided by SI’s Three Pillars of Collaboration, Education and Networking. We convene intimate, informal and collegial forums for senior healthcare executives, including but not limited to CEOs, CMOs, CIOs, CMIOs and CNIOs, to share knowledge, best practices and lessons learned. Our goal: Gather the right people to discuss the right topics at the right moment.

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