Our 2022 SI Executive Outlook features two CIOs who share two transformative experiences few other CIOs have: Both came to not-for-profit health systems from for-profit companies outside health delivery; and they arrived within the past two years—coincident with the COVID pandemic.

They're also CIOs at SI Member organizations: Carrie Damon, Senior VP & CIO, Centura Health, Centennial, Colo.; and Tim Skeen, Senior VP & CIO, Sentara Healthcare, Norfolk, Va.

Asking CIOs to share their top strategies for the coming year is in a sense a return to SI’s roots nearly thirty years ago, when SI’s mission was to bring CIOs and CEOs together to become IT-enabled organizations. Bringing these CIOs together is of course light years ahead of that time; their voices reflect the consumer and digital revolution occurring in healthcare today. Disruption is occurring in healthcare from the outside in.

CARRIE DAMON  
Senior VP & CIO  
Centura Health, Centennial, Colo.

Reports to: CEO

Responsibilities: digital, clinical informatics, data & analytics, information security, clinical and business apps, IT infrastructure services, project management

How long as health-system CIO: two years (interim CIO first six months)

Previous experience: consumer products (Molson Coors Beverage Company, Denver, Colo.); also, financial services and cross-industry consulting

If Carrie Damon’s arrival as Centura Health CIO from the consumer-products industry was a bit of a culture shock, her first 30-day check-in meeting with the CEO raised it to another level: the meeting coincided with Centura’s first COVID patient. Notwithstanding the ravages of the pandemic, like many healthcare leaders Damon sees positives stemming from the organization’s unified and rapid response, such as a much more integrated and aligned health system and the CIO’s emergence as a strong enterprise leader, a direct result of unprecedented collaboration around technology, data and strategy.
“COVID has really changed the role and value of IT. That’s helped create trust and partnership. We’re now engaged in new strategic initiatives like M&A and have benefited from an expanded portfolio like digital’s move to IT from marketing,” she says. That means more resources and support for her three strategic priorities for 2022:

1. Digital: focus on enhancing the patient experience
2. Defining a future operating model and processes to transition to ERP
3. Modernizing and rationalizing applications and infrastructure for cloud delivery.

Applying digital tools to create a better experience is the top priority.

“I can’t imagine a more consumer-unfriendly industry than healthcare,” says Damon. “You have no access to your information, you have to pick up a phone, wait months for an appointment, drive miles through bad weather to that appointment, complete the same registration form again and again and sit in a waiting room until your name is called. We have mission-driven caregivers who provide phenomenal care but we need to and can make healthcare easier.”

Small team, big vision

Damon’s overall IT team is 450 FTEs, but her digital team isn’t a large one at Centura Health, a Centennial, Colo.-based health system with over $4 billion in annual revenue, 17 hospitals, over 100 clinics, 21,000 employees and 1,000 physicians serving Colorado and western Kansas. But the team is ambitious. “Our focus is on creating a seamless, end-to-end experience for the patient and consumer,” Damon says.

Developed last spring and launched six months later, Centura’s digital transformation strategy is comprehensive and targeted. “Some organizations define digital as innovation. We define digital as driving growth and providing access to care. When I first arrived, Centura’s digital strategy was very fragmented, all about isolated projects like online scheduling or check-in with disconnected project management. We needed to take a step back and ask ourselves, one, ‘What is digital?’ Two, ‘What is our why? What is our North Star KPI [key performance indicator]?’” she says.

The why is achieving end-to-end, seamless digital. “Our North Star is growth and visits—digitally enabled visits. The how is driving adoption, deceasing effort and increasing satisfaction. Growth is about providing access to care,” Damon asserts.
It’s not enough, however, to digitally enable virtual-care visits or incorporate online scheduling. “We need to focus on adoption,” she says. “Many organizations measure MyChart downloads, but that’s not the same thing as adoption and engagement. We want adoption to lead to growth. We want to make it easy, reduce the effort. Are people using online scheduling? Is it a good experience? We’re using Press Ganey to measure those factors.”

Twin North Stars

Damon notes the North Star KPI is really a two-part objective: people and adoption. When someone suggested wayfinding as a digital strategy, for example, it was eliminated because it didn’t support achievement of the KPI. “KPIs help us stay focused,” she says.

Technology is not leading the transformation. “We view online scheduling as a personal capability, not primarily a technology play, so 80 percent of the work involved change management and standardization and 20 percent was technology. As we dug into it, we gained a deeper understanding and realized it was necessary to get input from consumers, providers and practice managers, as well as conduct training and provide onsite support,” says Damon.

Having a sizable digital team is not the point. “The digital work I’m doing does not involve a lot of head count,” she says. “We have highly cross-functional teams. We have developers. Marketing sits side-by-side with us. We’re closely partnering with clinical operations and revenue management. The gold standard is a highly aligned, cross functional team. I don’t need the virtual care team to report to me.”

‘Phase Zero’

The thrust of Centura’s IT-infrastructure initiatives for 2022 emphasizes systemness, standardization and efficiency.

“In the past, IT was the backend and then the EHR came along. Ten years later we’ve got all these inefficiencies in HR, Supply Chain and Finance. When we talk about our ERP [enterprise resource planning] we’re talking about an old, outdated and highly customized on-premise ERP. That’s a major stumbling block when you consider that ERP systems enable HR, finance and supply chain,” says Damon.

Still, digital transformation is not a matter of swapping out an old ERP system for a newer model.

“I refuse to look at ERP vendors right away,” she asserts. “I call it ‘Phase Zero,’ or business engagement. We asked HR, ‘Where does HR want to go?’ What is their future state operational model? Is it employee self-service? They’d never been asked that. We’re in the business-strategy formation phase with KPIs, an operational model and processes. When upgrades were treated merely as IT projects, users were never satisfied with the solutions. As the CIO I’m sponsoring it but what’s refreshing for me is I have lots of executive support. We have a new Chief Financial Officer and a new Chief People Officer who can take a fresh look at their functions. The timing is good.”

Tight margins mean tight discipline

Still, the challenges are real.

“We’re dealing with a lot of outdated systems, especially in data and analytics. People are chasing bright shiny objects like individual apps,” says Damon. “When I worked in other...
industries like consumer products the margins were tight. The first difference with healthcare is that other industries ask, ‘How can we use technology to automate processes to eliminate waste?’ There was a willingness to invest. Second, industry always incorporated a discipline in modernizing, in updating. Healthcare seemed to make this complete pivot to the EHR, to be so focused on a single thing. As a result, there’s so much technical debt.”

Culture change is difficult.

“Although healthcare is a low-margin business we lack the discipline to operate that way,” she says. Damon worked for public, global corporations that focused on operational efficiencies and standardization. “At Molson Coors, as a system, we didn’t let each store or brewery determine the ingredients, vendors or IT systems to use. In healthcare systemness and standardization is viewed negatively. I think it stems from healthcare providers wanting autonomy and control.”

The good news is the organization is focused on change. “Our mission, vision and values are what connect us. We’re very aligned. We worked together to develop a shared vision and strategy. My CEO doesn’t need to be in day-to-day talks because we’re aligned in vision and strategy, to a high-level roadmap.”

“’The digital work I’m doing does not involve a lot of head count,” she says. “We have highly cross-functional teams. We have developers. Marketing sits side-by-side with us.’”

TIM SKEEN
Senior VP & CIO
Sentara Healthcare, Norfolk, Va.

Reports to: CEO
Responsibilities: all technology-related services across the enterprise encompassing health system and health plan, as well as corporate services (IT, digital, cybersecurity, PMO, innovation)

How long as health-system CIO: one year
Previous experience: past 25 years as CIO at several large payers, including Anthem Inc.

A little more than two years ago, Tim Skeen was a CIO on the other side: at Anthem, one of the largest health-benefits companies in the nation. After leaving Anthem, he spent 12 months working with venture capital and private equity firms to assess healthcare IT companies, with a focus on which ones will disrupt the healthcare ecosystem of the future. He has spent the past 12 months as CIO at Sentara Healthcare pondering the often-disputatious gulf between payer and provider—and how his unique perspective might shape Sentara’s strategies as an integrated healthcare system with health plans.

“A lot of my work with payers was trying to build trust for collaboration with providers,” he says. “Many of the barriers between the two sides arose from clinical nuances, disputed achievement of measures and non-aligned incentives. Physicians often view it territorially while questioning the intentions of various collaborations. But both sides really believe that there is a lot of opportunity to improve affordability, quality and ease of access.”
One change he would like to promulgate is in nomenclature.

“I like to think all our patients are members, even if they aren’t part of our health plan, and vice versa,” says Skeen. “The term patient tends to be tied to people who are sick or in need of reactive care, and the language doesn’t fit into keeping people well over the continuum of their lives. It’s a sick-care mindset as opposed to a wellness mindset. Our strategy is to reach out to them for health and wellness in a proactive, consumer-centric manner.”

**Digital future**

Norfolk, Va.-based Sentara Healthcare is a not-for-profit integrated system with 12 hospitals in Virginia and northeastern North Carolina, nearly 30,000 employees, a 4,000-provider medical staff and two health plans, Optima Health and Virginia Premier serving nearly a million members.

“Many of our 2022 plans are not strategies but continuing to build and enhance fundamental capabilities,” he says. “In 2021 we focused on foundational infrastructure: a more robust EHR, more robust cloud and cybersecurity. We’re about to go live with new cloud-native ERP and claims-processing systems in 2022.”

Still, Skeen’s top 2022 strategic priority is digital transformation. “We’re creating a framework, an ecosystem for consumer interaction,” Skeen says. “We already have portals and digital apps, but those aren’t the same thing as an ecosystem for direct relationships with consumers via remote monitoring, hospital at home, telehealth, omnichannel, bidirectional messaging and AI-driven care. All enriching self-service and intelligently assisting interactions with physicians.”

Strategic priority number two, he says, is “hiring a chief data officer to take us to the next level, to view data as an asset, create algorithms—not just to understand care, but also to extend data to providers and consumers for preventive health and lower risk. Our legacy approach was to build data for basic business operations, compliance, and regulatory reporting. Now it’s time to apply AI and machine learning to social determinants of health and other external datasets that can significantly improve outcomes.”

**Tapping the hive mind**

Sentara is also making broader ecosystem investments in health-system collaborative Truveta; Sensyne Health, a UK-based firm using AI to make clinical care insights; and Refactor, a Yale School of Medicine-based collaborative for translational clinical research.

“We want to monitor our performance and view profiles to deliver personalized care,” says Skeen. “Let’s say I’m 72 with Type 2 diabetes and comorbidities. I can find my digital twin across the globe and identify care paths and best practices to optimize my health outcomes. We can do the same analysis using Epic’s deidentified COSMOS database, a logical move since it will enable us to get real value from our Epic EHR. Seventy percent of health systems with $2-billion or higher revenues use Epic. Truveta also makes sense because it comprises 20 leading health systems distributed geographically across the country.”

Such partnerships are important to creating the new ecosystem for a health system like Sentara.

“The way I presented our strategic technology investments to our President & CEO Howard Kern [see SI CEO Viewpoint] was that a health system our size lacks the maturity, skills and talent to build these systems and advanced data tools ourselves and should
therefore partner with others. We live in a technologically confusing world where anyone can set up an AI and/or machine-learning solution in a garage with some publicly available healthcare datasets. So, we need three-to-six partner irons in the fire. Not all will be successful. Participating in Truveta, for example, is an ethical partnership with other highly regarded health systems all united in our mission, which we are optimistic will be one of those successful irons.

I am a robot and I am here to help

Sentara’s third bucket for 2022 is a technology play: RPA [robotic process automation] and AMR [autonomous mobile robots] to address the labor shortage and enable people to work at the top of their licenses. “We are in the early stages of providing AI-assisted care and voice-recognition technology to improve efficiencies and the patient experience, and lower clinician fatigue and burnout. Using AMR from leading vendors has the potential to eliminate the need for staff to run for supplies or deliver lab samples within the hospital as well as more efficiently manage supply warehouses. This is like old-school Amazon: automating the supply chain and warehouse. There are lot of potential use cases,” says Skeen.

“The focus for the year ahead: How do we position ourselves to be attractive and easy to work with as a partner for the likes of Amazon, Walgreens or Walmart? And to establish partnerships with these consumer-friendly firms? Amazon Care [https://amazon.care/] is going to be a player. Rather than us trying to compete with these types of organizations, we should strive to be the most attractive organization for them to partner with,” he says.

Living platform

It is the ecosystem writ large.

“We have labor and delivery in the hospital,” offers Skeen. “We could reach out to pregnant women even before they deliver: Here’s a list of supplies you’ll need post-delivery. Should we put them in a case in your car when you leave the hospital or deliver them to your home just in time for your arrival? We could do that for various surgeries and medical procedures as well. There are so many partners to help make these experiences frictionless. Why would I try to solve all those issues when I can participate in an ecosystem of best-of-breed partners?”

The digital platform connects all the partners in a living ecosystem.

‘The platform must be interoperable. I’ve been using the term ‘ecosystem,’ which is a living thing, rather than ‘platform’ because clinicians hear platform and they think it is merely technology. The best platform is going to be evolving, we use the term ‘evergreen,’” Skeen says.

Integration begins at home

The first partnership will be internal at Sentara: The care-delivery side with the health plan side.

Until recently, the provider side and the health plans at Sentara have primarily operated separately. “Historically, there was a focus on hospitals and clinical care delivery. It has not been as holistic as it should have been, except for a few shared corporate services and programs. For many years, the two divisions were independently focused and incentivized. And that has been reflected in reviewing the

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overlap between our patients and members—the care-delivery side accounts for only about 20 percent of our health-plan members' cost of care. And yet, we know that being an integrated system lowers costs for both patients and members while improving outcomes. So, how do we realize growing this segment while simultaneously caring for and improving outcomes for our most vulnerable populations, like Medicaid members? How do we build a seamlessly integrated ecosystem to maximize each population we serve in a customized manner?” Skeen asks.

Value-based care is the right model for the new healthcare ecosystem.

“We need to take greater risk on the provider side and leverage a trusted collaboration with the health plan,” he says. “It’s all about how you incentivize folks while keeping our mission as the shared, unified connection. Where do you get that meeting of the minds? That’s where the challenge is. Those are things I think about, coming from a for-profit to a not-for-profit that has been a community asset since the 1880’s.”

**Conclusion**

Our 2022 SI CIO Outlook captures a snapshot of how two CIOs from outside traditional health systems are leading their health systems in consumer and digital transformation. They are outsiders engaged in the much-needed disruption of our industry from the inside out. It won’t happen overnight; it requires too much hard work. But it’s happening sooner than we think.
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