

INDUSTRY INSIDE EDGE

Converging IT & Operations *With COVID-19 the future has arrived*

INTRODUCTION

It seems so last century when we called it “shadow IT”—the proliferation of IT throughout the enterprise and beyond traditional control of the CIO, whose role has been “evolving” ever since. But that was before the COVID-19 crisis changed the world forever, including making digital health, mobility and virtual health an “essential” element of the healthcare landscape from this moment on. The convergence of IT and operations just entered hyperspace.

As CHRISTUS Health SVP & CIO John Manis puts it: “I don’t feel good about saying it, but very few things could rival COVID-19 for catalyzing and accelerating the long anticipated ‘transformation of healthcare.’ There will be no ‘back to normal’ once this crisis is over. For far too long our industry has been stuck in a stagnant paradigm. We talked about real change, but we didn’t really change. Then, suddenly, everything changed.

“Courtesy of COVID-19, the genie is out of the bottle. In response to this unprecedented virological threat, our industry and its regulators are aggressively adopting a contemporary service mindset and the modern tools and technologies that come with it—remote workforce; social networking; progressive, real-time communication, coordination and collaboration tools; telehealth and telemedicine; remote clinical observation and disease management; medical intervention by exception; self-service diagnostics and self-care; payment and reimbursement concessions; predictive analytics and knowledge management; artificial intelligence and informational chatbots; top-of-licensure clinical practice; ubiquitous access; cross-industry collaborations; innovative care models—the list goes on and on.

“Most importantly, we are now witnessing global, national, regional and local data- and information-sharing and the sharing of best practices as we all work to make a dramatic shift from the diagnosis and treatment of disease to the prediction and prevention of disease. Incredible. And all of this in just a few short weeks.”¹

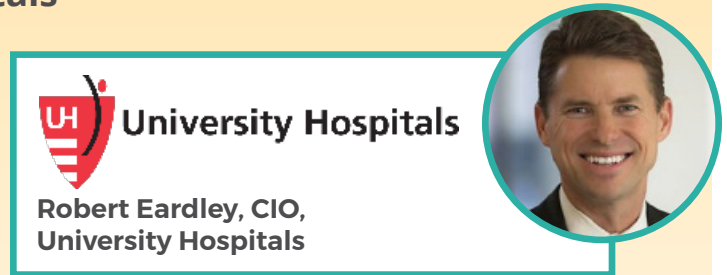
¹ Commentary, *Modern Healthcare*, March 25, 2020.

It's all business at University Hospitals

"We don't have all the answers," acknowledges Robert Eardley, CIO at University Hospitals, Cleveland. "A Mark Zuckerberg quote is appropriate here: 'Ideas don't come out fully formed. They only become clear as you work on them. You just have to get started.' You have to find enough structure to begin because it's not perfectly clear. You have to be intentional about this. IT has two gauges: the traditional run-maintain-modify function, which requires a lot of work; and innovative new projects and initiatives, all of which have to be operationalized, managed and given training support."

While both groups reside under IT, they should be independent of each other to avoid functional conflicts. "You have to know who to go to" for specific IT needs, he says. For example, a clinical manager seeking an API-enabled app for maternity care would work with the innovation group to design, build or buy that tool.

That doesn't mean all technology expertise should reside within the IT department. Splitting those two functions within IT makes it easier to support IT as it becomes part of the operational and clinical sinews of the healthcare enterprise.



"There should be thousands of people outside IT in healthcare who understand, implement and use IT," says Eardley. "I have no problem with hybrid IT/operational people in radiology, cardiology, registration and other departments having the mindset to understand how we operationalize technology. We want and need them to be IT-savvy and to expand their skills. You don't have to sit in IT. These information and analytical systems facilitate the workflows of at least 80 percent of the work across the enterprise. You don't need to be an SQL developer to have a solid understanding of the information flow across the enterprise."

'Buy, build or invest'

A number of years ago, University Hospitals created a group called UH Ventures that operates outside the IT-innovation unit and whose mission is to encourage innovation across the organization. "It's all of our jobs to innovate, especially if you're in a leadership

Volume 26, Number 3

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position. The UH Ventures Group is here to support your innovation whether it be partnering with a company to take an equity stake or piloting it. It used to be the decision was 'buy versus build,' but now the decision is 'buy, build or invest' to solve for operational challenges or opportunities." he says.

UH Ventures acts as a facilitator focused on unique business opportunities. Many healthcare startups are anxious to find a health-system partner to launch and prove their products in a real-life clinical environment and gladly trade equity stakes, significant discounts or royalties to do so.

Managing innovation in IT—especially across the healthcare enterprise—requires being comfortable with ambiguity.

"There is no unique business model for innovation," acknowledges Eardley. "An innovative solution may be new to us. Maybe they have a mobile app and want us to be the first customer. The ED staffing manager may come to us and ask to help build out an app to streamline their operations. Our response is, 'Let's do something creative.' Do we get a 5 percent cut? Then it gets creative. Outside Series A and B funding rounds, how do we structure a business model?"

Health systems are all in this together

Innovative business arrangements can extend beyond the walls of the health system.

"If five of us health systems go in together to develop a new software tool that helps us all deliver care better, we're creating value for us and that company.

"If five health systems can have a joint investment fund, and we all have the same particular need and solve that need, we can attach our five logos to that product. Why wouldn't we invest in that product? That's buy, build or invest at work. Like UH Ventures, executives and directors throughout the system should not get a free pass for responsibility to innovate," says Eardley.

The guiding principle of UH Ventures is "We need to use the technologies," he notes, which

means successful IT innovation has to be applicable.

A good example: Eardley's group identified a chatbot² firm that helps the chronically ill. Eardley and his IT innovation group engaged UH Ventures and the company was amenable to an arrangement. They followed the protocol:

1. Identify a need.
2. Determine whether a development opportunity exists to create a solution.
3. Engage UH Ventures to determine if early-stage funding is appropriate or some other early stage investment opportunity exists.
4. Answer the question: Does the organization really need this innovation? If so, why not make it worthwhile for both sides?
5. Put the product into production—use it.

The conversation device

"Chatbots are now coming into their own as another tool to help support care. Our patients can now have a conversation with an automated device and those patients know they're being checked on. So far, we've engaged 320 patients across nine different disease programs and have conducted over 1,700 chats. Ultimately we are interested if it is clinically effective at improving measurable outcomes. The early indications are that it has an impact," says Eardley.

How does this model of IT innovation across the enterprise shape the role of the CIO?

"I view my role as a large-scale portfolio manager, asking the fundamental question, 'Does it all work together?'" says CIO Eardley. "I come from a consulting background where I helped drive technology-enabled improvement, but it was always about the process, not the technology. I also have a finance degree that kindled a curiosity in creative financial arrangements. Modern IT is about a consultative approach celebrating the success of our clients, whether they are surgery, cardiology, general medicine or supply chain."

² Chatbots are computer programs designed to simulate conversation with human users, especially over the Internet.

Modern IT also is about speed to market. To address that need, University Hospitals established an Emerging Technology Council (ETC), “which is unique because it’s one of the few councils for which technology comes first. We chartered the ETC to have a technology focus first. We’re tracking RPA, blockchain, AI and machine learning,” he says.

The ETC is assessing how RPA can be applied to automating recurring tasks that are inherently inefficient and blockchain to physician credentialing given that information derives from myriad data sources. With the help of a vendor, the council is evaluating how AI and machine learning can be used to develop indicator tools for sepsis, readmissions and no-shows.

“Chatbots are now coming into their own as another tool to help support care. Our patients can now have a conversation with an automated device and those patients know they’re being checked on.”

- Robert Eardley, CIO, University Hospitals

■ The new role of the CIO

This maelstrom has also accelerated emergence of a new healthcare CIO.

“The modern healthcare CIO is no longer just the head of technology but a business strategist, a futurist, and a change agent all in one,” says Joel Vengco, SVP & CIO, Baystate Health in Springfield, Mass. “Today’s CIO must be part of the strategic transformation of the business, but guess what, it isn’t easy.”

Entrenched “tradition” in healthcare operations has become so entangled with its rigid scientific foundation that only a crisis like a pandemic can break it open for real change. “Healthcare is a prove-it-to-me industry, and quite often it takes much longer for it to realize that an existing yet transformative technology is useful,” he says. “So it takes a lot of work for the CIO to drive transformation in her healthcare organization. She has to be persistent, she has to partner with the business, and acquire incremental successes over time in order to change the mindset. It can be very slow. It often takes a significant problem or a crisis to move healthcare more quickly.”

Still, Vengco says that focus on the basic, foundational business needs is the best way



to illustrate IT’s value to the organization, but cautions that IT also needs to show how it can create value beyond the basics. Vengco asserts that the CIO must balance the needs of today with a horizon vision and plan for the future so that the organization doesn’t lag behind.

“The COVID-19 pandemic has singlehandedly fast-tracked the digital initiatives many CIOs have been spearheading and often with little interest from the business in the past,” says Vengco. “Now the business is asking for these digital capabilities and wants them yesterday. The CIOs who have been working, even if incrementally, on strategies that digitize its business, modernize its infrastructure for agility, digitally empowers and engages its consumers, builds capabilities to harness and leverage its data, and establishes a culture of innovation are the ones ready to seize this opportunity.”

'Passionate problems'

A CIO who views technology with such a critical-yet-visionary eye is best prepared to lead transformation in a post-pandemic world. Still, healthcare is replete with health systems that have resisted wholeheartedly embracing digital-health transformation even when they had visionary CIOs. That day is over. "Now the business has realized containment of the Coronavirus demands a digital health platform that not only supports operations, but new ways of doing business. We've transitioned more than 60% of our visits to virtual. We've developed virtual capabilities to enable families to visit their isolated loved ones in the hospital. We have tasked our innovation and development teams to create new solutions like an app for employee COVID screening, to redesigning snorkel masks to become a PPE. The CIO must lead," says Vengco.

Connecting IT innovation to business requires identifying the "passionate problems" important to the business stakeholders. "These may not necessarily be problems I see as the CIO. The passionate problems are brought forth by the front lines who see the obstacles that hinder them from doing their jobs. If we can identify a transformative solution for a passionate problem, we can then help them do the job they're looking to get done. It becomes a technology pull rather than a technology push. Pushing technology tends to create more problems than solve them," he says.

"Today's CIOs need to simultaneously manage current operations while strategizing and delivering on the business of the future. They have to be operators as well as visionaries," says Vengco. "The CIO has to be bimodal: the today and the tomorrow. This takes a very different CIO mindset," he says.

The future has crashed into the present

Social distancing and sheltering in place have validated previous healthcare CIO discussions about the emerging digital workforce as well as the growing digital consumer.

"Other industries like retail, travel, or hospitality have digitized the customer engagement and experience," says Vengco. "In these industries, both the service provider and the consumer are engaging with one another through digital or virtual means. Many health systems have yet to enable patients to access their own data, message their providers, enter symptoms, self-schedule, conduct virtual visits, and so on. Healthcare has been afraid to disrupt the cart saying patients are not ready and acquiesce to clinicians who claim they themselves are not able to conduct virtual visits. With COVID-19, health systems have seen patient adoption of virtual care and clinician adoption for providing it. In a mere few weeks, we went from a seemingly endless negotiation of readiness to an overwhelming desire to be in the future. The majority of our clinical visits are now virtual and more than one-third of our workforce is remote. Were we ready to do all that? No, but were prepared to do it because we had executed on small scale pilots and learned."

If, at the very least, a health system had made even small investments in virtual desktops, analytics, telehealth, and other "future" tech, it would likely have some level of readiness to scale the technology needed to address the COVID-19 crisis. "Now IT is being bombarded with requests. The future has crashed into the present."

"Healthcare is a prove-it-to-me industry, and quite often it takes much longer for it to realize that an existing yet transformative technology is useful."

- Joel Vengco, SVP & CIO, Baystate Health

IT adoption across clinical realms at Loma Linda

“Implementation of IT is relatively easy,” asserts Anthony Hilliard, MD, cardiologist and COO of Loma Linda University Health’s ambulatory medicine practice, which covers 58 clinics, 1,000 physicians and 1,300 providers. “Adoption of IT innovations, however, has opportunities for improvement. How we adopt is crucial. Our job is not just to create things, but to create things that are meaningful and used. How we engage users in implementation is critical.”



 **Anthony Hilliard, MD, cardiologist and COO, ambulatory Loma Linda University Health**

Mark Zirkelbach, CIO at Loma Linda, notes CIOs must demonstrate both technology expertise and business domain knowledge. “You need to be able to convince operations there’s benefit in an IT solution. You really have to understand business processes really well at the director level.”

Hilliard says it’s imperative to understand business “pain points, including how providers can work at the top of their scale. So, the ability to dive into workflows is really key.”

Loma Linda created a rapid-cycle deployment mindset and service structure to accelerate IT operational adoption of technology within two to three months and generate momentum to foster further adoption.

‘Last Mile’

The rapid-cycle team is part of Loma Linda’s ‘Last Mile’ strategy along with other critical Teams in IT that features executive sponsors

and requires that IT solutions demonstrate an ROI within 90 days. “We actually measure the value before. It happens quickly or we move on. It can’t take forever,” says Zirkelbach.



LOMA LINDA UNIVERSITY
HEALTH



**Mark Zirkelbach, CIO,
Loma Linda University Health**

IT innovation is often in the eye of the beholder. “Is it innovation if Loma Linda is still faxing around documents? It might not be new technology and still be innovative. On the other side, we’ve been assessing these initiatives 90 days pre- and post-implementation. That gives us a good predictor,” he says.

Hilliard notes IT has assigned 100-plus staff to the EHR, but just eight to the rapid-cycle team, which operates as a separate unit to better focus on its 90-day run cycles. “They’re not as involved in the running and supporting the large complexity of the enterprise systems; they work in a very effective management dyad. Governance is through the IS department with the administrative director working closely with the clinical director. A shared-services structure strategy is a key component in rolling out IT innovation to achieve operational efficiencies and engage patients and consumers,” he says.

Hilliard likes the rapid-cycle team’s small size as well. “I like it small because the conversation requires a lot of intellectual and emotional equity. It’s like the Navy Seals. They’re my think tank. I tell them, “Go figure it out!” They’re a trusted confidant on operational strategy.”

“Our job is not just to create things, but to create things that are meaningful and used. How we engage users in implementation is critical.”

– Anthony Hilliard, MD, cardiologist and COO, Loma Linda University Health

Partnering for innovation at Houston Methodist

“What makes us good stewards,” says Nick Desai, DPM, CMIO at Houston Methodist, “is that we’re focused on core operations—what we do to stay on our strategic roadmap. But, our world has been turned upside down.”

That was even before the COVID-19 crisis. Now, like it or not, we’re truly undergoing transformation.



HOUSTON
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LEADING MEDICINE

**Nick Desai, DPM, CMIO,
Houston Methodist**

“Our way of delivering information to patients is wed to a bricks-and-mortar environment, very fixed,” he says. “What’s changed is the influx of new technology and toolsets and demands of consumers. Healthcare organizations have become uncomfortably

malleable in keeping on a strategic path while operationalizing innovation. How do I do my current job and look to the future? Our focus is on what’s possible, usable and consumable.”

CIOs have also changed. “CIOs are no longer just chief keep-the-lights-on officers, but partnering with others and providing new tools for collaboration,” Desai says. “Our new CIO, Ken Letkeman, came from Vanderbilt and is shifting our focus to ‘unparalleled innovation’ and Partnering with our Chief Innovation Officer, Dr. Roberta Schwartz. For example, we use RPA in partnership with [WorkFusion](#) in various settings like HR—for hiring—in claims adjudication and clinical documentation.”

In a simplistic sense, traditional CIOs just managed technology. That role has become moribund in a much more dynamic environment. “Our definition of innovation is to respond rapidly with efficiency. Traditional waterfall technology³ is not predictable, rapid-cycle or efficient. CIOs today need to

³ Waterfall is a structured software development methodology that is often quite rigid compared to Agile methodology known for its flexibility. According to the Waterfall model, software development is to be completed as one single project, which is divided into different phases, each phase appearing only once during the SDLC.



Home of the Future

Outpatient Simulation Clinic

Inpatient Simulation Room

understand economics and value, be able to identify the right partners based on aptitude, ability to iterate with them,” he says.

CIO job: improve market presence and value

From an economic perspective, CIOs need to be able to improve market presence and value. Value means streamlining patient access and processes, serving the right stakeholders and making it easy for patients and consumers to access, say, transportation services like Uber. CIOs are charged with identifying the partners that lie outside their domain.

Houston Methodist’s Tech Hub brings vendors to the table to help drive the economics of innovation. “It’s all about adoption, which we call AI² for 1)Assess, 2)Innovate, 3)Adopt, 4)Iterate,” Desai says.

“We seek disruptive partnerships but they have to be with the right partners. For example, now that it’s HIPAA-compliant, we’re working with the Amazon Alexa device. We’ve also partnered with [American Well](#) for virtual care, which patients love because it gives them confidence and convenience,” he says. That the COVID-19 pandemic has accelerated clinical and operational adoption of telemedicine and other IT tools is clear from the graphic (right column).

Houston Methodist can consider partnering with IT and telehealth firms because it has a single, core EHR platform like Epic that drives integration and consistency. “What’s happened is a kind of EHR natural selection,” says Desai. “Epic builds a core platform, but will it have a call-scheduling app? Probably not. So, Houston Methodist needs to develop it or partner with a third party because Epic and Cerner are still laggards on that level of application.”

He says operationalizing requires finding the right balance. “What are core projects? What is innovative? It’s not IT driven. The new role of the CIO is to bring key stakeholders to the table. The key challenge is—using Agile in our case—is to find the best product in the field. We partner with [AVIA](#) to review the latest developments in NLP [natural language processing]. While Nuance has

been a traditional partner in providing NLP tools, Amazon has emerged and provided a platform for NLP. There’s no normalization of ways we decide today,” he says.

From March 9 – April 15 We have completed...



Fail fast; succeed fast

The key is to prioritize. Houston Methodist relies on its Center for Innovation for scope and review of innovation initiatives. “That allows us to do swift, quick sprints. We can get the data points quickly. We’ll fail fast and equally succeed fast. That helped us to quickly kill a pilot recently,” says Desai.

Of course there are successes too. For example, Houston Methodist started a 24/7 telestroke program as an innovative IT initiative and, since December 2019, has conducted 1,200 consultations, with 74 patients transferred to hospitals and 53 percent of those patients given TPA.

Establishing Digital Innovation within Hospital Operations



The health system also adopted [CareSense](#), a mobile digital-care navigation and data-collection system that accelerated patient engagement. Since 2019, for example, the system has facilitated scheduling of nearly 155,000 appointments and 79,000 e-check-ins. Using CareSense Houston Methodist has reduced LOS by two days for total joint replacements, CBG and aortic replacements. It has also cut readmission rates. Another innovative investment: an oncology robot that has completed 2,200 medication doses to patients.

Perhaps the best ROI of all from these initiatives is that patient satisfaction ratings are at 4.9 out of 5, an all-time high.

Says Desai: “We’re running a ton of pilots. Besides Alexa, we’re testing transportation strategies using a company called [Circulation](#), an on-demand ride-ordering solution that provides a single point for scheduling transportation with the aim of improving health outcomes and financial results. Also Buoy, an online symptom checker, and use of virtual reality for virtual physical therapy and pain management. And [Clear](#), a biometric security system that uses eyes and fingerprints to verify identity.”

“CIOs are no longer just chief keep-the-lights-on officers, but partnering with others and providing new tools for collaboration.”

– Nick Desai, DPM, CMIO, Houston Methodist



Healthcare is harder

“The streets are littered with tech companies that have tried healthcare and failed,” says Ken Perez, VP of healthcare policy at Omnicell, who has experienced healthcare on the high-tech vendor side for nearly three decades, having worked at HP for 11 years, MedeAnalytics for five years, and now 13 years at Omnicell.



Ken Perez, VP of healthcare policy, Omnicell

The key question: “Is the technology being used, applied and supplying benefit?” The critical step, he says, is to engage end users early on to identify the kind of workflow integration that is required for any solution.

Perez frames the issue using a three-tiered model:

1. Can Do—beta test is successful; one customer; proven practice.
2. Should Do—best or recommended practice; board may approve it; we’re having a lot of success.
3. Must Do—they teach it at nursing schools; you can touch it; it’s standard practice to have. (An example would be Pyxis or Omnicell medication-dispensing cabinets, which 95 percent of hospitals use.)

“You must deeply collaborate with end users,” says Perez. “I call it bridging work. It requires cultural translation between the users—who have the domain knowledge and a deep

understanding of the problems—and the solution developers, such as data scientists, who have a variety of technologies to apply.”

Becoming faster at finding innovative technologies should be primarily the role of HIT vendors and consultants, he argues. “It’s part of our job to scour the world for the best technology solutions. Provider organizations are rightfully focused on delivering patient care; conducting market research and doing technology assessments are not their core competencies.”

Think backwards to move forward

Quickly assessing that IT innovation calls for classic management thinking, Perez asserts. “You start with the end in mind—a la Stephen Covey’s “7 Habits of Highly Effective People.” Based on feedback from hundreds of clients, Omnicell developed a framework for determining value quickly:

1. What’s the value the technology brings? Cost savings? Error reduction?
2. How would it integrate with the workflow? If it doesn’t integrate well, it won’t be used.
3. “Implementation Science,” developed at Stanford Health Care, offers criteria to assess whether an innovation is likely to be adopted:
 - a. Acceptability
 - b. Appropriateness
 - c. Feasibility
 - d. Sustainability
 - e. Scalability

Innovation is best done with partners. “What I’d advocate is collaboration. We’re constantly collaborating with our biggest clients. We get early input from large health systems, especially when we have a big vision. We

“The critical step is to engage end users early on to identify the kind of workflow integration that is required for any solution.”

– Ken Perez, VP of healthcare policy, Omnicell

say, for example, ‘Here’s our vision for the autonomous pharmacy, based on what we understand you would like to be able to do. Given that, how can we apply automation, robotics, analytics, machine learning and AI?’” says Perez.

Leveraging successful IT innovation for productivity, to enable healthcare professionals to work at the top of their licenses, requires a four-option strategy, he says:

1. Improve existing processes and make them faster and more accurate.
2. Use machine learning to re-engineer processes and minimize human involvement.

3. Eliminate human involvement completely.
4. Maybe the process isn’t even needed—for assembly of a subassembly, for example.

CIOs should be the leaders in stoking the fires of IT innovation throughout health-system operations, as much on the clinical side as on the administrative side. “I think CIOs can be kind of double agents, representing two different nations. A, the IT world, geeking out, trafficking in new technology; and B, the healthcare provider organization. Really successful CIOs forge alliances with clinical colleagues and are proactive collaborators with both IT and operations. The smart CIOs act as in-house consultants with an open door. You can’t be cloistered.”

■ Conclusion

Our post-COVID healthcare system is emerging before our eyes as the disruptor of a pandemic gives us no choice. As Paul Casey, MD, CMO at Rush University Medical Center in Chicago, put it in a recent COVID webinar: “We’ve made three years of changes in three weeks.”⁴ Those changes include rapid scaling of analytics, telehealth, virtual visits, internal and external social media communications and innovations in IT and operations. The convergence has arrived.

⁴ “COVID-19: The Disruption No One Planned For,” Modern Healthcare, April 2, 2020.

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