SCOTTSDALE INSTITUTE

INSIDE IE EDGE

Prioritizing IT Initiatives

EXECUTIVE SUMMARY

Even before the economic downturn, leading health-delivery organizations were making progress in their ability to prioritize IT projects. Their increasing maturity in IT governance and ability to define IT value, even if the latter has never become an exact science, has helped many organizations become much more comfortable in their ability to match IT demands with strategic goals and resources. Today, of course, the economy has cast in even sharper relief the need to justify and prioritize IT initiatives.

Not all health-delivery organizations, however, are advanced in their ability to prioritize IT. The reasons vary: many still struggle with how to define IT value; others lack disciplined governance processes for winnowing the "good" IT from "bad" IT; still others, we found, underestimate or fail to acknowledge crucial aspects like IT life-cycle costs—or the information may not be available to help them do so—and therefore fail to assess different IT projects over the long term.

In our quest to highlight best practices in the area of justifying and prioritizing IT investments, we talked to leaders from SI member organizations and sponsoring partners, all veterans of the IT and clinical informatics arena—two CIOs, a director of quality and clinical informatics and two consultants—and all had slightly different takes on this important topic. The good news is that health-delivery organizations everywhere can benefit from these approaches and adopt their own processes for IT discernment.

Wade redux

John Wade is nothing if not a veteran CIO, having already retired once prior to becoming interim CIO at Piedmont Healthcare, an Atlanta-based four-hospital system. That first retirement followed a stellar career as CIO at St. Luke's in Kansas City, which he helped shepherd to become one of the first winners in healthcare of the Malcolm Baldrige National Quality Award.

"I spent all those years at St. Luke's and we had developed a disciplined IT governance process that aligned IT projects with business or clinical objectives," he recalls. "Prior to that, in the 1990s, whoever screamed the loudest got priority."

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continued on next page

Once the organization entered into the Baldrige quest, he says, leadership and staff became much more disciplined about evaluating how IT projects would continue to align with business objectives one, three and five years following implementation. As an officer of HIMSS and active participant in the industry, Wade still sees some of the same gaps he saw in Kansas City in the early 1990s. "Alignment isn't there yet. We still hear on a number of projects that this must be done because this is a key group to us. Some might say that's an alignment, but it's only because that group is screaming the loudest," he says.

PIEDMONT HEALTHCARE

John Wade, interim CIO, Piedmont Healthcare, Atlanta

In contrast, a good example of aligning IT to business objectives occurred when St. Luke's made the strategic decision in the 1990s to expand into the northwest region of Kansas City. Senior management had staff identify whatever IT was required—IT infrastructure or clinical applications—to grow the business in that region for the next three years. "Here's what it will cost us in physical footprint, technology infrastructure and clinical applications," Wade says the IT committee determined. "Senior management tallied it up and it made sense," he says.

"Hospitals need to adopt a similar discipline in terms of prioritizing IT. How does this particular project support this particular business objective? Also, do we have a true grasp of the cost of this project, not just in terms of the initial cost of hardware and software, but also in the first, second and fifth years for training, operating costs, hardware upgrades and licensing. I've seen what was initially a $500,000 project turn into a $2.8 million project when those considerations were factored in."

Back to the basics

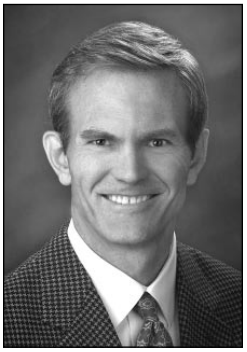
For the past eight years Doug Thompson, director of Chicago-based Navigant, has been studying clinical information systems and asking, "What are the benefits they provide?" and "What are these systems worth?" Now that capital is scarce, he says, "whatever investments health delivery organizations plan have really got to demonstrate value. We've heard of folks delaying purchases and focusing on their core systems; but some are being foolish and cutting muscle. In the middle of an EHR implementation they're cutting IT staff. It's like stepping off a cliff."

Not surprisingly, many hospitals are concentrating more on departmental solutions like revenue-cycle applications, "going back to the basics of the revenue stream," says Thompson, who has recently worked closely with several large academic medical centers that adopted a process to examine each of their IT initiatives, including the way they're managed

and governed. For all major IT projects like EHR, new lab or radiology systems, these health systems have built into their methodology a process for qualifying project benefits prior to going ahead with it.

Managers agree on quantitative targets, develop metrics and make sure the project achieves those benefit requirements. Follow-up is critical to validating those measurements.

NAVIGANT CONSULTING



Doug Thompson, director, Navigant Consulting, Chicago

"In the past the majority of hospitals have had a low bar for approving multimillion dollar investments if they had a clinical sponsor," says Thompson. "They could go to the board without a clear plan of benefits. That was the norm. Now executives want specific documentation on benefits and how you're going to measure them."

Beginning in the late 1990s and early 2000s the functionality available from clinical software systems reached a new level that greatly enhanced their ability to deliver IT value. Now, results from the latest wave of EHR implementations are becoming available and improving our understanding of IT value even more. Thompson cites the example of Minneapolis-based Allina Hospitals and Clinics which launched its EHR implementation in 2002, but needed the intervening six years for implementation, adoption and fine-tuning to achieve the kind of benefits that won it the Davies Award last year.

Today, many delivery systems are able to harvest the kind of benefits data that allows them to distinguish IT value. "It used to be small club. Now there's a breadth of organizations that have the data points and tools to measure IT value," says Thompson.

"It's not a complete picture but the patchwork quilt is getting filled in—and that's beginning to apply to community hospitals too."

What do I get out of it?

"How providers prioritize their IT initiatives varies by client," says Tracey Mayberry, a CSC partner who heads up the consultancy's healthcare-IT strategic planning service.

Most organizations have a reasonable business-analysis process in place that allows a top-down approach to drive IT project planning and organizational linkage so the organization can move quickly through the planning process and is not consumed in generating a large project wish list that's impossible to satisfy and not well aligned. In addition, organizations are becoming more proficient at attempting to predict and better understand the overall value proposition.

continued

Cerner has a deep clinical orientation. More than one-eighth of their associates are clinicians, who significantly impact how they design and deliver solutions and services. They provide continuous support and guarantee almost universal availability. They also offer innovative monitoring capabilities that their clients use to assess system performance.

Welcome Neal Patterson, CEO and Jude Dieterman, Executive VP and the rest of the Cerner team.

Tracey Mayberry, partner, CSC, Falls Church, Va.

In addition to the need to reduce medical errors and provide the safest care possible some organizations also look at IT as a competitive advantage to create a "sticky' environment for doctors and other healthcare providers or a more inviting one for consumers—strategies that can include specific projects like single sign-on, robust physician web portals as well as kiosks for self-service and way-finding, and websites for patient convenience and engaging patient education.

"In many organizations today the limiter ends up being capital," says Mayberry, adding that since the early 2000's healthcare has made a major shift in governance to more clinician leadership and participation. "It's not just IT capital anymore but clinical capital. It's used to be just the CIO's issue, now it is shared with physicians. When physicians understand the capital process and limits they can be very practical, deciding they'll get another year out of the 64-slice CT scanner. This shift has taken the CIO out of the hot seat," he says.

This kind of alignment with the strategic plan is easier today not only because IT and organizational missions are better linked, or because of more clinician engagement in the process, but also because vendor products generally are more sophisticated and capable. "Overall vendor products are good at data capture. However, they're not as strong in providing meaningful reporting. It's amazing the amount of time spent on report development by individual providers given the common needs of delivery organizations," says Mayberry.

When it comes to IT prioritization, the biggest trend of all may be that IT itself is becoming a priority over other capital investments. "Health delivery organizations are choosing IT systems over bricks and mortar," he says. "Despite having a nice new campus or facility, executives are discovering they haven't knitted their organizations together and that IT is the only way to do that. They realize their survival may depend as much on IT as on having up-to-date facilities."

Mayberry recalls the foresightedness of a CEO a decade earlier who eschewed the term IDN for "organized health system" because the latter better reflected his desire to more freely deploy organizational resources as opposed to trying to optimize a fixed campus. "Now here we are, talking about a more organized healthcare system approach on a much bigger, regional and national scale," he says.

In the process of prioritizing IT projects, a typical prototype for governance includes a small executive leadership team that acts as the receiver of recommendations from the IT Steering Committee and which makes the final decision on where

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Welcome Larry Angeli, VP, Healthcare Solutions, Mike Wilson, Executive Director of Clinical Solutions, and the rest of the Compuware team.

to draw the line on what can be funded based on the business case. This executive committee interfaces with the board and finance committees. Below the Senior Executive team usually resides an overall IT Steering Committee that acts to balance the multiple competing needs of the organization, supported by a set of subcommittees that engage the appropriate stakeholders reflecting the composition of the organization. "That way you don't ask physicians and other participants to engage in review and debate on systems and priorities that are really not part of their respective core competency," says Mayberry.

Top 20

For the past two years, Northwestern Memorial Healthcare in Chicago has had a Project Prioritization Group (PPG) that includes representation from all operational departments including laboratory, radiology, nursing, outpatient services, IT, informatics and physicians. "We get together before the capital process is finalized in order to prepare recommendations on the highest-value projects for funding," say Stephanie Kitt, Northwestern Memorial's director of quality and clinical informatics.

Each project is assigned a PPG representative who works with the project owner, an operational or medical director, to define strategic alignment with overall organizational goals, benefit and fiscal impact of the technology. In assessing strategic alignment, one must define how the proposed investment furthers organizational goals like the best patient experience, best people or improved financial performance. Strategic alignment, among other factors, is ranked on a scale of 1 to 5, with 5 as the best possible.

Northwestern Memorial Hospital

Stephanie Kitt, director, Northwestern Memorial Healthcare, Chicago

"Then we look at fiscal opportunity," says Kitt. "Is there an operational impact? Will it cost us more or is there cost avoidance?" Northwestern uses a framework called Total Cost Impact (TCI) to comprehensively review costs, including licensing fees and software upgrades.

"Everybody does their homework and then we meet and sort it all out," she says, adding that assessments consider the number of IS hours a project will require and whether it's driven by regulatory or vendor mandates (software upgrades), which can obviate the need for strategic justification. Organizational readiness is also a criterion: is there the capacity to carry out the activities associated with the proposed IT initiative?

"All of these requests are coming from the medical or operational leadership. They're signed off by VPs," says Kitt. Once the PPG decides to recommend IT projects, they go to the capital commit-

Northwestern uses a framework called Total Cost Impact (TCI) to comprehensively review costs, including licensing fees and software upgrades.

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"From my perspective the answer is simple:

1) The program has value: I get at least one or two ideas from each session. I have hired new people to work with me to build our clinical analytics capability and SI sessions are extremely well suited to transition them to the broader world of healthcare and clinical analytics.

2) Unlike some of the other webcasts sponsored by periodicals I don't get hassled by vendors after the broadcast.

3) Access to materials is efficient

4) I can handle pressing issues if necessary while participating."

John R. (Skip) Valusek, PhD, CPHQ, Director Informatics Support HealthEast Care System

tee—made up of senior executives and physician leadership—which has the final determination of what gets funded. The capital committee meets on an ongoing basis so it can reevaluate funds distribution quarterly.

The most difficult challenge is being able to create a clear and objective representation of the project submissions so that the best recommendations can be made. "This is the third year we've been doing this and being able to gather the right information is something that gets better as you gain experience," she says.

Northwestern Memorial also has a process for reviewing the ongoing requests for system enhancements that uses a modified failure-modes-effects-analysis (FMEA) approach to rank the importance of investing in the change. The requests are ranked from 1 to 3 in each category, with 3 being most important. The categories for ranking are as follows:

- The severity of the failure if not remedied;
- The frequency of occurrence of the failure;
- Current processes in place to prevent the failure.

Multiplying the three numbers in sequence creates a total severity ranking from 1 to 27, with 27 being the highest need. The ranking really helps to differentiate value in a somewhat objective way. "The enhancements requested don't always require additional dollar allocations—but they do take time—and that is why prioritization is important—to assure precious IT resources are working on the most impactful solutions."

Alegent

Like many health systems, Alegent Healthcare, an Omaha, Neb.-based integrated delivery system with nine hospitals and 100-plus service sites in Nebraska and southwest Iowa, separates IT priorities into two buckets, according to Ken Lawonn, senior VP and CIO. The first bucket contains key institutional priorities, and the second contains those considered by the IT executive steering committee, which supports the organization's three-year IT plan and the strategy for implementing its EHR. The steering committee is responsible for prioritizing all major IT requests to fit within the annual capital allowance Alegent assigns to IT.

Alegent has recently implemented a new process to review all new capital projects costing $100,000 or more and/or that impact multiple departments. That process involves an initial online review by a team representing finance, quality and planning to make sure the initiative makes sense conceptually and supports Alegent's strategic priorities.

Once it passes the initial review, the next stop is the executive leadership council (ELC). It's here the project is assigned an executive sponsor and where resource requirements, ROI and implications for

other projects are spelled out at a high level. If the ELC approves the project for further evaluation, it is assigned resources from change management, finance, IT, operations, planning and quality to establish a more formal business planning review and justification, after which it comes up for a final review by ELC. Once a project receives final approval, it moves into implementation. "We are also beginning to perform post-implementation reviews to see if the expected outcomes were achieved and to collect lessons learned," indicated Lawonn.

Alegent Health

This is your healthcare

Ken Lawonn, VP/CIO, Alegent Healthcare, Omaha, Neb.

"Every year we have to look at key organizational priorities and see how we might have changed," says Lawonn. "For example, we're now shifting more to a continuum of care model, or systems of care based on the medical home model." That can mean looking at how Alegent cares for an oncology patient, which typically includes multiple sites for diagnostic services, high-end radiation and after-care treatment. "How do we care for people in their homes or even in a retail setting for cosmetic services? If you look at either high-end orthopedics or bread-and-butter orthopedics there's also inpatient, outpatient and home-based therapy—and you're trying to manage it all as a total system," he says.

Not surprisingly, economic conditions are merging with this more holistic model into an even more disciplined scrutiny of such projects. "We're now looking at how we provide diagnostic services. It used to be everywhere. Now we're looking at where to ration high-end diagnostic equipment and more rigorous prior authorization. We already see the government moving to more bundled payments and more of a managed care model generally," says Lawonn.

This fast-emerging model, he says, favors IT projects like very robust data warehouses with clinical decision support that allow analysis of inpatient and outpatient data to determine the best and most efficient kinds of treatment—and measure performance.

Texas Health Resources

"Prioritizing IT is so important to us that we hired a VP of Value Realization, Nanda Lahoud," says Ed Marx, CIO at Texas Health Resources, an Arlington, Texas-based 14-hospital health system with just under 3,500 beds that serves about 6.2-million people in north central Texas. The VP has responsibility for the project management office (PMO) and governance and strategy.

Before Marx arrived at 10-year-old THR in fall 2007, the PMO was lower status and IT governance was limited to an IT

"Prioritizing IT is so important to us that we hired a VP of Value Realization," says Ed Marx, CIO at Texas Health Resources.

council that essentially "approved everything," he says. "There wasn't a lot of IT prioritization because there was nothing to prioritize against. There was no concept of it," he says.

That has changed in the last two years. "Rather than alignment, we believe in convergence, so we can measure against how well IT converges with THR's five broad transformational themes," says Marx. Those themes are:

1. Strengthen our culture;
2. Advance physician engagement;
3. Adopt a comprehensive view of quality;
4. Become an integrated, cost-effective system;
5. Be a provider and coordinator of care.

The PMO tries to answer the following questions:

1. How strong is that convergence? Ranked on a 1 to 5 scheme, with 5 denoting the most convergence;
2. What's the value? Defined in terms of both traditional ROI as well as patient and clinical value; "It's not all about dollars," says Marx;
3. Do we have resources available? "That's the nice thing about the growing maturity of the PMO—our project management software automatically shows us where our resources are and if we have resources available," says Marx.

Ed Marx, CIO, Texas Health Resources, Arlington, Texas

TEXAS HEALTH RESOURCES

While most IT projects at THR are planned a year in advance, a recent unnamed project shows how convergence and anticipated value can bring an otherwise unplanned project to the fore. "We took this particular project back to the IT council for a vote. The nice thing is that the value-realization concept really comes into play one year after go live," says Marx. For example, that project achieved an ROI of 7 percent and cut LOS by .5 percent. The project sponsor who had pitched the initiative to begin with returned to the council with the original slide of the value projection and compared it with the reality. "This process cuts the number of projects in half. We're seeing a dramatic drop in low-value IT projects. Most people self-select to drop out because of the rigor and transparency of the prioritization process," he says.

THR believes in the discipline of the prioritization process so much the organization has three FTEs dedicated to value realization in its EHR implementation. "That's all they do and they report at the most senior levels of the organization," says Marx. The process goes generally like this: Two months prior to implemen-

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tation, IT staff establishes performance benchmarks from financial, clinical, satisfaction and time-and-motion perspectives. Post implementation, the team goes back and re-measures everything , ranking each factor in green (excellent), red (failed) and yellow (needs work). Action steps are then outlined for the hospital and the IT council meets monthly in ongoing review.

The IT council's two co-chairs are hospital CEOs who rotate every two years. Of the 25 members, five are IT, five corporate and the rest represent clinicians, finance, supply chain. Most of the review can be done on online using SharePoint software. "We were able to get the project through virtually," says Marx.

Still, ad hoc project review is the exception rather than the rule. The IT council holds an annual four-hour event at which it recommends IT projects to THR's C-suite. During the meeting management prioritizes all the IT projects for the next year. Marx says the economic downturn has tightened the review process even more. "Demand for IT projects hasn't waned but we're going to be even more strict. In the past a 36-month ROI was good. Now a 12-month ROI is more the norm."

Conclusion

Hospitals and health systems have come a long way in their ability to prioritize IT projects. It's clear the economy has only accelerated the movement toward stricter accountability and an improved process for justification of IT initiatives. It's important to note, however, that the priority of IT itself is not in question. IT has rightfully won its place at the top of the CEO's "to-do" list. And while that may seem obvious today, it's only been in the 16 years since Scottsdale Institute's founding that that battle has been won.

continued

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August 18
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