SCOTTSDALE INSTITUTE

INSIDE EDGE

The Landscape for Funding IT Initiatives

EXECUTIVE SUMMARY

While this report began as an exploration of the tradeoffs health systems make to fund IT initiatives, it ended up as a snapshot of the larger IT-funding landscape. It's not that health systems are not making tradeoffs, it's just that IT has become so embedded in the character of healthcare that the real story is the interplay of IT and strategic initiatives in supporting the future of health delivery itself. It's obviously an exciting time, full of change and promise as the US health "system" finally tries to become one.

We interview two CFOs from leading health systems that are SI member organizations—Peter Markell from Partners HealthCare and Mike Freed from Spectrum Health—and bookend those conversations with perspective and insights from Deloitte consultant Mitch Morris, MD, and CHRISTUS CIO George Conklin. All add compelling clarity to a topic that for this writer is often recondite.

New model, new sources

A traditional IT-funding framework, notes Mitch Morris, MD, principal for health sciences and government for Deloitte Consulting LLP, takes operating dollars and capital dollars and allots a portion of the latter for IT initiatives. That has changed. "In recent years, CFOs have become a little more sophisticated around capitalizing the cost of IT in terms of equipment, labor, software and consultants. That's especially true given investments in big-ticket items like EHRs," he says.

"They've all started to look around for other ways to fund IT initiatives," says Morris. The biggest external source of funding is HITECH, focused on Meaningful Use. Boards of trustees, CFOs and of course CIOs have become acutely aware of the importance of Meaningful Use money. "We're seeing boards oversee distribution of Meaningful Use funds," says Morris.

Other sources include CTSA awards (clinical and translational science grants from West Wireless described below) and federally funded SHARP (Strategic Health IT Advanced Research Projects—to support health IT breakthroughs and eliminate barriers to MU) and Beacon Community grants (to support specific communities in EHR adoption and HIE development). Also, many states have

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IT-related training grants. Hospitals are becoming increasing sophisticated in using some of these external sources. All come with strings attached as the grant tells you what to do. For example, those who won SHARP Awards must use the money for IT-enablement of accountable care to support analytics and communication with providers.

Private non-profits are also robust sources of IT funding. For example, the Robert Wood Johnson Foundation, a Princeton, NJ-based foundation with nearly $9-billion in assets, and less well-known West Wireless Health Institute, a La Jolla, Calif.-based $100-million research foundation, provide IT grants to hospitals and health systems.

Taxing the user

Internally, especially health systems are funding IT initiatives to lower costs and increase standardization. Many large Catholic health systems like Catholic Health Initiatives (CHI), Ascension Health and CHRISTUS Health have consolidated IT functions in the corporate headquarters and developed cost-allocation programs that look to member hospitals or ministries to fund their own IT initiatives. Under this strategy individual hospitals or ministries have independent budgets which are assessed use taxes by the corporation for IT and other services.

"These programs have generated massive cost savings," says Morris, who helped with CHI's centralized IT initiative that resulted in $40 million in savings a year. However, a cost-allocation strategy requires clear vision and deft management. "You don't want to inhibit people from innovation. If you do your allocation withhold poorly, you can stifle creativity. You want to stimulate appropriate use of IT."

Mitch Morris, MD, principal, Deloitte Consulting

Deloitte.

Because health systems are at different points in the IT journey, it's difficult to nail down any consistent portion of the budget that should be devoted to IT. "There's tremendous variability. If you're putting in an EHR you could be spending 6 percent to 10 percent of revenues on IT. If you're winding down implementation, it could be 2 percent to 4 percent," he says.

A few organizations are beginning to see the light at the end of the implementation tunnel. "They're seeing their spending curb. But there's still more to do. There's very intense interest in BI and analytics, for example. But some people are taking a deep breath and saying, 'My IT budgets seem quite high. Is this the right level of spending? Do I have the right organizational structure?'" notes Morris. [See IT Benchmarking sidebar, p. 3.]

IT-population control

One factor that characterizes high-implementation periods is the ballooning

population of IT workers that are made up of a blend of consultants, software vendors and a health system's own IT employees. While it's fairly easy to let the consultants and vendor people go, in-house people have become your friends. "People tend to keep them around. The typical CFO looks around and asks, 'Do we have the right mix? Are people sitting in the right seats?'" he says. Many CFOs conclude the organization is spending too much and has too many people in IT.

This phase recalls what occurred when the outsourcing trend hit healthcare as a way to reduce FTEs and reorganize and retrench the IT function. Today, Morris says, few if any not-for-profit health systems outsource largely because they have developed their own IT capabilities and want to design and control mission-critical functions like an EHR. Also, academic medical centers have traditionally been used to "driving a Cadillac," says Morris, "and if you're cutting 20 percent to 30 percent of your IT costs via outsourcing that means you're driving a Chevy."

That reluctance to allowing a third-party operate IT may be changing at least for data centers and network operations which can operate in the cloud. "However," says Morris, "if you're an organization like CHI, you may want to explore developing your own private cloud."

In their focus on cost reduction, health systems are pursuing multiple options. "You don't have to outsource to cut costs," says Morris. Of course, IT is just one piece of the overall cost-reduction effort involving all operations including supply chain and workforce. "Sometimes the solution is investing in IT. There's a little bit of conflict," says Morris. For example, investing in BI and analytics will support new efficiencies required under accountable care.

Partners HealthCare

"We will be spending more on IT, I can be confident of that," says Peter Markell, executive VP of administration & finance, CFO and treasurer of Boston-based Partners HealthCare. That's the result of Partners' decision to spend $100 million to $200 million annually to convert to a single-vendor clinical HIT platform from its venerable home-grown HIT platform. "Eventually we hope the operating budget will drop to some degree as a result."

Historically Partners has spent 2.5 percent of its operating budget on IT and Markell expects that to remain the same or rise slightly. "Once the systems are in place we'll be lowering that percentage," he says. The health system will pick an enterprise clinical IT vendor by early summer and begin implementation in the fall.

Finding the right balance between the efficiency of a vendor system and maintaining Partners' traditional innovative edge in IT will be the challenge.

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WELCOME NEW MEMBER

bellinhealth

The Scottsdale Institute is proud to announce Bellin Health System, based in Green Bay, Wisconsin, as a new member.

Bellin Health System is an integrated health system comprised of:

- Bellin Hospital-an acute care, 167-bed, multi-specialty hospital. It is known as the region's heart center and also specializes in emergency care, pediatrics, digestive health, pulmonary, obstetrics, surgery (including robotic assisted), and cancer services.
- Bellin Psychiatric Center/ Hospital Services-includes a licensed 80-bed freestanding hospital.
- Bellin Health Psychiatric Center/Counseling Services-offers mental health counseling in Green Bay and at various regional locations.
- Bellin Medical Group-consists of several Family Medical Centers located throughout Northeast Wisconsin and Michigan's Upper Peninsula.

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PARTNERS HEALTHCARE | FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL AND MASSACHUSETTS GENERAL HOSPITAL

Peter Markell, EVP/ CFO, Partners HealthCare

Markell says it requires a three-pronged attack. First, the health system is standardizing its IT as much as possible by committing to PeopleSoft for disbursement, Soarian for revenue and an as-yet-unknown enterprise-wide clinical vendor. "We believe the market has come far enough that a vendor system can serve as the backbone for what we do. That doesn't mean we won't be innovative with our software applications. It frees up our in-house development people to concentrate on innovation that we can't readily obtain from a vendor."

In-house innovation

For example, such innovation could focus on how to analyze clinical data and create decision support to diagnose patients and develop treatment protocols faster than anybody else. Another example would be to determine how to use genomics to evaluate pharmacovigilance to improve care and perhaps develop a commercial revenue stream.

A second area of emphasis is the movement to global payments and risk sharing, which is driving Partners to establish medical homes. "How do you create real-time clinical data for clinical decision support?" is a fundamental question for the health system, says Markell.

"I'm a big believer in IT as a tool. However, clinical and operational people must be accountable for IT," he says, noting that he learned much from spending time with Partners' highly regarded former CIO John Glaser. "The worst trap is saying it's an IT project rather than a business-transformation project."

Like all health systems, Partners employs a disciplined financial framework for prioritizing capital investments, making tradeoffs between IT and bricks-and-mortar projects. "We've been very conservative in the last three years in terms of building. We've consolidated leased space, for example, into our research center. The future isn't necessarily just bricks and mortar. Having information and moving knowledge around quickly is as important if not more so," says Markell.

Accountable user

IT investment involves not only the challenge of having the upfront capital but having the considerable capital required to support the IT investment in terms of training, workflow and follow-up to ensure user accountability. "The change-management effort is almost as daunting," he says.

"What we do is just try to make sure an IT investment matches up with our strategic plan. Is this a replacement? Does it have ROI? Is it strategic in nature? If not, do we need it for mission? It's a give-

and-take. Some things fit into ROI, some don't," says Markell. Massachusetts is a shifting landscape as global payments and risk-sharing begin to shape the continuum from primary to post-acute care, and "some of this is us trying to project and stay ahead of the curve without knowing where the curve is ending up."

Spectrum Health

Have CFO roles changed as a result of technology? "Everybody's role has changed," says Mike Freed, executive VP and corporate CFO at Spectrum Health, a Grand Rapids, Mich.-based integrated delivery system. The 54-year-old has been a CFO fully half his life, since he was 27. "The change is unimaginable since I started, and a lot is driven by technology, which changes every six months. You have to adapt in the interest of greater productivity and because so much more happens electronically than years before," he says.

"Many of us are now using tablets. I can remember document signing. Now I get a PDF and I sign it with my finger. There's a free app for that," says Freed. "There are so many innovations. Have I become more IT savvy? Yes and that's all for the better. The downside is that I'm working all the time. I don't use this phone to talk any more. Messages are usually texted or I'm talking on a webex. The blending of personal and business is just a given."

Spectrum's overall spend on IT is just over 3 percent of operating expenses but that includes 1.5 percent in the organization's health plan, so the delivery system itself devotes about 4.5 percent to IT. Right now that percentage remains flat. "We're probably spending less on capital in the next five years—but we spent a much higher percentage for the first 10 years of this century. Most of that was bricks and mortar," he notes, adding quickly that IT is a big part of the mix for a growing health system. It's assumed that a 1-million-square-foot new healthcare building includes a lot of cable and IT expense.

SPECTRUM HEALTH

Mike Freed, EVP/CFO, Spectrum Health

Acquisitions have required investing in standardized IT platforms and a growing health plan demanded its own IT investments. "A lot of required IT spend is growth-related. When we formed a medical group a few years ago we needed to likewise expand our EMR."

Debating IT spend

In terms of where to tap sources of capital, Freed says you'll get different answers depending on the organization. Spectrum has an Aa credit rating and can extract funds for its operating cash or from tax-exempt financing from the market. "For long-term financing we go to the tax-exempt market." For smaller projects, leasing is an option. The most

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- Bellin Health FastCare-a retail health clinic in select Shopko department stores.

Welcome to George Kerwin, President and CEO and Jacquelyn Hunt, Chief Quality and Information Officer and the Bellin leadership team.

innovative source of IT funding is clearly Meaningful Use.

"Frankly, when we make our mind up to spend on IT, it becomes part of our routine capital spend," he says. Spectrum has a formal capital-budget prioritization process that considers its five-year strategic plan and allocates capital spends for each year. A committee of the best collective minds uses software to review and prioritize projects year in and year out; nobody gets everything they want.

"The prioritization process ensures that we stay on our five-year game plan. A lot of what we do is debate. If you're employing physician practices, for example, and don't have a building that allows them to practice then it becomes a priority to invest in bricks and mortar. It's easier now. Through the first five years of the millennium we were building a lot of buildings and that sucks up a lot of capital," says Freed.

Everyone's capital expenditure is dropping," says Freed, noting that a Moody's-rated Aa healthcare organization typically spent 1.5x depreciation on annual capital expenditures. "From 2000 to 2010, we spent approximately 1.8x depreciation; the next five years it will be 1x depreciation. I'm not building buildings. If you didn't build in the last decade you may have missed the opportunity for easier access to the capital markets. What you're seeing is less bricks and mortar and IT funding is relatively flat."

Analysts are expensive

That could mean fewer IT FTEs. "We've had a lot of people involved in IT implementation who are now operationalizing the systems. We can't afford to turn all those people into analysts" for business-intelligence analytics. Instead, Freed would like to acquire database tools to automate analytics, eliminating the need for managers to call upon costly analysts for business and operational queries.

"I'd rather just be able to say as a manager, 'I wonder if my Medicare Advantage business is driving down utilization?' and then use the analytics tool to get the answer. Put that ability into their hands for an array of issues."

Still, Freed believes there will be BI roles for IT staff to migrate into. "We've got to build career paths to get somebody whose working knowledge of data can be applied to learning the business. How does the data affect the management of care? We can immerse IT people in operations to round out their skill sets. That's no different than a financial analyst becoming a CFO. A lot of our IT managers will have IT background. IT people are inherently innovative."

CHRISTUS Health

To stay competitive, especially with pro-profits, religious-based health systems make an effort to stay apace with advanced technology, says George Conklin, senior VP and CIO at CHRISTUS Health, a $4.1-billion Dallas-based Catholic health system

WELCOME NEW MEMBER

Henry Ford Health System

The Scottsdale Institute is proud to announce Henry Ford Health System based in Detroit as a new member.

Henry Ford Health System, founded in 1915 by auto pioneer Henry Ford, is comprised of six hospitals, 29 medical centers and one of the nation's largest group practices. The Henry Ford Medical Group includes more than 1,200 physicians practicing in 40 specialties. The System's flagship, Henry Ford Hospital in Detroit, is a Level 1 Trauma Center recognized for clinical excellence in cardiology, cardiovascular surgery, neurology and neurosurgery, orthopedics, sports medicine, multi-organ transplants and cancer treatments.

The other hospitals in the system include:

- Henry Ford Wyandotte Hospital
- Henry Ford Macomb Hospital-Clinton Township
- Henry Ford Macomb Hospital-Warren

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with 40 hospitals in six states and Mexico. High-end equipment like surgical robots helps provide an edge in delivering the best care in the most efficient manner.

However, investing in new devices and IT typically results in a failure to support and maintain the existing capital assets—including buildings. "I've seen this occur everywhere I've worked. When people look at IT budgets their first response is it's too expensive. Then they're incredulous at what it costs to maintain and support the technology," he says. That is until something needs an upgrade or breaks down, such as billing software unable to send out bills.

"There's a prevailing notion to stay on the front line of technology, which makes the maintenance and support challenge progressively worse because you keep adding to that capital asset base. Plus there's the tradition of not investing in maintenance until something fails massively," says Conklin. "That's the world I live in. On the one hand, organizations always want the best and newest. On the other hand, my budget is always under scrutiny. Once we acquire those technologies we have a responsibility as good stewards to maintain them."

In recent years CHRISTUS placed biomed under the CIO, a move that has made Conklin realize how device manufacturers are much more likely to embed maintenance and support contracts into the purchase than IT vendors. It's a double-edged sword: the device vendors recognize that providers can't operate such complex devices as surgical robots without proper support while locking the buyer into a revenue stream going forward. CIOs like Conklin struggle to find cheaper but still high-quality alternatives in the marketplace. That goes for IT as well. CHRISTUS' EHR vendor is MEDITECH, which offers support contracts but is also aware that clients may need to hire third-party firms to do the job.

Introducing competition

"We really like the robot technology. It has resulted in shorter hospital stays. What I'd really like to do is introduce competition in the service and support component, which would lower costs," says Conklin. However, the robot vendor will not allow that.

Lowering technology maintenance costs is an important strategy because 40 percent of Conklin's budget goes to maintenance and support. "It's growing. If we spend $5 million on a hardware or software, 10 percent of that gets added to the operating budget for maintenance and support," he says.

CHRISTUS' IT budget is $145 million a year, or 4 percent of net operating revenues. "We're trying to keep flat at 4 percent" notes Conklin, and to achieve that objective the organization is being aggressive in three areas: one, severely vetting investments against benefits;

continued

- Henry Ford Kingswood Hospital
- Henry Ford West Bloomfield Hospital

With more than 23,000 employees, Henry Ford Health System is the fifth largest employer in metro Detroit, and among the most diverse. It generates more than $1.7 billion of annual economic stimulus.

It was awarded the prestigious 2011 Malcolm Baldrige Award.

Welcome to Nancy M. Schlichting, CEO, Bob Riney, President and COO, and Mary Alice Annecharico, CIO, and the Henry Ford leadership team.

two, greater focus on how we reuse technologies we already have; and three, create a much better inventory and catalogue of systems to do the first two.

George Conklin, VP/ CIO, CHRISTUS Health

In the first case, top-tier organizations rigorously measure the value and take the value, or "harvest the value," as described in the book "The Real Business of IT: How CIOs Create and Communicate Value" by Richard Hunter and George Westerman. "IT has gotten a black eye over the years because of acquisitions based on vague criteria," Conklin says.

Tracking the IT spender

As a result, CHRISTUS is instituting a strict oversight protocol for extracting its, well, ounce of flesh from an IT investment. For example, should an executive argue successfully that purchase of a voice-recognition system will reduce transcription costs, eliminate FTEs and improve turnaround time, CHRISTUS finance personnel will ensure the organization "harvests" the promised returns. "At the end of the prescribed period, they take the people or the money out of your budget. If you can't accept that, it will trigger a special hearing that could result in a designation of a failure to meet goals," he says.

The second strategy—a greater focus on how the health system reuses technologies—means that if a manager becomes enamored of the next great thing, the first step is to review existing technologies to see if any can be adapted for reuse to avoid a big IT expense. "Given our organization's size and history, we probably have a technology already. We'll exploit it if we're disciplined about how we go forward." Part of that discipline involves careful change management which may be more important in IT reuse than it was even in the initial implementation of the technology.

Of course, the first and second element require a much better inventory and catalogue of existing systems than the organization currently has.

When it comes to the EMR, Conklin says, implementation cost is typically seven times the cost of the original cost of the hardware, software and training. Then, over the next five to seven years the cost of maintaining the system can be as much as implementation again. A $77-million IT investment can result in a half-billion dollars of expenditures in implementation. "None of this stuff is ever accounted for," he says.

IT recruits from operations

While business intelligence occupies the next IT stage after EMR implementation, the army of analysts required for BI is unlikely to come from IT folks retrained in analytics—because they're already here, at least as far as

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continued on next page

CHRISTUS is concerned. "Most of our IT applications folks are drawn from business today. These are business people who have gotten IT credentials," says Conklin.

CHRISTUS is focusing IT on four areas. The first is those areas that trigger a significant financial return by increasing revenues or decreasing costs, a well-defined ROI.

A second area is to consolidate back-office operations to generate defined returns such as lower costs, reduced FTEs, streamlined operations and more standardization of data. That strategy accepts CHRISTUS' traditional decentralized structure for such areas as supply chain and patient accounts. Third covers regulatory mandates such as ICD-10 coding.

Fourth and final is the health system's focus on HITECH, which incorporates clinical integration across the sprawling organization and is expected to generate $109 million in federal incentives. Says Conklin: "That will take us to 2015."

Conclusion

Despite the shifting sands of healthcare generally, the landscape for funding healthcare IT has become a stable launching pad for the strategic initiatives required to transform healthcare quality and efficiency. CEOs, CFOs and COOs have become IT champions; CIOs and CMOs have become IT innovators. IT and operations staff have become experts in the other's domain. Now we just have to make sure the machine delivers on its promise.

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continued

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