

INSIDE EDGE

Workforce: New Models for Accountable Care

Introduction

Healthcare CEOs tell us that when risk contracts climb to 30 percent of their organizations' total reimbursement, it's time to go all in on accountable care and population health management. There's no special algorithm for predicting when a health system will reach this tipping point, let alone the industry at large. It's a good bet, however, that something will tip in the next five to 10 years.

The evolution of the healthcare IT workforce reflects similar logic as it shifts to support accountable care, population health and analytics. We're not sure exactly when health systems will become analytics-driven organizations and shed their IT-implementer skins. However, we do know both the larger healthcare workforce and the IT workforce are changing to accommodate the new healthcare.

This issue of *Inside Edge* captures a glimpse of what's occurring in the workforce space as healthcare undergoes the biggest transformation in our lifetimes.

Analytics evangelist

Shifting an IT workforce to focus on analytics and population health doesn't occur overnight, but requires time-consuming culture change that starts at the top.

"I've been an evangelist for several years on the need for improved analytics," says Rich Pollack, VP and CIO at Richmond, Va.-based VCU Health System. "It has involved lots of education of the executive team."

An important step: consolidate VCU's analytics silos into a single corporate analytics team. "It was amazing how many people were already engaged in reporting and querying activities. If you

can consolidate you get benefits resource-wise and synergy," he says.



Rich Pollack, VP & CIO, VCU Health System



At the same time, VCU lacked certain analytics skill sets like those required to master its home-grown electronic data warehouse (EDW). Specifically, the organization needed an expert in ETL—short for *extract, transform, load*—three database functions that are combined into a single tool to pull data from one database and place it into another database. A year ago VCU hired an ETL specialist, a data architect and a VP of quality and patient safety, who has since hired additional analytics specialists. All these positions fall under the newly centralized analytics function.

Data concierges

"We envision a cadre of data concierges to hand-hold people. You can provide some degree of self-service, but a lot of in-coming data queries are naïve such as, 'I want to sort all diabetics around physicians.' Someone has to sit down with them and define diabetes, do they want ordering or referring physicians, and so on," says Pollack.

The analytics function is only going to grow. Pollack says today analytics accounts for 10 percent of his IS staff, but will grow to 90 percent in a decade, when just a small fraction will be doing implementations. "The vast majority will be engaged in data governance and stewardship."

In the meantime, the organization faces the tough task of cutting away the thick data underbrush that has grown up as a result of the single-minded focus on EHR implementation for the past decade and a half. A recent example shows just how insidious the challenge is. Providers in VCU's ED knew for years that tracking data on ED arrival times didn't make any sense because the information was at odds with

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their experience. However, they were at a loss as to a fix.

“We had to pull together a multidisciplinary team,” says Pollack, “because no one had the comprehensive picture of how the software was designed. We found there was an error, one data field was stepping on top of another. At the time it wasn’t obvious. That’s an example of how data-integrity issues can flummox an organization.”

Everybody’s an analyst

Russ Branzell, president and CEO of the College of Healthcare Information Executives (CHIME), believes that the overall makeup of the healthcare workforce is changing to fewer technology and data workers and to more knowledge workers.

“We’ve said for years we’re in the information age, for information workers it’s more knowledge-management driven. CIOs are now driving the transformation,” he says.

Organizations are creating the “C-suite of the CIO,” which includes senior executive positions such as chief security officer (CSO), chief applications officer (CAO), and chief technology officer (CTO). “It’s the first role of the CIO to get this senior IT team together. That is a change from even recently when CIOs viewed their primary role to build EMRs and achieve Meaningful Use,” says Branzell.

The direction today is to fulfill the demand for a highly competent work team that works efficiently not only across the enterprise but also among the community of providers.

No more need to own everything

“We know there’s waste in healthcare and in health IT. As we move the organization from technology maintenance to technology enabler, do you need to own everything? How many healthcare-specific data centers are there? 100? 150? Why not cut that

number down through co-op sharing of data centers? In agriculture no single farmer owns the fertilizer plant—they go through co-ops because it’s more cost-efficient and gets better results,” says Branzell.



Russ Branzell,
President & CEO,
CHIME



That kind of strategy will allow people to pursue more innovation with the same dollars. But that also requires people who have different skill sets and think differently, especially in terms of collaboration.

“The more we can share common skill sets, the more we can commoditize backend technology and focus on improved quality and safety. We need to change IT as a competitive advantage to IT as a collaborative advantage,” he says.

“There are cooperative services that everyone doesn’t need to own. It’s happening in a couple of examples like data centers, email and storage of PACS images.”

Liberating data

Doug Greenberg, senior client partner for healthcare at Korn Ferry, says health systems are developing new roles like chief analytics officer and VP of business intelligence (BI). “Organizations are increasingly viewing data as an enterprise asset and these roles help enable organizations to create unified thinking around data, ultimately driving better business and clinical decisions,” he says, adding that that trend is spurring creation of new functional roles in analytics that reside both within as well as outside of IT.

Digital leadership and expertise is another emerging area for health systems, notes Greenberg,

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and roles such as chief digital officer (CDO) are being created to oversee the web, social media and mobile technology in support of business to consumer (B2C), patient engagement activities and overall branding. These roles typically have shared accountability between IT and marketing.



Doug Greenberg,
Senior Client Partner
for Healthcare,
Korn Ferry



As organizations reinvent themselves from volume to value they are also looking for new revenue streams. So, the role of business development is also increasing in value to health systems. Organizations

are seeking recruits from consumer goods, retail and hospitality.

The analytics role is one that has been much more developed in health plans than health systems as plans have been analyzing claims data for many years. The CDO, however, is a role whose time has come and will have significant impact as healthcare organizations navigate health reform.

“Healthcare organizations are going to have to do a much better job of communicating externally to drive effective customer and patient relationships,” says Greenberg, “as consumers become more savvy regarding price, value, outcomes and service. And technology will be at the heart of enabling and supporting these interactions.”

Innovating education

The demand for a workforce trained to meet the dynamically changing needs of the new healthcare is leading to innovative educational initiatives. Grand Rapids, Mich.-based Spectrum Health is partnering with neighbor Grand Valley State University on a fully accredited MBA program targeted at the health system’s particular needs. Funded by Spectrum, the program runs Friday through Saturday each week for 21 months.

“We want to ensure there’s a certain level of curriculum related to IS, including project and product life cycles,” says Patrick O’Hare, corporate CIO. “We have to get much more deliberate in making sure managers understand technology. You can be a HIMSS Level 6 or 7 and some operational people still aren’t engaged in the value of IT.”

For the past three years, Spectrum’s process-improvement activities have spurred leadership to be more analytical and data-driven, including using sophisticated analytics to scrutinize workflow. That

focus has led to new job titles and an emphasis on collaboration across the organization.

At the same time, Spectrum is somewhat unique having its own health plan, Priority Health, which uses predictive analytics that the health system can leverage for its own decision-making. “If we didn’t have Priority Health we’d likely be adding biostatisticians and similar jobs,” notes O’Hare.



Patrick O’Hare,
Corporate CIO,
Spectrum Health



SPECTRUM HEALTH

Spectrum has developed a “career scaffolding” in IS that allows it to continually adjust job level designations, integrate biomed and IS and to move staffers around to more quickly focus on immediate needs. “We’re getting more aggressive on the development side, especially for mobile web developers. We do agile development. And we’re becoming very aggressive in our recruiting for skilled project managers,” he says.

Spectrum, whose 800-person IS department is the largest in western Michigan, expects to recruit a third of its future IS hires from its college partners, a third from transfers among its 22,000 employees and the remaining third from targeting specific individuals with needed experience.

Conclusion

If we apply the traditional IT triad of people, process and technology to the issue of the IT workforce today, two trends become clear. First, the end of the era of pure EHR implementation is in sight. As we move from volume to value, the technology of analytics becomes the tool to scrutinize process or workflow and the basis for its redesign to be efficient and effective.

Second, the skill set and knowledge base of people—both IT workers and non-IT workers—must improve in the area of analytics specifically and IT generally. Whether it’s called an analytics, data or knowledge-driven organization, everybody becomes a knowledge worker. Decisions cannot be made without a data foundation.

It’s a daunting change. “I think it’s going to get worse before it gets better,” says CHIME chief Branzell, noting many veteran healthcare CIOs near retirement see it as a welcome relief from the complex challenges they face. Yet, he says, many of these same organizations lack succession strategies with CIOs in waiting.

Maybe it’s time for a new job title.



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