

INSIDE EDGE

Governance & Strategy: *IT's Role in the Growing Healthcare Enterprise*

Introduction

Get healthcare CIOs together—as we recently did at the SI CIO Summit in Chicago <https://scottsdaleinstitute.org/docs/summits/SI-2017-cio-fall-summit-report.pdf>—and the discussion inevitably shifts to the changing role of the CIO and where it might be going. The truth is CIOs may be victims of their own success. While space does not permit us here to define where exactly the “evolving CIO” is headed, we can and do examine just how CIOs are reengineering the IT governance function to support the growth of multi-state and even international health systems. IT may not yet be interoperable, but it is increasingly well governed across the sprawling and consolidating healthcare enterprise. Integration of IT into business operations is critical. The CIO will be a key enabler of a healthcare organization’s overall strategy while ensuring that infrastructure, applications and analytics all function in a way that supports the entire organization.

Our conversation on IT governance and strategy is with highly regarded, veteran CIOs who are leading some of the largest health systems in the world. All Catholic health-system CIOs, they include George Conklin of CHRISTUS Health, Marcus Shipley of

Trinity Health and Gerry Lewis of Ascension. Each is helping define their organization’s role in healthcare’s digital future—and the role of the CIO with it.

Scottsdale Institute Conferences

Camelback Inn,
Scottsdale, AZ
April 25–27, 2018
April 10–12, 2019

CHRISTUS Health: Present at the creation

“When CHRISTUS was formed,” recalls George Conklin, SVP & CIO at CHRISTUS Health, a Dallas-based health system with 60-plus hospitals in six states, Chile, Mexico and Colombia. “The original plan was to move to a stable EHR across all of CHRISTUS. Right after we made that decision we acquired a hospital with a completely different EHR. We realized we weren’t going to do what we wanted or we would bankrupt the organization.”



**George Conklin, SVP & CIO,
CHRISTUS Health**



Instead the organization addressed a question it’s still grappling with today: What can we do to ensure our investment in IT while also ensuring standardization across the healthcare enterprise?

“We decided to focus on IT architecture, emphasizing interoperability,” he says. “That’s the focus: maximum interoperability. It’s been a chore over time but we are becoming more successful both through our own efforts and steering the vendor community in that direction.”

OneCHRISTUS is the organization’s initiative to reduce complexity, simplify and provide “consumers” of its services—patients, providers, payers, government and employees—a single

look and feel and assure predictable outcomes of those services. “We can’t do that one at a time. We have to do it all at once,” says Conklin.

Extending IT architecture

That means building the IT architecture and extending it out so that the user experience—across all potential consumers of systems services—have the same experience. Employees have a different experience than patients, of course, because their needs are different—to see payroll, time off, access to education and so on—but each constituency has their own version of OneCHRISTUS. Payers have access to data regarding their patients; Medicare regulators can access information summarizing reports they need.

“If we don’t manage the simple stuff we’ll get overwhelmed by complexly co-morbid patients.”

It’s a journey and proofs of concept are important along the way, he notes, including the “very rich patient portal” CHRISTUS just implemented.

The greatest challenge is institutionally cultural: shifting the business—not-for-profit healthcare—away from the belief healthcare is delivered locally and is therefore immune from the necessity of standardization across a multi-state or even international enterprise.

“Vast numbers of physicians believe that,” says Conklin.

While he acknowledges the need for some care customization based on an individual patient’s history, age, gender and demographics, there’s plenty of scientific evidence that many if not most treatments should be standardized around best practices, including chronic diseases like diabetes, high cholesterol and hypertension. “We should be focusing on complex chronic care like cancer. If we don’t manage the simple stuff we’ll get overwhelmed by complexly co-morbid patients,” he says.

Technological polyglot

Conklin, who serves on national interoperability advocacy groups, says CHRISTUS continues to work toward interoperability on a case-by-case basis. Solutions like the Continuity of Care Document (CCD), an exchange standard for sharing patient summary information, are useful but do not achieve true semantic interoperability. “We need the ability to share data openly between systems so we can do care that reflects the complex context of an individual patient and clinical practices of providers,” he says.

“Remember, CHRISTUS is never going to be a single-system organization. As we partner with more and more organizations, we need to develop more and more interfaces to have

Volume 24, Number 1

Chairman

Donald C. Wegmiller, FACHE

Vice Chairman

Tom Sadvary, FACHE, former CEO, HonorHealth

Executive Director

Janet Guptill, FACHE

Editor

Chuck Appleby

Managing Editor

Jean Appleby

Senior Advisor

Shelli Williamson

Membership Services Office:

7767 Elm Creek Blvd. N., Suite 208
Maple Grove, MN 55369

T. 763.710.7089

F. 763.432.5635

E. scottsdale@scottsdaleinstitute.org

w. www.scottsdaleinstitute.org

ADVISORS

Mary Alice Annecharico, RN,
Henry Ford Health System

Steve Burrill, Deloitte

George Conklin,
CHRISTUS Health

Carl Dvorak,
Epic

Darren Dworkin,
Cedars-Sinai Health System

Robert Eardley,
Houston Methodist

Lois Elia,
Advocate Health Care

Tom Giella, Korn Ferry

John Glaser, PhD, Cerner

Devin Gross, Emmi

Todd Hollowell,
Impact Advisors

Gilad Kuperman, MD,
NewYork-Presbyterian Hospital

Ken Lawonn,
Sharp HealthCare

Gerry Lewis, Ascension

Randy Lipps,
Omniceil, Inc.

Jonathan Manis,
Sutter Health

Satish Maripuri, Nuance

Mitch Morris, MD,
Optum

Deborah O’Dell,
Catholic Health Initiatives

Patrick O’Hare,
Spectrum Health

Rich Pollack,
VCU Health System

Mike Reagin,
Sentara Healthcare

Jeffrey Rose, MD,
Hearst Health

Dale Sanders,
Health Catalyst

Marcus Shipley,
Trinity Health

Brent Snyder,
Adventist Health System

Cindy Spurr, RN, Partners
HealthCare System, Inc.

Paul Tang, MD,
IBM Watson Health

Jim Veline, Avera



the ability to share information. That's the issue with interoperability. A health system like ours has several hundred different IT vendors. Then you have multiple implementations of each EHR vendor—no two implementations of Epic, Cerner or Meditech are exactly alike,” Conklin says, adding that interoperability initiatives abound in the healthcare industry but there isn't much forward movement.

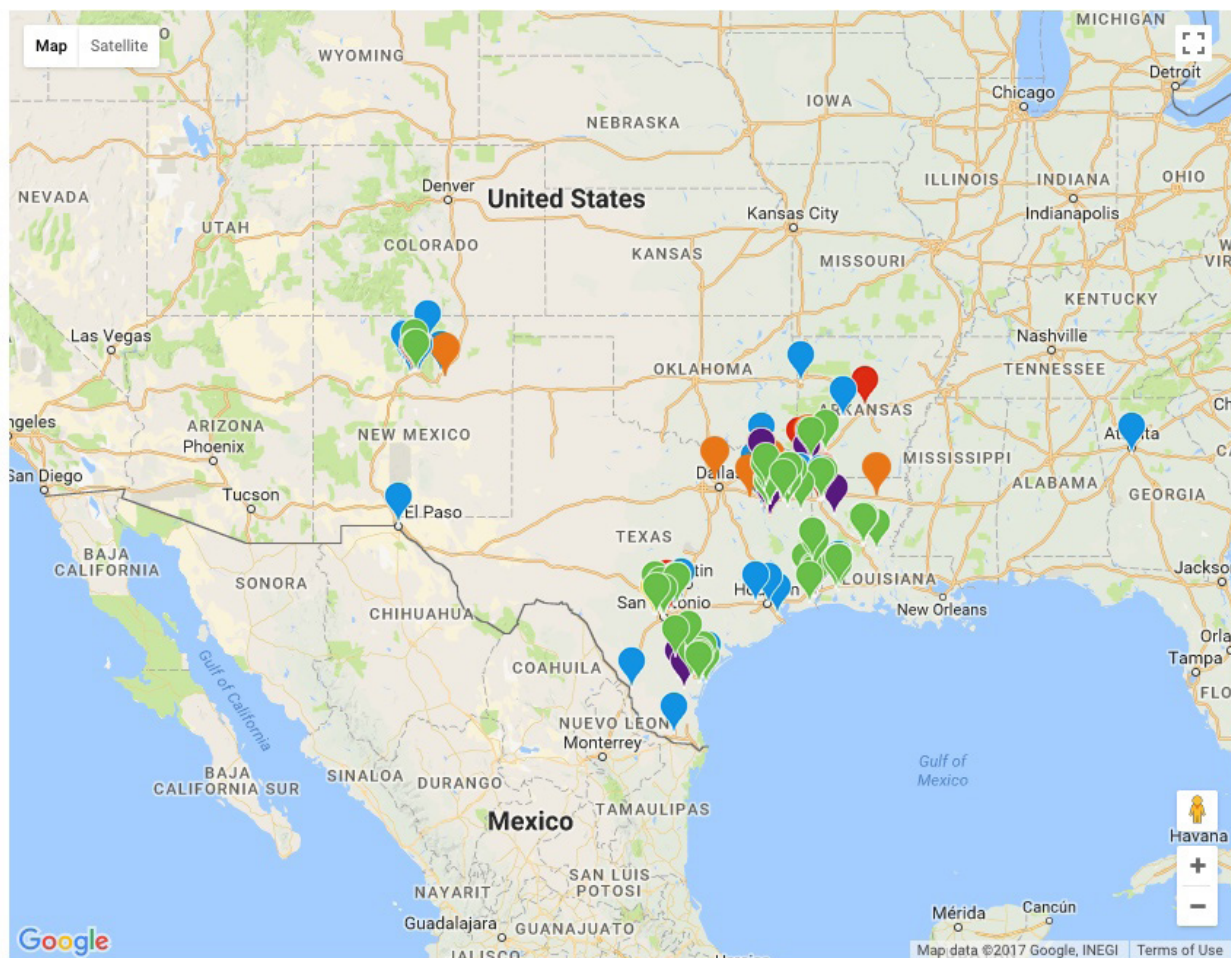
He frames interoperability on three levels:

1. **Technical**—getting data, CCD, interfaces;
2. **Semantic**—words have the same meaning;
3. **Functional**—assured underlying platform across systems that supports a functional workflow for providers, patients, payers, managers. “That's the true OneCHRISTUS,” he says.

As CIO, Conklin's job is to work closely with the CMIO, who is also the CMO at CHRISTUS, to define clinical and infrastructure requirements, including people and processes. Ironically, it's easier for CHRISTUS to implement that infrastructure in Colombia and other parts of its international market because those countries haven't gone down the same technology path as the United States. “We start there with greater discipline and control over directions we need to take as well as less history to have to unwind. We didn't allow portfolio bloat to occur,” he says.

CHRISTUS does not have a chief innovation or transformation officer. “Our position as a leadership team is that we're all responsible for that,” says Conklin of those titles. “We do have an EVP over strategy, but his focus is really as a convener of all of us who own different parts of innovation and need to be at the table.”

CHRISTUS Health: Six U.S. states and three Latin American countries. Sites not shown in Mexico, Colombia and Chile.



- Primary Care
- Specialty Care
- Pediatrics
- Urgent Care
- Hospital
- Other



Trinity Health: People-centered

IT governance and strategy at \$17.6-billion, Livonia, Mich.-based Trinity Health, a 93-hospital system in 22 states with 131,000 employees, stems from its positioning as a key enabler to the organization's "people-centered" corporate strategy. As such, it's a topic discussed by the board of directors quarterly, notes Marcus Shipley, SVP and CIO at Trinity Health.



 Trinity Health
**Marcus Shipley, SVP & CIO,
Trinity Health**

Much more frequent—and germane to daily management of IT across 22 states—are meetings with members of Trinity Health's System Services Operations Team (SSOT), including a diverse set of executives from IT, supply chain and operations as well as clinical leadership—specifically, the EVP and chief clinical officer, and the EVP and population health officer. SSOT follows the Trinity Health Leadership System, based on lean principles to prioritize and adjust strategy as needed to ensure systemwide alignment with Trinity Health's People Centered 2020 Strategic Plan. As such, SSOT has been charged with the overall governance for Trinity Health's use of informatics/analytics, digital health and IT, including review and approval of technology acquisition, debate standards and assessing promising technology.

Supporting this work are regional executive-chaired IS steering committees at the local level in the 22 states Trinity Health serves. They provide feedback to Shipley and team while helping manage IT locally. Additionally, functional steering committees provide guidance for the use of technology supporting enterprise-wide objectives including clinical,

population health, finance, digital health, supply chain, HR and IT.

Balanced governance

"The governance structure tries to strike a balance between regionalism and cross-functional representation. This supports all capital, major programs and innovation projects," says Shipley. "Those councils or subcommittees are connected to the consumers of technology."

In the clinical area, IT partners with informatics—not housed in IT—through special collaboratives. For example, if laboratory is seeking to standardize lab tests, then it collaborates with IT and informatics to specify functional requirements and to identify a standard platform available from an existing list of approved vendors or to find a new standard.

"The important point," he says, "is to be functionally led, identify the business outcomes first, and then design the IT to support that effort. The Trinity Health Leadership System uses Lean as its overarching management process to establish priorities and measure outcomes like reducing hospital acquired infections, readmissions or improving likelihood to recommend. We created our oversight team to ensure we're getting the most value out of our IT investments and delivering the right IT services in the most efficient ways." Trinity Health uses SI's [IT Benchmarking](#) to measure IT costs against peers and worked with Gartner to analyze expense efficiency—IT as a percentage of operations.

Challenge to deliver scale

"Our size requires that our shared services like IT, Supply Chain and HR deliver technical, financial and operational scale—to each ministry. While there are challenges to this, the work is worthwhile, helping us deliver better health, better care and lower costs

"If one region has an innovative idea, we work with the first mover—early—to facilitate scale."



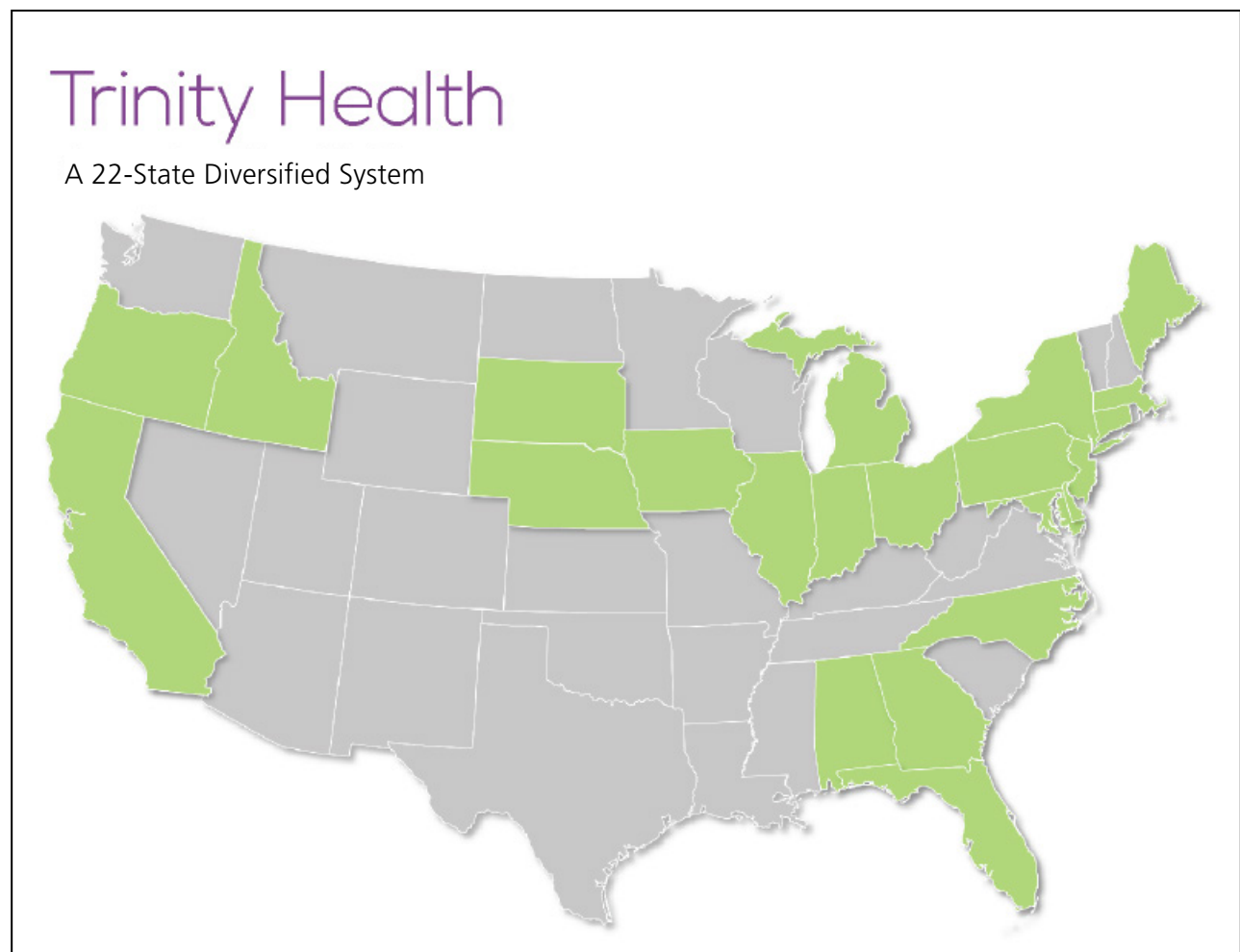
across the system—and quickly. If one region has an innovative idea, we work with the first mover—early—to facilitate scale,” says Shipley.

Together with the Trinity Health Innovation program and its Innovation Council, the system’s IT-governance structure allows innovation to bubble to the surface. Each region has its own CIO, CMO and CNO and they are often the first to face—and resolve—a particular problem. The oversight team supports their innovation through structured analysis and pilots; when proven successful, they are identified for rollouts across the country. This structure enables the vetting of clinical or business outcomes, as well as the appropriate technology analysis, security reviews, and effective negotiations of terms with vendors. The Innovation Program

encourages, promotes and funds the work. It is led by a VP of Innovation who oversees a portfolio of projects, often led by local leaders in a Trinity Health ministry.

“She facilitates innovation campaigns and coordinates the activities of our Innovation Council,” says Shipley. The council shares many of the same members, including the CIO, as those serving on the operations team.

Says Shipley: “I’m confident we have created the right forums for discussions and advancements to occur. Under our model, the norm is for people to participate. There’s always risk of falling into regional or functional silos, so you have to maintain governance as a conscious, cross-functional effort.”



Ascension Health: Maintaining velocity

“IT governance is challenging, especially when you have a significant enterprise across many states,” says Gerry Lewis, president and CEO of Ascension Information Services (AIS) and SVP and CIO at Ascension, a St. Louis-based health system with 2,500 sites of care in 22 states and the District of Columbia.



Gerry Lewis, president & CEO, Ascension Information Services (AIS), SVP & CIO, Ascension

“The question for us is: How do we make better technology decisions and still have velocity? It has to be streamlined; it can’t take months. When we realized we had 70 groups making IT decisions, we knew we needed to reduce

variation and cost by focusing on problems, strategies, solutions and platforms.”

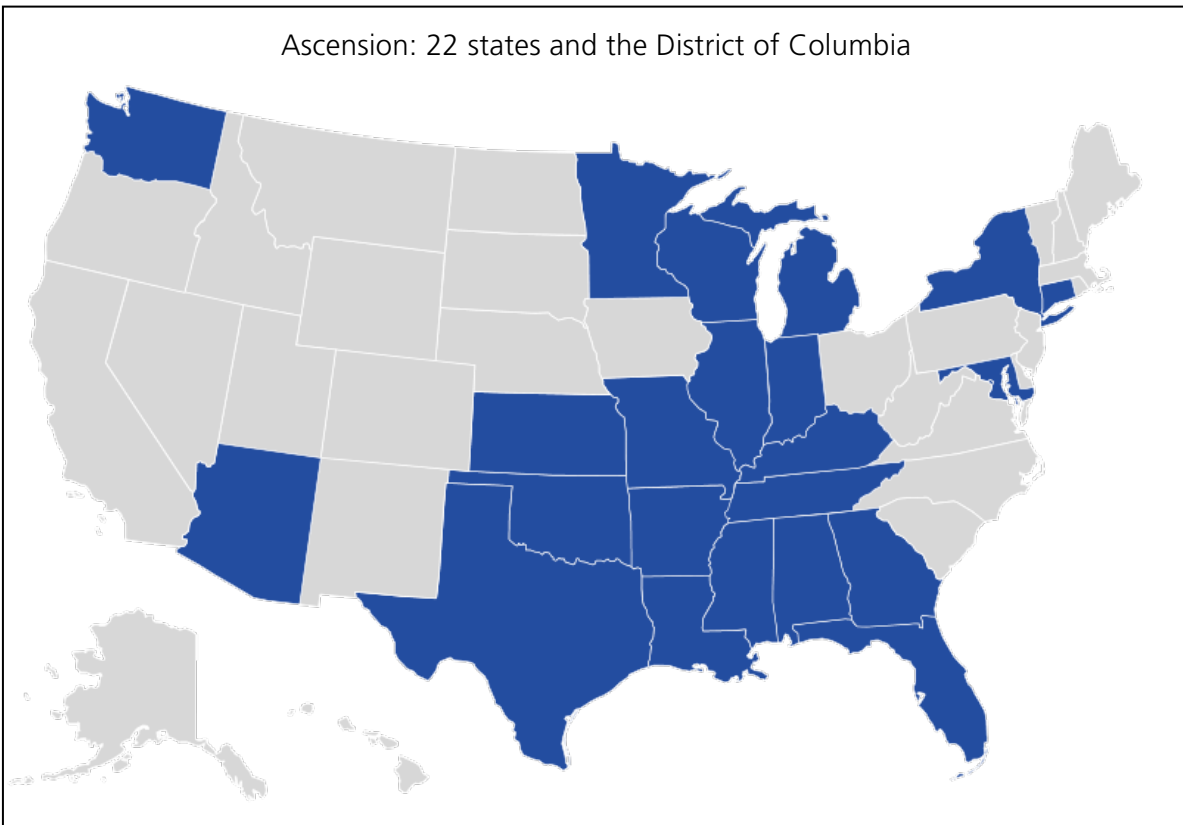
Whether you have 30 organizations or two, it’s necessary to leverage scale and buying power to bring down costs, increase efficiencies and achieve clinical quality and outcomes. An effective governance structure was imperative.

“We simplified governance by reducing the process to the enterprise level. This helped us leverage service categories while meeting increasing needs across Ascension. We’ve been able to look at the aggregate requests for IT services and make decisions with the enterprise in mind. It’s early—we’ve been at it just two years—but we’re following a more thoughtful process,” he says.

Vertically integrated governance

Skinny is good, but it must be skinny from top to bottom. Ascension has crafted what Lewis calls a “customer-level” governance structure that allows IT requests to flow from their ministries through business/clinical operations.

Ascension: 22 states and the District of Columbia





The process begins with strategic committees comprised of revenue cycle, clinical and operations leaders and leaders across Ascension, business representatives, and infrastructure and population health professionals; these committees are where recommendations are evaluated and discussed.

Final decisions are made at the enterprise level by a strategic technology council—co-led by CIO Lewis and CMIO John Pirolo, MD. “We’re arm in arm,” Lewis says. “We ensure that as

“My job is to ensure Ascension is prepared, from an IT standpoint, for the next 100 years.”

we make technical decisions, those decisions support and enable our clinical and business strategies.”

The strategic technology council reviews all technology

recommendations at the enterprise level: markets, service lines, ministry-wide functions. It considers recommendations from oversight and guidance committees and enterprise councils, approves budgets, architecture, balanced scorecard and governance metrics. “That’s how we define governance: How we’re making decisions to solve a problem from a broader perspective,” he says.

An efficient ecosystem

“Our governance approach has helped us become more thoughtful in our decision-making across Ascension,” says Lewis. “We’re now able to take a holistic approach to how we acquire technical capabilities and gain efficiencies. We have several different EHR platforms, for example. How can I do that in the most cost-effective way?”

At the very top level of the governance process, however, sits the AIS board of trustees, which is responsible for providing high-level IT guidance focused on areas including budget. The board also ratifies Ascension’s IT Strategy and develops a blueprint which defines where the organization is headed over the next 18 to 36 months, and works closely with clinical and operational leadership and evaluates technology platform investments.

“Our Chief Incubation Officer, Jason Dinger, PhD, sits on our strategic technology council and is deeply engaged in our strategy work and decision making. We work closely with Jason and his team to support the incubation framework for new technologies, ideas and capabilities from ideation through the creation of minimally viable products which support Ascension’s needs,” he says.

“My job is to ensure Ascension is prepared, from an IT standpoint, for the next 100 years. With technology changing so fast we have to be smarter, using those advantages as a disruptive opportunity for the good of our organization and the patients we serve.”

Conclusion

As evident in our discussions with CHRISTUS, Trinity and Ascension CIOs, IT governance is anything but dry. It represents the coming of age of the integrated health system. While not yet seamless in terms of technology, these organizations are far more so from a decision-making perspective. That’s good news because, with more than 300 hospitals in 40-plus states and three countries, as these sprawling health systems go, so may go the nation.





BOARD OF DIRECTORS

STANLEY R. NELSON
Founder & Chairman Emeritus (1993–2012)

Executive Committee
Don Wegmiller, FACHE, Chairman
Tom Sadvary, FACHE, Vice Chairman, former CEO, HonorHealth
Janet Guptill, FACHE, Executive Director

David Classen, MD, Associate Professor of Medicine, University of Utah, CMIO, Pascal Metrics

Board Members
David Campbell, David Campbell and Associates
Stephen C. Hanson, FACHE, former CEO, Baptist Health
Steve Heck, Chairman, MedSys Group
Laura Kaiser, President & CEO, SSM Health
Wright L. Lassiter III, President & CEO, Henry Ford Health System
Patrick O'Hare, SVP Facilities & CIO, Spectrum Health
M. Michael Shabot, MD, EVP, Chief Clinical Officer, Memorial Hermann Health System
Bruce Smith, former SVP & CIO, Advocate Health Care
Joseph R. Swedish, FACHE, President & CEO, Anthem
Anthony Tersigni, CEO, Ascension Alliance
Scott Weingarten, MD, SVP & Chief Clinical Transformation Officer, Cedars-Sinai Health System
Nicholas Wolter, MD, former CEO, Billings Clinic

Senior Advisor
Shelli Williamson

MEMBER ORGANIZATIONS

Adventist Health, Roseville, CA
Adventist Health System, Altamonte Springs, FL
Advocate Health Care, Oak Brook, IL
AMITA Health, Arlington Heights, IL
Ascension, St. Louis, MO
AtlantiCare, Egg Harbor Township, NJ
Avera, Sioux Falls, SD
Banner Health, Phoenix, AZ
Baptist Health, Louisville, KY
BayCare Health System, Clearwater, FL
Baystate Health, Springfield, MA
Beaumont Health, Southfield, MI
Billings Clinic, Billings, MT
Catholic Health Initiatives, Englewood, CO
Cedars-Sinai Health System, Los Angeles, CA
Centura Health, Englewood, CO
Children's Hospitals and Clinics of Minnesota, Minneapolis, MN
CHRISTUS Health, Irving, TX
Cincinnati Children's Hospital Medical Center, Cincinnati, OH
Eastern Maine Healthcare Systems, Brewer, ME
Emory Healthcare, Atlanta, GA
Henry Ford Health System, Detroit, MI
HonorHealth, Scottsdale, AZ
Houston Methodist, Houston, TX
IU Health, Indianapolis, IN
INTEGRIS Health, Oklahoma City, OK
Intermountain Healthcare, Salt Lake City, UT
Loma Linda University Health, Loma Linda, CA
Memorial Health System, Springfield, IL
Memorial Hermann Health System, Houston, TX
Memorial Sloan Kettering Cancer Center, New York, NY
Mercy Health, Cincinnati, OH
Methodist Le Bonheur Healthcare, Memphis, TN
Michigan Medicine, Ann Arbor, MI
Mosaic Life Care, St. Joseph, MO
Munson Healthcare, Traverse City, MI
NewYork-Presbyterian, New York, NY
Northwestern Medicine, Chicago, IL
OSF HealthCare System, Peoria, IL
Partners HealthCare System, Inc., Boston, MA
Rush University Medical Center, Chicago, IL
Sentara Healthcare, Norfolk, VA
Sharp HealthCare, San Diego, CA
Spectrum Health, Grand Rapids, MI
Sutter Health, Sacramento, CA
Texas Health Resources, Arlington, TX
Trinity Health, Livonia, MI
UCLA Health, Los Angeles, CA
UK HealthCare, Lexington, KY
University Hospitals, Cleveland, OH
University of Chicago Medicine, Chicago, IL
University of Virginia Health System, Charlottesville, VA
Virginia Commonwealth University Health, Richmond, VA
Virginia Mason Health System, Seattle, WA

CORPORATE SPONSORS

HEARST HEALTH
fdb• zynxhealth | mcg | homecare | homebase | MEDHOK

Omnicell

OPTUM

Epic

KORN FERRY

Impact advisors

C-SUITE Resources

NUANCE

HealthCatalyst
ignite change

emmi
Expertly Designed to Drive Results

Cerner

Deloitte

KLAS
ACCURATE. HONEST. IMPARTIAL.

