

The IT Docs

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If you've ever wondered whether you should add a chief medical information officer to your organization's C-suite but are unsure how—or if—the relationship between a clinician and a technician would work, consider the advice of these CIO-CMIO pairs who say they've figured out the secret to success—and they can prove it.

Do we need a CMIO?

More than half (55%) of IT executives say their organization has both a CIO and a CMIO, according to a survey by the College of Healthcare Information Management Executives. Smaller organizations with fewer than 200 beds were most likely to have only a CIO position, while organizations with more than 400 beds were more likely to have both.

"Every organization, regardless of size, needs a CMIO," says Edward Marx, CIO at Texas Health Resources in Arlington, TX. While smaller hospitals can benefit from even a part-time CMIO, larger ones might even need more than one clinician in their IT department, he says. At THR, 30% of IT staff members are certified clinicians—and the 13-hospital system recently added its first chief nursing information officer.

What does the CMIO do?

When Ferdinand Velasco, MD, took on the CMIO role at THR he served mostly as a liaison between clinicians and IT staff. Since then, however, the role has become more strategic and managerial—and that's a growing trend nationwide, he says. "Throughout the country, the CMIO role is beginning to transition to be less IT-focused and more focused on the clinical aspects of the role. So that's why you're starting to see some CMIOs that report to chief medical officer."

Just as important, perhaps, is what a CMIO is not: a human shield for IT leaders who don't want to deal with irate clinicians. "There is a danger that the CMIO is just seen as a person who puts out the fires," Velasco says. "That's not going to be a long-term solution."

Jon Morris, CMIO at WellStar Health System in Marietta, GA, agrees that the CMIO must be more than a spokesperson. "Don't misunderstand: I'm out there selling a lot of the time, but I also act as an interpreter [and] facilitate engagement of other providers."

How does the relationship work?

Among those survey respondents who indicated they have both a CIO and CMIO, most (38%) said the CMIO reports to the CIO. More than 20% report to the chief medical officer or have at least a partial reporting relationship with a clinical leader.

Ron Strachan, senior vice president and CIO at WellStar, says he's worked in organizations where the CMIO did not report to IT. "The physician wasn't even on common footing, if you will, and it turned

out to not work very well," he says. His relationship with Morris "is extremely collegial and wouldn't be successful any other way."

At THR, CMIO Velasco reports to CIO Marx, with a dotted line to the organization's chief quality officer. But the organizational flowchart isn't as important, the pair agrees, as their working relationship and chemistry. "It's down to the people that you work with, and no matter what the reporting structure is, if you have the right people in right role, you're going to be very successful," Marx says.

"What makes it successful isn't the structural aspect of the relationship but the nature of the working relationship—the interpersonal dynamics. Both of us happen to be very well-suited for our respective roles in the organization."

Organizations can run into trouble, Marx says, when the CIO and the CMIO have competing visions. "He's one of my closest confidants in terms of IT strategy overall and what we're trying to do with IT on the clinical side," Marx says. "It's not perfect, you know; there's tension, but it's a healthy tension that always aims toward the same vision."

Who should we hire?

A CMIO should have more than a passing interest in technology; Velasco says he has long been passionate about IT and using it to improve healthcare. "Even back in the days when I was a medical student, I was doing research and finding ways to use data and information systems, as rudimentary as they were back then, to automate the research process or the clinical processes. And that's something that continued into my residency and in my fellowship," he says. "It was a natural transition to go from that into a formal role as the physician leader for informatics."

The ideal candidate should also work well with others and have an innovative spirit.

"I'm very collaborative," Velasco says. "I like to be innovative in our use of information technology and finding ways to use technology to drive better performance from the healthcare system, whether that's in terms of the clinical outcomes or patient safety or efficiency." Marx, he adds, has a similar viewpoint. "He complements me from the standpoint of being very innovative, very focused on continually raising the bar. Those are the attributes that have contributed to our successful working relationship."

Having communication skills and the respect of his or her peers is also important, adds WellStar's Strachan.

"Physicians need to be involved and they need to be involved from working with a peer, a respected peer, because I or any other CIO that's not a physician can stand up and essentially preach all day long about values of their involvement in various projects and process change, but I'll never have the credibility with the physicians at large when compared to one of their peers. There's no replacement for that," Strachan says.

Marx agrees. "If I go talk to a bunch of docs about why they should adopt electronic health records, it's going to have a range of about five feet for effectiveness, whereas Dr. Velasco gets in there it goes for miles and miles and miles."

How do we know it's working?

Both organizations are monitoring the progress and success of IT projects and measuring adoption rates and other metrics to gauge the effectiveness of having a clinician leader in the IT department.

"We know that physician adoption of any change or any tool is going to vary greatly," Strachan says. Engaging physicians and medical thought leaders can help minimize variances. The idea, when it comes to process is to do it with them instead of to them.

So far it's working, he says. "We have evidence of that based on some early successes with some very big things like the adoption of order sets very rapidly over the past 12 months."

The same is true at THR, where physicians document more than 90% of their progress notes in the EHR, and CPOE adoption exceeds 80% at the 12 hospitals where its EHR is live. And 65% of its order sets are standardized. As a result, the organization is well-positioned for meaningful-use stimulus money.

"We would not have achieved the level of success without the CMIO," Marx says.

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