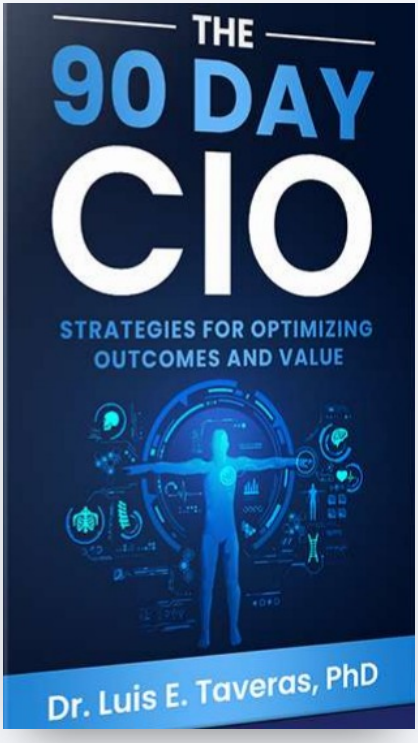
A FREE CHAPTER



The 90 Day CIO

Strategies for Optimizing Outcomes and Value

CHAPTER ONE · THE EVOLUTION OF THE CIO TO CHANGE AGENT

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CHAPTER ONE

The Evolution of the CIO to Change Agent

At some point during the last couple of decades we all just quietly accepted that we're living in a sci-fi novel. Tablets, smartwatches, voice-enabled assistants, 3D-printing, cloud computing, artificial intelligence – these are all technologies that weren't supposed to arrive until the starship Enterprise began boldly going where no one had gone before. And yet, not only do these technologies exist at a consumer-level, but they're also so commonplace we no longer even marvel at them.

Technology in healthcare is no different. Exoskeletons, neurostimulation, 3D-printed drugs, genome editing, medical wearables, robotic surgery – again all innovations that were envisioned when I was younger, but that seem to have arrived at far greater speed than most would have predicted.

When I first started working in healthcare, we would input records into massive mainframe computers with green and black monitors and print out the results onto green and white, continuous form paper. Now we use wireless touchscreen devices, connected to cloud storage that can hold petabytes of information with ease.

But it's not just the technology that has rapidly advanced; the systems around them have had to adapt alongside it. If you have any gray hair, you probably remember the days when resolving a computer problem meant grabbing Dave from IT as you passed him in the cafeteria and asking him to take a look. No record-keeping, no systemization, no best practices – just a few guys troubleshooting as and when required.

It is this massive leap forward in technology that has made the CIO role in healthcare both exciting and extremely challenging. Because it's not just the complexity of the tech that we have to deal with, but also the accompanying shift in how the tech is used, the departments that use it (long gone are the days when it was purely used by administrators), the expectations from staff and patients, as well as the potential for great financial and productivity gains. And, of course, the potential for great harm if misused.

This has not been a gradual evolution through the steady gains of natural selection, but more akin to punctuated equilibrium. It would be as if yesterday we just learned to cross the oceans, and tomorrow we make plans to fly to Mars.

If you think I'm exaggerating, even a little, you haven't been paying attention. Artificial intelligence and machine learning are going to power a revolution in predictive healthcare, brain mapping is going to transform our ability to treat disorders such as autism and Alzheimer's, and surgically implanted stimulators are going to return mobility to people with spinal cord injuries. Technology advancement in healthcare hasn't peaked or plateaued, it's barely begun. In fact, I've probably made a big mistake in naming the above predicted advances because likely, even in just a few years, what I've just said may sound quaint.

But now the awkward question that I need you to ask yourself, and to do so with complete candor...

> *When you compare the changes in health-care related tech during your career, with the strategies and policies you use to manage them, have the two kept paces, or is one of them lagging?*

Don't be alarmed if you find the answer is the latter. It would be almost impossible for the answer to be anything else. But as I

highlighted in the previous chapter, if there have been no significant changes, you're a long way from acting with any worthwhile efficiency. Think of the above question as a way to highlight why so many CIOs in healthcare struggle to keep pace, remain organized, or make effective use of their budget.

It's only once you fully appreciate the root cause of a problem that you can really begin to repair it. And in this instance, the root cause is using analogue systems in a digital world.

So, try to relax. Even if you have been in this line of work for many years, you're a long way from being obsolete. Really, if anyone is out of date, it should be me. After four decades in the industry – at least half of that in CIO roles – I should be the crustiest of dinosaurs. The fact that I'm not obsolete should be an indicator that age has nothing to do with it.

I am actually the opposite. I've stayed on the cutting-edge of healthcare technology and the modern strategies needed to manage any paradigm throughout my career. I've been driving changes through CIO roles that have allowed my employers to keep pace with the advances in tech, as well as dramatic changes in the health and social make-up of our society. For example:

- At Saint Vincent's I managed the CTO role in a $1.5B operation taking in 8 hospitals, as well as numerous nursing homes, primary care clinics and behavioral health facilities.
- At Accenture I played a key leadership role in winning outsourcing opportunities exceeding $500M in contract value.
- At Barnabas Health I handled the CIO role while also juggling the Senior Vice President position, leading two Accountable Care Organizations, and driving the implementation of a systemwide influenza immunization program among other significant operations.
- And most recently, I cared for the CIO role for the entire City of Buffalo, the second largest city in the state of New York, with

a population of 260,000 people.

I share these roles with you, not to brag, but to illustrate that the systems and practices I'm going to be sharing in this book are proven to produce excellence in roles of the largest size and complexity. There's no need to be daunted by the scope of the challenge you're facing. The 90-Day CIO strategy is designed to flex to whatever shape and mass your organization might take.

While other healthcare networks struggle to keep up with the pace of change and continue to find black holes between the capabilities of the tech they own and how they're actually being used, by the end of this process you'll be ahead of the curve and have a comfortable grasp of everything within your purview. But that is not all...

Now, more than ever, it seems that whenever a large organization has to engage in cost-cutting exercises, the speed with which it progresses to laying off staff has accelerated. I'm not saying that this is never an unfortunate but necessary step, but I do believe that often more can and should be done to avoid this step. We can't put people at the heart of our role as CIO and not do everything in our power to avoid putting people out of a job. This is not about sentimentality; it's about dignifying the people that we work with. But equally, it's about acknowledging the simple fact that reducing employee numbers often does more harm to morale among those remaining, while simultaneously causing great harm to the organization's ability to serve its patients.

This is just one of the things that is going to change when you've completed the 90-Day CIO strategy. You'll have the mindset to resist pressure to lay-off staff, and the strategies to find other ways to tackle budget deficits.

Time and time again, I've been successful in creating forward-thinking, high-performance IT programs in massive healthcare networks that are robust, well-designed, and measurably adding

value to patient healthcare outcomes. And that is what you are also going to accomplish if you follow this process.

The Modern CIO (AKA - the Change Agent)

There are few things more tempting than holding a well-paid senior role, sliding into a comfortable rut, and making sure everything is just about good enough (as long as no one looks too closely). But I have never fallen into that trap. Quite the opposite. I've managed to stay at the forefront of healthcare technology and the significant demands of the CIO role, and never allowed myself to get too comfortable and start resisting change.

How? Maybe it's just how I was built.

I was born in the Dominican Republic, but I came to the United States in 1970. I was 12 years old, and it was my first time in an airplane, so the whole thing was really exciting. But it was also a very big change. I flew into JFK in March, so the weather was perfectly fine, but for me it felt noticeably cool compared to what I was used to. And we were a big family. It took time to get everything sorted out. For a while there were ten of us living in a one-bedroom apartment in the South Bronx. Imagine that! Then, of course, I had to get accustomed to going to school where the culture and language and environment was very different. But even through that challenge of being a fish out of Caribbean waters, my abilities as a student were noticed. I was introduced to the program, A Better Chance (ABC), which helps place high-performing minority students from inner cities in high-profile schools.

I was offered a placement at New Canaan High School in New Canaan, Connecticut which was a fabulous opportunity, but it was a big decision. It would have been easy to say, "Oh, this isn't for me. I can't be away from my mom and my sisters. I'm still getting used to living in a new country. I'm Hispanic, I'm going to feel out of place. Heck, I'm still getting used to eating American food."

It would have been easy to say those things, but I didn't. I may have thought some of them, but in the end, I knew a great opportunity when I saw it. These kinds of chances don't come along very often – sometimes never – especially for a young immigrant in a low-income family. It would never have seriously occurred to me not to seize this life-changing offer that was being handed to me.

Was it easy? No, of course not. When I went home for that first Thanksgiving holiday, it took a serious effort to make myself go back because it was hard leaving my family behind again. But in time I adjusted and there's no question that the ABC program helped me take my first steps toward the successful career that followed. At the time of writing, I'm soon going to be heading back to New Canaan for my 45th high school reunion where I graduated in the top ten percent of my class and was inducted into the National Honor Society.

You can see where I'm going with this story, right? It is a story about change. A change in country, a change in language, a change in housing, a change in culture, a change in schooling. But I didn't focus on the change, I focused on the opportunities. Sometimes people are given the chance to do something new and amazing with their life, but they don't take it – in fact they may not even register it as an opportunity – because all they're seeing is that this is going to involve change, which is potentially going to be difficult and unsettling. But if you learn to see past the change and see the amazing things that can come out at the other end, you start to see change, not as a burden, but as a window of exciting possibilities.

This mindset that I was unintentionally developing first found its fruition at International Business Machines (IBM). While I was in college, I was pre-med and very busy with my studies, but like many students I was open to working during the holidays to make some extra cash. The ABC program assigns its students a host

family, and the husband in that family, a general manager at IBM, threw me some work over the summer. I didn't know it at the time, but this was going to be instrumental in my subsequent career choices.

Around about that time, IBM launched a new data entry machine, the 5280. This was before the mainstream adoption of the personal computer, so it still required programming knowledge to operate, but it was smaller, faster and more affordable than other similar machines on the market. There and then I decided I was going to become an expert in this device.

My logic was simple. The companies that needed this computer were, by definition, forward-thinking but very busy, and likely didn't have the time to learn all the ins and outs. If I became known as one of the few, or maybe only, true experts in this device, then I would have to be the one they called when they needed help. I'm not sure quite how fully-formed this concept was in my head, but I was already positioning myself as an expert consultant.

It was this work that steered me towards working in the tech industry, all the while maintaining my interest in health care. In my senior college year, I worked as a consultant for an American bank in New York on the weekend, pulling in $75 an hour (a huge sum for a college student in the late 70s). Once I graduated, I went to work for IBM, and by the late 80s I was the marketing manager for all healthcare in New Jersey. From there it was a few short steps to moving into my first CTO role at St. Vincent's Catholic Medical Centers in New York City.

It's not hard to draw a straight line from my combined interest and experience with tech and healthcare during my college years, to my two-decades long career in CIO roles. But what underpinned my progression, and my success was that eye for spotting opportunities, my understanding of the value of becoming an expert in something most people can't (or won't),

and my appreciation that making the best use of tech and embracing change go hand in hand.

Was all of this planned out? Was it good fortune? Was it educated foresight? Whatever the reason, it left me perfectly placed to appreciate what a modern CIO needs to be able to do to excel, and to create a framework that allows them to succeed even under the most challenging of circumstances.

Like it or not, if you are going to become a truly progressive CIO in healthcare, you need to think of yourself, first and foremost, as a change agent. If you can't embrace change with rampant enthusiasm and generate similar levels of enthusiasm for change among the people you work alongside and the people you manage, you cannot be effective in your role. Worse, you could even begin to be a drain on the organization.

Technology has not finished changing. There's no eye of the storm in our future. So, you either roll with it, or you let the winds of change blow you away.

Being persuasive is one key part of being a change agent. Here are the others...

A true board member: Some c-level executives may view the CTO or CIO roles as being lesser. As if you're just a tech-head, sitting on the sidelines, waiting for the real managers to give you a project. Obviously, this isn't true, but you may unintentionally be giving that impression. After the next 90 days, no one will ever dare even think such a thing. You're going to be a proactive, vocal member of the board.

Involved in the full tech life cycle: In the past, you were primarily responsible for purchasing and maintaining computers, chiefly for the administration departments. But now that tech pervades every healthcare department, your oversight has increased to include identifying the needs of your organization, selecting the appropriate equipment, training the users,

integrating the new devices with existing tech, and optimizing the output and success of your purchases.

Recognizing yourself as a unique leader: The healthcare CIO stands apart from most other CIO roles. There are few, if any, other industries that require the oversight of so many different forms of tech, including data processing for administration, medical equipment for doctors and surgeons, and wearables for patients. And the added wrinkle that the health and wellbeing of your patients is more important than turning a profit. Or if it isn't right now, it will be by the end of this process.

Comfortable with change: I won't rehash this because we've already discussed it at length. Suffices to say that "change" in this role includes changes in tech, healthcare needs, social pressures, and political environments.

A driver of change: It's not enough to be comfortable and enthusiastic about change. You must also inspire that attitude in those around you, especially among those members of your team, and even more among your fellow leadership team members. It's your job to figure out the short-term, medium-term, and long-term needs of your organization, and then convince your fellow managers because they need to agree with your conclusions.

The Pareto Imperative

One final word on the importance of embracing change as a modern healthcare CIO. Because although change is going to ripple through every move that you make in the next 90 days, I can think of no greater way of really driving home this point than highlighting what is going to become one of your chief goals over the next few months...

> *Moving the split in resources between supporting existing tech and its users and innovating the use of tech within your organization.*

In the unlikely event that you're unfamiliar with it, the Pareto principle is the idea that around 80% of consequences tend to come from around 20% of the causes. Vilfredo Pareto developed the idea in the 19th century that 80% of the land in Italy was owned by 20% of the population. More recently the concept has been observed in a wide range of disparate fields, including sales, marketing, investing, sports, traffic, and even crime.

In this instance we can use it to describe the above split to say that in most industries, including healthcare, about 80% of the IT department's time and money goes into supporting and maintaining existing tech, while the other 20% goes into innovating and improving the tech.

This is totally unacceptable for a modern healthcare CIO. So, we're going to flip this on its head.

By the end of this journey (that's the next few years, not the next 90 days), you're going to be putting 20% of your resources into maintaining your tech and its users, and the other 80% into innovating and developing your tech.

If your knee jerk reaction is that this sounds totally unrealistic, you now know why I said this is the poster child for the level of change you're going to be masterminding.

There was a time when I used to promote a 50/50 split between the two, which even then used to generate some strong reactions. But to truly stay at the forefront of tech implementation and to keep your healthcare organization running at peak efficiency, you're going to need to be at 80/20.

Again, it bears repeating, this isn't going to happen overnight. You're going to need to change the way in which you oversee

your departments, and you're going to need to change the habits of your team and the people that work for you. But you may also find it reassuring to consider that innovating and developing tech doesn't necessarily mean spending lots of money on new, shiny objects. The biggest part of this process is evolving what you already have so it is more efficient, coordinates better with other systems, experiences less downtime, and produces measurably better results for the users, and the end beneficiaries - i.e., the patients.

It's about moving your organization forward so it can achieve better results, which simply isn't possible if you're spending the vast majority of your time working feverishly just to keep things from breaking. Imagine a Formula One car construction team that spent 80% of their time keeping the car running and only 20% of their time making developments on speed, acceleration, fuel efficiency, and cornering. How competitive do you think that team would be?

That is the mindsight we're moving into. The 80/20 flip won't happen overnight, but it WILL happen. And once you come to believe that this is possible, everything else will start to slot into place.

Planning for The Start of Your 90 Days

Hopefully by now you are itching to get started. Your aim is nothing less than becoming the overall visionary of your organization, and that idea should excite and energize you.

Tech is the present AND the future of your healthcare organization, and no one is better placed to know what advancements are coming, and what the best solution is going to be to tackle current and future challenges. Therefore, you are the only one who has the ability to truly innovate.

One final mental exercise before we really get started. Ask yourself the following questions with a simple 'yes,' 'no,'

or ‘maybe.’

- ☐ In terms of upcoming tech purchases and developments, am I investigating the right options?
- ☐ Do I have the right processes in place to make good decisions regarding tech purchases or adaptations?
- ☐ Am I fulfilling compliance requirements, while still innovating for future growth?
- ☐ Do I have contingency plans for all of my departments and, if so, are those plans adequate?
- ☐ Am I meeting our customers’ technology requirements now and, if so, do I have a plan to maintain this success?
- ☐ Am I vigorously managing our vendors in terms of their support, our contractual agreements, and the prices we’re paying them?
- ☐ Is the money my organization is investing in IT making us more competitive?
- ☐ Am I taking responsibility for creating a competitive advantage?
- ☐ Am I keeping an eye on cutting-edge and disruptive technologies?
- ☐ Am I truly bringing value to the organization?

Don’t worry if you’re getting a lot, or even all, ‘no’s’ and ‘maybes.’ If you were able to answer a resounding ‘yes’ to every question, you wouldn’t need this book.

The point of this exercise is for you to get clear in your head what you’re shooting for and where you can expect to be by the end of your evolution. Or perhaps ‘end’ is the wrong word. Evolution never really ends, right?

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