

Your **CIO** wears (at least) five hats.

Here's how to keep them organized.

Historically, chief information officers were limited to operating back-office applications. These days, CIOs are being asked to operate 24/7, mission-critical solutions. This is because technology downtime risks the organization's reputation, financial performance, and ability to effectively and efficiently deliver care.

CIOs must position themselves as innovative stakeholders — and position IT innovation as imperative to growth. Being a good tech operator is not enough. The CIO must understand the impact of digital technology in every aspect of their organization.





Primary mission: Ensure the health systems' technology assets are running efficiently.

A portion of the CIO's attention will always be dedicated to the operator role. In a sequential and more reactive culture, the CIO goes to each member of the C-suite and asks what they need. In this role, the CIO is more of an order taker, from assessment through solution implementation.

CIOs who are operators excel in the traditional areas a CIO would manage. They typically practice rigorous discipline and structure and are responsible for keeping systems performing as they should.



Primary mission: Champion new technologies and advise the executive team on what could benefit the organization.

The CIO must understand the impact of digital technology in every aspect of their organization and be able to articulate the vision to other members of the executive team. IT has become a care delivery vehicle, going beyond providing information at the point of care. This means CIOs must partner with clinical leaders in a way we haven't seen before.

CIOs practicing the advisor role have a voice within the C-suite and can help develop the technology footprint at the highest level. Advisor CIOs dedicate time to research, document advice and structure a communication plan for their recommendations.



Primary mission: Assemble a complex set of solutions and technologies by evaluating, monitoring, managing and innovating.

The vast number of new vendors creates competition and confusion, especially in population health, care management, digital health and analytics solutions. CIOs need to lead the transition to an environment where IT is heath care delivery. This includes but isn't limited to:

- Care coordination and optimization tools
- Enablement of MD app prescriptions for condition monitoring
- Real-time monitoring via wearables and other IOT devices

The executive team's focus should be on strategic capabilities like population health, patient engagement, physician satisfaction and cost efficiency. For the CIO, that means discussing strategies with the team and forming partnerships to enable IT programs.



Primary mission: Bring together different technical and human resource components to create a digital enterprise for a more seamless care experience.

For the new executive team, there should be no monopoly on individual expertise in IT. The chief medical officer and the chief revenue cycle officer have to be at least as techsavy as the CIO. CIOs need to find the right partners to help them stay on top of what's happening in the industry in terms of new technologies and disruptive business models. Amid high levels of M&A activity, CIOs must rethink how enterprise technologies should operate across multiple points of care and weave together platforms to promote interoperability.

The CIO needs to understand all available technologies and their implications for operational efficiencies, care coordination, patient and physician engagement, revenue cycle management and care delivery.



Primary mission: Mitigate risk to achieve predictable outcomes within technology programs.

IT-enabled programs fail even with the appropriate clinical or operational sponsorship. They also fail, or do not produce the predicted outcome, when they lack structure and discipline. CIOs need to provide that structure and discipline to leading technology adoption and transformative programs.

