The Evolving Relationship of the CMO and CMIO

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About Carilion Clinic

- Nationally ranked integrated healthcare delivery system
- 501(c)(3) not-for-profit
- \$1.8 billion in annual revenue
- Headquartered in Roanoke, Virginia
- 13,320 employees
- 1,000 employed providers
- 7 hospitals
- Urgent care facilities, home health agencies, retail pharmacies, wellness center, patient transportation
- Children's Hospital
- Radford University Carilion
- VTC SOM & RI
- Service area of over 1 million people





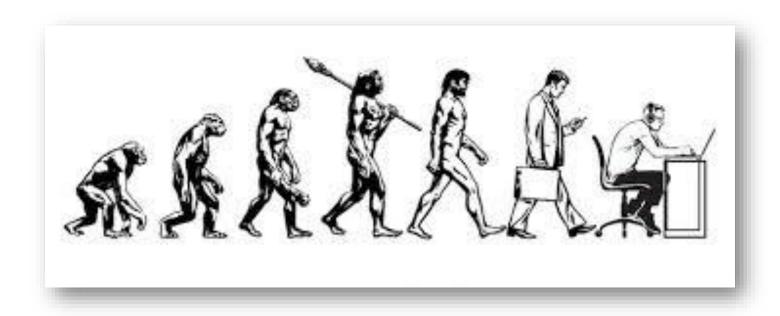


The practice of medicine has changed

- From paper records to the EMR
- Quality and patient safety
- Regulations, regulations, regulations
- The move to value based care
- Consumer focus/patient engagement
- Technology growth
- Data driven



Evolution of our Roles





CMO Role - Liaison to Leader

- Chief Medical Officers are healthcare administrators who oversee the effective management of medical centers. They are responsible for managing clinical operations, liaising between administration and medical staff and ensuring that patients receive the highest standard of medical care
- A CMO must ensure that data and metrics are accurate, current, well-defined and relevant.
- The CMO and CMIO must work together to institute electronic medical records (EMR) and computerized physician order entry (CPOE) systems that actually work, are user-friendly, and facilitate meaningful communication of medical information.
- A CMO/CMIO alliance is powerful and can more successfully get important resources from administration to support performance improvement, quality and safety efforts, and the necessary IT infrastructure for population health



CMIO Role - Implementor to the Solutionist

- A chief medical informatics / information officer is a healthcare executive generally responsible for the health informatics platform required to work with clinical IT staff to support the efficient design, implementation, and use of health technology within a healthcare organization
- The CMIO The role still provides a liaison between clinicians and informatics and data analytics. The role is still largely centered upon the EMR.
 - Optimization
 - Decreased variation in workflow/care delivery
 - Resiliency/Burnout related to the EMR
 - Access and affordability (showing the increased focus on cost integration into the EMR)



The difference is the I

- New focus areas involving information and informatics
 - Digital Health
 - Analytics and data
 - Strategy beyond the EMR with health IT
 - Patient experience patient portals
 - Accountable care and Population Health



Working together

- Process Improvement
 - Workflow development
 - Accountability
 - Metrics to monitor
- Analytics and data
 - Data collection and analysis to support strategy and system goal
- Liaison/People
 - Leadership
 - Translation
 - Culture
 - 4th aim / resiliency
- Strategy
 - Alignment
 - Priority
 - Bridge gaps and communication
 - IT and EMR governance





Specific examples of successful joint projects

- Data visualization
 - Opioid Dashboard
- Scorecard development and evolution
 - Decrease in the overall number of metrics
- Affordability and access
 - Standardization of schedule templates
- EMR uplift
 - 2 year project to decrease variation and improve efficiency
- Digital Healthcare Delivery
 - Telemedicine growth



Examples of projects we are developing together

- EMR uplift (continued)
- Data strategy
- Research
- Mixing cost and clinical data
- Genetics
- Decision support for labs and radiology



Questions

