**Establishing the BUMED CMIO**

**Problem Statement**

* IM/IT support of the medical mission is fractured and personality dependent
* IM/IT support for clinical needs occurs in CIO, NMSC and M3/5 without any single integrator (multiple belly-buttons)
* Functional proponency for AHLTA/Essentris is often unclear…is it M3/5, CIO Office or is it NMSC

**CMIO Roles/Responsibilities**(General)

* Leader of information-based change in clinical processes (BPR)
* Liaison between the medical staff, IT and senior leadership
* Participates in the planning, selection, implementation and performance assessment of clinical IT
* Assists in the development of training programs for clinicians on clinical systems
* Assists in reaching mutually accepted goals for clinical IT systems
* Develops strategic plans regarding IM and clinical IT
* Manages the expectations of end-users

The Changing Role of the CMIO

*Hospitals & Health Networks*

February 2008

**CMIO Roles/Responsibilities**(General)

* Ensures clinician input on technology development
* Helps drive how new technology can improve clinical outcomes
* Works directly with both technologists and clinicians to ensure optimal clinical information systems and corresponding business processes are developed
* Supports the medical delivery of healthcare through technology
* Optimizes clinical design, data standards and clinical architecture

Gartner, multiple articles

**Facts for All COA’s**

* The CMIO must be physically located at BUMED
* CMIO works closely with and receives support from CIO and M3/5 while also providing direct support to both
* Three distinct roles must be assigned
	+ CMIO
	+ Project Manager, Enterprise Implementation (currently NAVMISSA)
	+ Functional Lead, AHLTA, and other clinical systems (currently M3/5 CI – Clinical Informatics)
* Requires review of current contract actions and mission to ensure minimal overlap and best coverage of mission
* Transition must assure continuity in current support relationships between CIO, NMSC/NAVMISSA and M3/5

**BUMED CMIO COA’s**

* Criteria to Evaluate COA’s
* Unity of IM/IT effort in support of medical mission
* Unity of IM/IT vision, direction and control
* Unity of Resource Management
* Reduce gaps, overlaps and duplication
* Consistent message to MHS
* Medical functional alignment
* Linkage to Infostructure (see definition below)

**COA #1 -**  CMIO under M3/5

**PROS**

* CMIO functions unified under one organization
* CMIO functions controlled by clinical community
* Reduces potential for gaps/overlaps/duplication within clinical staff
* Best medical functional alignment
* Development and implementation functions remain with NMSC/NAVMISSA (via Project Management)

**CONS**

* IM/IT functions are separated with potential for disunity.
* CMIO has no direct linkage to infostructure and no direct leverage of IM/IT assets
* Poor linkage to infostructure increases potential conflict with CIO and NMSC/NAVMISSA functions
* No single voice for resource issues (e.g. POM development)
* Continues high potential for gaps/overlaps/duplication with CIO
* Some potential for inconsistent messages to MHS
* Potential that CMIO scope may grow beyond defined CMIO roles and responsibilities
* Potential that CMIO scope may be unduly restricted due to subordination to M3/5
* Integration of and conflict resolution for IT issues at CoS or DSG level

**COA #2** - CMIO under CIO

**PROS**

* All IM/IT effort can be singly directed in support of medical mission
* CMIO and IM/IT functions integrated under one organization; CMIO can have direct leverage of IM/IT assets
* Unified resource management voice (e.g. POM development)
* Reduces potential for gaps/overlaps/duplication within IM/IT functions
* Lowest potential for mixed messages to MHS
* Clinicians get authority and insight into IM/IT operations
* Best linkage to Infostructure
* Development and implementation functions remain with NMSC/NAVMISSA (via Project Management)
* Single point for integration and conflict resolution below CoS or DSG level

**CONS**

* No direct leverage of clinical staff and policy expertise in M3/5
* High potential for gaps/ overlaps/duplication with M3/5
* Not the best alignment to medical functional community
* Potential that CMIO scope may be unduly restricted due to subordination to CIO

**Near Term Recommendations**

* Approve general description of CMIO Role as scope of BUMED CMIO
* Recommendation: Adopt COA 2
* Appoint/assign CMIO in Office of the CIO
* Begin detailed organizational analysis
* CMIO is Medical Corps in the rank of senior CDR or CAPT
* CMIO is responsible for monitoring and coordinating enhancements to current clinical information systems as well as systems in development
* Retain non-clinical functions of the current Enterprise Implementation in CIO or NMSC/NAVMISSA
* Appoint/assign a Functional Champion/Lead for AHLTA and Essentris (working in M3/5…Director of Clinical Informatics)

**Mid-Term Objectives**

* Review and clearly define duties and responsibilities of CMIO
* Determine optimal CMIO structure based on detailed analysis
* Minimize overlap with M3/5, the CIO office, NMSC/NAVMISSA and others to improve efficiency and effectiveness
* Complete update of process to improve and streamline governance process/responsibilities (ongoing)
* Align additional CMIO staffing with mission and responsibilities

**Back-up Information**

**Definition: Infostructure**

"The phrase "information infrastructure" has an expansive meaning. The National Information Infrastructure (NII) includes more than just the physical facilities used to transmit, store, process, and display voice, data, and images. ... That is why, beyond the physical components of the infrastructure, the value of the National Information Infrastructure to users and the nation will depend in large part on the quality of its other elements:

The information itself, which may be in the form of video programming, scientific or business databases...

Application and software that allow users to access, manipulate, organize, and digest the proliferating mass of information...

The network standards and transmission codes that facilities interconnection and interoperation between networks, and ensure the privacy of persons and security...

The people -- largely in the private sector -- who create the information, develop applications and services, construct the facilities, and train others to tap its potential...

Every component of the information infrastructure must be developed and integrated if America is to capture the promise of the Information Age".

National Information Infrastructure