

The Top 9 Actions for the Healthcare Delivery Organization CIO, 2010

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As we enter the second decade of the 21st century, the CIOs of healthcare delivery organizations (HDOs) must ensure they are balancing their time setting a vision and strategic road map for the future, managing key initiatives to achieve maximum beneficial impact, and regularly improving the effectiveness and productivity of the IT department itself.

Key Findings

- Healthcare continues on a transformational course triggered by the computer-based patient record (CPR) and expanded into the paradigm of the real-time enterprise — an evolution necessary in order for HDOs to realize their important enterprise outcomes sooner, rather than later.
- Planning for, successfully deploying and **optimizing the impact of a Generation 3 CPR system with clinical decision support is a key initiative for most HDOs and their CIOs.**
- **Other top initiatives for attention this year include** portals, mobility, social networking and telemedicine.
- Areas of management attention include continued focus on defining and delivering business value and maturing the enterprise's project management function.

Recommendations

Four recommendations thread through these top actions, which will help make CIOs particularly successful:

- As IT continues its expanded importance to clinicians, the top priority of the CIO in 2010 is to help the organization map an effective transformation into a real-time enterprise (RTE).
- CIOs need to increase their familiarity with core business and clinical processes. The RTE includes extending beyond current core clinical capabilities through more-advanced process awareness support.
- Work with other senior executives to anticipate the changing or additional business, clinical, and IT roles and responsibilities that will be needed to use RTE IT to its full potential.
- Create measures of successful CPRs based on institutional value and not (in the U.S.) just to obtain incentive payments.

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ANALYSIS

1.0 Introduction

In 2010, the effective healthcare IT organization, led by the competent, confident CIO, is a significant enabler of care quality, operational efficiency and business agility. In this decade, public and private payers and consumers are looking to healthcare providers to manage the growing demand for healthcare services in innovative, consistent and affordable ways, trumping an outdated focus on cost control alone. New ideas are constantly emerging that challenge entrenched medical practice paradigms, boundaries and borders.

IT is increasingly inseparable from business and care processes. Also, IT operations are increasingly intertwined with traditionally segregated biomedical device management. CEOs and COOs have become much more attuned to IT in general and to dashboards in particular. For healthcare CIOs, this has expanded their responsibilities and their influence. With healthcare's great need for error reduction, productivity improvements and redesign, the ability to innovate, advocate and optimize will enhance the CIO's executive status. However, all CIOs need to balance opportunities and ambition with the willingness of the HDOs to embrace agility and change, as well as the government policy environments in which they operate and the strains on public and private payers and consumers.

1.1 Process for Determining Top Actions

Beginning in November 2009, Gartner's healthcare provider analyst team reviewed major industry megaforges, including multiple governments' national healthcare policies and e-health program directions. Observations about current health system and IT management issues, emerging technologies, and important application innovations were also considered. Each analyst proposed candidate actions that were discussed, analyzed, sometimes reworked and voted on. Note that we are presenting these actions in a logical order that does not necessarily represent the relative importance of each.

1.2 Top Actions Summary

To represent the full scope of the executive-level healthcare CIO's responsibilities, we chose a set of actions that includes a combination of longer-term strategic vision and immediate execution priorities, and that focus on the CIO's contributions as an executive of the health system and as the operational head of the IT department.

To lead off our top actions for 2010, Gartner's healthcare analysts have chosen the RTE as the "big think" topic requiring CIO attention and featured complementary management/applications and infrastructure topics. The RTE is the first time that the health system's operations management model is being reinvented based on information and communication technology (ICT).

The signs of movement toward the RTE have been overshadowed by one of its critical components, the CPR with real-time clinical decision support. Achieving high benefit — truly meaningful use — from CPR systems is the next action we emphasize here.

We then highlight additional specific areas of high IT priority, reflecting the continuing need to connect the clinician and the patient with the enterprise and the core processes of patient care, including:

- An effective enterprise approach to portals

- Recognizing the importance of mobility and incorporating mobile devices into the IT fabric
- Furthering the use of social networks
- Expanding the use of telemedicine

Finally, we wrap up the 2010 actions with two overarching areas of IT and health system management that affect all key IT initiatives and require continuing CIO leadership. These are continuing to sharpen the enterprise focus on business value and maturing IT project, program and portfolio management.

2.0 Top CIO Actions

2.1 Action 1: Define your road map to the real-time enterprise.

Analysis by Vi Shaffer and Barry Runyon

By Gartner's definition, the RTE advances its effectiveness and competes by using up-to-date information to progressively remove delays to the management and execution of its critical business processes. RTE for the health system includes levels that go from operational efficiency, to management, to strategic direction setting. The strategic use of ICT and real-time business intelligence is necessary to redefine, continuously monitor and very rapidly adjust core medical and care delivery processes to better balance demand and delivery, going beyond stripping latencies from enterprise business and clinical workflows. This paradigm is compelling for the health system of the future — enterprises already steeped in the terminology of time and urgency, such as "stat," "triage" and "rapid response" — to meet the combined challenges of increased demand for services, continued pressure on cost and a focus on consistently high quality.

The RTE is a management paradigm that uses new and existing information in a different way, accelerating individual processes to minimize response time and optimize response quality. While this sounds straightforward, healthcare professionals know well that viewing individual processes as discrete and independent fails to consider the complex interactions, handoffs, dependencies or unintended consequences of changes among the health system's hundreds of activities performed by a wide variety of roles in a variety of settings. Minimizing time to response is not as simple as accelerating a single process, and optimizing the quality of a response may require complex coordination across all the interacting people and processes. The RTE focus on speed can be comfortably aligned with the lean methodology focus on waste — sort of like saying "time is money."

The CPR is an integral component of the RTE — in fact, a health system could not lay claim to being an RTE without it. This is a main tool for providing RTE support for clinicians. Both digital image access and interoperability with biomedical devices are also important to fulfilling the RTE paradigm.

Other key investment examples within the RTE road map include:

- Business intelligence and dashboards, increasingly automated for the purpose of informing real-time business and clinical process management, and used in combination with enterprise data warehouse and process/outcomes analytics
- Business process management (BPM) and process-centric thinking to reduce reliance on traditional functional structures and improve agility cost, cycle time, responsiveness, quality, service level, ease of use and convenience

- A variety of "awareness" applications that leverage location and condition sensors to provide greater real-time contextual management help for rapid response, proactive prevention of process breakdowns and resource/asset management
- Clinical portals and other tools that empower the clinician for real-time actions
- Patient self-service portals, kiosks, real-time patient education, digital signage and other ideas that draw the patient into their collaborative role, while improving the timeliness, convenience and safety of patient care
- Targeted home and mobile health monitoring to enable closer monitoring, data correlation and real-time decision support for faster intervention in the care of patient needs — particularly for higher-acuity, higher-risk patients outside the hospital
- Enterprise staff scheduling tools that include the ability to immediately identify unexpected surges in hospital census or other unmet staff needs, and rapidly adjust staffing
- Applications providing real-time visibility and management of the supply chain

2.1.1 Recommendations

- Use the real-time enterprise model to establish the enterprise's 2015 management vision and enterprise architecture process for change management.
- Work with other senior executives to understand the changing or additional roles and responsibilities that will need to exist to use RTE IT to its full potential.

2.1.2 Related Research

"Implementing Lean in IT"

"The Real-Time Enterprise"

"Nine Key Principles of the Real-Time Enterprise"

"Biological Models for the Real-Time Enterprise"

"Managing Risk in the Mobilized Real-Time Enterprise"

"Creating a Real-Time Enterprise Needs Change Management"

"Why the Real-Time Enterprise Needs Real-Time Management"

2.2 Action 2: Prepare your infrastructure for the RTE.

Analysis by Barry Runyon and Vi Shaffer

To remain competitive, Gartner believes health systems must evolve to RTEs. They must redesign and transform their critical clinical and business processes, and this requires enhancing IT and communications infrastructure, systems, and technologies to operate more collaboratively.

To successfully operate as RTEs, health systems will expand their use of automation, instrumentation, location and condition-sensing technologies; event-driven and service-oriented approaches; messaging and interoperability; and wireless and mobility, and integrate a host of other technologies and process changes that enable the RTE.

RTE infrastructure initiatives include:

- **Unified communications** to bring together separate voice, video and Web conferencing channels and capabilities, and extend instant messaging capabilities to voice, conferencing, video and e-mail
- **Hands-free communication devices** that respond to voice commands, receive text messages and integrate with the enterprise PBX to redefine how mobile workers communicate
- **Alerts, notifications and unified medical device bus platforms** that integrate medical devices and patient monitoring equipment with advanced clinical systems and nurse call applications
- **Wireless networks, mobile devices and hands-free communications** to extend the reach of expensive clinical and business systems to the point of care — wherever that might be
- **Middleware for messaging, alarms and notifications, and device integration**
- **Endpoint security and data loss prevention measures**

2.2.1 Recommendations

- Use the RTE model to establish the enterprise's 2015 management vision and enterprise architecture process for change management.
- Streamline, standardize, automate and instrument as much of the IT infrastructure as possible.
- Use virtualization to reduce the number of moving parts, reduce facilities costs, and simplify maintenance and administration.
- Replace legacy file shares with an enterprise content management system to open up new opportunities for content sharing, collaboration and enterprise search.
- Introduce IT service management tools and operational best practices to improve the end-user experience and the end-to-end performance and availability of systems critical to care and revenue.
- Consider remote hosting and managed services to improve problematic service levels.
- Leverage the 802.11x data backbone by introducing voice, medical and patient monitoring devices, and location- and condition-sensing services.

2.2.2 Recommended Reading

"Architecting the Real-Time Infrastructure"

"Hype Cycle for Real-Time Infrastructure, 2009"

"Using Portals as Gateways for the Real-Time Enterprise"

"A Technology Framework for Enterprise Unified Communications"

"MarketScope for Enterprise Instant Messaging and Presence"

2.3 Action 3: Favor "truly meaningful use" over "meaningful use."

Analysis by Wes Rishel and Thomas J. Handler, M.D.

Note that, while we write this action specifically in the context of the substantial incentive funds being made available under the U.S. American Recovery and Reinvestment Act (ARRA) of 2009 — a top-of-mind issue for many CIOs in the U.S. — the key actions specific to deriving high value from electronic health records (EHRs) hold true for every health system as they undergo this journey. The ARRA funds are for eligible providers (physicians) and hospitals that demonstrate "meaningful use of certified electronic health record technology." The same legislation requires reductions in Medicare payments for not using an EHR starting in 2015. To receive the maximum in incentive payments, a hospital or eligible provider must meet initial meaningful-use requirements by the fourth quarter of 2012. In some cases, these funds could substantially reduce the total cost of implementing EHRs.

Most hospitals and eligible practices have a lot to gain from EHRs when implemented to meet clear clinical goals. This is important, because factors external to HDOs will ultimately require them to change how they practice and collaborate. Those changes will come through changes in physician approaches to practicing medicine. They will not be caused by the EHR, but neither will they be possible without one.

The external driver is changes in the way providers are paid, in combination with evolving evidence-based medicine practices, particularly for acute hospital care and chronic conditions. In the U.S., for example, Centers for Medicare & Medicaid Services and other payers have begun to favor measured quality and to require various healthcare providers to work together in order to get paid. The changes will not come suddenly, but neither can an HDO react suddenly if it waits until meaningful use criteria are fully clear.

The worst-case scenario for any HDO is to implement an EHR for its own sake, as if adoption alone were the goal, rather than as part of a drive toward organizational change. The easiest way to fall into this trap for U.S. HDOs is to drive EHR implementation narrowly focused on the specific measures required to qualify for ARRA meaningful use. **The best way to drive EHR implementation is with clinical leadership focused on truly meaningful use, changing how medicine is practiced and preparing the HDO for increased collaboration.**

2.3.1 Recommendations

- **Create measures of successful EHR implementation based on institutional value (not maximizing incentive funds).**
- **Seek clinical ownership of the clinical IT vision, as well as EHR implementation and optimization.**
- **Position IT as a strong and trustworthy enabler of organizational change.**

2.3.2 Related Research

"Create or Re-examine Your Clinical IT Vision"

"The Limits of Certification and Guarantees in Buying Electronic Health Records in the U.S."

"Magic Quadrant for U.S. Enterprise CPR Systems"

"Predicts 2010: Healthcare Providers and Governments Seek the Benefits and Address the IT Implications of Electronic Health Records"

2.4 Action 4: Deploy portals to support self-service efforts.

Analysis by Barry Runyon, Jonathan Edwards and Thomas J. Handler, M.D.

Generally speaking, there are three types of enterprise portals — those that face employees (business-to-employee), customers (business-to-consumer) or business partners (business-to-business [B2B]). A care delivery organization (HDO) deploys variations of all three. Content, applications and services vary considerably across these three types of portals, but there are areas of commonality, such as personalization, self-service and collaboration. Arguably, the B2B portal that has been most effective to date is the physician-facing portal for nonemployed/affiliated physicians. **Web 2.0 features, such as blogs, wikis, vertical search and communities of interest, also vary across these three portal types, but the patient portal will likely be the first portal to benefit from Web 2.0 capabilities.**

The portal offers the most value when it is used as a healthcare workflow and interoperability platform that exploits the browser as a ubiquitous user interface and when it leverages existing applications, systems, data sources and infrastructure within the HDO. It is Gartner's view that portals of all types will be pivotal to HDOs' success in promoting self-service and collaborating with their various constituents, particularly when they are focused on improving operational efficiency, increasing consumer convenience, improving the quality of care, generating revenue and promoting patient safety. **The portal will play a larger role in servicing all the major HDO workflows and is a vital component of the RTE for healthcare.** Regional and national health systems — aggregations of multiple independent HDOs — are taking a close interest in portals for a number of functions: appointment booking, prescription renewal, e-visits and access to medical records. Denmark has had a national healthcare portal for several years, with both clinician and patient functionality.

2.4.1 Recommendations

- **When developing a portal, look for integration platforms that are standards-based and can leverage the existing IT infrastructure and application portfolio as noninvasively as possible.**
- **An efficient and convenient user registration model is necessary to ensure user participation.**
- **Align your self-service kiosk strategy with your portal strategy.**

2.4.2 Recommended Reading

"Introducing the Healthcare Consumer of the Future"

"The Convenient Care Scenario for Healthcare in 2019: Characteristics and Implications"

"Case Study: Duke University Health System Finds Excellent Productivity Using SOA"

"Generation Six Portal Products: When Portals Meet Web 2.0, It's Love at First Sight"

2.5 Action 5: Embrace mobility that speeds access and action.

Analysis by Barry Runyon and John-David Lovelock

Wireless and mobility are staples of the RTE and are transforming aspects of healthcare service delivery. All manner of mobile devices are being routinely introduced into the HDO. Some will gain acceptance, while others will struggle to find a place. Just as cell phones have replaced landlines, mobile devices will increasingly supplement and replace their stationary, hard-wired counterparts. Advances in mobile communication technologies and medical devices have removed many of the technical barriers to mobile health monitoring and have encouraged innovation.

Screen size is a major influence on any mobile device's usefulness and adoption, and clinicians will be using a variety of options, depending on the situation. A physician seeing a patient in a clinic may use a desktop system for documentation and review, but in the car on the way home, will use an iPhone to review a lab result and change an antibiotic order. During rounds, a physician might also want a smaller device for limited review capabilities.

Mobile phones, sensor technology, portable medical devices and wireless health applications will play a larger role in connecting patients with their healthcare providers within the next few years as well. Advances in wearable and implantable sensor technology that transmits data over the broadband and cellular networks are available now or are in development. The mobile phone will continue to mature as an important platform for chronic disease management as well.

2.5.1 Recommendations

- Wireless and mobility are pivotal to the RTE, so focus hiring and training efforts in this area during the next three to five years. Bandwidth management and wireless security are two areas in which to start.
- Standardize on mobile and handheld devices as much as possible for better support, but be prepared for the introduction of user-owned devices in the near future.
- Consolidate the various enterprise medical device private networks, whenever possible, for increased interoperability and visibility.
- Develop wireless strategies for clinical and business workflows and constituents that can most benefit from mobility enhancements. Align your wireless and mobility strategy with your clinical and patient portal strategies, as they have much in common.
- Plan for new security, integration and compliance issues associated with the introduction of this mobility-generated healthcare information.

2.5.2 Recommended Reading

"From Smallest to Largest, a Continuum of Mobile Devices"

"Hype Cycle for Telemedicine, 2009"

"Best Practices for Managing Mobile Voice and Data Costs"

"Critical Capabilities for Unified Communications"

"Healthcare Prominent at Qualcomm Smart Services Leadership Summit"

2.6 Action 6: Social networks — Put your toe in the water but have a lifeguard

Analysis by Thomas J. Handler, M.D., and Wes Rishel

It is impossible to avoid social networks. Healthcare CIOs are under pressure from those in their organizations who believe that it is critical for the HDOs to be actively participating in social networks. However, CIOs should not dive headfirst into the pool, just because the water seems fine. There are significant concerns that must first be addressed. IT should not be the primary agent, but should ensure that appropriate executives are involved in all decisions regarding social networking.

An HDO's forays into social networking can be divided into three categories, each with its own set of benefits and problems: participation, monitoring and policy.

Participation takes many forms for healthcare professionals and patients: employee and affiliate participation in general, professional social networks (that is, physicians joining to facilitate research, professional networks for medical specialties, vendor special interest groups "virtual hallway" consultations about puzzling patients), patient engagement (that is, communities of patients with similar conditions or concerns) and fundraising-driven endeavors.

Monitoring in order to vet social networks for participation and to be aware of what is being said about the HDO is the second category. Negative comments can spread quickly, and it is imperative that HDOs not have blinders on in terms of what their patients — and even possibly their staff — are saying about the organization. Negative comments can be countered and, perhaps more importantly, may signal problems within the organization that should be addressed.

Creating and enforcing policy regarding the use of social networking while on the enterprise network can be very problematic. Gartner's discussions with senior leaders at many HDOs indicate an appropriate combination of interest and wariness. Many organizations have taken the step of barring access to sites like Facebook because of concerns about time spent on those sites while "working." This is certainly easier than monitoring use, but may be too draconian. Decisions must be made about whether or not individuals should be able to access those sites from the workplace (even during their breaks). HDOs need to include executives and departments when creating these policies (for example, HR in general and the chief medical officer [CMO]/chief nursing officer [CNO] regarding professional uses).

2.6.1 Recommendations

The CIO needs to serve as a trusted advisor for important social-networking trends, opportunities and risks. However, the CIO should ensure that overall responsibility is assumed by the IT governance body and that the right executives and departments (such as the CMO/CNO for professional uses, HR and marketing):

- Create and enforce policies regarding the use of social-network sites.
- Ensure that someone in the HDO is responsible for scanning social-network sites for positive and negative publicity.
- Where policy promotes the use of social networking, provide education for staff and patients about appropriate use.

2.6.2 Related Research

"Hype Cycle for Social Software, 2009"

"The Social Networking Tidal Wave; CIO Desk Reference Chapter 30"

"Google Buzz Shows Navigation Potential"

"Microsoft Adds Social Features to Outlook to Fend Off Rivals"

"Use Social Knowledge to Enhance Your Self-Service Offering"

"Case Study: Social Networking Tool Becomes Essential Workplace Infrastructure at Deloitte"

2.7 Action 7: Promote telemedicine to address shortages of clinicians.

Analysis by Jonathan Edwards

Many countries suffer from chronic shortages of clinicians. There are multiple reasons:

- Not enough new clinicians are coming out of medical schools to replace those who have retired, and many clinicians are taking early retirement because of dissatisfaction with their working lives.
- Clinicians are moving to other countries or regions where salaries or working conditions are more favorable, leading to supply imbalances.
- Shortages are also a matter of perception. Consumers are more insistent than earlier generations on convenient, rapid access to high-quality care, regardless of their location.
- Often, more-rural areas have difficulty attracting specialists or having enough population/demand to support locally based providers.
- These shortages are occurring in an environment where demand for health services is growing due to aging populations and increased chronic disease.

Telemedicine can help address clinician shortages by enabling remote monitoring, diagnosis and consultations. Remote monitoring of patients — whether they are in hospital, at home or on the move — allows clinicians to gather data about a patient's condition without needing to be present in person. This has the potential to reduce travel for clinicians and patients, and to enable more-frequent monitoring of the patient. Remote diagnosis — such as teleradiology, teledermatology, and teleretinal imaging — helps alleviate the unequal distribution of specialists by making specialist expertise available remotely. Remote consultations — such as e-visits and real-time consultations using video and live chat — have the potential to reduce multiple barriers that prevent patients from easily accessing healthcare.

2.7.1 Recommendations

- CIOs should take the lead in surfacing emerging opportunities and risks triggered by technology advances that can enable new service delivery models.
- Healthcare providers, payers and government health systems must work together to reduce the barriers to telemedicine. Some barriers are technical, such as the need to integrate telemedicine data into clinicians' CPRs, and plan how to match patient expectations with clinician schedules. Other barriers are financial — appropriate payment for value — and regulatory, such as legal liability, licensing and accreditation, especially when telemedicine services are delivered across jurisdictional boundaries.
- Healthcare providers should stop piloting and start deploying telemedicine applications when the quality of care is equal to face-to-face care, cost savings can be expected and there is a clear business/patient need.

2.7.2 Related Research

"Hype Cycle for Telemedicine, 2009"

"European Healthcare Agencies Must Act on the European Commission's Communication on Telemedicine"

2.8 Action 8: Put the specifics into your specification of business value.

Analysis by Vi Shaffer

This is the second year in a row that our CIO top actions research hones in on the topic of business value, because too few HCOs do this well. A persistent focus on business value must

do much more than help ensure that IT is recognized for its contributions — although that is certainly a welcome byproduct of this action. Among the many reasons to make this a priority is that demand for new IT investment is increasing as more-engaged clinicians and top executives are exposed to more new ideas within their peer networks and through direct involvement with vendors. The enterprise needs clearly understood ways to manage demand among diverse priorities. Executives also need to push for better-than-basic results from each application investment.

CIOs exert their leadership by leveraging key steps in the processes of strategic planning, IT governance and project management to focus this extra attention on the specification and realization of benefits by concentrating on three key areas: strategic planning, IT governance (ITG) and project management. Health systems too often leap from a broad, grand vision right to IT initiatives, skipping several important steps in the strategic planning process, including ranking and selection based on importance to strategy. Then, having identified initiatives to be funded without this step, a missing element is often defining the specific objectives and metrics of value to realize from each project. ITG must act as a stabilizing companion to strategic planning, especially in smoothing the process of executing on those initiatives requiring disruptive change, and to help leaders drive (and staff endure) that change. Project, program and portfolio management carries the mantle of monitoring progress and early alerting to issues.

2.8.1 Recommendations

- Applications need accountability outside of IT. The CIO should steer the IT governance body toward a consistent business value and risk-assessment framework — down to the forms that must be completed, how specific and quantified justifications will be, what metrics of business value will be monitored, how they will be calculated, and who will be responsible for defining change management approaches and be accountable for results.
- Ensure that business/clinical champions have "skin in the game" as to timetables and benefits, such as agreeing to budget cuts or performance metrics improvement based on the anticipated impact.
- Ensure that chief medical informatics officers are actively involved in ITG and strategic planning and that they understand how IT priorities will be set across business and clinical domains.

2.8.2 Related Research

"A Benchmark of Healthcare IT Governance and Approaches for Improvement, 2008"

"Leadership Development Module 6, Chapter 1, Leadership, Management and the CIO"

"Leadership Development Module 6, Chapter 6: The Future CIO"

"Align BPM to Strategy by Targeting and Measuring High-Value Processes"

2.9 Action 9: Advance the Maturity of Project Management and the PMO

Analysis by Vi Shaffer

No one feels the health system's relative level of commitment to IT-related initiatives more viscerally than the project manager. Strong, mature planning and governance processes, combined with mature project management, improve business case/service request analysis. The process should flag whether projects have the right level of business/clinical sponsorship at the outset and will receive the right sustained commitment. This helps ensure that IT resources are

managed efficiently. Project management is equally important in building and maintaining the health system CIO's credibility — the trust that comes from the perception of consistent "on time, on budget" delivery and avoiding crises.

Health systems around the world vary widely in the level of maturity of their project management function and whether or not they have formally created a project management office. As HDO IT departments take on the responsibility for larger mission-critical applications, such as CPR and decision support systems, the need for strong people, clear processes and more-robust tools for project management becomes compellingly clear. What may not be as clear are the advantages of running all projects — large, medium and small — through an appropriately adjusted project management process that business, clinical, and IT leaders and staff all understand and follow.

2.9.1 Recommendations

- First, assess your level of maturity against Gartner's PPM Maturity Model. Then, mature by intent, not by accident.
- Assign a leader/team (depending on organization size) the clear responsibility for defining and undertaking specific improvement initiatives.
- Consider an investment in more-robust tools to support enterprise project management. At lower levels of maturity, improvement focuses first on establishing a talent base. As maturity advances, the focus moves to better processes and to tools for managing the totality of projects/resources and for providing accurate information for evaluation and improvement.

RECOMMENDED READING

"Why Demand-Side Planning Isn't Working for CIOs and How to Fix It"

"Case Study: Denver Health Leverages 'Lean' for a Breakthrough in Enterprise Patient Scheduling Implementation"

"Maturity Assessment for Program and Portfolio Management"

"Toolkit: Making the Business Case for a Highly Focused and Effective PMO"

"Magic Quadrant for IT Project and Portfolio Management"

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