

Healthcare's IT Organizational Structure of the Future



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Executive Summary

Driven by a pandemic, workforce crisis, an unsustainable cost curve and the imperative of a consumer-centered, digitally enabled care model, healthcare CIOs are increasingly becoming among the most business-savvy, value-driven and strategic leaders in the enterprise. This transformation is reflected in the IT department as progressive CIOs aggressively remold the organizational structure of IT to become innovative, agile and responsive to meet the demands of a new clinical and operational model. It also reflects the healthcare CIO's evolution from an IT-centered specialist to that of a trusted partner with cross-functional stakeholders leading technology-enabled initiatives. As a result, the IT organizational structure of the future embodies a platform for alignment among clinical, operational and strategic leaders to improve the delivery of care in a consumer-centric world.

Scottsdale Institute collaborated with Kirby Partners to better understand how health systems are evolving their IT departments to become "future ready." We conducted an online survey and collected responses from 50 Scottsdale Institute member organizations. Qualitative interviews were also conducted with five progressive CIOs.

Research results showed that:

- The CIO reporting to the CEO is the most common reporting relationship (40%) demonstrating the value organizations are placing on technology to enable business performance.
- Ownership of digital innovation varies greatly by organization. About a third (34%) of organizations added digital innovation to their ClOs' responsibilities, while 30% created a new role for digital leadership (such as a Chief Digital Officer). Some organizations (20%) have responsibility falling to a team rather than an individual.
- Majority of organizations (76%) describe their IT department as having a centralized structure where IT supports various business units. Some 22% of respondents report their organization is "hybrid" where there is both a centralized IT function and embedded IT personnel in some business units. Just 2% report having a decentralized structure with IT embedded in individual business units.
- Traditional service-delivery models with teams for infrastructure and applications (which may include cybersecurity and other functions) are used in 76% of organizations. A structure based on work and projects (with teams focused on areas such as products, customers and services) has been adopted by 16% of organizations.

- As expected, "technology" related functions fall under IT on nearly all org charts; many CIOs also have responsibility for innovation, the PMO and analytics functions.
- When organizations employ Chief Technology Officers, Chief Digital Officers, Chief Data Officers, Chief Analytics Officers, they typically report to the CIO.
- IT is viewed favorably in most organizations, but as they look ahead many CIOs (60%) acknowledge their structure needs to be "modernized" to create a more flexible teamcentric IT model.
- About half (49%) of respondents strongly agreed or agreed that their organization needs a new or different talent base to compete in the digital economy.
- Most organizations have strong IT governance (72%), LEAN process redesign (66%) and advanced analytics (64%) in place.
- About half (51%) of organizations expect their department or function will be restructured in the next year. The most cited impetus behind planning a reorg is the need to develop a more flexible, team-centric IT model (33%).
- Implementing intelligent process automation is planned for 43% of organizations (28% already use it).

Introduction

Health systems today are navigating the challenges of increased financial pressures and business-model transformation while maintaining the bar of delivering exceptional care. These challenges are accelerating the need for organizations to reevaluate their organizational structures. The structure of the future enables innovative models of care delivery while establishing a diverse workforce and agile culture that excels in meeting clinical and operational needs with emerging technologies.

Much of the opportunity falls to an organization's IT department. Within IT, healthcare CIOs are facing increased pressure to improve business outcomes, enhance customer experience and provide innovative technology solutions. For many IT departments, adapting means evaluating and reinventing everything from team structure, to reporting relationships and purview.

Scottsdale Institute, along with Kirby Partners, set out to do a deep dive into these shifts and define "future ready" IT departments.

Research Methodology

The Scottsdale Institute collaborated with Kirby Partners to explore the future of IT organizational structures.

RESEARCH OBJECTIVES WERE TO:

- Understand how members' IT departments are currently structured, including reporting relationships
- Determine which functions are included in IT
- Understand when members' departments or functions were last reorganized and the impetus behind the change
- Learn when members' departments or functions are planning to 4 reorganize in the future

BETWEEN MARCH AND OCTOBER 2022, THE RESEARCH INCLUDED:

- A survey of technology executives from 50 Scottsdale Institute member organizations
- One-on-one interviews with technology leaders from five health systems

Participating Scottsdale Institute Member Organizations

(Some remained anonymous)

Advent Health Adventist Health Atrium Health Avera Health **Baptist Health** BayCare Health System

Baystate Health Bon Secours Mercy Health

Bronson Healthcare

Cedars-Sinai Health System

Cleveland Clinic Henry Ford Health HonorHealth

Intermountain Healthcare

IU Health

Lurie Children's

Memorial Healthcare System

MultiCare Health System Munson Healthcare Northern Light Health Northwestern Medicine Rush University Medical Center Scripps Health Sentara Healthcare Sharp HealthCare Spectrum Health (now Corewell Health) Tampa General Hospital Trinity Health **UK HealthCare**

University of Chicago Medicine

University Hospitals

Key Findings

The CIO's reporting relationship

As they face increased pressure to show IT's impact on improving business performance, CIOs have a firmly established place within the executive leadership team. Among survey respondents, the primary reporting relationship is for the CIO (or highest-ranking IT position) to report to the CEO (40%). To a lesser extent CIOs sometimes report to the COO (20%) or the CFO (12%). Less commonly, the CIO reports to the Chief Administrative Officer (6%), Chief Digital Officer (6%), Chief Strategy Officer (4%) or another C-suite executive. (Figure 1)

The CIO reporting to the CEO has become a strategic necessity for many healthcare organizations. However, it appears that healthcare is somewhat lagging versus other industries in elevating the CIO's reporting relationship. A Deloitte study across industries showed that just over half (51%) of U.S. CIOs report to the CEO versus 40% of member organization CIOs.

FIGURE 1



To whom does your CIO or highest-ranking IT position report?

Value	Percent
Chief Executive Officer	40.0%
Chief Operations Officer	20.0%
Chief Financial Officer	12.0%
Other please specify (click to view)	10.0%
Chief Administrative Officer	6.0%
Chief Digital Officer	6.0%
Chief Strategy Officer	4.0%

66 The CIO position has evolved from a virtually invisible role in the past to today not only having a voice at the senior executive table, but also contributing to improvements in care delivery, process optimization, merger & acquisitions, and most other core functions within the organization. The CIO's biggest transformation from 10 years ago is its emergence as a strategic adviser and enabler of operations across the enterprise, from the top down to the level of individual-business-unit planning. Unlike most healthcare CIO reporting relationships, I report directly to Trinity's Chief Clinical Officer. This ensures robust alignment between technology and the care delivery process.

~ Steve Tuohy, SVP & CIO, Trinity Health

changing collaborations required over time, starting with the CIO. I was asked to take over virtual care, analytics and security. As CIO I take a decentralized approach as an orchestrator of technology but also savvy about the business drivers. That's why many CIOs are moving into COO roles. Traditionally the CIO career was a progression from hospital to larger hospital, but it has become a progression to the next executive role. Is it COO or CEO? As CIOs we're getting heavily recruited from many types of organizations. Over the past five years we've been approached by private equity, for-profit organizations and many IT leaders through LinkedIn.

Today many paths have opened up for CIOs, whether a full analytics path, a virtual path or the traditional IT space. And women are still a minority in IT, whether healthcare or cross industry, which is why I participate in a cross-industry organization that encourages and supports young women in STEM to become CIOs.

~ Lisa Dykstra, SVP & CIO, Lurie Children's

Ownership of digital innovation

Scottsdale Institute Member organizations seem to be taking varied approaches to whom in the organization is leading digital innovation. About a third (34%) of organizations added digital innovation to their CIOs' responsibilities, while 30% created a new role for digital leadership (such as a CDO). Some organizations (16%) have responsibility falling to a team rather than an individual. Among the 16% of organizations who selected "other" the top reason was that "still figuring who in the organization will lead digital innovation." (Figure 2)

FIGURE 2



Which person in your organization has primary responsibility for leading digital innovation?

Value	Percent
The CIO added digital leadership to their role	34.0%
A new leadership role was created for digital (such as Chief Digital Officer or another title)	30.0%
A business executive (other than the CIO) added digital leadership to their role	4.0%
Primary responsibility falls to a team (such as a Steering Committee) rather than an individual	16.0%
Other - please specify	16.0%

66 As CIO I pulled together the digital health team, bringing together people in patient access to help with patient/consumer engagement, which pulls from many applications: marketing apps, telephony apps. It's a cross-functional group based on a helical model with dual reporting. Subject-matter experts report to a technical leader but also develop the overarching leader strategy.

~ Lisa Dykstra, SVP & CIO, Lurie Children's

transformation and recent focus on the consumer experience have taught us that our traditional implementation methods do not always lend well to rapid progress. The pandemic forced a different approach, and we have carried that forward with subsequent digital deployments.

Our team structure is typically based on application modules and systems that align with corresponding operational areas, with projects managed using a waterfall approach. While we tend not to get hung up on descriptions and definitions, the implementation methodology for digital is akin to Agile. Management is organized around the product, supported by a collaborative of stakeholders and fusion teams. This approach has been quite successful in some of our digital patient experience work, and we are exploring how we might extend this to other areas. ??

> ~ Craig Kwiatkowski, PharmD, SVP of Enterprise Information Systems and CIO, Cedars-Sinai Health System

IT department structure

Member organizations' IT structures remain predominantly traditional. The majority of organizations (76%) describe their IT department as having a centralized structure where IT supports various business units. Some 22% of respondents report their organization is "hybrid" where there is both a centralized IT function and embedded IT personnel in some business units. Just 2% report having a decentralized structure with IT embedded in individual business units. (Figure 3)

Likewise, 76% of respondents report having a traditional service-delivery model with teams for infrastructure and applications (which may include cybersecurity and other functions). A structure based on work and projects (with teams focused on areas such as products, customers and services) has been adopted by 16% of organizations. (Figure 4)

Over half (53%) of organizations currently leverage multidisciplinary teams that blend technology and business domain expertise and share accountability for outcomes. Another 28% of organizations report they "have plans to implement" these types of teams.

Under half (43%) of respondents indicate their department or function has been restructured during the last year. Not surprisingly, new leadership was the most cited impetus for reorganizing (35%). The second driver was developing a more flexible, team-centric model (15%). Myriad other reasons were also cited for the need to reorganize, including making better use of talent, driving innovation and improving customer service.

FIGURE 3



Which of these statements best describes your organization's IT department? Our IT team is...

Value	Percent
centralized where IT supports various business units	76.0%
decentralized where IT is embedded in individual business units	2.0%
hybrid where there is a centralized IT function with embedded IT personnel in some business units	22.0%

FIGURE 4



At a high level, which of these statements best describes the organizational structure of your IT team?

Value	Percent	Responses
a traditional service delivery model with teams for infrastructure and applications (which may include cybersecurity and other functions)	75.5%	37
a structure based on work and projects with teams focused on areas such as products, customers, and services	16.3%	8

66 We have distinct verticals for technology, data analytics, medical informatics and application services. Within each of those verticals are teams with module or focused areas of expertise, supported by a somewhat decentralized project management structure. We are developing another vertical with an IT operations and planning focus, to centralize and coordinate several functions that are currently distributed across the department. This vertical will include functional areas like project and portfolio management, strategic planning, enterprise solutions, financial management and sourcing and contracting. The intent is for this new area to relieve pressure from, and add capacity to, the existing leaders and their teams. The goal is to achieve economies of scale, standardize where practical, and build upon core expertise—all of which will allow us to provide better support for demand capacity and health system growth.

~ Craig Kwiatkowski, PharmD, SVP of Enterprise Information Systems and CIO, Cedars-Sinai Health System

66 Prior to COVID we were beginning the transition to an organizational structure focused on being product-centric—with plan, build, run the core operating approach to improve business planning and operations. Coming out of the pandemic, we are still committed to finalizing this new product-focused organization which will result in improved clarity across the IT portfolio and allow us to service most IT functions across the organization at a lower unit cost. Trinity is also focused on our journey to "common platforms." Common platforms are defined as leveraging "best in suite" versus "best in breed" technologies.

We need to fully optimize the technology assets we already own instead of adding in new/ redundant products that only serve to fracture our common platform journey. To further ensure alignment, our chief health informatics officer (CHIO) also reports to Trinity's chief clinical officer. The CHIO and I have a shared responsibility in developing product roadmaps, troubleshooting technology issues and preparing clinicians to consume new capabilities within our existing portfolio. ??

> ~ Steve Tuohy, SVP & CIO, Trinity Health

Scope of the IT department

In terms of IT's purview, the expected "technology" related functions fall squarely under IT for the majority of organizations. Among organizations that have these functions—automation, business-systems analysis, cloud technologies, cybersecurity, data warehouse, digital technologies, innovation and PMO—all predominately report to IT.

Population Health tends to fall outside of IT (66%). Organizations were split on placement of telemedicine on their organizational charts. Fifty percent of organizations have it under IT, while the other half have it in another department. (Figure 5)

Almost three quarters of organizations (72%) report having strong IT governance in place. Two thirds of organizations are currently using LEAN process redesign (64%) and advanced analytics (66%). (Figure 6)

FIGURE 5



Which of the following areas fall under your organization's IT department?

	Reports to IT	Reports outside of IT	We don't currently have this function	Don't know / Not sure
Automation Count Row %	36 76.6%	4 8.5%	5 10.6%	2 4.3%
Business Systems Analysis Count Row %	37 78.7%	8 17.0%	O 0.0%	2 4.3%
Cloud Technologies Count Row %	45 35.7%	1 2.1%	1 2.1%	0 0.0%
Cybersecurity Count Row %	41 87.2%	6 12.8%	Q Q.0%	0 0.0%
Data / Analytics Count Row 96	27 57.4%	19 40.4%	1 2.1%	0 0.0%
Data Warehouse Count Row %	35 74.5%	12 25,5%	O O.0%	0 0.0%
DevOps Count Row 96	36 76.6%	5 10.6%	4 8.5%	2 4.396
Digital Technologies Count Row 96	41 87.2%	2 4.3%	3 6.4%	1 2.1%
Emerging Technology / Innovation Count Row 96	33 70.2%	9 19.1%	3 6.4%	2 4.3%
Informatics Count Row 96	27 57.4%	20 42.6%	0.0%	0
Population Health Count Row %	13 27,7%	31 66.0%	3 6.4%	0 0.096
PMO Count Row %	33 70.2%	12 25.5%	1 2.1%	1 2.1%
Robotics Count Row 96	14 29.8%	10 21.3%	18 38.3%	5 10.6%
Telemedicine Count Row %	23 48.9%	23 48.9%	1 2.196	O 0.096
User Experience (UX) Count Row 96	24 51.1%	11 23.4%	11 23.4%	1 Z 196

66 It's evolving—at least from my perspective during the past four or five years—from a traditional siloed structure to more of a blended structure. It's not just technology, but also Epic and revenue-cycle applications. The emerging IT structure is much more integrated, collaborative and diverse in terms of multi-system roles.

Also, the enterprise architect is no longer concerned merely with servers but with security and cloud strategy. This helical strategy is more about the study and focus of work as the driver of features and functions than who's reporting to whom. I see the same opportunity in analytics, which came under my CIO watch a few months ago. From traditional technology platforms to machine learning and biomedical devices, we don't do silos anymore.

Don't

FIGURE 6



Which of these is your organization currently using or planning to implement in the next year?

Non't Know / Not sure
0
0.0%
8
17.0%
3
6.4%
4
8.5%
6
12.8%
0
0.0%

66 We have a triad—VP of IS. nursing informatics officer (NIO) and medical informatics officer (MIO)—that directs our book of applications and interactions with the hospitals. It was a natural move for former CIO April Giard to assume the role of chief digital officer. We have four VPs of IS overall, three of us are also regional CIOs locally at our hospitals: I have two of our organizations, a second VP has one hospital and our home care division and a third VP has the remaining hospitals. We're pretty lean. We have three regional informatics officers and three medical informatics officers. So. the triad is rNIOs. rMIOs and rCIOs.

We conduct an annual review of our IT departmental structure and modify as needed. For example, we just introduced a new IS operations partner, a director- or manager-level role assigned to each hospital. That person's role is to shepherd the process if, say, a hospital brings in a physician practice or our cancer center acquires a linear accelerator. The IS operations partner contributes to the business cases for those hospital initiatives. They act as the liaison with technology vendors interested in working with Northern Light. They're the operational managers for IS at each hospital.

As system-level executives the IS VPs play dual roles: I have an executive title as well as am responsible for data integration. My IS operations partner also wears two hats, one of which is to run the application-rationalization

program. We have 277 FTEs in IS separate from Cerner. Two points: One, like any organization with unpredictable demand, we rely on professional services for commodity-type work, so we can flex up and down. Two, our clinical informatics team is quite successful because they're at the clinical user's elbow. Their job is to educate clinical staff to use the EHR and to measure how well they do it. They can identify, for example, when a clinician gets bogged down in unnecessary searches and target that person for extra support and guidance. It reduces pajama time. ??

~ Ben Isenhour, VP, IS/Data Integration & Interoperability, regional CIO, Northern Light Health

C-suite positions reporting to the CIO

An organization's Chief Technology Officer (CTO) (83% have the position), typically reports to the CIO. Only 11% report outside of IT.

Among the 49% of organizations with a Chief Digital Officer, the most common reporting relationship is also to the CIO.

Only about a quarter of organizations that have Chief Analytics Officers and Chief Data Officers have them report to the CIO.

The Chief Strategy Officer tends to be a peer of the CIO, reporting to the CEO. It's becoming a prevalent position with 83% of respondent organizations having the role. (Figure 7)

FIGURE 7



Which of the following best describes to whom each of the following positions (or equivalent title) reports if you have them in your organization? 66 As CIO I have under me the chief digital executive, informatics, the data center, and the chief innovation officer, who works in a dyad model with the chief physician executive. I have five VPs: 1) Chief of security, including help desk; 2) Technology operations, including data issues; 3) Apps for business practices, informatics, workflow; 4) Apps for service lines like OR, ED, medsurg; 5) Chief digital executive, including analytics, cloud, engaging MS. 9

~ Doug King, SVP & CIO, Northwestern Medicine

	Reports to the CEO	Reports to the COO	Reports to the CIO	Reports to another executive	We don't currently have this function	Don't know Not sure
Chief Digital Officer Count Row %	5 10.6%	3 6.4%	12 25.5%	3 6.4%	23 48.9%	1 2.1%
Chief Innovation Officer Count Row %	6 12.8%	4 8.5%	4 8.5%	4 8.5%	27 57.4%	2 4.3%
Chief Strategy Officer Count Row %	28 59.6%	3 6.4%	2 4.3%	6 12.8%	8 17.0%	0 0.0%
Chief Transformation Officer Count Row %	6 12.8%	5 10.6%	4 8.5%	3 6.4%	26 55,3%	3 6.4%
Chief of Population Health Count Row %	6 12.8%	4 8.5%	1 2.1%	15 31.9%	20 42.6%	1 2.1%
Chief Technology Officer Count Row %	2 4.3%	2 4.3%	34 72.3%	1 2.1%	8 17.0%	0 0.0%
Chief Data Officer Count Row %	1 2.1%	3 6.4%	13 27.7%	5 10.6%	24 51.1%	1 2.1%
Chief Analytics Officer Count Row %	1 2.1%	6 12.8%	11 23.4%	5 10.6%	23 48.9%	1 2.1%

Current perception of IT and changes on the horizon

In terms of how IT is perceived within the organization, 83% of respondents reported positively that IT is viewed as a strategic partner within their organization. (Figure 8)

However, considering the increased demands IT currently faces, respondents indicate that they're not fully prepared. The data indicates that there are gaps in both organizational structure and human capital. Nearly 60% of respondents agreed or strongly agreed their IT structure needs to be "modernized" to support the changing demands

on IT. Additionally, about half (49%) of respondents strongly agreed or agreed that that their organization needs a new or different talent base to compete in the digital economy.

To meet these challenges, many respondents report having organizational structure changes on the horizon. About half (51%) expect their department or function will be restructured in the next year. An additional 17% expect a reorganization with the next 18 months. (Figure 9)

The most cited impetus behind planning a future reorg is the

need to develop a more flexible, team-centric IT model (33%). Additional reasons include new leadership (17%), improving customer service (8%), M&A activity (8%), and to a lesser extent, reasons like decreasing inefficiencies (4%), and an EMR implementation or upgrade (4%). (Figure 10)

Also, looking to the future, 43% of organizations indicate they have plans to implement intelligent process automation. (28% of organizations are already using it.) (Figure 6)

FIGURE 8



To what extent do you agree or disagree with the following statements about your current organization?

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't know / Not sure	Responses
Most IT work in our organization is done in cross-functional teams. Count Row %	21 44.7%	21 44.7%	3 6.4%	2 4.3%	0 0.0%	0 0.0%	47
IT is viewed as a valued strategic partner within our organization. Count Row %	19 40.4%	20 42.6%	4 8.5%	4 8.5%	0 0.0%	0 0.0%	47
Our IT structure needs to be "modernized" to support the changing demands on IT. Count Row %	12 25.5%	15 31.9%	13 27.7%	5 10.6%	2 4.3%	0 0.0%	47
Our organization needs a significantly new or different talent base to compete effectively in the digital economy. Count Row %	9 19.1%	14 29.8%	13 27.7%	9 19.1%	2 4.3%	0 0.0%	47

FIGURE 9



When do you expect your department or function will be restructured next?

In the next six months		38.3%
At least six months but less than a year from now		12.8%
Between a year and 18 months from now		17.0%
Between 19-36 months from now		8.5%
3+ years from now		6.4%
No plans to restructure		8.5%
Prefer not to answer	9	2.1%
Don't know / not sure		6.4%

FIGURE 10



Which of these is the main impetus for planning to restructure your department or function?

Value	Percent
New leadership	16.7%
Developing a more flexible, team-centric IT model	33.3%
Improving customer service	8.3%
Decreasing inefficiencies	4.2%
A merger or acquisition	8.3%
Making better use of talent	8.3%
EMR implementation or upgrade	4.2%
Driving innovation	4.2%
Other - please specify	12.5%

66 In the next several years, health IT departments will prioritize consolidating technology platforms, application rationalization, cloud strategy, advanced analytics, and efficiency. This will all happen while the pace of digital transformation continues to accelerate, as the imperative to leverage data assets intensifies, and as IT departments are compelled to experiment more. Baselines are changing around us-patient, clinician, and staff expectations—and we are in a race to innovate. Market forces will continue to challenge business and operating models, and IT departments will need to shift to accommodate those pressures by being nimbler and consumer-service oriented. We may also begin to see a move towards more matrixed or fusion teams, which blur the more traditional lines between operations and technology. ??

~ Craig Kwiatkowski, PharmD, SVP of Enterprise Information Systems and CIO, Cedars-Sinai Health System 66 From my perspective, the emerging new care model is largely focused on the ambulatory space. Our organization is really examining the primary care service model. Northern Light is very impacted by quality measures from CMS and commercial payers and has to account for a myriad of variables. COVID showed us we need to change and adapt quickly. Clinical informatics leaders are critical to this transformation. Informatics leaders are focused on the digital experience, on the digital relationship and digital tooling. Clinical informaticists are helping to guide the operational workflow and sitting in the clinical space so we can align our strategies.

That's a change that hasn't happened before. We're ready to support new patient capabilities like direct booking of appointments and input of information prior to the appointment. Patient documentation of symptoms and other relevant information can now flow into the chart, so clinicians can view much more comprehensive and holistic information. Of course, medical staff must vet the information and insert it into the record for the patient chart to become an official part of the medical record.

We're also looking forward to Cerner's RevElate product in the practice management and patient accounting space. We will continue to help tie in third-party tools and automate workflows through robotic process automation to decompress the revenue-cycle staff.

A key objective of Northern Light informatics is to provide clinical staff with a "single pane of glass," a unified view of the patient's health and wellness that integrates information from disparate sources. Maine has a great HIE [health information exchange], used by 98 percent of the state's providers. However, it required the user to go out to their website, log in and find the patient. We've now brought that tool within the Cerner workflow. So, a clinical worker can bring up the patient information in their workflow and be contextually aware of the patient.

One of the major elements of the future state is a contact service model, similar to what airlines use, so the staffer speaking with the customer knows the next best thing to recommend for that person. It's much more efficient to have a collaborative group to field customer contacts because of economies of scale. Also, Cerner has partnered with Salesforce to roll out HealtheCRM which is a fully functional contact center platform. Analytic data about the customer on the line will feed onto the screen, alerting the staffer if the customer is due for screenings, prompting: 'I see you're due for a colonoscopy.' It's really knowing what that next important thing is on this one patient/customer touch. This capability has two-fold value: it makes the interaction more efficient and removes administrative burden from staff, hopefully improving patient experience as well.

~ Ben Isenhour, VP IS/Data Integration & Interoperability, regional CIO, Northern Light Health

Conclusion

As health systems remain focused on improving patient experience and integrating innovative digital technologies into their operations, Scottsdale Institute member organizations have also been focusing on positioning their IT team for success. Looking ahead, we'll see them continue to evolve into the future through reorganizations and reinvention to see a more inclusive and flexible IT organizational structure evolve that engages clinical, operational, strategic, marketing and digital roles to achieve improved health outcomes within a consumercentered experience.

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About

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The **Scottsdale Institute (SI)** is a not-for-profit membership organization of 60 prominent, advanced, not-for-profit health systems and academic medical centers whose mission is to improve healthcare quality, efficiency and personal experience through IT-enabled transformation. Our North Star is thought leadership guided by SI's Three Pillars of Collaboration, Education and Networking. We convene intimate, informal and collegial forums for senior healthcare executives, including but not limited to CEOs, CMOs, CIOs, CMIOs and CNIOs, to share knowledge, best practices and lessons learned. Our goal: Gather the right people to discuss the right topics at the right moment. For more information, visit www.scottsdaleinstitute.org.





Endnote

¹ https://www2.deloitte.com/us/en/insights/focus/cio-insider-business-insights/trends-in-cio-reporting-structure.html