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New CHIME Chair: Hospital CIOs face numerous heavy demands

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[1]Drex DeFord (pictured), CIO of Seattle Children's Hospital, is the incoming chairman of the board of trustees of the College of Healthcare Information Executives (CHIME). DeFord is taking on his new duties at CHIME as unprecedented changes are occurring in health IT, so it seemed like a good time to sound him out on a few of the bigger issues facing CIOs.



FierceHealthIT: A recent CHIME survey [2] indicated that 26 percent of hospitals were ready to show Meaningful Use, but only half had attested. Do you foresee a big increasing in attestation over the next year?

DeFord: The attestation process could be less challenging, and that has something to do with [the slow progress of attestation]. Also, I think organizations have very busy IS departments, and they want to make sure they have everything done and locked down and documented well before they attest to Meaningful Use. In addition, some states are not prepared yet for hospitals to make claims to their Medicaid programs. So that's slowing some of this down.

Finally, I think there are folks who are just challenged about whether they're going to be able to get to stage one of Meaningful Use in the next year. That's legitimate, too. There's a lot of work that has to be done, and not every healthcare organization is focused on the implementation of an [electronic health record].

FHIT: Just CPOE alone can be a major challenge for hospitals. If they haven't done it yet, it's going to take them a while to get that in place.

DeFord: That's true. CPOE is one of the biggest hurdles we'll have with Meaningful Use. A lot of that doesn't have to do with the implementation of the technology; it's the people and the process. There's a lot of other work to be done around the metrics and the gathering of the quality data. As I talk to my peers, there's a lot of head-shaking about how complicated this really turns out to be, compared to the expectations that many of us had when we started our foray into Meaningful Use.

FHIT: Are CIOs are focused more on Meaningful Use, ICD-10 or both?

DeFord: I'd like to say both. When I spoke to my hospital's board of trustees and my senior executive council, I said, "We have to do ICD-10. If we don't do ICD-10, we can't get paid." Meaningful Use is like getting your bonus. ICD-10 is like doing your job, so you get your paycheck. So we've spent a lot of time and effort getting ready for ICD-10, and our Meaningful Use work is just beginning.

We have an electronic medical record from Cerner, and we're working through all the gaps, but we're really just beginning. And, being a Medicaid hospital, we'll [apply for an incentive] the first year under the "adopt, implement and upgrade" regulation. But we've got a lot of work to do to get to Stage 1 of Meaningful Use.

FHIT: Are preparations for accountable care organizations and reimbursement changes on the radar screens of most CIOs?

DeFord: It's on their radar screens. I think there are a lot of conversations around ACOs and what are they and how are they going to work. And every market has some pretty significant differences. There are markets where healthcare organizations are well prepared organizationally to be ACOs because they have a significant market dominance, and they own everything in their healthcare system.

I think a lot of the complication is going to come when you say, "Three organizations in town have to agree on how they're going to operate together and how they're going to unify their systems to be able to see patients and provide continuity of care and all of that." There are a lot of pieces that have to come together to make that work really well, and that's going to be a challenge. It's not going to be a challenge just for CIOs--it's going to be a challenge for everyone in healthcare to make this big transition.

FHIT: Are CIOs coping well with their burdens, or do you see many of your colleagues burning out?

DeFord: I have a great fear of the amount of burnout that I see going on. The demands on healthcare CIOs today are so heavy and so numerous and are coming from so many directions. A lot of it is has to do with government mandates, but a lot of it is the normal internal demands that require input from the IT staff. And when you're spending 50 to 80 percent of your time and budget on maintaining, operating and running existing systems, it doesn't leave a significant amount of time to do all the new projects and all the innovation that's being demanded. So clearly, there's a big load on CIOs and their staffs to deliver and deliver more effectively.

At Seattle Children's, we try to figure out how we can reduce the amount of resources we need to operate our systems, so we have more capacity for new projects and innovations. But it's a challenge. And I think there will be some CIOs who burn out and decide to do something else. But there are plenty of folks who are willing to step up and take on the challenge. There's never been a more exciting time to be in health IT than right now.

You don't know what you're getting into, but it's going to be different every day. And it's good from the perspective of having a great mission and being able to support something that really makes a difference. In most healthcare organizations, it's easy to be motivated, because you see the difference you make. So it's good and challenging, but it's a very difficult job for most CIOs and their staffs today.

This interview has been edited and condensed for clarity.

[Accountable Care Organizations](#) [ACOs](#) [CHIME](#) [Drex DeFord](#) [ICD-10](#) [meaningful use](#) [Seattle Children's Hospital](#)

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