

Fireside Chat with Advocate Healthcare's New CIO

Written by Karen Wagner | September 29, 2017

Strata Decision Technology CEO Dan Michelson recently sat down with Advocate Healthcare CIO Bobbie Byrne, MD, for a "fireside chat" on her views of current challenges, changing roles and consumerism in healthcare today.

Dr. Byrne, who began her career in pediatrics and holds a master's degree in business administration, is one of healthcare's most innovative leaders. Before joining Downers Grove, Ill.-based Advocate, Dr. Byrne was executive vice president of consumer-driven health and chief medical and quality officer for Edward-Elmhurst Health, three-hospital system in the Chicago suburbs. During Dr. Byrne's tenure, two hospitals in the health system were named to *Hospital & Health Networks'* list of the Most Wired Hospitals & Health Networks in 2014 and 2015. Dr. Byrne was also named to *Becker's Hospital Review's* 2015 list of 130 women hospital and health system leaders to know; 25 female hospital and health systems CIOs to know; 100 hospital and health systems CIOs to know; and 10 physician CIOs to know. Also in 2015, Dr. Byrne was named by *HealthData Management Magazine* as a recipient of its inaugural Women in Healthcare IT and as one of its 50 Top Healthcare IT Experts. Dr. Byrne is board certified in pediatrics and clinical informatics.

The conversation took place Sept. 22 at Becker's Hospital Review's 3rd Annual Health IT + Revenue Cycle Conference in Chicago.

Here are some highlights of Dr. Byrne's answers, edited for clarity and length:

On switching from a pediatric practice to an administrative role.

Dr. Byrne says she loved working with children and families, but found day-to-day practice unfulfilling. Instead, she went on to earn a business degree at Northwestern University in Chicago, where she had previously earned her medical degree.

"I realized I was more interested in the business of medicine and I didn't have the lexicon. For people who are clinicians, you feel like there's a secret language that administration and industry is talking, and you know how to treat high blood pressure, but you don't know how to read a balance sheet. So, I went back and I ended up getting my MBA. The funny thing is then you learn that really the only strategic advantage is culture. Yes, you learn the business of medicine, you learn a little bit of the

lexicon. I feel I can actually discuss with business people what their factors are, how they think. There's a great book out, *How Doctors Think*, which gives insight into how people are trained and how they approach problems when you're trained as a physician, and I think I can that it's the same thing for business. You have to understand how people are trained so you know how to approach problems."

On why there is a disconnect between clinical and administrative roles, including the CIO.

Dr. Byrne says the only way to truly understand the complexity of the clinical workflow is to work in that environment.

"What people who are not clinicians may intuitively think about the different parts of clinical workflow may or may not be true. For me, if I need somebody to work on technology and workflow, I almost always need to have a clinician or a nonclinical person who's worked in that clinical environment. For example, most people will think physicians would be more time pressured in the intensive care unit than in a primary care pediatric office, right? Because in that ICU, the patients are so sick, they could die any minute. But, the ICU is so controlled. Typically, patients are on lots of monitors and there's staff around. If the physician wants to examine the patient first and then go talk to the nurse and then go call a colleague, that's probably okay. Or if the physician wants to do it in a different order, that's okay. In a primary care pediatric office on a busy Monday morning, you're seeing patients every seven minutes, you are very time pressured. So, even though the patients aren't as sick, the way the workflow has to be for the clinician is very different, and that flexibility is very different. So when someone asks: 'What do you know about being a clinician that informs your IT decisions?' It's everything. It's just years and years of experience."

On bridging the cost information gap so physicians have a better understanding of the cost of supplies and devices.

Dr. Byrne shared an example of a colleague who used a particular type of bag during procedures with a 15 percent ineffective rate. The surgeon, attempting to keep costs down, continued using the bag. As it turns out the type of bag that sometimes broke was more expensive than the type that didn't break.

"Physicians make a lot of decisions at the point of care, and how do we get that information through either the ordering process or their prescribing process. How do we deliver care so that the physician knows if he's referring to this cardiologist versus that cardiologist, not only what are the total costs of care that cardiologist would have, but what's their quality and how do you balance that. Physician referrals are really, really very uninformed."

On how hospital and health system leadership will change and what the CIO role will look like five or 10 years from now.

Dr. Byrne says hospital and health systems leaders face new challenges. Their organizations are not competing against like organizations, but against disruptive forces. These outside organizations are opening stand-alone services that compete against most hospitals' profit centers. "Put on some roller skates, this is going to be tough," she said.

Specifically, Dr. Byrne sees a major movement in population health management.

"I think we scratched the surface in population health in some parts of the country more than others. But truly understanding the total cost of care for our patients, truly understanding social determinants of health — how do we bring that data into our workflows, and into the clinicians' hands, or the hands of people who can really do something about it? I think that we're going to have to focus on this a lot more."

On how she has been able to accomplish so much in her career, while raising triplets, who are currently attending Northwestern, her alma mater.

Dr. Byrne says she learned from her mentor at Edward-Elmhurst Health, recently retired CEO Pam Davis, an accomplished long-time healthcare leader.

As a leader and mentor, Dr. Byrne says she's never unwilling to ask for help.

"It's really actually very powerful to walk into someone's office and say, 'You know, I could really use some help on this.' You've kind of handed that person this big opportunity. It's amazing what people will do."

On how the compensation system drives complexity and dysfunction in healthcare.

Dr. Byrne says the compensation system plays on the innate desire for individuals to act in their own best interest and contributes to the dysfunction. Dr. Byrne says an underlying cause has been using physician notes as billing documentation.

"There are decisions that get made that we don't understand the implications of until later. What probably was a small decision that had huge implications for medical records is when the physician note, which is supposed to be communication to caregivers and notes to themselves, then became the item that was audited for a bill. So now what we've done is we've perverted physician documentation and made it into billing documentation."

On whether healthcare management could be more effective if most administrators have clinical backgrounds.

Dr. Byrne says she sees more physicians, nurses and other clinicians in administrative roles. But she says a medical background is not a prerequisite.

"You don't have to have a clinical background to be a great hospital administrator. Having a mix I think is really nice. It's about having a culture where everybody brings their domain of expertise, whether it's clinical or finance or marketing, etc., to the table."

On addressing the technology barriers older patients face in healthcare.

Byrne referenced a past advertising slogan used by fast-food retailer Burger King: "Have It Your Way," meaning giving customers options for condiments on their sandwich.

"That's what's going to have to happen with technology. There's not going to be one way that we connect with anybody. My 92-year-old mother is not really that tech savvy. So, it's how do you provide proxies for that individual? We in healthcare just have to understand, it's not like there's one patient engagement strategy, there's a million of them, and we've got to hit all of them."