

September

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# WANTED: THE TWENTY- FIRST CENTURY HEALTH CIO

OPERATIONAL AND EXECUTIVE  
CAPABILITIES BOTH CRUCIAL TO  
THE DIGITAL HEALTH JOURNEY

# THE ACCENTURE & OXFORD ANALYTICA MULTI-COUNTRY HEALTH CIO SURVEY HAS HIGHLIGHTED FOUR HEALTH CIO ARCHETYPES.

**The need for CIOs to think strategically and be a driving force in transformation is clear. Our study found that the likelihood of this being the case is a function of the person in the role, and each archetype's characteristics will define the capabilities they must build into their teams.**

In addition to our descriptions, health informatics organisations<sup>1</sup> have laid out the competencies and skills required by health informaticians. According to these NGOs, the successful CIO is not generally someone who is easily identified as having either a clinical or a technological background, and can therefore mingle in a multidisciplinary team and act as a real facilitator, reflecting the multi-dimensional characteristics of digital health.

We found that CIOs sit on a spectrum, based on mandate, role in the organisation, skill set and their outlook as professionals. Expressed in terms of some key variables, each archetype has unique strengths and challenges when it comes to the complex task of harnessing digital health to improve health outcomes and operational efficiency.

<sup>1</sup>Such as COACH ([coachorgnew.com/](http://coachorgnew.com/)), AMIA ([www.amia.org](http://www.amia.org)), IMIA (<http://imia-medinfo.org/wp/>) and the Brazilian Health Informatics Association ([www.sbis.com.br](http://www.sbis.com.br))

# THE FOUR ARCHETYPES



## THE DOCTOR

has taken on responsibility to fix IT systems, to clinical colleagues' delight. The Doctor is a problem solver, is trusted by clinical stakeholders, but may lack support for long term goals, with less access to funding.

## CLINICAL



## THE VISIONARY

creates an appealing end game that's easily understood by clinical colleagues, but might lack the necessary outside perspective of learning from other industries. The Visionary is not interested in technology for its own sake, but for how it can change clinical practice, as well as patient interaction. Due to intimate knowledge of healthcare, the Visionary is trusted by clinical stakeholders and is looking for tomorrow's solutions - but is not that interested in today's IT operations and might not fully understand all technical challenges.

## OPERATIONAL



## THE FIXER

runs efficient IT operations, worries more about safety and efficiency than looking for the "next big thing". Should work with a strategic thinker to convey why the organisation needs to invest in IT. The Fixer will run IT as a well-oiled machine, but may lack support for long term goals, and have less access to funding.

## EXECUTIVE



## THE DISRUPTOR

challenges the status quo and drives change, but needs to ensure that clinical stakeholders are on the journey too. The Disruptor brings valuable outside perspective and acts as change agent, but should remember that not all industry solutions translate to healthcare, and needs to build credibility among clinical stakeholders.

## NON-CLINICAL

# A PRACTICAL WAY FORWARD

**Given these realities, understanding your – or your CIO's – tendencies will enable your organisation to perform a gap analysis and define what additional skills, if any, need to be brought on board to optimise your digital healthcare journey.**

Although the occasional CIO is both a doctor and engineer, few CIOs are able to cover more than one of these roles. Yet all aspects are needed for a successful digital transformation. Twenty-first Century Health CIOs need to build teams that complement their own strengths. For example the Disruptor might employ or promote a CMIO/CCIO to ensure clinical knowledge, and entrust a CSO to take care of cyber security.

While there is no right or wrong tendency for a health CIO to have, what is clear from these observations is that both operational and executive capabilities must be present within the organisation for the trends to be recognised and exploited. Board-level exposure is needed to highlight the strategic necessity for regionalisation, and to sell the long-term benefits of people-centric digital health design which, itself, requires operational expertise in terms of technology and workflow.

Twenty-first Century  
Health CIOs need to build  
teams that complement  
their own strengths

## **Lincoln A. Moura Jr**

Principal Director,  
Accenture Health, Brazil

lincoln.a.moura.jr@accenture.com  
@lamoura\_br

## **Dan West**

Managing Director,  
Accenture Health and  
Public Service

daniel.west@accenture.com  
@WestDan\_

## **Rickard Högström**

Technology Strategy Manager,  
Accenture Health, Sweden

rickard.hogstrom@accenture.com  
@rrhogstrom

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