



***A Day in the Life of***  
**Bruce Smith**  
**Sr. Vice President - Info.**  
**Systems & CIO**  
**Advocate Health Care**

## **Smith Works to Improve Technology, Keep Costs Down**

Bruce Smith seemed to gravitate to the world of healthcare IT almost by accident. He was a small cog in the IT operations of Sears Roebuck and Co. in the 1970s; then, an opportunity to join the IT department in Lutheran General Hospital in Park Ridge, Ill., caught his eye.

He interviewed there, and liked what he saw – a small IT shop with about 20 people with whom he could work closely and intimately. He jumped at the opportunity; he and his wife were able to move to Lake County and have a family.

Over the past 25 years, Smith's professional life has become substantially more complex. He's now the chief information officer for Advocate Health Care, an Oak Brook, Ill.-based integrated delivery system.

As CIO, Smith oversees IT operations at Advocate's nine hospitals and two medical groups, which together have about 800 physicians.

### **A new set of skills**

Smith uses the skills honed over the past two decades to play a role in setting Advocate's IT strategy, orchestrating its implementation by judiciously using capital dollars and staff, and harmonizing expectations with what can cost-effectively be delivered.

The IT landscape at Advocate is constantly evolving and changing, as the system deals with inpatient operations, challenges to update and integrate newly added facilities, and the looming demand of introducing IT to its physician community. Smith said about 5,000 physicians are affiliated with Advocate; of those, about 3,200 are physician partners, with which Advocate works

closely in contracting and on quality initiatives. Of that 3,200, about 800 physicians work in Advocate-owned medical groups.

While medical record adoption is far along at Advocate's hospitals, that's not the case in its physician community, and that is a top concern for Smith and his executive IT team.

"Our ambulatory settings haven't quite adopted the methodology," he said. "We're trying to introduce them to these tools. We're using the inpatient environment as an example – by consolidating, costs have gone down and quality has gone up."

Advocate roots are based in Chicago and its suburbs, and recent expansion is including a hospital in the central part of the state. Overall, the system is facing the effects of the faltering economy, challenging margins, rising costs, and increasing capital demands. The system stands to receive an infusion of funds from stimulus payments promised under the American Recovery and Reinvestment Act; beginning in 2011, hospitals and physicians can receive increased reimbursement for the meaningful use of certified electronic health records systems.

### **Days full of discussions**

The promise of additional funding could provide essential help to Advocate, one of the nation's leading systems in implementing healthcare IT. However, Smith also must deal with capital budget constraints and increasing demands for new technology.

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To manage it all, Smith participates in a steady diet of meetings, ranging from weekly gatherings of IT vice presidents to monthly reviews with project managers, who are leading efforts to implement technology, reviewing adaptations and improvements to meet clinician needs. Smith also closely interacts with the chief officers of the system, which understand and support Advocate's IT initiatives.

In some cases, technical issues are made more difficult because of factors beyond the information systems department's control. For example, Advocate's IT executives discussed the problems they expected from having some of the system's physicians on one version of a vendor's clinical records application, while other doctors will remain on a previous version. Because of interoperability issues, records can't easily be exchanged between versions, and other technical issues could increase IT's support role.

The possibility of receiving stimulus funding for implementing EHRs is creating new questions for Advocate's IT executives, who increasingly are being asked if the system has a product that it endorses for independent and affiliated physicians.

"They're looking for direction on a vendor, our endorsement and who (on a vendor's staff that) they can call for information," Smith said. "They're seeking compatibility with what Advocate is doing. Just doing that has value for them. We'll have to jump on this really quick," he told his fellow IT executives in a morning meeting.

### **Key Initiatives**

In all, Smith outlines six major IT initiatives for Advocate – Care Connection (inpatient electronic medical records); Ambulatory Connection (ambulatory site EMRs); Communication Connection (social networking, e-mail, voicemail, conferencing and webinars); Enterprise Connection (handling expansion and growth); Web Connection (a consumer portal); and workstations, an expected major investment in new computing platforms over the next three to four years.

Later in his day, Smith meets with project management officers, a monthly meeting with nursing officers and other executives at various hospitals in the system. The meeting is relaxed, with some good-natured kidding and joking, but there's also a heavy dose of reports on progress on some IT initiatives, new technologies to consider, and potential problems of which project leaders should be aware.

One of the topics at the meeting is the need to upgrade wireless capabilities in Advocate facilities. So far, it's negatively impacting wireless phone service, but improving the wireless infrastructure is an unplanned capital expense that's too large to absorb; Smith estimates it at about \$1 million per hospital.

"When we lobby for more money, it competes against other needs in the organization," he said. "We're dealing with a tough economy and maintaining our infrastructure."

Despite the heavy concerns, Smith and his other IT staff are motivated by the fact that their efforts can make a positive impact on the healthcare delivery in their facilities.