Member Spotlight: CHIME, with Jeffery Smith, M.P.P. Sr. Director of Federal Affairs

How did your organization get started?

The College of Healthcare Information Management Executives (CHIME) was formed with the dual objective of serving the professional development needs of healthcare CIOs and advocating the more effective use of information management within healthcare.

CHIME was unveiled to the healthcare IT industry at the 1992 HIMSS Annual Conference, and the membership quickly grew to more than 250 members by year's end. Current Siemens Healthcare CEO, John Glaser, PhD, was the first board chair.

What differentiates your organization from others?

CHIME is the only professional alliance that focuses on the unique needs of healthcare CIOs, their teams, and business partners.

Who are your customers and what type of projects is your organization currently working on?

As a professional membership organization, CHIME represents nearly 1,400 members, who are the top IT executives in their healthcare organization. In recent years, CHIME has expanded its vision of its role in the industry as we try to share our members' vast experience to help the industry successfully implement healthcare information technology.

Through the CHIME Foundation, we serve as a convener between IT executives and those organizations that supply the products and services needed to advance the strategic and innovative applications of health IT.

CHIME also partners with other industry associations to coordinate educational and public policy efforts. In reaching out to federal officials and government agencies, CHIME is a voice in the healthcare industry that provides "boots-on-the-ground" experience so they understand the ramifications of policy decisions.

Tell us about what your organization is doing to make the American Healthcare System more efficient.

There's common understanding that information technology is crucial to making the American healthcare system more efficient and cost-effective. Our members have been pursuing digital healthcare for years – some of them have been in the industry for 20 to 30 years. They have significant experience

in the use of the technology, as well as all the other components that go into making changes in how people adopt new workflows into their jobs. CHIME is bringing together its members' collective experience in healthcare IT to help the industry handle unprecedented efforts to incorporate IT in healthcare. We share this information through our educational events, publications, public policy efforts and other networking initiatives that help connect people with peers.

Why did you become a WEDI member and what do you find to be the most beneficial part of your membership?

WEDI is a highly-respected organization with a history of advancing industry causes. After learning of WEDI's plans to publish a "health IT roadmap for the next decade" through its 2013 WEDI Report, CHIME knew that it needed to have a seat at the table. The ideas and strategies outlined in the 2013 Report aligned in many ways with what where CHIME Member CIOs want to guide the industry. CHIME looks to actively participate in workgroups related to ICD-10, health information exchange and patient engagement. We believe that most healthcare industry stakeholders are aligned on where health IT needs to go to maximize its impact, and we believe that with a WEDI partnership, we can help guide the conversation about how to get to the end-state.

What are some emerging trends you see in the overall industry?

Without question, two of biggest trends in healthcare delivery (where most CHIME CIOs focus) are on "closing the referral loop" and "closing the data gaps." In order to accomplish these aims, much of the parallel work in getting widespread EHR adoption, data harmonization and patient engagement must continue and be informed by experience. We believe that industry stakeholders need to identify barriers to closing the referral loop, whether they relate to standards barriers, cost constraints or governance barriers. Likewise, we believe that many data gaps prohibit the clinician from making the best possible diagnosis/treatment determination. We believe WEDI could play an important role in developing a list of priority areas and determining real solutions for implementation.