

THE NEWSLETTER

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Special Points of Interest:

HIMSS Advocacy Center is the place to go for all of your legislative needs—<http://himss.org/advocacy/index.asp>

HIMSS Conference: Feb. 13-17
Mark you calendar!

For additional Healthcare Industry news, check out:

www.himss.org

www.modernhealthcare.com

www.doyenci.com

Contents of our newsletter is provided to us from various sources, including:

www.himss.org

www.techrepublic.com

www.gartner.com

www.cio.com

The Best Leadership Style? It All Depends

By Ed Prewitt



Different situations require different approaches and skills. What works in one situation can be a disaster in another!

Dec 30, 2004 — The many comments by readers of my previous [Leading Questions](#) column, which explored the difference between leadership and management, revealed several truths:

- Leadership and management are very different...but it's hard to say just exactly how
- Leadership is harder than management...but people who can execute are rarer than big thinkers
- Management can be the more valuable skill...except when leadership is critically important

That these comments are in some ways contradictory doesn't mean they're wrong; they were made by intelligent CIOs, IT managers and others who have experienced what they write about. Leadership and management are situational: Different scenarios call for diverse responses and dissimilar skills. And what works in one situation can be disastrous in another.

A Situational Framework
The concept of situational

petence in the underlying processes of IT and a firefighter's mentality, Brown says.

At the other end of the spectrum, about a quarter of companies enjoy well-run IT departments and recognize the strategic importance of IT, Brown says. The leadership qualities needed in this situation are, on the business side, an ability to engage with senior executives, talk their talk and understand their businesses; and on the technology side, the vision to channel the power of IT for competitive advantage. Functional competence in IT is secondary. Brown observes that a firefighter CIO would be a flop in this situation.

leadership was popularized by management guru Paul Hersey, who developed a useful matrix for determining the amount of direction and support that a leader should provide, and the skills required by the leader and followers. But his is a very general framework; a more useful model for CIOs would take into account the particular requirements and tensions of the role.

One situational leadership model was outlined to me by Bradford Brown, director of the Business Technology office at McKinsey & Company. At one-third to one-half of all companies, IT doesn't function well, Brown says. Development projects come in very late or well over budget or both. There may be fundamental problems with IT. The leadership qualities required of a CIO in this situation are a deep com-

The situation for CIOs at the remaining portion of companies—a quarter to a third, in Brown's estimation—falls somewhere in between. Leading-edge IT isn't the concern, but the ship is sailing smoothly. Leadership here calls for an ability to steer others toward the goal of continued execution, using soft skills such as charisma, rather than the highly directive capabilities required in the first situation.

Behind the Situation

Brown's useful framework for situational leadership can be taken to an even more funda-

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ARE YOU A DOYEN?

"doyen...a person considered to be uniquely skilled as a result of long experience in some field of endeavor"



Ned Simpson, a Fellow in HIMSS, has over thirty years experience in multiple health care sectors including provider operations, systems, managed care and insurance. He has served in the CIO role for Saint Joseph Mercy Health System and its PHO Allegiance LLC, Ann Arbor, MI, Mercy Catholic Medical Center, Philadelphia, PA, and University of Michigan Hospitals. Along with consulting experience, Ned has also held executive positions in a physician practice management company, the electronic claims subsidiary of a major Blue Cross and Blue Shield plan, a health care IS outsourcing company, and a physician portal provider.

Active in national professional organizations, Ned is a past Board Chair of HIMSS, a Founding Board Member of CHIM, and a developer of the Nicholas E. Davies EHR Recognition Program. He currently serves as the Chair of the HIMSS Auto-ID and Bar Code Task Force and sits on the Board of Health Industry Business Communications Council (HIBCC). Ned holds Bachelors

and Masters of Science degrees from the University of Michigan, Ann Arbor, MI.

In speaking with Ned, as a consultant, he had the ability to handle almost every aspect of IT. His consulting work has brought him to many facilities and worked in many roles. One area of focus that he really enjoys: Auto ID Technologies. He currently chairs the Auto-Id task force for HIMSS and truly believes in this technology. Right now, Auto ID Technology for the healthcare industry is neither cost effective nor "Point of Care" centric. Having said that, however, healthcare has used this technology with asset management and security systems.

The purpose of Radio Frequency ID is to identify the patient's automatically as they move around the health system. At this point in time, the technology cannot support this infrastructure. Radio Frequency is utilized however, as a way of tracking *materials*. As the technology matures, the use of RF will continue to expand.

Barcoding is another area that Ned has a special interest. Currently, barcoding is utilized with patient medications, but only 30% of the meds are delivered with barcodes on them.

Patient safety and barcoding go hand in hand. If a barcode is not read properly, this certainly could affect the life and welfare of the patient. Ned was active in a BarCode task force and co-edited an 86 page book with Rusty Lewis on supply chain and point of care. Four thousand copies were produced with 1000's of copies of the being

A "Word" from the President:

Expectations

Great Expectations may be a good book, but a difficult way to live. "Exceeding expectations" is the goal of every major sales-pitch out there. Possible, but highly improbable. Why? Each person's expectations come from within; developed through life's experiences, what we see and who we are. It is a worthwhile goal!



We all carry different titles throughout our lives: Business Owner, Parent, Spouse, Child, Friend, IT Specialist, and Consultant. Each one carries its own set of expectations. How we act in those roles can meet, or defeat, what is expected of us. It is only through

our actions and what others *inspect* of us, that we can truly set the standard of what is expected. Think about what you say before you make a commitment and once you make the commitment, do your best to deliver. The old adage still holds true today: actions speak louder than words.

Ah yes, golden rules from yesteryear still rule, and we all know "keeping our word" is easier said than done. How often are items promised during a sales pitch that are not quite delivered as expected? How many times have dates been made for meetings, only to have people not show up? How we act, and react to events builds the character that we carry and thus shows our level of integrity. If I deliver my promises and fulfill what is expected of me, than truly, I feel confident that I upheld my integrity.

As the great singer/songwriter Dennis DeYoung wrote: ***"Everybody will be watching, just to see what can you do. They'll be waiting, anticipating, for the genius to come through..."***

In our field of expertise, we set the "expectations" of our customers based upon relevant technologies and our experiences. How are successful relationships built? Simple. Deliver what is expected.

downloaded from the internet. Additionally, Ned participated in an ID Band initiative.

There were many steps to the success of the ID Band. Even in the band material itself;

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HIMSS 2005 CONFERENCE

The Annual HIMSS Conference & Exhibition is the one must-attend event in the healthcare IT industry and this year's conference is set to offer even more value. With keynotes by Scott McNealy, 200+ education sessions, 700+ exhibitors featuring new products, cutting-edge interoperability demonstrations, a schedule packed with networking op-

portunities, and more, HIMSS 2005 is the only place where you can join 18,000 of your peers to find out everything that is going on in the industry, all in one place, all in four days.

Whether you are a CEO, CIO, senior management, management engineer, physician or nurse informationalist in a hospital, ambulatory, consulting, military, payer or vendor setting, you will find countless tools at the conference that you can take back to your organization to make you a more valuable, effective leader.

The Keynote speakers are Barbara Bush, Scott McNealy, John T. Chambers, David Brailer and Scott Adams. Some of the functions that will be head for networking are a Wednesday night event with

Tanya Tucker at HIMSS "Country Rockin' Party" at Gilley's Dallas. Also you must go to the Opening Reception at the newly renovated Dallas Convention Center lobby will provide the backdrop for the ideal networking event to kick off the conference.

Participate in one or more of HIMSS' Special Interest Groups (SIGs) and exchange information on shared areas of interest. One of the best sources for information are your peers, who face the same problems as you. Take this opportunity to discuss and learn with colleagues. And if you are a new member of HIMSS, new members are invited to join us for the New Member Breakfast. This is your opportunity to mingle

with the HIMSS Board of Directors, Fellows, committee members and members of the HIMSS staff. Take advantage of this exclusive opportunity to network with peers, establish life-long industry connections and learn more about HIMSS member benefits.

Advance your career. Advance your organization. Join us at HIMSS 2005.



The Best Leadership Style... Continued

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mental level. *CIO* magazine's annual [State of the CIO report](#), released in October 2004, detailed how many CIOs are now struggling to reconcile the competing demands for IT-driven innovation and cost-cutting. In response to this push-pull, two opposite views of IT and the CIO role seem to be emerging:

1. **A strategic view**, in which IT is seen as a key tool for achieving competitive advantage and is managed accordingly, keeping in mind the need for increased efficiency in IT spending
2. **A "factory" view**, in which IT is regarded as a utility function that should be achieved at the absolute lowest cost.

This dichotomy highlights the fact that CIOs' situations depend not only on their own competence but also on influences from above. CIOs laboring under the factory view have a much harder leadership task; they must continually prove the value of IT, and their own positions, before they can talk about the strategic value of IT.

But it is possible to improve your situation in life. The way to nudge CIOs from a non-strategic view of IT to a strategic view, says Jeff O'Hare, the senior vice president of corporate IT at Cendant, is to use technology to make them successful. "If you can make other people successful, you'll quickly convince them of your value," O'Hare told me recently. In that sense, the

highest form of leadership is to serve others. That's a good goal for every CIO to reach for, regardless of his or her particular situation.

"In the end, a vision without the ability to execute is probably a hallucination."

- Stephen M Case

Bush Picks Ex-Prosecutor for Homeland Post



The New York Times has [just reported](#) that Michael Chertoff has been nominated by President Bush to be the next secretary of homeland security. Chertoff, a federal judge, was an architect of the administration's approach to fighting terrorism when he was a Justice Department official. He'll be replacing Tom Ridge, the Department of Homeland Security's first secretary. (Registration required for the *New York Times*.)

POWER TO THE PEOPLE

By Neil Osterwell

If you're reading this article, you know that you can find and do just about anything on the Internet. Click here to order a pizza, buy a car, bid on antique furniture, pay bills, check your cholesterol levels, review your biopsy results, schedule your next appointment...

Whoa, back up there. Review your biopsy results? Check your cholesterol?

If you are a patient at Boston's Beth Israel Deaconess Medical Center and are enrolled in its free PatientSite, you can do exactly that. With a secure Internet connection and a few clicks of the mouse, you can examine your electronic medical record, schedule appointments, request prescription refills, ask your doctor non-urgent questions about your health, and find high-quality health-care information from doctor-approved web sites.

You can even find out who else has been looking at your records. And the best part is that

you don't need a high CNP (computer nerd potential) to use the system.

About 14,000 patients and 150 doctors currently participate in the PatientSite program, says Daniel Z. Sands, MD, MPH, assistant professor of medicine at Harvard Medical School, and Clinical Systems Integration Architect at Beth Israel Deaconess Medical Center in Boston.

"Some patients don't give a hoot about it, and some patients find it very engaging and appreciate the fact that they can find out what's going on; they don't have to wait for their doctor to finally send them a message or call them to tell them that their test was normal or abnormal," Sands tells WebMD.

Take 2 Aspirin and Email Me in the Morning?

Not everyone is eager to take his or her health care online. Some patients and doctors see

email and electronic medical records as barriers to personal contact rather than a boon to doctor-patient relations; others are concerned about privacy of medical information, Sands acknowledges. But he points out that many innovations that we now take for granted in medicine were initially rejected for many of the same reasons.

"A hundred years ago, doctors were worried about the telephone. They said, 'Geez, how can we practice medicine over the telephone. We can't examine patients, we can't look into their eyes and see what's really going on inside their heads, we're going to make mistakes, how can we possibly provide this kind of care,' and there were doctors who didn't want



to have a telephone in their practice.

"We think that's sort of quaint right now, but you can sort of understand the way they feel. As we move from the office visit to the telephone and then further to the electronic world, we lose information. We can't touch the patient anymore, we can't look in their eyes anymore, we're getting just the text."

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Are You a Doyen...Cont'd

(Continued from page 2)

paper, plastic, or whatever. It is more than just the software, but every aspect that touches the patient. It all must work. That is why he is involved. He has a passion for the efficiency and effectiveness of how Healthcare IT works in conjunction with the patient and the process.

BarCoding and Radio Frequency ID...there is still work that needs to be done. It all has to work together and that starts



with the suppliers. There are all types of initiatives being worked on concurrently: to try to bring this technology forward.

Ned Simpson, has recently

received the "Spirit of HIMSS" award. He has served as a HIMSS Board Chair and is a founding member of Center for Healthcare Information Management (CHIM) and the HIMSS Advocacy Committee.

When not working, Ned loves landscaping and traveling.

Thanks again to Ned for his time and we congratulate him on the Spirit of HIMSS Award...See you in Dallas!!!



POWER TO THE PEOPLE...

(Continued from page 4)

Yet in a world of cost-cutting, 10-minute office visits, and "drive-through" labor and delivery, giving patients and physicians the tools they need to keep in touch helps to strengthen rather than strain the doctor-patient bond, Sands contends.

"By having this channel of communication, rather than creating an impersonal system we're really augmenting the relationship we have with our patients, cementing that in very important ways, because we have this other way to communicate without having to jump through hoops and have all these barriers. It's especially helpful nowadays when we have very little time to spend with our patients," he tells WebMD.

Putting medical records and patient information online (with access granted only with express permission by the patient) can also improve care when patients are referred to specialists or are seeing a physician for the first time, adds Stephen Schwartzberg, MD, director of the Minimally Invasive Surgery Center and associate professor of surgery at Tufts-University School of Medicine in Boston.

"There's nothing worse than going to a doctor's office and he has no information about you. It becomes more personal when your physician is better informed," Schwartz-

berg tells WebMD.

The online record could even be a lifesaver in some situations, Schwartzberg notes. "If you were to travel from Bos-



ton to Los Angeles, fell down and knocked yourself out, and at the same time you are allergic to penicillin. Wouldn't it be great if your doctors in California knew that?"

Wired in Smallville

It isn't just the big cities that are getting in on the e-medicine action, either. Winona, Minnesota (pop. 27,069) boasts only about 5% of the population of Boston, but in 2001 the citizens of Winona became part of an intriguing experiment.

The pilot program, dubbed Winona Health Online, invites patients to create their own health-related web pages, which can then be automatically updated with doctor-interpreted versions of laboratory and diagnostic test results. The personal pages also act as portals for drug-interaction checking, and allow patients to request prescription refills, schedule appointments, email their doctors, and link to information sources relevant to each patient's needs. Those without computers at home can use one of seven dedicated

computer terminals sprinkled throughout the community for gaining access to the system.

Although about 3,000 people are eligible to use the free program, currently only about 500 are actively participating, estimates Michael Allen, vice president of finance and chief financial officer at Winona Health. That number is expected to grow, however, as more of the system comes online and additional components become available for more direct and efficient connections between patients and physicians, Allen tells WebMD.

"Of course we want patients to use it, but we also need to have doctors. It's got to be balanced, and I think as we have more and more physicians using it and it becomes a good tool for them -- not a new thing to learn and a change, but rather something positive for them and how they interact with their patients -- the system will become more and more important," Allen says.

Although some physicians in Winona reportedly are concerned that they'll be inundated with emails from patients, the Beth Israel-Deaconess experience suggests otherwise, according to Sands.

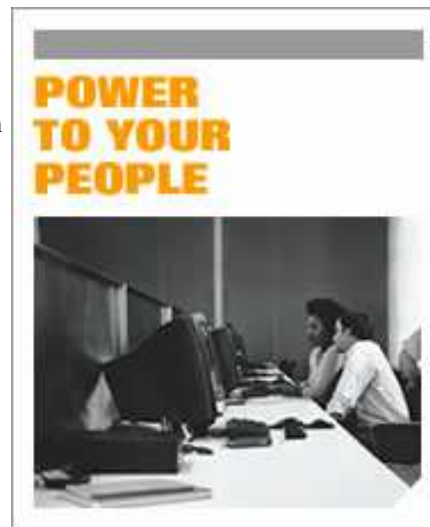
"For every 100 patients that you have registered on a system like this, it will generate

about one message a day on average, so that's not a lot, and it takes very little time to answer these compared to phone messages, so it's not really a big time issue," he tells WebMD.

We, the Patients

Tune in to the network news broadcasts on any given night and you're sure to catch a "cutting edge" report showcasing the latest gee-whiz medical technology, such as a camera that you swallow like a pill to take a 3-D movie of your intestinal tract, functional MRI that shows the brain at work in real-time, and robotic tools that do the grunt work in joint-replacement surgery.

But perhaps the biggest medical advance of the last decade has been the explosive growth of the Internet and the proliferation of health information sites. According to the Pew Internet & American Life Pro-



ject, a survey that tracks Americans' use of the Internet and online health information sources, half of all American adults have searched for health

information online, and about 80% of all adult Web surfers have searched for one or more health topics in cyberspace. In fact, browsing for health information is the third most common online activity, behind only email and research

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ADVOCATING FOR YOUR HEALTH AND SAFETY

By Mary P. Griskewicz and Mary Beth LaBelle

It is about you. It is about your children. It is about your family. If you are unclear what that has to do with information technology and healthcare, then it is clearly time to educate the information holders on the moral responsibilities that are bestowed upon you. In an environment where we are not only the providers but patients as well, timely and safe passage of confidential life and death information is paramount. It is time to educate, advocate and participate—through legislation and regulation—about how our country will share

valuable data. We are the conduits of such data, and through HIMSS advocacy efforts, our united voices are heard.

Historians will undoubtedly view last year as unprecedented in America's history. Never before have so many Americans participated in a presidential election. Though as a nation we took action, as healthcare professionals, our job cannot stop there. This election will undoubtedly leave us with several questions that remain to be answered. In the days to come, what will be the impact on healthcare and medical research issues related to the uninsured, embryonic stem cell research, Medicare reform, prescription drug coverage, Medicaid cuts, malpractice reform? How can we improve healthcare quality and safety while reducing healthcare costs? These questions are not only important to

ask as healthcare and health information technology professionals but perhaps as potential future patients—both you and your children.

Through HIMSS and, specifically, its Advocacy and Public Policy Steering Committee, our strategic agenda focuses on providing patient care in a safe environment, measured by improved clinical outcomes, lower healthcare costs and ensuring patient confidentiality as a result of the adoption and use of health information technology and management systems. This steering committee is available for you to shape how your future healthcare information will be shared and dispersed, how your HIT budgeted dollars will be spent, what projects you will work on and what systems you will implement. HIMSS advocacy educates on the latest trends and government actions. By taking

part and utilizing this group, your efforts can help mold key legislation.

HIMSS advocacy and public policy efforts are led by HIMSS members with experience and/or a passion to drive needed changes in public policy and regulation at the federal and state level, which will result in better human healthcare. With the support of experienced staff professionals, HIMSS provides multiple venues through the Advocacy and Public Policy Steering Committee, HIMSS Government Relations Roundtable, Chapter Advocacy Liaison Roundtable, Task Forces and Work Groups for sharing key information, promoting networking opportunities, and allowing input and advocacy for emerging policy issues. HIMSS mobilizes its members and performs mul-

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Power To The People...Continued

"Of course we want patients to use it, but we also need to have doctors. It's got to be balanced..."

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into products and services, Pew researchers say.

Given the staggering volume of the good, bad and ugly information out there, you'd think that health-care consumers would be overwhelmed, but that's not necessarily so, says a London-based health-care researcher.

"I think you need to distinguish between bits of e-health that simply allow health-care systems to do what they've always done, but perhaps do it slightly more efficiently, and then things which are generally transformative of health

care, and I think that one of the things that's really transformative is the way that information has been democratized," says Elizabeth Murray, MRCGP, PhD, Department of Health Career Scientist in Primary Care at the Royal Free and University College Medical School at University College, London.

Murray tells WebMD that "the number of people who can now access health information on the Internet is much, much greater than the number of people who were previously able to go to a

library or look up health information in some other source.

"Because information on the Internet is interactive, because it uses graphics, because it uses multimedia, and because it uses a lot of personal stories, it's very accessible information and so you don't need the high level of education that you tended to need in the past to access medical information."

In fact, Murray says, there is evidence to show that people with fewer years of formal education tend to benefit more from health information

on the Internet than do people with advanced degrees and greater financial resources.

Winning CHES

The evidence Murray refers to comes from the University of Wisconsin at Madison where researchers are developing the Comprehensive Health Enhancement Support System (CHES). CHES is a computer-based system designed to help individuals cope with a health crisis or medical concern by combining all of the resources they'd expect to find in many different places and putting it at the user's fingertips. The program even loans computers for up to a year to

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Tips, Tricks, and Hints....

HIMSS is here!!! The 2005 HIMSS Annual Conference and Exhibition will be held in Dallas, TX during the week of February 13th. Here are some tricks on getting around.

- ◆ Renting a car is not necessary because there are enough shuttles and parking is very difficult.
- ◆ Forget your diet...you are there to reconnect with many people in our industry. That means breakfasts, lunches, dinners and drinks. Building relationships happens over meals; so forget the salad, have a steak and enjoy the company.
- ◆ HIMSS is about learning new technologies. HIMSS Exhibition Hall is the place to see all of the new, cool stuff. Make a game plan of what you want to see and map it out because the room is huge and there is A LOT to see.
- ◆ GIVE-AWAYS...ok, why buy a toy or trinket as a memory of Dallas when every vendor will hand you something to take home. The best time to get this stuff is the last day. 1. Someone is always giving away bags and 2. By the last day, the vendors just want to give the stuff away...and some of the stuff is really great!
- ◆ Be sure to say "Hi" to several new people a day. Many of the contacts that you meet can add value to your business life.
- ◆ If you are looking for a job, bring a resume. There is an area set up for job searches and career counseling. You will also have every Healthcare IT Vendor there to show your credentials and get a name!
- ◆ Collect business cards and then buy a business card reader...it makes it easier to stay in touch with all of the people you meet.
- ◆ Bring business cards so: 1. people have something from you to remember you by and 2. you could win a prize in the drawings...it beats writing your name out 100 times.
- ◆ And, don't forget to have FUN!

Power...

(Continued from page 6)

people who don't have them or can't get access easily.

CHESS, a not-for-profit, commercial-free project, is currently used by several major health organizations in the United States and Canada. According to its developers, the system can adapt to "various coping and information-seeking styles," and presents information in detail but in language that people with varying levels of education can understand.

In addition, the system is designed to be friendly to the widest possible range of users, says Fiona McTavish, lead developer of the breast cancer module, and deputy director of the CHESS Center's recent grant as Center of Excellence in Cancer Communications Research from

the National Cancer Institute. "The issue of access [to online health-care services] is a big one," McTavish tells WebMD. "One of the things we've done in the research and work on CHESS is to focus on the underserved. We just finished a study on the 'digital divide,' where we're looking at rural Wisconsin women who are underserved, which we define as people who are 250% or below the poverty level, and we're also targeting African-American women in metro Detroit, and we find is that the underserved are the people who benefit from e-health the most.



Advocating for Your Health and Safety...

(Continued from page 6)

multiple advocacy activities, from educating HIMSS members and Members of Congress and their staff on key issues to actually writing and proposing draft legislation. HIMSS works closely with key federal decision-makers and the 21st Century Health Care Caucus to advance improvements in the quality, safety and efficiency of healthcare through the use of information technology and management systems. HIMSS primary advocacy focus is to provide leadership and industry direction on healthcare issues and policy related to health information technology and management systems, in order to remove barriers and obstacles and enable implementation of solutions.

This is a "Call to Action" for everyone to get involved in both state and federal health-care IT initiatives. HIMSS can be your vehicle to be heard. Get involved and make change through advocacy. If you are interested in getting involved with advocacy at the state or national level, please contact us at advocacy@himss.org.

Mary P. Griskewicz chairs HIMSS' Advocacy and Public Policy Steering Committee. She is the program manager—business planning and development at IDX in Madison, CT.

"Management discussions never end with conclusions. They end with next steps..."

- Joan Magretta

2004 — YEAR IN REVIEW

Once again, we are proud to highlight for you the significant relationships we have made during the past year. Much has changed since January 1, 2004, and we would like to take this opportunity to thank all who have worked with us to help Doyen grow in 2004.

- | | | |
|---|---|---|
| ◆ David Stone,
Nemours Foundation | ◆ Gale Axelrod, IUFH | ◆ Jack Darnell, Healthworks |
| ◆ Kathy Murphy, Nemours
Foundation | ◆ Jean Adams, Geisinger
Health Systems | ◆ Meir Levi, Interfacing.com |
| ◆ Doug Powel, Children's
Hospital of Philadelphia | ◆ Cynthia Tanner | ◆ David Garrets, HIMSS Ana-
lytics |
| ◆ Karen Roeckner, Loyola
University Medical Center | ◆ Tricia O'Neil | ◆ Dr Bill Bria, U of M |
| ◆ Mary Partin, Cleveland
Clinic Foundation | ◆ Teresa Hutchinson | ◆ Dr Danny Sands, Beth Israel
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Care Systems |
| ◆ Richard Morel, Fallon Clinic | ◆ Al Vitale | ◆ Bill Lewkowski, Metropoli-
tan Hospital |
| ◆ Tom Ormand, Fairview
Health | ◆ Marcia McKingly | ◆ Colleen Bos, Epic |
| ◆ Tabitha Lieberman, Univer-
sity Washington | ◆ Wes Willett | ◆ Lou Halperin, Philips |
| | ◆ Greg West | |
| | ◆ Linda Reino, UHS | |
| | ◆ Bo Trospen, MCA | |
| | ◆ Scott Nichols, E-Genera | |
- And of course...you our readers!

Are you interested in becoming a Doyen?

Doyen has worked extremely hard building our consulting practices. We need your help. We are currently seeking experienced resources for a variety of Epic, IDX, and Peoplesoft applications. If you, or someone else you know, might be interested in becoming a Doyen and work with the these product lines, please contact us at:

contact@doyenci.com or 616-459-8105

Change is inevitable...embrace the challenge and begin the transition with:

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