


Dana Moore
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Last Updated: 11/24/2015

Executive Summary

Moore is Senior Vice President, Chief Information Officer and Managing Director, Service Center, at Centura Health, a leading healthcare networking serving Colorado and western Kansas. He is responsible for the overall development and implementation of IT strategy. Moore began working with the Englewood, Colorado-based system in 2001 on a consulting basis and briefly served as Interim CIO before officially joining the company as CIO in May 2005. In December 2008 Moore assumed additional duties as Managing Director of Centura's Service Center, which includes the supply chain, laboratory, regional float pool, system recruiting, central verification, call center and business intelligence. Prior to joining Centura Moore ran his own company, the Moore Consulting Group LLP, which focused on revenue cycle, compliance and cost report preparation. Before launching his consultancy in April 1999, Moore served for two years as National Director of the Revenue Cycle Practice at the Certus Corporation, a leader in the outsourced health information management services industry. Earlier, he was Executive Director, Revenue Cycle, at ValueMark Healthcare.

Personal Attributes and Interests

- Moore is married and has two college-age children.
- He is interested in golf, skiing and reading.
- During an interview with HealthSystemCIO.com in March 2013 he said, "We're fortunate in that healthcare is a unique area to go into. We talk about physicians and nurses having a calling, and I see the same thing with our IT resources. We have people that come to healthcare because they say, 'I can work for XYZ company that produces widgets and do this job and leave at the end of the day, and I don't have a sense of fulfillment.' Or, 'I can come to healthcare and do that and then at the end of the day, what I'm doing is making an impact on somebody's life.' We stress that as part of our recruiting. We stress it for retention. We stress it because we don't want people to lose sight of why we're here. So what's really fortunate for us is we have a lot of long tenured people. I have associates that have been here for 40 years."
- Moore calls himself "the accidental CIO": "I joke that I had the longest job interview of anybody and I'm the accidental CIO," he told HealthSystemCIO.com. So my background is I went to college, got a degree in accounting, worked for a small public accounting firm for a couple of years, and then got into healthcare. But it was always on the financial side - revenue cycle. I was actually CFO of a couple of small hospitals in Florida, and then went into consulting, and again, I was primarily on the financial side. In 2001, I was actually engaged by Centura to do some work in their HIM department and then was asked to project manage — from the user side, not necessarily the IT technical side - some work on putting in a new HIM system. I did that work and got a call from the CFO, who had just been promoted to COO and said he was going to outsource IT. This would have been in 2004, so I had various engagements off and on with Centura. And between those, I got a call that he was going to outsource IT. He knew that I had done that project management work and asked if I had any thoughts on it. So I wrote a little white paper and got a call to meet with the outsourcing company. They asked, would you fly out here because I'd like you to just handle the financial side of this transaction for Centura. So I flew out and met with him. He's a great guy. The last words he said to me before we walked in the meeting were, 'you're not going to be interim CIO. You're just here to do the financial piece.' I said, 'OKy, I understand.' I went into the meeting and they were doing all the introductions with the outsourcing company and the Centura people, and this gentleman from the outsourcing company introduces himself as the interim CIO. And so the person I was working for at the time said, 'No, we already have one. It's him.' And he just points. So I'm looking down the table and everyone's looking back at me and I'm like, 'oh, okay.' That changed in the five minutes we walked down the hall. And so I became interim CIO at a very difficult time. The department knew that they were going to

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be outsourced. They were very concerned. We were going through this due diligence with the outsourcing company, trying to make decisions on what our EMR is going to be, and at the same time trying to turn around a failed PACS implementation. So we had a lot of things in the air. And as part of that due diligence, my comment to him was, 'you're top-heavy in IT. You have a lot of VPs. You're spending a lot of unnecessary money, and so therefore, if you do this deal, you're giving the outsourcing company about \$5 million in free revenue because they're basing it on your current costs. So we did a reorg in IT. I kept saying to him, 'You shouldn't outsource. You've got great people. You're going to regret this.' And finally he was like, 'okay, put together a plan.' So we did. We reorganized the IT department. We reorganized the whole governance process for projects. We moved down the road of making a selection on an EMR, and made that decision. It was right before Christmas. I was walking out of Littleton Hospital, where I am today, with the COO. At that time he'd become interim CEO, and I said to him, 'You've asked me several times if I'd consider moving here. Were you serious?' And his comment was, 'I knew I'd win you over.' And I said, 'I need to talk to my family, so don't get too excited.' I went home and talked to my wife and said, 'I think I'd like to pursue being CIO for Centura.' I was traveling a lot, but really what attracted me was that I knew if I came here, we wouldn't outsource. We had really great people here — and still do — who believe in the mission of the organization and really saw something exciting that I thought we could do here. And it's been the best decision I've ever made in my career."

Current Focus

- **Health System Snapshot:** Centura Health is a leading healthcare networking serving Colorado and western Kansas. Based in Englewood, Colorado, Centura consists of 16 hospitals, two senior living communities, health neighborhoods, home care and hospice services, more than 100 physician practices and clinics, and Flight For Life Colorado, the nation's first air medical transport programs. Founded by St. Anthony Hospital in 1972 with a single Alouette III helicopter, Flight For Life has grown to be a regional air medical and critical care transport program responding to nine states in the Rocky Mountain region. Its hospitals range from geographically remote, 30-bed hospitals, to a Level One Trauma Center with 220 beds in a metropolitan area with a population of more than 2.5 million supporting over 90,000 inpatient admissions and over 1 million outpatient physician and clinic visits per year. Centura Health employs more than 6,000 physicians and 19,400 healthcare professionals. Centura Health was founded in 1996 by Catholic Health Initiatives and Adventist Health System.
- **In His Own Words:** Moore told an interviewer with HealthSystemCIO.com, "I probably echo every CIO you've talked to in that you have a governance process, you set priorities, and then something changes, and priorities have to shift. We run a very lean IT organization at Centura. We are roughly 2.1% of net operating revenue with a little over 200 FTEs supporting all of these things. At any given time, if you look at our project portfolio, we have 200 to 300 ongoing projects. It's one to one and a half projects per FTE, and so that becomes very difficult pace to maintain. I sit with the senior executive team. We have a senior executive counsel - I'm a member of that, and certainly we leverage that interaction to help set priorities. I don't know if winner or loser is the right term, but there's always somebody that's happy that their project has been moved to the front, and there's a person that's disappointed that their project got pushed out. We have this conversation face to face. With the person that's disappointed, you spend some time explaining how the organization got there and you make sure you're able to deliver their project on that new date so that you maintain those relationships and you continue to meet their needs as well. I wish I had the magic answer, but probably like every CIO, I don't."
- **Uses IT to Improve Patient Outcomes:** Centura Health in November 2015 said it has been named a 2015 HIMSS Enterprise Davies Award recipient. Since 1994, the HIMSS Nicholas E. Davies Award of Excellence has recognized outstanding achievement of organizations that have utilized health information technology to substantially improve patient outcomes while achieving return on investment. "Focused on improving population health outcomes, Centura Health has been able to significantly reduce hospitalizations associated with chronic disease management using alternative payment models enabled with risk stratification, clinical decision support, patient engagement and analytics," according to a news release. "Within the remote Durango, Colorado community, Mercy Family Medicine reduced the hospital admission rate for each 1,000 admissions for Ambulatory Care Sensitive Conditions (including angina, asthma, chronic obstructive pulmonary disease [COPD], diabetes, grand mal status and other epileptic convulsions, heart failure and pulmonary edema, hypertension) by 27%. Across the Centura Health

system, the use of a Medicare Shared Savings styled ACO model of care resulted in reductions of 15.65% in readmission for heart failure, and 7.4% for the overall annual per member cost of care." Moore said, "We are honored to have been awarded the HIMSS Davies Award of Excellence, as it truly exemplifies the high standards that Centura Health strives for in our pursuit to leverage technology to provide excellent patient care. A strong partnership between caregivers and technology has been at the heart of achieving this goal, and we couldn't possibly be more proud of the outcomes of this collaboration." Centura Health will be recognized at the 2016 Annual HIMSS Conference & Exhibition, February 29 to March 4, 2016 in Las Vegas.

- **'Most Wired' Honors:** Centura in July 2015 said it was named a 2015 Most Wired recipient for its commitment to leverage information technology (IT) to advance and improve health outcomes, patient safety and patient satisfaction. The 17th annual HealthCare's Most Wired survey, released by the American Hospital Association's Health Forum and the College of Healthcare Information Management Executives (CHIME), examined how organizations are leveraging IT to improve performance for value-based health care in the areas of infrastructure, business and administrative management, quality and safety, and clinical integration. According to a press release, "Centura Health is on the forefront of evolving the health care delivery model to meet consumers' needs and will continue to advance its IT environment to further optimize health care value. It is committed to leveraging data to further employ best practices and clinical protocols to support delivery of evidence-based medicine. Centura Health has achieved HITRUST Common Security Framework and in 2014, Centura Health became the third-largest health system nationally to have the most certified HIMSS Stage 7 hospitals validating the system's unwavering commitment to electronic health records and a paperless environment. To support communication between physicians and clinicians, Centura Health implemented TigerText, a compliant HIPAA and HITECH encrypted platform to send and receive secure text messages. The 2015 Most Wired survey and benchmarking study, in partnership with CHIME and sponsored by VMware, is a leading industry barometer measuring information technology (IT) use and adoption among hospitals nationwide. According to the survey, hospitals are taking more aggressive privacy and security measures to protect and safeguard patient data. Top growth areas in security among this year's Most Wired organizations include privacy audit systems, provisioning systems, data loss prevention, single sign-on and identity management." Moore said, "We are honored to be recognized as a Most Wired health system and are committed to enhancing patient care and safety through technology. This award validates our unwavering commitment to quality improvement and delivery of high-value care to the communities we serve in Colorado and western Kansas."
- **Epic User:** Centura uses Epic for its electronic health records. The system previously relied on Meditech, but switched to Epic because of its rising popularity, Moore said back in May 2014, in an interview with HlStalk. "In Colorado, the market has changed dramatically since we made the decision to put in Meditech," he said. "We have seen Epic become the predominant system, where before there was a hodgepodge. Meditech probably had the most, but it was a hodgepodge of vendors. As we've looked and seen Epic come into Sisters of Charity, University, Poudre Valley, Memorial, etc., it gave us pause before we made a decision to go to 6.1. Should we continue to invest with Meditech, who's been a great partner with us, or should we look at alternatives? We decided that before we commit that much money, let's look at alternatives. We made a decision that Epic offered great benefits for the community and Colorado. We have providers that go between the various health systems. Having familiarity with the go-between hospitals was a plus. Same with nursing. Then for the residents of Colorado, the Epic sharing is huge. We felt that gave the residents an extra safety component as well. Those were drivers that went into our decision.... One of the challenges we had with Meditech was in the ambulatory space, the old LSS product. As you probably know, Meditech is completely rewriting that ambulatory product. What we have seen so far looks very good. But it's new and we need a solution now in that ambulatory space. That is something we see as a plus with Epic.
The other thing we saw with Epic was some functionality that Meditech either does not have yet or is on their roadmap. Anesthesia is one that comes to the top of my mind. Epic has that in place. Those are some benefits we see. We also see the benefits of being able to share Epic content with health systems. Not just locally, but nationally, and some pretty well-known health systems around clinical content. It's not sitting in a room trying to reinvent the wheel." Moore said that Centura also considered Cerner. "As you may or may not know, Centura is a joint operating agreement between Catholic Health Initiatives and Adventist Health out of Florida," Moore said. "We seriously looked at Cerner with the idea that we could piggyback on the work that Adventist Health has done and that could

jumpstart our implementation. In the end, our providers were really more comfortable with Epic. It was overwhelming support for Epic. Not so much that there was anything wrong with Cerner - it was just the situations I described that pushed Epic to the forefront.”

- **Opportunities from Epic:** Moore sees plenty of opportunity for Centura with the implementation of Epic. “We did a lot of standardization when we put in Meditech,” he said. “We were probably more a federation of hospitals than a health system. Putting everyone on a common platform, the same universe of Meditech, forced a lot of standardization. Then we’ve continued down that road with the ambulatory implementation, the home care, putting out CPOE. We’ve moved more and more people to trying to do things together. I think we have a wonderful opportunity with the new implementation to take that to the next level. Our users are much more sophisticated than they were six years ago because they’ve been using an AMR for six years. They know the challenges they’ve had and the things that have worked really well for them. We know we have to reduce clinical variation even further to drive out cost. This gives us an opportunity to have those discussions with our providers. It’s also the opportunity to further drive standardization and revenue cycle, etc., where we can do even better as an organization. This is an opportunity. We have to be very careful not to just re-implement an EMR and check the box that we got it done and then figure we’ll optimize and do everything later. We need to seize the opportunity while we’re implementing to refine what we’ve already done and make it even better.”
- **A ‘Non-Traditional’ CIO:** Because he also oversees non-IT services such as supply chain and recruiting, Moore said he considers himself a “non-traditional CIO. I never worked in IT until I came to Centura. I’ve done project management and some software packages, but I was never a traditional IT person. My background is primarily revenue cycle and finance in healthcare. Centura was going to outsource the IT department. I was asked to do the financial model with the outsourcing company, representing Centura to get this deal done. Then it became evident that the model didn’t make sense, it wasn’t going to work here. We did a reorg of the IT department. Then I was asked if I would consider staying. I fell in love with the organization, so here I am as the CIO. We finished the Meditech implementation. We had a new CEO come in, Gary Campbell, who’s still our CEO. He was doing his talent evaluation and reorg, looked at my background, and was intrigued by it. He wanted to create a structure that separated what he calls ‘corporate’ from ‘service center.’ Corporate would be things like finance or his office, where I’m dictating down to the organization a policy or setting strategy. He defined service center as these are services that the hospitals, the physicians, the organization, are ‘purchasing’ - and I put purchasing in air quotes because they’re paying through their management fee - purchasing these services from the service center. That would include IT, supply chain, revenue cycle, and departments like that. He said, ‘As I’m creating that, I need someone to oversee this service center.’ That’s how that came about. He said, ‘You know, your background lends well to overseeing these areas.’ Here I am six years later still overseeing them. It’s been a very educational opportunity for me. Where it helps me is that because of my background, I came in and I somewhat understood the organization from a non-IT perspective. But now when you also have operational oversight for these departments, it gives you more views into the organization from different perspectives than you would get just being the CIO. You get clinical from lab and you’re seeing clinical and cost savings from supply chain. It’s very helpful. I think it also helps the leaders of those areas because they get different perspectives from me as well because of the diversity of what I’m overseeing.”

Key Challenges

- **Analytics and Population Health Management:** In terms of analytics and population health management, Moore said Centura is a little late to the game. “We started down that road with Explorys for doing some population health,” he said back in May 2014. “We have Explorys and Verisk tied in with them, tied in with some other products. We are probably a little late to the party ourselves as far as robust data warehouse. That’s the direction we’re going. But we recognize ... that we can get this Epic data or ... this Meditech data and we can analyze it, but that’s only a subset of all the data we need to analyze to get a whole picture of the patient or of the system of care, anything. We need to tie that together. Not just Centura’s data, but we have the Centura Health Neighborhood, our clinical integrated network with a couple thousand of affiliated physicians all using various EMRs that we need to tie into our systems as well. We’ve got a lot of work to do on data analytics, as does healthcare in general. I know we’re not in alone in talking with my counterparts about how we solve this problem.”

- **Opportunities for Advancement:** Moore said one of his big concerns is “how do you keep your talent inside of IT excited and not leave to go outside of healthcare where maybe there’s an opportunity for them to move to VP or CIO or something else? Because if they see that inside of healthcare it’s going to be going to more operational people than IT people, I need to go somewhere else to advance. You have to tie it back to the mission and why we’re here and keep them focused and excited on that as well as creating opportunities for advancement for them.”
- **Other Challenges:** Asked about other challenges, Moore said, “Certainly cost is always going to be a challenge. We’ve made a decision to put in Epic and that will drive up our costs, but how do we find other areas where we can generate efficiency, hold cost down or minimize the increases as we in this industry get a wake-up call on our cost structure? That is one. How do we support the organization in identifying opportunities outside of IT’s budget for cost reduction? How do we get the analytics in their hands fast enough so they can identify opportunities and move on them? Those are both opportunities and challenges.”

Biographical Highlights

- Born circa 1962.
- Moore earned a Bachelor's degree in Business Administration with a concentration in Accounting, in 1984 from Ohio State University.
- From 1995 to 1996 he served as an Executive Director for Revenue Cycle at ValueMark Healthcare.
- From January 1997 to April 1999 he was National Director of the Revenue Cycle Practice at Certus Corporation.
- In April 1999 Moore formed his own company, Moore Consulting Group LLC.
- Moore began his affiliation with Centura Health in 2001 and has since held the following positions:
 - Consultant (2001 - 2004)
 - Interim Chief Information Officer (2004 - May 2005)
 - CIO (May 2005 - Present)
 - Managing Director, Service Center (December 2008 - Present)
 - Senior Vice President

Other Boards and Organizations

- Member, Governing Body, Global CIO Executive Summit (2012 - 2013)

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