The Mayo Clinic took the most significant growth steps in its century-plus history by expanding the organization beyond the state of Minnesota in the late 1980s. Two additional locations of the multi-specialty, physician-led practice were launched: Jacksonville, FL (1986) and Scottsdale, AZ (1987). The Scottsdale clinic, located in a remote corner of the city that seemed miles from anywhere, started with approximately 300 employees and 40 physicians. To accommodate the needs of patients requiring hospitalization, the clinic arranged for physician privileges at a local hospital. As the population of metropolitan Phoenix grew, the practice grew and expanded in

**ABSTRACT**

This article describes the Mayo Arizona process for developing an information technology strategic plan. The background of organizational events that gave rise to this strategic planning process is presented. A cross-functional team of key IT stakeholders was convened; the team used a facilitated process to derive a pro forma set of IT strategic objectives from the larger organization’s emerging strategic plan. A broad set of leadership interviews was conducted to further identify detailed objectives that would confirm, complement, or conflict with the “strawperson.” The IT strategic objectives then were refined and published by the organization. The article also describes the annual process of reviewing the IT strategic plan and translating it to a set of tactical objectives. This includes the committee structure for project prioritization, which is guided by the IT strategic plan. The outcome of the prioritization process is a five-year IT tactical plan, which is used to communicate the IT action plan for achievement of the strategic objectives. The strategic and tactical plans have resulted in stronger ownership and advocacy of IT activities by organizational leadership and a clearer view of the impact of technology on the organization’s strategic plan.

**KEYWORDS**

- Strategic planning
- Tactical planning
- Project prioritization
- IT advocacy
- Structured planning process
scope. By the mid-1990s, it became apparent that there was a demand for a Mayo Clinic-operated inpatient facility in Arizona.

In 1998, this significant milestone in the Mayo Clinic’s Arizona history was reached with the opening of the Mayo Clinic Hospital. The first Mayo-designed and built hospital, the 200-bed facility was designed to incorporate technology into all aspects of the patient care experience. In preparation for the construction of the facility, the institution invested heavily in information technology. The information systems division staff was expanded from 24 to more than 100, dozens of contractors were engaged, and a major system implementation program was initiated. By the opening of the hospital, more than 60 new information systems had been selected, implemented, and integrated in two years. The result was one of the most electronic inpatient hospital environments in the country.

More significantly, the hospital opening signified a major shift in the organization's approach to information technology. Technology was no longer a back office support enabler; it had moved to the front lines of patient care, with PCs located in each patient room and real-time charting done on computer. System downtimes were not just minor inconveniences, but had the potential to be major problems for a clinical environment now dependent on real-time, online access to patient records.

**The Need for IT Strategic Planning**

By January 2001, the MCA IT leadership team found itself at a crossroads. The heavy capital investment of the preceding three years had been focused on two major events: the hospital opening and remediation of Y2K issues. These priorities dictated that many of IT's internal customers forgo their more strategic information system investment requests in deference to the organizational and technological imperatives of the time. The result was significant pent-up demand, especially among clinical departments that had not seen major technology investments as part of the hospital project. This demand manifested itself in several ways.

IT began to receive a significant number of requests for new systems through the established project request process. In the late 1990s, the demand for IT services to implement new systems exceeded the available capital budget by more than 300 percent. IT's internal customers were becoming less satisfied with their ability to obtain IT services, as the desire to automate the medical practice extended beyond the walls of the inpatient hospital environment. More noticeably, the informal processes for influencing key decision makers became more active.

At the same time as the organization's increased appetite for strategic technology, a broader initiative to define the strategic direction for Mayo Clinic Arizona was nearing completion in late 2000. With reimbursement rates for Medicare declining, senior leadership had begun to refocus resources toward a more defined specialization in tertiary care. Several Mayo Clinic primary care centers in the Phoenix metropolitan area were consolidated, and others were closed. This marked a significant change in direction from the first 10 years of the Arizona operations, before the opening of Mayo Clinic Hospital. Senior leaders crafted several work groups to develop a set of strategies that could serve as a five-year roadmap for this revised strategic direction of Mayo Clinic Arizona.

Seizing on the momentum from the broader strategic planning process, the CIO partnered with the physician chair of the IT oversight committee to create a similar work team that would develop a corresponding strategic plan for the division of information systems. The objectives for this team were to create a similar strategic roadmap that would not only create a technology vision and direction for the Arizona operations; it would clearly illustrate the importance of technology in supporting the broader organizational strategic plan.

The team was chaired by the physician IT oversight committee chair and was composed of members from the IT oversight committee and the IT division directors. The work team was asked to complete the plan development in six months, with the goal of having a five-year IT strategic plan—covering 2001-2005—in place to support the 2002 capital funding cycle.

One of the first orders of business for the team was the creation of new mission and vision statements for information systems. The vision statement was developed with a desire to incorporate the “three shields” of Mayo Clinic—education, research, and clinical practice—and also emphasize the support for the underlying MCA strategic plan. The mission statement not only links the vision for the division to the strategies, but emphasizes the fact that technology is not an end unto itself, but rather an enabler for the strategic plan of the organization.

**The IT Strategic Planning Process**

The process of creating an organizationally driven strategic plan for information technology was new to the participants in the work team. In previous years, the IT oversight committee had set the strategy for IT based on input from the committee’s members and from IT directors. A broader data collection approach had not been considered, largely because it was thought that the IT oversight committee membership adequately represented the needs
of IT’s customers.

The team decided initially to attempt the draft of an IT strategic plan based on the input of the team members, in alignment with the traditional process. Each work team member was asked to develop several potential strategic objectives based on their knowledge of IT requirements in their area and their understanding of their constituency. Several common concepts emerged from these brainstorming sessions that resulted in the creation of a pro forma strategic planning framework. Intended as a starting point, the framework established several categories for the development of specific plan objectives.

The first category focused on the need to maintain an IT environment that supported the continued automation of the clinical practice, beyond the work that had been done for the Mayo Clinic Hospital. An existing IT project to extend the hospital systems to the clinic facility was already in progress; it had been responsible for integrating the clinical information contained in the clinical record across both the inpatient and outpatient environment. The strategic planning work team believed that at least one strategy would be needed to set the direction for such transitions in the coming years.

The second category of strategies focused on IT system availability and uptime. With the increased reliance on an electronic environment, the organization was very aware of the need to maintain highly available, fault-tolerant systems. The work team suggested that some strategic statements would be appropriate to guide future IT efforts in establishing redundancy and to set parameters for investments in business recovery solutions that had been discussed but were not yet implemented.

The fact that the IT strategic plan was being developed at the same time as the overall strategic plan for the organization added an unusual dynamic to the process. The work team ran the risk that the final technology plan would not reflect the organizational strategy, which would potentially result in the IT plan not being credible or relevant. The team decided that a broad approach to the collection of data, while more time-intensive, would result in the highest probability of achieving an alignment between the two plans.

To accomplish this, it would be necessary to interview the leadership of every department and division at Mayo Clinic Arizona. The interviews were conducted by two two-person teams of IT staff, using a set of questions developed by the broader work team.

In retrospect, the interviews resulted in the responses being far more tactical than strategic. Many of the interviews resulted in a long list of projects but they yielded very little in terms of true strategic imperatives. Nevertheless, several common themes with strategic implications began to emerge after the first week of interviews.

- Employ technology for the value it brings to our business processes and not for the sake of technology itself
- Minimize complexity of systems
- Reduce cost of ownership
- Stabilize systems and ensure business continuity
- Follow a “buy - not build” approach where appropriate in implementing new systems
- Follow a centralized (vs. de-centralized) model for systems and data mining
- Enforce technology standards and selection criteria for all information system procurements and implementation to reduce total cost of ownership
- Apply rigorous methodologies to project implementation and service delivery activities

Table 1. Initial IT strategies proposed by work team.

It was obvious to the work team that there was a demand for technology in many areas. However, the technology demands were far more basic and elementary than the group had hypothesized. There was a much greater emphasis placed on technical infrastructure expansion and stability than on a desire for new information systems.

After synthesizing the interview responses, the work team developed an initial draft of eight system strategies. The intent was that these strategies would form the basis for guiding the IT division in the coming five-year period. The strategies that were initially proposed are shown in Table 1.

The work team presented the proposed strategies to the IT oversight committee for review and approval. While the
oversight committee membership agreed with the statements, there were many questions about how the strategies would support the overall strategic plan for the institution.

For example, “minimizing the complexity of systems” sounded like an excellent strategy on the surface. After all, the main complaint of many IT users was that the 60-plus information systems were not sufficiently integrated to enable seamless access to information across the enterprise. However, the value and benefit of minimal complexity, from a strategic perspective, was not clear. Would minimizing technical complexity necessarily enable the organization to achieve broader strategic goals?

The root issue of the committee’s concern was that information technology had become a fundamental part of the organization’s strategic differentiation. While the Mayo Clinic had made its name through the advancement of collaborative practice, it also had embraced and leveraged the use of the technology to further those collaborations. Especially with the opening of the Phoenix hospital in 1998, the Arizona practice was using information technology to integrate the practice of medicine. Therefore, committee members believed that the IT strategic plan should reflect a clear linkage to support and further the strategies of the organization. The committee directed the work team to review their strategic plan proposal and revise it to create a clearer “line of sight” between the technology strategies and the overall strategic plan for Mayo Clinic Arizona.

The work team regrouped and reconsidered their charge and direction. They determined that the set of strategies that had been proposed would be better expressed as a set of core principles. They would form guideposts for the day-to-day decisions made by the division and by the oversight and prioritization committees. The technology strategies then would be developed to support Mayo Clinic Arizona’s strategic plan, which had been finalized and adopted by the board of governors.

To develop the strategies, the work team used a facilitated process led by an IT project manager, enabling work team members to fully participate in the discussion and development and effectively converting the work team into a project team. A structured project plan, which specified timelines and deliverables, was developed and published for the work team members. By instituting a more defined structure and set of outcomes, the team was able to more succinctly focus discussions on arriving at the goal. The work team was transformed into the “strategic planning project.”

The project work sessions were conducted as 90-minute meetings with a strict agenda. Each meeting was focused on addressing one of the board-approved strategic goals for the organization. The previous work of the project team was used as input to the sessions, by identifying concepts from that work that would be transferable to the organization’s plan. During each session, the facilitator challenged the group to identify strategies that would support the organization’s strategic goal being discussed. The team was discouraged from raising specific projects or tactics; those were placed in a “parking lot” to be revisited at a future date.

After six work sessions, the group completed their charge and delivered 15 strategy statements that were aligned with the organization’s six strategies.

To more clearly communicate this shift in the role that technology was taking in the organization, the information systems division was renamed the information technology division. The vision, mission, core principles, and strategies sections then were combined in a single-page document that was released to administration as the information technology strategic plan (see Table 2).

Turning Strategies into Action

After the IT strategic plan was completed, the work team started mapping existing projects to the newly approved strategies. Some 84 existing projects were mapped against the 15 IT strategies. The process showed that some strategies were well-represented by the current project workload, but three strategies were not represented by any IT projects. Two of these unrepresented strategies were those that related to the support of Mayo Clinic’s missions of education and research. This information would become critical to the prioritization and funding of future projects. If the organization were to truly embrace and realize the overall strategic plan, the decisions at the tactical level must also support those strategies.

The end product of the strategies-to-projects gap analysis was a master project schedule that reflected the alignment of projects to IT strategies to the MCA strategic plan. This document became the IT tactical plan and represented the roadmap by which IT would support the achievement of the strategic plan objectives. The IT management team assumed ownership of the tactical plan, with oversight by the IT oversight committee. An internal process for information gathering and reporting was instituted within the IT department to ensure that the tactical plan reflected the most current high-level status of each project. More importantly, this information was placed on the intranet and made available to all IT customers, including the information on the strategic support for each individual project.

The Planning Processes in Practice

The development of the strategic and tactical planning
processes has changed the approach to identifying and prioritizing IT initiatives at Mayo Clinic Arizona. The IT strategic plan was developed with the intention of the strategies remaining fairly consistent between years. The tactical plan translates those strategies to specific actions—in the form of IT projects—and represents the specific

Table 2. Mayo Clinic Scottsdale Division of Information Technology

Strategic Plan

Vision Statement

Provide value and world-class service to our customers through the application of information technology in support of the integrated clinical practice, education and research

Mission Statement

The Division of Information Technology proactively supports the achievement of the goals and objectives of Mayo Clinic Scottsdale through the application of information technology

Core Principles

➤ Employ technology for the value it brings to our business processes and not for the sake of technology itself
➤ Minimize complexity of systems
➤ Reduce cost of ownership
➤ Stabilize systems and ensure business continuity
➤ Follow a “buy - not build” approach where appropriate in implementing new systems
➤ Follow a centralized (vs. de-centralized) model for systems and data mining
➤ Enforce technology standards and selection criteria for all information system procurements and implementation to reduce total cost of ownership
➤ Apply rigorous methodologies to project implementation and service delivery activities

Strategies

Ensure Teamwork on Behalf of Our Patients

➤ Provide a technology environment that will facilitate and expedite communication among consultants, patients, referring physicians, and allied health staff in a cost-effective manner
➤ Support the technology needs of the EMR and the automated practice

Set Level of the Patient Experience

➤ Anticipate the patients’ expectation of a world class health care organization and use technology to fulfill

Optimize Resources To Sustain The Practice / Mission

➤ Maintain each application system at current or appropriate release level
➤ Prudent upgrade of Infrastructure hardware and software
➤ Implement infrastructure and internal systems that maximize the efficiency of the practice
➤ Support the use of Shared Systems at both the Foundation and local level
➤ Proactively review new technology for its applicability to MCA’s strategic goals

Assure Strategic Alignment & Balance Within the Practice

➤ IT priorities will be set according to the MCA Strategic Plan through processes and procedures that utilize a balanced scorecard
➤ Support the communication of the organization's goals to both internal and external audiences

Nurture A Scholarly Environment of Research & Education

➤ Provide a technology environment that will support the Clinical and Basic research functions
➤ Provide a technology environment that will support the education function
➤ Foster an environment of continuous learning in support of our core technologies and professional growth of our staff

Foster A Culture of Safety, Service, And Continuous Improvements to Assure Highest Quality Patient Care

➤ Maintain compliance with all applicable regulatory agencies
➤ Maximize efficiency of the Support and Service Delivery functions to meet the operational needs of the organization at agreed upon levels
attributes of those actions. These attributes include the ownership of the project, from both an operational and IT perspective; the desired outcomes; the project timeline; and the resources that the project will consume.

One of the most notable results of these new processes has been the regimentation surrounding the discharge of project work. Most project requests now are submitted on an annual cycle, corresponding with the development and publication of the annual tactical plan and in advance of the capital and operating budget development cycles. The deadline for the submission of project requests is June 1 of the year prior to the year that the project would begin. The requests first are reviewed by the prioritization subcommittee of the IT oversight committee, which considers the merits of the request based on several criteria, including the alignment of the request with the IT strategic plan and, by definition, the strategic plan of the organization. If the proposal’s merits are deemed worthy of further consideration, the proposal is referred to IT for development of high-level estimates of scope, resources, and costs. These estimates are completed in September, with a final determination of project priorities for the coming year being made by the prioritization subcommittee in October. After the final list of projects has been set, IT places those projects on the tactical plan based on the priority set by the subcommittee and the availability of resources required to meet the scope of the proposal.

The completed set of project information, including resource and timeline information, then is published in a Gantt-chart format by IT. This document is made available to IT’s customers via an intranet Web site. IT project leaders are responsible for updating the information in the plan quarterly or as project status changes warrant.

On a quarterly basis, the IT leadership team conducts an in-depth review of the plan to identify potential resource or schedule conflicts between projects and also to focus on longer-range planning beyond the current year. Future initiatives that lie beyond the one-year timeframe, which have been communicated to the leadership team either formally or informally, are placed on a five-year timeline to enable a longer frame of reference and planning.

The IT strategic plan is reviewed annually by the IT oversight committee. In this review, the committee discusses the results of the previous year and plans for the upcoming year related to projects that support the plan. The committee also considers whether the IT strategic plan remains in alignment with the broader organizational strategic plan.

Since the current IT strategic plan was published in 2002, only minor changes have been proposed and made. A review of the strategic plan for the broader organization is in progress and expected to be completed in 2005. As a result, IT is preparing to undertake a larger-scale effort to realign the IT strategic plan in late 2005. The plans for this realignment include a round of interviews with division and department chairs, similar to the original effort, although more incremental in scope.

Outcomes

The strategic and tactical planning processes have transitioned from being irregular, somewhat reactive exercises to becoming scheduled, timely, and proactive components of the overall IT management plan. This rigorous structure has yielded numerous benefits for the IT division, the division’s customers, and the administration of Mayo Clinic Arizona.

The first major benefit derived from these processes has been the ability to clearly demonstrate the strategic alignment of IT initiatives and projects. By requiring that the strategic alignment of each proposed project be identified as part of the project request, IT resources are channeled to their most strategically appropriate use. The prioritization committee then considers the strategic alignment of each request and can use the information to ensure greater balance of IT effort across the strategies.

For example, when the strategic plan was originally published, it was readily apparent the strategies regarding IT support for the education and research missions of the institution were underserved; in fact, there were absolutely no projects focused on either of those areas. As a result, the prioritization committee approved three projects in support of those strategies for the following year, despite the fact that other candidate projects for other strategies—already well-supported by IT—proposed higher benefits to their proponents.

Beyond the demonstration of strategic project alignment, the process provides IT with another means of validating that the division is optimally employing the limited resources entrusted to it. Before this process was implemented, IT leadership faced a frequent challenge in determining whether the division was “working on the right things.” The tactical plan now identifies what those “right things” are for all MCA IT stakeholders because all projects in the plan have been through a prioritization and approval process. Furthermore, the forced alignment of the tactical and strategic plans ensures that IT’s limited resources are working on initiatives that are truly important to achieving strategic plan objectives.

The most tangible benefit to all audiences has been much clearer communication regarding the work that is being requested of, and performed by, the IT division. Through the tactical plan, customers can clearly see when their project is scheduled to commence and the duration of the effort. They also can review the entire set of project requests that IT is working to fulfill during a given time period, yielding information on whether their specific project can be accomplished in that period. IT leadership regards the plan as an important tool for communicating with the IT oversight committee, and ultimately, the institu-
FOCUS: Strategic Planning

The implementation of the strategic and tactical planning processes, including the annual plan refresh cycles, has proven to be a very successful approach for managing information technology at Mayo Clinic Arizona. While the circumstances resulting in this initiative were unique to the organization, there is significant conceptual applicability for the general methods employed to a wide variety of situations. In reviewing this process, the Mayo Clinic Arizona IT management team identified four critical success factors that should be considered by any healthcare IT organization seeking to employ a similar model.

Involving key customers at all stages of the planning process. It is rare to find an IT organization today that does not have a customer-based oversight or steering committee. Members of such groups must be involved in the planning process development and implementation from conception through implementation and ongoing maintenance of the plans. Ideally, a strong physician proponent should lead the work team responsible for the process to send a clear signal to the organization that the needs of the clinical practice are paramount. Administrative and nursing leaders also must be key contributors to the effort. Participation from the IT organization should be limited to senior leaders, some of whom may best serve the process in an *ex officio* capacity as advisors to the work team. It is important to clearly articulate to the organization that while the IT organization will implement the plans, the business drives the plans.

Set strong agendas, timelines, and guidelines for the planning process. The Mayo Clinic Arizona strategic planning work team had a strong agenda from the initiation of the process that was set by the CIO and physician leaders of the work team. While the work team had the opportunity to review and amend the initial charter, the group was not permitted to waver from the desired outcomes of clearly articulated plans and annual, sustainable processes. The initial faltering of the work team in developing the initial strategic framework further reinforced the need for the team’s leaders to provide steady, measured, and consistent pressure to deliver results. While the first iteration of the plans was by no means complete, it offered a framework for the broader organization to critique, resulting in a more synergistic outcome for the final product.

Develop a clear linkage between the IT strategies and the organization’s strategies. IT exists to serve the mission of the broader organization, not the other way around. However, in many healthcare organizations, IT is perceived as setting direction without clearly incorporating the needs of the organization that it serves. Much of this perception is grounded in a lack of shared understanding between IT and its customers around strategic goals and the technology drivers of those goals. The IT strategic plan should align very clearly with the broader strategic plan of the organization, and this alignment should be communicated to key organizational leaders as directly as possible. When communicating this message, face-to-face interaction is invaluable. This message should be reinforced with articles in house newsletters, on internal Web sites, and other forms of internal communication.

**“After the IT strategic plan was completed, the work team started mapping existing projects to the newly approved strategies.”**

Communicate and demonstrate commitment to the planning process at all levels; "walk the talk." Plans are useless unless they are acted upon and actively managed. As the Mayo Clinic Arizona strategic and tactical plans were being communicated to key organizational leaders, they also were being presented to IT staff by the IT management. Each staff member received a binder containing all planning information, and an internal Web site was launched to enable IT staff members to view the most recent updates to the plans. IT staff meetings still contain agenda items that review the division’s progress against the plans and discuss changes in the plans for the coming year. This internal communication has sent the message to IT staff that the planning process is important to the organization and that each staff member has a part to play in achieving the plan’s goals. This creates a strong sense of ownership and commitment to the plan, making every IT employee a spokesperson to the organization regarding IT’s role in supporting the broader strategic plan.

These concepts of leadership, commitment, and communication will serve any organization that desires to implement a sustainable, customer-focused planning process for information technology.

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