

# Combining Revenue Cycle and Technical Outsourcing Services to Fuel Clinical Innovation

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## A Case Study of Northern Arizona Healthcare

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Co-authored by:

**David Paschall**

Northern Arizona Healthcare Chief Information Officer

Perot Systems Account Leader

**Kevin Fickenscher, M.D.**

Perot Systems Executive Vice President of Healthcare Transformation

**Robert Magnuson, CHE**

Northern Arizona Healthcare Executive Director, Patient Financial Services

Perot Systems Senior Manager of Revenue Cycle Solutions

**Mary Solis, CPHIMS**

Perot Systems Senior Manager

### Executive Summary

Hospitals across the nation face a profitability crisis that ultimately threatens the quality of healthcare provided to patients. While a variety of factors have contributed to this crisis, key internal causes include the failure of process design and technology solutions to keep up with changing demands, environmental and governmental regulations, and the lack of integration of information systems.

This White Paper will examine these issues with regard to an integrated revenue cycle and technology outsourcing solution. The scenario provided will illustrate a real-world example of how Northern Arizona Healthcare (NAH) is realizing strategic goals from combining technology and revenue cycle outsourcing solutions to improve clinical outcomes and create a much-needed economic margin.

Seldom do the CIO and CFO of a health system have projects that fuel the growth of each other's organizations and, ultimately, improve care. However, at NAH, that is exactly what is happening.

NAH started out seeking an answer to the technical complexity created by its growth, but quickly found the answer to several other issues once they established an Information Technology Outsourcing (ITO) relationship with Perot Systems.

The Perot Systems team helped establish a strong operating foundation, supported innovative clinical initiatives, and provided revenue cycle solutions that NAH did not even realize they needed.

Today, the health system is working with Perot Systems under both an ITO and Revenue Cycle Outsourcing (RCO) agreement. As a result of both of these initiatives, the CFO is seeing increases in cash flow, which is fueling the technology needed to support clinical transformation initiatives. In a little more than one year, NAH has realized:

- Improvements in end-user service satisfaction
- Enhancements in revenue cycle metrics
- Clean medical records across its medical facilities and a process to maintain those clean records
- A successful clinical system conversion, which has been ranked as the largest single-event conversion in the history of Cerner
- An integrated Lawson Financial implementation

These impressive system-wide changes now mean that NAH's physicians and clinicians can perform computerized order entry and instantly access clinical results and historical information. More importantly, patients are experiencing fewer billing errors and improved customer service.

“The decision to outsource our revenue cycle functions to Perot Systems allowed us to align our A/R interests with that of our existing IT outsourcing relationship. It has also allowed us to focus on delivery and expansion of our business.”

— Greg Kuzma  
Vice President and CFO  
Northern Arizona  
Healthcare

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## Northern Arizona Healthcare Background

NAH is the parent corporation of Flagstaff Medical Center, Verde Valley Medical Center, Verde Valley Medical Center (Sedona Campus), Winslow Memorial Hospital and Northern Arizona Homecare. NAH has grown rapidly from its hospital's humble beginnings as healthcare providers for sawmill workers and miners in the 1920s and '30s. Today, the Flagstaff based health system, which was established in 1993 by the affiliation of Flagstaff Medical Center and Verde Valley Medical Center, is the largest healthcare organization in Northern Arizona. The health system now serves almost one half of the state, employing more than 2,200 people and handling more than 150,000 patient visits each year. Additional statistics on the health system include:

- 405 Active Physicians
- 725 Nursing Professionals
- 560+ Volunteers and Auxiliary Staff
- 400 Hospital Beds
- Four Community Hospitals
- A Regional Level II Trauma Center
- A Home Health Agency
- An Outpatient Campus

As NAH grew, so did the technical complications surrounding operations, and by the turn of the century, the NAH hospitals faced a variety of business issues that included the following:

- Effectively managing acquisitions, mergers, and new facilities
- Potential decreases in state reimbursements
- Expanding service area
- Relationships with Indian Health Services
- Physician recruitment
- Nursing and ancillary staffing retention
- Updating and standardizing the aging enterprise IT Infrastructure with Lawson Financial Systems and Cerner Clinical Systems purchased by NAH

“Perot Systems helps us keep our finger on the pulse of rapidly changing technology and continually creates innovative solutions for our doctors and patients. The end result means better, safer, and timelier patient care for our community.”

— Jim Puffenberger  
President and CEO  
Northern Arizona  
Healthcare

While all the issues were important, leadership realized that the implementation of the purchased IT Systems and the resulting improvement of the information environment was a critical enabler to all operational goals. Because the IT solutions were critical, NAH began to seek IT consultants and vendors to gain outside help. It was not long before NAH’s executives realized that they simply did not have the depth and skill sets to implement the clinical and financial systems selected. As a result, leadership in NAH decided to outsource its IT services in order to:

- Ensure key project completion
- Provide predictable cost
- Implement a strategic vision
- Improve overall service quality
- Access to a strong resource pool
- Recruit and retain personnel
- Provide career paths for IS employees
- Share risk

In 2002, the search for an outsourcing partner started with the same vendor that helped the health system evaluate and select the Cerner and Lawson systems that were to be installed across the organization. However, NAH was exploring all options. In February of 2002, several executives from NAH and another major Arizona healthcare provider met at an executive financial conference, and by chance, they discussed how the health systems were in the process of similar financial and technical transformation initiatives. At the conference, NAH Leadership learned that Perot Systems was providing the other health system with both its IT implementation and IT outsourcing – and was making great strides in divesting certain facilities and implementing rigorous process changes throughout the organization.

Based on this reference, Perot Systems was invited to compete for the role of NAH’s IT implementation services provider, and in November 2002, Perot Systems and NAH executed a long-term IT outsourcing contract. Perot Systems now manages all of NAH’s information technology and is responsible for the implementation of Cerner clinical and Lawson financial systems across the entire health system.

Over time, Perot Systems’ relationship with NAH grew, and today, Perot Systems supports the clinical, financial, and Health Information Management (HIM) departments through technology and process improvement initiatives.

## IT Outsourcing Goals

NAH wanted to create an environment where more than 100 systems seamlessly worked together. More importantly, they wanted to streamline the health system's operations with advanced clinical and financial applications to improve care management and administrative processes across the organization. This effort called for a new approach and implementation plan for redesigning patient care in support of the hospitals' business processes.

Streamlining hospital information would help NAH achieve certain strategic objectives, such as retaining clinicians, maximizing efficiencies, and offering state-of-the-art services and facilities.

Specifically, NAH selected Perot Systems to help:

- Implement an enterprise-wide clinical and administrative
- information system that could then be deployed to all facilities
- Develop services and provide state-of-the-art facilities to meet
- the growing needs of its community
- Foster an organizational culture that acts as a magnet for
- recruiting and retaining highly qualified employees
- and physicians
- Position NAH as a leader in promoting health education, wellness,
- and prevention
- Provide direction and support to help its facilities fulfill
- their missions
- Allocate resources based upon what will provide the greatest
- long-term benefit for its communities
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The 10-year IT outsourcing agreement, which was finalized in November 2002, stipulated the following:

- IT operations would be located in Northern Arizona and Central Arizona
- Perot Systems provides both CIO and Account Manager services
- Perot Systems manages:
  - System performance to measured standards
  - Software application maintenance and enhancements
  - Infrastructure: network, help desk, desktop and computer operations, and service support
  - Vendor management
  - Strategic project support
  - Transition of NAH MIS employees
  - 24x7 help desk support

Perot Systems initiated a three-phased strategy for implementing a standard governance methodology. This approach addressed both operational support and implementation activities. Also, the approach assured optimization of the Cerner Millennium® Hospital Integration Suite, Lawson financial system, and advanced clinical documentation applications platforms.

### Clinical Solutions and Cerner Implementation

Perot Systems’ approach to NAH’s clinical issues began with a Business Process Redesign (BPR) methodology, which included a current and future state workflow analysis for departments, to support current and ongoing care transformation initiatives that would ultimately include a Computerized Patient Order Entry (CPOE) implementation. The methodology included Perot Systems’ Program Management Office (PMO), Project Management Methodology (PMM), and Clinical Care Redesign Methodology. The team used various tools, including:

- Business process re-engineering
- Workflow development tools using Visio
- Cerner tools

Perot Systems also developed interview tools, a workflow development dashboard to monitor progress, and workflow-based retraining and testing scenarios used during the implementation and process redesign phase of the project.

Prior to the Cerner implementation, integration of disparate IT systems at NAH was problematic. Multiple interfaces between disparate systems was creating a fragile and complex information environment where the same data was being stored in multiple locations, and little or no data was shared between healthcare facilities. The result was a labor-intensive IT environment that required manual interventions to insure patient data continuity across the NAH healthcare system. NAH’s goal was to implement a more integrated set of clinical systems to decrease maintenance costs, as well as provide physicians and clinicians with a singular clinical view of patient data at all NAH facilities. Perot Systems assisted NAH with this goal by both implementing an integrated Clinical Information System (CIS), as well as an Administrative Information System (AIS), while simultaneously helping to establish standardized clinical processes across the NAH facilities to maximize the effectiveness of the systems being installed.

The strategy was to provide a common structure using core clinical processes and perform system implementation of Cerner Millennium solution suite using Cerner’s Accelerated Solution Center process. Perot Systems’ approach was to start with Clinical Information Systems Planning, Clinical Process Redesign, Enterprise Model, and Rapid Design Sessions with the IT organizations and clinical representatives.

As the largest “big bang” implementation ever undertaken by either Perot Systems or Cerner Corporation on the Millennium Hospital Integration platform, there was no clear roadmap for how to effectively manage and implement the project scope. While many facets of the project were handled effectively, there were challenging areas of the project in which lessons were learned. Below are a few of those key areas, their impact on the project, and how they were effectively resolved:

- **Establish customer expectations early and often; ensure that customer expectations are aligned with the project scope.** User expectations are often set based on product demonstrations and site visits, while budget and time constraints usually dictate a less robust initial implementation. It is critical to communicate the phased approach and the scope of each phase to the project team and the user community, clearly articulating any limitations or out-of-scope capabilities. The scope definition should be frequently reviewed during the course of the project. Failure to set appropriate expectations results in dissatisfaction in the scope of the delivered product.
- **Engage customer leadership in project decision-making and change management.** In addition to providing timely project status reports and effective issue escalation, enlisting customer sponsor involvement in ongoing decision making helps establish ownership of the overall project outcome. Engaging them in the change request approval process facilitates acceptance of variances in project budget or schedule.
- **Establish a partnership with vendor representatives.** Invest the time early in the project to establish an effective relationship and appropriate work processes with the assigned vendor representatives, and work to create an environment where conflict resolution occurs outside of the presence of the client. This positive working relationship benefits all involved and contributes to successful project completion.
- **Business process evaluation and redesign must be completed prior to the start of application design and build.** If business processes are being defined simultaneously with application design and build, the opportunity to become disconnected and risk timely project completion is significant.



- **Avoid the “silo approach” to application design and build.** As an integrated solution, Cerner’s Millennium products share a core application build. Design decisions made about any application can impact the way another application functions. A continuous review of all design decisions must take place regularly to avoid application build rework or unanticipated testing results.
- **Develop and manage a consolidated project plan, identify dependencies, and hold teams accountable.** With any large scale implementation, it is difficult to keep everyone working toward the same end goal. A global understanding of the project plan and a regular review of task completion status enforces individual accountability while providing knowledge of any impact on dependent tasks.

### MPI Clean Up and Process Redesign

A major problem that exists among most health systems and provider organizations today is the problem of duplicate patient records, which is mostly due to the inconsistent, often manual, processes used throughout the healthcare industry to manage records. This issue tends to mushroom in size once a health system begins the process of automating processes and moving to Electronic Medical Records (EMR) or during accreditation reviews. Duplicate records in an automated environment can very quickly lead to patient safety issues and billing problems.

A key part of NAH’s clinical transformation included the clean-up of the health system’s Master Patient Indexes (MPIs). Pending the new integrated clinical systems implementation, Perot Systems’ team of 22 HIM specialists began by analyzing more than half a million database records electronically using a report/query tool provided by Cerner to determine integrity. Many of the records were old and needed to be cleaned, standardized, consolidated, and prepared for an Enterprise Master Patient Index (EMPI) merge upon implementation of the new Cerner system and a single patient database.

The challenge was to review 31,049 pairs of records that were identified as potential duplicates and create one patient with one electronic record. This required Perot Systems to work with each of the three NAH hospitals, which included community-based and physician practices.

The solution included implementing Perot Systems’ PMM and utilizing Perot Systems’ established group of medical record experts to provide knowledge transfer, implementation of leading best practices, and an MPI integrity assessment. Perot Systems also implemented EMPI maintenance procedures, which decreased time spent looking for medical records. Ultimately, after eight months of diligence, the EMPI team merged 25,478 confirmed duplicate paper and EMRs.

This extensive process established accountability for EMPI maintenance and made NAH acutely aware of the need to have an ongoing EMPI maintenance team. As a result, a small team of Perot Systems MPI specialists, which can fluctuate as needed, is being maintained at NAH with the goal of helping keep the health system operating with no more than 2%, or approximately 100, record duplicates per month.

Prior to the Cerner system migration, Perot Systems also provided training to increase the end user’s understanding of the EMPI and MPI, as well as implemented processes that enhanced departmental communications to make sure the NAH staff was fully ready for the changes that would occur with Cerner upload.

Today, this team is helping mitigate any issues that occurred as a result of the Cerner implementation by researching the source of record errors and working hand-in-hand with the administrative health system to clean up any backlog and ensure a smooth transition to the new system. The team also provides ongoing training in “Patient Search Methods” for all staff required to perform registration functions to further develop registrar skills needed to accurately search and decipher the patient database.

As a result of these efforts, NAH is seeing an acceleration in the health systems’ revenue cycle, due to bills being sent more efficiently.

### **Clinical Solution Achievements**

Perot Systems identified several process improvement opportunities at NAH. This included the implementation of a wireless network and network upgrades to T1; a workflow redesign for physicians and business office staff; and a full range of financial, administrative, and clinical applications throughout the health system to enhance patient care and safety. As a result of these initiatives, NAH has streamlined processes and made clinical documentation readily available to clinicians, which means immediate medical treatments and safer turnaround of patients.

The team also completed successful transitions of IT operations and services while maintaining continuity. On November 1, 2004, NAH converted 17 modules and 67 Cerner Millennium applications at three facilities, setting a record as the largest single-event conversion in the history of Cerner. The project was also described as one of the smoothest implementation events ever experienced by NAH or the Cerner team.

Solutions were implemented for the following departments:

- Enterprise Scheduling
- Enterprise Registration Management
- Enterprise Master Patient Index
- General Laboratory
- Microbiology
- Anatomic Pathology
- Pharmacy
- Emergency Department
- Surgery
- Clinical Repository
- Intensive Care
- Medical Records
- Transcription Management
- Clinical Orders
- Clinical Documentation
- Clinical Reporting
- Physician Inbox
- Radiology
- HIM
- ProFit Patient Accounting

Several system interfaces, device interfaces, and extracts are also included.

At this point, NAH has realized the following results from these clinical solution initiatives:

- Implemented a modified build process utilizing the Cerner Accelerated Solutions Center for the basic core design, but incorporated a more traditional build process where NAH's needs exceeded the scope of the Cerner approach
- Implemented redesign methodologies
- All core financials running with integration to patient and hospital financials systems

Other projected outcomes include:

- Completion of standardized systems and processes across the NAH facilities to help truly integrate systems and processes across the health system
- Planning for the next phase, which will include electronic Medication Administration Record (eMAR), Barcoding Point-of-Care technology, Order Sets/Care Plans, Blood Bank, and CVNet in preparation for CPOE
- Enhanced real-time access to clinical information
- Streamlined:
  - Order entry processes
  - Clinical documentation process
  - Medication administration process
  - Nursing assessment process
  - Admission process
- Refined registration and scheduling processes
- Integrated patient care and revenue cycle

The ultimate goal of these clinical transformation initiatives is to establish a fully functioning CPOE solution that is integral to the health system’s success. The projects listed above are foundational imperatives to delivering a CPOE solution that provides value to the clinician and drives usage.

### Revenue Cycle Outsourcing Solutions

Shortly after the IT outsourcing relationship with Perot Systems began, NAH’s Director of the Revenue Cycle Department communicated his intention to leave the NAH organization. The Director’s role was more critical than normal at the time since plans were made to integrate NAH’s existing Accounts Receivable (A/R) processes with the systemwide implementation of Cerner’s suite of clinical products.

The good news was NAH’s existing revenue cycle management performance indicators were above average and stable. In fact, their numbers showed a healthy organization:

- Gross A/R Days were at 64.6
- A/R aging greater than 90 days represented 37% of total A/R
- The facilities had 18.5 days gross revenue tied up in Discharged Not Final Billed (DNFB) and uncoded claims

As NAH’s leadership began the search for a solution for these issues, they had to consider the fact that even though the key revenue cycle management performance indicators were above average and stable, they were going to need help seamlessly converting the revenue cycle team to new financial and clinical systems. Because the overall goal was to integrate the processes, as well as the technology, NAH decided to outsource its revenue cycle process to Perot Systems, which included approximately 132 business office and patient access employees.

On February 1, 2004, NAH signed a nine-year business process solutions agreement with Perot Systems. As a result of this agreement, Perot Systems assumed responsibility for the entire business office staff that was responsible for billing functions associated with all NAH hospitals, including the entire Patient Access area (located at Flagstaff Medical Center, Verde Valley Medical Center Main, and Sedona Campuses), the Insurance Verification Unit, and the central business office.

The Perot Systems revenue cycle team was responsible for:

- NAH personnel transition and integration
- Operational direction
- Technology evaluation, recommendations, and implementation
- Central scheduling
- Insurance verification and benefits determination
- Registration, including In Patient, Out Patient, and Emergency Department
- Billing, rebilling, denial processing, and follow-up
- Cashiering, cash posting, and credit balance processing
- Collections, statements, letters, calls, and bad debt management
- Chargemaster review and recommendations
- Call-center activities, patient inquiries, and complaint resolution
- Ongoing reporting of metrics and operations progress
- Training and education on business functions and patient relations, including professional memberships and accreditation for transitioned staff

The following are four Performance Metrics that are measured by Perot Systems as part of the business office outsourcing:

- Cash as Percent of Gross Revenue
- Gross A/R Days Outstanding
- Bad Debt Write-offs Percent of Gross Revenues
- A/R Aging Percent Greater Than 90 Days

Currently, the RCO team is experiencing favorable trend lines.

The combination of Perot Systems’ revenue cycle process solutions with the existing IT outsourcing relationship at NAH is resulting in a new and unique model for hospital operations that delivers highly efficient and effective IT and administrative functions using bundled technology and best process practices approaches. This approach for NAH has helped the organization realize the following revenue cycle improvements:

- Reduced gross days revenue in A/R from 64.6 to 55.4 and 59.6 YTD
- Increased cash collections as percent of gross revenue from 45.4% to 47.5%
- Set new NAH records in July 2004 (\$25.4M) and August 2004 (\$25.9M), and June 2005 (\$25.882M) for cash collections
- Collected more than \$8.5 million incremental cash between February and September 2004 for NAH
- Reduced billed A/R over 90 days from 37% to 34.3%
- Attained aggressive cash collection goals within three months of enterprise-wide Cerner Implementation

It is important to once again point out these results were not expected by NAH. NAH considered their business office to be performing effectively prior to the Perot Systems RCO agreement. By implementing best practices and proven technical solutions to the business office environment, Perot Systems was able to increase NAH’s cash by more than 5% of net revenue in the first year. To put this in perspective, U.S. hospitals’ aggregate profit margin only reached 4.8% in 2003, up from 4.4% in 2002. Another way to understand the significance of the business office improvements is the increased revenue that resulted from the outsourcing almost mirrors the operating expenses of both the IT and business office services combined.

#### NAH Growth

Fiscal Year	Employees	Inpatient Discharges	Revenue (in millions)	Financials (Net Income)
2002	2,218	18,568	\$238M	\$13M
2003	2,264	14,070	\$205M	\$12M
2004	2,324	17,537	\$336M	\$20M

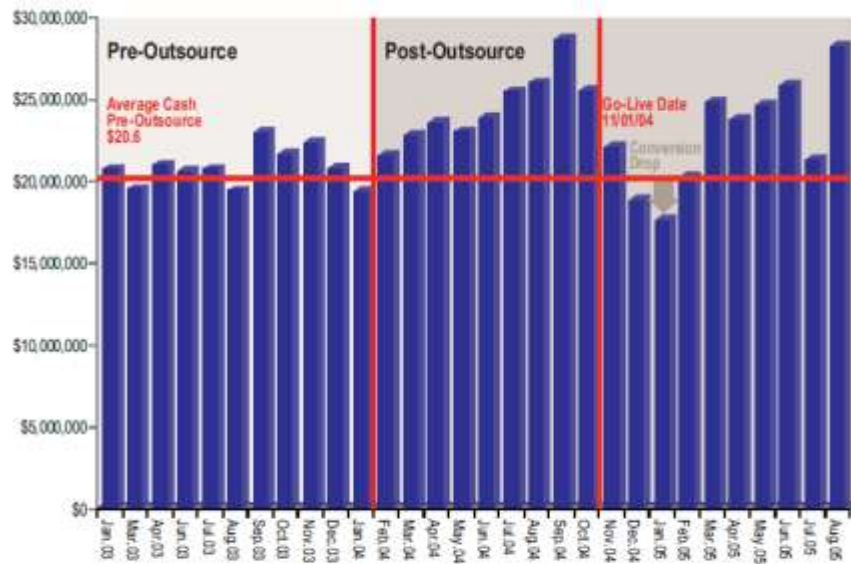
*This graphic illustrates NAH’s overall growth since the establishment of its relationship with Perot Systems.*

“Working with Perot Systems from an RCO perspective has given us the additional cash to continue expansion and funds for equipment and an IT patient accounting upgrade. Instead of having that money set aside for A/R, we now are able to reallocate it to innovations in IT.”

—Greg Kuzma  
Vice President and CFO  
Northern Arizona Healthcare

In addition to the improvements to the bottom line, Perot Systems was uniquely positioned to help NAH navigate a Cerner Millennium conversion. In 2002, NAH elected to move forward on a complete transformation that would convert the clinical and financial systems to the Cerner and Lawson platforms. Due to the close partnership of the IT and RCO components of the Perot Systems team, the RCO leadership was able to proactively plan ahead to mitigate the expected performance dips expected with a conversion of this magnitude. For example, the RCO brought in A/R project professionals to augment the business office staff before the Cerner system conversion to spike cash ahead of the conversion and provide additional emphasis on receivables when NAH needed them most.

Cash Results

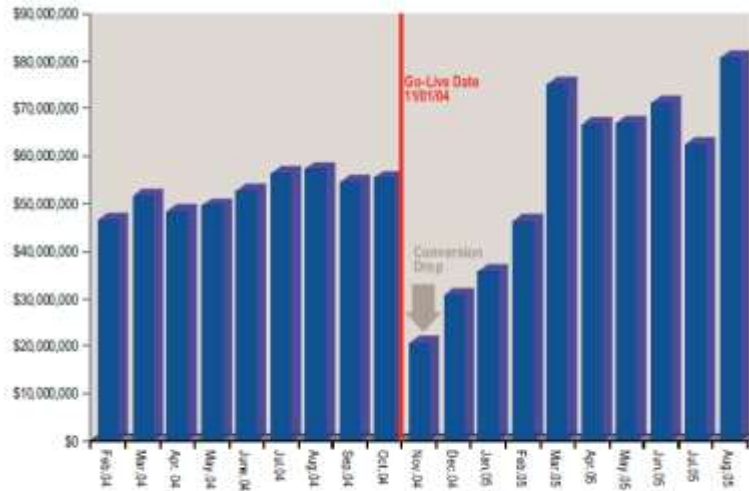


NAH attained aggressive cash collection goals before and after November 2004 clinical conversion to help pay for clinical transformation initiatives.

Because the Perot Systems IT team and RCO team worked in tandem, the time and extent of the cash collection drop was decreased dramatically. In fact, the RCO team enjoyed the ability to bill on day one after the conversion as a result of extraordinary collaborative planning among the teams.

Although the RCO team's cash collections numbers dipped, this conversion was not plagued by common industry performance problems that are endemic to a conversion of this size.

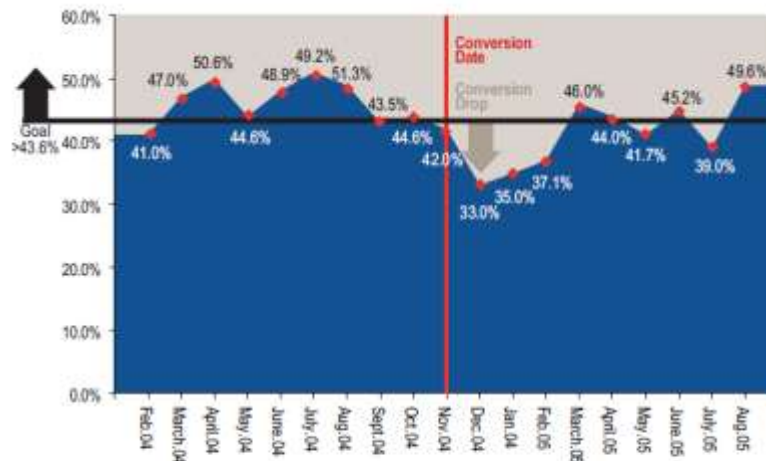
### Billing Status



*Perot Systems brought in A/R project professionals to augment the existing business office staff before the Cerner conversion.*

The following graph highlights the superior performance metrics that the RCO team was able to attain through October 2004, during the Cerner conversion. However, you will notice the subsequent pull-out in March 2005, which is once again exceeding performance goals.

### Incremental Cash



*In February 2004, Perot Systems took over the responsibility of NAH's revenue cycle processes. The team increased NAH's cash by more than 5% of net revenue in the first year to help fund the clinical transformation.*



Finally, it is important to point out that this was not accomplished by eliminating staff at NAH. NAH's business office and patient access employees that wished to do so were transferred to equivalent positions within Perot Systems and continue to work in the Flagstaff and Verde Valley areas.

### IT, Clinical Transformation, and Revenue Cycle Achievements

NAH is achieving enhanced patient care through the use of improved technology, which allows physician, nurses, clinicians, hospital administrators, and insurers better access to the information needed to operate more effectively.

In a little more than one year, NAH and Perot Systems have been able to:

- Incorporate a Perot Systems leader to act in the capacity as CIO of NAH
- Complete the successful transition of IT operations and service while maintaining continuity of service
- Improve end-user service satisfaction and service levels
- Begin the process of enhancing NAH's business offices to help sustain cost management and revenue cycle metrics improvements

Perot Systems worked side-by-side with Cerner to implement Cerner Millennium applications throughout the health system. On November 1, 2004, NAH converted 17 modules and 67 Cerner Millennium applications at three facilities, setting a record as the largest single-event conversion in the history of Cerner. The project was also described as one of the smoothest implementation events ever experienced by NAH or the Cerner team.

Perot Systems' worldwide IT capabilities and state-of-the-art technology center were leveraged to make clinical information more readily available to physicians, nurses, and administrators.

NAH now has computerized order entry, instant access to clinical results and historical information, and evidence-based guidelines to support clinical decision-making.

The MPI clean-up at each facility has enabled NAH to properly utilize their anticipated corporate-level EMPI, which links all visits and encounters throughout the NAH system. In addition, Perot Systems is implementing many of its HIM best practices and metrics to transform the Flagstaff Medical Center and Verde Valley's HIM departments. These projects are helping enhance NAH's ability to more efficiently serve its physicians, business office, patients, and other departments who are dependent upon health information data from the medical record.

The combination of Perot Systems' revenue cycle process solutions with the existing IT outsourcing relationship at NAH is resulting in a new and unique model for hospital operations. The health system is now able to deliver highly efficient and effective IT and administrative functions using bundled technology and best practice approaches, and with the increased revenue resulting from the Business Office Outsourcing agreement, the hospital has even more resources to invest in IT tools that will achieve even greater clinical goals.

Greg Kuzma, NAH's CFO summed it up when he said, "Working with Perot Systems from an RCO perspective has given us the additional cash to continue expansion and funds for equipment and an IT patient accounting upgrade. Instead of having that money set aside for A/R, we now are able to reallocate it to innovations in IT." "My goal is to make continued investments in technology resources that will put us on the leading edge of IT," said Kuzma. Perot Systems will work hard to make sure NAH continues to achieve that vision.

***Kevin M. Fickenscher, M.D., is Chief Executive Officer for CREO Strategic Solutions, Washington, D.C. Contact him at [drkevin@creostrategicsolutions.com](mailto:drkevin@creostrategicsolutions.com)***

For more information about CREO Strategic Solutions answers for payers and providers, visit [www.creostrategicsolutions.com](http://www.creostrategicsolutions.com)

