members. He discovers that the group relies heavily on the whiteboard, with the requisite note-taker who attempts to copy the contents of the board every few minutes. The meetings include multiple verbal exchanges, printed handouts, and the personal, face-to-face interchanges. Furthermore, at the start of every meeting, the group leader has to bring those who couldn't attend the previous meeting up to speed by reviewing the ideas offered and decisions made in their absence. Because of the scheduling problems, it's rare to have every stakeholder in the meeting at once, and some issues have to be discussed privately, further adding to the communications and time overhead for those involved in the meeting.

The CKO floats the idea of a computer-based collaborative system to the group. The ideal system would provide real-time video, voice, an electronic whiteboard, and text interchange with every member of the group. It also would keep a record of the exchanges arranged by date and topic. The group members agree to consider the options at the next meeting.

In the interim, the CKO consults with the chief information officer (CIO) to identify three software packages that are compatible with the corporate intranet, the pharmaceutical firms' networks, and the corporate hardware, and presents the options to the group. After a lengthy discussion, the group picks a solution. It's another month before the software and hardware upgrades—including desktop digital cameras—are installed and six weeks more for everyone to go through training. The first few meetings are less than ideal for those who enjoy the face-to-face interaction, but for everyone else, the system is a significant time-saver. With the collaborative system in place, everyone in the brainstorming group can attend the virtual meetings. Furthermore, everyone with access privileges can read through and add to the discussion asynchronously.