



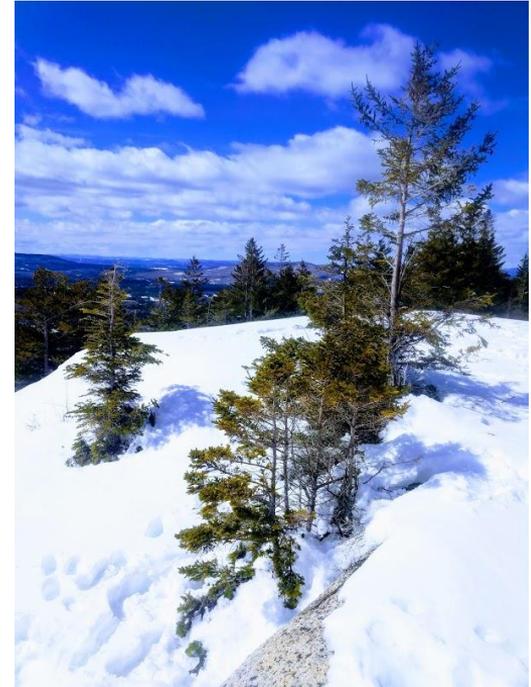
State of the Industry: Highlights from HIMSS U.S. Leadership/ Workforce and Compensation Surveys

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April 17, 2018





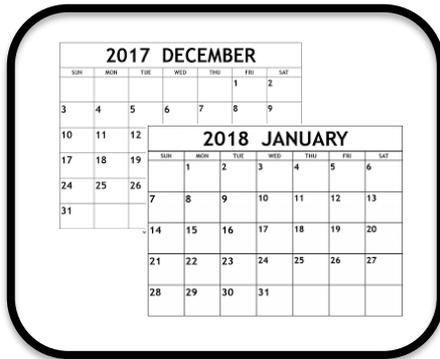
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Leadership/Workforce Survey

METHODOLOGY

Web Survey



Health IT Employers

Healthcare
Providers



Vendors/
Consultants



Hospitals LTPAC Ambulatory

DEMOGRAPHICS: Respondents



Hospitals
(81%)



Ambulatory
(6%)



LTPAC
(13%)



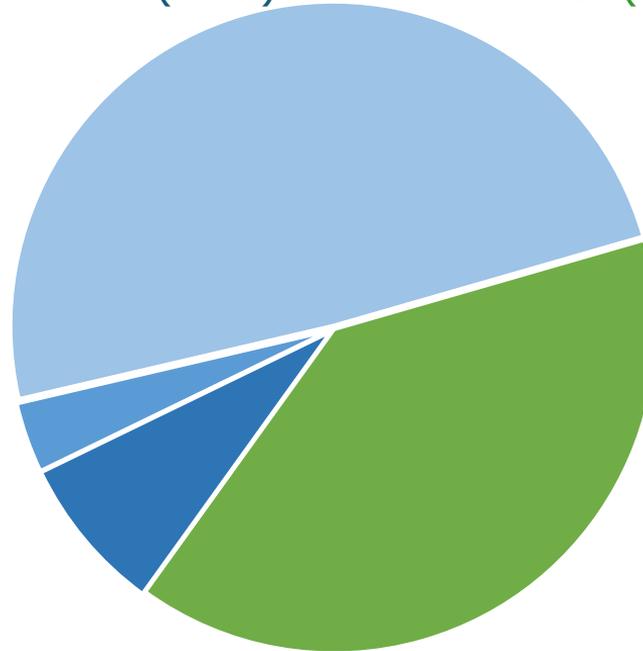
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Healthcare Providers

N = 224 (61%)

Vendors/Consultants

N = 145 (39%)



To what extent are the below issues a priority for your/your client's information and technology efforts in the next 12 months?

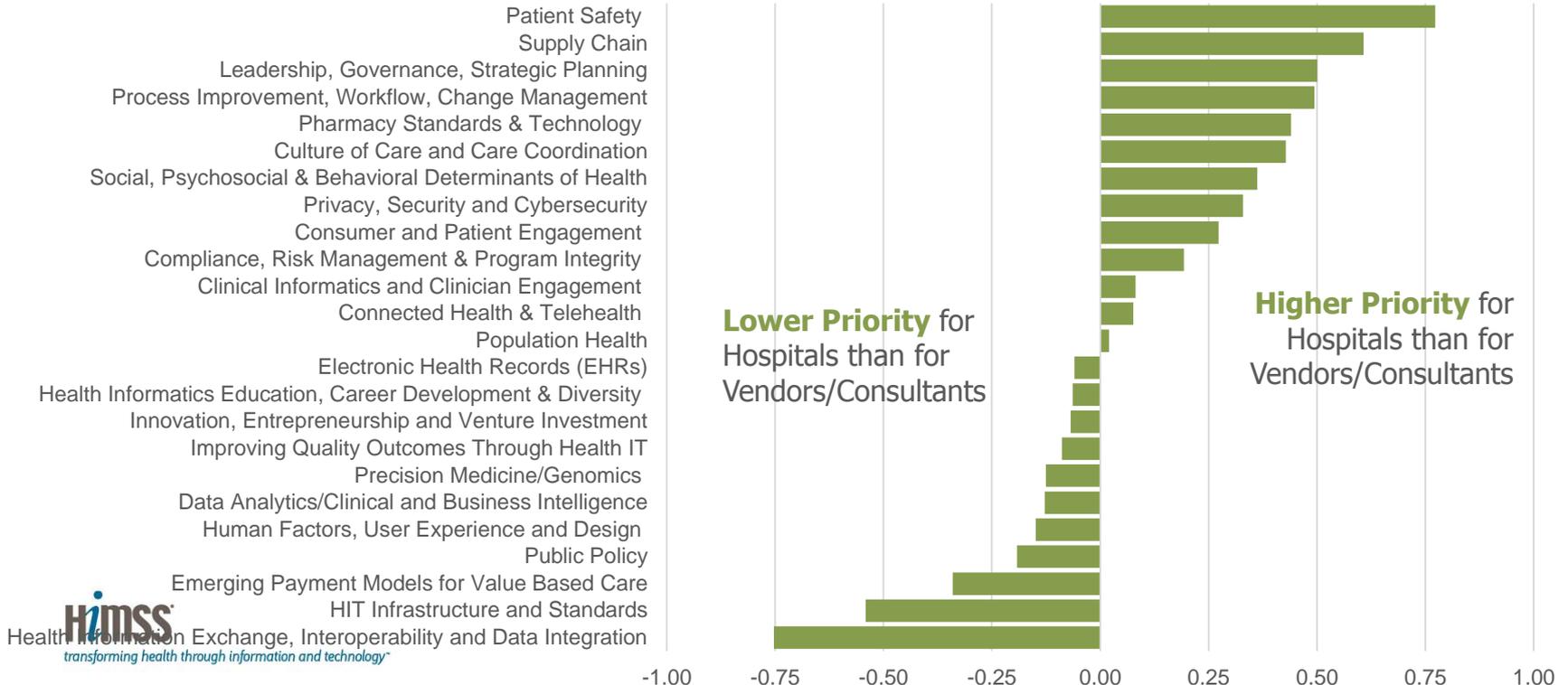
1 = “not a priority”; 7 = “essential priority”

Clinical Informatics and Clinician Engagement
Compliance, Risk Management & Program Integrity
Connected Health & Telehealth
Consumer and Patient Engagement
Culture of Care and Care Coordination
Data Analytics/Clinical and Business Intelligence
Electronic Health Records (EHRs)
Emerging Payment Models for Value Based Care
Health Informatics Education, Career Development & Diversity
Health Information Exchange, Interoperability and Data Integration
HIT Infrastructure and Standards
Human Factors, User Experience and Design

Improving Quality Outcomes Through Health IT
Innovation, Entrepreneurship and Venture Investment
Leadership, Governance, Strategic Planning
Patient Safety
Pharmacy Standards & Technology
Population Health
Precision Medicine/Genomics
Privacy, Security and Cybersecurity
Process Improvement, Workflow, Change Management
Public Policy
Social, Psychosocial & Behavioral Determinants of Health
Supply Chain

**Vendors/Consultants and Hospitals
continue to be generally aligned on
information and technology
priorities.**

Vendors/Consultants and Hospitals evaluate many information and technology priorities with the same degree of intensity



Vendors/Consultants and Hospitals differ remarkably on select information and technology priorities

	Healthcare Providers 	Vendors/Consultants 	Difference Δ
Patient Safety	6.07	5.30	0.77
Health Information Exchange, Interoperability and Data Integration	4.85	5.60	0.75
Supply Chain	4.16	3.56	0.61

The year-over-year top priorities for Hospitals remain fairly consistent...

Hospital Top Priorities (2017 – 2018)	2017	2018	Shift
Patient Safety	1	1	0
Privacy, Security and Cybersecurity	3	2	1
Process Improvement, Workflow, Change Management	7	3	4
Data Analytics/Clinical and Business Intelligence	9	4	5
Clinical Informatics and Clinician Engagement	5	5	0

...as they remained fairly consistent for Vendors/Consultants

Vendor/Consultant Top Priorities (2017 – 2018)	2017	2018	Shift
Data Analytics/Clinical and Business Intelligence	9	1	8
Health Information Exchange, Interoperability and Data Integration	5	2	3
Improving Quality Outcomes Through Health IT	2	3	-1
Privacy, Security and Cybersecurity	1	4	-3
Electronic Health Records (EHRs)	8	5	3

The market has a very different assessment of two information and technology priorities this year compared to last year

Culture of Care, Care Coordination and Population Health

Information and Technology Priority	2017 Priorities	2018 Priorities	Rank Order Shift
Culture of Care and Care Coordination (Hospitals)	4	10	-6
Population Health (Hospitals)	4	14	-10
Culture of Care and Care Coordination (Vendors/Consultants)	3	13	-10
Population Health (Vendors/Consultants)	3	14	-11

The downward prioritization of “*Culture of Care, Care Coordination and Population Health*” coincides with an increased prioritization of “*Data Analytics/Clinical and Business Intelligence*”

Clinical and Business Intelligence

Information and Technology Priority	2017 Priorities	2018 Priorities	Rank Order Shift
Data Analytics/Clinical and Business Intelligence (Hospitals)	9	4	5
Data Analytics/Clinical and Business Intelligence (Vendors/Consultants)	9	1	8

Information and technology executives appear to have an increased influence within hospital settings.

Hospitals employ an array of information and technology executives with whom vendors interact.

Which of the below executives does your organization employ/tend to interact with when servicing your clients?

Executive	Vendor - Interact	Hospital - Employ
Chief Information Officer	50%	87%
A senior clinical IT leader (e.g. CMIO, CNIO, CHIO)	49%	67%
A senior information security leader (e.g. CISO)	28%	42%
Chief Technology Officer	39%	36%
Chief Innovation Officer	21%	23%
Chief Transformation Officer	16%	12%

There are remarkable consistencies between vendors and hospital executives on the growing influence of select hospital executives.

How would you characterize the shift in influence of the following executive positions in your/ your client's organization during the past few years?

Executive	Vendor – Influence Increasing	Hospital Execs – Influence Increasing	Difference
Chief Information Officer	58%	60%	2%
A senior clinical IT leader (e.g. CMIO, CNIO, CHIO)	63%	63%	0%
A senior information security leader (e.g. CISO)	76%	70%	6%
Chief Technology Officer	50%	57%	7%
Chief Innovation Officer	72%	Low N	-
Chief Transformation Officer	64%	Low N	-

Vendors/Consultants present as more positive about the near future than hospital respondents.

Hospitals and Vendors/Consultants have different information and technology resource demand expectations for the coming year.

Please select the statement which best describes the projected change, if any, to your organization's IT operating budget/the volume of IT business your organization addresses during the next fiscal year.

2018	Hospitals	Vendors/Consultants	
Increase	24%	86%	
No Change	21%	8%	
Decrease	43%	1%	
Hospitals	2016	2017	2018
Increase	65%	57%	24%
No Change	21%	17%	21%
Decrease	7%	18%	43%

The employment opportunities for health information and technology workers are greater in Vendor/Consultant organizations than hospitals.

Compared to this time last year, has the total number of FTE IT staff positions (filled and open) in your organization changed?

How would you characterize your organization's current IT staffing profile?

Compared to this time next year, do you expect the total number of IT FTE staff positions (filled and open) in your organization to change?

Hospitals



	2017	2018	Projected
Increase	53%	37%	40%
Stay the same	17%	28%	30%
Decrease	17%	22%	16%

Vendors/ Consultants



	2017	2018	Projected
Increase	61%	67%	75%
Stay the same	17%	11%	8%
Decrease	15%	15%	3%

The negative impact of workforce challenges on commissioned IT projects for Vendors/Consultants is not as great as it is on Hospitals.

Did you scale back/ place on hold any projects or initiatives this past year because of any health IT staffing/workforce challenges faced by your organization?

Hospitals



2018

Negatively impacted

51%

Vendors/ Consultants



2018

33%

Compensation Survey

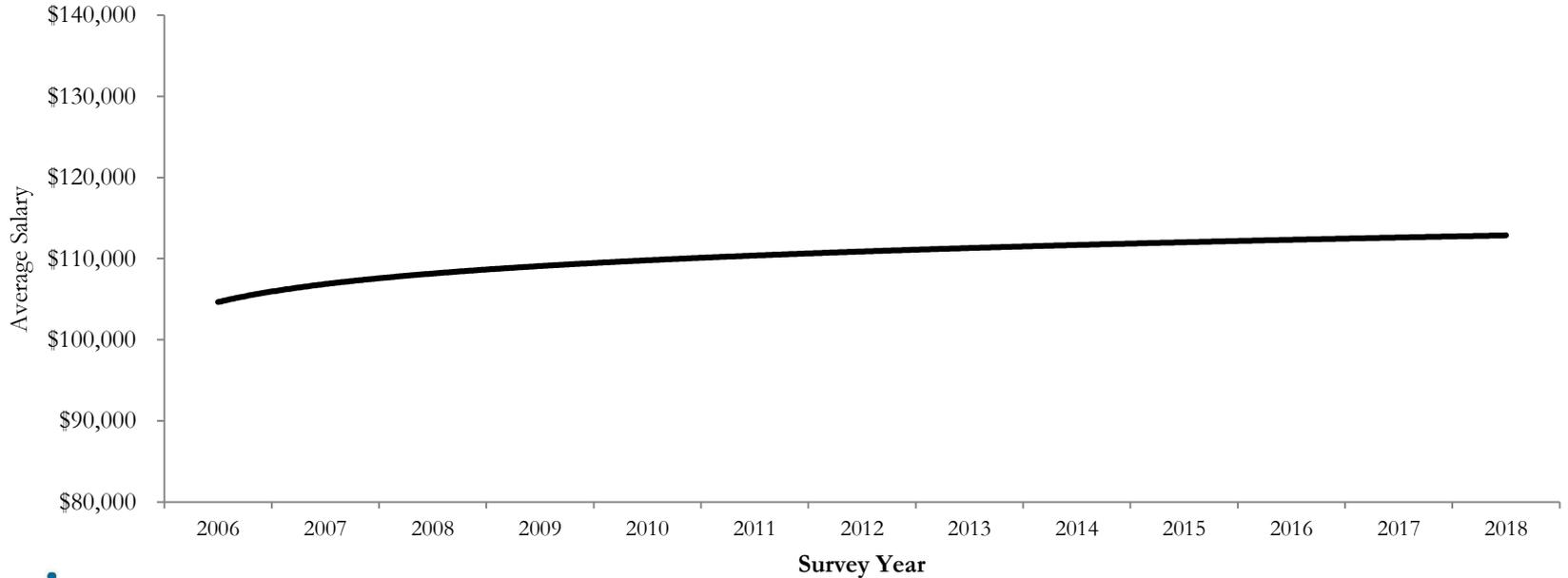


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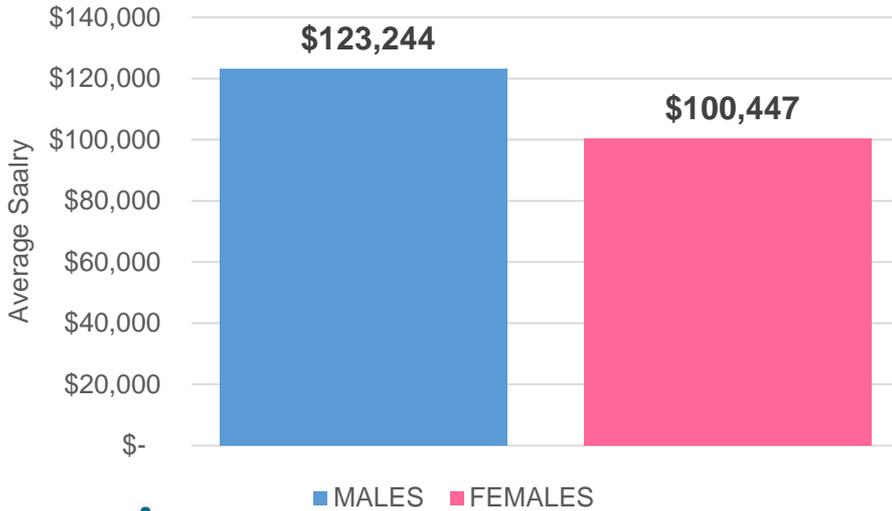
- **Global survey**
 - Responses from US, Canada, Europe, and Asia
 - Following findings based on US respondents
- **885 responses between November 2017 and January 2018**
 - involved in the direct management, development, or support of “health IT” in a provider organization
- **First year asking more for detailed demographic information (e.g. race)**

Findings are reflective of past HIMSS Compensation Studies

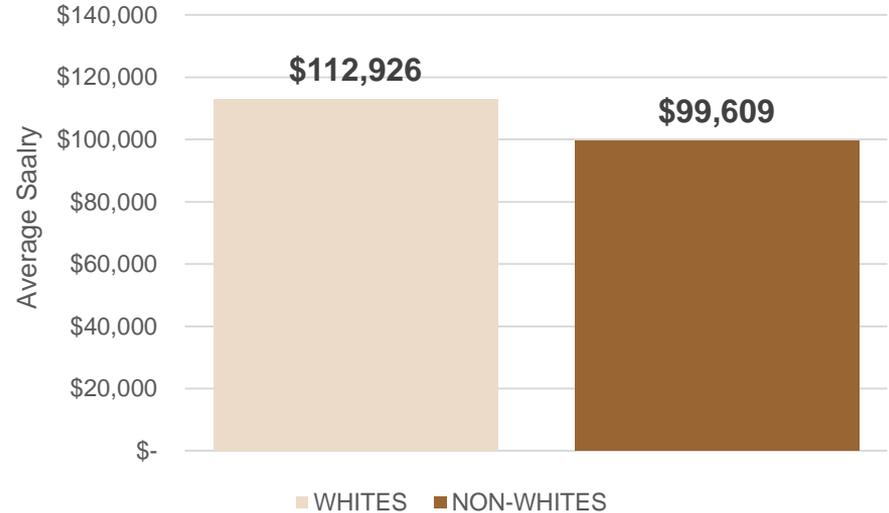


Compensation disparities exist amongst select population groups.

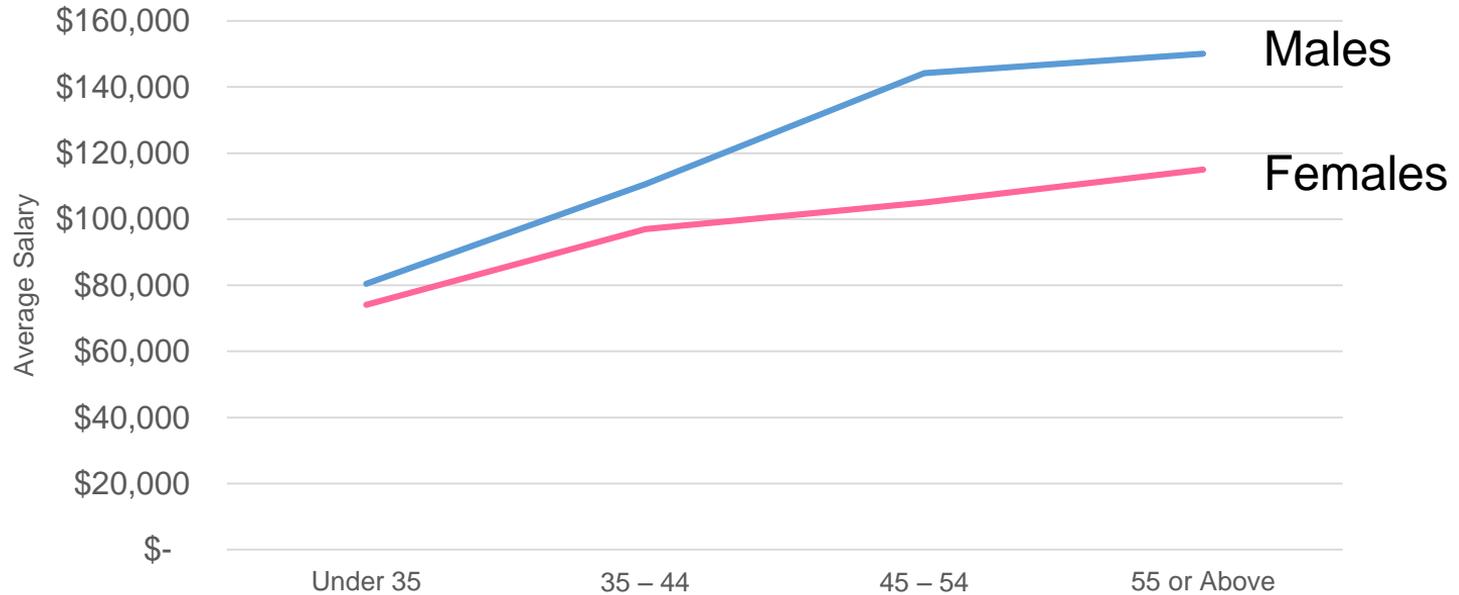
Gender



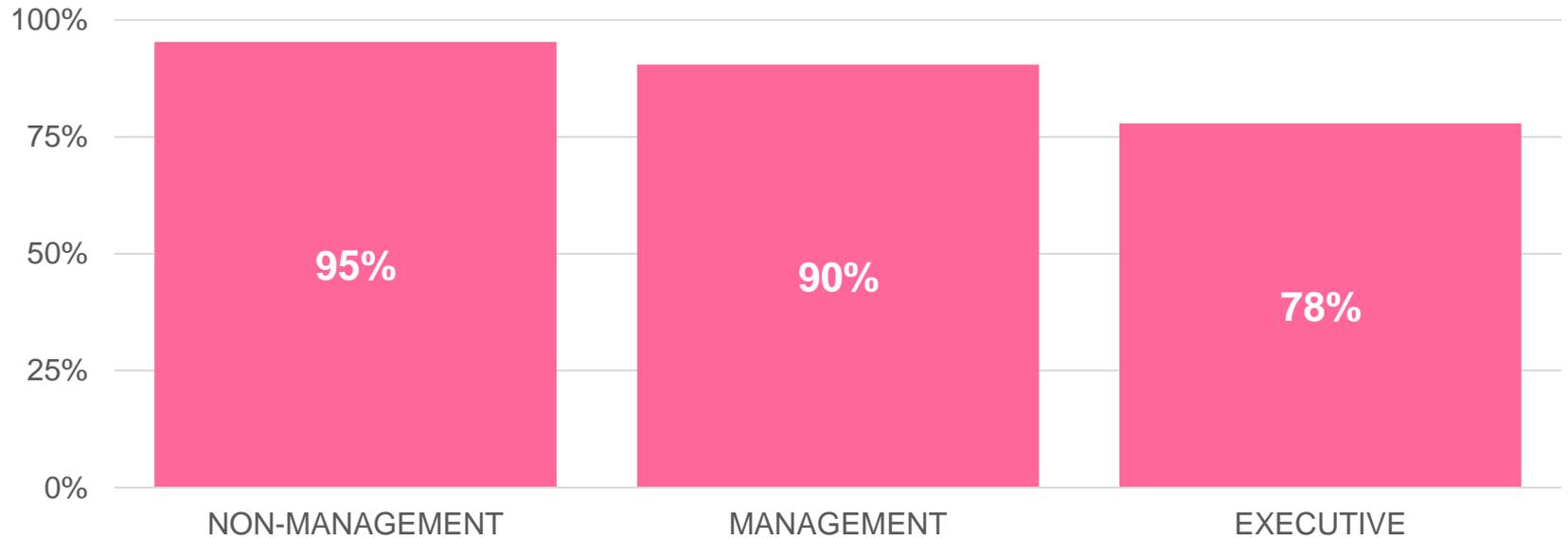
Race



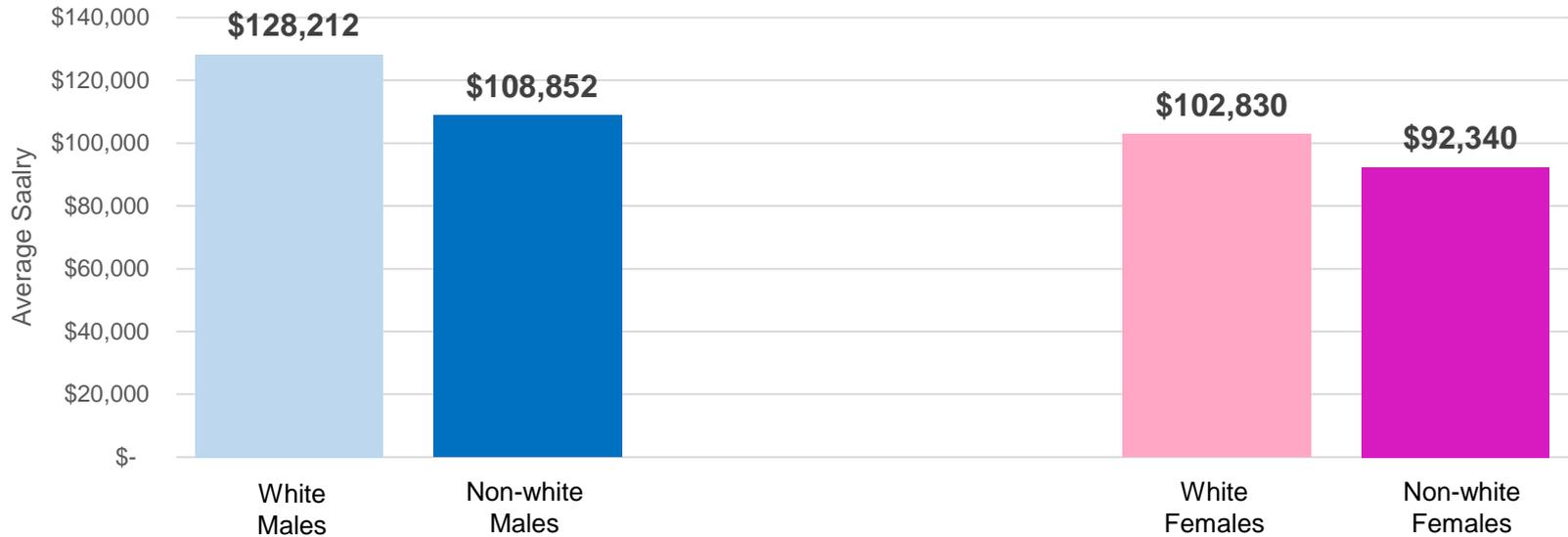
Gender Pay Gap: Age



Gender Pay Gap: Managerial Status



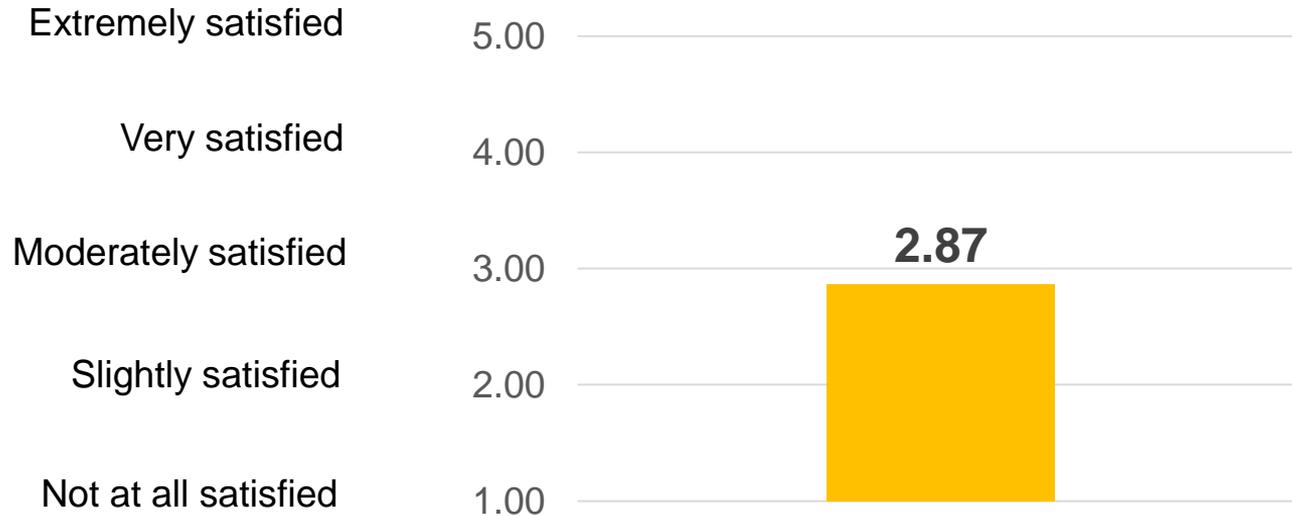
Racial Pay Gap: “Double Jeopardy”



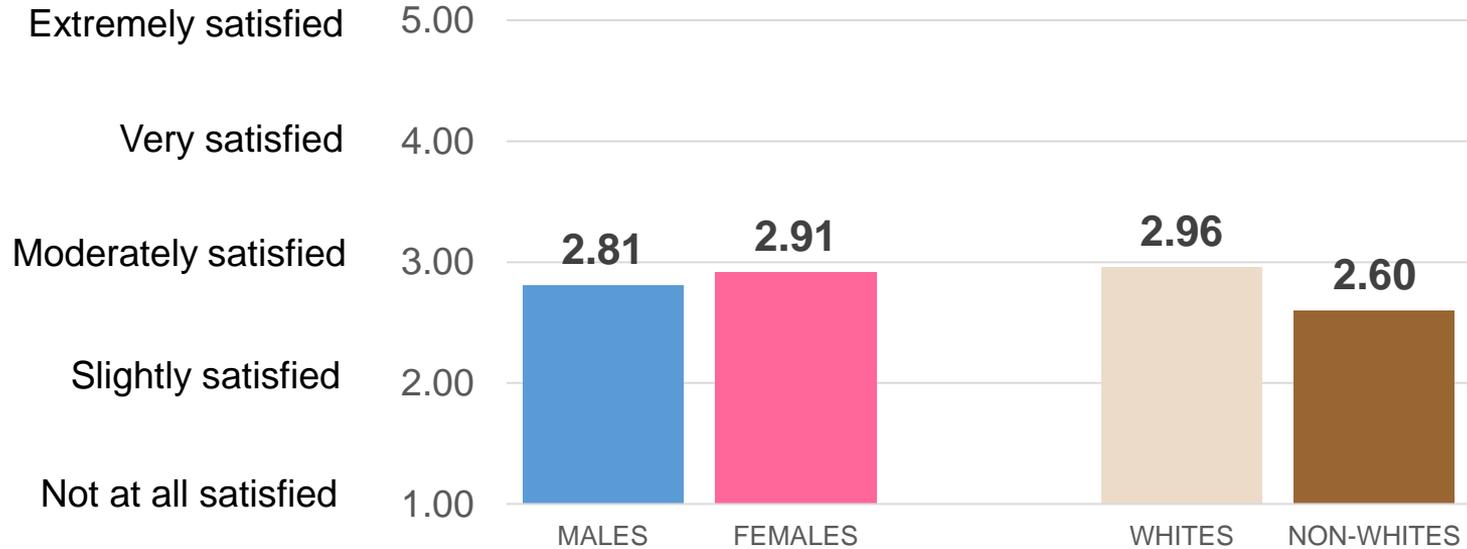
Health information and technology workers are moderately satisfied with their current base salary...

...The impact of pay disparities on salary satisfaction varies by audience.

Satisfaction w/ Compensation: Overall



Satisfaction w/ Compensation: By Audience



RECOMMENDATION 1:

Explore replicating select vendor compensation practices in other healthcare IT employers.

Vendor organizations in general present as one of the most attractive settings for health IT professionals, based on a number of metrics considered in this study

Top Factors	Vendor	Hospital	Non-Acute	Other Type of Organization
Average Salary	\$126,910	\$108,754	\$99,345	\$102,316
Satisfaction with Pay	3.03	2.88	2.69	2.70
Bonus – YES	78%	30%	36%	36%
Bonus 3% of salary or greater	84%	54%	46%	59%

RECOMMENDATION 2:

Explore factors impacting female satisfaction with salary.