

11th Annual AMDIS-Gartner Survey of CMIOs

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Today's Agenda

- Survey Objectives
- Key Trends
- The CMIO: Who Are You?
- Business and CMIO Priorities
- CMIO Compensation
- Challenges and Aspirations
- Reflections

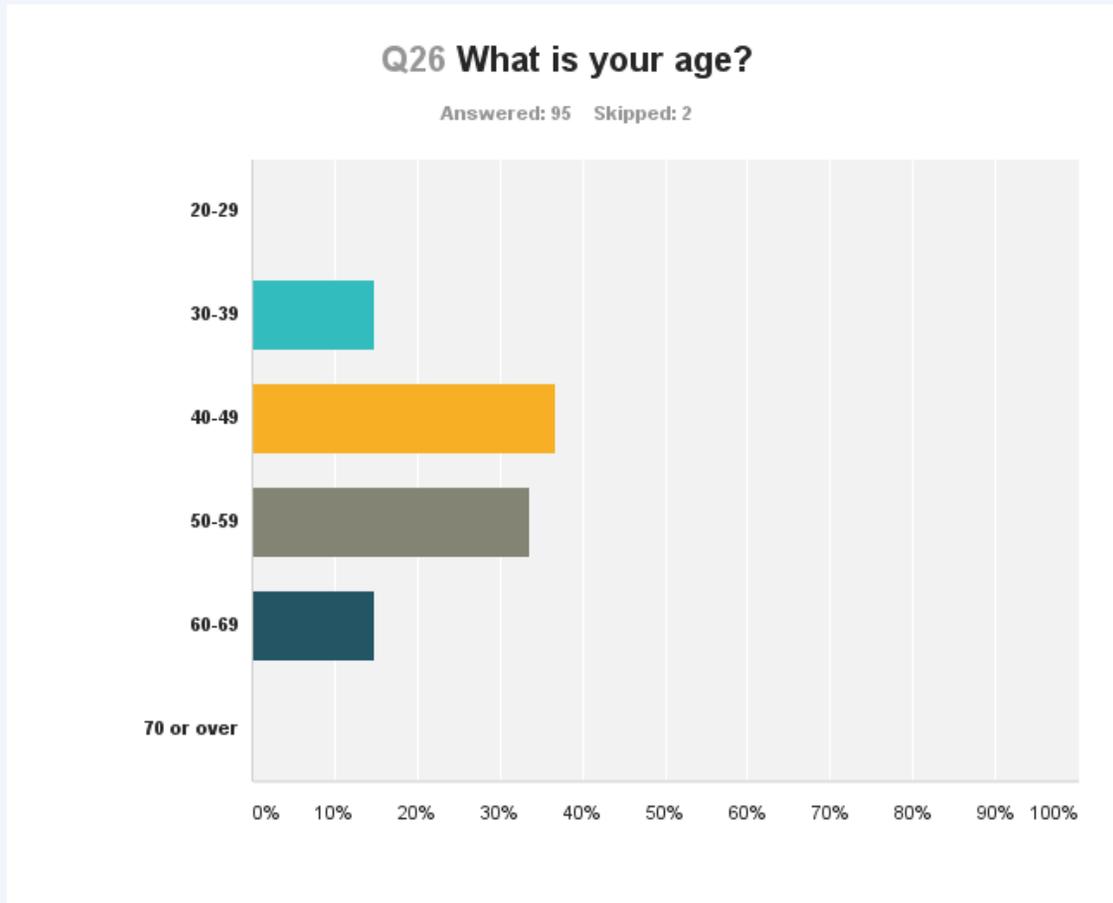
AMDIS-Gartner Study Purposes

- Inform CMIOs about current state, future directions and personal development in the profession
- Advise CXOs for planning, recruitment and optimal alignment and impact of IT and informatics staff
- Combine with other Gartner research to detect patterns for prediction and prescriptive advice
- CMIOs at more advanced organizations are predictive of important HC-IT trends

Profile of Survey Respondents

- 95 Respondents
 - Very dominantly US integrated delivery systems (that is, hospitals + physician practices)
 - Responsibility across the whole health system
 - 40%: Chief Medical Information Officers
20% Chief Medical Informatics Officers
3% are CIO/CMIO
3% have CHIO title
2% have VP Title
 - 15 are regional, deputy, or ambulatory-only CMIOs

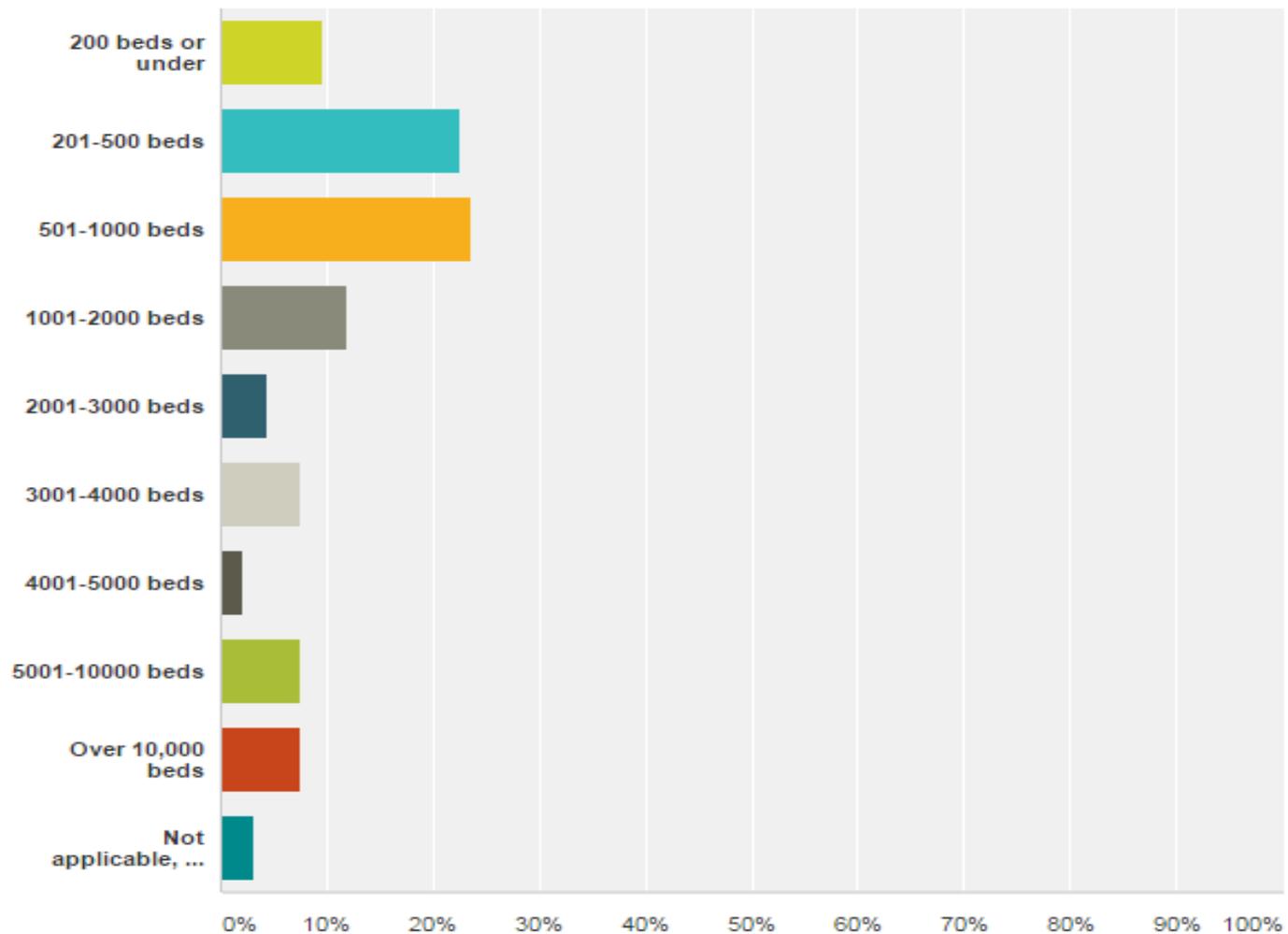
Respondents By Age



Integrated Delivery Systems, Increasing in Size, Dominate The CMIO Respondent Base

About how many acute care hospital beds are in your entire health system?

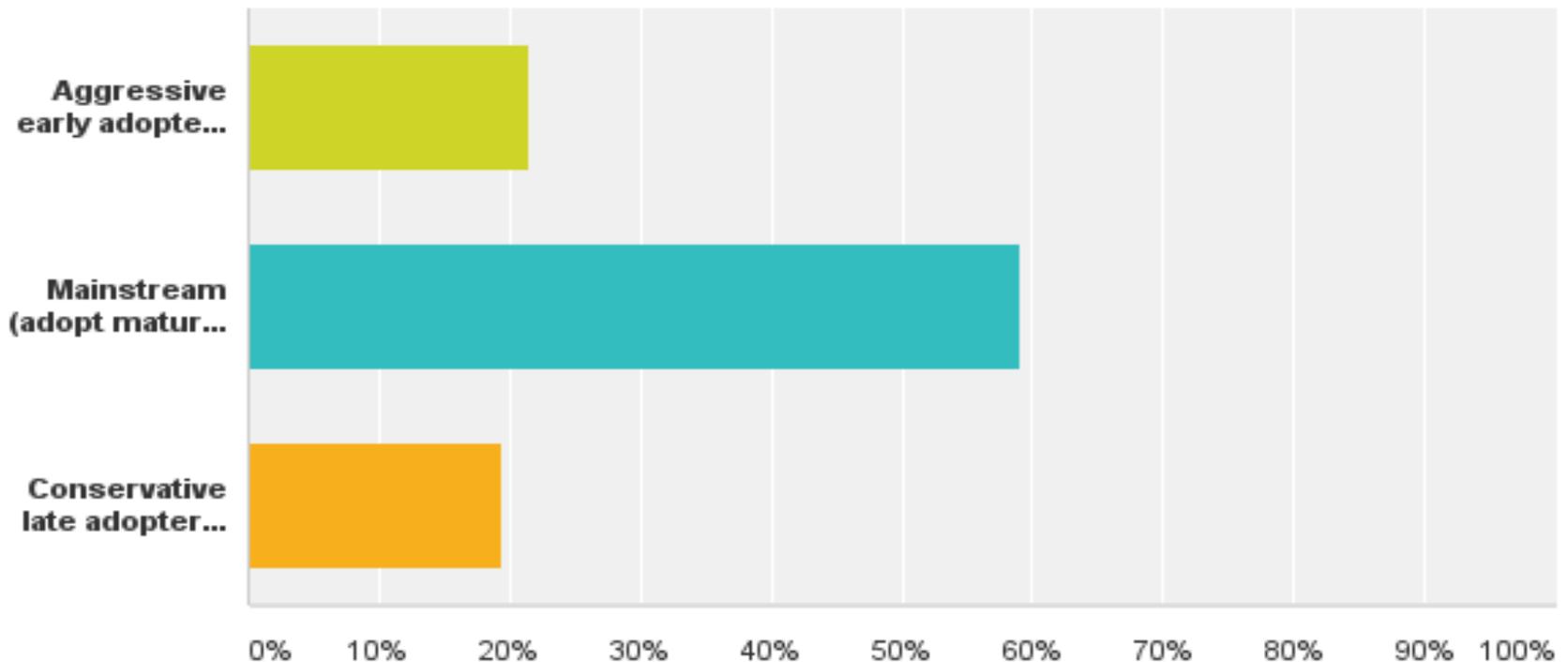
Answered: 93 Skipped: 2



Organization's IT Adoption Profile: Early (22%), Mainstream (59%), Late (19%)

Q14 In general, how would you characterize your healthcare delivery organization's approach to IT investments?

Answered: 93 Skipped: 4

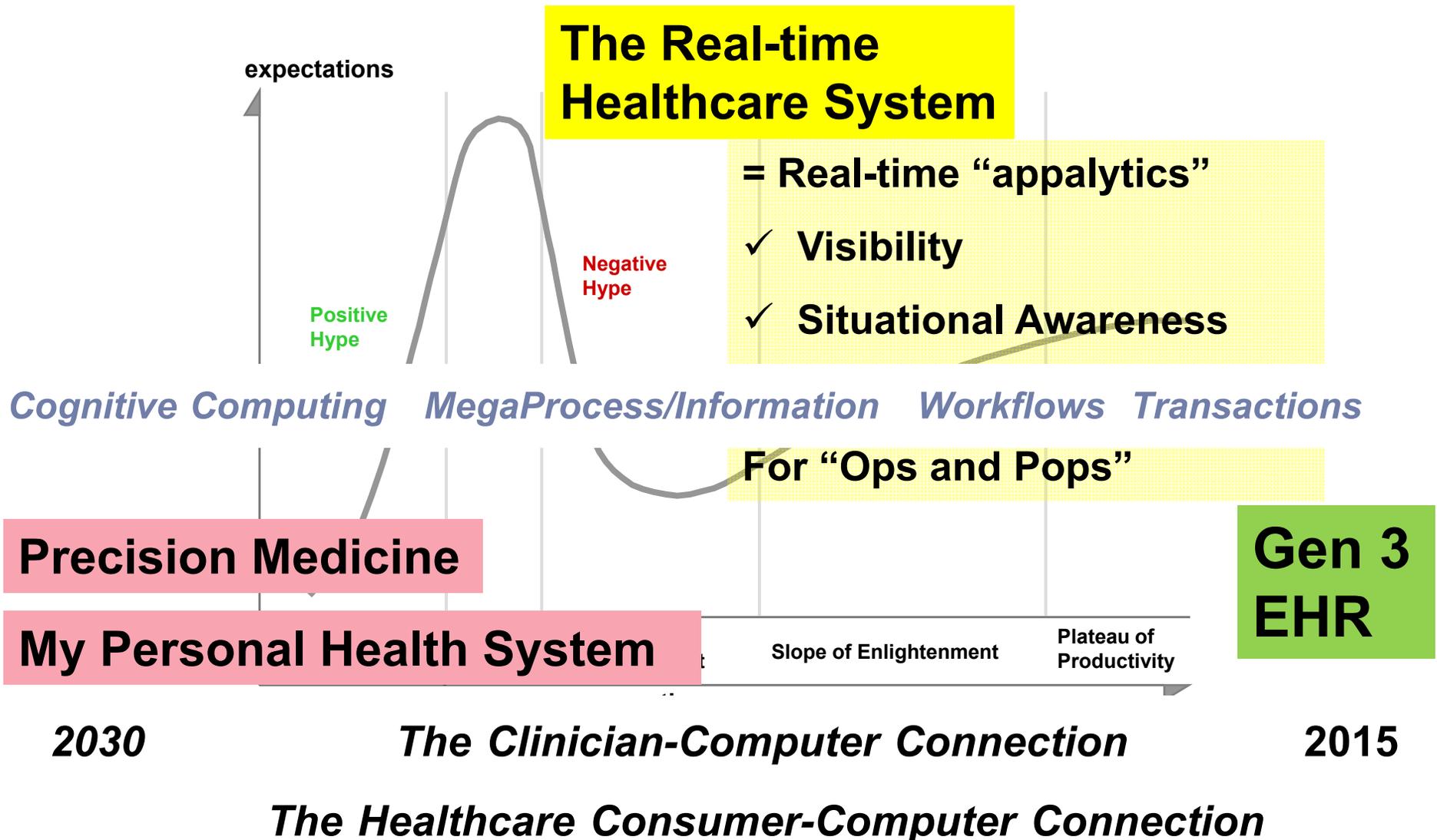


Key Trends and Observations

I shall be telling this with a sigh
Somewhere ages and ages hence:
Two roads diverged in a wood, and I—
I took the one less traveled by,
And that has made all the difference.

“The Road Not Taken”
Robert Frost, 1920

Where is Health IT Heading?



CMIOs

Who Are You?

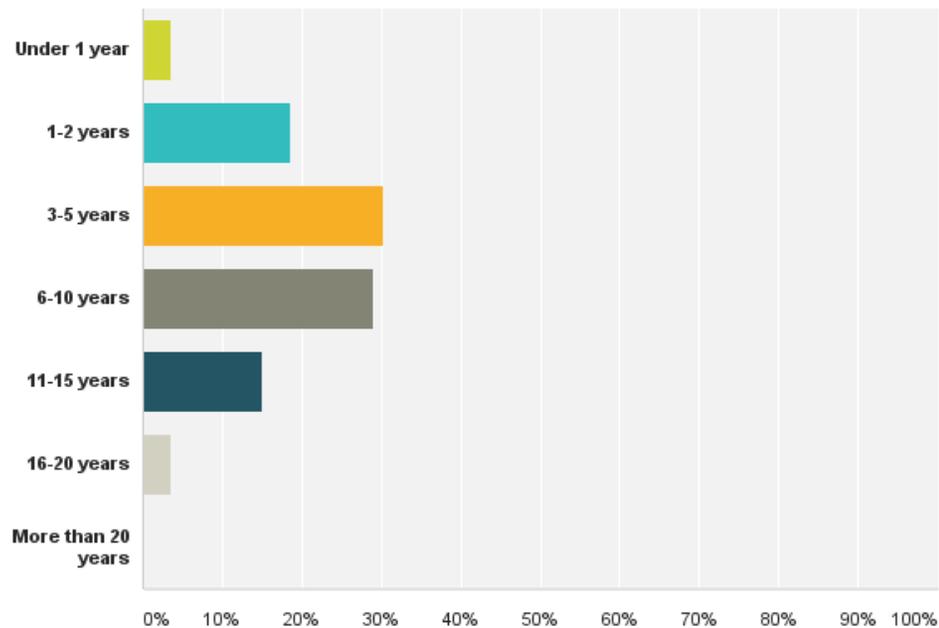
CMIOs Are Highly Educated and Experienced

- 68% still practice medicine, this and the % of time spent practicing has declined slightly again
- Most have some previous administrative or management experience
- Only 13% of CMIOs do not have additional Masters, PhD. and/or or some MI training such as AMIA 10X10
- **Clinical Informatics Sub-specialty is a “hit”**
 - **48% have received compared to 25% in 2014**
 - **20% are pursuing compared to 28% in 2014 (total “ interest” is 68% vs. 53% in 2014)**

CMIOs Have a Range of Tenures in the Role

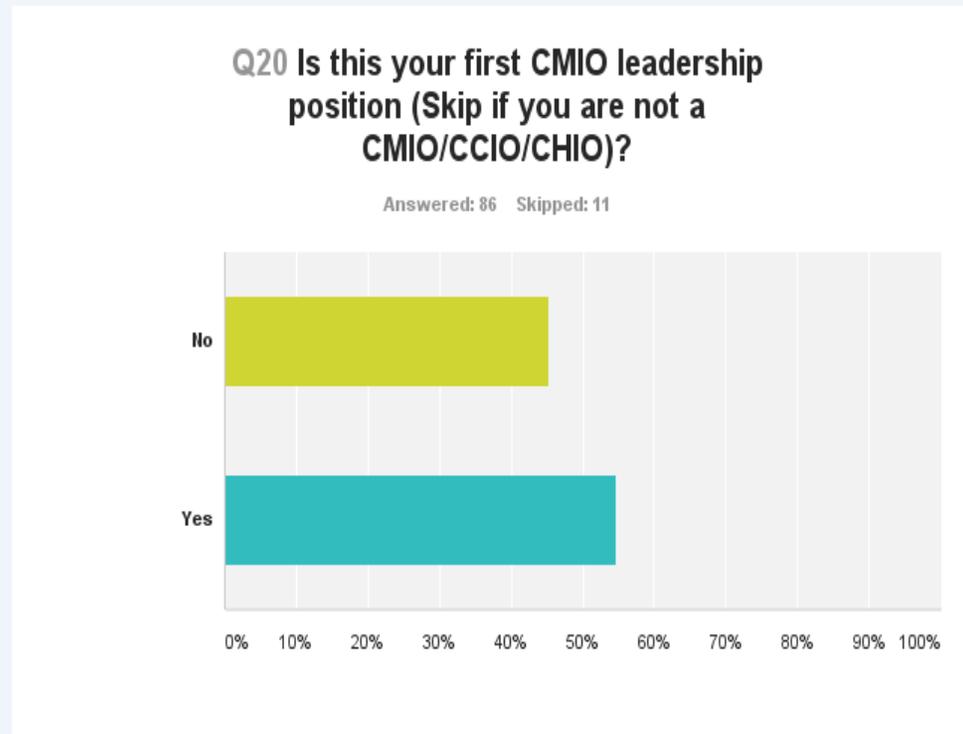
**Q24 How long have you been a CMIO in total across all positions you have held?
Skip if you are not a CMIO.**

Answered: 86 Skipped: 11

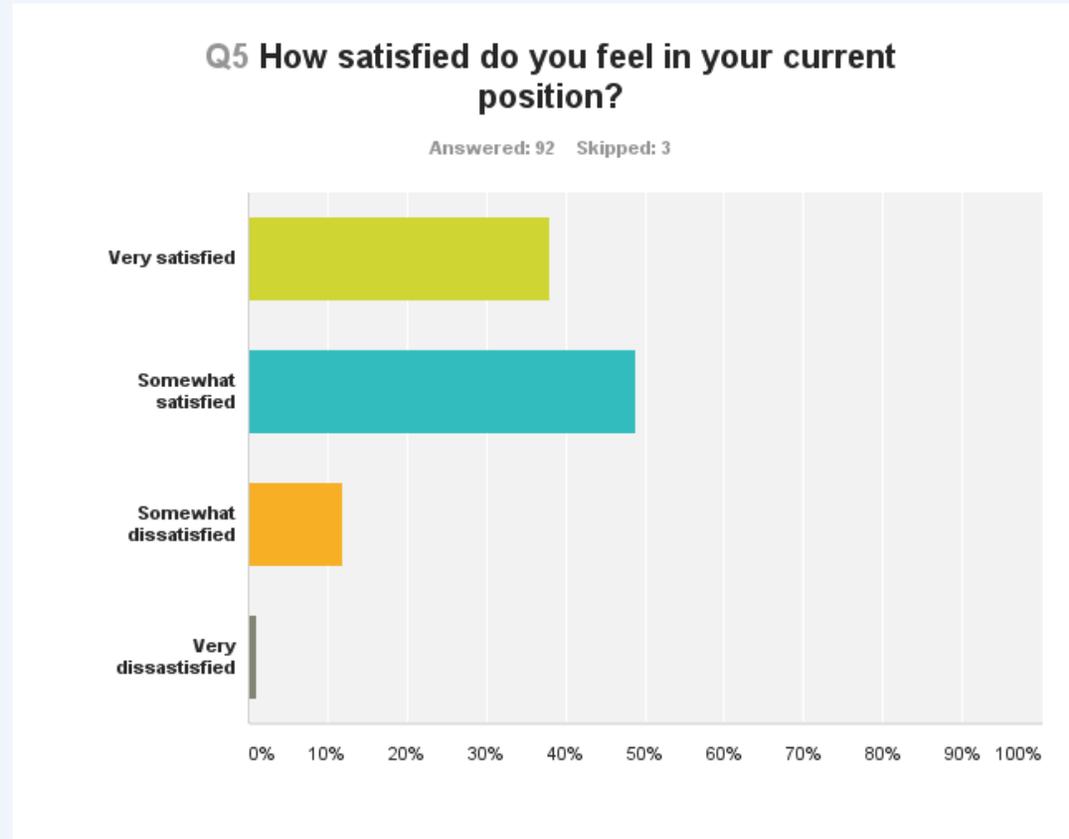


First CMIO Position? Just 54% in 2015

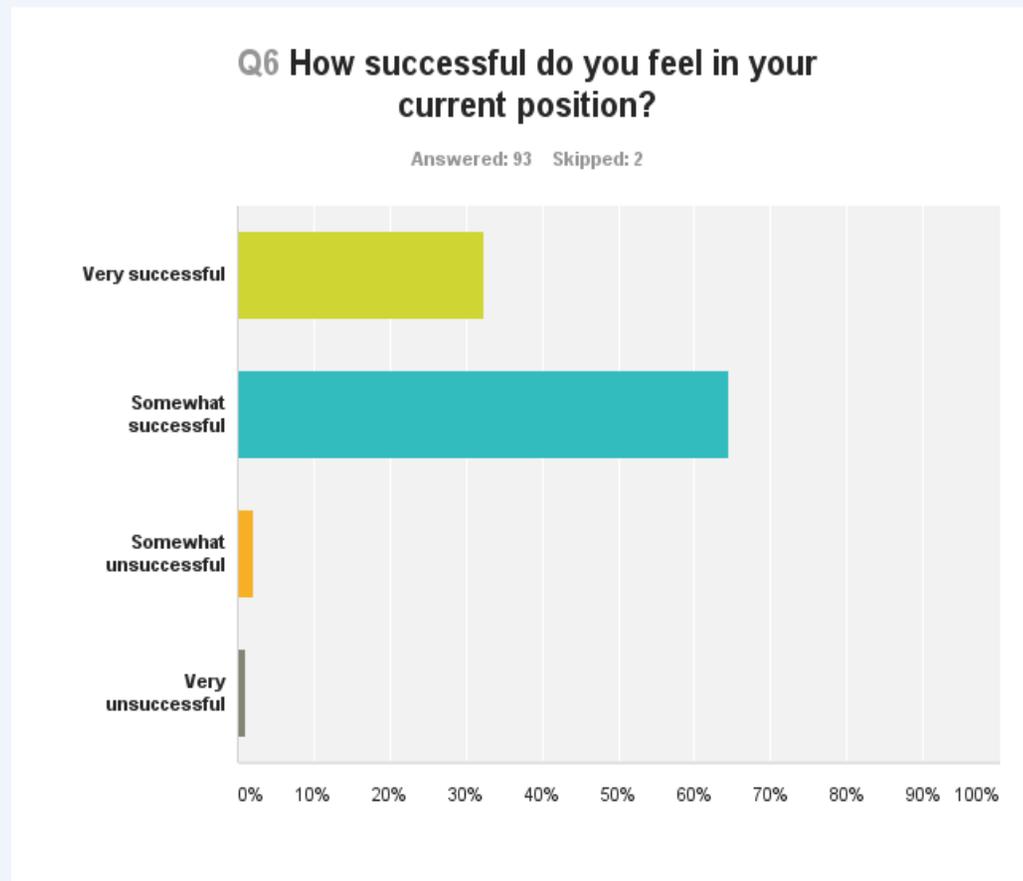
CMIO Moves Are More Frequent



Sense of Satisfaction and Success: Satisfied



Sense of Satisfaction and Success: Success



To Whom Do You Report?

2015 is the Year the Switch Has Flipped

Chief Medical Officer:	33%
CIO:	32%
CEO/COO:	17%
Dual CMO/CIO	9%
Other	9%

64% of you have people reporting to you.

Most teams <20 for “classic-role” CMIOs

To Whom Would You Recommend a CMIO Report?

Dual CMO/CIO	31%
CEO/COO:	29%
Chief Medical Officer:	29%
CIO:	11%

Of course, “it depends....” is appropriate

Where can the CMIO be successful?

Where can the CMIO best evolve?

Where can s/he best lead change and overcome obstacles?

CMIO Compensation

Compensation (US)

Mean total compensation (salary + any bonus) of “full-time” respondent CMIOs in 2015 is \$343,000

Mean total compensation in 2014 was \$326,000

Mean total compensation in 2013 was \$318,000

*Full-time is defined as 70%+ time in role and total compensation for CMIO and non-CMIO functions is included.

**Military/DoD personnel are excluded

CMIO Priorities & Challenges

Business Priorities

- Growth
- Operational Efficiency and Margin Improvement:
Especially acute care, priority service lines
- Population Health/ACO/Care
- Quality/Outcomes Improvement
- Patient Experience/Engagement Improvement

“How” Priorities

- M&A
- Clinically-Integrated Networks
- Health Plans

CMIO Priorities

- New/replacement EHR, stabilization, added functionality
- Optimization and Standardization (workflow, content, process, for quality and cost)
- Analytics, data warehouse, and related effort (e.g. data/information governance)
- Clinical Documentation Improvement, ICD-10
- Population Health Management/Tools

Organizational Challenges Confronting CMIOs

- Leadership alignment and commitment
- Many competing priorities
- Culture, physician alignment
- Money
- Clinicians disconnection with the health system as size and geographic spread increase
- Informatics resources/talent/skills shortages

Personal Challenges/Desired Areas of Development for CMIOs

- “Managing high level politics”; “Comfort with senior leadership”
- “Presentation of complex processes to decision makers”
- “Negotiating skills”; “Ability to persuade for change”
“Understanding of barriers to change/improvement for physicians”
- “Working effectively in a matrix reporting structure”
- “Learn everything about our EHR - become the SME”
- “More time to train IT-personnel in how healthcare professionals mentally-process data to diagnose
- “Understand analytics and data warehousing”
- “Greater understanding of care coordination software & population health analytics”
- “Improved ability to prioritize and allocate my time and focus”
- “Budget/Finance Process”; “Need to increase/improve business realm knowledge (finance, MBA-type knowledge)”
- “Improved technical understanding of IT systems”

Challenges for All Yield Adjustments to Plans and Priorities

- “Treadmill medicine, and the need to get out of it.”
- “Interested in helping us optimize our strategies and deliverables but the uncertain environment (and very mixed messages from payers, insurers and government) makes it hard to know where to focus.”
- “The attitudes of the staff I work with mean that I have to defend optimizing our current EMR and operations while we wait for the new EMR which we will be getting in the next 18 months.”
- “Creates more resistance from Administrative and Medical Leaders to pushing things ahead or, in some cases, even considering mandating things like CPOE. Not holding doctors accountable, as much as they should be, for bypassing or ignoring Clinical Decision Support.”
- “It has led to many revisions in role-out plans and subsequent delays in disseminating and implementing more efficient and effective clinical EHR supported tools.”
- These new attitudes are becoming increasingly pervasive and prohibiting the further understanding around the intent of using technology to improve the patient care experience.

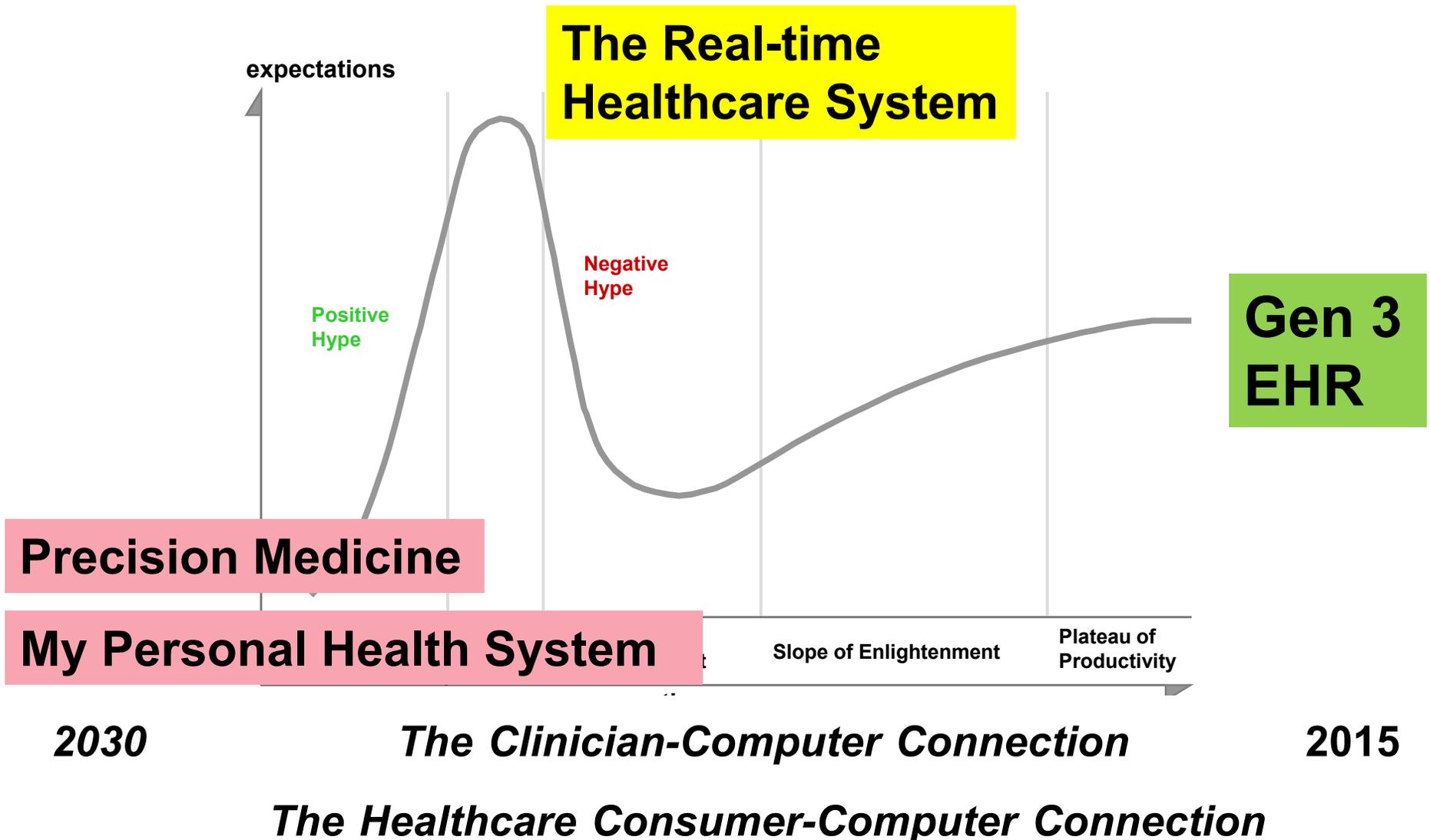
What Are CMIOs Doing About It?

- “Adjust, Adapt, and Accommodate.”
- “Being respectful of their limited time. Bringing high quality, easily understandable personalized data to the clinicians.”
- “We recently went live, so I think that our physicians are just looking to stabilize/optimize their workflows. They are also interested in being able to more effectively manage their patient panels.”
- “They are very skeptical. Looking for small but meaningful changes.”
- “The attitudes of the staff I work with mean that I have to defend optimizing our current EMR and operations while we wait for the new EMR which we will be getting in the next 18 months.”
- “Looking for any way to relieve burdens of documentation and computer use.”
- “Increase focus on ambulatory physician efficiency.”
- “I am consistently working to accommodate the spectrum of attitudes encountered, from trying to meet the demands of the early adopters, to figuring out how to communicate with those who don't read their email.”

Other Perspectives

- “We desperately need to get our payers to move to value based contracts and let us control our fate better. We especially need our payers and patients to value primary care better, before it becomes an unmitigated national health care disaster.
- “My job is to make it easier for them to deliver excellent care. What they think matters. Generally I feel the same way they do.”
- “Strategy is aggressive technology wise, but need to build the clinical governance to adopt.”
- “It makes change very difficult. Docs are more concerned about protecting their financials than clinical quality in many cases.”
- “They motivate me to improve the EHR. I see lots of opportunity for improvement and so am very optimistic that I can overcome their frustration and cynicism. Most of our providers feel that they have never had a voice and changes to clinical information systems were forced upon them without regard to their workflows or clinical practices. I am very cognizant of having all our providers have a voice and representation.”

What Do You Want Your Next Job To Be?



What Do You Want Your Next Job To Be?

- Stay CMIO here, but with expanded responsibilities (e.g. pop health, analytics, patient engagement): 35%
- Remain in this CMIO position long-term 13%
- Plan to remain in this position until retire 14%
- Become a CMIO elsewhere 15%
- CMO 4%
- Population Health Executive 4%
- CIO 3%
- Other 12%

Key Trends and Observations

Again the paths diverge to many
The “safer” paths I know I could
But take and make small steps aplenty
Compelled am I toward change times twenty
Still striving for the greatest good.

Vi, 2015