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

Q26 What is your age?

Answered: 95   Skipped: 2
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

- 200 beds or under
- 201-500 beds
- 501-1000 beds
- 1001-2000 beds
- 2001-3000 beds
- 3001-4000 beds
- 4001-5000 beds
- 5001-10000 beds
- Over 10,000 beds
- Not applicable, ...
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?

The Real-time Healthcare System

= Real-time “appalytics”
✓ Visibility
✓ Situational Awareness

Cognitive Computing  MegaProcess/Information  Workflows  Transactions

Precision Medicine
My Personal Health System

2030  The Clinician-Computer Connection  2015
The Healthcare Consumer-Computer Connection

Gen 3 EHR
2008: The Bridge

What three words come to mind when you think of the CMIO's job in 2008?

Source: AMDIS-Gartner CMIO Role Survey, 2008
2013: The Champion for Change
What three words come to mind when you think of the CMIO's job in 2013?

Source: AMDIS-Gartner CMIO Survey, 2013
2014: MU Overwhelms

What three words come to mind when you think of the CMIO's job in 2014?

Source: AMDIS-Gartner CMIO Survey, 2014
2015: Focus on The Work and The Value

What three words come to mind when you think of the CMIO's job in 2015?

Source:
AMDIS-Gartner CMIO Survey, 2015
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

- Under 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- More than 20 years

[Bar chart with percentages]
First CMIO Position? Just 54% in 2015
CMIO Moves Are More Frequent

Q20 Is this your first CMIO leadership position (Skip if you are not a CMIO/CCIO/CHIO)?

Answered: 86  Skipped: 11
Sense of Satisfaction and Success: Satisfied

Q5 How satisfied do you feel in your current position?

Answered: 92  Skipped: 3

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied
Sense of Satisfaction and Success: Success

Q6 How successful do you feel in your current position?

Answered: 33   Skipped: 2
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?

<table>
<thead>
<tr>
<th>Role</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Dual CMO/CIO</td>
<td>31%</td>
</tr>
<tr>
<td>CEO/COO:</td>
<td>29%</td>
</tr>
<tr>
<td>Chief Medical Officer:</td>
<td>29%</td>
</tr>
<tr>
<td>CIO:</td>
<td>11%</td>
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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”
2014: How would you characterize the general mood or attitude of the physicians you work with?
2015: How would you characterize the general mood or attitude of the physicians you work with?
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?

The Real-time Healthcare System

Precision Medicine
My Personal Health System

The Clinician-Computer Connection
The Healthcare Consumer-Computer Connection
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%
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