



20th Annual

2009 HIMSS Leadership Survey

APRIL 6, 2009

Healthcare CIO Final Report

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20th Annual HIMSS Leadership Survey

Final Report: Healthcare CIO

The 20th Annual HIMSS Leadership Survey reports the opinions of information technology (IT) professionals from healthcare provider organizations across the U.S. regarding the use of IT in their organizations. The study was designed to collect information about IT priorities, business issues that impact IT adoption, security concerns, IT staffing & budgeting and other crucial factors in the use of IT to enhance healthcare.

Data collected from other senior level executives at provider organizations will be released in the summer of 2009.

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1. Executive Summary

When asked to identify the single information technology (IT) priority at this time, half of respondents indicated that their organization would focus on clinical systems, according to the 304 healthcare IT professionals who participated in the 20th Annual HIMSS Leadership Survey. Within the clinical environment, respondents were most likely to report that their organization would focus either on ensuring that their organization has an electronic medical record (EMR) or installing a computerized provider order entry system (CPOE). Respondents are addressing these priorities with caution. More than half of respondents, who completed this survey before the American Recovery and Reinvestment Act (ARRA) was signed into law on February 17, 2009, indicated that financial considerations such as the demand for capital and finding new revenue sources would be *the* business issue that was likely to impact their organization over the next two years. In addition, while one-quarter of respondents noted that improving patient safety/quality of care was a key business objective at their organization, slightly more than one-quarter noted that the key business objective at their organization was to sustain financial viability.

Other key survey results include:

Financial support: Financial support for IT continues to be a barrier for healthcare IT professionals. Twenty-eight (28) percent of respondents noted that lack of adequate resources/lack of budget continues to be identified most frequently as the most significant barrier to a successfully implementing IT.

IT budgets: Half of respondents indicated that their 2009 IT budget would increase relative to their 2008 budget. This is a decline from the three-quarters of respondents who reported this to be the case in last year's survey. Three-quarters of respondents cited the current economic environment as the reason for a decline in their IT operating budget.

IT staffing: Approximately 42 percent of respondents indicated that their staffing levels would increase in the next 12 months. This is down from the two-thirds of respondents predicted that the number of FTEs in the IT departments would increase in the 2008 survey. Most of those reporting an increase state the increase will be small—less than a ten percent increase. The most critical staffing need is in the area of clinical application support.

Impact of IT on Patient Care: Respondents strongly believe that IT can have a positive impact on healthcare delivery, with 38 percent of respondents suggesting that IT will reduce medical errors. Another quarter noted that IT will improve clinical/quality outcomes.

Security concerns: Healthcare IT professionals identified an internal breach of security as their primary concern regarding the security of data at their organization. One-quarter of respondents indicated that their organization has experienced a security breach in the past year. The respondents identified single-sign on as the technology that will be most widely adopted at their organizations in the next two years.

IT governance: Nearly all respondents (84 percent) reported a strong level of integration between their organizations' strategic plan and the IT strategic plan. Nearly three-quarters (70 percent) of senior IT executives reported that the sit on the executive committee at their organization.

Health Information Exchanges (HIEs): Nearly one-third of respondents reported that their organization participates in an HIE. Nine percent of respondents reported that there is an HIE in their area that they are not participating in.

Role of Clinicians: Clinicians play an active role in multiple facets of IT at their organization, from system evaluations to acting as project champions to developing policies and procedures related to clinical information systems.

2. Methodology

A total of 304 valid responses were received for this year's web-based survey. Data was collected between February 1, 2009 and March 6, 2009. The survey respondents represent 250 unique healthcare organizations and nearly 700 hospitals throughout the United States. The average bed size of the hospitals in this survey is 519; the median bed size is 300.

3. Profile of Survey Respondents

Approximately 80 percent of survey respondents reported that they are a senior IT executive at their organizations. Specifically, 62 percent of respondents were corporate (system level) Chief Information Officers (CIOs); another 20 percent were facility-level CIOs. Another 10 percent of respondents were a department head and three percent are manager-level professionals. The remaining four percent of respondents are either senior staff or "other".

Ninety percent of respondents reported that they work for either a stand alone hospital (41 percent); a healthcare system (36 percent), or a hospital that is part of a multi-hospital system (13 percent). Other types of facilities represented in this report include outpatient locations, long-term care facilities, mental health/behavioral health and other types of healthcare organizations. This is comparable to the sample represented in previous surveys.

Respondents who worked for a hospital-based organization were asked to identify the type of hospital they work for. Approximately two-thirds (64 percent) indicated that their hospital environment can be characterized as a community hospital. Another 16 percent indicated that they worked for an academic medical center. Seven percent of respondents categorized their hospital as critical access and seven percent characterized their hospital as a general medical facility. Two percent of respondents work for a military/DoD/VA facility. The remaining four percent classified their organization as other.

Annual gross operating revenues for the provider organizations represented in this year's survey were:

- \$50 million or less—14 percent;
- \$51 million to \$200 million—24 percent;
- \$201 million to \$350 million—10 percent;
- \$351 million to \$500 million—10 percent;
- \$501 million to \$1 billion—17 percent;
- More than \$1 billion—17 percent; and
- Don't Know/Not Applicable—8 percent.

The majority of individuals responding to this year's survey represented the East North Central¹ region (19 percent). This is followed by the South Atlantic² and Pacific³ regions, at 15 and 13 percent respectively. The fewest respondents (five percent) were located in the Mountain⁴ region.

¹ Illinois, Indiana, Michigan, Ohio, Wisconsin

² Delaware, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia and Washington, D.C.

³ Alaska, California, Hawaii, Oregon, Washington

⁴ Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming

Figures:

Figure 1. Participant Profile—Title

Figure 2. Participant Profile—Facility Type

Figure 3. Participant Profile—Type of Hospital

Figure 4. Participant Profile—Revenue

Figure 5. Participant Profile—Region

4. IT Priorities

Half of healthcare IT professionals indicated that a focus on clinical systems will be their organizations' top IT priority in the next year, with a specific focus on EMR and CPOE technology. Respondents will address these issues in a climate in which half of respondents indicated that financial considerations such as demand for capital or finding new revenue sources will be the issue with the most impact on healthcare over the next two years.

Respondents were asked to identify the single IT priority at their organization in the next two years. Half indicated that their organization would focus on clinical systems. Another 18 percent of respondents indicated that their organization would focus on optimizing the effective use of currently installed systems. Eleven (11) percent noted that their organization would focus on ambulatory systems, including both practice management systems and electronic medical records (EMRs). Least likely to be identified as an IT priority were supply chain management and RCM solutions, both of which were selected by fewer than one percent of respondents.

This research clearly suggests that clinical systems will be a key focus for organizations over the next two years. Within the clinical environment, all respondents were asked to identify what their key focus would be, and nearly one-third of respondents (31 percent) indicated that the primary clinical focus at their organization would be to ensure that the organization has a full EMR. Another 17 percent of respondents indicated that their primary focus would be to ensure that their organization installed a computerized provider order entry (CPOE) system. Nine percent of respondents suggested that their organization would focus on their closed loop medication administration environment. Least likely to be identified were installing a clinical decision support (CDSS) environment for nurses and installing radiology PACS (RPACS). Each was identified by only two percent of respondents.

Even though the majority of respondents suggested that their organization would focus on clinical systems over the course of the next two years, this can't be done to the exclusion of other systems in their environment. As such, all respondents were asked to identify their priority with regard to the financial IT systems at their organization. Twenty percent of respondents indicated that they would focus on upgrading their patient billing system. Another 12 percent of respondents indicated that they would upgrade their patient access system, which includes registration and admission/discharge/transfer (ADT). Only three percent of respondents suggested that they would focus on implementing claims transactions directly with payers, so that this function could be done without clearinghouse support.

Respondents were asked to identify the single key business objective that their organization is trying to achieve in the next 12 months. Nearly one-third of respondents

(29 percent) indicated that they were trying to sustain financial viability/survival. Another quarter (24 percent) indicated a focus on improving patient safety/quality of care. Also selected by nearly one quarter of respondents (23 percent) was improving operational efficiencies and lowering operating costs via process re-engineering techniques. Identified least frequently was attracting qualified staff; this was selected by only one percent of respondents.

Given a list of options from which to choose the business issue that they felt would have the most impact on health care in the next two years, more than half of respondents (54 percent) indicated that financial considerations, such as demand for capital and finding new revenue sources was *the* business issue that would impact their organization. The only other option to be selected by a minimum of ten percent of respondents was consumer/patient financial considerations, which includes quality of care, patient satisfaction, and the demand for health services information by patients. Other options identified by at least five percent of respondents are noted below:

- Shifting Healthcare Landscape—includes increased competition from non-traditional healthcare sources and globalization of healthcare (eight percent);
- Healthcare Data Interoperability (seven percent);
- Health Information Exchange (six percent); and
- Governmental Issues—such as compliance with new regulations (six percent).

Only one percent of respondents selected concerns related to the privacy and security.

Figures:

Figure 6. Projected IT Priorities – Next Two Years

Figure 7. Primary Clinical IT Focus

Figure 8. Primary Financial IT Focus

Figure 9. Key Business Objective

Figure 10. Business Issue with Most Impact on Healthcare

5. IT Barriers

Lack of financial support/lack of budget continues to be reported as the most significant barrier to IT implementation.

Lack of adequate financial resources/lack of budget continues to be identified most frequently as the most significant barrier to a successful implementation of IT; it was selected by 28 percent of respondents. This is the ninth consecutive year that this issue has been selected as the top barrier.

The only other issues selected by at least ten percent of respondents were lack of staffing resources (15 percent) and vendors' inability to deliver products/services to satisfaction (10 percent). These two items were also identified as top three barriers in the previous year's survey.

Least frequently identified as a barrier to the successful implementation of IT were laws/regulations prohibiting technology sharing with referring providers and lack of effective project management. Each of these items was identified by only one percent of respondents.

Figures:

Figure 11. Most Significant Barriers to Implementing IT

6. IT and Patient Care

Nearly two-thirds of respondents believe that IT can have a positive impact on patient care, either by reducing medical errors or through an improvement in clinical/quality outcomes. This may be a result of the widespread role of clinicians with regard to such issues as systems evaluation and developing policies and procedures regarding use of IT systems.

Respondents were also asked to address the area in which IT could have the most impact on patient care. Over one-third (38 percent) indicated that reducing medical errors was the area in which IT can have the most impact. One-quarter of respondents indicated that IT would have the most impact on improving clinical/quality outcomes.

More than ten percent of respondents also indicated that IT can help organizations standardize clinical care (14 percent) or support clinical staff productivity (11 percent). Respondents were least likely to indicate that IT could have an impact in the following areas:

- Enabling Practitioners to Obtain Data Remotely—two percent;
- Accessing Information From Another Healthcare Organization—two percent; and
- Ensuring Data is Private and Secure—one percent.

In order for IT to have an impact on patient care, it would be ideal for clinicians to play a role in IT. Among survey respondents, clinicians are playing a role—95 percent of respondents noted that clinicians play some role in the IT process.

Most respondents (87 percent) reported that clinicians participate in IT system evaluations. A similarly high percent (82 percent) reported that clinicians act as project champions, taking the role of educating and leading other clinicians. Two-thirds of respondents indicated that clinicians are involved in the development of policies and procedures related to clinical information systems. More than half of respondents also indicated that clinicians play a role in the following areas:

- Involved in the Development and Implementation of Clinical Training—61 percent;
- Employing Hospitalists to Use Clinical Applications to Manage Patient Care—55 percent;
- Explore Innovative Ways to Use IT in the Clinical Arena—51 percent;
- Act as Business Project Leaders During Clinical Implementation—50 percent; and
- Employed by the IS Dept. to Support Existing Clinical Applications—50 percent.

Despite the fact that enabling practitioners to obtain data remotely is not considered an area that will have a high impact on patient care, many organizations are providing clinicians with this type of access. Nearly all respondents (95 percent) reported that their organization provides physicians with access to secure, on-line patient information from remote, non-hospital locations. Two-thirds reported that they give other clinical professionals (such as occupational therapists) access (66 percent). A similar percent reported that they give nurses this type of access (63 percent). Only 11 percent of respondents provide this type of secure, on-line access to patient information to patients.

Figures:

Figure 12. Patient Care Area that IT Can Most Impact

Figure 13. Role of Clinicians

Figure 14. Access to On-line Patient Information from Remote Location

7. IT Security

Healthcare IT professionals identified an internal breach of security as their primary concern regarding data security and one-quarter reported that their organization has experienced a security breach in the past year.

Nearly all respondents also reported that their organization actively assess and/or manage security risk; this was selected by 84 percent of respondents. Despite this, one-quarter of respondents reported that they had a security breach at their organization in the past 12 months. Fourteen percent reported that they had a security breach at their organization in the last six months. These numbers are consistent with those reported in 2008.

Very few respondents (three percent) reported that they do not have any concerns with regard to the security of electronic medical information at their organization.

An internal breach of security was the concern most frequently identified by respondents as the primary concern they had with regard to the security of electronic medical information; this was identified by 37 percent of respondent. This has been a top concern for respondent over the course of the past several years. Compliance with HIPAA security regulations/CMS security audits and inadequate funding/support for the security process were selected by 22 percent and 20 percent of respondents respectively. These were also top concerns identified in the 2008 survey.

Respondents do not believe that patients have a lack of confidence in the security of their information. This was selected as primary concern about the security of electronic medical information by only seven percent of respondents.

Eight percent of respondents indicated that inadequate security systems in place at their organization were a primary concern about the security of electronic medical information. This research tracked ten different technological security tools that respondents could identify as in place at their organization; it also provided respondents the opportunity to report other types of security technologies that they used in addition to those mentioned in the survey. On average, respondents said they have seven of these solutions implemented at their organization. Only five respondents indicated they currently have only a single technology in place at their organization.

Firewalls were most widely reported to be in use—99 percent of respondents reported that their organization has a firewall in place. Also widely used are user access controls (based on role or location) and audit logs of each access to patient health records. These were identified by 86 and 79 percent of respondents respectively.

Least frequently identified as security technologies currently in place at healthcare organizations at this time are public key infrastructure (PKI) and biometric technologies such as retinal scans or fingerprint technology. These technologies were identified by 22 and 18 percent of respondents, respectively.

With regard to the security technologies that would be used or implemented at their organizations in the next two years, approximately half of respondents reported plans to purchase single-sign on technology. Most of these purchases will be among individuals who plan to purchase this technology for the first time at their organization. At least one-third of respondents also plan to purchase the following technologies:

- Email Encryption—40 percent;
- Biometric Technologies—36 percent;
- Intrusion Prevention/Detection Service—36 percent; and
- Data Encryption—34 percent.

Figures:

Figure 15. Active Management of Security Risk

Figure 16. Security Breach

Figure 17. Top Concerns—Security of Computerized Medical Information

Figure 18. Security Technologies (Current Use)

Figure 19. Security Technologies (Future Use)

8. Electronic Medical Record

Approximately 40 percent of respondents noted that they have a fully operational EMR in at least one facility at their organization.

Respondents were asked to identify the current status of their EMR environment. For the purposes of this research, an EMR is defined as electronically originated and maintained clinical health information for patients, derived from multiple clinical application sources, about an individual's episode of healthcare at a care delivery organization. It contains all clinical orders and documentation related to a patient's treatment in electronic format. It is supported by clinical decision support systems and replaces the paper medical record as the primary source of patient information.

As defined, one-third of respondents indicated they have begun to install this technology in at least one facility in their organization. Another quarter of respondents indicated that they have a fully functional EMR at one facility in their organization; another 17 percent indicated that they have a fully operational EMR throughout their entire organization. Only five percent of respondents reported that their organization has not yet begun to plan for the utilization of an EMR, with another 15 percent indicating that their organization has developed a plan.

Figures:

Figure 20. Status of Electronic Medical Record (EMR) Implementation

9. Health Information Exchange (HIE)

Nearly one-third of respondents reported that their organization participates in an HIE. Another six percent of respondents said they participated in an HIE in the past, but this initiative failed.

For the purposes of this survey, a Health Information Exchange (HIE) is referred to as a group of organizations with a business stake in improving the quality, safety and efficiency of healthcare delivery. HIEs are the building blocks of the proposed

Nationwide Health Information Network (NHIN) initiative proposed by the Office of the National Coordinator for Health Information Technology – ONC. To build a nationwide network of interoperable health records, the effort must first develop at the local and state levels.

Two percent of respondents are not aware of what an HIE is. About 52 percent of respondents indicated that their organization has not yet begun to plan to participate in an HIE. This is comparable to results from last year's survey.

At 29 percent, the number of respondents that reported that their organization participates in a HIE also has not changed substantially in the past year. This number includes the two percent of respondents who reported that their organization participates in an HIE in their state because they are required to do so. Nine percent of respondents noted that there is an HIE in their area, but they have chosen not to participate in the HIE at this time. Six percent reported that they participated in an HIE in the past, but that HIE has failed.

Figures:

Figure 21. Health Information Exchange (HIE) Adoption

10. IT Governance

There appears to be a strong level of integration between IT strategies and overall organizational strategies. Nearly three-quarters of senior IT executives reported that they sit on their organization's executive team.

Respondents were asked to identify the level of integration that exists between their organization's strategic plan and their operating, clinical and capital plans. Nearly 90 percent of respondents (84 percent) indicated that there is a strong level of integration between IT strategies and overall organizational strategy. Specifically, 37 percent of respondents indicated that their IT strategic plan is a component of the organization's strategic plan. Another 47 percent of respondents indicated that the plans are integrated, but remain as separate plans. This is consistent with the 87 percent of respondent who reported this to be the case in the 2008 survey.

The remaining respondents indicated that their organization either does not have an IT strategic plan (nine percent) or that their IT strategic plan is not at all integrated with the broader organizational plan (six percent). Again, this is comparable to the data reported in the 2008 survey.

Among those respondents who indicated that their title was either corporate CIO or facility CIO, 70 percent reported that they sit on the executive committee of their organization. This represents a slight increase from last year's survey. In this survey, an executive committee is defined as the senior leadership team that drives the overall strategy and direction for the organization.

Individuals identifying themselves a senior IT executive were also asked to identify which responsibilities they assume on a regular basis as part of their job. The percent of respondents identifying each option is listed below.

- Support Business and Clinical Process Owners—90 percent;
- Enable the CEO/Executive Team to Improve Management Through IT—89 percent;

- Drive Value from IT Investments—89 percent;
- Managed the IS Department—88 percent;
- Contribute to Overall Business Strategy—85 percent; and
- Responsible for Process Change Management to Be Supported by IT—83 percent.

Figures:

Figure 22. Alignment of Organizational & IT Strategic Plan

Figure 23. Member of Organization's Executive Committee

Figure 24. CIO Responsibilities

11. IT Budget and Staff

While healthcare IT professionals were most likely to report that their IT budgets and staffing would increase in 2009, fewer respondents noted this trend than in previous years.

According to the 2008 HIMSS Analytics™ Database, IT departments in hospitals in the United States had an average of 24 IT FTEs (median six IT FTEs). Less than half of survey respondents indicated that they anticipate that they would increase the number of IT staff at their organization in the next 12 months. This is down from the 68 percent of respondents that predicted this would be the case in the 2008 survey. Furthermore, the increases that will likely be made to staff will be minor. More than one-quarter of respondents (28 percent) indicated that their staff would increase by less than ten percent. This can be compared to four percent of respondents who projected that their staff would increase by more than 20 percent.

Approximately 41 percent of respondents indicated that their staffing levels would not change in the next 12 months. Sixteen percent indicated that they expected their staffing level to decrease; however most of these respondents expected their staff to decrease by less than 10 percent. This is in comparison to last year when seven percent of respondents reported that the IT staff at their organization would decrease in the next 12 months.

Only nine percent of respondents reported that they did not have any staffing needs at their organization; this is similar to what was reported in the 2008 survey. Among the remaining respondents, 40 percent indicated that clinical application support was the area in which they had the most critical IT staffing needs. This is consistent with what respondents to the 2008 survey reported.

Nearly one-third of respondents (30 percent) reported that they have critical IT staffing needs in the area of process/workflow design. Other areas frequently identified as having critical IT staffing needs are network/architecture support (26 percent), systems integration (24 percent), clinical transformation (22 percent) and IT security (22 percent).

Five percent or fewer respondents reported having critical staffing needs in the below areas:

- Programming (five percent);
- IT Management (four percent); and
- Regulatory Issues (four percent).

Senior IT executives were also asked to identify which areas outside of the IT department they were responsible for. Nearly all of the senior IT executives surveyed (92 percent) reported that they are responsible for at least one IT area outside of the IT department. Most frequently identified was telecommunications, which was identified by 87 percent of respondents. Respondents were much less likely to report responsibility for other areas such as medical informatics (27 percent), health information management (22 percent), or biomedical/clinical engineering (15 percent). Ten percent of respondents also mentioned that they oversee other areas within their organization. Some of these areas include admissions, library services, physician security, management engineering and quality.

According to the 2008 HIMSS Analytics™ Database, US healthcare organizations spent an average of 2.27 percent of their total budget on IT. When compared to their IT budget in 2008, 55 percent reported that they expected their IT operating budget to increase in 2009. Furthermore, only 30 percent stated that this increase would be a definite increase; 25 percent characterized this increase as probable. This is down from the 78 percent of respondent who reported this to be the case in the 2008 survey.

Nearly 20 percent of respondents indicated that their IT operating budget would remain unchanged in 2009, when compared to 2008. This is slightly higher than the 12 percent reported last year. A quarter of respondents indicated that their IT operating budget would decrease in 2009, with 10 percent characterizing the decrease as definite. This represents an increase from 2008 survey results, in which it was reported that 10 percent of respondents expected a decrease in their IT operating budget.

Among those respondents who indicated that their budget would increase in 2009, respondents were most likely (70 percent) to attribute the potential increase in spending to an overall growth in number of systems and technologies at their organization. Half of respondents also attribute an anticipated budget increase to an overall budget increase at their organization (50 percent). These are very comparable to the reasons identified for an increase in last year's survey. Respondents were least likely to attribute an increase in their budget to a recent merger/partnership, competitive market threats and unfunded government mandates. Each was identified by eight percent of respondents.

Not surprisingly, three-quarters of respondents who expect that their budget will decrease attributed the decrease to a reduction in hospital revenue due to the current economic situation. Two-thirds also stated that overall budget decreases were an issue that impacts their organizations IT operating budget. Identified least frequently were the ability to prove IT return-on-investment and the closing of a facility or business unit. Both were identified by three percent of respondents.

Figures:

Figure 25. Expected Change in IT Staff in Next 12 Months

Figure 26. 2009 IT Staffing Needs (Top Ten)

Figure 27. Additional Functions Managed by CIO

Figure 28. Projected Change in 2009 IT Operating Budget

Figure 29. Reason for Increase in 2009 Budget

Figure 30. Reason for Decrease in 2009 Budget

12. About HIMSS

The Healthcare Information and Management Systems Society (HIMSS) is the healthcare industry's membership organization exclusively focused on providing global leadership for the optimal use of healthcare information technology (IT) and management systems for the betterment of healthcare. Founded in 1961 with offices in Chicago, Washington D.C., Brussels, Singapore, and other locations across the United States, HIMSS represents more than 20,000 individual members and over 350 corporate members and organizational affiliates that collectively represent organizations employing millions of people. HIMSS frames and leads healthcare public policy and industry practices through its advocacy, educational and professional development initiatives designed to promote information and management systems' contributions to ensuring quality patient care.

13. How to Cite This Study

Individuals are encouraged to cite this report and any accompanying graphics in printed matter, publications, or any other medium, as long as the information is attributed to the 20th Annual HIMSS Leadership Survey.

14. For More Information, Contact:

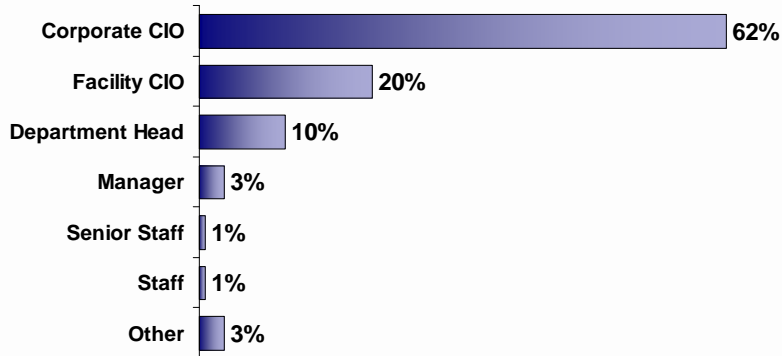
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Profile of Survey Respondents



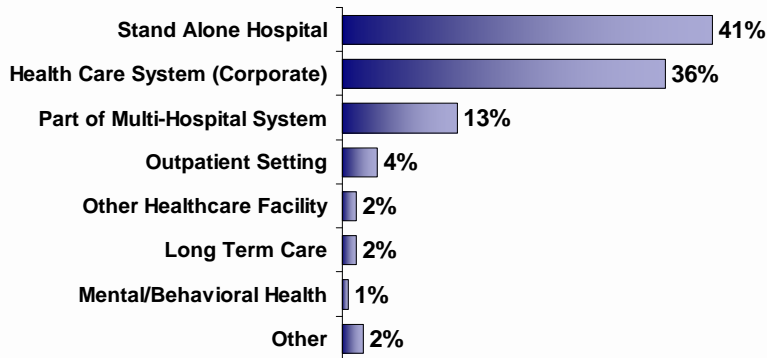
Participant Profile – Title

Figure 1



Participant Profile – Facility Type

Figure 2

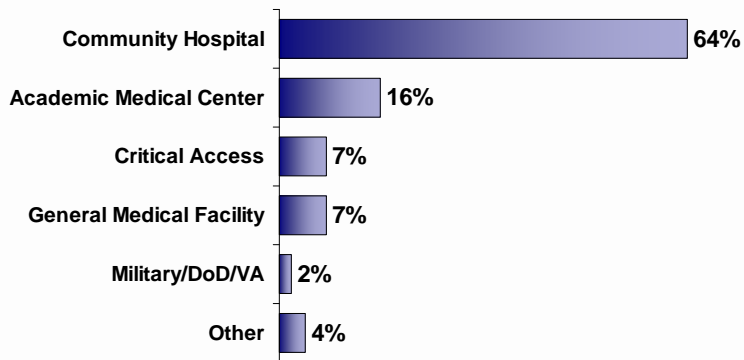


Profile of Survey Respondents (cont)



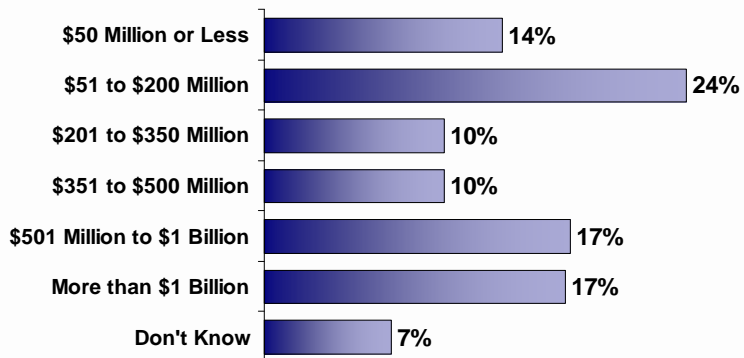
Participant Profile – Type of Hospital

Figure 3



Participant Profile – Revenue

Figure 4

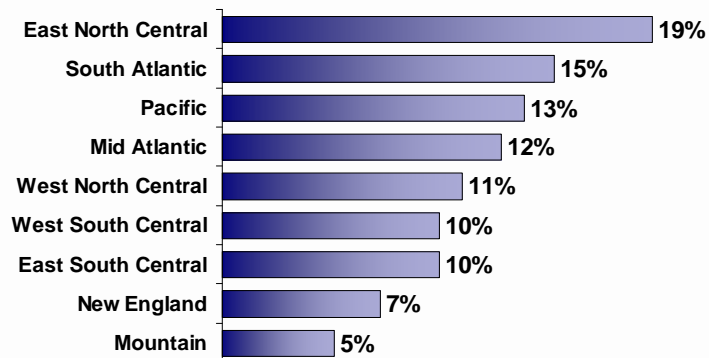


Profile of Survey Respondents (cont)



Participant Profile – Region

Figure 5

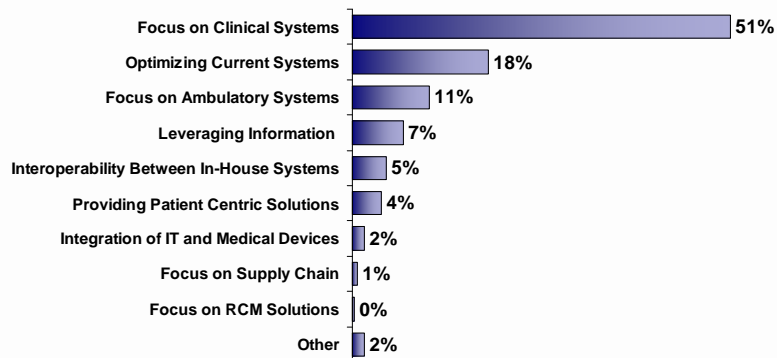


IT Priorities



Top IT Priority—Next Two Years

Figure 6

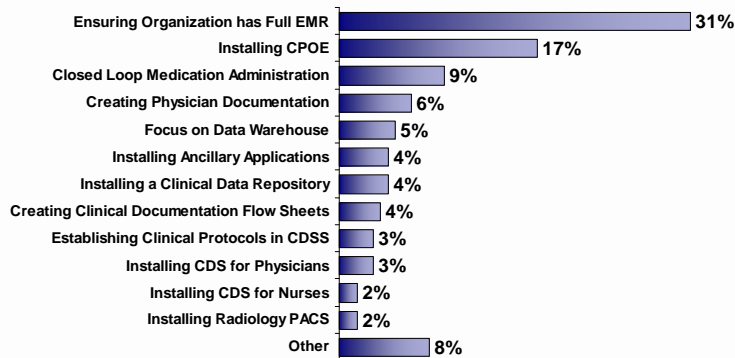


IT Priorities (cont.)



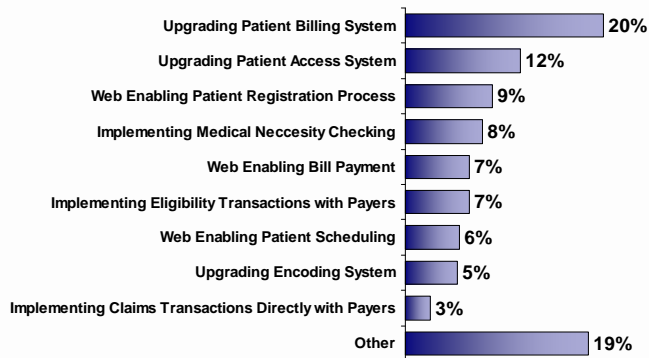
Primary Clinical IT Focus

Figure 7



Primary Financial IT Focus

Figure 8

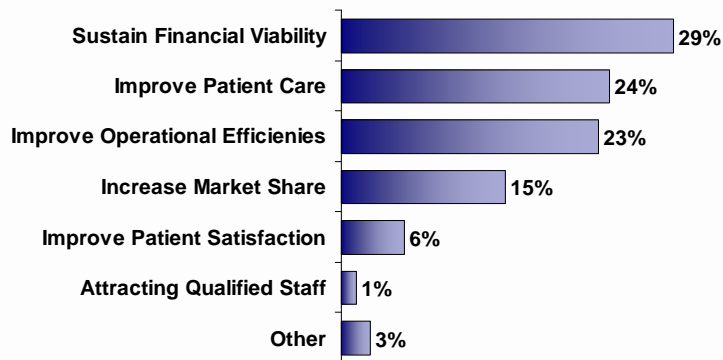


IT Priorities (cont.)



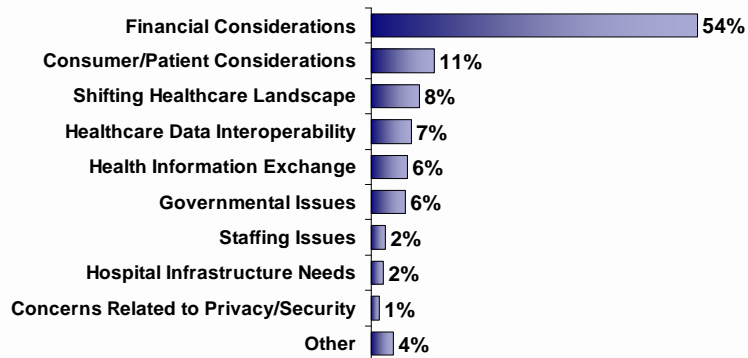
Key Business Objective

Figure 9



Business Issue with Most Impact on Healthcare

Figure 10

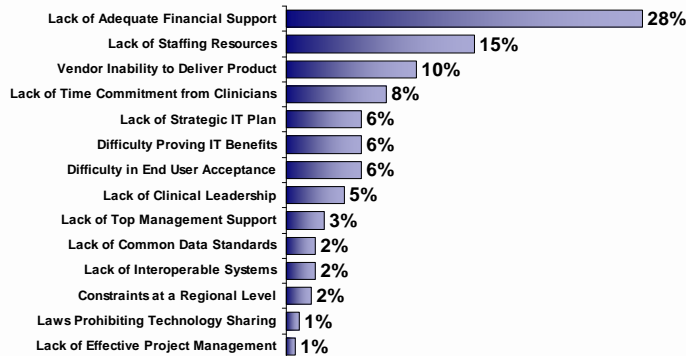


Most Significant Barriers to Implementing IT



Most Significant Barriers to Implementing IT

Figure 11

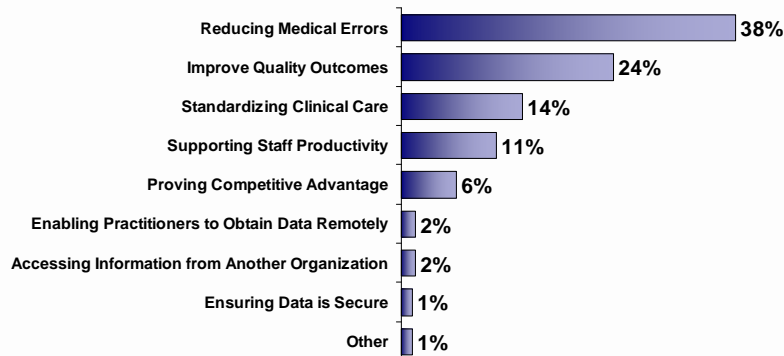


IT and Patient Care



Area that IT Can Most Impact

Figure 12

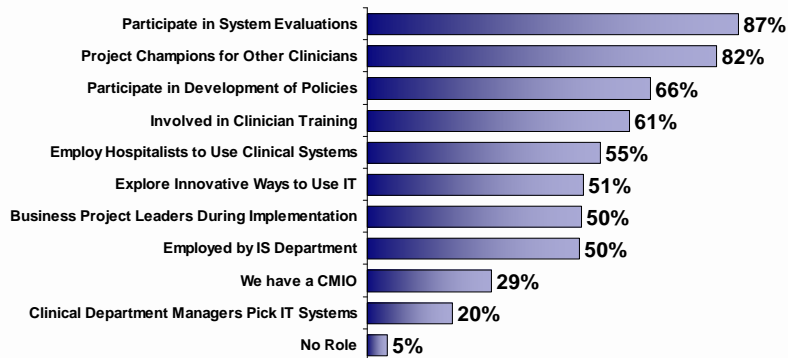


IT and Patient Care (cont.)



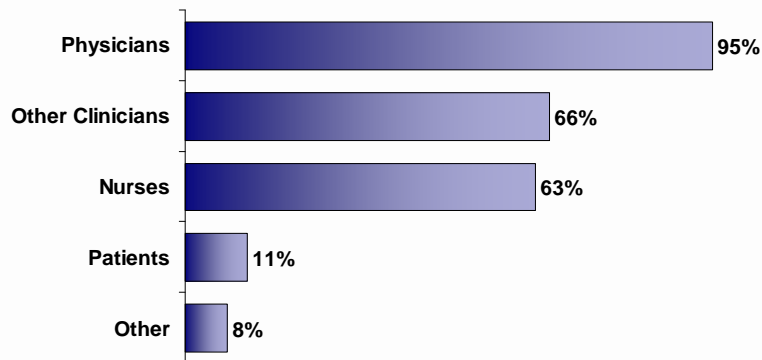
Role of Clinicians

Figure 13



Access to On-line Patient Information from Remote Location

Figure 14

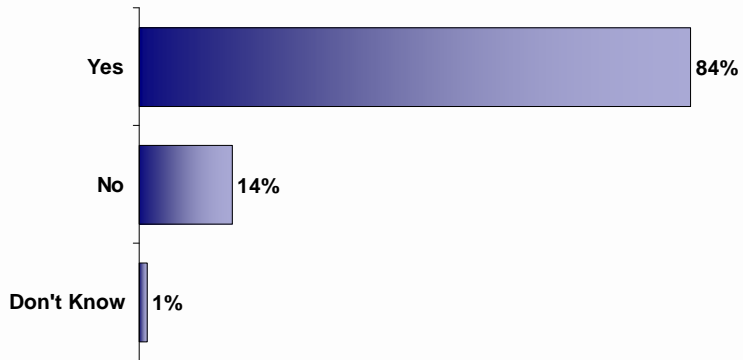


IT Security



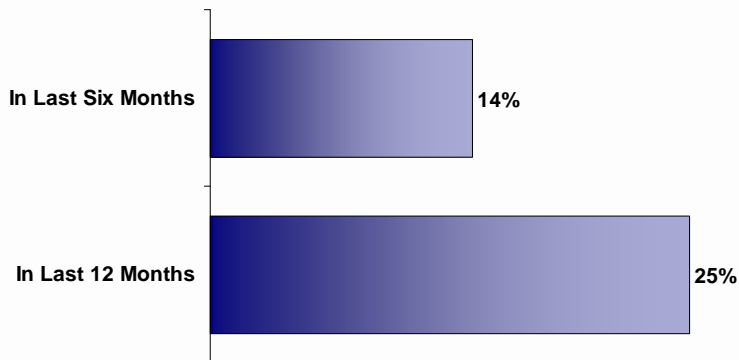
Active Management of Security Breach

Figure 15



Security Breach

Figure 16

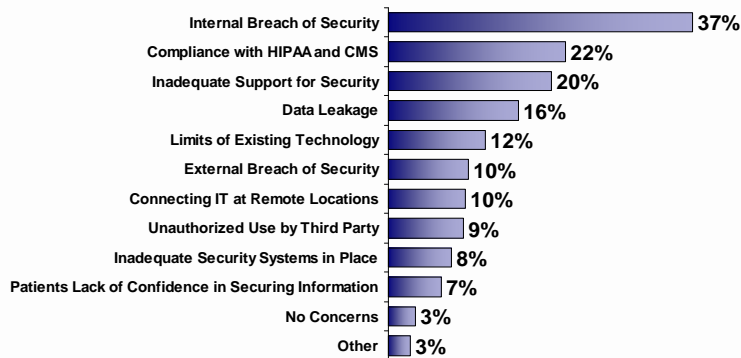


IT Security (cont.)



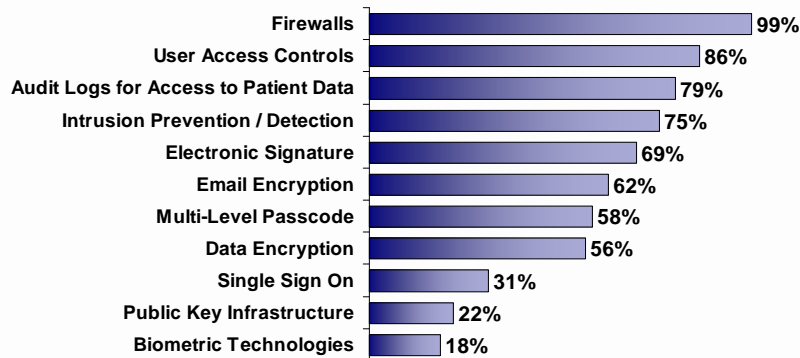
Top Concerns—Security of Computerized Medical Information

Figure 17



Security Technologies (Current Use)

Figure 18

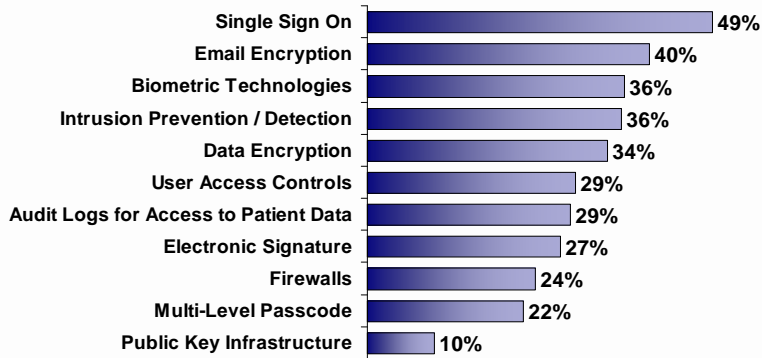


IT Security (cont.)



Security Technologies (Future Use)

Figure 19



Status of Electronic Medical Record (EMR) Implementation



Status of Electronic Medical Record (EMR) Implementation

Figure 20

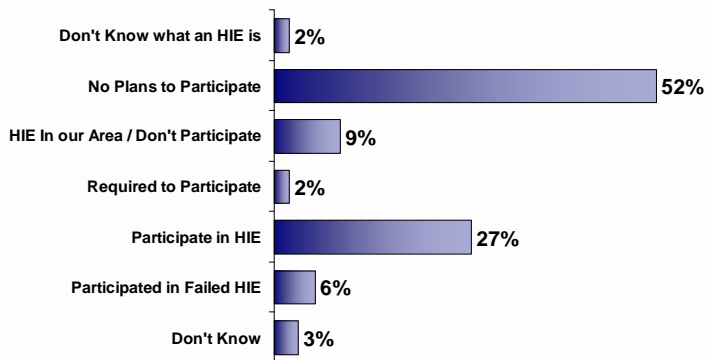


Health Information Exchange (HIE) Adoption



Health Information Exchange (HIE) Adoption

Figure 21

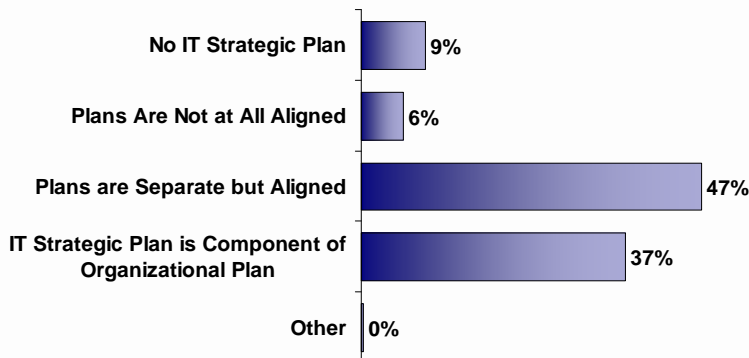


IT Governance



Alignment of Organizational & IT Strategic Plan

Figure 22

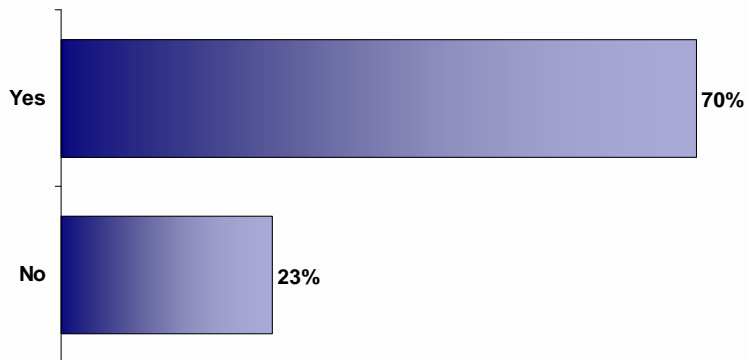


IT Governance (cont.)



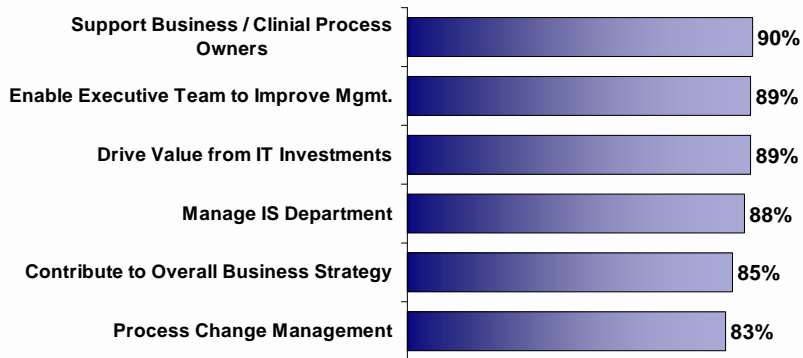
Member of Organization's Executive Committee

Figure 23



CIO Responsibilities

Figure 24

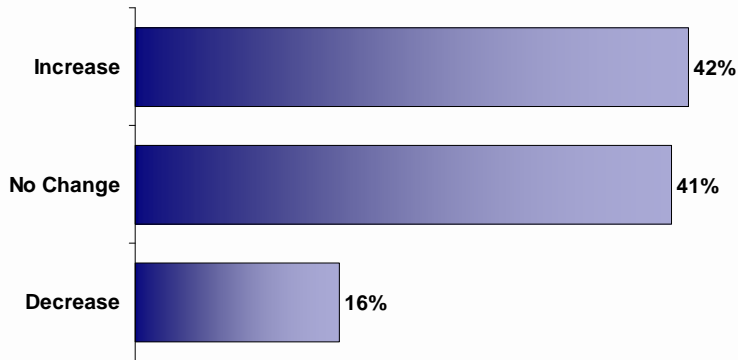


IT Budget and Staff



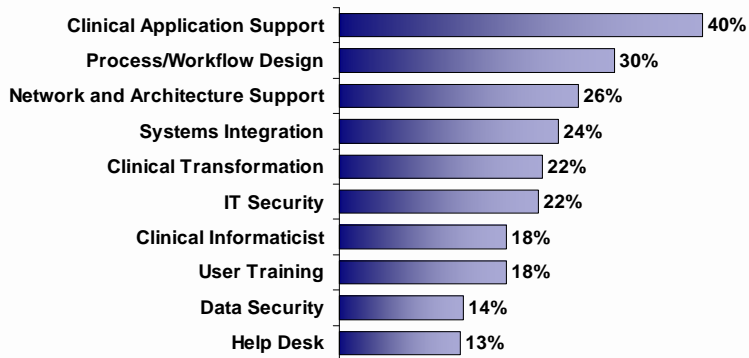
Expected Change in IT Staff in Next 12 Months

Figure 25



2009 IT Staffing Needs (Top Ten)

Figure 26

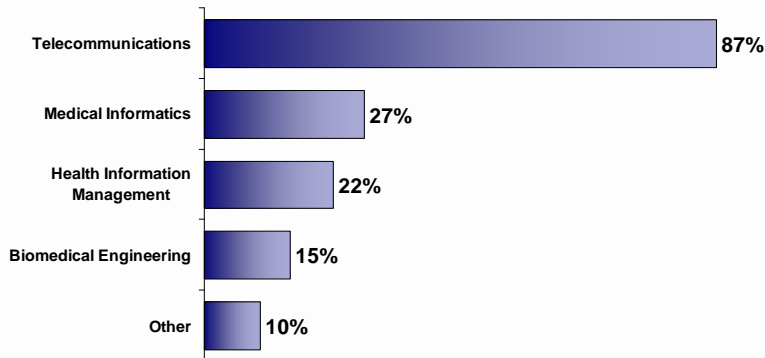


IT Budget and Staff (cont.)



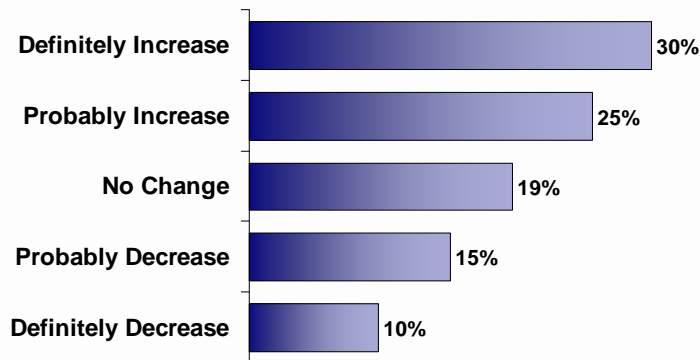
Additional Functions Managed by CIO

Figure 27



Projected Change in 2009 IT Operating Budget

Figure 28

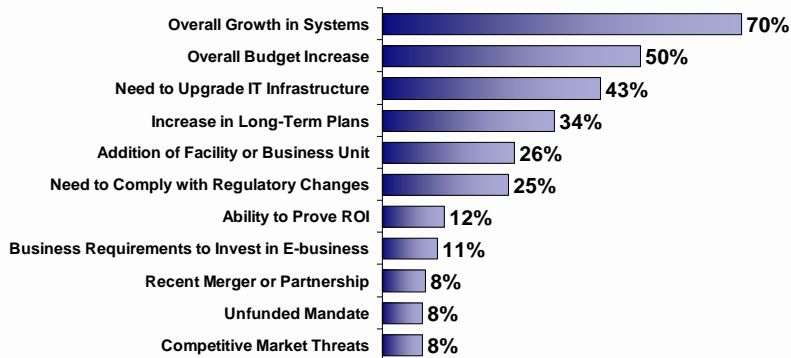


IT Budget and Staff (cont.)



Reason for Increase in 2009 Budget

Figure 29



Reason for Decrease in 2009 Budget

Figure 30

