2019 HIMSS U.S. Leadership and Workforce Survey

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1. Executive Summary

The **2019 HIMSS U.S. Leadership and Workforce Survey** reflects the perspectives of U.S. health information and technology leaders on a myriad of topics influencing the healthcare sector. The present report provides a robust profile of U.S. health information and technology priorities, as well as insight into their health IT workforce experiences.

Based on the feedback from **269** U.S. health information and technology leaders (**232** from a healthcare Provider organization; **37** from a health IT Vendor/Consulting organization), the findings of this study distill as follows:

- The study offers a particularly robust insight into the information and technology experiences of leaders in U.S. acute and non-acute provider organizations.
- "*Cybersecurity, Privacy, and Security*" and "*Improving Quality Outcomes Through Health Information and Technology*" are top priorities by all respondent groups with hospital respondents demonstrating a remarkable intensity around "*Cybersecurity, Privacy, and Security*" as a priority.
- Hospitals and non-acute providers appear to have very different strategies regarding information and technology leadership and workers.
- Information and technology leadership in hospitals tends to be concentrated into two types of executives (*CIOs* and *Senior Clinical IT Leaders*) with *Information Security Leaders* emerging as a third notable member of the leadership team.
- Providers and Vendors are generally aligned regarding information and technology resource demand expectations for the coming year.
- The health IT workforce profile for Vendors and Hospitals has remained fairly consistent during the past three years with workforce challenges continuing to negatively impact hospitals while appearing to be subside somewhat for Vendors.

2. Methodology/Respondent Demographics

This year's study excels at offering a robust insight into the information and technology experiences of leaders in U.S. acute and non-acute provider organizations.

Findings from the **2019 HIMSS U.S. Leadership and Workforce Survey** reflect the feedback from 269 qualified[1] U.S. health information and technology leaders participating in a web survey commissioned by HIMSS, between late November 2018 and early-January 2019. Individuals invited to participate in the survey were randomly selected from contact information maintained by HIMSS as well as non-acute client contact information from PointClickCare. Once responding to the survey invite, individuals completed one of two parallel survey instruments based on the type of healthcare organization most closely reflecting their current employer; a **Provider** survey for those employed by a healthcare provider organization (232 respondents); a Health IT **Vendor/Consultant** (Vendor) survey for those employed by a vendor/consulting organization (37 respondents). Respondents not meeting the criteria of these two classifications were excluded from this report.

Though this year's survey closely models the survey design and sampling methodology used in the 2017 and 2018 HIMSS Leadership and Workforce Surveys, two notable issues have challenged the analysis this year:

1. **The list of information and technology priorities changed to reflect the most current list of HIMSS education topics.**

   To ensure a consistency in HIMSS messaging to external audiences, HIMSS researchers tether the list of priorities presented to respondents in the present study to the education topic areas presented at the annual HIMSS Global Conference & Exhibition (the assumption being, HIMSS educational topic areas cover the issues of significant concern to information and technology stakeholders). The challenge for HIMSS researchers in adopting this approach is that HIMSS educational topic descriptors are subject to year-over-year changes. While almost all of the priorities presented in the 2017 survey are represented in some form or fashion in the 2018 and 2019 surveys, variances in the descriptors from one year to the next, prohibit a "strict" year-over-year comparison of priorities. Any comparisons that could be made would appropriately be subject to questions and challenges. As a result, *there will be no attempt in this report to address year-over-year shifts in information and technology priorities*.

2. **The number of Vendors/Consultants completing the survey is unusually low.**

   Despite employing the same sampling and survey distribution methodology in 2019 as was used in the 2017 and 2018 surveys, the number of respondents representing vendor/consulting organizations in the present study (N = 37) was much lower than in previous years (N in 2017 = 158; N in 2018 = 145). Though no definitive explanation for the decreased participation rate is readily apparent, it is reasonable to view the representativeness of such a small respondent pool as suspect. As a result, *readers are encouraged to exercise caution when attempting to extrapolate the significance of the Vendor's findings to the larger US vendor/consultant community*.

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[1] To participate in the survey Provider respondents had to have some level of IT oversight at their organization. Respondents were qualified by asking the extent to which they had "oversight of IT" at their healthcare organization. Of the 264 individuals representing a provider organization responding to the survey invite, 32 indicated they had "no oversight/influence at all" or did not answer the question and were excluded from the analysis.

Notwithstanding the noted challenges, we stand behind the robustness of the research methodology used in this study and believe this year's findings offer a valuable, directionally correct profile of the information and technology perspectives of US healthcare leaders, especially those representing provider organizations.
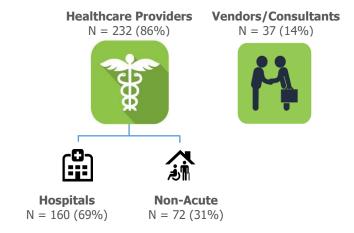
Organization Profile

The vast majority (86% ; N = 232) of the 269 respondents included in this year's study identified themselves as being employed by a U.S. provider organization, and were therefore presented with the Provider questionnaire (Graphic 1). Provider respondents partition into one of two provider organization types:

1. **Hospitals** and hospital-associated entities (e.g. health system corporate office)
2. **Non-Acute** entities (e.g. ambulatory clinics; long-term/post-acute care providers)

As noted earlier, participation in the Vendor survey was alarmingly low this year in comparison to past years (Table 1). While there may be valid explanations for year-over-year participation variances, the volatility reflected in select respondent profiles is reflective of the challenges the market research industry as a whole faces in securing responses via traditional survey solicitation methodologies.

Graphic 1: 2019 Organization Profile

Healthcare Providers
N = 232 (86%)

Vendors/Consultants
N = 37 (14%)

Hospitals
N = 160 (69%)

Non-Acute
N = 72 (31%)

Table 1: Organization Profile (2017 – 2019)

	2017		2018		2019	
	N	**%**	**N**	**%**	**N**	**%**
Providers	210	57%	224	61%	232	86%
Hospitals	*116*	*55%*	*181*	*81%*	*160*	*69%*
Non-Acute	*94*	*45%*	*43*	*19%*	*72*	*31%*
Vendors	158	43%	145	39%	37	14%
TOTAL	**368**	**100%**	**369**	**100%**	**269**	**100%**

Leadership Profile

Respondents to both the Provider and the Vendor survey instruments indicated which of the following three **position-levels** best described their role within their organization:

1. Executive Management
2. Non-Executive Management
3. Non-Management

With over eighty percent (86 percent) of all respondents reporting to have some type of managerial responsibility (Providers = 86%; Vendors = 84%), the 2019 survey results can truly be positioned as reflecting the insights of US healthcare "leaders" (Table 2). The leadership participation profile this year's study is generally consistent with the predominance of leader involvement in past Leadership and Workforce Surveys (Table 2).

Table 2: Leadership Status (2017 – 2019)

Leadership Status	2017			2018			2019		
	Total	Vendors	Providers	Total	Vendors	Providers	Total	Vendors	Providers
Managerial Role	**84%**	84%	85%	**84%**	71%	90%	**86%**	84%	86%
Executive Management	***47%***	*56%*	*41%*	***45%***	*36%*	*50%*	***41%***	*57%*	*38%*
Non-Executive Management	***37%***	*28%*	*44%*	***38%***	*35%*	*40%*	***45%***	*27%*	*47%*
Non-Management	**16%**	17%	15%	**16%**	29%	10%	**15%**	16%	14%

3. Key Observations and Implications

LEADERSHIP SURVEY

Information and Technology Priorities

Presented with a list of information and technology priorities, Provider and Vendor respondents were asked to indicate using a seven-point scale (1 = "*not a priority*"; 7 = "*essential priority*"), the extent to which each issue would be a priority in the coming year. Of significance were the following features:

1. The issues presented to the respondents were once again structured to mirror the education tracks offered at the HIMSS Global Conference & Exhibition
2. Provider and Vendor respondents were presented slightly different questions
   - Providers were asked to identify the information and technology issues of greatest priority for their organization in the year ahead
   - Vendor respondents were asked to identify the information and technology issues of greatest priority for their clients in the year ahead

To gauge the relevancy of the Vendor responses on this question to the various divisions of the provider community, Vendor respondents identified the various types of provider organizations their company services. Employing the same array of provider organization descriptors as used by Provider respondents to identify their employer, the most commonly targeted provider organizations reflect hospital-affiliated organizations (Table 3). These results are consistent with the historical vendor community HIMSS has serviced (those focused on selling into the hospital market), and very reflective of the market focus of Vendors as reflected in past Leadership and Workforce Surveys. As such, these findings suggest that when analyzing the Vendor's responses to the information and technology priority question, *the findings are best interpreted as reflecting the presumed priorities of their hospital clients.*

Table 3: Vendor Market Focus

	N	%
Hospitals		
Hospitals, Multi-Hospital Systems, Integrated Delivery Systems	29	78%
Academic Medical Centers	27	73%
IDS/hospital-owned Ambulatory Clinics	22	59%
Critical Access Hospitals	21	57%
Non-Acute		
Community Health Center Clinics	21	57%
Independent Ambulatory Clinics	20	54%
Mental/Behavioral Health Facilities	12	32%
Long Term Care Facilities	12	32%
Home Healthcare Organizations	11	30%
Independent Rehabilitation Facilities	9	24%
Hospice Organizations	3	8%

> **Observation:** "*Cybersecurity, Privacy, and Security*" and "*Improving Quality Outcomes Through Health Information and Technology*" are shared top priorities by Vendors and Providers.
>
> **Implication:** The synergies emulating from a shared understanding of top priorities can be leveraged to generate significant change on the selected issues.

Both Vendor and Provider respondents were consistent in the evaluation of top priorities for the coming year; "*Cybersecurity, Privacy, and Security*" (vendors = 5.38; providers = 5.69) followed by "*Improving Quality Outcomes Through Health Information and Technology*" (vendors = 5.35; providers = 5.23) (Table 4 and Table 5).
DISCUSSION:
The market congruency reflected in the dominance of these two issues is a positive development. With Vendors and Providers "pulling in the same direction" on key issues, market leaders should be empowered to leverage the synergies from the shared effort to encourage significant change in these topic areas.

> **Observation:** There is a remarkable intensity around "*Cybersecurity, Privacy, and Security*" as a top information and technology priority.
>
> **Implication:** Providers are assuming a defensive posture in approaching their information and technology efforts, which may result in Providers being reluctant to pursue other activities while they "shore up" foundational issues.

The prioritization of "*Cybersecurity, Privacy, and Security*" by Providers (5.69) was remarkably higher than the next highest priority, "*Improving Quality Outcomes Through Health Information and Technology*" (5.23) (Table 5). The delta between these two priorities (0.46 points) is even more pronounced when isolating Hospital respondents (0.53).
DISCUSSION:
Of the array of priorities presented respondents, "*Cybersecurity, Privacy, and Security*" was one of the only "defensive" business tactics respondents were asked to consider. That Providers (especially Hospital respondents) responded so passionately to this priority suggests a growing number of provider organizations realize the need to protect existing business practices before aggressively pursuing other information and technology issues. If true, then there are potential downstream implications for the market as other information and technology priorities considered in this study may be put on hold or "slow walked" until the security concerns of organizations are settled.

Table 4: Vendors – Mean Scores (2019)

Based on a 1 to 7 scale where 1 = "not a priority"; 7 = "essential priority"

Information and Technology Priority	Vendors
Cybersecurity, Privacy, and Security	5.38
Improving Quality Outcomes Through Health Information and Technology	5.35
Data Science/Analytics/Clinical and Business Intelligence	5.05
Clinical Informatics and Clinician Engagement	4.95
Consumer/Patient Engagement & Digital/Connected Health	4.95
Health Information Exchange, Interoperability, Data Integration and Standards	4.92
Process Improvement, Workflow, Change Management	4.73
User Experience, Usability and User-Centered Design	4.73
Healthcare App and Tech Enabling Care Delivery	4.49
Population Health Management and Public Health	4.46
Culture of Care and Care Coordination	4.32
Consumerization of Health	4.30
Safe Info and Tech Practices for Patient Care	4.22
Telehealth	4.16
Disruptive Care Models	4.14
Leadership, Governance, Strategic Planning	4.11
Public Policy, Reporting, and Risk Management	4.11
Innovation, Entrepreneurship and Venture Investment	4.08
Social, Psychosocial & Behavioral Determinants of Health	3.70
Clinically Integrated Supply Chain	3.51
Health Informatics Education, Career Development & Diversity	3.43
Healthy Aging and Technology	3.43
Precision Medicine/Genomics	3.11
Grand Societal Challenges	2.95

Table 5: Providers – Mean Scores (2019)

Based on a 1 to 7 scale where 1 = "not a priority"; 7 = "essential priority"

Information and Technology Priority	Hospitals	Non-Acute	Providers
Cybersecurity, Privacy, and Security	5.81	5.43	5.69
Improving Quality Outcomes Through Health Information and Tech	5.28	5.13	5.23
Clinical Informatics and Clinician Engagement	5.24	4.90	5.14
Culture of Care and Care Coordination	4.92	4.94	4.93
Process Improvement, Workflow, Change Management	5.03	4.61	4.90
User Experience, Usability and User-Centered Design	4.86	4.94	4.88
Data Science/Analytics/Clinical and Business Intelligence	4.91	4.33	4.73
Leadership, Governance, Strategic Planning	4.90	4.18	4.68
Safe Info and Tech Practices for Patient Care	4.62	4.67	4.63
HIE, Interoperability, Data Integration and Standards	4.62	4.22	4.50
Consumer/Patient Engagement & Digital/Connected Health	4.80	3.64	4.44

Information and Technology Priority (cont.)	Hospitals	Non-Acute	Providers
Telehealth	4.82	3.39	4.38
Public Policy, Reporting, and Risk Management	4.31	4.13	4.25
Population Health Management and Public Health	4.77	2.94	4.20
Healthcare App and Tech Enabling Care Delivery	4.20	4.01	4.14
Social, Psychosocial & Behavioral Determinants of Health	4.06	3.94	4.02
Healthy Aging and Technology	3.60	3.64	3.61
Health Informatics Education, Career Development & Diversity	3.53	3.44	3.50
Consumerization of Health	3.75	2.74	3.44
Disruptive Care Models	3.39	3.44	3.41
Clinically Integrated Supply Chain	3.66	2.82	3.40
Innovation, Entrepreneurship and Venture Investment	3.47	2.92	3.30
Precision Medicine/Genomics	3.47	2.56	3.19
Grand Societal Challenges	2.88	2.57	2.78

Observation: **Non-acute respondents were surprisingly less passionate about key issues involving non-institutionalized populations than their Hospital peers.**

Implication: **Hospitals may be challenge to engage non-acute Providers on issues involving community issues.**

Though Hospital respondents tended to be more passionate in their evaluation of the 24 priorities than their non-acute colleagues (Hospital respondents rated 19 of the priorities higher than non-acute respondents), Hospital respondents scored remarkably higher (>= 0.60 points) on seven priorities (Table 6). Interestingly, many of the topics with the greatest delta involved issues related to non-institutionalized populations, population groups which tend to be of interest to non-acute providers.

DISCUSSION:

As hospital leaders increasingly look to influence the health of populations "outside the walls" of their buildings, they will need to work with community providers. That non-acute providers were less passionate about many of the community issues considered in this survey than their Hospital peers were, suggests Hospital leaders may be challenged in activating non-acute providers on select community initiatives.

Table 6: Notable Hospital vs Non-Acute Priority Mean Differences (2019)

Information and Technology Priority	Hospitals	Non-Acute	Difference
Population Health Management and Public Health	4.77	2.94	1.82
Telehealth	4.82	3.39	1.43
Consumer/Patient Engagement & Digital/Connected Health	4.80	3.64	1.16
Consumerization of Health	3.75	2.74	1.01
Precision Medicine/Genomics	3.47	2.56	0.91
Clinically Integrated Supply Chain	3.66	2.82	0.84
Leadership, Governance, Strategic Planning	4.90	4.18	0.72

Information and Technology Leadership

> **Observation:** Over half of non-acute providers do not employ an information and technology leader.
>
> **Implication:** Non-acute provider organizations may struggle to advance their information and technology capabilities without individuals to lead these efforts.

Hospitals and non-acute provider organizations have remarkably different experiences when dealing with information and technology leaders. While roughly 90% of hospital respondents indicated their organization employed at least one information and technology executive, over half (53%) of non-acute respondents reported that their organization employed "*None*" of the executives listed (Table 7).

DISCUSSION:

The lack of an executive leader to champion information and technology activities in non-acute provider organizations presents as a significant barrier to the advancement of information and technology capabilities in non-acute provider settings. Given the information and technology advances occurring in hospital settings, the absence of information and technology leaders in non-acute provider settings has the potential to widen the gap between these two provider environments.

> **Observation:** Information and technology leadership in hospitals tends to be concentrated into two types of executives; CIOs and Senior Clinical IT Leaders.
>
> **Implication:** Vendors selling into the hospital market should ensure they understand the needs of these two types of executives.

When isolating hospital respondent experiences, two executive groups emerge as the most common type of information and technology executives employed in hospital settings; *Chief Information Officers* (84%) and *Senior Clinical IT Leaders* (68%) (Table 7).

DISCUSSION:

While there are a wide array of hospital executives health information technology vendors/consultants could target, vendors et al. are best served by understanding and focusing their efforts on the executives common to most provider organizations.

Table 7: Information and Technology Hospital Leaders (Interact/Employ)

Executive	Vendor - Interact	Hospital - Employ	Non-Acute - Employ
Chief Information Officer	73%	84%	26%
A senior clinical IT leader (e.g. CMIO, CNIO, CHIO)	68%	68%	18%
A senior information security leader (e.g. CISO)	35%	56%	14%
Chief Technology Officer	46%	36%	10%
Chief Innovation Officer	24%	19%	0%
Chief Transformation Officer	22%	7%	0%
None of the above	3%	9%	53%

> **Observation:** **Information security leaders continue to expand their presence in hospitals.**
>
> **Implication:** **Unless roles and responsibilities are clearly delineated, the emergence of a "third" information and technology leader in hospital settings has the potential to impede a hospital's progression on information and technology priorities as the leaders work through internal "territorial" challenges.**

Of the top three information and technology executive roles hospitals tend to employ, only the *senior information security leader* role experienced a notable increase (14%) between 2018 and 2019 (Table 8). The increased presence of security leaders in hospitals is consistent with the elevated prioritization of "*Cybersecurity, Privacy, and Security*" noted previously in this report.

DISCUSSION:

The emergence of a "third" leader overseeing a hospital's information and technology efforts is bound to result in internal tensions as competing interests and overlapping jurisdictions present themselves. These challenges have the potential to stymy a hospital's progression if hospital leaders are not careful to effectively manage these hurdles.

Table 8: Information and Technology Hospital Leaders – Employ (2017 - 2019)

Executive	2017	2018	2019
Chief Information Officer	78%	87%	84%
A senior clinical IT leader (e.g. CMIO, CNIO, CHIO)	65%	67%	68%
A senior information security leader (e.g. CISO)	41%	42%	56%

Information and Technology Projections

> **Observation:** **Providers and Vendors are generally aligned regarding information and technology resource demand expectations for the coming year.**
>
> **Implication:** **The health information technology industry continues to present as a positive sector of the economy.**

Both Provider and Vendors were asked to shed some insight on their information and technology resource allocation expectations for the coming year. As evidenced in Table 9, the majority of Vendors (81%) and Providers (59%) expect there to be increased demands for information and technology resources the coming year.

DISCUSSION:

The positive disposition these industry insiders have about the demands for information and technology resources support the idea that the health information technology industry continues to be a "bright spot" in the US economy.

Table 9: Projected Resource Demands

Directional Shift	**Vendors**	**Providers**
Increase	81%	59%
No Change	3%	20%
Decrease	3%	9%
Don't Know/No Answer	*14%*	*11%*

> **Observation:** **The information and technology resource demand expectations by hospital respondents recorded in 2018 are notably different than the results recorded this year as well as the expectations reported in 2016 and 2017.**
>
> **Implication:** **Vendors et al. should consider multiple data points when attempting to project the information and technology resource demands of Hospitals.**

With four years of trending data to leverage, hospital respondents appear to exhibit a degree of volatility regarding projected information and technology resource demands. More specifically, expectations in 2018 about increases in resource demands are notably different from the other years recorded in Table 10.

DISCUSSION:

The findings in Table 10 suggest there maybe a volatility in the perceptions of hospital respondents on this issue. As such, vendors/consultants selling into the hospital market would be wise to consider the resource

demand projections offered by hospital personnel as a valued data point, but one that should be supplemented with insights with other resources.

Table 10: Hospital Projected Resource Demands (2016 - 2019)

Directional Shift	2016	2017	2018	2019
Increase	65%	57%	24%	63%
No Change	21%	17%	21%	16%
Decrease	7%	18%	43%	13%
Don't Know/No Answer	*7%*	*8%*	*13%*	*9%*

WORKFORCE SURVEY

Health IT Workforce Profile

> **Observation:** Hospitals and non-acute providers have very different health IT workforce experiences.
>
> **Implication:** Workforce strategies need to take provider setting into consideration.

All respondents were asked a series of questions surrounding their organization's health IT workforce. In comparing the responses of Hospital and Non-acute respondents, it becomes evident that these two groups have very different health IT workforce experiences and expectations. Non-acute providers present as fairly limited in health IT workforce opportunities (they tend to be fully staffed and are static in the past/projected staffing efforts), whereas hospitals reflect high growth areas (they tend to have open positions they are looking to fill and are on a growth trajectory) (Tables 11, 12 and 13).

DISCUSSION:

The variances in staffing growth trajectories evidenced in the two provider groups considered above, has the potential to produce exceedingly different workplace cultures; a fast-paced environment in hospitals and a fairly stable setting in non-acute organizations. If true, then it is very possible these settings attract health IT workers with remarkably different needs/wants. Provider organizations looking to stabilize their workforce should take these factors into consideration when developing staff recruitment, retention and development strategies.

Table 11: Current Provider Workforce Vacancy (2019)

Workforce Status	Hospitals	Non-Acute	Providers
We are fully staffed	28%	56%	36%
We have open positions to fill	63%	26%	52%
Don't Know/No Answer	*9%*	*18%*	*12%*

Table 12: Workforce Size – Change Past Year (2019)

Workforce Size Past Year	Hospitals	Non-Acute	Providers
Increased	42%	28%	38%
Stayed the same	31%	50%	37%
Decreased	15%	13%	14%
Don't Know/No Answer	*13%*	*10%*	*12%*

Table 13: Workforce Size – Change Next Year (2019)

Workforce Size Next Year	Hospitals	Non-Acute	Providers
Increase	37%	26%	34%
Stay the same	38%	51%	42%
Decrease	12%	1%	9%
Don't Know/No Answer	*13%*	*21%*	*16%*

> **Observation:** **The health IT workforce profile for Vendors and Hospitals has remained fairly consistent during the past three years.**
>
> **Implication:** **Healthcare organizations need a robust health IT workforce staffing strategy.**

A comparison of hospital and vendor workforce experiences during the last three years suggest these settings have remained high growth opportunities for health IT workers.

DISCUSSION:

The demands on leaders to ensure the robustness of the health IT workforce in these environments can be taxing. Leaders in these settings need to develop comprehensive strategies to ensure they are attracting and retaining a competent workforce.

Table 14: Current Workforce Vacancy (2017 – 2019)

Workforce Status	Vendors			Hospitals		
	2017	2018	2019	2017	2018	2019
We are fully staffed	32%	24%	22%	29%	56%	28%
We have open positions to fill	61%	69%	68%	61%	34%	63%
Don't Know/No Answer	*7%*	*7%*	*11%*	*10%*	*10%*	*9%*

Table 15: Workforce Size – Change Past Year (2017 – 2019)

Workforce Size Past Year	Vendors			Hospitals		
	2017	2018	2019	2017	2018	2019
Increased	61%	67%	62%	53%	37%	42%
Stayed the same	17%	11%	16%	17%	28%	31%
Decreased	15%	15%	8%	17%	22%	15%
Don't Know/No Answer	*7%*	*7%*	*14%*	*13%*	*13%*	*13%*

Table 16: Workforce Size – Change Next Year (2017 – 2019)

Workforce Size Next Year	Vendors			Hospitals		
	2017	2018	2019	2017	2018	2019
Increase	66%	75%	68%	36%	40%	37%
Stay the same	16%	8%	8%	32%	30%	38%
Decrease	4%	3%	5%	16%	16%	12%
Don't Know/No Answer	*14%*	*14%*	*19%*	*16%*	*14%*	*13%*

Impact of Health IT Workforce Challenges and Use of External Resources

> **Observation:** Workforce challenges continue to negatively impact hospitals but seem to be subsiding somewhat for Vendors.
>
> **Implication:** Providers should explore the practices vendors are using to address workforce challenges.

Both Vendors and Provider respondents were asked if their organization had been negatively impacted by a workforce challenge during the past year. When isolating the experiences of hospital respondents on this question during the past three years, the percentage of respondents claiming to have been negatively impacted has remained fairly constant (Table 17). Vendor respondents on the other hand appear to experiencing some relief from workforce challenges. Evidence from Table 18 indicates Vendors and Hospitals are restricting their use of staffing agencies as a means to overcome workforce challenges.

DISCUSSION:

Though it is suspect to report a trend using only three data points, the pattern observed in this report suggests Vendors may be doing something different to manage workforce challenges. If Vendors are doing something new/innovative, then the Provider community may want to learn from Vendors and institute similar changes in their respective environments.

Table 17: Workforce Challenges – Impact

IT Project Impact	Vendors			Hospitals		
	2017	2018	2019	2017	2018	2019
Negatively Impacted - Yes	**37%**	**33%**	**27%**	**47%**	**51%**	**48%**
Place on Hold	*26%*	*33%*	*30%*	*44%*	*47%*	*44%*
Scaled back	*30%*	*28%*	*22%*	*40%*	*41%*	*44%*

Table 18: Workforce Solution – Use of a Search Agency

Used a Search Agency	Vendors			Hospitals		
	2017	2018	2019	2017	2018	2019
Yes	**39%**	**33%**	**16%**	**38%**	**29%**	**25%**

4. Conclusion

Findings from the **2019 HIMSS U.S. Leadership and Workforce Survey** provide a valuable insight into the information and technology concerns of U.S. health leaders, especially those involved in the Provider marketplace. The information reveals Vendors and Providers are generally aligned on the prioritization of hospital information and technology issues, suggesting efforts to address information and technology issues should enjoy synergies from a broad spectrum of industry stakeholders. That said, the dominance of "*Cybersecurity, Privacy and Security*" as a priority for hospital respondents is quite remarkable suggesting a possible shift in the posture of hospital leaders when addressing priorities for the coming year. More specifically, it suggests leaders maybe focusing on securing their organization before pursuing information and technology innovations.

The evidence in this report suggest hospital and non-acute provider organizations have very different strategies when dealing with information and technology leaders. The absence of information and technology leaders in non-acute organizations is unsettling as it becomes more challenging to advance capabilities in settings without strong executive champions. The report also notes that hospitals tend to employ a wide array of information and technology leaders, and that the influence of these individuals appears to be expanding.

Another notable finding this year surrounds the resource demand projections of Vendors and Hospital respondents. While last year's report suggested these two groups had divergent expectations, the findings this year suggests the two groups are fairly aligned. The volatility reflected in the hospital respondents is instructive as it suggests hospital respondents may reactive to "short-term" concerns. If true, vendors looking to assess the hospital landscape should supplement the resource projections obtained from hospital personnel, with other data sources.

The report also reveals that hospital and non-acute provider organizations have very different experiences when dealing with a health IT workforce. Hospitals (and Vendors) tend to operate environments with fairly extensive opportunities, whereas non-acute providers tend to deal with static workforce demands. The culture that can result from these different settings is something healthcare leaders should take into consideration when developing a staffing strategy.

Finally, this year's study suggests Hospitals are continuing to be negatively impacted by staffing challenges whereas Vendors may be starting to effectively managing these challenges. Though too early to definitely claim Vendors have solved this issue, the negative impacts on Providers resulting from paused/scaled back projects are significant enough to at least warrant an exploratory consideration.