Gender-Based IT Pay Inequity & the Impact of the Clinical IT Executive in the Health Sector

March 2016
Key Findings
Advances in the health IT sector have had a profound positive impact on the economy, to include demands for a skilled IT workforce. Yet, findings from the HIMSS’s December 2015 Compensation Survey and the 27th AnnualHIMSS Leadership Survey raise questions surrounding the efficacy of the sector’s IT staff recruitment and retention practices. Evidence from the Compensation Survey, for example, suggest female health IT workers are being marginalized in this sector of the economy. Analyzed several different ways, women consistently earn less than their male counterparts. The findings also suggest females are under-represented in IT-related executive and senior management roles in the health sector. Our questions regarding recruitment/retention practices extend to the emerging clinical IT executive role. With data from the Leadership Survey strongly suggesting clinical IT executives have a notable impact on a healthcare organization’s orientation toward IT, healthcare organizations are encouraged to review their efforts to ensure clinical IT executives have a “voice” within their organization.

Background
Economic Drivers Have Profoundly Impacted the Use of IT in the Health Sector

Developments within the healthcare IT sector over the past number of years have had a profound positive impact on society in a number of ways, including the economy. For example, in the US between May 2011 and December 2015, more than $31.9 billion has been paid by the federal government to meaningful users of health IT. This infusion has accelerated the acquisition of health IT, as well as demonstrably accelerating the sophisticated use of that IT in health settings. [Figure 1]

Interestingly, data from the HIMSS Analytics database suggests health IT acquisition behavior in hospitals rose steadily until 2012, at which time we noted hospitals seemed to be shifting their focus from building their IT systems to using them. [Figures 2 & 3]

![Figure 1](image1.png)

**Percentage of U.S. hospitals acquiring and/or installing HIT applications each year has steadily decreased since 2012...**

![Figure 2](image2.png)

It is very important to note that this constriction in the hospital market does not necessarily translate to other components of the health sector. In fact, there are strong indications that IT acquisition behavior is increasing in non-hospital settings.
One barometer reflecting this shifting marketplace involves the exponential growth in non-acute care sites associated with hospital-based organizations. As hospital-based organizations respond to population health management demands, an increasing number are extending their reach (to include their health IT imprint) to non-acute care sites. [Figure 4]

Demand for Health IT Has Resulted in a Corresponding Demand for IT Workers.
Looking at trends emanating from the HIMSS Leadership Survey over time, we see that – over the past seven years – the percentage of healthcare organizations (HCOs) projecting to add IT staff has consistently dwarfed those organizations looking to reduce their HIT workforce. [Figure 5]

That said, these same results clearly suggest the staffing trajectories in healthcare organizations have been in flux; the percentage of organizations projecting to increase their health IT staffing (the blue bars in Figure 5) appears to be on the rebound after several years of declines (2010 – 2014). The reverse holds true for those organizations projecting to decrease staffing.

Attracting, Equipping and Retaining the Best IT Workforce
Attracting, equipping and retaining a skilled workforce has several key components. For example, employees are keenly interested in job security and career opportunities. Employers of health IT workers need to carefully consider two key components: compensation and career pathways. In other words, fair and equitable compensation, and access to senior management and executive roles within an HCO.

When it comes to health IT workers, there is cause for concern in both areas.
Compensation Gaps
In December 2015, HIMSS published findings from its bi-annual compensation study. With input from over 1,900 respondents, we’ve learned that female health IT workers appear to be paid less than their male peers. The evidence to support this statement was consistent no matter how the data was analyzed. Overall, males had a higher average annual compensation ($126,000) than females ($101,000).

For example, when looking at the data from the perspective of full-time employment, men earned $124,000 while their female counterparts earned $100,000.

When analyzing the data by organization level and tenure, there are two sets of concerning findings. In non-executive and non-senior managerial roles [Figure 6], the first year compensation for females in non-executive and non-senior managerial roles tends to be 80% of what their male peers make. Over time, compensation tends to increase for both genders in this segment. However, females never reach parity.

When looking at respondents in executive and senior managerial roles [Figure 7], we learned that the first year compensation for females tends to be 63% of what their male peers make. In this segment, it takes 15+ years of women being in such roles to reach parity.

It Matters Where a Health IT Professional Works
We’ve learned that the type of employer also appears to have an impact on an individual’s compensation. The greatest disparities in pay, based upon gender, are in non-profit HCOs. In non-executive/non-senior management roles [Figure 8], women earn 89% of their male peers’ compensation. It’s worse for females in executive/senior management roles [Figure 9] – they earn just 83% of their male peers.

<table>
<thead>
<tr>
<th>Non-Executive/Non-Senior Management Roles</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non Profit</td>
<td>$89,520</td>
<td>$101,021</td>
</tr>
<tr>
<td>For Profit</td>
<td>$97,751</td>
<td>$98,194</td>
</tr>
</tbody>
</table>

[Figure 8]

<table>
<thead>
<tr>
<th>Executive &amp; Senior Management Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
</tr>
<tr>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Non Profit</td>
</tr>
<tr>
<td>For Profit</td>
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</tbody>
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[Figure 9]

The one bright spot in all these findings involves non-executive/non-senior management roles in for-profit organizations. Females in these roles/organizations are reporting compensation parity with their male counterparts.
Gender Gaps in Access to Upper Managerial Roles

The findings of HIMSS’s 2015 Compensation Survey highlighted a second key factor for consideration in attracting, equipping and retaining the best health IT workforce: access to upper management roles. Our findings indicate a huge disparity in gender access to senior management/executive leadership roles: only 14% of females represented senior managerial/executive level roles. Twenty-one percent of men responding to the study reported being in such roles. [Figure 10]

Impact of Clinical IT Executives in Provider Organizations

Thanks to the 27th HIMSS Leadership Study, we’ve uncovered some very interesting insights about the role and impact clinical IT executives are playing in HCOs. The findings this year are fairly consistent with last year’s results with some issues we will be highlighting in the future… but the most interesting issues, in our opinion, concern the clinical IT executive.

Most consider health IT to be a strategically critical tool to help healthcare organizations with their patient-focused efforts. Ninety-five percent of respondents consider health IT to be a strategic tool at their organization, with almost 80% strongly agreeing with this statement. When asked to assess the criticality of health IT to the success of varied areas within their organization, respondents were most passionate about IT’s support of the organization’s patient-focused efforts.

The presence of a clinical IT executive in the organization appears to have a notable impact on an organization’s orientation towards health IT. Employing clinical IT executives appear to be a fairly common practice in healthcare organizations. Nearly three-quarters of respondents (71% of all respondents; 74% of hospital associated respondents) represented an organization employing at least one clinical IT executive. While 80% of respondents strongly consider health IT to be a strategic tool, those working for an organization with a clinical IT executive were more likely to strongly agree with the strategic nature of IT tools (86%) compared to those that do not (62%).

Respondents working at an organization with a clinical IT executive tended to place a higher importance on health IT than their counterparts in three areas:

1. Care coordination (23.4 percentage point difference)
2. Post-acute care management (19.0 percentage point difference)
3. Use of evidence based medicine (16.6 percentage point difference)
When asked to prioritize their organization’s business objectives for the next 12 months, organizations with/without clinical IT executives varied remarkably on some very key issues. For example, 38% of respondents with a clinical IT executive rated “growth through acquisition” highly, compared to just 5% of respondents without a clinical IT executive. And, respondents with a clinical IT executive rated “achieving meaningful use” notably lower than those without a clinical IT executive (13.4% point difference).

Many healthcare organizations employing clinical IT executives include them in the overall executive team. However, this is far from being universally true. Seventy-one percent of organizations employing a CNIO, and 59% employing a CMIO, reported the clinical IT executive was part of their organization’s executive team. This leaves roughly 30-40% of organizations reporting that such specialized executives have not been incorporated into the executive team.

**Discussion and Summary**

Why do we see proportionately fewer females assuming senior/executive health IT management positions? Based on the findings of HIMSS’s 2015 Compensation Survey, it is very possible our sector unconsciously employs an imbalanced reward system favoring males.

What can we do about these concerning gaps? The first step in solving a problem is to acknowledge that it exists. By publishing these findings, HIMSS hopes to cultivate a conversation, further research, and proactive problem-solving to address gender-based compensation inequities, and to champion the inclusion of a clinical IT executive in leadership.

For example, HIMSS has a long-term focus on clinician IT professionals of numerous disciplines. And, HIMSS is standing up a year-round initiative focused on Women. Building upon the success of our annual Women in Health IT reception hosted at our Annual Conference, and that of our “Shattering the Glass Ceiling” educational programming, we are launching an awards program. Our award will recognize the most influential women in IT on an annual basis. We chose the word “influential” carefully because we believe women are positively changing the world at every level in an organization, and at every stage in a career path.

And, we wonder – if there is lack of compensation parity in the health IT field based upon gender, do such gaps exist for, say, age or race/ethnicity? HIMSS has every intention of finding out. We will be adding demographic questions to our future compensation studies to learn more about the compensation patterns in our field. We welcome the opportunity to learn about the research that currently exists in health IT that will continue the learning, inform discussion, and drive positive action.

HIMSS is pleased to see the increasing association of clinical IT executives with key strategic issues in the health sector. The clinical leader must have a voice in a healthcare organization. However, the findings of HIMSS’s December 2015 compensation survey raise questions about inclusion practices within our sector. For the health sector to attract, equip and retain the best and brightest IT professionals, we must ensure voices from diverse backgrounds, experiences, and genders are welcomed and encouraged.

We present these findings in an attempt to cast light upon a very important issue. One that is ripe for discussion, further research, and action. HIMSS exists to achieve better health through the best use of IT. In our role as a thought leader and catalyst for positive change, we welcome all voices in the discussion, and look towards driving positive action at the individual, departmental, organizational, and societal levels.