2018 HIMSS U.S. Compensation Survey

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Contents

Executive Summary

A total of 885 respondents representing health IT professionals from an array of organizations participated in the 2018 HIMSS U.S. Compensation Survey. These findings should be considered directionally correct and informative for further study and analysis.

The findings from the 2018 HIMSS U.S. Compensation Survey are reflective of past reports. More specifically, the average salary of digital health professionals continues to increase with the trajectory appearing to slow after an initial period of growth during the first few years of the study period.

An interesting and important aspect of this year's study is our analysis of compensation data by race. Inspired by the conversation generated around gender disparities emerging from the last Compensation Survey, HIMSS expanded our focus on race in this year's survey in order to "shine a light" on and correct disparities wherever they might exist.

The results uncover a myriad of compensation disparities amongst select population groups. Evidence suggests that on average both female and non-white digital health professionals are paid less than their respective peers. Surprisingly, females do not appear to differ in their satisfaction with their salary despite the existence of a gender pay gap. We can only speculate at this time as to why this incongruity occurs. For example, it could be that females "know" gender pay disparities exist but do not see it impacting their individual situation, or it could be that females, in particular, need to better understand their worth as digital health workers. At the very least, this finding warrants further examination which we plan to incorporate in future HIMSS research efforts.

The report also considers the compensation strategies of health information and technology employers. Findings suggest employers are more restrictive in awarding bonuses than salary increases. Finally, the evidence suggests health IT professionals largely attribute career promotions to merit-based factors.

Respondents/Methodology

The findings in this report reflect the experiences and perspectives of **885** U.S. health IT professionals participating in the 2018 HIMSS U.S. Compensation Survey. Conducted during late fall/early winter (November 7, 2017 - January 4, 2018), HIMSS researchers invited a myriad of Canadian and U.S. audiences to participate in a web-based survey. Individuals electing to participate in the study, self-reported on a number of questions used to adjudicate their inclusion in the present report. To be included in this report, respondents needed to represent the following characteristics:

1. Work in the United States
2. Be involved to some extent in the direct management, development or support of "health IT" in a provider organization
3. Provide compensation data to yield an annual salary profile

Survey participants satisfying the above criteria reflect a wide array of health information and technology professionals (Appendix A). The diversity of individuals represented suggest the findings in this report are robust and directionally correct.

Findings

OBSERVATION 1: Findings are reflective of past HIMSS Compensation Studies

The average salary of digital health professionals in this year's study (**$109,610**) is in line with the average salaries obtained in previous HIMSS Compensation studies. Using a best-fit-line trend analysis, the average salary for digital health professionals over a 12-year period (2006 – 2018) has **consistently increased** with the **trajectory slowing** after the first few years of the study period (Graphic 1).

Graphic 1: Average Compensation Trend (2006 - 2018)
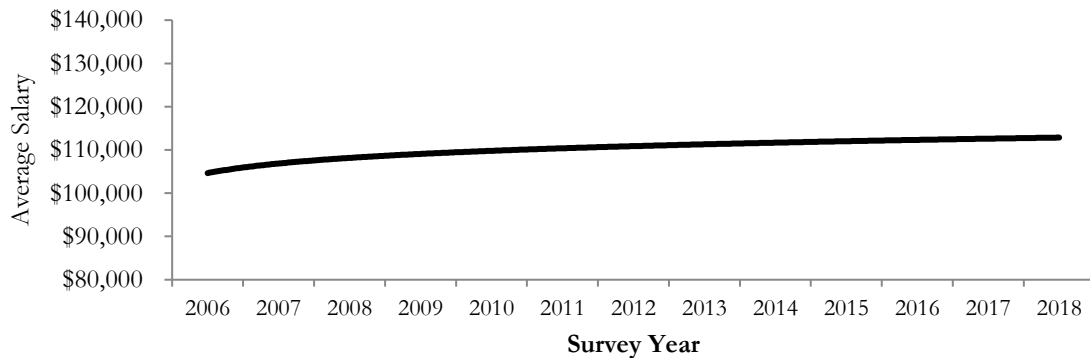
**OBSERVATION 2: Compensation disparities exist amongst select population groups**

The average salary of health IT professionals varies by select demographic characteristics: **_gender_** and **_race_**.

<u>Gender</u>:

Females on average make 18% less than their male peers

- With the average salary of females = **$100,447** while the average salary of males = **$123,244**, it can be said that *females are paid $0.82 for every $1.00 their male peer is paid*. (Graphic 2)
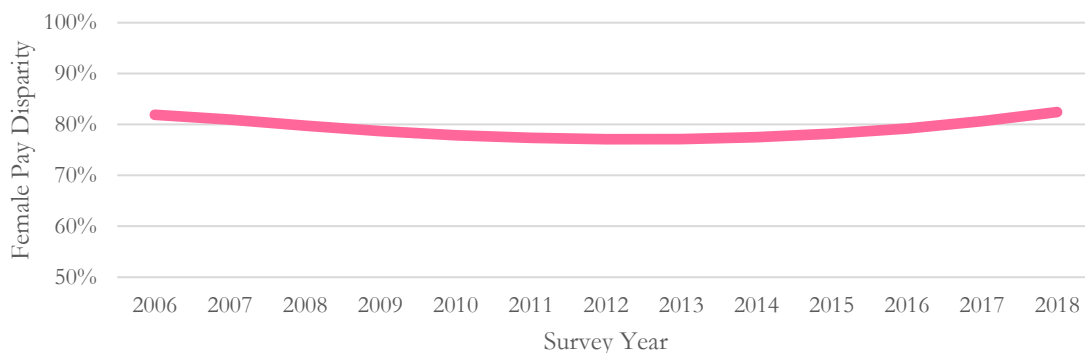
Graphic 2: Average Compensation BY Gender (2018)
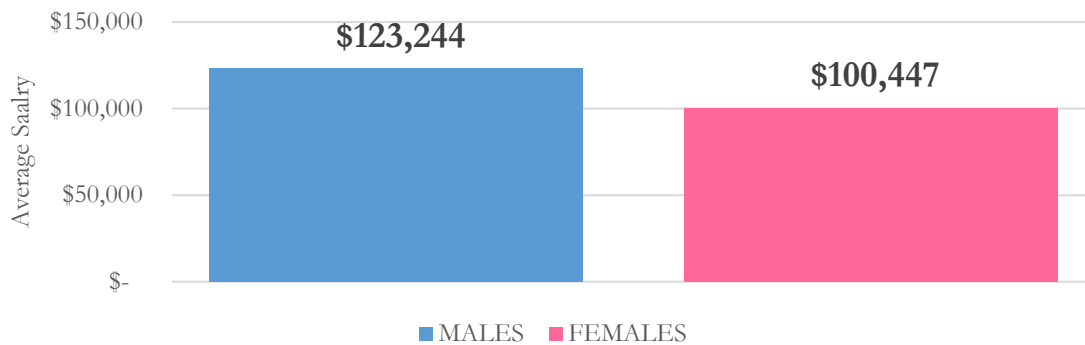
The gender pay disparity is persistent

- Over a 12-year period (2006 – 2018), a gender pay gap has always existed. Based on a best-fit-line trend analysis, the current gender pay gap is back at its 2006 level after a period in which the gap appears to have widened. (Graphic 3)
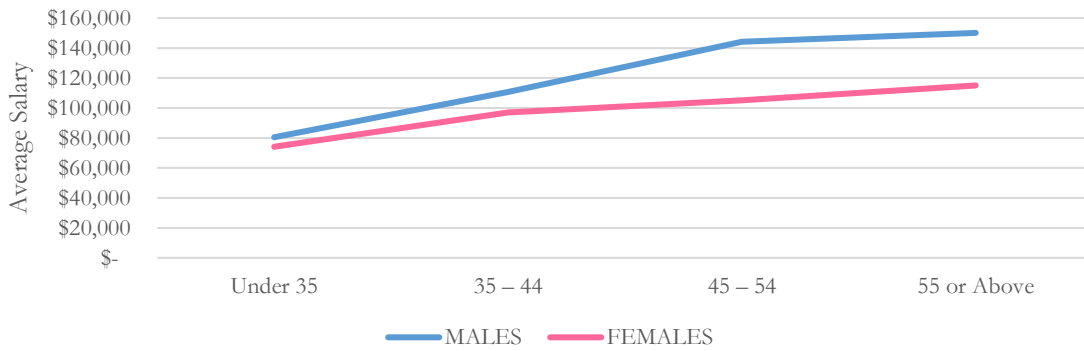
Graphic 3: Female Pay Disparity Trend (2006 - 2018)

Older females experience greater pay disparities than their younger colleagues

- The gender pay gap tends to widen with the increased age of the female health IT professional. (Graphic 4)

Graphic 4: Gender Pay Gap BY Age Cohort (2006 - 2018)

**The pay disparity experienced by female executives is great and worsening**

- The gender pay gap for female executives (78%) is wider than the gaps experienced by females occupying (non-executive) managerial (90%) and non-managerial (95%) roles. (Graphic 5) Over the past 12-years, the female executive's pay gap appears to be widening. (Graphic 6)

**Graphic 5: Female Pay Disparity BY Managerial Status (2018)**
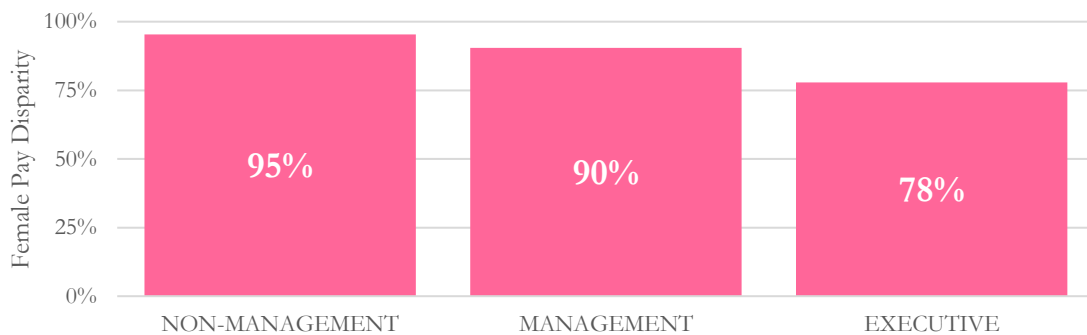
Graphic 6: Female Pay Disparity BY Managerial Status (2006 - 2018)
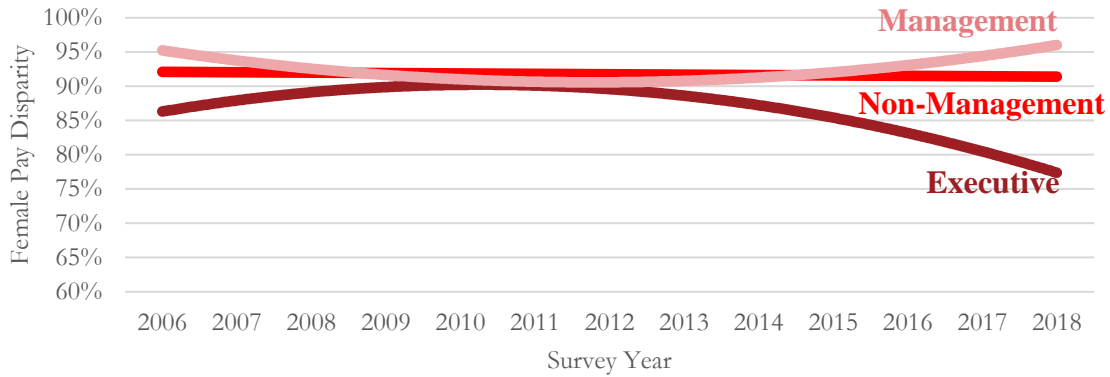
Females in Clinical Management roles experience the most egregious gender pay disparities

- Representing roughly 12% of all respondents, the Clinical Manager role (e.g. CMO, Medical Director, Chief of Staff; CNO, VP/Director of Nursing; Manager of Nursing; etc.) presents as area where gender pay differences (59%) are the most pronounced. (Graphic 7)
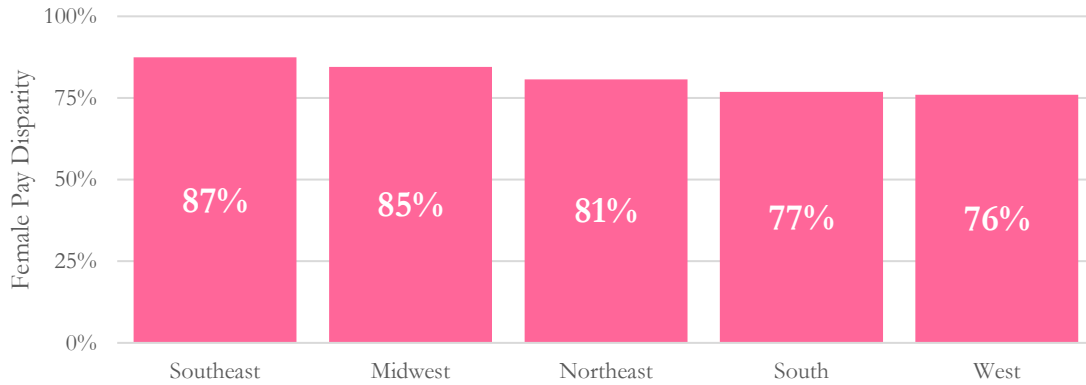
Graphic 7: Female Pay Disparity BY Job Type (2018)
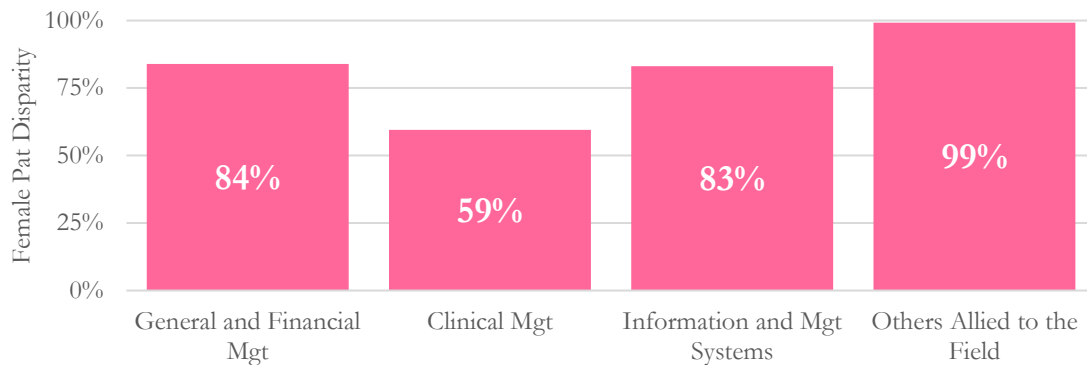
Gender pay disparities vary by region of the country

- Female health IT professionals working in the South and West tend to experience greater pay disparities than females working in other areas of the country. (Graphic 8)

Graphic 8: Female Pay Disparity BY US Region (2018)

Race:

**Non-white health IT professionals on average make 12% less than their white counterparts**

- With 78% of respondents self-identifying as "White", respondents from all other races were group together as "Non-Whites". The average salary of white respondents (**$112,926**) was 12% higher than the average salary of non-white respondents (**$99,069**). (Graphic 9)

Graphic 9: Average Compensation BY Race (2018)
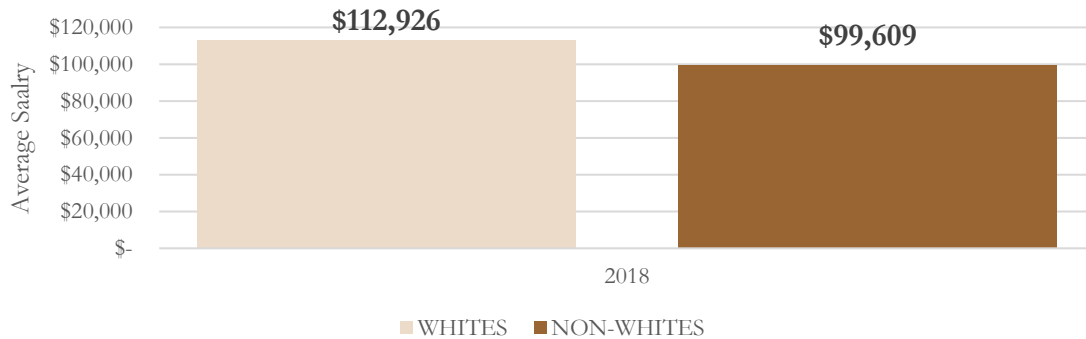
The racial pay gap widens with the increased age of the respondents

- Older, non-white information and technology professionals experience greater pay disparities. (Graphic 10)

Graphic 10: Average Compensation BY Race BY Age (2018)
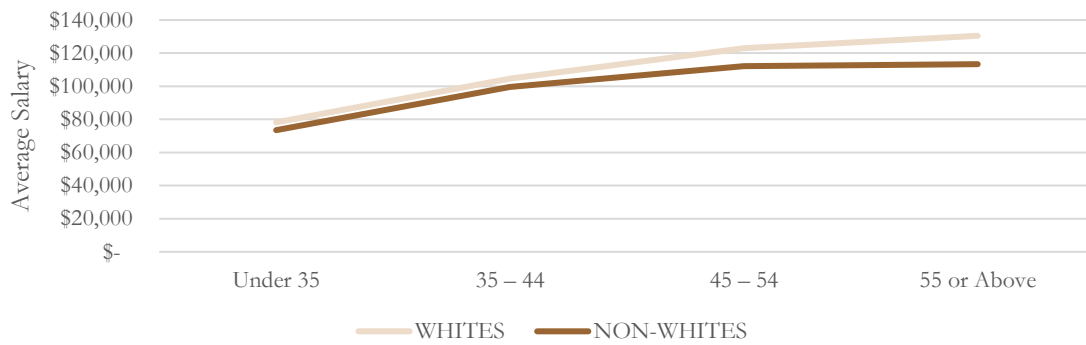
"Double jeopardy" exists in the health information and technology workforce

- Being female and non-white (Double Jeopardy), present as a challenge to equitable pay as non-white females have the lowest average salaries of the four gender-racial groups considered. (Graphic 11)

Graphic 11: Average Compensation BY Race/Gender (2018)

The racial pay gap varies by region

- Geographically, the racial pay gap is most pronounced in the Midwest, Northeast and South with parity in the West. (Graphic 12)

Graphic 12: Racial Pay Disparity BY Region (2018)
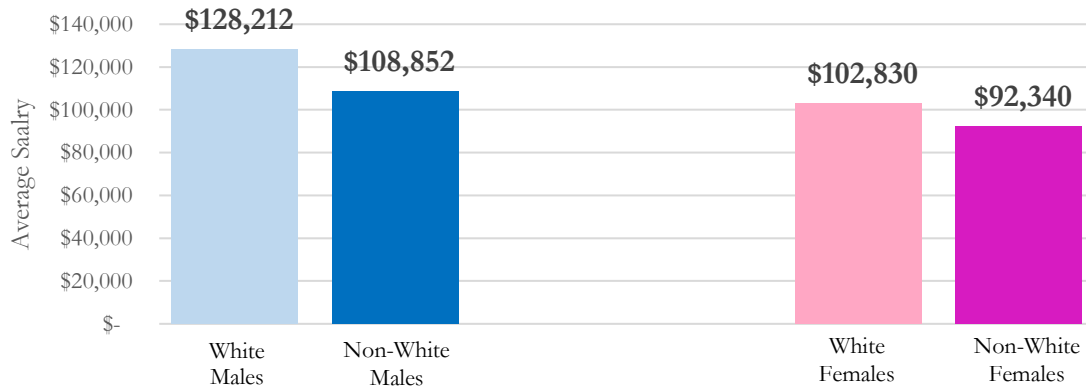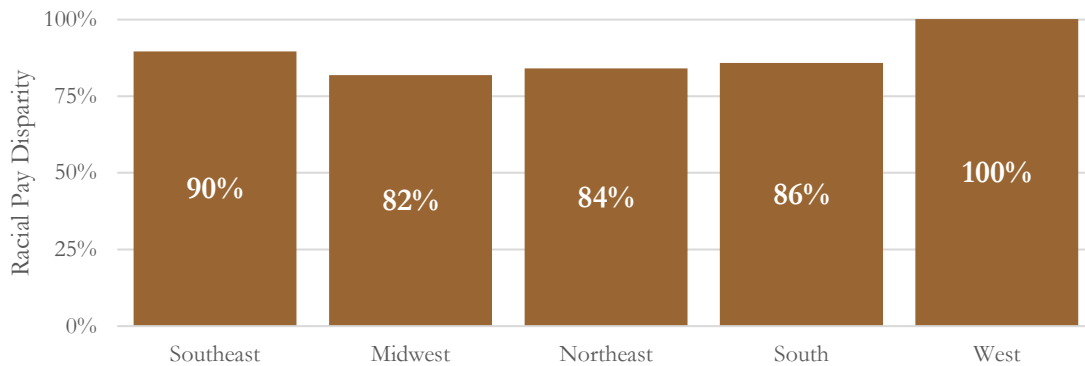

The racial pay disparity varies by managerial level

- Non-white health IT professionals in Executive Management positions on average make **29% less** than their white peers, while non-white health IT professionals in non-Executive Management positions appear to make **12% more** than their white colleagues. (Graphic 13)

Graphic 13: Racial Pay Disparity BY Managerial Status (2018)
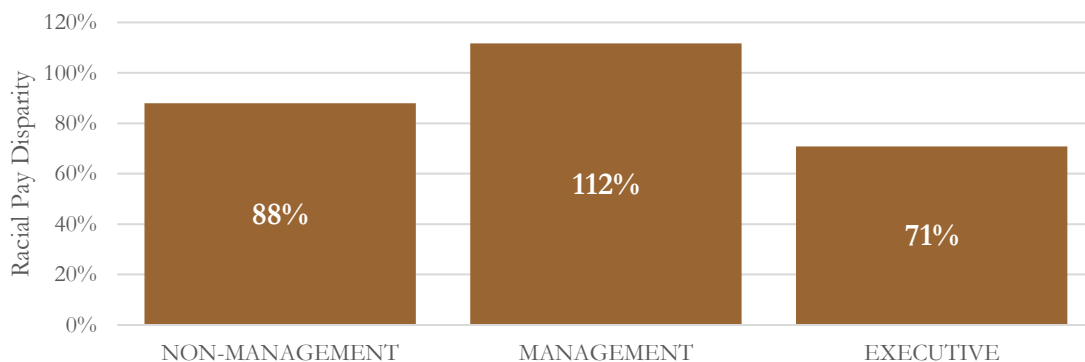
Hospital settings present as the most favorable work settings for non-white digital health professionals

- The pay gap for non-white digital health professionals was the least in hospital settings (**8%**) (Graphic 14), especially in for-profit hospitals (where non-white professionals have pay parity with their white peers). (Graphic 15)

Graphic 14: Racial Pay Disparity BY Organization Type (2018)
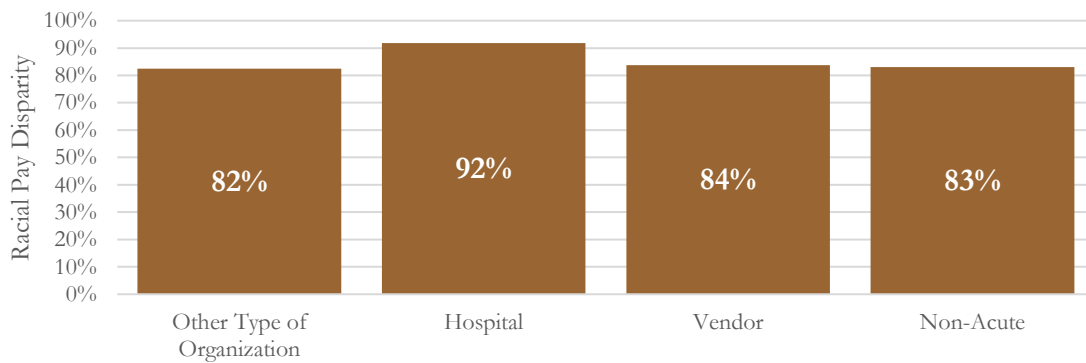
Graphic 15: Racial Pay Disparity BY Hospital Type (2018)
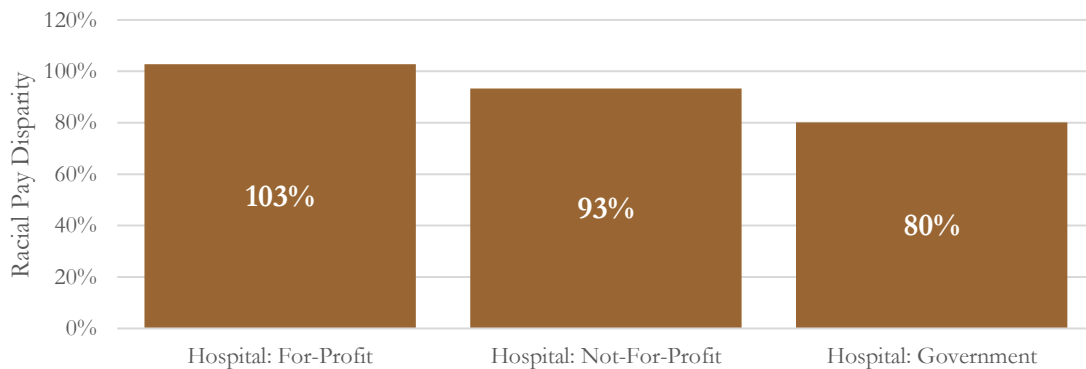
OBSERVATION 3: Health information and technology workers are moderately satisfied with their current base salary

When asked to rate their satisfaction with their current base salary using a 5-point scale (1 = "Not at all satisfied"; 5 = "Extremely satisfied"), the average score (**2.87**) registered slightly below **moderately satisfied**. (Graphic 16)

Graphic 16: Average Satisfaction with Base Salary (2018)
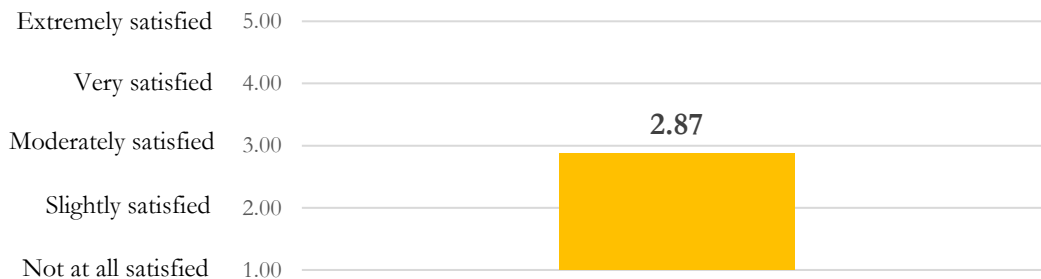
OBSERVATION 4: The impact of pay disparities on salary satisfaction varies by audience

While female and non-white digital health professionals are both paid less than their respective counterparts, these disparities are not necessarily expressed in salary satisfaction evaluations. Females (statistically) are just as satisfied with their pay as their male peers, while non-white professionals are notably less satisfied with their pay than white professionals. (Graphic 17)

Graphic 17: Average Satisfaction with Base Salary BY Gender/Race (2018)
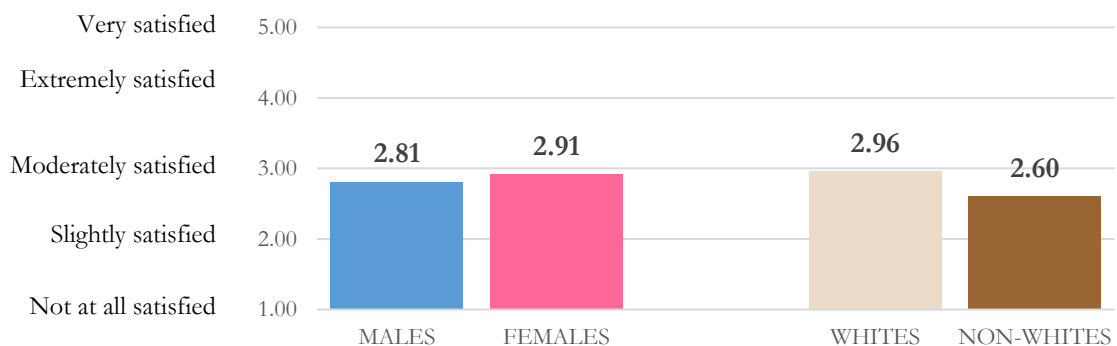
OBSERVATION 5: Employers use compensation incentives in distinctive ways

Employers are more restrictive in awarding bonuses than salary increases

- When asked to indicate if they had received a salary increase and/or bonus payout within the last 12 months, respondents were more apt to receive a salary increase than a bonus. (Table 1)

Table 1: Respondents Receiving Compensation Incentives Past 12 Months

Received compensation incentive	Count	Percent
Salary increase	637	72%
Bonus payout	301	34%

Employers appear to favor salary increases as a compensation incentive for white health IT professionals

- When analyzing compensation incentive strategies by race, a disconcerting pattern emerges; non-white professionals are less likely to report receiving a salary increase than their white peers. (Table 2)

Table 2: Respondents Receiving Salary Increase Past 12 Months BY Race

Received salary increase	Count	Percent
Whites	492	74%
Non-Whites	118	64%

Employers appear to favor bonuses as a compensation incentive for those with managerial responsibilities

- The probability of receiving a bonus increases as managerial responsibilities increase. (Table 3)

Table 3: Respondents Receiving Bonus Payout Past 12 Months BY Managerial Status

Received bonus payout	Count	Percent
Executives	71	51%
(Non-Executive) Management	119	42%
Non-Management	111	24%

The magnitude of bonuses awarded varies by gender

- Males are more likely to receive a larger bonus than females. (Table 4)

Table 4: Respondents Receiving Bonus Payout Past 12 Months BY Gender Status

Received bonus 3% of salary or greater	Count	Percent
Males	89	68%
Females	85	51%

OBSERVATION 6: Promotional fortunes result from merit

Respondents were presented with an extensive list of factors known to impact career advancement, and then asked to identify those factors that had the greatest impact on promotions within their organization. The most commonly cited factors ("*Success in projects/missions*" and "*Professional experience*") reflect merit-based factors. Merit-based factors were elevated for select audiences. (Table 5)

Table 5: Top Promotional Factors BY Select Audiences

Top Factors	Aggregate	Vendor – YES	Executives	Bonus – YES	Females	Whites
Success in projects/missions	59%	73%	69%	67%	63%	61%
Professional experience	53%	57%	56%	56%	54%	53%

While non-white digital health professionals were three times more likely to cite "race/ethnicity" as a factor in promotions than white digital health professionals, "race/ethnicity" had a limited influence in comparison to all the other factors considered.

Recommendations

RECOMMENDATION 1: Explore replicating select vendor compensation practices in other healthcare IT employers

Vendor organizations in general present as one of the most attractive settings for health IT professionals, based on a number of metrics considered in this study:

Top Factors	Vendor	Hospital	Non-Acute	Other Type of Organization
Average Salary	**$126,910**	$108,754	$99,345	$102,316
Satisfaction with Pay	**3.03**	2.88	2.69	2.70
Bonus – YES	**78%**	30%	36%	36%
Bonus 3% of salary or greater	**84%**	54%	46%	59%

To be competitive, other healthcare information and technology employers could benefit from the insights vendor organizations have gained from their health IT compensation practices.

While the attractiveness of vendor organizations is true for healthcare IT employers in general, the vendor organizations should explore the existence of pay disparities amongst select populations.

- Females: The gender pay gap in vendor organizations (22%) is wider than the gender pay gap for the market as a whole (18%).
- Non-white health IT professionals: The racial pay gap in vendor organizations (16%) is wider than the racial pay gap for the market as a whole (12%).

RECOMMENDATION 2: Explore factors impacting female satisfaction with salary

The observation that female satisfaction with salary is undifferentiated from males despite the overwhelming evidence that females are paid less than their male peers, is one of the most perplexing findings in this study. The apparent disconnect between these two factors suggests there is a need to better understand the compensation expectations and strategies of female health IT professionals.

Conclusion

Findings from the 2018 HIMSS U.S. Compensation Survey are based on the feedback from a robust sampling of 855 U.S. digital health professionals. Generally consistent with past HIMSS Compensation Survey reports, this year's findings are a directionally correct reflection of the compensation experiences of IT professionals working in an array of healthcare settings. The results suggest health information and technology workers are generally satisfied with their compensation. That said, the results uncover multiple opportunities to address the compensation disparities that exist amongst select population groups.

About HIMSS

HIMSS is a global voice, advisor, and thought leader of health transformation through health information and technology with a unique breadth and depth of expertise and capabilities to improve the quality, safety, and efficiency of health, healthcare, and care outcomes. HIMSS designs and leverages key data assets, predictive models and tools to advise global leaders, stakeholders, and influencers of best practices in health information and technology, so they have the right information at the point of decision.

HIMSS drives innovative, forward thinking around best uses of information and technology in support of better connected care, improved population health, and low cost of care. HIMSS is a not-for-profit, headquartered in Chicago, Illinois, with additional offices in North America, Europe, United Kingdom, and Asia.

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 2018 HIMSS U.S. Compensation Survey.

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APPENDIX A
Profile of Survey Respondents

Personal characteristics

Gender	Count	Percent
Male	359	41%
Female	517	58%
Age	Count	Percent
Under 35	154	17%
35 – 44	240	27%
45 – 54	274	31%
55 +	212	24%
Ethnicity	Count	Percent
White	667	75%
Non-White	184	21%

Functional characteristics

Functional Role		Count	Percent
Clinical Management		109	12%
General and Financial Management		71	8%
Information and Management Systems		501	57%
Others Allied to the Field		204	23%
Management Level		Count	Percent
Full-time Executive Management		138	16%
Full-time Non-Executive Management		285	32%
Full-time Non-Management		462	52%
		…Position		… Industry	
Time in…	Count	Percent	Count	Percent
Less than one year	120	14%	16	2%
One to four years	399	45%	93	11%
Five to nine years	212	24%	143	16%
Ten to fourteen years	88	10%	164	19%
Fifteen to nineteen years	34	4%	117	13%
Twenty years or more	32	4%	350	40%

Organizational characteristics

Organization Type			
Hospital		628	71%
Non-Acute		74	8%
Vendor		107	12%
Other Type of Organization		76	9%
Tax Status		Count	Percent
For-Profit		216	24%
Not-For-Profit		578	65%
Government		59	7%

Number of Employees	Count	Percent
1 - 49	53	6%
50 - 999	142	16%
1,000 - 4,999	200	23%
5,000 – 9,999	140	16%
10,000 or more	312	35%
Region	Count	Percent
Midwest	245	28%
Northeast	164	19%
South	127	14%
Southeast	191	22%
US Territory	3	0%
West	155	18%
Midwest	245	28%