Healthcare IT
Market Report 2017
TRENDS EDITION

Through a great amount of analysis (thank you, Matt!), we are able to present selected trends based on three years of survey data input. After all, data with historical and relevant context will allow you to create more informed decisions when it comes to benefits/perks and overall compensation packages.

If you’re looking to stay competitive, these data points are denoted by a “TRENDS” heading throughout the book.

In addition to our salary/rate and benefits/perks data, we have a wonderfully eclectic group of market experts providing us their prognostications and insights on the overall healthcare market. With all of this current content, I trust that you’ll be able to take a nugget or two of useful information away and hope you’ll enjoy this book.

Thank you to all who participated in making this our best market survey yet.

Ben Weber, Managing Partner
Pivot Point Consulting, a Vaco Company
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At the end of 2016, Greythorn was acquired by Vaco Healthcare and merged with Pivot Point Consulting to form Pivot Point Consulting, a Vaco Company. We then surveyed healthcare IT professionals across the nation about their careers as well as the current job market conditions. These findings have enabled us to present you with clear insight into key trends and drivers in the healthcare IT market.

This report provides some of the most comprehensive information available. We hope you find it useful and welcome any comments or recommendations.

METHODOLOGY

In Q4 2016, Greythorn conducted its fifth healthcare IT specific survey with its candidates, focused on the demographics, length of tenure, working week, job security, career motivations, department changes, and reward and bonus trends of the healthcare IT market.

832 professionals from across the United States responded to the survey, helping us to determine key trends within the market.

This market report is based on the data received through the online survey, as well as the expert opinions of our experienced recruitment consultants.

Please contact us if you would like to receive a report tailored to your business needs.

info@pivotpointconsulting.com
+1 425 635 0300
What is your gender?

- 59% Female
- 41% Male

How old are you?

- 0% 18-24 years old
- 17% 25-34 years old
- 20% 35-42 years old
- 24% 43-50 years old
- 30% 51-60 years old
- 9% 60+ years old

Where is your role located?

- 28% West
- 18% Midwest
- 30% South
- 18% Northeast
How are you currently employed?

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Employment Type</th>
</tr>
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<tbody>
<tr>
<td>35%</td>
<td>Full time employment</td>
</tr>
<tr>
<td>65%</td>
<td>Consulting/Contract work</td>
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Consulting/Contract work can be exciting—it gives candidates the opportunity to travel and experience different organizations. But full time work is more comfortable for some who crave stability. It’s wise to remain open to both options, however; full time roles can end, and a contract can be extended or offered as permanent role.

Wendy French
Senior Recruiter

How many hours per week do you work on average?

<table>
<thead>
<tr>
<th>Hours Range</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Less than 20</td>
<td>1%</td>
</tr>
<tr>
<td>21-30 hours</td>
<td>1%</td>
</tr>
<tr>
<td>31-40 hours</td>
<td>18%</td>
</tr>
<tr>
<td>41-45 hours</td>
<td>40%</td>
</tr>
<tr>
<td>46-50 hours</td>
<td>23%</td>
</tr>
<tr>
<td>51-55 hours</td>
<td>5%</td>
</tr>
<tr>
<td>56-60 hours</td>
<td>4%</td>
</tr>
<tr>
<td>More than 60</td>
<td>7%</td>
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</table>

TREND

Despite a sense that work weeks are getting longer in the United States overall, data from the last three years shows that healthcare IT professionals are trending back toward a shorter work week. There has been a 9% increase since 2014 of survey participants who report working 31-45 hours. Meanwhile, all categories for work weeks longer than 45 hours show decline year-over-year—except for those working 60+ hours.
STAFF

Did your organization increase or reduce the overall headcount last year?

- **35%** Increase
- **47%** Don’t know
- **18%** Decrease
Do you expect your organization to make any layoffs over the next 12 months?

- **37%** I suspect the headcount will remain the same
- **12%** Dependent on the economy; we review every quarter
- **8%** No, we’ve made our cuts already
- **8%** Yes, there will be significant headcount loss
- **13%** We are hiring aggressively now that the market has turned
- **20%** Don’t know
Data from the last three years shows that an increasing number of healthcare IT professionals report feeling “optimistic” or “extremely optimistic” about their career opportunities. Interestingly, it’s extreme optimism that has powered most of the rise, accounting for 34% of responses in 2016, compared to 18% in 2014.

**ECONOMY**

How are you feeling about healthcare IT opportunities over the next 12 months?

- **34%** Extremely optimistic
- **52%** Optimistic
- **10%** Indifferent
- **4%** Pessimistic
- **1%** Extremely pessimistic
CAREER PERSPECTIVE
FULL TIME
More certifications are always good, but all the certifications in the world do no matter if you don’t have experience.

Ted Karas
Business Development Executive
Which module do you typically work in?

- Ambulatory (EpicCare): 37%
- Cadence: 26%
- Inpatient: 21%
- Resolute: 15%
- CPOE: 13%
- MyChart: 13%
- Resolute Hospital: 13%
- OpTime: 12%
- Prelude: 12%
- Reporting: 12%
- ASAP: 11%
- Anesthesia: 10%
- Grand Central: 10%
- Beacon: 9%
- HIM: 9%
- Radiant: 9%
- Stork: 9%
- Willow: 8%
- PowerChart: 8%
- Cogito: 7%
- Cupid: 7%

TREND

Over the last three years, three modules have seen the biggest increase in reported users: Ambulatory (EpicCare), Cadence, and Inpatient.
Lately, the areas where we see most salary increases are in specializations. Fewer hospitals are engaging in new implementations, and generalists are readily available in the marketplace.

Travis Porcelli
Senior Account Manager
How long have you been in the healthcare IT industry?

- 3% 0 - 6 months
- 3% 6 - 12 months
- 8% 1 - 3 years
- 21% 3 - 5 years
- 23% 6 - 10 years
- 43% More than 10 years

Tenure matters. Employers see a red flag if a professional is constantly jumping from one job to the next, especially across industries. We need to find what we’re passionate about, but we also need to gain experience by staying in an industry and with an employer for a minimum of two or three years.

Courtney Tague
Account Manager Executive - LIVESite Training
CONSULTING OPPORTUNITIES

Would you consider consulting in the next 12 months?

YES 69%

NO 31%

“Leaving a stable, permanent position for a new consulting gig is always a difficult decision. But beyond money, a contractor gets a lot more exposure to different technologies and environments than a typical permanent employee who may get stuck within a myopic area. With this diverse experience, options open up for a technologist looking to expand their knowledge base.”

Ted Karas
Business Development Executive

TREND

Full time healthcare IT professionals who would consider consulting in the next 12 months:

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>2014</td>
<td>61%</td>
</tr>
<tr>
<td>2015</td>
<td>71%</td>
</tr>
<tr>
<td>2016</td>
<td>69%</td>
</tr>
</tbody>
</table>
How important is each of the following employee benefits when considering a new role?

- **Deal breaker**
- **Considerable factor**
- **Nice to have**

**Benefits**

- Medical
- Vision
- Dental
- Telecommute/Remote work
- 401k match
- Relocation bonus/reimbursement
- Training
- Certification training
- Life insurance
- Flexible benefits

**How important is each benefit?**

- **Medical**
- **Vision**
- **Dental**
- **Telecommute/Remote work**
- **401k match**
- **Relocation bonus/reimbursement**
- **Training**
- **Certification training**
- **Life insurance**
- **Flexible benefits**
Which benefits are included in your current package?

- Medical/vision/dental/life insurance: 82%
- Tuition assistance/reimbursement: 56%
- 401(k) match: 48%
- Telecommute/remote work: 45%
- Certification training: 40%
- Flexible benefits (choosing from a range of options): 35%
- 403(b) match: 34%
- Bonus: 33%
- Gym membership: 23%
- Pension: 17%
- Relocation bonus: 12%
- Sign on bonus: 11%
- Car/transportation allowance: 88%
- Sign on bonus: 12%
- Car/transportation allowance: 11%

Greythorn
Specialist Technology Recruitment

Pivot Point Consulting
A Vaco Company
Did you receive any kind of bonus in 2016?

- 31% Yes, I received a performance based bonus
- 5% Yes, I received a sign-on bonus
- 4% Yes, I received a retention bonus
- 60% No, I do not receive a bonus of any kind

As a percentage of your base salary, what level was your last annual bonus?

- 48% 0-5%
- 21% 6-10%
- 14% 11-15%
- 3% 16-20%
- 7% More than 20%

Don’t be afraid to ask about an employer’s incentive program. You have a right to ask about this employee benefit, because as a healthcare IT professional you dedicate yourself to the position you hold. While some organizations don’t offer bonuses, they may offer other incentives worth learning more about.

Caleb Potter
Senior Recruiting Lead
CAREER PERSPECTIVE

CONTRACT
PROFESSION

Which best describes your specialty?

- Instructional Designer: 7%
- Credentialed Trainer: 29%
- Builder/Analyst: 30%
- Go-Live Support: 7%
- Meaningful Use Specialist: 10%
- Director or above: 3%

Professionally, which EMR system are you most familiar with?

- Epic: 81%
- Cerner: 8%
- Other: 10%
- Meditech: 2%
- Allscripts: 1%
- Siemens: 2%
- McKesson: 1%
Which module do you typically work in?

<table>
<thead>
<tr>
<th>Module</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory</td>
<td>47%</td>
</tr>
<tr>
<td>Inpatient</td>
<td>46%</td>
</tr>
<tr>
<td>Orders</td>
<td>37%</td>
</tr>
<tr>
<td>ClinDoc</td>
<td>37%</td>
</tr>
<tr>
<td>CPOE</td>
<td>32%</td>
</tr>
<tr>
<td>Cadence</td>
<td>23%</td>
</tr>
<tr>
<td>ADT</td>
<td>18%</td>
</tr>
<tr>
<td>OpTime</td>
<td>16%</td>
</tr>
<tr>
<td>Prelude</td>
<td>15%</td>
</tr>
<tr>
<td>ASAP</td>
<td>14%</td>
</tr>
<tr>
<td>Revenue Cycle</td>
<td>14%</td>
</tr>
<tr>
<td>PowerChart</td>
<td>13%</td>
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<tr>
<td>Beacon</td>
<td>12%</td>
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<tr>
<td>MyChart</td>
<td>12%</td>
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<tr>
<td>Stork</td>
<td>12%</td>
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<tr>
<td>Cardiant</td>
<td>5%</td>
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<tr>
<td>Willow</td>
<td>10%</td>
</tr>
<tr>
<td>PathNet</td>
<td>5%</td>
</tr>
<tr>
<td>Integration &amp; Reporting</td>
<td>8%</td>
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<tr>
<td>Beaker</td>
<td>7%</td>
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<tr>
<td>SurgiNet</td>
<td>7%</td>
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<tr>
<td>FirstNet</td>
<td>7%</td>
</tr>
<tr>
<td>Clarity</td>
<td>6%</td>
</tr>
<tr>
<td>RadNet</td>
<td>6%</td>
</tr>
<tr>
<td>Resolute HB</td>
<td>5%</td>
</tr>
<tr>
<td>Resolute PB</td>
<td>10%</td>
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</table>
**COMPENSATION**

What is your current hourly rate?

- **Less than $40**: 4%
- **$41 - $50**: 5%
- **$51 - $60**: 22%
- **$61 - $70**: 15%
- **$71 - $80**: 11%
- **$81 - $90**: 16%
- **$91 - $100**: 13%
- **$101 - $110**: 7%
- **More than $110**: 9%

**TREND**

Consultants increasingly prefer to book travel and lodging expenses, then submit receipts for reimbursement later. In 2014, 36% of survey participants expressed this preference; by 2016 the number had grown to 40%.

**LENGTH OF TENURE**

How long have you been in healthcare IT?

- **0 - 6 months**: 3%
- **7 - 12 months**: 1%
- **1 - 2 years**: 3%
- **3 - 5 years**: 28%
- **More than 6 years**: 66%
On a scale of 1 (not important) to 5 (highly important), please rate the impact of the following factors when evaluating a potential contract.

**TREND**

Since 2014, the three issues that healthcare IT consultants have increasingly factored into their contract decisions are benefits (up 48%), the ability to work from home (up 38%), and the location of the hospital site (up 25%).
Would you consider a full-time role?

**YES** 67%

**NO** 33%

**TREND**
Data collected since 2014 shows that consultants like the flexibility they enjoy with contract work. In the last three years, the number of people who say they would not consider a full time role has increased by 25%.

What is the most important factor when considering a full time role?

- **Location**: 34%
- **Salary**: 26%
- **Type of work**: 8%
- **Culture of team/hospital**: 10%
- **Certification opportunities**: 9%
- **Other**: 10%
- **Relocation package**: 3%
- **Training**: 1%
Why did you leave your previous role?

- **22%** Career development/advancement
- **12%** Higher salary
- **12%** Challenge/more interesting work
- **8%** Work/life balance
- **1%** Improved employer brand
- **3%** Internal promotion
- **1%** More responsibility
- **5%** Commute/proximity
- **4%** Job security
- **3%** For an improved relationship with my manager/colleagues
- **11%** Laid off
- **8%** Relocation
What would you perceive to be an acceptable increase in your basic compensation for your next role?

- 0% increase: 3%
- 1-5% increase: 17%
- 6-10% increase: 34%
- 11-15% increase: 21%
- 16-20% increase: 12%
- 21-30% increase: 8%
- 31-40% increase: 2%
- 41-50% increase: 2%
- More than 50% increase: 2%
How would you assess your level of satisfaction with your current role?

**CURRENT**

- **31%** Highly satisfied
- **57%** Satisfied
- **10%** Dissatisfied
- **2%** Highly dissatisfied

**Reasons for dissatisfaction**

- **25%** Culture
- **16%** Career progression
- **8%** Salary
- **13%** Challenge
- **5%** Questionable ethics
- **1%** Benefits
- **24%** Other
- **8%** Manager/supervisor
Who or what inspires you in your current role?

### CURRENT

**TREND**
Survey data indicates that dissatisfaction with company culture is growing. Since 2014, when it was the primary reason for 16% of survey respondents, it’s grown to be a sore spot for 25% of HIT professionals—an increase of 39% in three years.
What are your key priorities when considering a new job?

- Higher salary
- Career development/advancement
- Challenge/more interesting work
- Work/life balance
- Commute/proximity
- Job security

- Training
- Improved benefits package
- More responsibility/accountability
- Improved relationship with boss
- Relocation
- Bonus potential

**TREND**

While factors like job security have become less important to job seekers since 2014, our research shows that over the same time period they’ve begun to increasingly prioritize bonuses (28% increase), the commute (21% increase), and having challenging and interesting work (17% increase).
SALARY SUMMARY
We all want to make six figures, but it’s important to be realistic. Your salary will depend on your total experience and your experience within the healthcare IT industry. You can get a better idea of what kind of compensation to expect by researching the company you may be interviewing with, as well as researching similar roles. Of course, don’t hesitate to reach out to a recruiter and ask—they are in constant contact with hiring managers and know what salary ranges are reasonable per role and organization.

Courtney Tague
Account Manager Executive - LIVESite Training
Let’s face it, the healthcare industry will be going through another major transformation, and this one will be powered by data analytics. Not long ago, Booz Allen published a research paper that showed organizations that actively developed data analytics structure performed two times better than the rest. They also reported that the same organizations were three times more likely to execute on their decisions. Most Fortune 500 firms are implementing data analytics initiatives with renewed focus and energy, and the opportunities and benefits of data analytics in transforming a business or a healthcare organization are tremendous. Business journals are filled with success stories that inspire many leaders to make intentional investments in data analytics. But what strategic intents can analytics serve that will change healthcare in particular? There are countless opportunities, but I believe in the next few years we will see four specific changes.

1. Improved Quality
Data analytics enables many use cases, from better diagnosis to personalized medicine, that promise higher quality medications and better outcomes. It’s easy to get overwhelmed by the plethora of patient data, and physicians need a “data scope” to pick the relevant information from the noise. (Remember the emergency doctor who missed the first Ebola patient’s 103 degree temperature¹ in 2014? IBM Watson diagnosed a rare disease that was missed by doctors²). In other words, we need to—and we can—develop better clinical decision support systems for care providers. The big multiplier effect comes into play from more effective and shorter drug development cycles as a result of more accurate clinical trials and post-trial real world evidence data analysis. Watch this space as data analytics empowers personalized medicine to deliver drastically better outcomes.

2. Improved Financials
Data analytics helps providers and payers throughout billing and revenue cycle management to be more accurate, consistent, and to prevent fraud. The overall impact of analytics on reducing costs and improving revenue capture delivers amazing return on investment. Data analytics can show hospitals where they can better negotiate on prices with suppliers, and the optimal time to order supplies to minimize their inventories. Some hospitals have used data analytics to reduce re-admission and unnecessary testing. According to some data scientists, using these strategies could save more than $5M per hospital³, improving cash flow and bottom line at the same time.

3. Prediction, Prevention, & Intervention
Data analytics can identify at-risk individuals, and predict how effective preventative care will be for them. Prediction and prevention seem to go hand-in-hand. Predictive analytics can categorize patients based on their disease markers and predict their future health status. Knowing what may happen allows us to intervene and prevent adverse diseases or lessen their negative impact.

4. Population Health Management
Thanks to widespread use of electronic health record (EHR) systems, we now have the ability to gather data across large populations of patients and disease categories. With this information, we’re able to gain insight about shifts and trends

in population health. Access to large population data sets enable us to implement more effective healthcare policies, practices, and plans across communities and segments of the population. One insurance company offers discounts if patients offer their Fitbit data for analysis\(^4\), while another partners with grocery chain stores to track their patient population diet over time\(^5\).

Ultimately, data analytics detects patterns and provides insights in data. These patterns have always existed, but now we have the tools to see them. The insight we gain provides better clues about our situation in healthcare, and it answers questions about why something happened, what is happening now, and what is likely to happen next.

Healthcare has gone through a lot of changes in the last decade, but new ones are on their way that will move providers and payers into new care and payment models. Data analytics will make these transformations feasible and the transitions smoother.

Peter Ghavami, PhD is the Head of IT Development and Data Analytics at CEB Global (Corporate Executive Board), a global best practices and technology company. Dr. Ghavami leads several data analytics programs including the CEB Data Innovation Center at the University of Illinois Research Park. He has published numerous books about data analytics and conducts research in machine learning, predictive modeling and Natural Language Processing (NLP) applications for clinical data. Prior to CEB, he was the Head of Data Analytics at Capital One Financial. He is co-founder of the Association of Data Scientists and Data Engineers in Washington, D.C.

Several forces will impact the landscape of the healthcare industry in 2017. The anticipated changes to the Affordable Care Act under the new administration, the advancements in technologies, the aging of the population, and the sustained chronic health-related problems are among the influencers that shape the course of this industry in profound ways. The key themes continued from 2016 will be the shift to value-based care and the efforts to improve the health of the population. However, we see a concerted effort toward modernization and revenue maximization. On the tactical front, we see:

- Data security and interoperability as the key drivers for both patient access as well as interactions with external entities and government agencies. We anticipate ONC’s interoperability requirements to stay intact.
- The continued propagation of mobile devices and access to cloud platforms. The use of mobile devices will mushroom in 2017 and allow many-to-many interactions between patients and care providers.
- Hospital mergers and acquisitions will expand in 2017 and major health systems will better align their assets strategically and geographically.
- Finally, we see smaller hospitals and private physician practices partnering with larger healthcare systems under managed shared services contracts for many of the services including from IT, revenue cycle, compliance, etc.

The healthcare industry’s cost is still expected to grow by a similar rate as in 2016, or about 6.5%. However, we see a leveling off towards the end of 2017 and into 2018 as regulatory mandates ease and value based care models will begin to finally drive costs down.

Peyman Zand
Partner, Strategic Services Executive
Pivot Point Consulting, a Vaco Company
INSIGHT: PREDICTIONS FOR 2017

We asked a group of leaders about the promising ways they believe the healthcare IT industry can leverage technology over the next year. Here’s what they said.

This next year is going to be one of dynamic change in health information technology. In the shifting landscape of value based care and payment models, organizations and clinicians are going to need a robust IT infrastructure to move to a system based on quality of care rather than quantity. This will require robust analytics capabilities and the ability to exchange data—these data are both big and small, and solutions will need to address both.

I expect to see the widespread deployment of open restful APIs (like FHIR) for discrete data exchange between and among providers and patients. This will open up an entirely new framework for mobile health technology, putting the power of health information right in your pocket.

I also expect to see the continued exploration of blockchain for use in healthcare. This will provide a secure online ledger for health information and transactions. And there will be nudging into the marketplace with innovative solutions based on the blockchain technology.

Finally, 2017 is the year that artificial intelligence and machine learning tools will break out in healthcare. The incredible advances in quantum computing and new processing mechanisms beyond silicon are making some pretty incredible opportunities for AI and related processes to make a big difference all across the spectrum: research genomics, patient data from wearables and sensors, and the marrying of the massive data sets from claims and clinical repositories providing the ability to manage healthcare big data in a flexible and nimble environment. Google, IBM, Facebook, Amazon, Baidu, Salesforce and others have made huge investments in AI and these platforms are tailor-made for solving some of healthcare’s most pressing problems.

Brian Ahier
Director of Standards and Government Affairs
Medicity

While much of healthcare’s focus is on technology, the best way to leverage technology going forward is to have well trained people provide meaning to the data. Technology has an extraordinary ability to collect, sort, and filter data. At least in the immediate future, it still takes really smart humans to know which data is meaningful and how it can improve health care.

John Lynn
Owner
HealthcareScene.com
2017 is going to be an interesting year. From a defensive perspective, hospitals and providers will need to focus on tightening up revenue cycle processes and workflow to support more timely collection of payments and reducing the occurrence of denials through more effective eligibility checking and charge capture. With the uncertainties surrounding the impact of the repeal and replacement of the Affordable Care Act, organizations need to look to ways of enhancing revenues through providing more revenue generating services, as well as using technology to support this. This will include broadening the use of telehealth to extend organizations’ reach, as well as using analytics tools to support population health and operational improvement. Progress with alternative payment methods focused on value and quality of care will also continue. Longer term, possibilities around blockchain will continue, as well as around technologies that will enhance precision medicine’s role in the early diagnosis of and therapies for cancer will attract attention.

Jon Melling, FHIMSS
Partner, Strategic Services Executive
Pivot Point Consulting, a Vaco Company

2017 is going to be the year where providers realize that the last seven years were about preparing for value. The replacement of the sustainable growth rate with MACRA and MIPS was an indication that the federal government expects progress in return for stabilizing the funding of providers with incentives but also with penalties if performance is not demonstrably improved. Having said that, there is still significant confusion and lack of knowledge about MACRA and MIPS and what it means for providers as well as the implications for EHR and revenue cycle system vendors. A major driver behind many of these initiatives is the desire to drive down the costs of care, hence the shift to fee-for-value from fee-for-service. This again will necessitate major changes to both EHR and revenue cycle systems to support both these approaches to charge capture and billing. The enhanced focus on clinical outcome and quality is also important here.

We are seeing continued moves for health systems and health plans to increase their “ownership” of the resident population. Hospitals are buying provider practices; health plans are collaborating closely with health systems; and these organizations are using advanced technologies that can analyze these populations in great detail to identify cohorts and patients that may need more focus. These technologies include analytics tools that use machine learning and analytics technologies that can drill down into the lowest level detail but also support wider geographic information tools that really do support population health and management techniques.

Rachel Marano
Anchor Partner
Pivot Point Consulting, a Vaco Company

2017 is going to be an interesting year. From a defensive perspective, hospitals and providers will need to focus on tightening up revenue cycle processes and workflow to support more timely collection of payments and reducing the occurrence of denials through more effective eligibility checking and charge capture. With the uncertainties surrounding the impact of the repeal and replacement of the Affordable Care Act, organizations need to look to ways of enhancing revenues through providing more revenue generating services, as well as using technology to support this. This will include broadening the use of telehealth to extend organizations’ reach, as well as looking to analytics tools to support population health and operational improvement. Progress with alternative payment methods focused on value and quality of care will also continue. Longer term, possibilities around blockchain will continue, as well as around technologies that will enhance precision medicine’s role in the early diagnosis of and therapies for cancer will attract attention.

Jon Melling, FHIMSS
Partner, Strategic Services Executive
Pivot Point Consulting, a Vaco Company
At the end of 2016, Greythorn was acquired by Vaco Healthcare and merged with Pivot Point Consulting to form Pivot Point Consulting, a Vaco Company. We offer expertise in EHR implementation, training, optimization, legacy and go-live support, project management and strategic advisory services.

ABOUT US

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(Message and data rates may apply.)
ACKNOWLEDGEMENTS

We would like to thank all those who completed our survey—without your contribution, this market report would not be possible. If you did not complete our survey this time, please do so next year to ensure we can continue to develop the depth and quality of this report and continue to provide you with a fair and balanced picture.

This market report is intended to give you a very general overview on the changing nature and complexity of the IT employment market; for a more tailored and confidential discussion on how this will affect your business or indeed your own career, please get in touch with us.

DISCLAIMER

This research was carried out by means of an electronic questionnaire and supplemented with data and market information to which Greythorn has access. The results are provided as generic market information only.

Pivot Point Consulting does not make any warranties regarding the use, validity, accuracy or reliability of the results and information obtained. Pivot Point Consulting will not be liable for any damages of any kind arising out of or relating to the use of this information.

DOUG FLUTIE, JR. FOUNDATION FOR AUTISM

For every response to our survey, we donated $1 to the Doug Flutie, Jr. Foundation for Autism. The goal of the Flutie Foundation is to help families affected by autism live life to the fullest. Through their programs and partnerships, they help people with autism get access to care; lead more active lifestyles; and grow toward adult independence.

The Flutie Foundation was founded in 1998 by former NFL quarterback Doug Flutie and his wife, Laurie, in honor of their son who was diagnosed with autism at the age of three. Since its inception, the Foundation has raised millions of dollars for autism, distributing it through grants to nonprofit organizations providing family support grants, education, advocacy and recreational opportunities for individuals with autism.