

Overview

2021 Illinois Health IT Survey Report

The 2021 Illinois Health IT Survey Report was prepared by the Illinois Health Information Technology Regional Extension Center (ILHITREC) at Northern Illinois University.

The purpose of the Survey was to determine the extent of health information technology use by providers and hospitals in Illinois.

The results are used to better facilitate the adoption of electronic health records (EHR) and Health Information Exchange (HIE) systems in Illinois through the Medicaid Promoting Interoperability (PI) Program.





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Overview

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Where available and appropriate, comparative data from the Illinois Environmental Scan from 2011, 2016 and 2019 were included. Also included is comparative data from various CMS data sources such as HealthIT.gov and HealthData.gov.

Since the inception of the Medicaid PI program, the industry has changed, complicating appropriate comparative analysis. The industry has been consolidating practices, hospitals, and specialty clinics making comparisons from early years less appropriate for type of practice, urban/rural, and REC territory.

Additionally, early surveys were directed toward providers. As complexity around the program increased, most practices established a dedicated resource focusing on Medicaid PI. As a result, fewer providers respond today than did in the past and responses often reflect practice level information across multiple locations.



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Respondent Demographics

- √ 175 respondents completed the survey representing around 3,800 providers.
- ✓ Respondents to the 2021 survey were generally smaller in terms of number of providers. 69% of 2021 respondents indicated 10 or fewer providers in their practice compared to 51% in 2019.
- ✓ A greater percent of respondents represented primary care practices, critical access hospitals, and rural health clinics than past surveys.



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Medicaid PI Program Participants

- ✓ Nearly 66% of respondents have providers enrolled in the Promoting Interoperability (PI) Program representing a minimum of 1,189 providers who are in the Medicaid PI program.
- ✓ Over 75% of respondents indicated that the Medicaid PI program encouraged or supported their adoption of CEHRT. And nearly 72% of respondents said the incentive payments were worth the effort for the adoption, implementation, or upgrade of EHR technology.
- ✓ The Illinois Medicaid PI program supports all four key goals from the Federal Health IT Strategy Plan 2020 2025: https://www.healthit.gov/topic/2020-2025-federal-health-it-strategic-plan
 - ✓ Promote Health and Wellness
 - ✓ Enhance the Delivery and Experience of Care
 - ✓ Build a Secure, Data-Driven Ecosystem to Accelerate Research and Innovation
 - ✓ Connect Healthcare with Health Data



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EHR Utilization

- ✓ In 2011, 61% of Illinois providers had an EHR in place, compared to 100% of practices in 2021.
- ✓ Those participating in the Medicaid PI program are more likely to share information electronically, 74% of all 2021 respondents compared to 83% of those in the Medicaid PI program.
- ✓ Nearly 70% indicate their EHR is capable of bi-directional data exchanges in I-CARE. Of those, 70% are using this functionality and 15% are planning to.



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Hospital ADT Notifications

- √ 77% of hospitals indicate their organization has a process to generate data related to inpatient and/or emergency room admission, discharge, and transfer (ADT). 100% indicate the process is automated through their hospital administrative system which could be part of an EHR or an ADT system.
- ✓ The three biggest challenges for hospitals to getting external data is Conflicting information from different doctors, Different state rules/regulations, and Too much data from other doctors.



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Provider ADT Notifications

- ✓ An increasing number of providers indicate having a process in place to receive ADT notifications, 55% in 2016 compared to 70% in 2021. 89% of respondents indicate these notifications come directly from the hospital with 90% of those notifications coming via Fax.
- ✓ There is a substantial drop in ADT notifications over the past few years. 46% of 2019 respondents indicate receiving ADT notification for 75% or more of their patients, compared to just 27% in 2021.
- ✓ Half of respondents currently receive ADT notifications. Of those that do not currently receive ADT notifications, 15% are unable to receive them and 85% say hospitals do not send electronic notification despite 77% of hospitals reporting they have a process to send them.
- ✓ The biggest challenges, for providers, to getting data from outside their organization include:

 Conflicting information from different doctors, Different state rules/regulations, and Too much data from other doctors.



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Health Information Exchange

- √ 73% indicated they would use an accurate directory of direct, secure electronic message addresses to send or receive data from other providers. CMS now offers a list of Direct addresses at NPI Files (cms.gov) however, population of this information and awareness of the data is still growing.
- ✓ Organizations participating in a HIE increased from 32% (2016) to 51% (2021). Of those participating in a HIE, 36% used Care Everywhere and 36% were using an EHR option.
- ✓ Barriers to health information exchange included lack of access to provider direct addresses (58%), referring provider refuses to accept direct messages (58%), and EHR vendor costs were prohibitive (46%).







Highlights Medicaid PI Program Participation

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Key Takeaways

- ✓ Fewer 2021 survey respondents (66%) have providers participating in the Medicaid PI program compared to the 2016 survey (85%) due to program completions or challenges with meeting Stage 3 requirements. 4663 providers and 12 hospitals received payment for attestations in 2016 while the 2020 program year will have approximately 700 provider attestations and 0 hospital attestations.
- ✓ A greater number of practices plan to attest in 2021 (76%) than 2020 (67%).
- ✓ More practices are confident in meeting Stage 3 requirements in 2021 (68%) than in 2020 (63%).
- √ 76% of respondents indicated that the Medicaid PI program encouraged or supported their adoption of CEHRT.
 - The top three ways the Medicaid PI program has done this is through patient portals, I-CARE bidirectionality, and direct messaging.

Highlights Medicaid PI Program Participation

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Key Takeaways

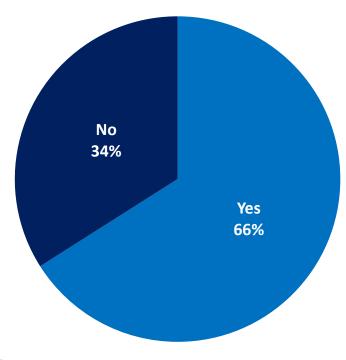
- ✓ Nearly 72% of respondents indicate that the incentive payments were worth the effort for the adoption, implementation, or upgrade of EHR technology.
- ✓ 11% of respondents would not have invested in EHR technology without the incentive payments, while 46% would have invested without the incentive, but not as quickly.
- ✓ The top four ways adoption of a CHERT has improved practices is:

✓	Decrease in medication errors	64%
✓	Improved patient throughput	60%
✓	Improved efficiency in reporting	60%
✓	Improved referral process	57%

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Percent of respondents participating in Medicaid PI





Medicaid PI Participation

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Do you plan on attesting for the 2020 or 2021 program years?







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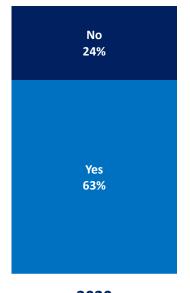
Medicaid PI Participation

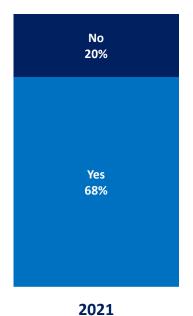
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Do you anticipate meeting Stage 3 requirements for the 2020 and 2021 program year?







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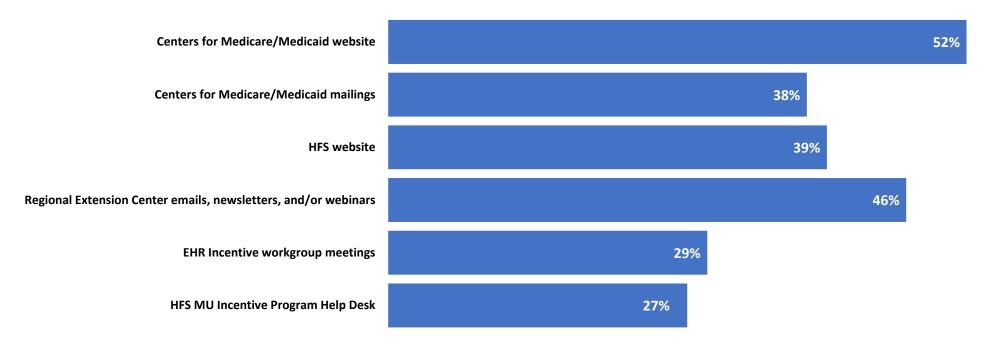
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Medicaid PI Participation

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What method(s) do you use to obtain Medicaid PI Program information?





Note: Respondents completing this question could check multiple options. Therefore, the number of individual responses does not equal the total number of responses.

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How would you categorize your knowledge of the Illinois Health IT (ILHITREC) and/or Chicago Health IT (CHITREC) Regional Extension Center activities in Illinois?









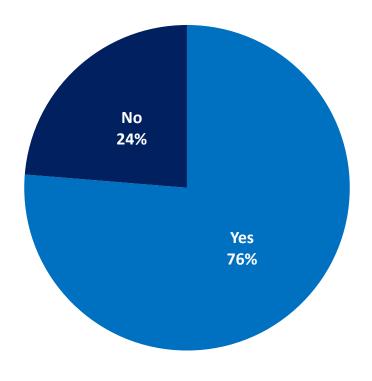


Medicaid PI Participation

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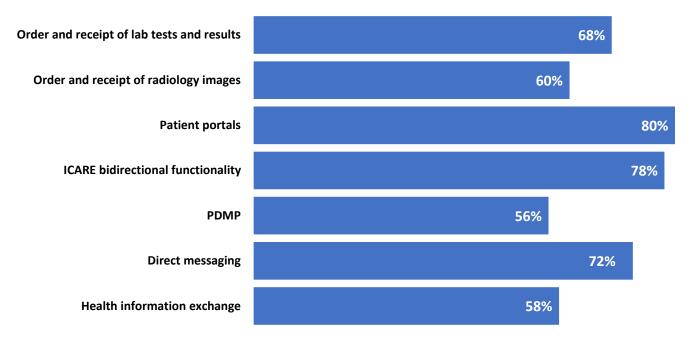
Has the Medicaid PI Program encouraged or supported your adoption of CEHRT?





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How has the Medicaid PI program encouraged or supported your adoption of a CEHRT?

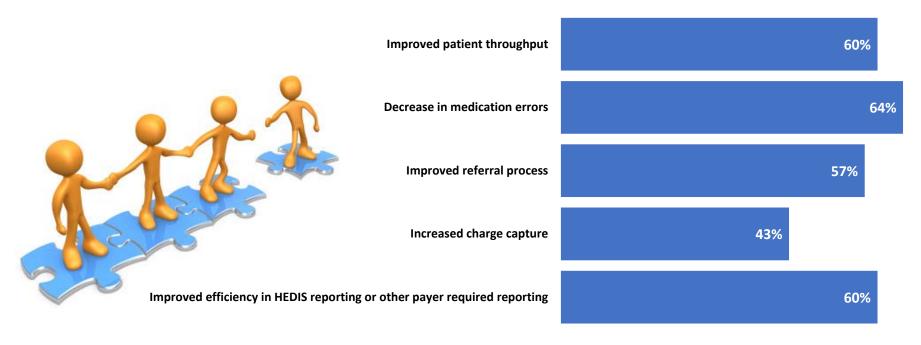




Note: Respondents completing this question could check multiple options. Therefore, the number of individual responses does not equal the total number of responses.

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Has the adoption of CEHRT improved your practice in any of the following areas?





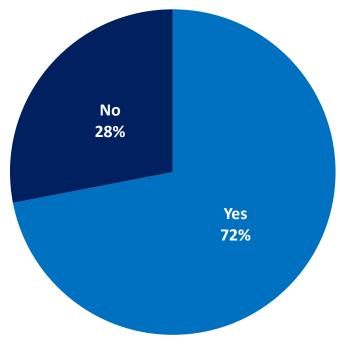
Note: Respondents completing this question could check multiple options. Therefore, the number of individual responses does not equal the total number of responses.

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Were the incentive payments worth the effort for the adoption, implementation, or upgrade of EHR technology?





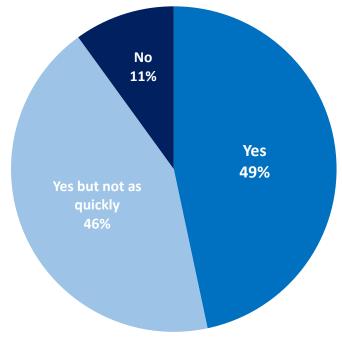


Medicaid PI Participation

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Would your organization have invested in EHR technology if the State had not provided incentive payments through PIP?

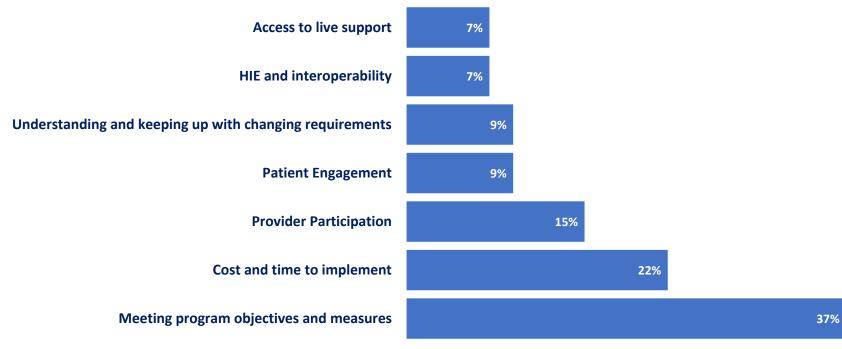






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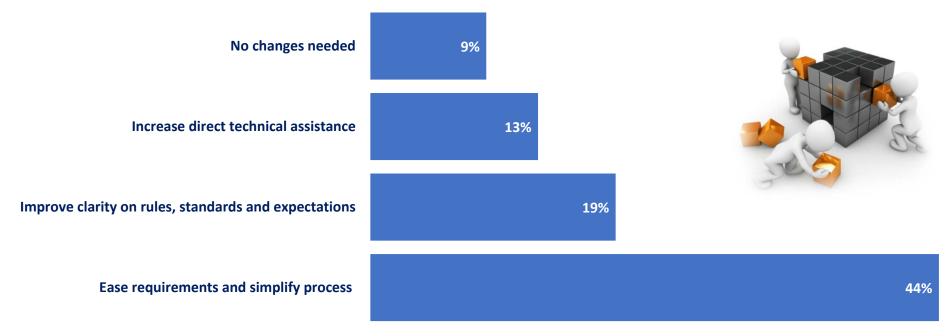
What were the most difficult challenges you experienced during your participation the program?





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What could CMS or the State of Illinois have done better to improve your organization's experience with this program?







Highlights EHR Utilization

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Key Takeaways

EHR Adoption

- ✓ 2011 61% of Medicaid providers had EHRs (most served urban areas).
- ✓ 2016 91% of practices had EHRs.
- ✓ 2021 100% of practices had EHRs.

Among survey respondents, the top 5 EHR vendors include:

- ✓ 2011 NextGen, EPIC, Allscripts, Centricity, Meditech.
- ✓ 2016 eClinicalWorks, EPIC, Practice Fusion, Cerner, NextGen.
- ✓ 2021 eClinicalWorks, EPIC, NextGen, Evident (CPSI), Meditech.





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Key Takeaways

✓ Respondents indicate sharing information with

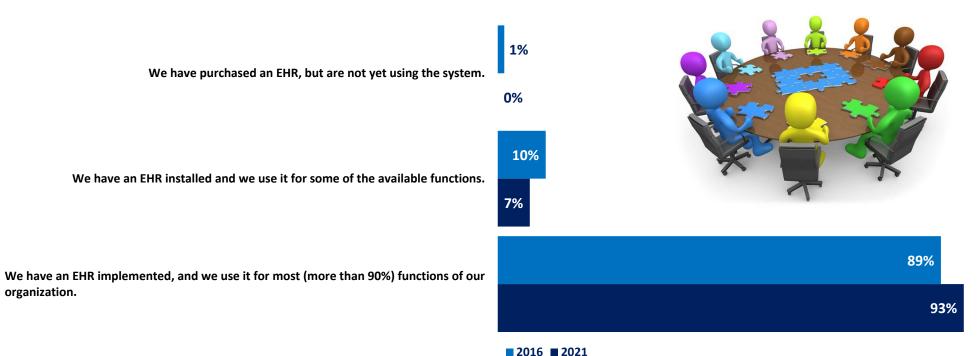
•	State immunization registries	65%
•	Patients	55%
•	Other hospitals	51%
•	Other clinicians	50%

- ✓ Those participating in the Medicaid PI program are more likely to share information electronically,
 74% of all 2021 respondents compared to 83% of those in the Medicaid PI program.
- √ 69% indicate their EHR is capable of bi-directional data exchanges in I-CARE. Of those, 70% are using this functionality and 15% are planning to use it.
- ✓ In 2011, just over 50% nationwide were reporting electronically to immunization registries. In 2021, 74% of Illinois respondents report electronically to I-CARE. Electronic Reporting to Immunization Information Services (IIS) among Medicare Eligible Professionals, 2011-2014 (healthit.gov)



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Which statement best describes your organization's EHR adoption?





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Top 10 EHRs in 2021 compared to 2019

2021 Survey	Primary EHR	Secondary EHR	Tertiary EHR	Responses*
eClinicalWorks	15	2	1	18
EPIC	14	1	2	17
NextGen	9	1		10
Evident (CPSI)	9			9
Meditech	8	1		9
Cerner	6		1	7
Allscripts	3	2		5
Athenahealth	3	1		4
Greenway	4			4
Practice Fusion	3			3
GE/Centricity	0	1		1
McKesson	1			1
Acumen				
Other	18	3	2	23

2019 Survey	Primary EHR	Secondary EHR	Tertiary EHR	Responses*
Acumen	2	0	1	3
Allscripts	6	4		10
Athenahealth	18	2		20
Cerner	17	0		17
CPSI	13	2	1	16
eClinicalWorks	17	1		18
EPIC	13	3	1	17
GE/Centricity	10		1	11
Greenway	5		1	6
McKesson	2		1	3
Meditech	12	1		13
NextGen	14	4		18
Practice Fusion	7			7
Other	33	5		38

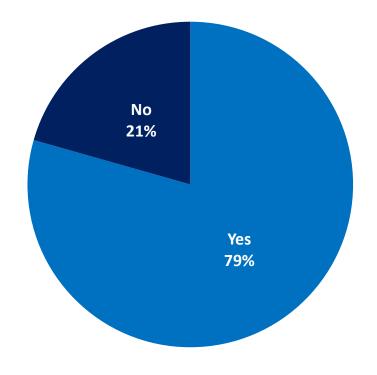


*Respondents completing this question could check multiple options. Therefore, the number of individual responses does not equal the total number of responses.

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Did your EHR vendor adequately meet your staff's training needs?

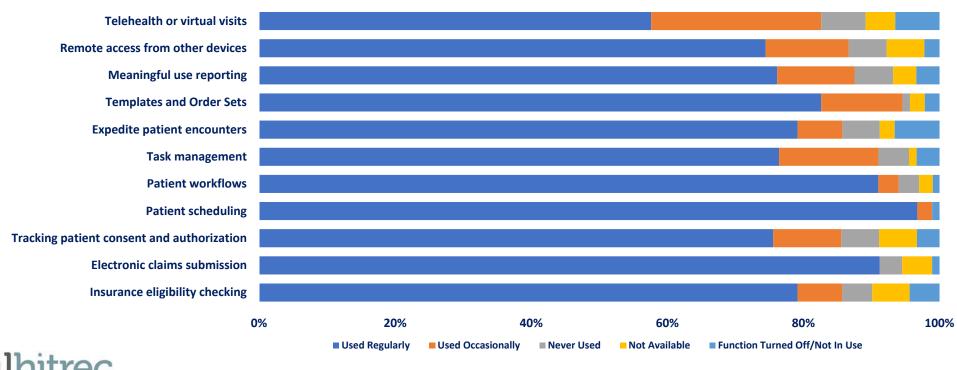






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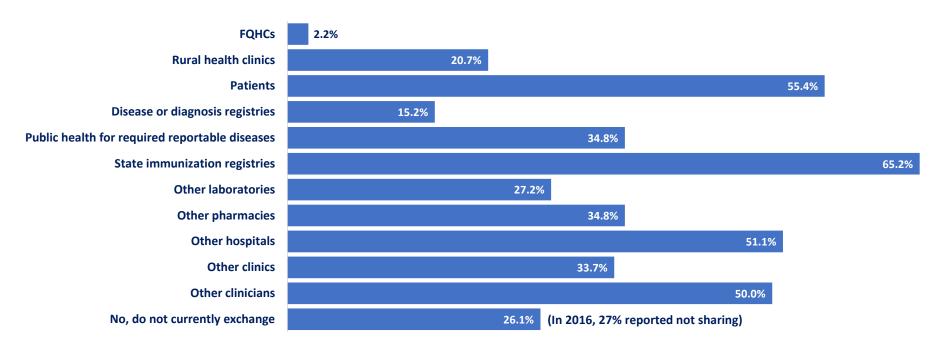
How often does your organization use the following EHR functionality?





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Are you currently sharing information electronically using your EHR and with whom?



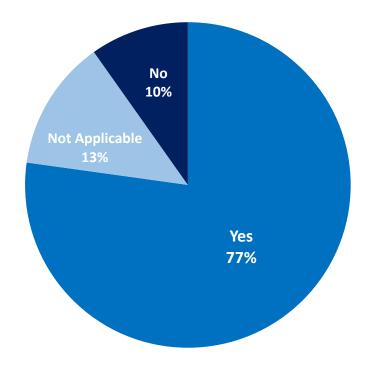


Note: Respondents completing this question could check multiple options. Therefore, the number of individual responses does not equal the total number of responses.

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Are the laboratories at your facility capable of sending results electronically to providers?

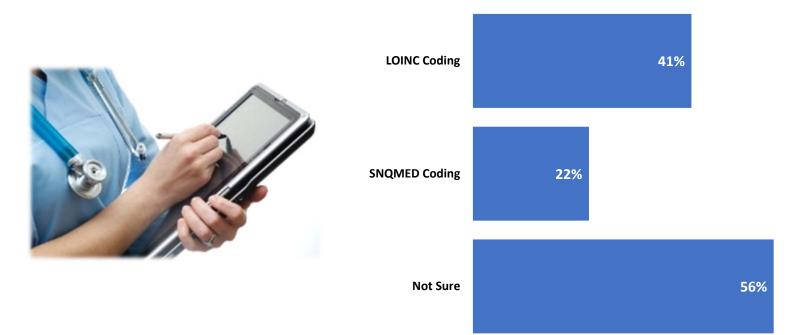






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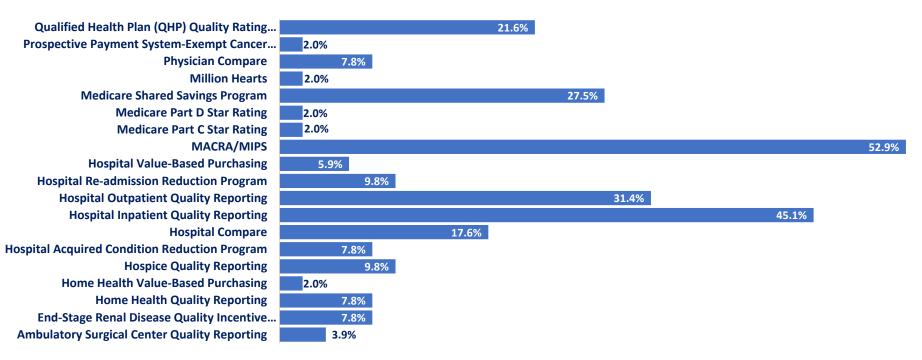
Are they capable of sending these results using LOINC or SNQMED coding?





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Does your organization report CQM (clinical quality measures) or eCQMs for other government programs?



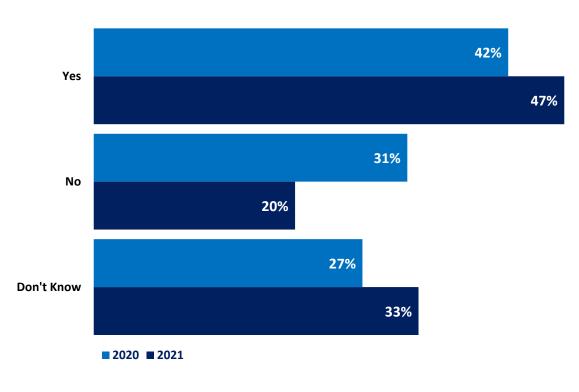


Note: Respondents completing this question could check multiple options. Therefore, the number of individual responses does not equal the total number of responses.

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Do you anticipate reporting CQMs electronically (eCQMs) via QRDA file?



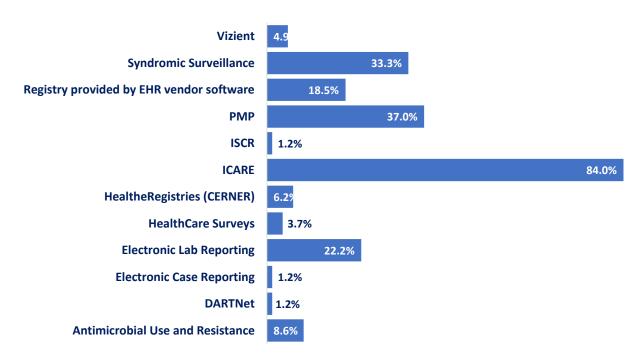




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Which specialized registries does your organization utilize?





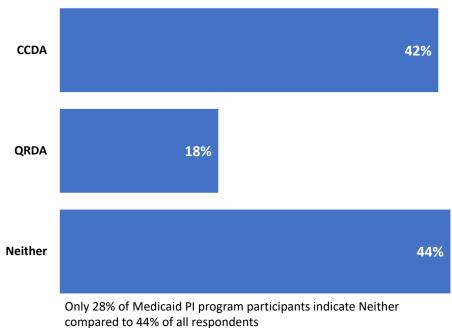


Note: Respondents completing this question could check multiple options. Therefore, the number of individual responses does not equal the total number of responses.

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Do you send registry information using CCDA (consolidated clinical document architecture) or QRDA (quality reporting document architecture) standards?





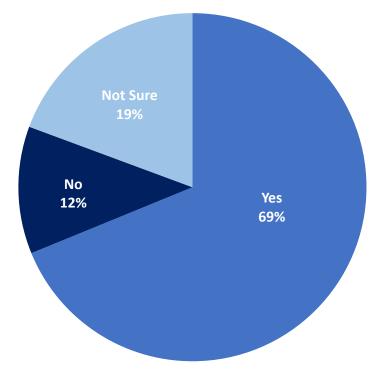


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Is your EHR capable of bi-directional data exchanges in the Illinois Comprehensive Automated

Immunization Registry Exchange (I-CARE)?



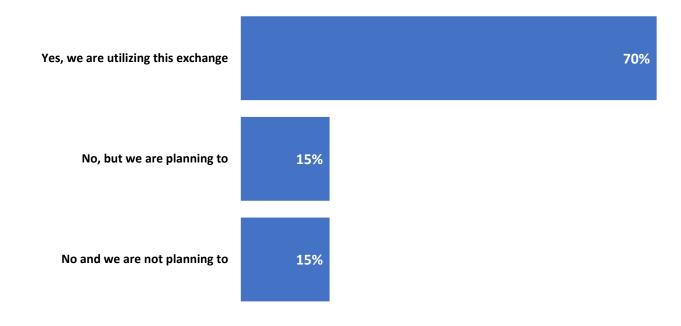




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Are you utilizing this bi-directional exchange or if not, are you planning to?

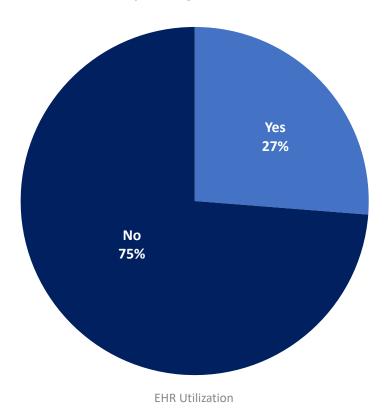






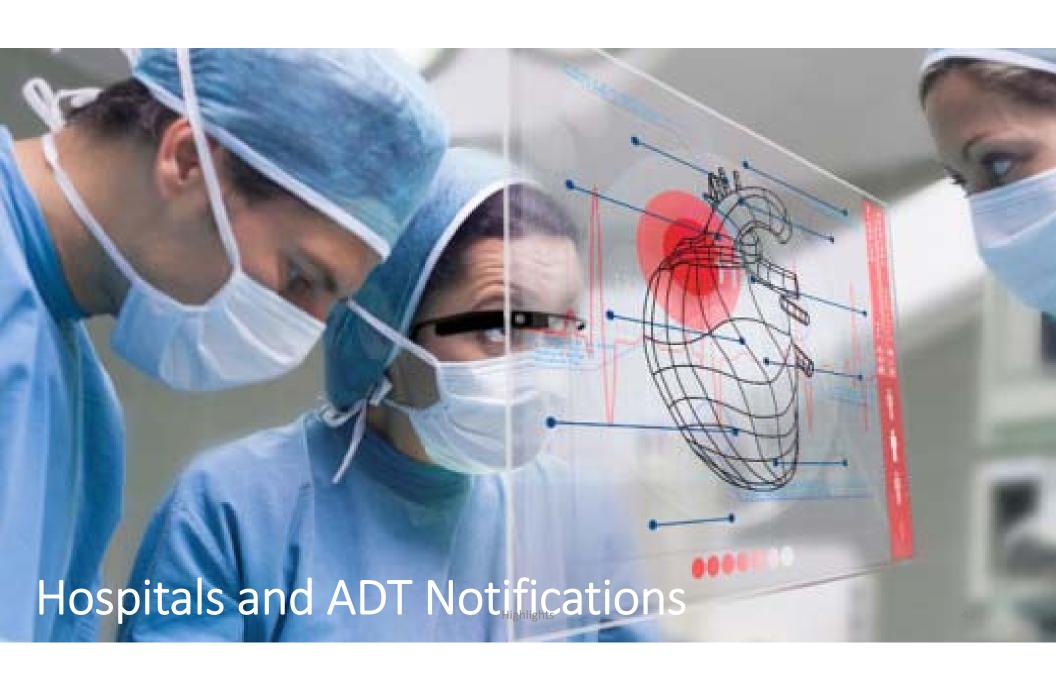
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Is your organization planning on electronic case reporting?





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Highlights Hospitals and ADT Notifications

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Key Takeaways

- √ 77% of hospitals indicate their organization has a process to generate data related to inpatient and/or emergency room admission, discharge, and transfer (ADT) compared to 97% in 2016. This drop could be due in part to the change in mix of respondents as well as the loss of a HIE in 2019 offering ADT/HL7 functionality statewide. In 2013, only 41% of hospitals were able to send and receive secure electronic messages.

 Hospital Capability to Send and Receive Secure Electronic Messages (healthit.gov)
- √ 100% indicate the process is automated through their hospital administrative system which could be part of their EHR or an ADT system.
- ✓ Only 5% report using care coordination software such as MHN or Patient Ping. A statewide ADT/HL7 system was initiated shortly after the implementation of this survey so subsequent increases are anticipated.



Highlights Hospitals and ADT Notifications

2021 Illinois Health IT Survey Report

Key Takeaways

- ✓ Most respondents report the following data from outside their organization would help improve patient care:
 - Discharge summaries
 - Lab results
 - Continuity of care documents
 - List of medications prescribed by other providers*
- ✓ The biggest challenges to getting data from outside their organization include:

•	Conflicting information from different doctors	46%
•	Different state rules/regulations	39%
•	Too much data from other doctors	36%
•	Patient identity mismatch	32%
•	Concerns with liability	29%

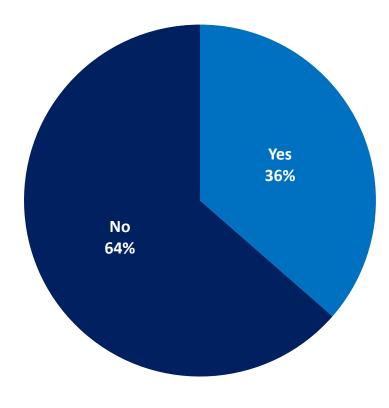


^{*} CCDs do not consistently provide a complete medication list and often cannot be easily integrated into EHRs.

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Is your organization a hospital?

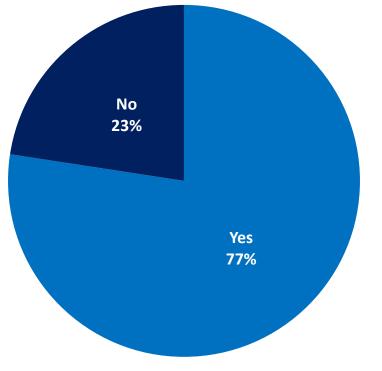


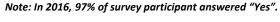




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Does your hospital have a process to generate data related to inpatient and/or emergency room admission, discharge, and transfer (ADT) notifications?







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If your hospital has a process to generate data related to inpatient and/or emergency room admission, discharge, and transfer (ADT) notifications, how are the ADT notifications automated?



Care coordination software such as MHN and Patient Ping

5%

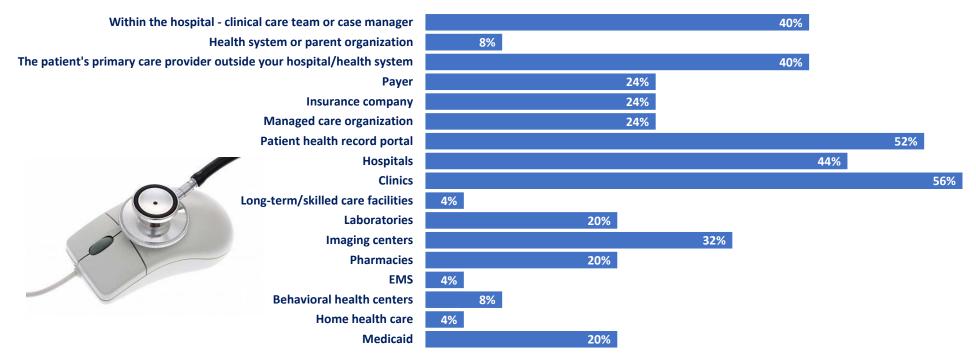
Hospital administrative system





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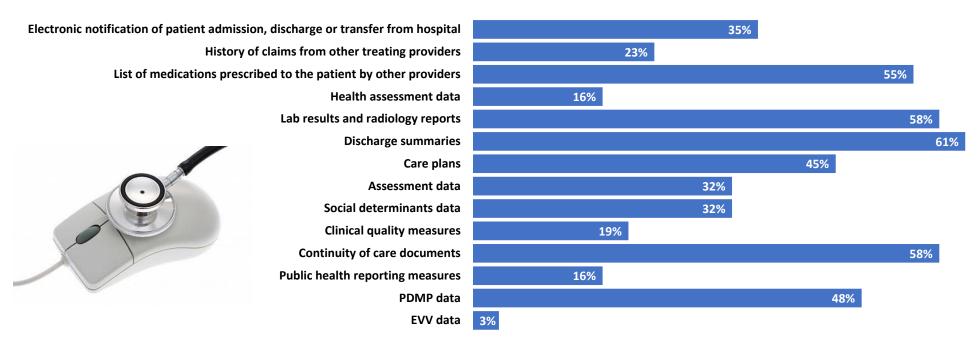
Where are the hospital's ADT notifications sent?





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What data from outside your organization would most improve your ability to provide care to your patients/clients?

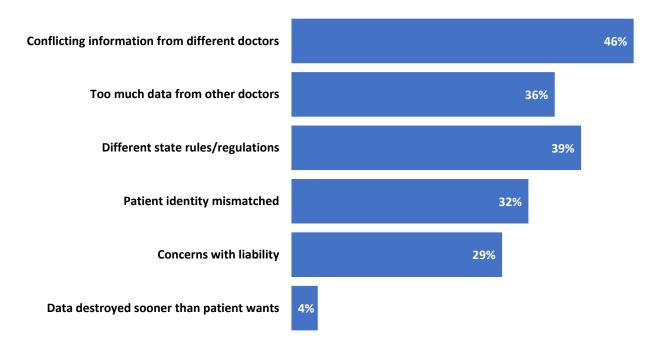




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What are the biggest challenges to getting data about your patients from outside your organization?

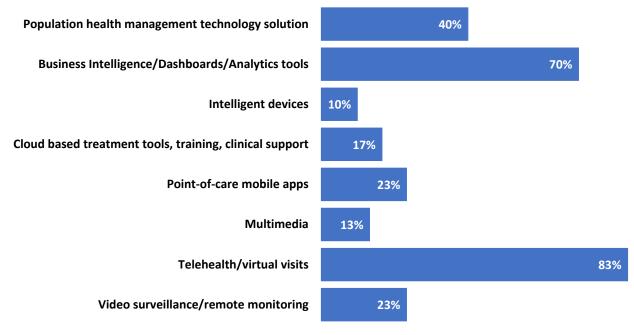




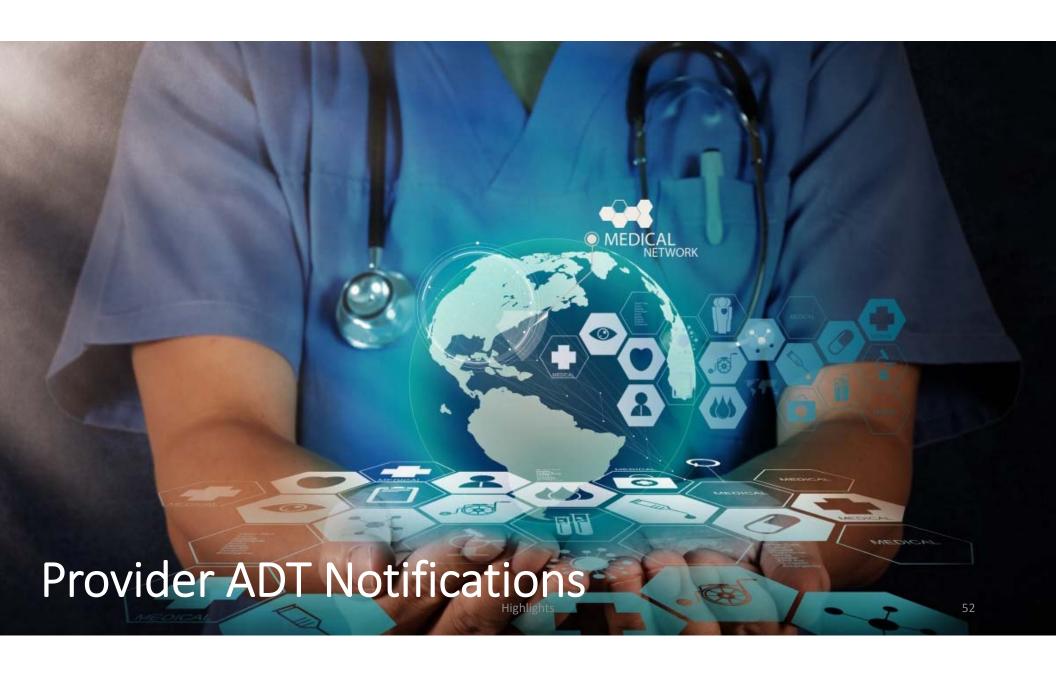


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Does your organization use additional health IT solutions to support your patients/clients care?







Highlights Provider ADT Notifications

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Key Takeaways

- ✓ A growing number of providers have a process in place to receive ADT notifications (55% in 2016, 63% in 2019, and 70% in 2021). 89% indicated these notifications come directly from the hospital with 90% of those coming via Fax.
- √ 75% use this information to make contact with the patient and 28% to inform the patient's primary care provider. When asked why they use ADT notifications, 73% said for efficiency (reduces staff workload) and 57% for convenience (questions to referral network/direct messaging easier to coordinate).
- ✓ Fewer practices receive ADT notifications compared to past years. In 2019, 46% of respondents indicate receiving ADT notification for 75% or more of their patients, compared to only 27% in 2021.
- √ 82% of respondents indicate ADT notifications are valuable or very valuable.



Highlights Provider ADT Notifications

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Key Takeaways

- ✓ Half of respondents indicate currently receiving ADT notifications. Of those that do not currently receive ADT notifications, 15% are unable to receive them and 85% say hospitals do not send electronic notification despite 77% of hospitals reporting they have a process to send them.
- ✓ The biggest challenges to getting data from outside their organization include:

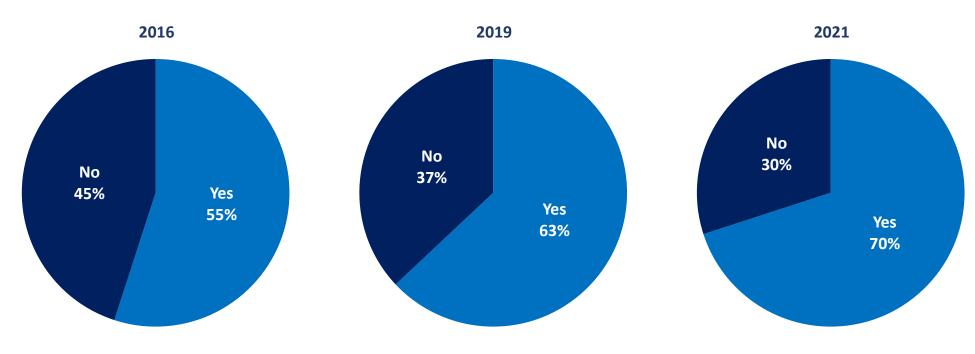
•	Conflicting information from different doctors	32%
•	Different state rules/regulations	28%
•	Too much data from other doctors	32%
•	Patient identity mismatch	16%
•	Concerns with liability	40%

√ 73% indicate they would use an accurate directory of direct, secure electronic message address to send or receive data from other providers. CMS now offers a list of Direct addresses at NPI Files
(cms.gov) however, population of this information and awareness of the data is still growing.



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Does your organization have a process to receive admission, discharge, and transfer (ADT) notifications when your patients experience inpatient and/or emergency room visits?

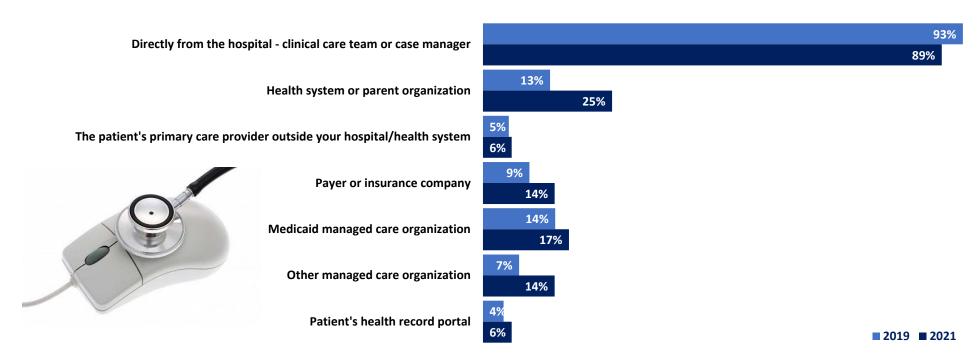




Provider ADT Notifications

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If yes, where do the ADT notifications come from?

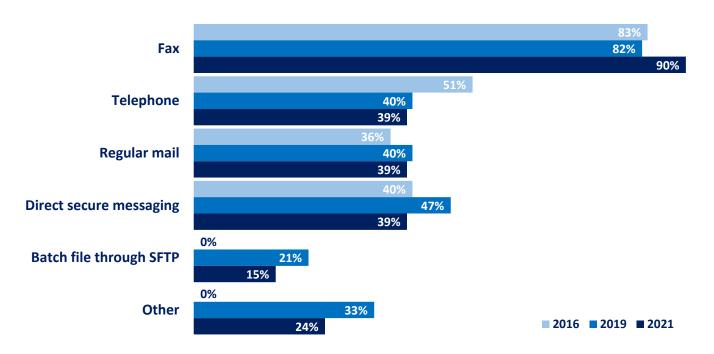




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What proportion (percent) of ADT notifications are received by the following means?

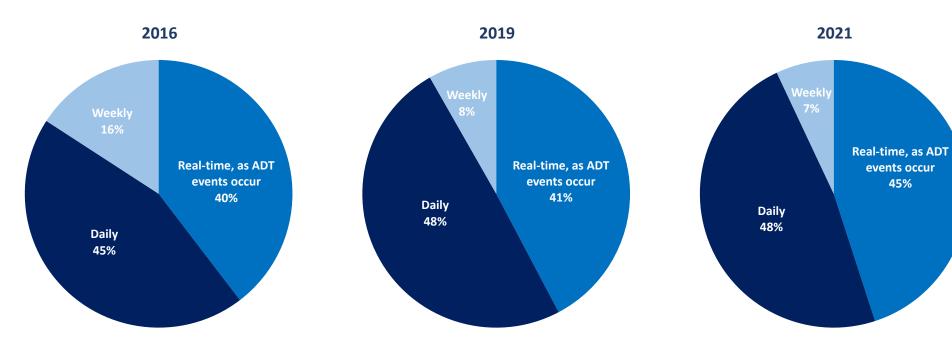






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How frequently does your organization prefer to receive ADT notification information?

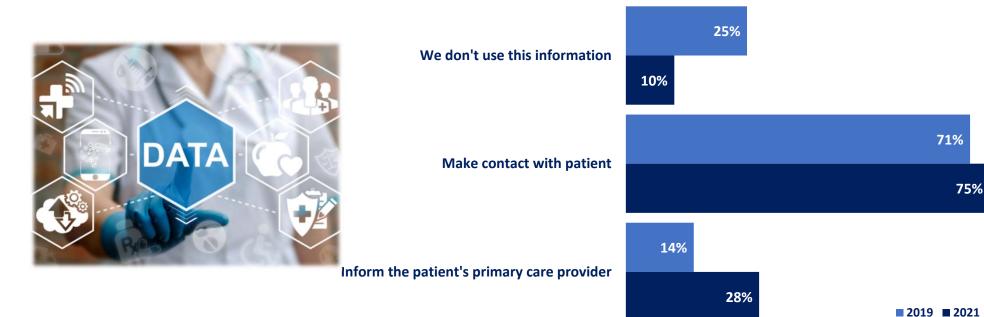




Provider ADT Notifications

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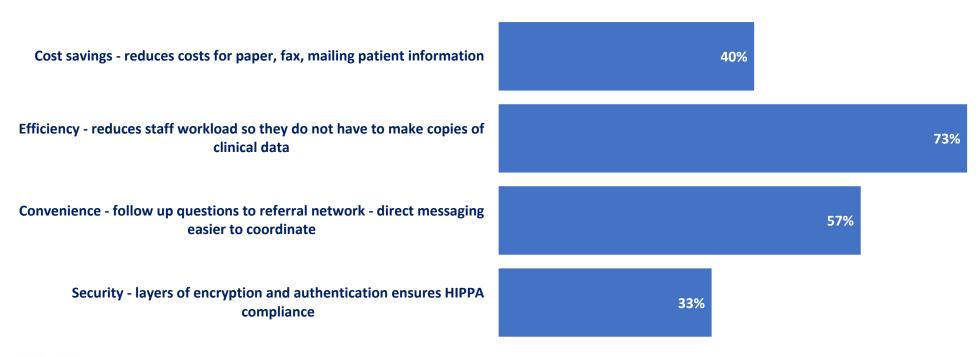
How does your organization use the ADT notification information?





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Why does your organization use ADT notification?



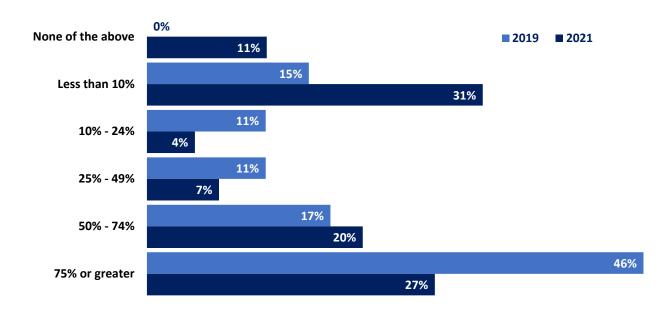


Note: Respondents completing this question could check multiple options. Therefore, the number of individual responses does not equal the total number of responses.

Provider ADT Notifications

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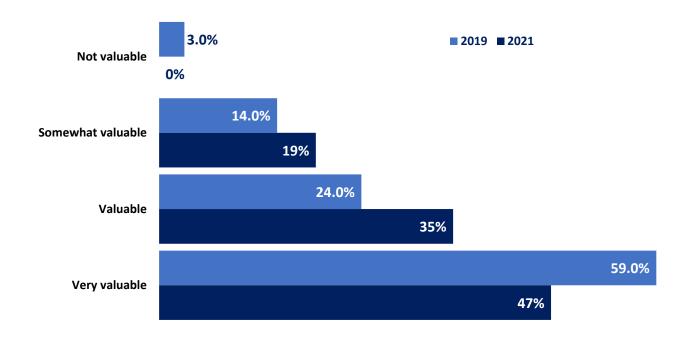
For your patients who had ER and/or hospital visits this past year, what percentage of those patients did you receive an ADT notification when the ER and/or hospital visit occurred?





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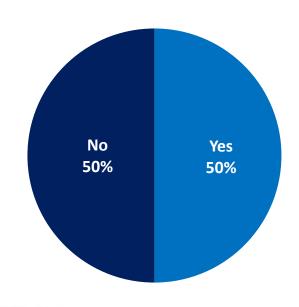
How valuable does your organization perceive receiving ADT notifications to be?

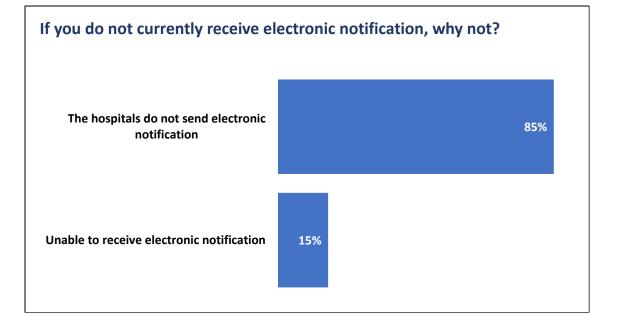




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Do you currently receive electronic notification from hospitals when your patients/clients are admitted, discharged or transferred?





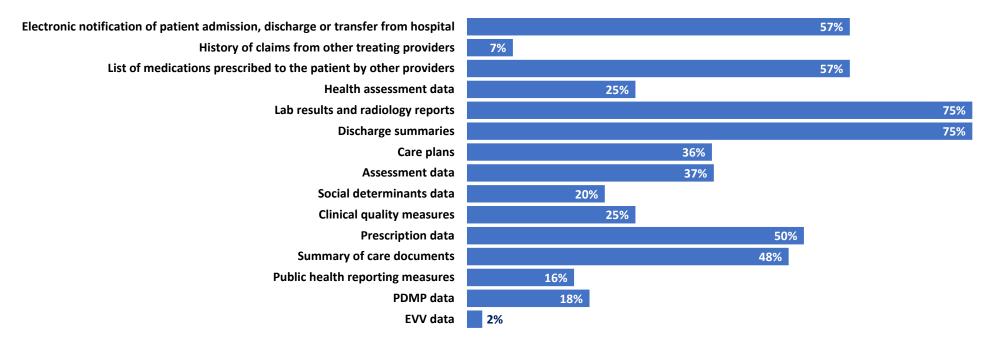
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Provider ADT Notifications

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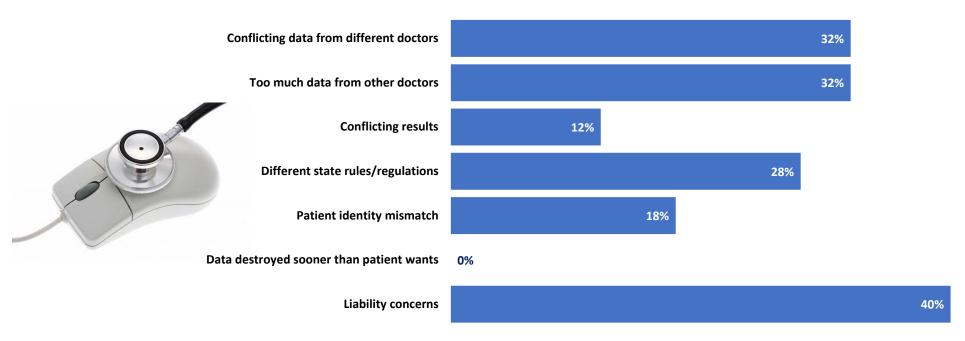
What data from outside your organization would most improve your ability to provide care to your patients/clients?





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What are the biggest challenges to getting data about your patients from outside your organization?





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*CMS now offers a list of Direct addresses at <u>NPI Files (cms.gov)</u> however, population of this information and awareness of the data is still growing.

If you had access to an accurate directory of direct, secure electronic message addresses would you use it frequently to send or receive data from other providers? Why or why not?*

73% indicate Yes

"Yes, because it is efficient, quick, HIPAA compliant and accurate."

"Yes, but no one else seems to..."

"Yes, because it helps to provide accurate patient history and records."

"Yes, convenience, patient information readily available at the point of care."

"Yes, if it could be integrated directly into the patient EHR chart. If not, we would not utilize as much."

"Yes, it would be helpful for my doctors, to improve communication between providers."

15% indicate No

"No. Too much typing...hours on the computer."

"We don't send messages...doctors always call [telephone] ."

"Only if it was integrated into my EMR ... not likely to use if separate."

"No. Just too many ways to communicate. Phone or text has always worked... no one takes the time."

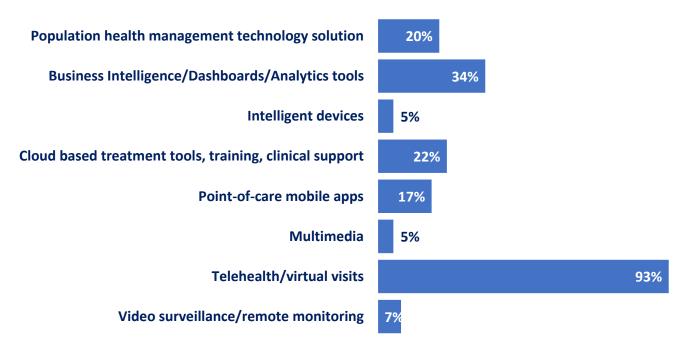
"I would not use it because over the past 6 years our agency has requested direct messaging CCDA's instead of faxing discharge information and none of them would comply. We have 5 large health systems using CEHRT's but no process to send or receive direct messaging from EHR's other than their own. Epic to Epic yes, Epic to Cerner no, Cerner to Epic no, etc..."



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Does your organization use additional health IT solutions to support your patients/clients care?







Note: Respondents completing this question could check multiple options. Therefore, the number of individual responses does not equal the total number of responses.

Provider ADT Notifications

67



2021 Illinois Health IT Survey Report

Key Takeaways

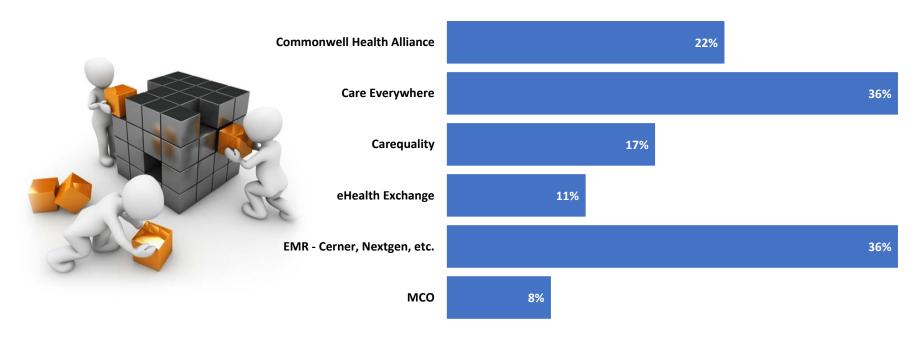
- What constitutes a HIE is generally not well defined or understood. Therefore, gauging who truly participates in a HIE is harder to determine. Available HIE options for Illinois include the combination of Epic Care Everywhere, and Carequality and Commonwell. Not all electronic sharing options meet the requirements of the Medicaid PI Incentive Program.
- ✓ Those participating in a HIE increased from 32% in 2016 to 51% in 2021. Of those, 36% use Care Everywhere, 36% are using an EHR option, and 22% are using Commonwell.
- ✓ Secure electronic services used include vendor mediated exchanges such as Epic Care Everywhere, 69% and Direct messages, 56%.
- ✓ Barriers to health information exchange include:

\checkmark	lack of access to provider direct addresses	58%
\checkmark	referring provider refuses to accept Direct messages	58%
\checkmark	EHR vendor costs are prohibitive	46%



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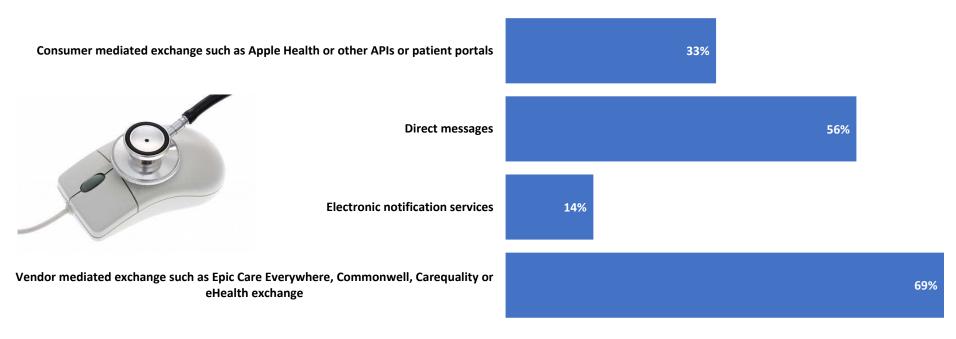
Which HIE does your organization connect to?





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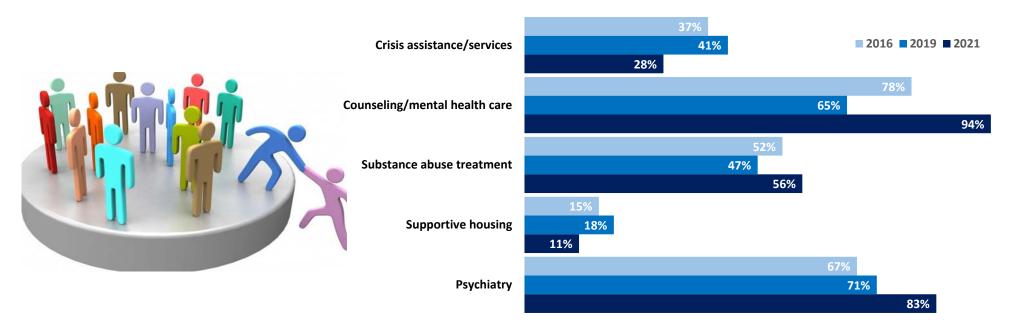
What secure electronic services does your organization use to share information with other healthcare organizations or clinicians? Secure electronic services can include ADT and/or critical lab values.





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Does your organization have electronic processes in place to make referrals to these social services for your patients as needed?

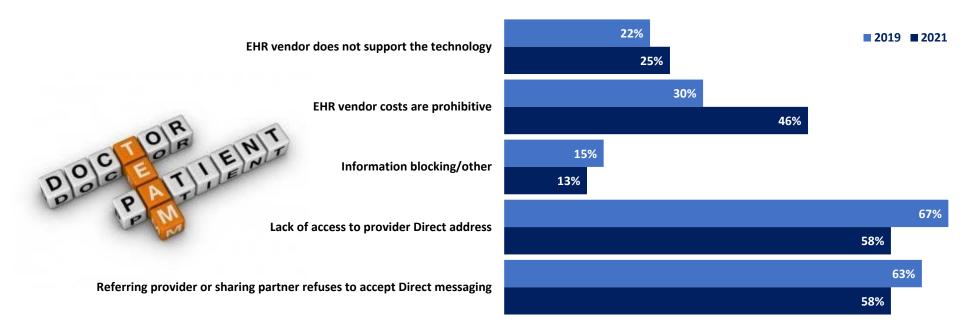




Health Information Exchange

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Has your practice experienced any of the following barriers to health information exchange?

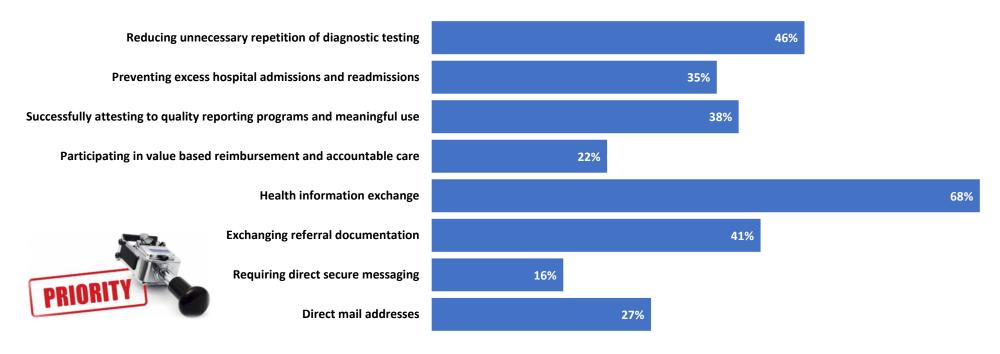




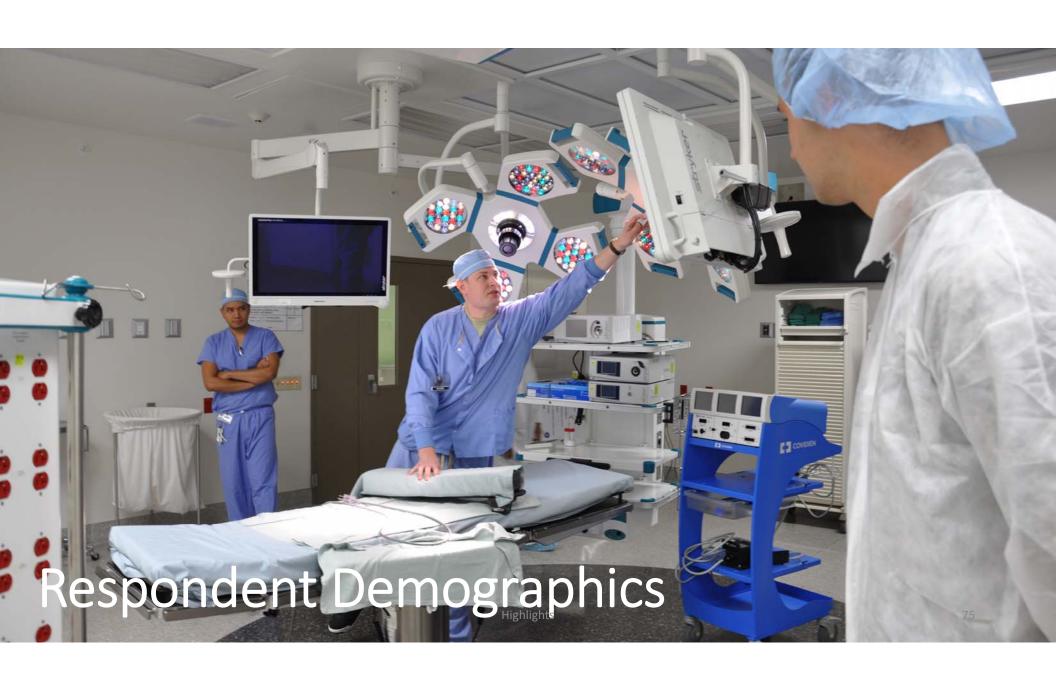
Health Information Exchange

2021 Illinois Health IT Survey Report

What use cases have value-add to your organization that you would like the State to prioritize?

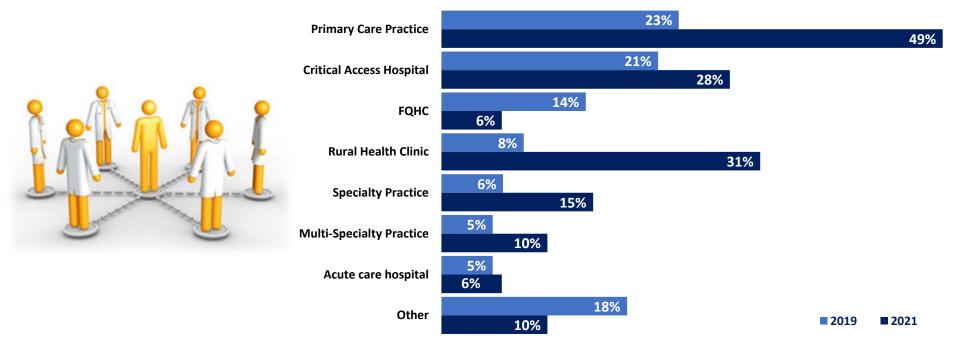






2021 Illinois Health IT Survey Report

Which of the following best describes your type of organization?

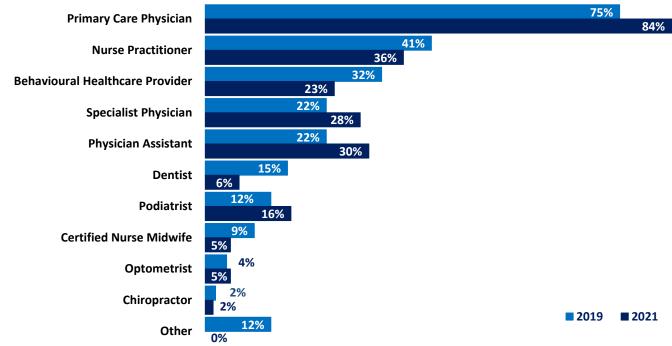




2021 Illinois Health IT Survey Report

Which of the following best describes your provider type?

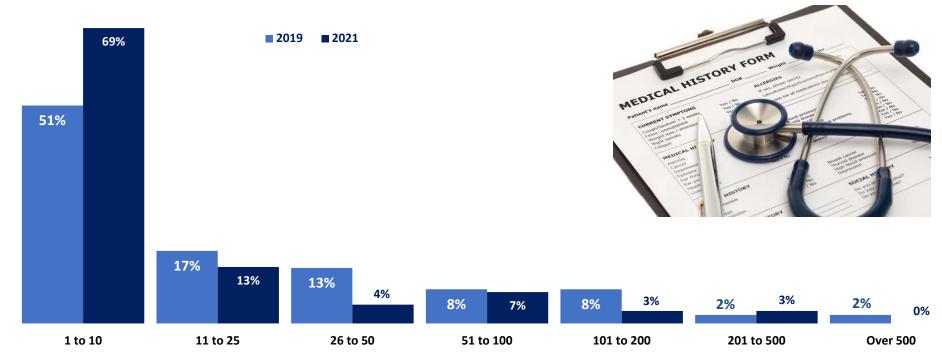






2021 Illinois Health IT Survey Report

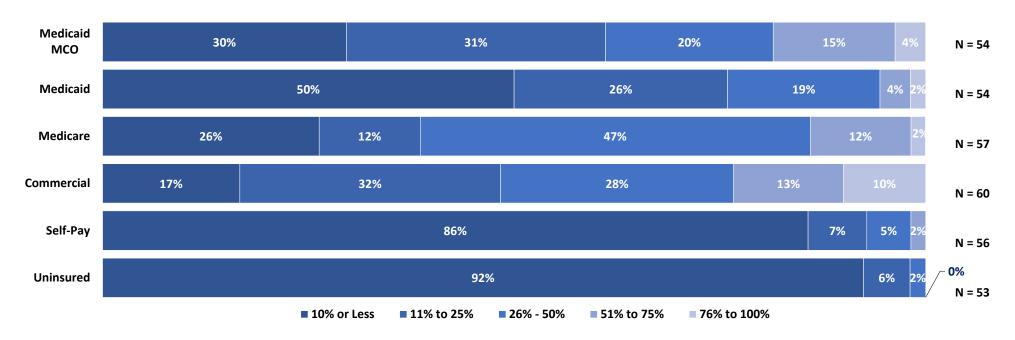
How many providers are part of your organization?





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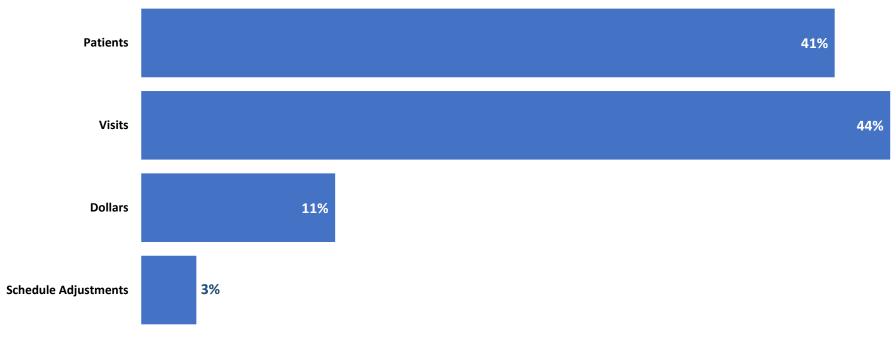
What percentage of your patients fall into the following payer types (2021 Survey)?



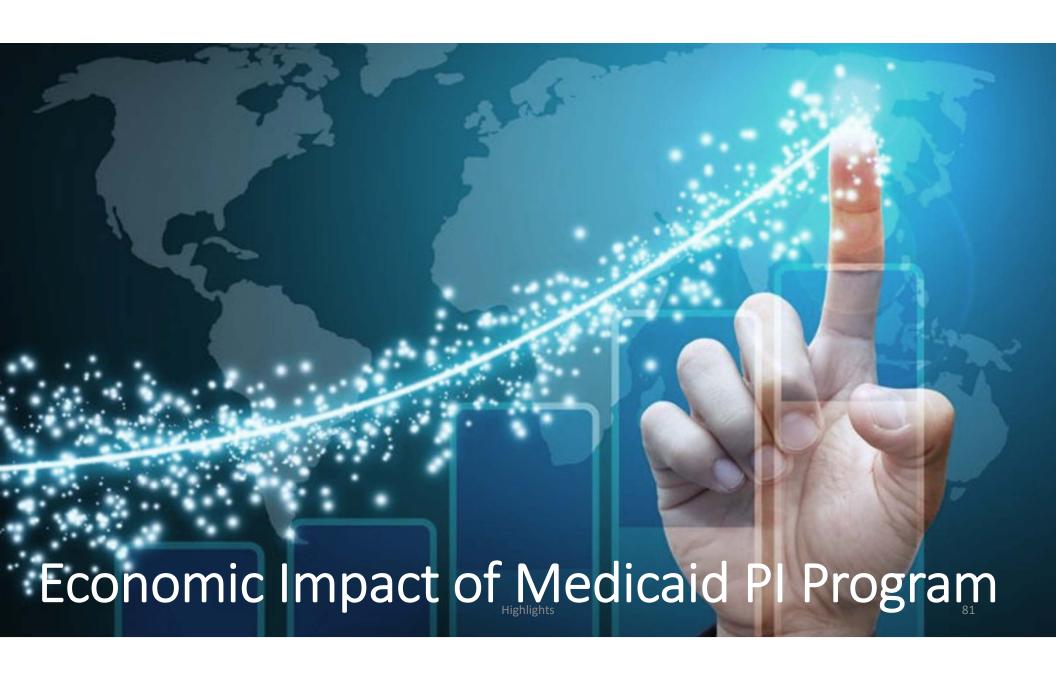


2021 Illinois Health IT Survey Report

How did you determine what percentage of your patients fell into different payer types (2021 Survey)?







Economic Impact

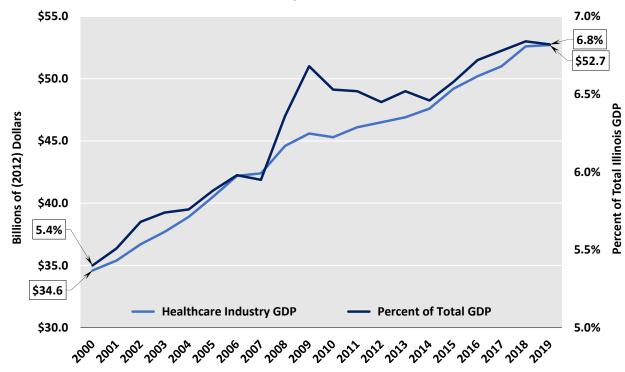
Healthcare Industry in the State of Illinois (2020)

The Healthcare Sector contributed over \$52 billion to Illinois' Gross Domestic Product (GDP) in 2017.

Between 2000 and 2019, its contribution has increased by 52.3%.

In addition, the healthcare industry's share of the State's total GDP increased from 5.4% to 6.8%

The Healthcare Industry's Contribution to Illinois GDP





Note: GDP figures are stated in billions of constant (2012) dollars.

Source: U.S. Bureau of Economic Analysis, 2020.

Economic Impact

Healthcare Industry in the State of Illinois (2020)

DIRECT

Jobs, wages and output (sales or revenue) sourced directly to Illinois Healthcare Providers

INDIRECT

Impact of the suppliers and vendors of Illinois Healthcare
Providers

INDUCED

Impact of the spending of employees of Healthcare Providers on the Illinois economy

TOTAL

Sum of direct, indirect and induced impacts

For every <u>100 jobs</u> created by Illinois Healthcare Providers, an additional <u>71 jobs</u> are created or supported in other industries.

For every \$1 million spent by Illinois Healthcare Providers, additional value is generated in other industries.

- <u>\$874,000 in output</u> (sales/revenue)
- \$859,000 added to Illinois' GDP (value-added)
- \$572,000 in labor income to employees and self-employed workers.

Estimated Contribution to the Illinois Economy (2020)

State of Illinois	Direct	Indirect	Induced	Total	Multiplier
Employment	672,842	218,535	257,479	1,148,856	1.71
Output (\$ billions)	\$95.3	\$40.0	\$43.4	\$178.7	1.87
Value-added (\$ billions)	\$58.0	\$23.6	\$26.2	\$107.7	1.86
Labor Income (\$ billions)	\$49.1	\$15.0	\$13.1	\$77.2	1.57

Source: IMPLAN; and the Illinois Health Information Technology Regional Extension Center, 2020.



Economic Impact

Medicaid Incentive Payment Program: Hospitals and Healthcare Providers (2011 - 2020)

DIRECT

Jobs, wages and output (sales or revenue) sourced directly to Illinois Hospitals and Healthcare Providers

INDIRECT

Impact of the suppliers and vendors of Illinois Hospitals and Healthcare Providers

INDUCED

Impact of the spending of employees of Hospitals and Healthcare Providers on the Illinois economy

TOTAL

Sum of direct, indirect and induced impacts

The Illinois Hospitals and Healthcare Providers that participated in the Medicaid Incentive Payment program between 2011 and 2020 generated the following impacts of the States' economy:

- Created or sustained <u>8,063</u> jobs.
- Generated over <u>\$1.2 billion</u> in output (i.e. sales/revenue).
- Contributed <u>\$755 million</u> to the States' GDP (value-added).
- Paid <u>\$541 million</u> in labor income to workers in healthcare and other industries.

Estimated Impacts on the Illinois Economy

State of Illinois	Direct	Indirect	Induced	Total	Multiplier
Employment	4,304	1,470	2,288	8,063	1.87
Output (\$ millions)	\$608.6	\$266.5	\$377.4	\$1,252.5	2.06
Value-added (\$ millions)	\$370.0	\$157.3	\$228.1	\$755.3	2.04
Labor Income (\$ millions)	\$313.4	\$101.0	\$126.7	\$541.1	1.73

Source: IMPLAN; and the Illinois Health Information Technology Regional Extension Center, 2020.



Economic Trends

Healthcare Industry in the State of Illinois (2020)

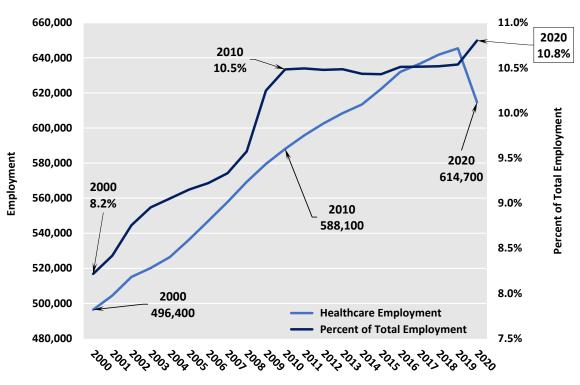
Although the Healthcare sector accounts for a relatively small share of total employment in the State, it has grown rapidly.

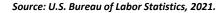
From 2000 to 2020, healthcare employment has added more than 118,000 jobs, an increase of 23.8 %.

Although the COVID 19 crisis put considerable stress on the healthcare system, industry employment declined by over 30,000 or 4.8% between 2019 and 2020.

Although an aging population drives demand, automation and a declining working-age population may slow future job growth.

Healthcare Employment in Illinois







Further Information

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