

Tutorial: How to Choose an eRx Product

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Anthony J. (Tony) Schueth, MS
Founder, CEO and Managing Partner



Amy Elkins
Founder, President



Instructors

➔ Tony Schueth

- ➔ Founder, Point-of-Care Partners
- ➔ Fifteen years experience in eRx industry
- ➔ Current project manager for SEMI ePrescribing Initiative
- ➔ Project Lead for RAND MMA 2006 eRx Pilot

➔ Amy Elkins

- Founder, Elkins Consulting Group
- Over Eight years of experience in eRx and EMR industry
- Former sales manager for EMR vendor
- Deployed eRx and EMR to over 400 medical offices



Resources

- ➔ CMS eRx Pilot Report to Congress (Leavitt, 4/07)
- ➔ AHRQ eRx Pilot Interim Report (NORC, 4/07)
- ➔ HIMMS eRx Handbook (Hale, et al, 2/04/07)
- ➔ eHealth Initiative e-Prescribing Report (4/04)
 - ➔ www.ehealthinitiative.org/initiatives/erx
- ➔ MMA and e-Prescribing (Bell, Health Aff 9/05)
- ➔ RAND eRx Framework (JAMIA 1/04; HA 4/05)
- ➔ CDS in eRx (Teich, JAMIA 7/05)



eRx Learning Objectives

- ➔ Understand market basics, including adoption drivers, connectivity landscape, and role of MMA
- ➔ Be familiar with common issues involved in selecting a product
- ➔ Be able to apply above to an actual product selection scenario
- ➔ Be prepared to evaluate the costs and benefits of your implementation



eRx Tutorial Outline

- ➔ Introductions
- ➔ ePrescribing market overview
- ➔ Product selection considerations
- ➔ Capturing baseline metrics
- ➔ The grid
- ➔ Selection exercise

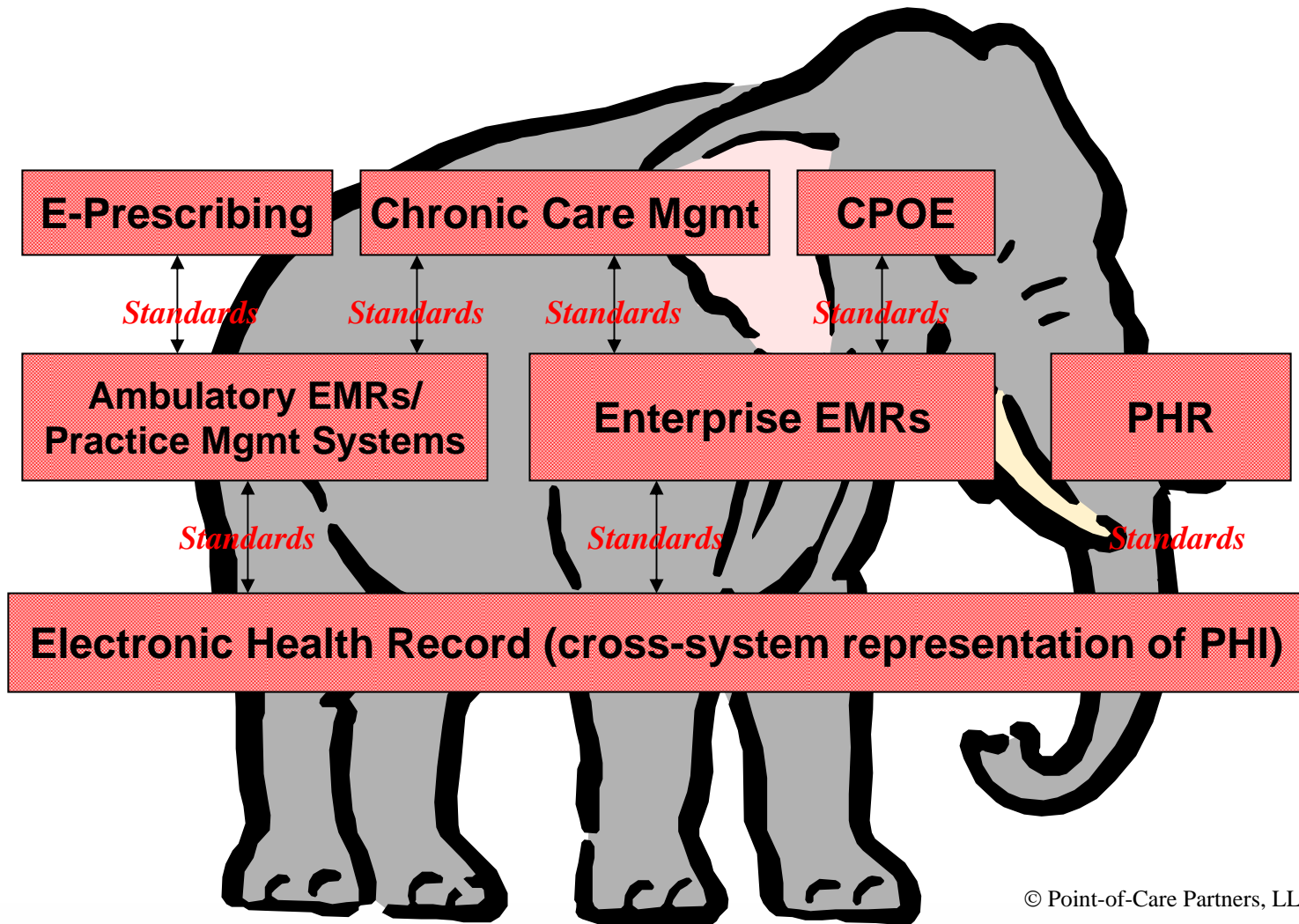


ePrescribing: Where are we today?



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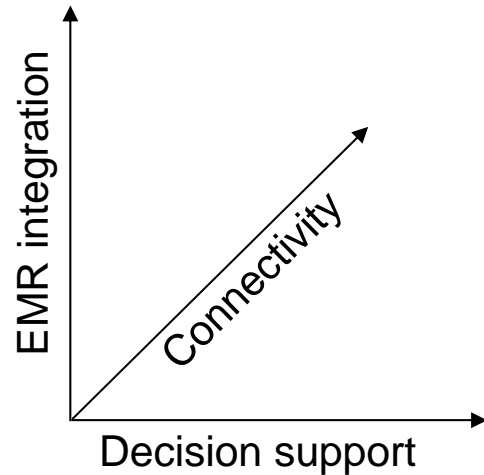
Health Information Technology



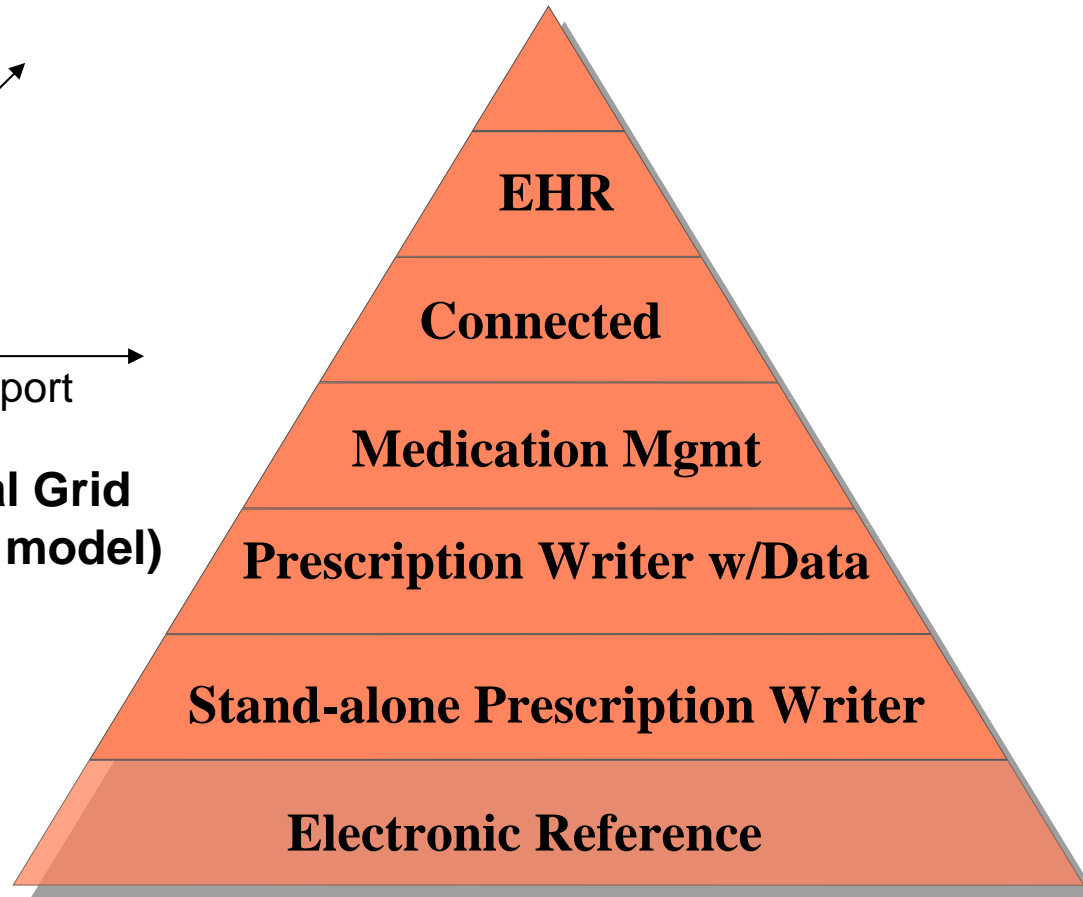
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What is ePrescribing?



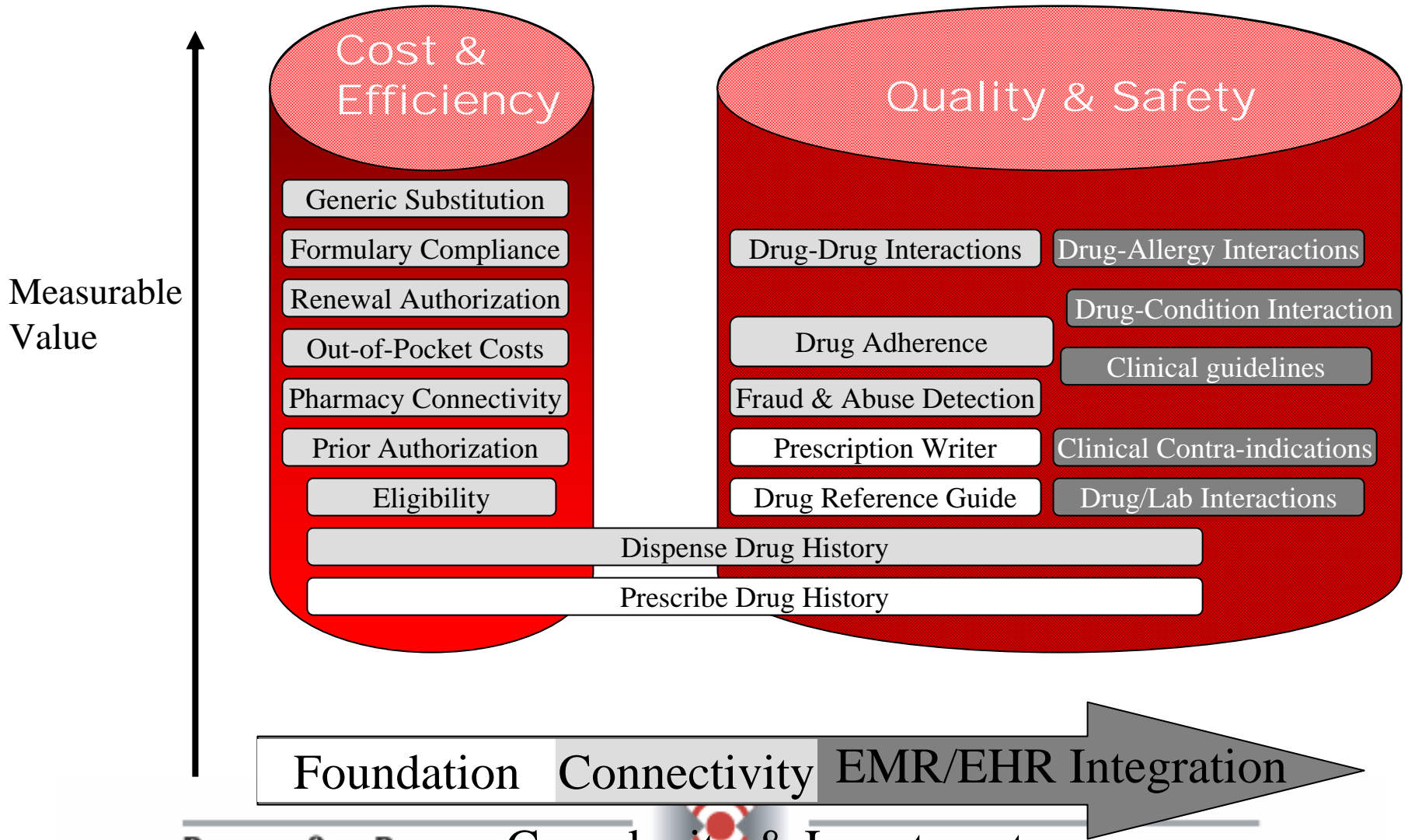
**3 Dimensional Grid
(more realistic model)**



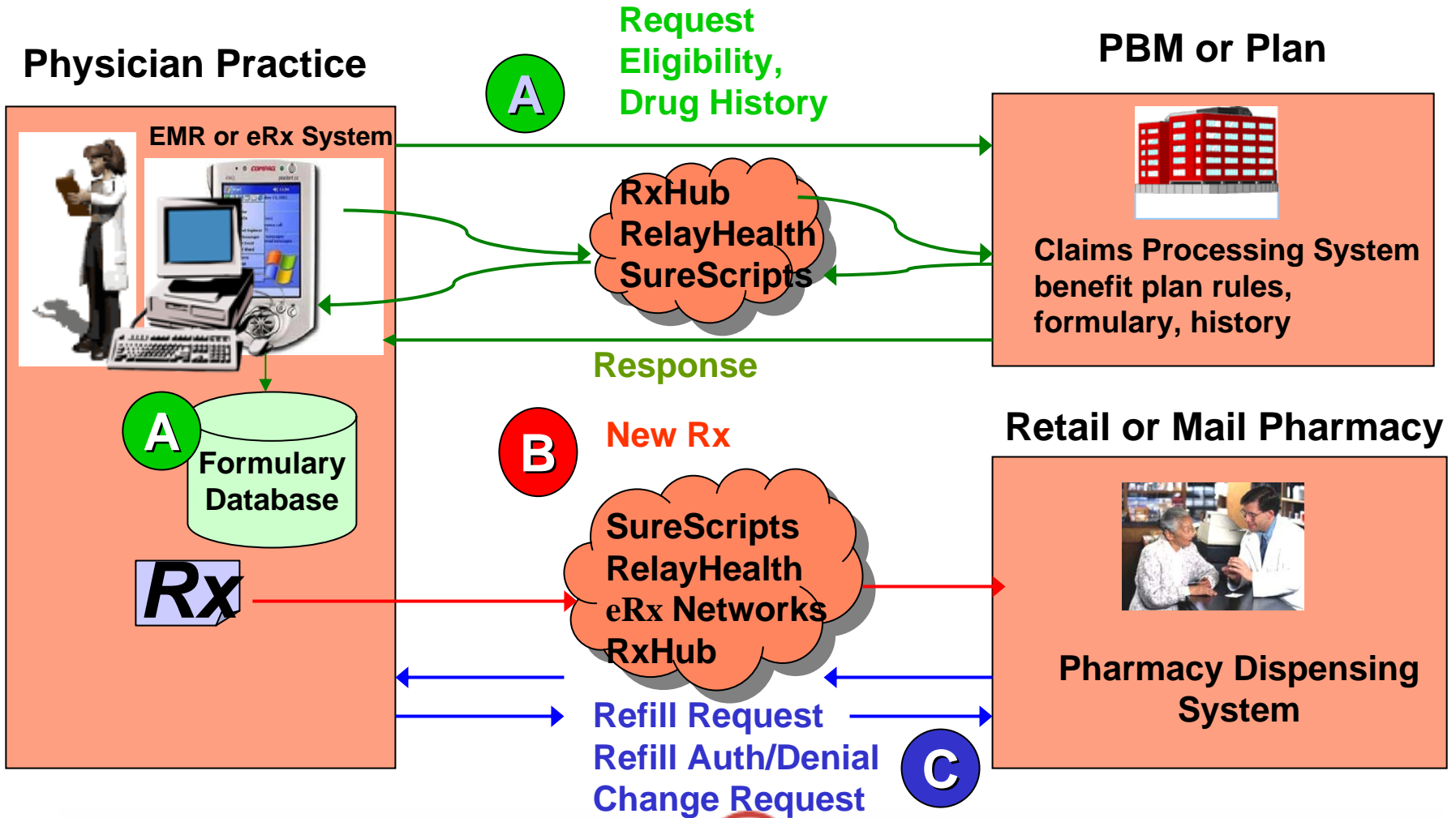
Source: eHealth Initiative



ePrescribing Components & Value



Data Flow of Interoperable ePrescribing



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ePrescribing by the numbers...

13% MDs prescribing electronically

(Secretary Leavitt, 2006)

85% pharmacies enabled for ePrescribing

(SureScripts, RelayHealth, eRx Networks, RxHub)

5% US hospitals using CPOE for Rx orders

(KLAS, 2005)

17% Outpatient EMR use

(American Health Information Community, 2006)

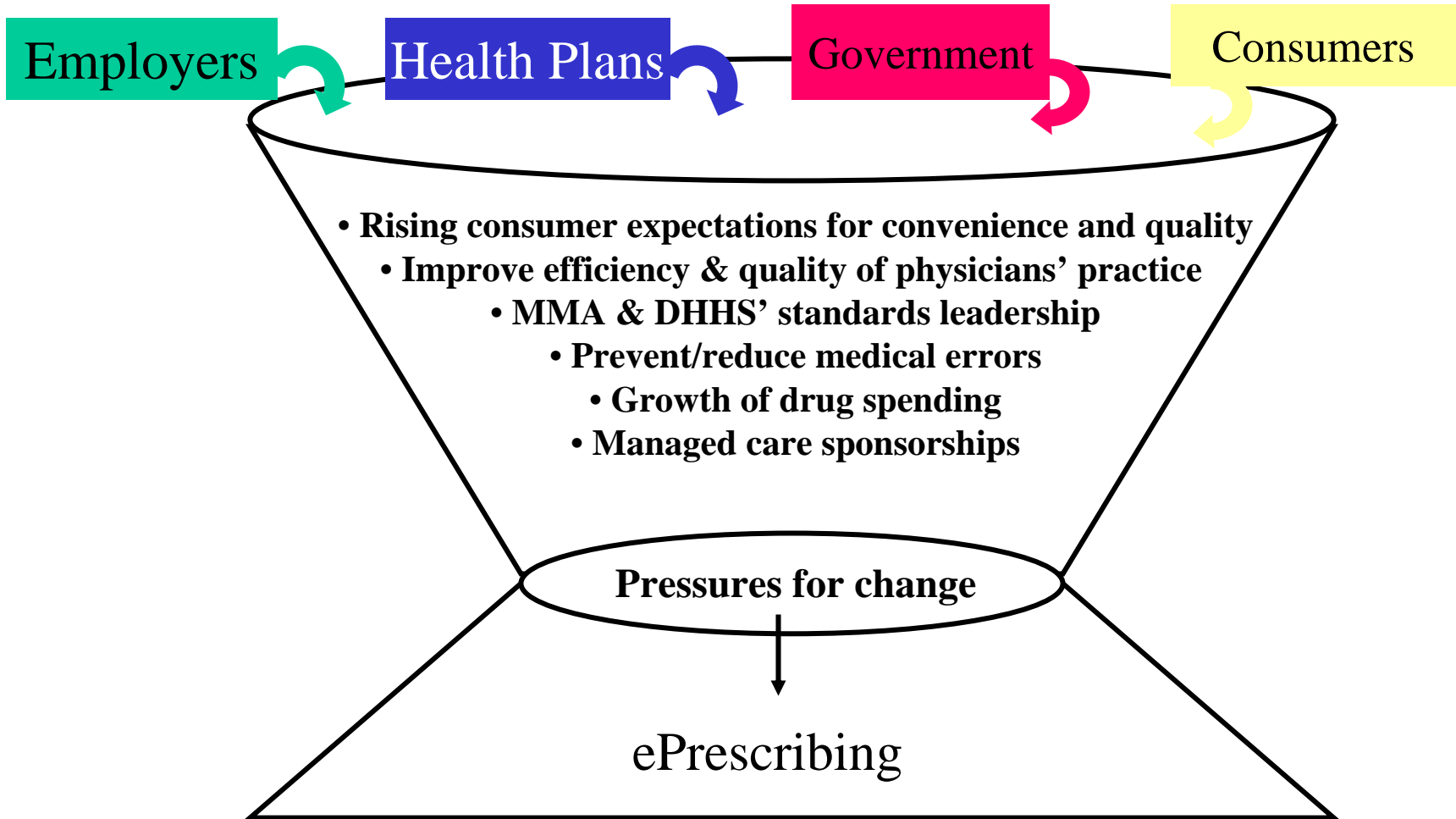
160 million Lives for whom formulary & benefits are available through RxHub

\$29 billion potential annual ePrescribing savings

(Center for Information Technology Leadership, 2004)



ePrescribing Market Drivers



An Abundance of eRx Companies

- AllScripts
- Gold Standard
- DrFirst
- Zix Corp
- Medavant
- iScribe
- MedPlus
- Purkinje
- eHealth Resources
- Instant Dx
- RxNT
- HealthVision
- EZ Script
- Relay Health
- Axolotl
- Recare
- Phytel
- RxRite
- SafeMed
- Prematics
- Synamed
- DAW Systems
- OA Systems
- Bluefish



ePrescribing Market Landscape

| ePrescribing Vendor | Formulary | Drug List | Drug Reference | Comments |
|------------------------|------------------------------|-----------|---------------------|-------------------------------------------------------------------------------------|
| AllScripts | RxHub, Infoscan, SureScripts | MediSpan | Clin-e Guide | Recognized leader in ePrescribing |
| DrFirst | RxHub, Plans, SureScripts | FDB | ePocrates, Lexicomp | Established itself as second to Allscripts; Also has EMR embedded strategy |
| Sage (Medical Manager) | Infoscan | MediSpan | | Most mature integrated EMR offering 10+ years |
| ZixCorp | RxHub, PBM, SureScripts | Multum | | Focused; primarily focused on managed care; Aetna vendor in New Jersey |
| Gold Standard | FL Medicaid | Gold Std | Gold Standard | Clinical Pharmacology fully integrated |
| RxNT | RxHub | FDB | | Relatively quiet company should pass GSM in 2007 |
| iScribe | RxHub, Infoscan | FDB | | Only available to/through Caremark customers |
| Medavant | PBMs | Medavant | | Primarily a refill solution |
| MedPlus | RxHub | Multum | | Emphasis on managed care; combines lab and prescription orders, but emphasis on lab |
| InstantDx | RxHub | FDB | | Distributes thru NDC PMS vendors |



A Partial List of Ambulatory EMR Vendors

- Allscripts/A4Health
- EPIC
- GE Centricity
- NextGen
- Misys EMR
- Allmeds EMR
- AthenaHealth
- ComChart EMR
- Companion Tech
- Docs, Inc.
- Digichart
- eClinicalWorks
- Greenway
- InteGreat
- iMedica
- Emdeon Intergy
- JMJ EncounterPro
- LSS EMR (Meditech)
- Physician Microsystems
- MediNotes
- Synamed
- Acermed
- Bond
- Wellogic
- Digichart
- MedicWare
- Pulse
- MDanywhere
- Chartconnect
- Sage (Medical Manager)



EMR Market Landscape

| ePrescribing Vendor | EDI | Formulary | Comments |
|-----------------------|---------------|-----------------|-----------------------------------------------------------|
| Allscripts | SS, RxHub | Infoscan, RxHub | Leader in eRx; entrenched w/MediSpan |
| Cerner | SS, RxHub | Infoscan, RxHub | Stronger in acute care; Owns Multum |
| Eclipsys/Healthvision | SS | NA | Has put focus on Healthvision product |
| GE Medical | NA | Infoscan | Acquired MedicaLogic, IDX others |
| McKesson | SS | Infoscan, RxHub | Acquired Abaton.com in 2001 to expand into ambulatory |
| eClinicalWorks | SS | Infoscan, RxHub | Won 2005 bake-off in Mass. |
| iMedica | SS | Infoscan | In flux due to recent mgmt change |
| Misys | Medavant (SS) | Infoscan | Recent alliance w/ Medavant |
| NextGen | SS | Infoscan, RxHub | Gold status with SureScripts |
| Emdeon | Medavant (SS) | Infoscan | Strong ePrescribing offering |
| Epic | SS | Infoscan | Client-driven company; Not available to average physician |



A-EMR Market Summary

➔ Ambulatory-EMR companies

➔ ePrescribing

- All but GE Centricity can send eRx via fax or EDI
- Allscripts, Others (?) let you start with eRx
- Following 'normal' market drivers – RxHub/SS

➔ Clinical Reference

- Majority have established relationships
- Home grown content prevalent
- Seeking tighter integration with ordering process

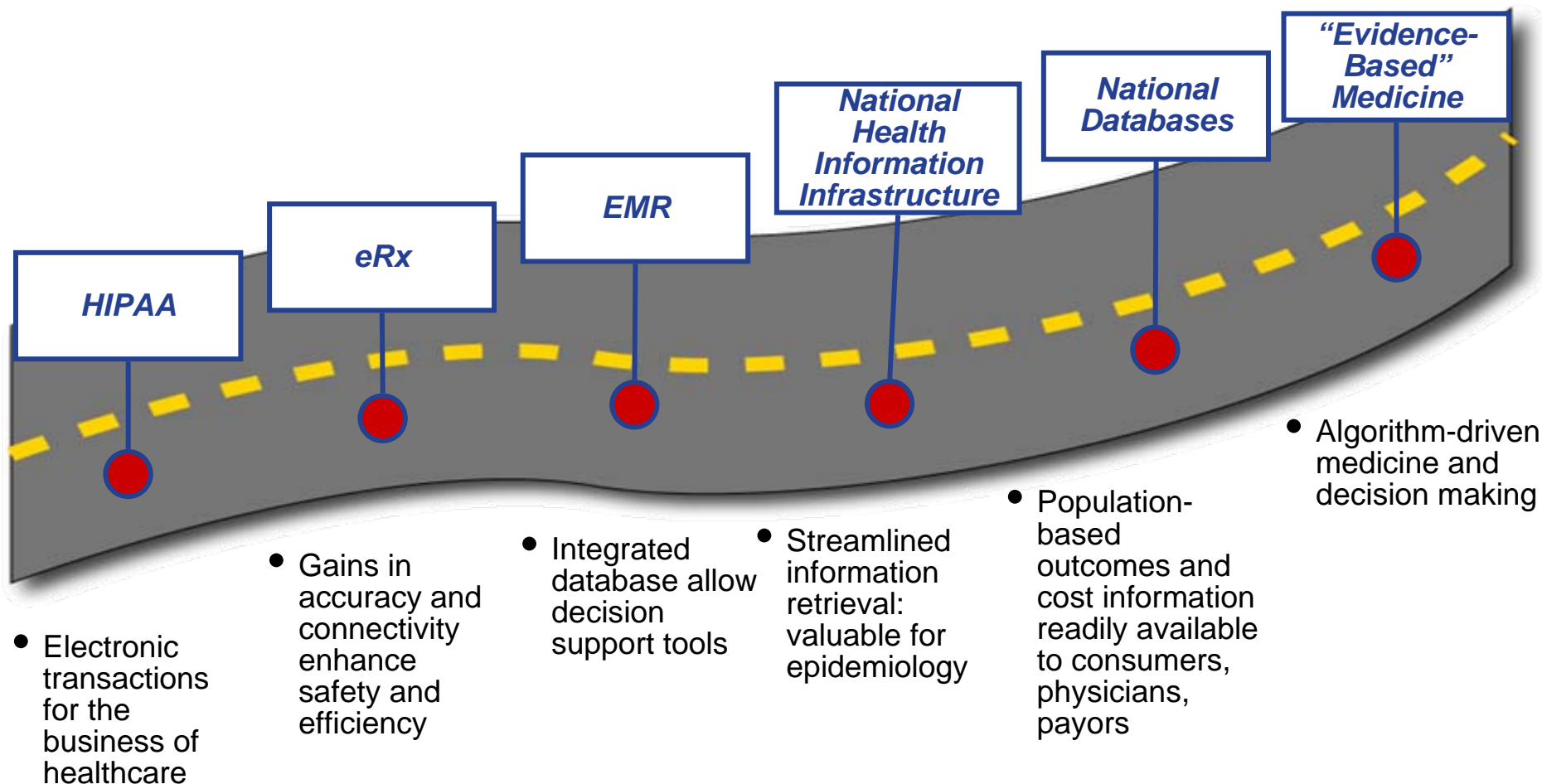


ePrescribing: Where are we going?



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The Connectivity Roadmap



Used with permission from Pfizer



ePrescribing will ...

- ▶ Adoption growing at 10% to 15% pace
 - ▶ Qualification: it's a small base
- ▶ Utilization will pick up pace as EMR practices upgrade to ePrescribing functionality
- ▶ Connectivity will expand
 - ▶ To pharmacies for refill authorizations
 - ▶ To PBMs and plans for formulary
- ▶ Functionality will go deeper
 - ▶ Medication history
 - ▶ Automated prior authorization, copays and step therapy
 - ▶ Integrate lab with Rx
 - ▶ Disease management



Medicare Part D



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MMA (Medicare Part D) & ePrescribing

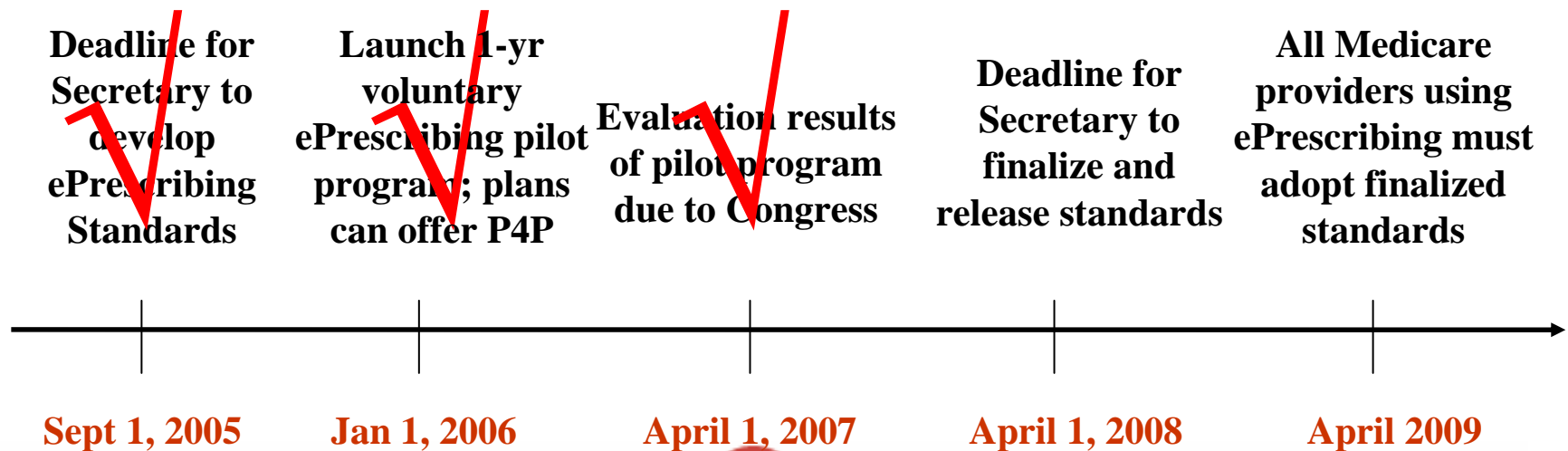
- ▶ MMA establishes a real-time ePrescribing program to be used by prescribers, plans, pharmacies and pharmacists who serve Medicare patients
 - ▶ No mandate for physicians
 - ▶ Plans participating in the new Medicare prescription drug plan (Part D) must support an electronic prescription program
- ▶ NCVHS tasked with identifying foundation standards
- ▶ Other components:
 - ▶ Discretionary grants to be made available to prescribers
 - ▶ Plans, hospitals, groups may purchase hardware for MDs
 - ▶ Plans may pay additional fees for reduced medication errors, improved formulary compliance & fewer adverse drug events
- ▶ Directs HHS to conduct an eRx pilot project in 2006, for areas where industry experience is insufficient



Impact of MMA (Medicare Part D)

➔ Progress-to-date

- ➔ NCVHS hearings on ePrescribing (2004)
- ➔ Issued final rule naming foundation standards (11/05)
- ➔ Awarded 5 grants for ePrescribing pilots (12/05)
- ➔ New regulations excepting interoperable EHRs from safe harbor and Stark laws issued by HHS (08/06)
 - Clarification from IRS on not-for-profit entity subsidies expected soon (03/07)
- ➔ Results from pilots published (04/07)



Remaining MMA “To Dos”

- ▶ Pay-for-performance for ePrescribing
 - ▶ Lots of P4P demonstration projects
 - ▶ CMS announced a relationship with Bridges to Excellence
- ▶ Additional rules
 - ▶ New eRx rules will come out of the pilots
- ▶ Additional pilots?
 - ▶ Hinted at in Final Rule



2006 MMA eRx Pilots



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eRx Pilot Profiles

| Lead | Award | Software Vendors | Switche(s) | Pharmacies | Other Organizations |
|------------------------------|---------|-----------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| RAND Corporation | \$1.8 M | Allscripts, iScribe, InstantDx | RxHub, SureScripts | Walgreens | Horizon, Caremark, UMDNJ, Point-of-Care Partners |
| Brigham & Women's | \$1.0M | B&W Hospital | RxHub, SureScripts | "Community of pharmacy chains" | CareGroup Health Sys (MA), MA-Share |
| Achieve | \$1.1M | Achieve Healthcare Information Technology | RxHub | Preferred Choice Pharmacy | Benedictine Health System, RNA Health, Prime Therapetuics, BCBSMN |
| Ohio KePro | \$896K | InstantDx, NDC Health | RxHub, SureScripts | CVS, Walgreens, Rite-Aid | NEO/Univeristy Hospitals System, Primary Care Physicians, Qual-choice, Aetna, Univ. of MN, MGMA |
| SureScripts | \$1.9M | Allscirpts, MedPlus/ Quest Diagnostics, DrFirst, GSM, Zix | SureScripts | Ahold, Brooks, Albertsons, CVS, Duane Reed, Rite Aid, Walgreens, Walmart, Kerr, Longs | Brown University, Midwestern University, Chain Pharmacy Advisory Council, Independent Pharmacy Advisory Counsel |



eRx Pilot Objectives

1. Evaluate the readiness of foundation and initial standards, and their interoperability with each other (i.e. determine if standards should be mandated).
2. Evaluate other outcomes related to electronic prescribing, and their impact on key stakeholders (i.e. advance the body of knowledge on ePrescribing).



Standards

- ▶ A published specification that is designed to be used consistently as a rule, guideline or definition
- ▶ Types of standards:
 - ▶ *Message format standards* provide communication protocols and data content
 - ▶ *Terminology standards* ensure data compatibility and interoperability
 - ▶ *Identifiers* for all relevant entities within the ePrescribing process, allowing for clearer tracking and communication
- ▶ Why do they matter?
 - ▶ Some published data standards are not truly “standard,” resulting in the need for time-consuming “workarounds”
 - ▶ The Vision: integrated systems communicating clearly, securely and easily across key steps in the drug delivery chain
 - ▶ MMA requires compliance with standards for ePrescribing



Foundation & Initial Standards

Foundation Standards

- ▶ SCRIPT (new Rx, renewal, change, cancel, admin functions)
- ▶ ASC X12N 270/271
- ▶ NCPDP Telecommunication

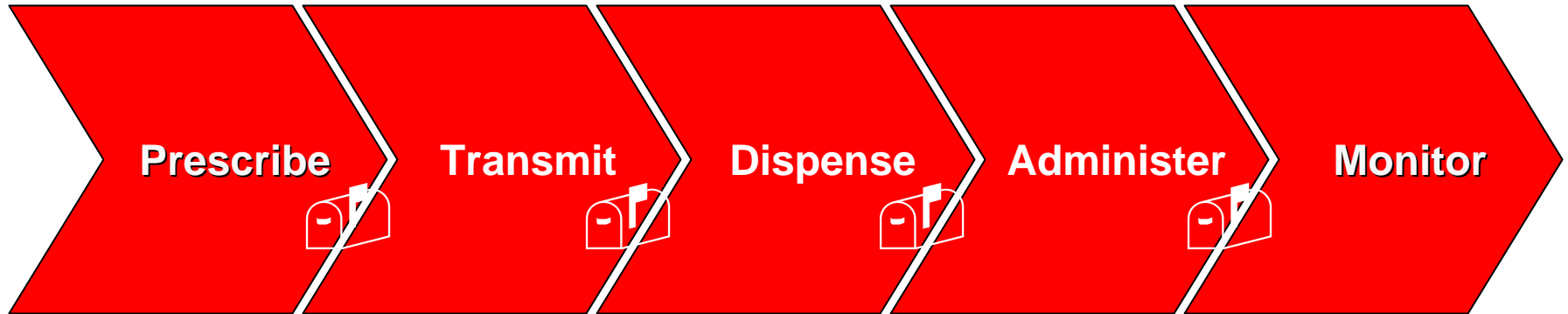
Initial Standards

- ▶ Medication History
- ▶ Formulary & Benefits
- ▶ Structured & Codified SIG
- ▶ Prior Authorization (X12N 278 and X12N 275 + HL7 PA Attachments)
- ▶ RxNorm (new Rx, renewal, cancel)
- ▶ SCRIPT (fill status)



Interaction of Foundation and Initial Standards

Adapted from Bell et al 2004



- | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> ▶ Prior Auth (I) ▶ RxHistory (I) ▶ RxNorm (I) ▶ Formulary & Benefits (I) ▶ Rx Fill Status (I) | <ul style="list-style-type: none"> ▶ Prior Auth (I) ▶ Structured & Codified Sig (I) ▶ Formulary & Benefits (I) ▶ NCPDP Telecom (F) ▶ Eligibility (F) | <ul style="list-style-type: none"> ▶ Prior Auth (I) ▶ RxNorm (I) ▶ NCPDP SCRIPT (new, change, renew, cancel) (F) ▶ Refill Status (I) | <ul style="list-style-type: none"> ▶ NCPDP SCRIPT (new, change, renew, cancel) | <ul style="list-style-type: none"> ▶ NCPDP SCRIPT (F) (new, change, renew, cancel) ▶ RxFill Status (I) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|



Standards Recommendations

| Standards | Description | Pilot Recommendation |
|---------------------------------------------------|-----------------------------------------------------------|--------------------------|
| Medication History (NCPDP SCRIPT) | Dispensed/Claims Hx fx of NCPDP SCRIPT | Ready for Implementation |
| Formulary & Benefit (NCPDP v.1.0) | Form status & alternative drugs, copay | Ready for Implementation |
| Fill Status Notification (Fxn of NCPDP SCRIPT) | Informs when Rx filled, not filled or partially filled | Ready for Implementation |
| Structured & Codified SIG | Patient instructions incl. dose, route, freq., etc. | Needs More Work |
| RxNorm Clinical Drug Terminology | Std drug nomenclature meant to be intralingua | Needs More Work |
| Electronic Prior Authorization Messages | Provider request, payer response to PA criteria | Needs More Work |



General Observations about Standards

- Standards testing was *primary* objective of pilots
- Next Step: Notice of Proposed Rule-Making (NPRM)
 - Justify recommendations
 - Stakeholder Economic Impact Analysis
- Structure of standard tended to be adequate
- Issue was with content supplied by standard
 - Transaction only as good as its source
 - While structurally able to interoperate, shortcomings relative to implementation of standards
- What about compliance?
 - CMS said this would fall under HIPAA



Other Outcomes Tested By Pilots

| Outcome | Achieve | B&W | OH KePro | RAND | SureScripts |
|-------------------------------------------|------------|-------------|-----------|------------|-------------|
| Prescriber uptake and satisfaction | Completed | Completed | Completed | Completed | Completed |
| Prescriber workflow ▲s | Completed | Planned | Completed | Completed | Completed |
| Workflow changes related to verbal orders | Completed | | | | Completed |
| Callbacks (pharm to MD) | Incomplete | Planned | Completed | Incomplete | Planned |
| Patient Satisfaction | | | | | Completed |
| Use of MedHx Functions | | | Completed | Completed | Completed |
| Changes in eRx Renewal Rates | | Not Studied | | | Completed |
| Changes in new eRx Rates | Completed | Completed | | | Completed |



Other Outcomes Tested By Pilots (cont)

| Outcome | Achieve | B&W | OH KePro | RAND | SureScripts |
|-------------------------------------|------------|-------------|-----------|-----------|-------------|
| Inappropriate prescribing rates | Completed | Planned | Planned | Completed | Completed |
| Medication Errors | | Incomplete | Planned | Completed | Completed |
| Adverse Drug Events | | Incomplete | Completed | | Planned |
| Hospitalizations and ED visit rates | | | Planned | Completed | |
| Use of on-formulary/generics | Incomplete | | Completed | Completed | Completed |
| Change in fill status rates | | | | Completed | Completed |
| Improved security & reliability | Completed | Not Studied | | | |



Outcomes: Big Takeaways

- ➔ Generally consistent w/historical ePrescribing studies
 - ➔ Studies more rigorous and scientific
 - ➔ Tended to have larger sample sizes (but still not scientific)
 - ➔ Objective to inform public policy (not market product)
 - ➔ Also involved ePrescribing experts
- ➔ Role of non-physicians underappreciated
 - ➔ No surprise to experts
 - ➔ Remember, objective is to inform public policy
- ➔ eRx did not replace the need for paper
 - ➔ Inability to submit Schedule II Controlled Substances
 - ➔ Inability to manage future orders



Other Key Outcomes

- ➔ Few vendors communicate to pharmacies digitally, and in almost no cases did ePrescribing replace paper
- ➔ **Surrogates (non-MDs) were found to be major users**
 - ➔ Ignored safety and formulary alerts
- ➔ Some physicians never install. When they do, however, **drop-off is unusual**
- ➔ More than 83% of **patients** prefer ePrescribing
- ➔ Generic prescribing may be most impacted by any eRx tool that **defaults to substitution permitted**
- ➔ **Poor integration of MedHx** into ePrescribing workflow
- ➔ Dispensing errors and **ADEs were statistically less** for ePrescribing clinics (B&W)



ePrescribing: Product Selection Considerations



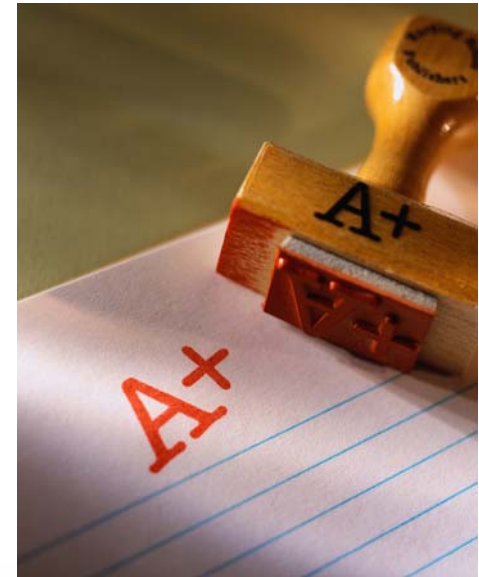
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Buyer Beware: No Oversight



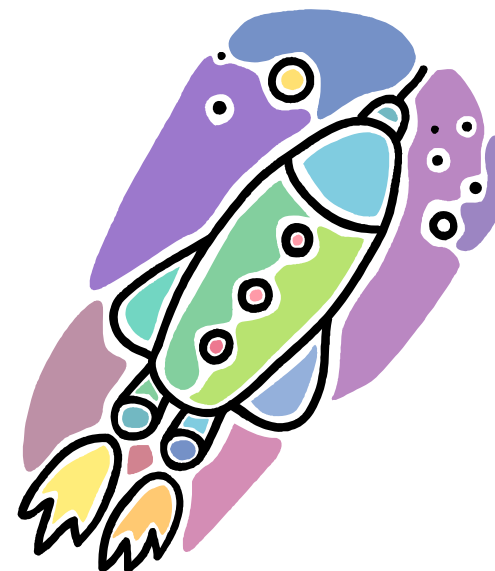
Certification

- ➔ To ensure benefits, guarantee interoperability
 - ➔ and inform pay-for-performance
- ➔ CCHIT (Certification Commission for HIT)
 - ➔ Not for standalone eRx
- ➔ HL-7
- ➔ CDS in ePrescribing task force
- ➔ RAND consensus criteria



eRx Product Selection Issues

- ➔ Practice readiness
- ➔ IT infrastructure
- ➔ eRx application characteristics
- ➔ Vendor characteristics
- ➔ Going beyond eRx



“Not exactly rocket science”



eRx Selection: Practice Readiness

- ➔ Pain points; available \$\$; readiness
- ➔ Small vs. large office
- ➔ PC skills and mobile devices
- ➔ Payer mix (P4P, other incentives?)
- ➔ Incumbent practice management system
- ➔ Existing infrastructure (network, hardware)
- ➔ Patient flow



eRx: Baseline Metrics

- ➔ Staffing ratios
- ➔ Rx-related call (and fax) volumes
- ➔ Time to service renewal requests
- ➔ Chart pulls / medical records staffing
- ➔ Transcription costs / staffing
- ➔ Patient satisfaction
- ➔ Medication errors (difficult)



Benefits: Prescribers

Reduce Cost

- ◆ Reduce phone calls
- ◆ Reduce chart pulls
- ◆ More time for patient care
- ◆ Low impact to existing workflow

Improve quality of care

- ◆ Increased quality of care by enabling easy access to computerized medication history
- ◆ Decreases potential medication errors due to illegible prescriptions

Improve patient satisfaction

- ◆ Reduced waiting time at pharmacy
- ◆ Aura of high tech



eRx: Application Characteristics

- ➔ Cost; ASP; PMS integration; devices; migration
- ➔ Workflow (especially renewal & faxes)
- ➔ Connectivity (to PBMs, pharmacies)
- ➔ Formulary (none, Infoscan, RxHub)
- ➔ Decision support (allergy, drug-drug, dose)
- ➔ Problem / allergy / medication lists
- ➔ Ancillary staff support



eRx Selection: Vendor Characteristics

- ➔ Years in business (financial stability?)
- ➔ Customer base (references)
- ➔ Training methods / implementation support
- ➔ Support for PMS integration
- ➔ Commitment to QA, customer service
- ➔ Clinical leadership
- ➔ Migration path



Going beyond eRx



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Ambulatory EMR Software Vendors

The Leaders

- ➔ Allscripts/A4 Health
- ➔ EPIC
- ➔ GE Centricity EMR
- ➔ NextGen
- ➔ Misys EMR



Ambulatory EMR Software Vendors

The Second Tier (partial list)

- ➔ Allmeds EMR
- ➔ Alteer (EMR "light")
- ➔ Amicore
- ➔ AthenaHealth*
- ➔ ComChart EMR
- ➔ Companion Technologies
- ➔ Docs, Inc. SOAPware
- ➔ eClinicalWorks
- ➔ Greenway Medical
- ➔ iGreat (EMR "light")
- ➔ iMedica
- ➔ Infor*Med Praxis
- ➔ Emdeon Intergy
- ➔ JMJ EncounterPro
- ➔ LSS EMR (Meditech)
- ➔ Physician Microsystems
- ➔ Medent
- ➔ MediNotes
- ➔ SynaMed

* EMR in development



Define Your System Requirements Integrated into EMR

- ➔ What is your practice ROI?
- ➔ What is the practice budget?
- ➔ Baby steps or dive in with both feet?
- ➔ Which five vendors meet your requirements?



Vendor Demonstrations

- ➔ Pre-scripted or recorded demonstrations
- ➔ Script a typical patient encounter
 - ➔ Acute visit with new Rx
 - ➔ Chronic visit with Rx renewal
- ➔ How many 'clicks' does it take to perform a routine task
- ➔ Don't allow the sales representative to showcase



Conduct Site Visits

- ➔ Call three practices for phone reference
- ➔ If you can't visit-don't buy!
- ➔ Customer service response time
- ➔ Timeline of 'full' implementation



Warning Label to Purchase

- ➔ Interface compatibility with other medical software
- ➔ Installation vs. Deployment cost
- ➔ Product development
- ➔ Hardware needs (hidden costs)
- ➔ Vendor stability and experience



The Grid

| | A | B | C | D | E |
|---------------------------------|---|---|---|---|---|
| Workflow (renewal) | | | | | |
| Migration path | | | | | |
| Device options (e.g., PDA) | | | | | |
| Money | | | | | |
| ASP | | | | | |
| Integration (with PMS) | | | | | |
| Messaging (transactions) | | | | | |
| Error checking (incl formulary) | | | | | |

ePrescribing: Selection Exercise



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eRx Selection Exercise

- ➔ What problem(s) are you trying to solve?
 - ➔ Efficiency, safety, P4P revenue, phone calls?
- ➔ How many FTE providers? Independent or IDN?
- ➔ eRx or EMR? If former, eventual path to latter?
- ➔ Support complex technology? If not, then ASP.
- ➔ Any hospital, RHIO, or payer sponsors?
- ➔ Is your state QIO offering help?



eRx Selection Exercise (cont)

- ➔ Who is your PMS vendor? Do they have eRx?
- ➔ How important are PDAs?
- ➔ What functionality matters most?
 - ➔ Renewal workflow?
 - ➔ Error-checking / clinical decision support?
 - Pediatric dosing support
 - ➔ Electronic prescription routing? Mail order?
 - ➔ Formulary?



Supplemental Slides



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EMR Adoption Statistics

Type of health record by practice size

| Number of FTE Physicians in the Practice | Paper Medical Record Filed in Record Cabinet | Scanned Image Filed Electronically Using a Document Image Management System (DIMS) | Dictation and Transcription System Combined with a Document Imaging Management System (DIMS) | Electronic Health Record in a Relational Database (EHR) | Other |
|------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------|-------|
| 5 or fewer physicians | 78.0% | 2.3% | 6.3% | 12.5% | 0.9% |
| 6 to 10 physicians | 73.9% | 3.0% | 7.2% | 15.2% | 0.7% |
| 11 to 20 physicians | 67.0% | 1.6% | 11.7% | 18.9% | 0.9% |
| 21 or more physicians | 65.8% | 3.1% | 10.7% | 19.5% | 1.0% |
| All practices* | 75.3% | 2.5% | 7.2% | 14.1% | 0.9% |

Source: Medical Group Management Association (MGMA) Center for Research, University of Minnesota School of Public Health, *Assessing Adoption of Health Information Technology*, funded by the Agency for Healthcare Research and Quality (AHRQ)



EMR Adoption Statistics

Degree of EHR implementation by practice size (percentages within size of practice)

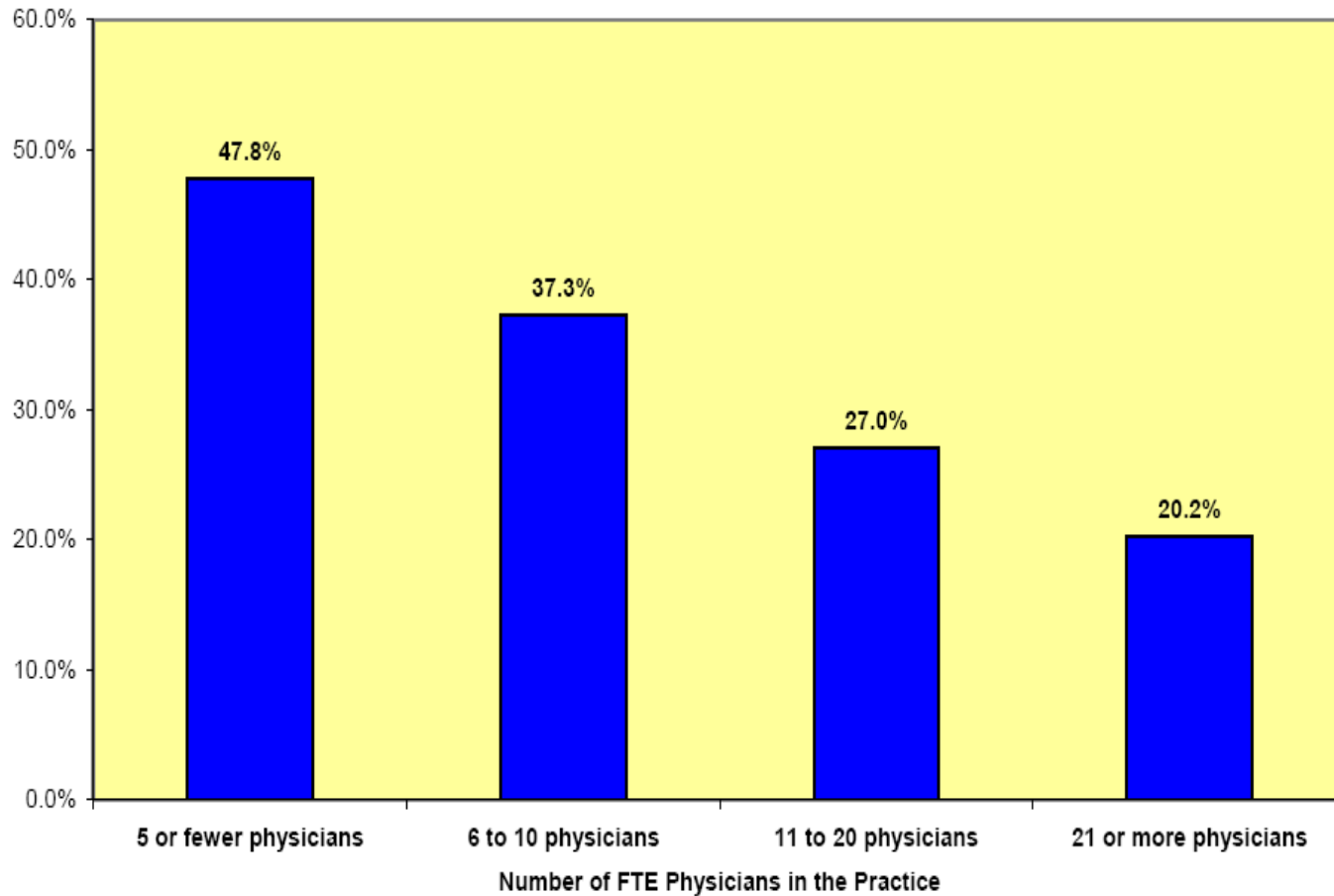
| Number of FTE Physicians in the Practice | Fully Implemented for All Physicians in All Locations | Implementation in Process | Implementation Planned in Next 12 Months | Implementation Planned in Next 13 to 24 Months | Not Implemented and No Plans to Implement in Next 24 Months |
|------------------------------------------|-------------------------------------------------------|---------------------------|------------------------------------------|------------------------------------------------|-------------------------------------------------------------|
| 5 or fewer FTE | 10.4% | 10.3% | 12.6% | 18.9% | 47.8% |
| 6 to 10 FTE | 13.6% | 11.8% | 15.9% | 21.4% | 37.3% |
| 11 to 20 FTE | 13.9% | 20.7% | 20.0% | 18.4% | 27.0% |
| 21 or more FTE | 11.0% | 28.5% | 15.7% | 24.2% | 20.2% |
| All practices* | 11.5% | 12.7% | 14.2% | 19.8% | 41.8% |

Source: Medical Group Management Association (MGMA) Center for Research, University of Minnesota School of Public Health, *Assessing Adoption of Health Information Technology*, funded by the Agency for Healthcare Research and Quality (AHRQ)



EMR Adoption Statistics

Percent of Medical Groups that Have Not Implemented an EHR and Have No Plans to Implement in Next 24 Months by Size of Group



A-EMR Market Summary

- ➔ Ambulatory-EMR companies
 - ➔ Large players dominate the market
 - Top 15 represent 85% of market
 - ➔ Technology platform
 - Top tier all client server – no ASP
 - 2nd Tier mostly client server
 - ➔ ASP gaining some momentum – eClinicalWorks
 - ➔ Too early to see a trend toward ASP

