

Chapter 11

AC Group May 2007 Final Report

Digital Medical Office of the Future Survey

PMS and EHR Functionality Ratings

AC Group, Inc. (AC Group) has released their ninth report on **Practice Management System (PMS)**, **Electronic Medical Record (EMR)** and **Electronic Health Record (EHR)** applications today. This year's report provides physicians, MSOs, IPAs, and PHOs with one of the most comprehensive evaluations to date of leading PMS/EMR/EHR applications. According to the author, Mark Anderson, Healthcare IT Futurist, "Physicians and organizations such as DOQ-IT, state QIOs and IPAs are looking for a 3rd party independent evaluation of the various EMR/EHR offerings in the marketplace today. The current pressures in the industry for increased efficiency and better care delivery, coupled with significant advances in technology and applications, have enabled EMRs to take center stage. The challenge with EMRs is that it is very difficult for the average physician practice to effectively evaluate its options."

The survey is an extensive evaluation of functional criteria that can serve as a valuable tool for the vendor selection process. The entire report is over 300 pages long and covers all 6 levels of technology for the physician's office.

Summary Results: To ensure that the application met the real needs of physicians, a detailed study was conducted by AC Group, Inc., during the Spring of 2002, 2003, 2004, 2005, 2006, 2007 with updates October of 2003, 2004, 2005, and 2006. The AC Group technology functionality report is based on 60 months of research and the cumulative results of a 90-page questionnaire distributed to each participating vendor. The EHR survey includes 2,300 functional questions divided into 47 categories, while the PMS survey includes over 1,000 functionality questions divided into 26 categories.



The 47 functional categories included a section on the Institute of Medicine's (IOM) requirements for a computerized patient record (CPR), along with functional questions relating to operational areas including prescriptions, charge capture, dictation, interface with laboratories, physician order entry, decision support and alerts, security, personal health records, reporting and documentation. To assist the physician community, the AC Group report quantifies six specific components necessary to ensure that a physician or a group of physicians have made the right choice. The components include:

1. Product Functionality – How well a product meets the basic requirements of a comprehensive EHR based on the guidelines of the Institute of Medicine and the detailed comprehensive survey of functionality based on AC Group's 2,300+ EHR functionality survey.

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2. End-User Satisfaction – How well a company performs in relation to “End-User Satisfaction” surveys conducted by independent analyst firms such as AAFP (www.aafp.org/centerforhit.xml), KLAS (<http://www.healthcomputing.com/>) and AC Group, Inc. (<http://www.acgroup.org>)
3. Company Financial Viability – The strength of a company in relationship to their annual revenues, profitability, and percentage of revenues that are placed back into future development.
4. Client Base – The strength of the company’s EHR client base and their ability to understand and meet the needs of their current and future clients.
5. Technology – The strength of the EHR’s use of proven technology that enables a practice to become a digital office of the future.
6. Price – The total price of the solution should be considered when making a decision – not just the price of the software. Practices should determine the “Total Cost of Ownership” (TCO) when evaluating the numerous potential solutions.

Through AC Group's research, we have learned that, while having the appropriate level of functionality is critical, providers require a vendor that will support and continue to develop the product. Therefore, the **2006 report employs a point system based on a combination of the following major sets of criteria: functionality, company size, client base, end-user satisfaction and price.** This point system provides a more comprehensive view of the ability of the end-user to derive benefits from the product. Each set of criteria has been weighted, and each vendor was assigned a “Total Weighted Point Value”. Additionally, in the 2006 report, AC Group divided the rankings based on the following product types:

- **EHR Vendors** – Full EMR capability, with internet-based Personal Health Records, health maintenance tracking, proven interoperability with other EMR vendors, national clinical standard couplers, and clinical decision support with nationally recognized alerts, etc. The application must have interfaces to multiple Practice Management Systems. We further divided this category between large multi-specialty clinics and stand-alone practices.
- **EMR Vendors** – Full charting and Document Imaging Management, along with e-Rx with formulary tracking by healthplans, automated E&M coding and verification, medical necessity checking by CPT and Diagnostic codes, comprehensive orders and results reporting, with integrated workflow routing and tracking. The application must have interfaces to multiple Practice Management Systems.
- **Charting Vendors** – Ability to simplify the charting requirements, as specified by many of the medical societies and the IOM. Advanced functionality must include orders and results reporting, problem list and e-Rx tracking. The product does NOT have to have advanced nationally recognized alerts and clinical decision support. The application must have interfaces to multiple Practice Management Systems.

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- **Document Imaging Management (DIM) Vendors** – Ability to scan and store paper documents by patient and by sub-folder, along with the ability to electronically receive and file documents that are received either electronically or by fax, including Lab results, transcribed reports, and hospital ADT information. The DIM must have integrated routing and workflow capabilities and interfaces to multiple Practice Management Systems.
- **FQHC** – In May of 2006, AC Group added a new category for Federally Qualified Health Centers (FQHC) since these centers require more government reporting and clinical oversight.
- In May of 2005, ACG added also a new category for **Integrated PMS and EMR vendors** – Our research has shown that more than 72% of the selections in 2005 have been for both Practice Management and EMR/EHR applications. Starting in 2005, ACG started tracking those vendors that provide a tightly interfaced or integrated solution.
- **Community Health Record (CHR) Vendors** – These vendors may not have a full functioning EMR but provide the interoperability functions of an EMR-Light along with the ability to maintain a community health record via a community clinical and demographic data exchange. Advance functionality includes reporting and tracking of orders, results, e-Rx, allergies, and problem lists, among others. The product should maintain a community master patient index, based on numerous inputs, including hospitals, health plans, and numerous physician practice management systems. The Community Health Record vendor must also be working with various EMR/EHR vendors, to ensure effective clinical data exchange, following national standards like CCR or other recognized future interoperability standards.

The AC Group selection methodology provides physicians with a simple methodology that they can use to help reduce the number of choices. According to our research, the number of vendors that state that they sell an ambulatory EHR is currently over 385 – too many for any one physician to consider. Through the use of this methodology, practices can reduce the number of potential choices to the top 5 to 10 EHR/PMS products – based on their specific requirements.

Continuing in 2007, AC Group will be “Validating” vendor application. The purpose of the detailed analysis is to determine which vendors meet the functionality to be considered a “Validated EHR” today and to determine which vendors who, with future development, could have a “Validated EHR” in the next couple of years. Vendor Products that receive a minimum rating of 85% are routinely reviewed for validation by AC Group. Other vendors have excellent charting systems and document imaging systems, but in many cases, do not have the necessary clinical alerts, clinical knowledge based databases, and may not have the Clinical Decision Support (CDS) necessary to improve care and to document improvements in clinical outcomes. They still provide excellent benefits, but should NOT be considered a clinically driven EHR.

The AC Group EMR report is based on 60 months of research and the cumulative results of their 90-page questionnaire, that included a scaled down set of 2,828 functional questions, divided into 47 categories, plus an additional 200 + questions relating to company viability, support, and end-user satisfaction. In May of 2007, over 500 EHR questions were added to the survey along with an additional 120 PMS questions.

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The 47 functional categories include sections on the Institute of Medicine's (IOM) requirements for a computerized patient record (CPR), along with functional questions relating to operational areas including prescriptions, charge capture, dictation, interface with laboratories, physician order entry, decision support and alerts, security, Personal Health Records, reporting and documentation. Back in 2005, AC Group added new categories relating to RHIOs, Disease Management, Specialty EMR content, Medical Devices Interfaces, Evidence-based reference content, Practice / Community Portal Capabilities, and Registry Functions. The EMR/EHR evaluation includes a weighted point value for each of the 2,300 questions, based on the following criteria:

- The current product **doesn't** offer this functionality
- The current product **provides** the functionality for an **additional cost**
- The current product **provides** the functionality from a **third party**
- A future product enhancement in the **next three months** will provide the functionality
- A future product enhancement in the **next six months** will provide the functionality
- A future product enhancement in the **next year** will provide the functionality
- The product **provides** the functionality currently

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Functionality Requirements:

What EMR/EHR functionality is required for a practice? The requirements today are far less than what will be required in the near term. New state, regional, and national regulations are being considered. New minimum standards are being discussed at the national level. Healthplans will begin implementing required clinical health status reporting within the next few years. As seen in Southern California and in the Hudson Valley of New York, healthplans are beginning to provide financial incentives to those practices that can track and report clinical outcomes for a specific population. Finally, malpractice carriers are beginning to provide discounts for those providers with a Validated EMR application – or in other words – physicians that do not use EMRs will pay higher for the malpractice rates, starting in 2009/10. Therefore, the functional requirements today should be the functionally requirements of the future. A practice cannot afford to purchase a system today that will not meet the functionality requirements of the future. A study conducted by AC Group on 85 practices that replaced their EMR in the past three years showed that the average cost to the practice (new system costs, retraining, lost productivity, etc) costs the average physician over \$50,000. Therefore when making an EMR/EHR decision, make the right choice – make a choice for the future. AC Group has compiled over 2,828 functional requirements for a strong, comprehensive, Validated EMR/EHR. From AC Group interviews, the majority of the physicians are requesting the following specific functionality:

- Automated E&M Coding based on clinical documentation
- Tracking of Vital Signs with minimum and maximum values
- Best Practice guidelines with Clinical Decision Support, based on national guidelines
- Family Practice, Orthopedic, and Pediatric based clinical knowledge bases
- e-Rx, with alerts and formulary compliance by patient's specific health plan
- Integration with lab orders and results
- Integration with radiology orders, reports and the any new Picture Archiving Communication (PAC) System or viewing of digital films.
- Physician Dashboards for summary information for each physician, customized to each physician's unique needs
- Patient Summary screens that summarize patient's clinical condition, including e-Rx, allergies, procedures, hospitalizations, chief complaints, prior visits, allergies, family history, social history, etc.
- Educational materials in multi languages, that is, automatically customized to the patient's specific clinical and social needs
- Auto interface to hospital and ambulatory dictations
- Web-Based Personal Health Records (PHRs), so that family can review selected materials that physicians elect to provide electronically
- Health maintenance recording and tracking for outcomes measurement
- Integration with document imaging and workflow management
- Clinical messaging between physicians and the staff
- Clinical messaging between the physicians and the patient's families for selected activities
- Recording and tracking of telephone messages
- Electronic Rx refills
- Order tracking and alerting if a test result has not been completed within a specific period of time

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Template-driven clinical charting, to ensure that chart clinical information is complete and interoperable

between specialists

Access anywhere, at anytime, on any device

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Overall, seventeen companies, NextGen Healthcare Information Systems, Inc., MCS-Medical Communication Systems, Inc., HealthMatics, Bond Technologies, LLC, McKesson Practice Partner, Pro Practica, Inc., Allscripts Healthcare Solutions, OmniMD (A Division of Integrated Systems Inc.), eClinicalWorks, AcerMed EMR, MedcomSoft, Health Highway, Epic Systems Corporation, SynaMed, LLC, Cerner, and Misys plc received the highest overall 5-Star rating. The GE Centricity new integrated product (due to be released in mid 2007) is expected to also become a 5-star rated product. Five important caveats to keep in mind as you review the results:

1. Literally hundreds of products are identified as EMRs, and while a good faith effort was made to contact as many vendors as possible, many chose not to respond.
2. The survey findings are self-reported, that is, they are based on what *vendors* said about their *own* products.
3. Fourteen vendors were required to participate in face-to-face demonstrations of their product's functionality in order to receive "validation". The validation process tested more than 200 scenarios. A number of the vendors have not been tested as of this report and therefore have an (*) next to their company name.
4. A few of the highly visible EMR vendors elected NOT to participate in the survey. Many of these vendors are not willing to document their functionality in writing, while others state that either they do not participate in surveys or they were too busy to participate.
5. Starting in May of 2005, AC Group added a "confidence factor" which indicates AC Group's confidence in the vendor's reported ratings. A vendor with a 5-Star confidence level indicates that their product has been tested and we believe that more than 90% of their answers are validated. A vendor with a 3-Star confidence level indicates that the product has been tested at least once and we are confident that over 70% of the responses are validated. A vendor with a 1-Star confidence level indicates that AC Group has NOT been able to evaluate the vendor's claims as of this report.

When evaluating functionality by different methods of input, the AC Group team determined that today's technology allows end-users the same functionality no matter where they are located. In 95% of the cases, the vendor's application functioned the same on the desktop, from remote locations, and from a wireless tablet. Therefore, the EMR evaluation team was able to consolidate Desktop, Remote and Wireless functionality into one rating. The only major difference was the functionality on a PDA device – given that the screen size is limited. Therefore the EMR team created a separate rating for PDA devices. Simply stated, a number of the vendors that were highly ranked for the triad of desktop, remote and wireless, either did not offer a portable device or had one

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with limited functionality. When their overall performance ranking included low or nil scores for PDA their ranking dropped, precipitously.

The vendors that participated in this year's evaluation or had participated in one of AC Group's prior evaluations include:

- A4 Health Systems
- AcerMed Inc
- AllMeds, Inc.
- Allscripts Healthcare Solutions
- Alteer
- Amazing Charts, Inc.
- Amicore
- Bizmatics Inc
- Bond Technologies, LLC
- Business Computer Applications
- Businet, LLC
- Cerner
- Chartcare, Inc.
- Chartlogic
- Cliniflow (Monarch)
- Clinisolutions Inc.
- Companion Technologies Corporation
- Cyber Records
- Daw Systems, Inc.
- DigiChart
- DocSite
- Dr. I-Net Corporation
- Dr. Notes
- eCast Corporation
- eClinicalWorks
- Emdeon Practice Services
- e-MDS
- Epic Systems Corporation
- GE Healthcare
- gMed
- Greenway Medical Technologies
- Hamilton Assoc
- Healthhighway
- Henry Schiem
- Holt Systems Inc.
- iMedica, Inc.
- INFOR*MED
- InteGreat Concepts, Inc. (InteGreat)
- Intelligent Medical Systems, Inc.
- JMJ Technologies
- LSS Data Systems
- McKesson Corporation
- MCS-Medical Communication Systems, Inc.
- MDanywhere Technologies Inc.
- MEDCOM Information Systems, Inc.
- MedcomSoft.
- Medical Information Systems, Inc.
- Medical Manager software
- Medical Office Online, Inc.
- Medi-EMR
- Medinformatix, Inc
- MediNotes Corporation
- Meditab Software, Inc.
- meridianEMR, Inc.
- Misys Healthcare Systems
- mMD.Net
- Monarch Medical International
- NextGen Healthcare Information Systems, Inc.
- Noteworthy Medical Systems
- OD Professional
- OmniMD (A Division of Integrated Systems Inc.)
- Orion Systems International Inc
- Physician Micro Systems, Inc. (PMSI)
- Practice Partner
- PracticeXpert
- PRAXIS EMR by Infor-Med, Inc.
- Pulse Systems, Inc.
- QuickMed, Inc.
- Scribe Healthcare Technologies
- Smart Doctor
- Spring Medical
- *StreamlineMD™*
- SynaMed, LLC
- Task Technologies
- Visionary Medical
- Vista Care
- Vitalworks

Additionally, with the discussion around Regional Healthcare Information Organizations, AC Group added an additional ranking for the top RHIO products. The companies participating included:

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- Healthvision Corporation
- Axolotl
- Kryptiq Corporation

- Med Net Systems
- Wellogic

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The Future of Healthcare IT

Most healthcare executives would agree that today's healthcare field bears little resemblance to the one of a decade ago. To be effective in the future, healthcare leaders will need to understand better how IT strategies can help address emerging trends in American healthcare—from managing a more diverse workforce to leading management teams with new cyber-communication technologies to keeping trustees focused on mission and vision in an increasingly complex healthcare environment.

In 1995, healthcare IT experts optimistically predicted that more than 50% of physicians would purchase an Electronic Medical Record for their practice by the end of 2000 ⁽¹⁾. However, by 2006 a combination of technology issues, reimbursement issues, and the difficulty of justifying the capital costs of the EMR based on the return on investment (ROI) left the estimated percentage of physician users at only 12% across all practice environments. ⁽²⁾ This low figure further concealed a significant discrepancy between users in large institutions and multi-specialty clinics and those in small office practice. According to one study, by the summer of 2006, 48% of all university and staff-model (Kaiser, Mayo, etc) physicians were using an EMR compared to less than 7% of community-based physicians in group smaller than 5 providers. ⁽³⁾

The experts missed their projections primarily because they underestimated how fundamentally EMR adoption changes the way a physician works. In addition, they were overly optimistic on the performance and speed of introduction of the so called “killer applications” (voice recognition, intelligent charge capture, pharmacy formulary management) that were critical to the EMR’s streamlining of workflow and return on investment. Physicians are far more likely to adopt changes that improve either their financial income, practice efficiency, or enhances the quality of patient care. Accordingly, automation of the physician practice is mostly likely to occur if the following principles are a central part of the implementation strategy.

- Create an incremental approach towards office automation
- Make sure the EMR integrates with minimal disruption of existing work flow
- EMR must either improve efficiency or reduce costs.
- Products must meet minimum national standards and baseline interoperability requirements.

1 2000 Annual Survey of physician adoption rates by AC Group, Inc. (3,935 physician practices)

2 2006 TEPR Survey conducted by the Medical Records Institute.

3 2006 Presentation of EMR usage, TEPR and MGMA conferences by Mark R. Anderson

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To help enable the development of common standards, three leading industry associations in healthcare information management and technology – AHIMA, HIMSS, and The Alliance (formerly NAHIT) – have joined forces to launch The **Certification Commission for Healthcare Information Technology (CCHIT)**.

The purpose of The Commission is to create an efficient, credible, sustainable mechanism for the certification of healthcare information technology products. The goals of product certification are:

- To reduce the risk of HIT investment by providers
- To ensure interoperability of HIT products with emerging local and national health information infrastructures
- To enhance the availability of HIT incentives from public and private purchasers/payers
- To accelerate the adoption of robust, interoperable HIT throughout the US healthcare system

Since the 2006 certification is for 3 years, the 38 vendors that passed the 2006 certification will not take the new certification until 2009. This means that a vendor may meet the 2006 certification but not the 2007 or 2008 guidelines. Therefore, individuals should ask the following questions:

- Will practices select a vendor that has only been certified in 2006, knowing that they might not meet future standards?
- Will the large vendors decided to get certified each year so that they can state that they are certified on the newest standard?
- Will vendors who receive certification in 2007 use the new certification as a marketing advantage stating that 2006 certified vendors have NOT meet the 2007 certification, and that practices should avoid purchasing from vendors that do not meet “the new certification” requirements?
- Can small vendors pay the price of annual certification?

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As of May 1, 2007, 90 ambulatory EHR vendors have been certified by CCHIT based on the 2006 standard. The listing of vendors and their products include:

Key: [Company](#) (Product and version) *Date of CCHIT Certified status*

1. [ABELSoft Corporation](#) (ABELMed PM - EMR 7.0) 10/23/2006
2. [AcerMed, Inc.](#) (AcerMed 1.0) 10/23/2006
3. [Advanced Data Systems Corporation](#) (MedicsDocAssistant 3.0) 1/29/2007
4. [AllMeds, Inc.](#) (AllMeds EMR Version 7) 4/30/2007
5. [Allscripts](#) (HealthMatics Electronic Health Record 2006) 7/18/2006
6. [Allscripts](#) (TouchWorks Electronic Health Record 10.2.3) 7/18/2006
7. [athenahealth, Inc.](#) (athenaClinicals 0.15) 4/30/2007
8. [BizMatics, Inc.](#) (PrognoCIS 1.81) 4/30/2007
9. [BMD Services](#) (E-Paperless Practice V2.01) 4/30/2007
10. [BML MedRecords Alert LLC](#) (Physician's Solution 3.0) 4/30/2007
11. [Bond Technologies](#) (Bond Clinician EHR 2006) 10/23/2006
12. [Business Computer Applications, Inc.](#) (PEARL EMR 6.0) 4/30/2007
13. [Catalis](#) (Accelerator Graphical Health Record 4.111) 1/29/2007
14. [Cerner Corporation](#) (PowerChart 2005.02) 7/18/2006
15. [Community Computer Service](#) (MEDENT 16) 7/31/2006
16. [Companion Technologies](#) (Companion EMR v8.5) 7/18/2006
17. [CPSI](#) (Medical Practice EMR 14) 10/23/2006
18. [CureMD Corporation](#) (CureMD 9.0) 4/30/2007
19. [Department of Defense, Military Health System](#) (AHLTA 3.3* **) 4/30/2007
20. [Document Storage Systems, Inc.](#) (vxVista V1.0) 4/30/2007
21. [eClinicalWorks](#) (eClinicalWorks Version 7.0 Release 2) 7/18/2006
22. [eClinicalWorks](#) (eClinicalWorks Version 7.5) 2/6/2007
23. [Eclipsys Corporation](#) (Sunrise Ambulatory Care 4.5)
46. [McKesson](#) (Horizon Ambulatory Care Version 9.4) 7/18/2006
47. [MCS-Medical Communication Systems](#) (mMD.Net EHR 9.0.9) 7/18/2006
48. [MDLAND](#) (MDLAND Electronic Health Record and Practice Management Systems 8.0) 4/30/2007
49. [MDTablet](#) (MDTABLET 2.6.7) 4/30/2007
50. [MedAZ.net](#) (MEDAZ 60720.001) 1/29/2007
51. [MedcomSoft](#) (Record 2006 (V 3.0)) 7/18/2006
52. [Medical Informatics Engineering](#) (WebChart 4.23) 7/18/2006
53. [Medical Messenger](#) (Medical Messenger Astral Jet EMR 3.7.1) 4/30/2007
54. [Medicat](#) (Medicat 8.8) 1/29/2007
55. [MedicWare](#) (MedicWare EMR 7) 1/29/2007
56. [MedInformatix](#) (MedInformatix V 6.0) 1/29/2007
57. [MediNotes Corporation](#) (MediNotes e 5.0) 10/23/2006
58. [Meditab Software](#) (Intelligent Medical Software (IMS) 2007) 1/29/2007
59. [MedPlexus, Inc.](#) (MedPlexus EHR 8.5) 10/23/2006
60. [meridianEMR, Inc.](#) (meridianEMR 3.6.1) 4/30/2007
61. [Misys Healthcare Systems](#) (Misys EMR 8.0) 7/18/2006
62. [NCG Medical Systems, Inc.](#) (dChart EMR 4.5) 2/9/2007
63. [Netsmart Technologies](#) (Avatar PM 2006 Release 02) 10/23/2006
64. [NextGen Healthcare Information Systems](#) (NextGen EMR 5.3) 7/18/2006
65. [Nightingale Informatix Corporation](#) (myNightingale Physician Workstation 5.1) 7/18/2006
66. [Noteworthy Medical Systems, Inc.](#) (Noteworthy EHR 5.4) 10/23/2006
67. [OmniMD](#) (OmniMD EMR 6.0.5) 4/30/2007
68. [Partners HealthCare System, Inc.](#) (Longitudinal Medical Record (LMR) 5.1.1*) 4/30/2007
69. [Point and Click Solutions, Inc.](#) (OpenChart 8.0**)

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| <p>10/23/2006</p> <p>24. EHS (CareRevolution 5.0i) 10/23/2006</p> <p>25. e-MDs (e-MDs Solution Series 6.1) 7/18/2006</p> <p>26. eMedicalFiles, Inc. (MDAware® 2.2) 4/30/2007</p> <p>27. Encite (TouchChart 3.3) 1/29/2007</p> <p>28. Epic Systems (EpicCare Ambulatory EMR Spring 2006) 7/18/2006</p> <p>29. GE Healthcare (Centricity® EMR 2005 Version 6.0) 7/18/2006</p> <p>30. GE Healthcare (Centricity® Practice Solution Version 6.0) 3/28/2007</p> <p>31. Glenwood Systems, LLC (GlaceEMR 2.0**) 4/30/2007</p> <p>32. gloStream, Inc. (gloEMR 3.5) 4/30/2007</p> <p>33. Greenway Medical Technologies (PrimeSuite 2007) 10/23/2006</p> <p>34. Henry Schein Medical Systems (MicroMD EMR 4.6) 1/29/2007</p> <p>35. iMedica Corporation (iMedica Patient Relationship Manager 2005, version 5.1) 7/31/2006</p> <p>36. iMedica Corporation (iMedica Patient Relationship Manager 2006, version 6.0) 11/15/2006</p> <p>37. Infor-Med Corporation (Praxis® Electronic Medical Records, version 3.4) 7/31/2006</p> <p>38. InteGreat Concepts, Inc. (IC-Chart Release 6.0) 1/29/2007</p> <p>39. iSALUS Healthcare (OfficeEMR 2007) 4/30/2007</p> <p>40. JMJ Technologies (EncounterPRO® EHR 5.0) 7/18/2006</p> <p>41. LifeWatch Technologies, Inc. - A LifeWatch Corp Company (LifeT.I.M.E. (7.100)) 1/29/2007</p> <p>42. LSS Data Systems (Medical and Practice Management Suite Client Server Version 5.5 (Service Release 2.1)) 7/31/2006</p> <p>43. LSS Data Systems (Medical and Practice Management (MPM) Suite MAGIC Version 5.5, Service Release 2.1) 1/29/2007</p> <p>44. Marshfield Clinic (CattailsMD Version 5*) 1/29/2007</p> | <p>4/30/2007</p> <p>70. Polaris Management, Inc. (EpiChart 5.2**) 4/30/2007</p> <p>71. PowerMed Corporation (Practice Suite Version 2) 4/30/2007</p> <p>72. Practice Partner (Practice Partner 9) 7/18/2006</p> <p>73. Practice Partner (Practice Partner 9.1) 11/18/2006</p> <p>74. Practice Partner (Practice Partner 9.2) 3/7/2007</p> <p>75. Prime Clinical Systems, Inc. (Patient Chart Manager 5.3) 4/30/2007</p> <p>76. ProPractica Inc. (Streamline MD 9.0.9) 10/23/2006</p> <p>77. Pulse Systems (Pulse Patient Relationship Management 3.1.1) 1/29/2007</p> <p>78. Sage Software (Intergy EHR by Sage v3.00) 7/18/2006</p> <p>79. Sage Software (Intergy EHR by Sage v3.50) 10/20/2006</p> <p>80. Sequel Systems, Inc. (SequelMed EMR V7.50) 4/30/2007</p> <p>81. Spring Medical Systems (SpringCharts EHR 9.0) 1/29/2007</p> <p>82. SSIMED (Emrge 6.0 Release 1.0) 1/29/2007</p> <p>83. SynaMed, LLC (SynaMed EMR 5.487) 4/30/2007</p> <p>84. Universal Software Solutions (VersaSuite 7.5) 1/29/2007</p> <p>85. UNI/CARE Systems, Inc. (Pro-Filer 2007.0.0) 4/30/2007</p> <p>86. Utech Products, Inc. (Endosoft 3.0.3.5) 4/30/2007</p> <p>87. Visionary Medical Systems (Visionary Dream EHR 7.1) 1/29/2007</p> <p>88. Waiting Room Solutions (Waiting Room Solutions Practice Management System 3) 4/30/2007</p> <p>89. Workflow.com, LLC (Workflow EHR 2.1) 4/30/2007</p> <p>90. WorldVista (WorldVista EHR VOE/ 1.0) 4/30/2007</p> |
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2007 Functionality Process

In May 2007, AC Group divided our findings into multiple categories, including, Community Health Records, Multi-Specialty Large clinic EHRs, EHRs for medical practices, EMRs for medical practices, Charting Systems, Document Imaging Management (DIM) Systems, and Integrated Medical Office Systems (Practice Management System, EMR, and DIM).

With the trend towards national standards and Pay-for-Performance guidelines, the May 2007 functionality rating included 500 new questions that represented 12% of the point value ranking. The additional 500 questions challenged the vendors in ways that were never tested before. Back in May of 2006, AC Group added an additional 700+ questions designed to better clarify functionality and to measure a product's capabilities of meeting new requirements, including DOQ-IT, Disease Management, Specialty EMR content, Medical Device Interfaces, Evidence-based reference content, Practice / Community Portal Capabilities, and Registry Functions.

The 2007 report represents the ranking of vendor capability, based on the vendor's responses to the questions, the vendor's willingness to place every answer into a binding contract, and the proprietary weighting system that has been developed over the past 5 years. Since 2005, more than 90 vendors submitted responses to the new survey, 16 vendors did not update their responses since October of 2006, 16 vendors did not update their responses since May of 2006 and 10 vendors have elected not to participate in the surveys any more. Five of these ten companies (50%) have either gone out of business or have scaled back their sales and marketing opportunities in the past two years.

Disclaimer:

Although AC Group receives a small % of their revenues from vendors for speaking, white papers, or market analysis. AC Group does NOT perform any activities and does NOT receive any funding that promotes one vendor over another, helps a vendor win contracts, or helps a vendor win competitive bids over another vendor. AC Group remains independent from all vendors. Additionally, AC Group does NOT install, train, or customize vendor applications. Our belief is that if you work with certain vendors, there is a perception that you might select one vendor over another. In AC Group's case, there is NO financial or operational value to recommend one vendor over another. AC Group has always been and remains independent from all vendors.

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Multi-Specialty EHR Functionality Ratings:

To be ranked in the Multi-Specialty EHR category, the vendor must meet a minimum of 90% of the full EHR capability, with internet-based Personal Health Records, health maintenance tracking, proven interoperability with other EMR vendors, national clinical standard couplers, clinical decision support with nationally recognized alerts, etc. The application must have interfaces to multiple Practice Management Systems and demonstrate the ability to provide specialty content in numerous sized practices. The vendors receiving the highest ranking in the 2006 EHR survey for Multi-Specialty clinics are listed below.

Company Name	City	State	Web Site	Last Updated	Times Tested	EHR
NextGen Healthcare Information Systems, Inc.	Horsham	PA	www.nextgen.com	May-07	*****	99%
MCS-Medical Communication Systems, Inc.	Old Bridge	NJ	www.medcomsys.com	May-07	*****	97%
HealthMatics	Cary	NC	www.allscripts.com	May-07	*****	96%
Bond Technologies, LLC	Tampa	FL	www.bondclinician.com	May-07	***	95%
McKesson Practice Partner	Seattle	WA	www.practicepartner.com	May-07	*****	94%
ProPractica, Inc.	Shaker Heights	MA	www.streamlinemd.com	May-07	*****	94%
Allscripts Healthcare Solutions	Chicago	TN	www.allscripts.com	May-07	*****	91%
OmniMD	Tarrytown	CA	www.omnimd.com	May-07	**	93%
eClinicalWorks	Westborough	MA	www.eclinicalworks.com	May-07	*****	92%
AcerMed EMR	Irvine	CA	www.acermed.com	May-07	***	91%
MedcomSoft	Atlanta	GA	www.medcomsoft.com	May-07	**	88%
Health Highway	San Jose	CA	www.HealthHighway.com	October-06	**	88%
Epic Systems Corporation	Verona	FL	www.epicsystems.com	May-07	*****	86%

5 – Star Confidence/Testing level based on testing (5 = Highly Tested, 1 = Not Tested)

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EHR Functionality Ratings:

To be ranked in the EHR category, the vendor must meet a minimum of 80% of the full EMR capability, with internet-based Personal Health Records, health maintenance tracking, proven interoperability with other EMR vendors, national clinical standard couplers, clinical decision support with nationally recognized alerts, etc. The application must have interfaces to multiple Practice Management Systems and demonstrate the ability to provide specialty content in one or more specialties. In this category, a vendor may be strong in one or two specialties, but may not meet the needs of a large multi-specialty clinic. The vendors receiving the highest ranking in the 2007 EHR survey were the same companies that rated the highest in Multi-Specialty clinics.

Company	City	State	Web Site	Times Tested	EMR	DIM	PHR Rating
NextGen Healthcare Information Systems, Inc.	Horsham	PA	www.nextgen.com	*****	99%	91%	98%
Medical Communication Systems, Inc.	Old Bridge	NJ	www.medcomsys.com	*****	96%	92%	100%
HealthMatics	Cary	NC	www.allscripts.com	*****	96%	90%	95%
Bond Technologies, LLC	Tampa	FL	www.bondclinician.com	**	95%	81%	99%
McKesson Practice Partner	Seattle	WA	www.practicepartner.com	*****	94%	82%	94%
ProPractica, Inc.	Shaker Heights	MA	www.streamlinemd.com	*****	94%	91%	99%
Allscripts Healthcare Solutions	Chicago	TN	www.allscripts.com	*****	94%	91%	46%
OmniMD	Tarrytown	CA	www.omnimd.com	**	93%	92%	96%
eClinicalWorks	Westborough	MA	www.eclinicalworks.com	*****	92%	86%	93%
AcerMed EMR	Irvine	CA	www.acermed.com	***	91%	91%	97%
MedcomSoft	Atlanta	GA	www.medcomsoft.com	**	90%	81%	51%
Health Highway	San Jose	CA	www.HealthHighway.com	**	89%	91%	83%
Epic Systems Corporation	Verona	FL	www.epicsystems.com	*****	86%	82%	79%

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Misys plc	Raleigh	NC	www.misyshealthcare.com	* *	82%	83%	75%
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Charting System

The majority of the so-called EMR applications are, more accurately, strong charting systems, with complete clinical notes, limited alerts, limited clinical decision support, limited E&M coding methodology, and a limited summary of patient clinical results on a summary page. However, these systems still meet the needs of many physicians. Charting Vendors provide a physician the ability to simplify the charting requirements as specified by many of the medical societies and the IOM. Advanced functionality must include orders and results reporting, problem list and e-Rx tracking. The product does NOT have to have advanced nationally recognized alerts and clinical decision support. The application must have interfaces to multiple Practice Management Systems

Some of these vendors use standardized or customized templates, while others allow more free-format charting. Once again, the EHR and EMR category vendors can also provide all of the needs of a base clinical charting system – but usually at a higher cost.

Company	City	State	Web Site	CCHIT	Times Tested	Charting
MediNotes Corporation	West Des Moines	IO	www.medinotes.com	2006	****	84%
SynaMed, LLC	New York	NY	www.synamed.com		**	84%
Medinformatix, Inc	Los Angeles	CA	www.medinformatix.com	2006	**	83%
Cerner	Kansas City	MO	www.cerner.com	2006	**	80%
SSIMED	Windsor	CT	www.ssimed.com	2006	**	78%
Greenway Medical	Carrollton	GA	www.greenwaymedical.com	2006	*****	77%
Spring Medical	Houston	TX	www.springmedical.com	2006	***	73%
INFOR*MED	Woodland Hills	CA	www.praxisemr.com	2006	****	72%
PULSE SYSTEMS INC.	Wichita	KS	WWW.PULSEINC.COM	2006	**	72%
MedNet Systems	Webster	MA	www.mednetsystem.com		**	72%
meridianEMR, Inc.	Livinston	NJ	www.meridianemr.com	2006	***	70%
Company Technologies Corporation	Columbia	SC	www.companiontechnologies.com	2006	***	70%
Visionary Medical	Tampa	FL	www.visionarymed.com	2006	****	65%
Cyperrecords	Mahwah	NJ	www.cyberrecordsmd.com , www.doc-tor.com	2006	*	64%

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eRX Vendors – Stand Alone

Electronic prescribing (eRx) holds promise for simplifying the prescription process. Many herald it as the perfect entry into electronic medical records (EMR), by using one of these simple eRx programs for a while, an EMR could be less intimidating. Also since it is typically a less expensive option than a full blown EMR, it offers an incremental investment towards a paperless office.

The benefits of an eRx system are mostly obvious, eliminating illegible prescriptions, enhancing communication between provider, patient, payer, and pharmacy, as well as improving work efficiency. However some are less apparent, by using a more advanced program the provider can avoid some very preventable errors such as drug-drug interactions, drug-allergy reactions, dosing errors and therapeutic duplication. In pediatrics with weight based dosing needed for practically every prescription written this kind of decision support is crucial for reducing errors. Also several programs will provide patient based information that can be given for each medication prescribed. Finally one additional feature that can be added to using eRx is cost information that may not be as readily available to providers in our traditional prescribing methods.

Back in 2000, the healthcare marketplace had more than 30 stand-alone eRX vendors. In 2006, the number of stand alone eRX vendors was reduced to under 5 named companies. The vendors with the best stand-alone eRX functionality include:

- DAW Systems (ScriptSure), www.dawsystems.com, www.scriptsure.com,
- Dr First Rcopia (www.drfirst.com)
- iScribe ePresc (www.scribe.com)
- PocketScript - <http://www.zixcorp.com/solutions/eprescribing.php>
- NewCorp

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Community Health Records (CHR), LHIOs, and RHIOs –

With the movement to community-based clinical systems, which allow interoperability between multiple clinical charting systems, many vendors are developing systems for communities, Local Healthcare Information Organizations (LHIOs), and Regional Healthcare Information Organizations (RHIOs). These vendors may not have a full functioning EMR, but provide the interoperability functions of an EMR-Light, along with the ability to maintain a community health record via a community clinical and demographic data exchange. Advance functionality includes reporting and tracking of orders, results, e-Rx, allergies, and problem lists, among others. The product should maintain a community master patient index based on numerous inputs, including hospitals, healthplans, and numerous physician Practice Management Systems. The Community Health Record vendor must also be working with various EMR/EHR vendors to ensure effective clinical data exchange, following national standards such as CCR or other recognized future interoperability standards. Based on a survey of 1,245 Physicians, EMR-Light applications are preferred 4:1 today, since the product is easier to install and the adoption rate is 80% higher. The advantage of an EMR -Light application is:

- Lower cost of entry (usually 40% of a full EMR application)
- 30-60 day implementation (usually 50% faster)
- Enhanced workflow without major changes in the way the physician practices.
- e-Forms design versus detailed template charting (60% faster than full EMR)
- Operational improvements of 75-80%, instead of EMR 90-95%, but at lower costs, shorter implementation, and less interruption in physician workflow patterns.

Although not marketed as an EMR-Light, many of the EMR vendors could sell their application as an EMR-Light, since an EMR-Light system provides limited clinical notes, e-Prescribing, limited Document Imaging Management, clinical results tracking and messaging, viewing of lab results and dictated reports. This type of system is excellent for those physicians who elect to implement newer technologies in an incremental approach. These systems can help a practice eliminate unnecessary tasks, without changing the way a physician practices. Clinicians can view lab results and dictated reports from any location and can usually implement e-Prescribing, along with medication, chief complaint, allergies, and vital signs tracking.

Finally, with the planned creation of Regional Healthcare Information Organizations (RHIOs), the government is backing those organizations that have the ability to drive clinical adoption within an entire community. The vendor that can provide base-level functionality to an entire community will win, and will have the best opportunity to become the dominate EMR vendor by 2009. To accomplish a community system, vendors must learn how to get multiple physicians from multiple practices to agree to work together to create one-common "Continuity of Care Record" (CCR). How big is the market? By 2009, AC Group estimates that \$1.5B will be spent on Community Health Record (CHR) EMR-Light applications.

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Community Health Records (CHR), LHIOs, and RHIOs -

Company	City	State	Web Site	Last Updated	Times Tested	RHIO
NextGen Healthcare Information Systems, Inc.	Horsham	PA	www.nextgen.com	May 2007	* * * * *	96%
Allscripts Healthcare Solutions	Chicago	IL	www.allscripts.com	May 2007	* * * * *	96%
GE Healthcare	Milwaukee	WI	www.gehealthcare.com	Oct 2006	* * * * *	93%
Wellogix	Cambridge	MA	www.wellogix.com	May 2007	* *	88%
Misys plc	Raleigh	NC	www.misyshealthcare.com	Oct 2006	* * * * *	85%
Healthvision Corporation	Irving	TX	www.healthvision.com	May-05	* * * * *	84%
Cerner	Kansas City	MO	www.cerner.com	Oct 2006	* *	77%
Axlotl	Mountain View	CA	www.axlotl.com	May-05	* * * * *	67%

5 – Star Confidence/Testing level based on testing (5 = Highly Tested, 1 = Not Tested)

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Federally Qualified Health Centers

Since 2002, many of the federally qualified health centers (FQHC) facilities have begun their search for an Electronic Health Record. In numerous cases, many of the EHR vendors do NOT provide the functionality and reporting required for these specialized health centers. To assist these organizations, in October of 2006, AC Group added two new functional areas to their semi-annual report – FQHC and Behavioral Health. AC Group added 200 new questions relating to behavioral health and an additional 50+ questions relating to FQHCs. Based on our overall rating, the following companies provided the best overall functionality.

Company	State	Web Site	Last Updated	Times Tested	Mental Health	FQHC
NextGen Healthcare Information Systems, Inc.	PA	www.nextgen.com	May 07	*****	99%	98%
Allscripts Healthcare Solutions	IL	www.allscripts.com	May 07	*****	96%	97%
Epic Systems Corporation	WI	www.epicsystems.com	May 07	*****	96%	95%
Practice Partner	WA	www.practicepartner.com	May 07	*****	95%	94%
eClinicalWorks	MA	www.eclinicalworks.com	May 07	*****	96%	92%
OmniMD (A Division of Integrated Systems Inc.)	NY	www.omnimd.com	May 07	**	92%	92%
HealthMatics	NC	www.alscripts	May 07	***	88%	85%
Misys plc	NC	www.misyshealthcare.com	Oct 06	*****	92%	83%

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Functionality is NOT the only Factor

When evaluating companies, you must also take into account other factors such as, company size, company financial viability, total annual revenues, cash flow, % of revenue relating to EMR, EMR annual development costs, end-user satisfaction, number of employees, number of clients, cost per physician, and the company's ability to meet national, regional, and local standards. To assist, AC Group created a "point value" system that took these factors and others into account. Physicians should consider vendors with strong functionality ratings as well as "point value" ratings. The top EMR/EHR vendors for our October 2006 report include:

Company	Web Site	CCHIT	EMR	PMS	PMS/EHR	Total Company and EHR Points	Total Company and PMS/EHR Points
NextGen Healthcare Information Systems, Inc.	www.nextgen.com	2006	99%	97%	98%	4.80	4.81
Allscripts Healthcare Solutions	www.allscripts.com	2006	94%	95%	94%	4.74	4.75
McKesson Practice Partner	www.practicepartner.com	2006	94%	97%	95%	4.62	4.73
HealthMatics	www.allscripts.com	2006	96%	96%	96%	4.61	4.71
Epic Systems Corporation	www.epic.com	2006	86%	94%	90%	4.60	4.65
eClinicalWorks	www.eclinicalworks.com	2006	92%	95%	94%	4.38	4.58
Bond Technologies, LLC	www.bondclinician.com	2006	95%	94%	94%	4.25	4.47
Greenway Medical	www.greenwaymedical.com	2006	81%	92%	87%	4.21	4.41
Medical Communication Systems, Inc.	www.medcomsys.com	2006	96%	89%	93%	4.31	4.39
ProPractica, Inc.	www.streamlinemd.com	2006	94%	86%	87%	4.39	4.35
Misys plc	www.misyshealthcare.com	2006	82%	87%	85%	4.23	4.30
AcerMed EMR	www.acermed.com	2006	91%	89%	90%	4.02	4.24
OmniMD (A Division of Integrated Systems Inc.)	www.omnimd.com	2006	93%	84%	89%	4.21	4.21
e-MDs	www.e-mds.com	2006	70%	85%	78%	4.03	4.14
SSIMED	www.ssimed.com	2006	80%	84%	82%	4.05	4.12
MedcomSoft	www.medcomsoft.com	2006	90%	78%	84%	4.13	4.02

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Large Practices (> 100 Physicians) - For larger practices, with over 100 physicians, the top applications are from Epic Systems Corporation, NextGen Healthcare Information Systems, Inc., Allscripts Healthcare Solutions, GE Healthcare, eClinicalWorks, and Misys plc. Allscripts is the 2004 TEPR award winner for large EMR Applications, and NextGen was the TEPR award winner in 2001-04 and the MS-HUG award winner in 2003-05. NextGen, Allscripts, GE Healthcare and Epic Systems received the highest overall point ranking, once you consider company size, client base, end-user satisfaction, and price. Given the recent trends towards community systems, Regional Health Information Organizations, and Pay-for-Performance, larger practices should look at the following vendors.

Company	Web Site	EMR	PMS	PMS/EHR	Total Company and EHR Points	Total Company and PMS/EHR Points
NextGen Healthcare Information Systems, Inc.	www.nextgen.com	99%	97%	98%	4.80	4.81
Allscripts Healthcare Solutions	www.allscripts.com	94%	95%	94%	4.74	4.75
eClinicalWorks	www.eclinicalworks.com	92%	95%	94%	4.38	4.58
Epic Systems Corporation	www.epicsystems.com	86%	94%	90%	4.60	4.65
Misys plc	www.misyshealthcare.com	82%	87%	85%	4.23	4.30
Cerner	www.cerner.com	83%	84%	84%	3.89	4.06
GE Practice Solutions	www.gehealthcare.com	79%	86%	83%	4.21	4.26
McKesson Corporation	www.mckesson.com	77%	89%	83%	4.06	4.25
Sage	www.emdeon.com www.emdeonps.com	74%	82%	78%	3.99	4.04
InteGreat Concepts, Inc. (InteGreat)	www.igreat.com	71%	0%	0%	3.61	

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Mid Size Practices (10 to 99 Physicians) - For mid-sized to larger practices, with 10 to 99 physicians, the top applications are from NextGen Healthcare Information Systems, Inc., Allscripts Healthcare Solutions, GE Healthcare, eClinicalWorks, MedcomSoft, and Misys plc. eClinicalWorks is the 2006 TEPR award winner, Allscripts is the 2004 TEPR award winner for large EMR Applications, and NextGen was the TEPR award winner in 2001-04 and the MS-HUG award winner in 2003-05. NextGen, Allscripts, GE Healthcare and Epic Systems received the highest overall point ranking, once you consider company size, client base, end-user satisfaction, and price. Given the recent trends towards community systems, Regional Health Information Organizations, and Pay-for-Performance, larger practices should look at the following vendors.

Company	Web Site	EMR	PMS	PMS & EHR	Total Company and EHR Points	Total Company and PMS/EHR Points
NextGen Healthcare Information Systems, Inc.	www.nextgen.com	99%	97%	98%	4.80	4.81
Allscripts Healthcare Solutions	www.allscripts.com	94%	95%	94%	4.74	4.75
McKesson Practice Partner	www.practicepartner.com	94%	97%	95%	4.62	4.73
HealthMatics	www.allscripts.com	96%	96%	96%	4.61	4.71
eClinicalWorks	www.eclinicalworks.com	92%	95%	94%	4.38	4.58
Medical Communication Systems, Inc.	www.medcomsys.com	96%	89%	93%	4.31	4.39
Misys plc	www.misyshealthcare.com	82%	87%	85%	4.23	4.30
Greenway Medical	www.greenwaymedical.com	81%	92%	87%	4.21	4.41
OmniMD (A Division of Integrated Systems Inc.)	www.omnimd.com	93%	84%	89%	4.21	4.21
MedcomSoft	www.medcomsoft.com	90%	78%	84%	4.13	4.02
e-MDs	www.e-mds.com	70%	85%	78%	4.03	4.14
AcerMed EMR	www.acermed.com	91%	89%	90%	4.02	4.24

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PULSE SYSTEMS INC.	WWW.PULSEINC.COM	74%	86%	80%	3.91	4.11
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Small Practices - (3 – 9 Physicians)

For smaller practices, with 3 to 9 Physicians, the top applications are still NextGen Healthcare Information Systems, Inc., McKesson Practice Partner, HealthMatics, ProPractica, Inc., eClinicalWorks, Medical Communication Systems, Inc., Bond Technologies, LLC, and Misys plc. However, many practices cannot afford the cost of the high-end EMR/EHR vendors. These vendors have the highest overall company and total ratings for small practices:

Company	Web Site	EMR	PMS	PMS/EHR	Total Company and EHR Points	Total Company and PMS/EHR Points
NextGen Healthcare Information Systems, Inc.	www.nextgen.com	99%	97%	98%	4.80	4.81
McKesson Practice Partner	www.practicepartner.com	94%	97%	95%	4.62	4.73
HealthMatics	www.allscripts.com	96%	96%	96%	4.61	4.71
ProPractica, Inc.	www.streamlinemd.com	94%	86%	87%	4.39	4.35
eClinicalWorks	www.eclinicalworks.com	92%	95%	94%	4.38	4.58
Medical Communication Systems, Inc.	www.medcomsys.com	96%	89%	93%	4.31	4.39
Bond Technologies, LLC	www.bondclinician.com	95%	94%	94%	4.25	4.47
Misys plc	www.misyshealthcare.com	82%	87%	85%	4.23	4.30
GE Healthcare	www.gehealthcare.com	79%	79%	79%	4.21	4.09
Greenway Medical	www.greenwaymedical.com	81%	92%	87%	4.21	4.41
OmniMD (A Division of Integrated Systems Inc.)	www.omnimd.com	93%	84%	89%	4.21	4.21
MedcomSoft	www.medcomsoft.com	90%	78%	84%	4.13	4.02
e-MDs	www.e-mds.com	70%	85%	78%	4.03	4.14
AcerMed EMR	www.acermed.com	91%	89%	90%	4.02	4.24
Health Highway	www.HealthHighway.com	89%	87%	88%	3.97	4.16
PULSE SYSTEMS INC.	WWW.PULSEINC.COM	74%	86%	80%	3.91	4.11

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Individual Physicians - (1 – 2 Physicians)

For individual physicians, the top applications are McKesson Practice Partner, HealthMatics, ProPractica, Inc., eClinicalWorks, Medical Communication Systems, Inc., Bond Technologies, LLC, Misys plc, Greenway Medical, and e-MDS. These vendors have the highest overall company and total ratings for small practices:

Company	Last Updated	CCHIT	Times Tested	EMR	PMS	PMS & EHR	Total Company and EHR Points	Total Company and PMS/EHR Points
McKesson Practice Partner	May-07	2006	* * * * *	94%	97%	95%	4.62	4.73
HealthMatics	May-07	2006	* * * * *	96%	96%	96%	4.61	4.71
ProPractica, Inc.	May-07	2006	* * * * *	94%	86%	87%	4.39	4.35
eClinicalWorks	May-07	2006	* * * * *	92%	95%	94%	4.38	4.58
Medical Communication Systems, Inc.	May-07	2006	* * * * *	96%	89%	93%	4.31	4.39
Bond Technologies, LLC	May-07	2006	* * *	95%	94%	94%	4.25	4.47
Greenway Medical	October-06	2006	* * * * *	81%	92%	87%	4.21	4.41
OmniMD (A Division of Integrated Systems Inc.)	May-07	2006	* *	93%	84%	89%	4.21	4.21
MedcomSoft	May-07	2006	* *	90%	78%	84%	4.13	4.02
e-MDs	February-07	2006	* * * * *	70%	85%	78%	4.03	4.14
AcerMed EMR	May-07	2006	* * *	91%	89%	90%	4.02	4.24
PULSE SYSTEMS INC.	May-06	2006	* *	74%	86%	80%	3.91	4.11
MediNotes Corporation	May-07	2006	* * * * *	64%	0%	0%	3.73	
iMedica, Inc.	October-06	2006	* * *	68%	62%	65%	3.71	3.40
INFOR*MED	October-06	2006	* * * * *	68%	0%	0%	3.67	

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Conclusion:

Technology is only a tool and, if used effectively, can improve the flow of information and, potentially, improve the efficiency of the physician's practice. However, in reality, if "change" is not embraced, the probability of success is very low. We learned in the 1980's that we needed to change the process of billing for services – or we would not be paid in a timely and effective manner. Therefore, the practice of medicine, from the business point of view, changed. Now, with newer technologies, government regulations, and the right financial incentive, physicians will begin embracing new levels of technology that were not available just 5 years ago. But where does a physician in a small practice turn to learn about the 100's of technology choices? The physician can spend hours searching and evaluating all of the opportunities. Or maybe, in the near future, physicians will be able to look towards leaders within their own medical specialty for guidance and knowledge.