LICENSED COPY: BLACK BOOK RANKINGS 2013 SURVEY RESULTS

2013 State of the Ambulatory EHR Market

Executive Summary: Client Experience/Customer Satisfaction Survey Results
Top Ranked EHR Vendors for the Replacement Market

Part One: Aggregate Black Book EHR Marketplace Findings
Part Two: Current EHR Usability and Replacement Market Findings

SUPPLEMENTAL 2013 EHR SATISFACTION RESEARCH REPORTS

Part Three: Single Physician/Solo Practices
Part Four: Two to Five Physician Group Practices
Part Five: Six to Ten Physician Group Practices
Part Six: Eleven to Twenty-Five Physician Group Practices
Appendices: Electronic Prescribing, CPOE & Meaningful Use Stage I
Virtualized

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EXECUTIVE SUMMARY:

EHR REPLACEMENT MARKET VENDOR CLIENT EXPERIENCE METHODOLOGY

BLACK BOOK RANKINGS, THE RECOGNIZED SOURCE FOR NEUTRAL AND PRECISE CUSTOMER SATISFACTION ANALYSIS IN THE HEALTHCARE INFORMATION TECHNOLOGY INDUSTRY, FIRST UNCOVERED THE SURGING WAVE OF USABILITY DISSATIFACTION AMONG EHR USERS IN THE 2012 ANNUAL CLIENT EXPERIENCE SURVEYING. THE FOLLOWING YEAR'S (2013) POLLING RESULTS REVEALED THE ISSUES HAD ESCALATED TO THE POINT THAT BETEEN 17% AND 31% OF ALL EHR-IMPLEMENTED PRACTICES WERE CONSIDERING SWITHCING VENDORS DUE TO UNMET EXPECTATIONS, LACK OF FUNCTIONALITY OR INNOVATION**.** NEARLY HALF OF ALL EHR USERS INDICATED THEY WOULD SHIFT TO ANOTHER VENDOR IF COST & LOSS OF PRODUCTIVITY WERE NOT ISSUES.

EHR MARKET SHIFTERS NOW POSE TO REALLOCATE MORE THAN $5 BILLION IN SALES AS THE UNSTABLE VENDOR MARKETPLACE HEATS UP.

FOLLOW-UP BLACK BOOK POLLS WERE CONDUCTED IN Q2 2013 TO STUDY VENDOR PREFERENCES DURING THIS ***"YEAR OF THE BIG EHR SWITCH"*** INCLUDING 500 TELEPHONE SURVEYS AND 2,900 ONLINE BALLOTS TO DETERMINE THE MOST POPULAR EHR SYSTEMS AMONG REPLACEMENT SYSTEM BUYERS. BLACK BOOK STAFF CONTRASTED SATISFACTION RANKINGS FOR CURRENT FUNCTIONALITIES OFFERED, AND THE MOST IN-DEMAND EHR ADVANCEMENTS AND INNOVATIONS. THE STUDY'S OUTCOMES REVEALED THOSE VENDORS MOST LIKELY TO THRIVE AFTER THE CURRENT WAVE OF EHR REPLACEMENTS, ACCORDING TO USERS, ANALYSTS & INDUSTRY INSIDERS.

THE BLACK BOOK TEAM COMPILED AND CONTRASTED THE RESULTS OF SEVEN DIFFERENT BLACK BOOK 2013 POLLS TO DETERMINE PRECEPTION TRENDS IN REPLACEMENT MARKET VENDOR PREFERENCES, AS WELL AS IDENTIFY THE MOST DESIRED EHR FEATURES AND BENEFITS FROM THE ORIGINAL BLACK BOOK ANNUAL EHR SURVEY OF 16,000 RESPONSES FOR MEANINGFUL USE 2 AND BEYOND.

IN THIS REVIEW OF VENDOR PREFERENCES, AMIDST THE SHIFTING MARKETPLACE, BLACK BOOK ANALYZES THE CLIENT EXPERIENCE AND SATISFACTION OF CURRENT USERS, NOTING THE VENDORS WITH THE HIGHEST SCORES IN KEY PERFORMANCE INDICATORS IN AGGREATE AMONG:

- PHYSICIAN PRODUCTIVITY & PRACTICE SATISFACTION ACROSS ALL GROUP SIZES
- USER SATISFACTION ACROSS MEDICAL & SURGICAL SPECIALTIES INCLUDING PRIMARY CARE
- MEANINGFUL USE 1 ATTESTATIONS & E-PRESCRIBING ACHIEVEMENT/USER SATISFACTION

BLACK BOOK ALSO COMPARES CURRENT USER SATISFACTION AND CLIENT EXPERIENCE WITH THE ADVANCEMENTS & INNOVATIONS WHICH VENDORS HAVE PRESENTED IN CURRENT & DEVELOPING PRODUCTS IN RESPONSE TO GROWING USABILITY ISSUES .

- MEANINGFUL USE 2+ ADVANCEMENTS (INCLUDING PATIENT PORTAL)
- MOBILE APPS (IPAD AND PHONE)
- INTEROPERABILITY AND CONNECTIVITY (HIE)
- PRACTICE MANAGEMENT(INCLUDING REVENUE CYCLE CHANGES & ICD10)

THE FOLLOWING TABLE PROVIDES A COMPREHENSIVE OVERVIEW OF THE MARKETPLACE'S MOST VIABLE AND INNOVATIVE ELECTRONIC HEALTH RECORD VENDORS EXCEEDING CLIENT EXPERIENCE DEMANDS.

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EXECUTIVE SUMMARY: AMBULATORY ENTERPRISE EHR SYSTEMS

Overall Satisfaction Rankings - All Physician Practice Sizes, Specialties, Top Ten and Top Twenty Ranked Finishes by EHR Vendor

Collective Top Vendor Performances of the Most Buyer-Sought Functionalities in the Year of The Great EHR Switch

VENDOR	CURRENT EHR FUNCTIONALITES			ADVANCEMENTS/INNOVATIONS IN EHR PRODUCTS			
	Highest Satisfaction Across Most Practice Sizes Solo through 100+ Clinics	Highest Satisfaction Across Most Specialties Medical & Surgical Specialties + Primary Care	Highest Satisfaction with Meaningful Use I Electronic Prescribing/ CPOE/ Attestations	Hiighest Satisfaction with Meaningful Use II Patient Portal /Interfaces/ Advanced Reporting	Highest Satisfaction with Practice Management Revenue Cycle Management/ ICD10	Highest Satisfaction with Mobile EHR Applications iPad/Smart Phone	Highest Satisfaction with Interoperability & Connectivity HIE
PRACTICE FUSION	A	A	A	A	A	A	A
CARE360 QUEST	A	A	A	A	A	A	A
VITERA	A	A	A	A	A	A	A
ATHENAHEALTH	A	A	A	A	A	A	A
CERNER	A	A	A	A	A	A	A
GREENWAY	A	A	A	A	A	A	A
CHARTLOGIC	A	A	A	A	A	A	A
GE HEALTHCARE	A	A	A	A	A	A	A
KAREO	A	A	B	A	A	A	A
NEXTGEN	A	A	A	B	A	A	A
ALLSCRIPTS	A	A	A	A	A	B	A
AMAZINGCHARTS	A	A	A	A	A	B	B
MCKESSON	A	A	A	B	A	B	A
ECLINICALWORKS	B	A	A	B	A	A	A
OPTUM	A	B	B	B	B	A	A

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VENDOR	Highest Satisfaction Across Most Practice Sizes Solo through 100+ Clinics	Highest Satisfaction Across Most Specialties Medical & Surgical Specialties + Primary Care	Highest Satisfaction with Meaningful Use I Electronic Prescribing/ CPOE/ Attestations	Highest Satisfaction with Meaningful Use II Patient Portal /Interfaces/ Advanced Reporting	Highest Satisfaction with Practice Management Revenue Cycle Management/ ICD10	Highest Satisfaction with Mobile EHR Applications iPad/Smart Phone	Highest Satisfaction with Interoperability & Connectivity HIE
E-MDS	A	A	A	B	A	C	B
EPIC	A	B	A	A	B	C	A
APRIMA	A	B	B	B	B	B	B
SIMPLIFYMD	B	B	A	B	C	A	B
BIZMATICS	A	B	B	B	B	C	A
PRAXIS	B	A	B	B	C	A	B
MEDITAB	B	B	A	C	C	B	B
DRFIRST/RCOPIA	C	C	A	B	A	C	B
SUI MASTERMIND	B	B	B	B	C	B	B
WAITING ROOM SOLUTIONS	B	B	A	B	C	C	B
HEALTHFUSION	B	B	C	C	C	A	A
ADP ADVANCEDMD	C	B	B	B	A	C	B
OMNIMD	B	B	B	B	C	C	B
SRS SOFT	B	B	A	C	C	C	C
HENRYSCHEIN MICROMD	C	C	C	C	C	C	C

SOURCE: BLACK BOOK EHR USER SURVEYS 2012-2013

■A EHR Products Rank in Top 20 ◘B Most EHR Products Rank in Top 50 ☐C Some Product(s) Rank in Top 20-50

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2013 TOP 20 RANKED EHRS BY PRACTICE/GROUPSIZE

Overall Rankings – Ranked By Physician Practice Sizes, Q1 2013

Ranking	Single Physicians/Solo Practices	2-5 Physician Group Practices	6 -10 Physician Group Practices	11-25 Physician Group Practices	26-99 Physician Group Practices	100+ Physician Group Practices
1	E-MDS	CARE360 QUEST	BIZMATICS	GREENWAY	ATHENAHEALTH	MCKESSON
2	PRACTICE FUSION	ATHENAHEALTH	GREENWAY	OPTUM	NEXTGEN	CERNER
3	AMAZINGCHARTS	PRACTICE FUSION	CERNER	CERNER	MCKESSON	OPTUM
4	ATHENAHEALTH	GREENWAY	AMAZINGCHARTS	MCKESSON	GREENWAY	SIEMENS
5	CERNER	E-MDS	VITERA	ATHENAHEALTH	CERNER	EPIC
6	VITERA	CERNER	ATHENAHEALTH	CPSI	GE HEALTHCARE	GREENWAY
7	GREENWAY	VITERA	CARE360 QUEST	CARE360 QUEST	OPTUM	AMAZINGCHARTS
8	BIZMATICS	AMAZINGCHARTS	PRACTICE FUSION	EPIC	AMAZINGCHARTS	GE HEALTHCARE
9	APRIMA	MCKESSON	E-MDS	PRACTICE FUSION	EPIC	ATHENAHEALTH
10	CARE360 QUEST	BIZMATICS	MCKESSON	AMAZINGCHARTS	CARE 360 QUEST	NEXTGEN
11	SRS SOFT	NEXTGEN	EPIC	NUESOFT	DR FIRST	VITERA
12	SUI MEDICAL MASTERMIND	APRIMA	KAREO	ADSC	SEQUEL	LSS DATA
13	EPIC	ADSC	OPTUM	VITERA	CHARTLOGIC	WAITING ROOM SOLUTIONS
14	NEXTGEN	EPIC	GE HEALTHCARE	E-MDS	E-MDS	ALLSCRIPTS
15	ALLSCRIPTS	MEDITAB	APRIMA	GE HEALTHCARE	BIZMATICS	MEDITECH
16	OPTUM	OMNIMD	MEDITECH	NEXTGEN	KAREO	CARE360 QUEST
17	MCKESSON	DR CHRONO	NUESOFT	ALLSCRIPTS	VITERA	SPRING
18	ECLINICALWORKS	HEALTHFUSION	PRAXIS	ADP ADVANCEDMD	MEDITECH	PRACTICE FUSION
19	HENRY SCHEIN MICROMD	ECLINICALWORKS	ALLSCRIPTS	SOAPWARE	PRACTICE FUSION	MEDITAB
20	ADP ADVANCEDMD	OPTUM	CHARTLOGIC	ECLINICALWORKS	ALLSCRIPTS	CUREMD

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TOP EHR INTEROPERABILITY AND CONNECTIVITY

TOP 10 MEDICAL PRACTICE ELECTRONIC MEDICAL RECORD FIRM HEALTH INFORMATION EXCHANGES

2012 Rank	HIE Vendor – Ambulatory EHR
1	NEXTGEN
2	CERNER
3	ALLSCRIPTS
4	OPTUM
5	GREENWAY
6	ATHENAHEALTH
7	EPIC SYSTEMS
8	MCKESSON
9	VITERA
10	ECLINICALWORKS

Source: Black Book Rankings

TOP ADVANCEMENTS - EHR PRACTICE MANAGEMENT

TOP 10 PRACTICE MANAGEMENT EHR SYSTEM ADVANCEMENTS/REVENUE CYCLE MANAGEMENT/ICD10

2013 Rank	Vendor – Ambulatory EHR
1	CARE360 QUEST
2	MCKESSON
3	PRACTICE FUSION
4	NEXTGEN
5	ATHENAHEALTH
6	CERNER
7	KAREO
8	ALLSCRIPTS
9	ECLINICALWORKS
10	ADP ADVANCEDMD

Source: Black Book Rankings

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TOP ACHIEVEMENTS - MEANINGFUL USE I

TOP 10 MEANINGFUL USE 1: CPOE & ELECTRONIC PRESCRIBING

2013 Rank	Vendor – Ambulatory EHR
1	PRACTICE FUSION
2	ATHENAHEALTH
3	SRS SOFT
4	VITERA
5	WAITING ROOM SOLUTIONS
6	CERNER
7	SOAPWARE
8	DRFIRST/RCOPIA
9	ALLSCRIPTS
10	EPIC

Source: Black Book Rankings

TOP ADVANCEMENTS - MEANINGFUL USE II

TOP 10 MEANINGFUL USE 2: PATIENT PORTABILITY & CONNECTIVITY SOLUTIONS/ADVANCEMENTS

2013 Rank	Vendor – Ambulatory EHR
1	GREENWAY
2	CARE360 QUEST
3	ALLSCRIPTS
4	ATHENAHEALTH
5	OPTUM
6	CHARTLOGIC
7	AMAZING CHARTS
8	GE HEALTHACARE
9	CERNER
10	VITERA

Source: Black Book Rankings

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2013 TOP EHR MOBILE APPLICATIONS

TOP 10 NATIVE & VIRTUALIZED MOBILE APPLICATIONS FOR EHRS - IPADS/IPHONES/SMART PHONES

2013 Rank	Vendor – Ambulatory EHR
1	DRCHRONO
2	HEALTHFUSION
3	CARE360 QUEST
4	MACPRACTICE
5	GREENWAY
6	NEXTGEN
7	PRACTICE FUSION
8	CERNER
9	NIMBUS
10	MITOCHRON

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2013 TOP 10 EHR BY SPECIALTY

Overall Rankings – Ranked By GROUPED SPECIALTIES, Q1 2013

Rank	Primary Care General Practices	Medical Specialties	Surgical Specialties	Non-Physician Clinicians	Alternative Medicines	Multi-Specialty Clinics
1	PRACTICE FUSION	CARE360 QUEST	GREENWAY	ATHENAHEALTH	NEXTGEN	MCKESSON
2	CARE360 QUEST	PRACTICE FUSION	ATHENAHEALTH	E-MDS	DRFIRST/RCOPIA	CERNER
3	APRIMA	ATHENAHEALTH	GE HEALTHCARE	MEDITAB	SUITEMED	ALLSCRIPTS
4	ATHENAHEALTH	CHARTLOGIC	MCKESSON	MEDENT	HEALTHFUSION	GE HEALTHCARE
5	KAREO	CERNER	CARE360 QUEST	MEDITECH	BIZMATICS	EPIC
6	AMAZINGCHARTS	KAREO	SRS SOFT	MCKESSON	GE HEALTHCARE	MEDITECH
7	CHARTLOGIC	E-MDS	ADPADVANCEDMD	OPTUM	NEXTTECH	ECLINICALWORKS
8	KAREO	BIZMATICS	SUI MASTERMIND	EPIC	PRACTICEVELOCITY	VITERA
9	ECLINICALWORKS	GREENWAY	NEXTGEN	ACRENDO	ICA	NEXTGEN
10	PRAXIS	KAREO	ALLSCRIPTS	AMAZINGCHARTS	DR CHRONO	OPTUM

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PART ONE: COMPREHENSIVE BLACK BOOK SURVEY FINDINGS, AGGREGATE RESPONSES

STATE OF THE EMR EHR INDUSTRY 2013

The U.S. is one of the most developed healthcare markets globally. The annual healthcare spending of the country reached around US$ 2.9 Trillion in 2011, which is expected to soar to US$ 3.5 Trillion by 2015. This growth was attributed to the increasing usage of patent drugs, high administrative costs, and expensive hospital care. The enormous healthcare costs, which are expected to increase in the future, will pressurize the government to cut budget funding from other important segments. To gradually reduce this massive economic burden and to revitalize the prompt healthcare services, a flurry of regulatory acts has been passed. e-Health being the most prominent source of cost containment is being targeted by both public as well as private sector entities which help industry to grow manifold in last few years.

The e-Health market has evolved as one of the fastest growing U.S. industries and remained almost immune even in the tough post-recessionary scenarios. A number of federal policies and acts worked as catalysts for market growth and are expected to drive market developments also. The e-Health adoption and open widespread market opportunities for the healthcare sector, which is poised to grow at a CAGR of around 15% during 2012-2017. The 2009 economic stimulus set aside $27.4 billion to jump-start the switch to electronic records. The law offers doctors up to $63,750 over five years to help pay for the change if physicians can prove they're making meaningful use of the systems by scanning records and submitting prescriptions electronically.

Through last August,120,000 of the roughly 530,000 eligible Medicare and Medicaid providers—hospitals, clinics, and private practices—had registered to participate in the government stimulus program, with about 116,000 as of January 2013 receiving initial payments for demonstrating meaningful use of digital records, government figures show. Spending on electronic systems by health providers could grow 76 percent to $32 billion by 2015

The EMR, EHR, Practice management, e-prescribing, and tele-healthcare sectors will witness strong growth due to technological advancements that will make treatment and diagnosis simpler. Additionally, individuals belonging to the young population are tech savvy and appreciate IT adoption in healthcare offerings. This population segment spends more on e-health and m-health applications and the trend is expected to remain applicable in the coming years also.

Spending on electronic medical records may jump 80 percent by 2015, but adoption is being slowed by confusion over technologies. Many doctors who have made the shift to the new systems aren't tapping their full power. Only a fraction of physicians use their software to exchange information with other providers because of difficulties transmitting data.

Tech investors and entrepreneurs are jumping into the saturated EMR marketplace. About 750 companies have started up, more than doubling the number of vendors in two years. That surge has many in the industry concerned that consolidation is inevitable. Some vendors may try to stay afloat without consolidating by selling doctors add-ons such as practice management, voice recognition and other services and products.

National data for 2011 indicates that 68% of office-based physicians were using some portion of e-Health technology/ electronic medical record (EMR)/electronic health record (EHR) system. However, only 29.9% of physicians are using a fully functional EHR system. Fully functional EHR System capabilities include electronic charts, test ordering and reports management, e-prescriptions, consultation referrals and reports, limited clinical decision support, limited disease management support and some quality reports.

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FINDING 1: TOTAL SURVEY RESPONSE RATE 2013

Survey Conducted in Q3 of previous calendar year	Validated Survey Responses by EMR EHR In Use or Under Implementation	Validated Survey Responses by Physician Practices Not Yet Purchased EMR EHR
2013	16,623	26,991
2012	12,075	68,118
2011	4,506	21,493
2010	787	3,555

FINDING 2: IMPLEMENTATIONS OF BASIC EMR AND FULLY FUNCTIONAL EHR 2006 -2012

Implemented EHR	2006 Basic EMR	2009 Basic EMR	2009 Fully Functional EHR	2012 Basic EMR	2012 Fully Functional EHR
National Office-Based Practices	29.0%	44.5%	6.3%	71.3%	29.2%
National Hospital, Academic and Institutional Based Practices	42.8%	66.0%	32.1%	90.2%	69.5%

Source: Black Book Rankings

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A Basic EHR System is defined* as including all of the following functional components: patient demographics, patient problem lists, electronic medication lists, clinical notes and documentation, order entry management of prescriptions, and viewing capability of laboratory and imaging results (reports). A Fully Functional EHR System is defined as including the basic system functionalities as documentation of the medical history and follow-up, ordering of laboratory and radiology tests, electronic transmission of prescriptions and orders, and electronic return of images. Fully functional also includes clinical decision support with warnings of drug interactions or contraindications, highlighting of out-of-range test levels and reminders regarding guideline-based interventions or screening.

FINDING 3: EMR EHR SURVEY RESPONSE RATES BY PRACTICE/ORGANIZATION TYPE, VALIDATED SYSTEM USERS

SURVEY RESPONDENT IDENTIFICATION	NUMBER OF RESPONSES VALIDATED	PERCENT OF TOTAL RESPONSES
Physician/Clinician Name	4833	29.07%
Clinic/Practice Name	6824	41.05%
Public Clinic	568	3.42%
Health System Clinic	733	4.41%
Academic Hospital and Medical Centers over 250 Beds	1129	6.79%
Community Hospitals	907	5.46%
Small Hospitals under 100 Beds	1385	8.33%
Ambulatory Surgery Centers	244	1.47%
TOTAL	16623	100.00%

Source: Black Book Rankings

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FINDING 4: EMR ADOPTION RATE BY PRACTICE SIZE

PRACTICE SIZE	ADOPTION/IMPLEMENTATION RATE
50+ PHYSICIAN GROUPS	97.7%
20-49	90.9%
10-19	77.9%
2-9	61.4%
1 (SOLO PRACTICES)	42.7%
OVERALL	68.0%

Source: Black Book Rankings

FINDING 5: CHANGES IN IT ORGANIZATION SPEND ANTICIPATED IN NEXT 24 MONTHS

HEALTHCARE DELIVERY ORGANIZATIONS SPEND FOR IT	2013	PROJECTING 2014
SPEND INCREASING 10+% FOR ALL IT	57%	63%
SPEND DECREASING 10+% FOR ALL IT	12%	7%

FINDING 6: ANTICIPATED LARGEST BUDGET IT PROJECT INCREASES NEXT 24 MONTHS

SELECT FOUR BIGGEST INCREASES FOR IT SPEND IN 2013-2014	CIO/CMO SELECTING IN FOUR TOP PROJECTS
ELECTRONIC HEALTH RECORDS	97%
CPOE	90%
NETWORKING	72%
WEB STORAGE, CLOUD, DIGITAL IMAGING	70%
HEALTH INFORMATION EXCHANGE	67%
SECURITY SYSTEMS	29%
HARDWARE & INFRASTRUCTURE	21%
E-PRESCRIBING	18%

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FINDING 7: FULLY FUNCTIONAL EMR-EHR IMPLEMENTATION RATE BY STATE

State	Percent Utilizing Complex or Fully Functional EMR-EHR
IOWA	39.5%
MASSACHUSETTS	36.9%
RHODE ISLAND	36.0%
OREGON	32.4%
MINNESOTA	32.1%
DELAWARE	31.8%
MICHIGAN	31.5%
MISSOURI	31.3%
IDAHO	30.1%
PENNSYLVANIA	30.0%
MAINE	29.7%
SOUTH DAKOTA	27.7%
NEVADA	26.4%
NORTH CAROLINA	24.4%
ILLINOIS	22.7%
MISSISSIPPI	21.6%
KANSAS	21.3%
INDIANA	20.0%
WASHINGTON	19.9%
MONTANA	19.7%
OKLAHOMA	19.0%
FLORIDA	17.2%
TENNESSEE	16.8%
ARIZONA	16.2%
COLORADO	16.0%
ALABAMA	15.9%
VERMONT	15.8%
OHO	15.7%
GEORGIA	13.1%
NEW JERSEY	13.1%
KENTUCKY	12.8%
HAWAII	12.6%
CALIFORNIA	12.6%
LOUISIANA	12.6%
TEXAS	12.5%
VIRGINIA	12.4%
CONNECTICUT	12.2%
ALASKA	11.%
WYOMING	11.0%
NEW YORK	11.0%
NEW HAMPSHIRE	10.4%
MARYLAND	10.2%
WISCONSIN	10.0%
NEBRASKA	8.9%
UTAH	8.8%
SOUTH CAROLINA	7.7%
NEW MEXICO	7.3%
WEST VIRGINIA	7.0%
NORTH DAKOTA	4.4%
AVERAGE	**29.2%**

Source: Black Book Rankings

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FINDING 8: TOP SINGLE CRITERIA FOR SELECTING EHR

KNOWLEDGE OF GOVERNMENT'S EHR STANDARDS, STIMULUS AND REIMBURSEMENT RELATED PROCESSES, MEANINGFUL USE	PERCENT UNDERTANDING OF GOVERNEMENT PROGRAMS
VERY KNOWLEDGEABLE	19.2%
BASIC UNDERSTANDING	75.5%
VERY UNAWARE/NO UNDERSTANDING	12.0%

FINDING 9: AWARENESS OF DIFFERENT EHR VENDORS IN MARKETPLACE

PHYSICIAN PRACTICE SETTING AWARENESS/KNOWLEDGE OF EMR EHR VENDORS BEFORE SELECTION PROCESS	PERCENT AWARE OF VENDORS
KNEW OF NO VENDORS	20.0%
KNEW OF AT LEAST ONE VENDOR	48.3%
KNEW MORE THAN ONE VENDOR	31.3%

FINDING 10: AWARENESS OF MEANINGUL USE

TOP DECISION CRITERIA FOR PENDING EMR EHR SELECTION	PERCENT SELECTING THIS CRITERIA
SYSTEM & IMPLEMENTATION COSTS	44.5%
CONNECTIVITY OR MEANINGFUL USE ACHIEVEMENT	36.7.%
NO IDEA	15.8%

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FINDING 11: EMR ADOPTION/IMPLEMENTATION RATE BY SPECIALTY

SPECIALTY	TOTAL ACTIVE PHYSICIANS	(NON RESEARCH/ NON TEACHING) PATIENT CARE PHYSICIANS	EST IMPLEMENTING BASIC EMR	PERCENT OF SAMPLE IMPLEMENTING EMR
Radiology	27562	25002	20977	84%
Emergency Medicine	30742	27981	23308	83%
Pediatrics	54061	48111	38393	80%
Neurology	12630	10597	8202	77%
Family Medicine/General Practice	103315	95627	67130	70%
Plastic Surgery	6671	6307	4314	68%
Gastroenterology	12086	10998	7446	68%
Obstetrics & Gynecology	39689	36827	24858	68%
Ophthalmology	17846	16616	10883	66%
Urology	9916	9308	5818	63%
Otolaryngology	9220	8711	5227	60%
Physical Medicine & Rehab	8084	7168	4279	60%
Psychiatry	39371	33955	19864	59%
Neurosurgery	4921	4480	2527	56%
Internal Medicine	104904	91457	50850	56%
Allergy & Immunology	4222	3594	1955	54%
Infectious Disease	6424	4567	2297	50%
Geriatric Medicine	3769	2995	1396	47%
General Surgery	26769	22852	10398	46%
Hematology & Oncology	11802	9584	4198	44%
Dermatology	10390	9799	3714	38%
Nephrology	7550	6359	2308	36%
Cardiovascular Disease	21511	19476	6135	32%
Rheumatology	4568	3763	1095	29%
Orthopedic Surgery	20323	18912	5447	29%
Child Adolescent Psychiatry	7312	6318	1542	24%
Vascular Surgery	2610	2393	584	24%
Endocrinology	5448	4112	901	22%
Pulmonary Medicine	11567	9829	2044	21%
Thoracic Surgery	4820	4388	908	21%
ALL PHYSICIANS	765788	678336	345952	51%

Source: Black Book Rankings

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FINDING 12: MODULE ADOPTION RATES BY PRACTICE SIZE, LOCATION, REGION

	2008 Basic EHR	2013 Basic EHR	2008 EHR+PM+ERX	2012 EHR+PM+ERX	2008 No EMR	2013 No EMR
Primary Care	15%	81%	6%	30%	80%	6%
SIZE						
Solo Practice	8%	61%	2%	19%	85%	20%
2-5 Physicians	11%	72%	4%	35%	84%	7%
6-25 Physicians	17%	89%	6%	42%	77%	2%
26-99 Physicians	22%	98%	8%	60%	69%	2%
100+ Physicians	35%	99%	18%	72%	52%	0%
SETTING						
Hospital and Academic Med Ctr Practices	16%	75%	6%	53%	82%	3%
Office Practices	12%	59%	5%	20%	85%	17%
LOCATION						
Urban	13%	72%	4%	37%	80%	14%
Rural	6%	16%	2%	19%	89%	28%
REGION						
Northeast	11%	62%	4%	26%	86%	11%
Midwest	13%	68%	4%	29%	83%	10%
South	12%	55%	5%	29%	84%	18%
West	16%	80%	6%	30%	76%	9%

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FINDING 13: ESTIMATING ACHIEVEMENT OF MEANINGFUL USE BY PRACTICE SIZE, LOCATION, SETTING

	2011	2012	2013	2014	2015
Primary Care	3%	27%	76%	82%	84%
SIZE					
Solo Practice	1%	13%	20%	31%	45%
2-5 Physicians	5%	19%	34%	49%	74%
6-25 Physicians	7%	45%	66%	89%	97%
26-99 Physicians	12%	37%	77%	80%	82%
100+ Physicians	25%	71%	88%	91%	91%
SETTING					
Hospital and Academic Med Ctr Practices	10%	24%	70%	91%	99%
Office Practices	2%	26%	68%	83%	90%
LOCATION					
Urban	9%	42%	63%	71%	94%
Rural	1%	11%	32%	54%	72%
REGION					
Northeast	5%	24%	65%	83%	96%
Midwest	9%	32%	77%	90%	99%
South	4%	14%	46%	88%	91%
West	3%	10%	39%	57%	80%

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FINDING 14: ESTIMATING ACHIEVEMENT OF MEANINGFUL USE WITH CURRENT IT STRATEGY

	STAGE 1 MU	STAGE 2 MU	STAGE 3 MU
Primary Care	93%	66%	13%
SIZE			
Solo Practice	75%	44%	6%
2-5 Physicians	85%	43%	18%
6-25 Physicians	88%	50%	21%
26-99 Physicians	93%	72%	30%
100+ Physicians	97%	81%	54%
SETTING			
Hospital and Academic Med Ctr Practices	95%	83%	56%
Office Practices	77%	67%	22%
LOCATION			
Urban	83%	51%	13%
Rural	56%	52%	7%
REGION			
Northeast	77%	52%	14%
Midwest	72%	50%	10%
South	81%	34%	18%
West	64%	38%	10%

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In Q2 through Q4 2012 and Q2 2013, the Black Book Rankings' electronic medical record, electronic health record, e-Prescribing, Practice Management and e-Health client/user survey investigated over 485 EMR vendors utilized by 16,623 validated EMR users nationwide for rankings and an additional 26,939 respondents in pre-use, implementation, system decision-making or purchased but not yet installed status.

KEY SATISFACTION FINDINGS

Key finding: most important customer satisfaction KPIs

Customization, interfaces, reliability and deployment are the most important attributes influencing EMR client companies' satisfaction with their EMR vendors.

Key finding: EMR vendor satisfaction is highest among larger physician groups

Clients with more than 25 physicians in a single setting are significantly more satisfied with their EMR than are single and small group practice (2-5, 6-25 physician group) clients. Strong satisfaction in the larger practice segment surged to 85.9% in 2012, while small and single practices maintained a lesser overall EMR satisfaction in 70.4% of users.

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BLACK BOOK METHODOLOGY

HOW THE DATA SETS ARE COLLECTED

Black Book collects ballot results on 18 performance areas of operational excellence to rank vendors by electronic medical and health record product lines. The gathered data are subjected immediately to an internal and external audit to verify completeness and accuracy and to make sure the respondent is valid while ensuring that the anonymity of the client company is maintained. During the audit, each data set is reviewed by a Brown-Wilson executive and at least two other people. In this way, Black Book's clients are able to clearly see how a vendor is truly performing. The 18 criteria on operational excellence are subdivided by the client's industry, market size, geography and function outsourced and reported accordingly.

Situational and market studies are conducted on areas of high interest such as e-Prescribing, Health Information Exchange, Accountable Care organization, hospital software, services providers, educational providers in e-health, benchmarkers and advisors. These specific survey areas range from four to 20 questions/criteria each.

UNDERSTANDING THE STATISTICAL CONFIDENCE OF BLACK BOOK DATA

Statistical confidence for each performance rating is based upon the number of organizations scoring the electronic medical and health records service. Black Book identifies data confidence by one of several means:

- Top-10-ranked vendors must have a minimum of ten unique clients represented. Broad categories require a minimum of 20 unique client ballots. Data that are asterisked (*) represent a sample size below required limits and are intended to be used for tracking purposes only, not ranking purposes. Performance data for an asterisked vendor's services can vary widely until a larger sample size is achieved. The margin of error can be very large and the reader is responsible for considering the possible current and future variation (margin of error) in the Black Book performance score reported.

- Vendors with over 20 unique client votes are eligible for top 10 rankings and are assured to have highest confidence and lowest variation. Confidence increases as more organizations report on their outsourcing vendor. Data reported in this form are shown with a 95% confidence level (within a margin of 0.25, 0.20 or 0.15, respectively).

- Raw numbers include the quantity of completed surveys and the number of unique organizations contributing the data for the survey pool of interest.

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WHO PARTICIPATES IN THE BLACK BOOK RANKING PROCESS

Over 380,000 practice management and physician leaders and other users ranking from hospital executives, clinicians, IT specialists and front-line implementation veterans are invited to participate in the 2013 annual Black Book EMR EHR e-Health initiative satisfaction survey. Non-invitation receiving participants must complete a verifiable profile, utilize valid corporate email address and are then included as well.

The Black Book survey web instrument is open to respondents and new participants each year from July 1 to October 31at http://blackbookrankings.com and http://blackbookpolls.com Only one ballot per corporate email address is permitted and changes of ballots during the open polling period require a formal email request process to ensure integrity.

ALL SPECIALTIES PHYSICIAN PRACTICES	2012	2013
PHYSICIANS/PRACTICES PARTICIPATING IN BLACK BOOK SURVEY	12,075	16,623
AVERAGE ALL PRACTICES IMPLEMENTED EMR/EHR SATISFACTION RATE	69%	45%

EMR VENDOR RANKINGS AND RESULTS – 2013

16,623 qualified users of systems with validated corporate/valid email addresses ranked 485 EMR-EHR suppliers offering individual or bundled arrangements as part of the Black Book annual survey, conducted via web survey instruments. Additionally 27,000 about-to-be users answered questions about budgeting, vendor familiarity and vendor selection processes but current non-user ballots are not counted in the vendor ranking process of client satisfaction.

The four most highly utilized systems of EHR systems are included as subsets.

2,884 participants were re-polled for the Replacement Market survey sections.

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PART TWO: 2013 EHR REPLACEMENT MARKET – SYSTEM CHANGING PROVIDERS (RESULTS)

ELECTRONIC HEALTH RECORDS

AMBULATORY PRACTICE PHYSICIANS, GROUPS & FACILITIES

Each year, the Brown-Wilson Group and BWG's Black Book HER/EMR research division, Black Book Rankings, undertake an annual survey into organizations' satisfaction with their outsourcing service providers. These research results are recognized as the most extensive and representative perception study of EMR vendors, validated by over 16,800 respondents from EMR users nationwide on nearly 600 EHR EMR vendors.

The American Recovery and Reinvestment Act (ARRA) provides strong incentives to encourage the adoption and meaningful use of electronic health records including health information exchange to improve the continuity and coordination of care and reporting of quality metrics. Medicare and Medicare incentive payments are critically dependent on the use of certified EHRs by eligible professionals to demonstrate meaningful use including e-prescribing, health information exchange, reporting of quality metrics and providing patiens with timely access to information

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Electronic Health Record sellers face make-or-break year of client ultimatums and revolts, reveals 2013 Black Book survey

Black Book Rankings’ annual poll of nearly 17,000 active EHR users uncovered 1 in 6 medical practices could switch out their first choice EHR by year's end. Remarkably, the majority of frustrated system users blame themselves for not properly assessing practice needs before selecting their first EHR vendor with the narrow goal of receiving government incentives.

With unmet expectations in system features, implementations, deliverables and client support issues mounting, up to 17% of all currently implemented physician practices gear up for changing out solutions, in what may become the Year of the Great EHR Vendor Switch.

“The high performance vendors that will emerge as viable past 2015 are those dedicating responsive teams to address customers’ current demands,” said Black Book’s managing partner Doug Brown.

And those demand lists are growing longer and longer according to the survey responses. Users foretell of dozens, if not hundreds, of software firms underperforming badly enough to lose major market share as the industry evolves and struggling vendor solutions don't keep pace.

The independent insight Black Book gathered indicates many EHR firms have been so busy with backlogged implementations and selling product that development issues are being left on the back burner. Most concerning to current EHR users are unmet pleas for sophisticated interfaces with other practice programs, complex connectivity and networking schemes, pacing with accountable care progresses, and the rapid EHR adoption of mobile devices.

Brown upholds that the “meaningful use incentives created an artificial market for dozens of immature EHR products”. The sweeping Black Book survey also revealed that some popular "one size fits all" EHR products have not met the needs of several specialists and cannot continue to satisfy their client base with a lack of customizable or bespoke tools.

Nearly half of all Black Book EHR survey respondents scoring their respective vendor performances also answered the following set of questions on vendor switching.

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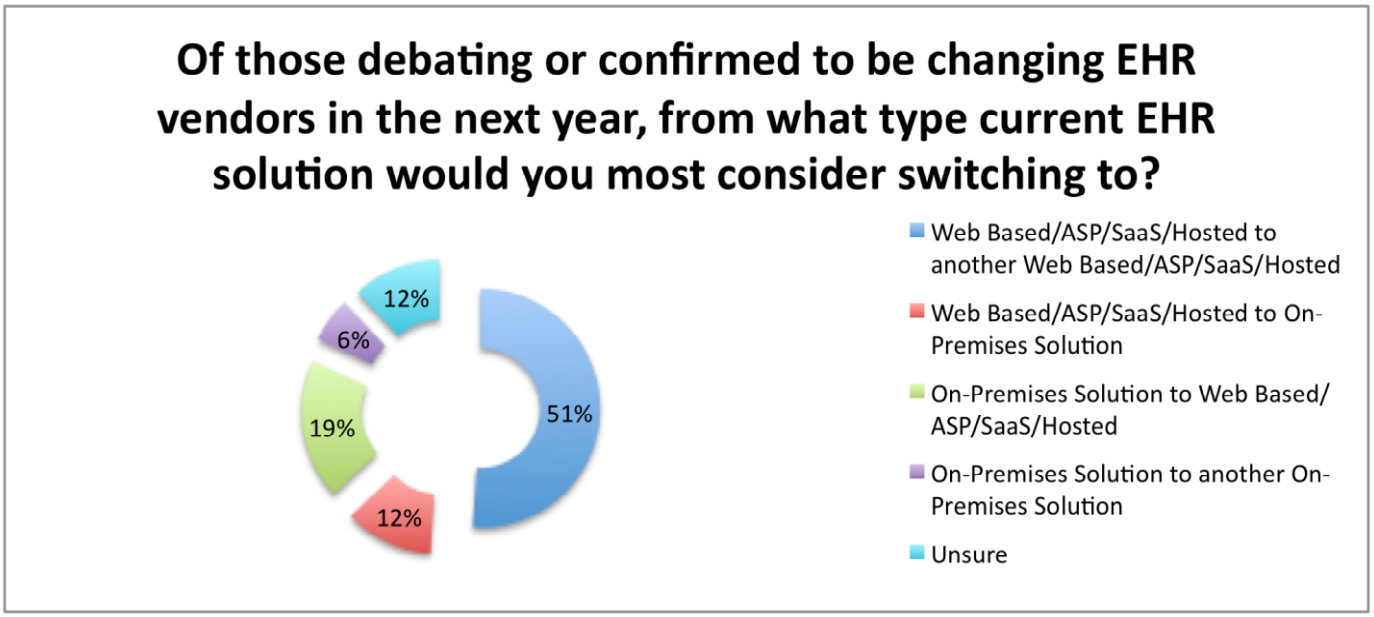
"YEAR OF THE GREAT EHR SWITCH" (SURVEY FINDINGS)

The following aggregated responses are provided:

Are you dissatisfied enough with your EHR to consider making a change, and if so when?

35% No
8% Yes, but we cannot afford to abandon first/current EHR choice
2% Yes, within 3 months
7% Yes, within 6 months
8% Yes, within one year
34% Not sure, neither overly satisfied or dissatisfied
6% Yes, but no time frame



Select top three compelling reasons for your practice to be considering vendor switch from current EHR?

80% Solution does not meet the Individual Needs of this Practice, including workflow
79% This Practice did not adequately assess our needs before selecting the original EHR
77% Design of solution is not suited for this Practice Specialty/Specialties
44% Vendor not responsive to requests and needs
20% Current EHR does not adequately communicate with other EHRs
16% Concerns that current EHR will not meet Accountable Care requirements
12% Current vendor is too focused on meaningful use achievement
11% Other practice software modules are not integrating with EHR
5% Setbacks have caused delays in reimbursement or disrupt work
14% Other

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"YEAR OF THE GREAT EHR SWITCH" (SURVEY FINDINGS)

Black Book also conducted over 550 telephone interviews to drill down on the specifics of client complaints to note trends.

What three red flags are so currently compelling that current users would not consider a different EHR vendor as an option to replace the problematic vendor solution?
32% Mergers or Acquisitions occurring in this company
26% Senior Management in Disarray
22% Dissipating Market Share and Market Value
22% Internal staff have not mastered system
16% Disloyal customer base
15% Bad integrations evidence
14% Product Delays
12% History of abandoning clients
12% Past Customizations were Unaffordable
6% Overdependence on consultants for implementations and training

Features that were on EHR buyer wish lists three years ago are typically considered as basic system features now, according to those surveyed. First system implementations were decided on "must haves" of (in order): **Document Management/Scanning/Storage, Electronic Prescribing, Order Management, Implementation Support, System Cost, and Alerts.**

With these basic EHR fundamentals met, experienced users now seek innovative vendors who meet the compounding demands of practices, according to 2013 Black Book responses.

What are the top ten criteria you consider "must haves" in 2013 beyond basic EHR functionality? (in priority order)
84% Vendor Viability
83% Provider Data Integration and Network Data Sharing
78% Demonstrable Return on Investment and Clinical Improvements
75% Adoption of Mobile Devices including IPAD, IPHONE, Android and Tablets
66% HIE Support, Connectivity/Interoperability
65% Perfected interfaces with Lab, Pharmacy, Radiology, Rehabilitation, Post Acute Care 65% Perfected interfaces with Medical Billing partners/outsourcers and Revenue Cycle 59% System financing assistance
58% Patient Portal
54% Customized Workflow Management
53% Role-based Security
50% Enhanced Data Security, HIPAA Compliance and Patient Privacy Measures
42% Sharing Billing and Financial Data between disparate systems
36% Expert Coding
35% Practice Management expertise
32% Support evolving Accountable Care demands
31% Automated Patient Outreach
26% Clinical Analytics
23% Higher Specialty Usability
23% Decision support and population management
20% Internal messaging

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"YEAR OF THE GREAT EHR SWITCH" (SURVEY FINDINGS)

(Continued)

20% Online managed care/insurance eligibility and terms
17% Customizable templates
12% EHR Mobility Applications and IOS Support

SPECIALISTS EXPRESS THE HIGHEST DISCONTENT WITH THEIR CURRENT EHR VENDOR

Does your EHR meet the needs of your individual practice specialty? "NO"
88% Nephrology
85% Urology
80% Ophthalmology
75% Gastroenterology
72% Orthopedics
71% Allergy & Immunology
71% ENT
54% Small Practices

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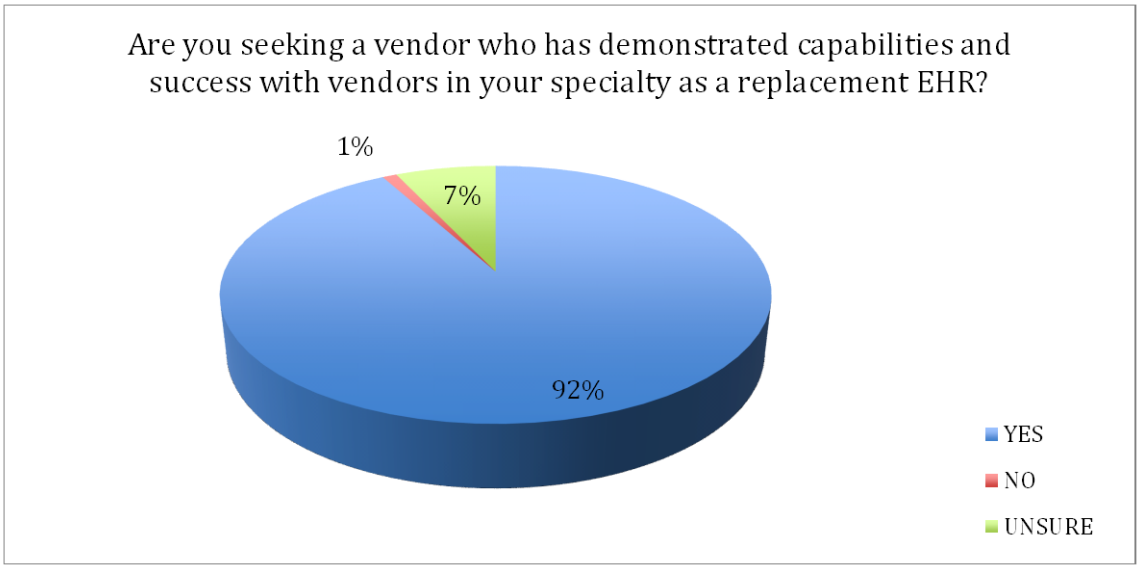
“YEAR OF THE GREAT EHR SWITCH”
(SURVEY FINDINGS)



SPECIALTIES WITH HIGHEST EHR SATISFACTION

Is your practice satisfaction with current EHR vendor at a point where you would NOT consider vendor switch in the next 12-24 months? "YES"

89% Internal Medicine
85% Family Practice
82% General Practice
80% Pediatrics
77% Oncology & Hematology
72% OB/GYN
70% Large Practices
62% Geriatrics
59% Cardiology
56% General Surgery

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EHR USABILITY, 2013 SATISFACTION PLUMMETS

The demands of EHR usability can no longer be ignored… practices are employing much stricter selectivity in the replacement market wave and driving more informed decisions in this year of EHR switching.

Black Book Market Research performed a follow up survey (from February to May 2013) to focus on EHR dissatisfaction identified… and the need to replace original EHR purchases from results gathered in a previous poll (from Oct 2012 to Jan 2013).

117 among 520 named EHRs received better than midpoint satisfaction scores in usability of basic EHR functionality. Simply put, measuring usability of basic EHR functions (documentation, e-prescribing, results reporting, notes) didn't appear to offer anything to the growing number of replacement EHR system buyers seeking innovative, vital solutions.

74% of doctors nationwide use an EHR regularly
66% of those who use EHR systems admit don't doing it willingly
87% of those who use EHR systems unwillingly claim usability issues as their primary complaint
2% of all users believe they use their current EHR to its fullest capacity

84% selected their original EHR to achieve meaningful use reward and 92% of those practices describe their current EHR as "clunky" and/or "difficult to use" issues with usability

53% of those physicians are discussing of replacing their original EHR; 17% claim to be committed to an EHR change within 12 months

#1 usability-specific complaint is that practices recognize they made short-term reward decisions (MU) and many practices selected clunky EHR systems that force hundreds of clicks and reduces productivity significantly; turning many doctors into data entry clerks. Doctors hate this.

94% of doctors/administrators/clinicians dissatisfied with usability believe that government direction is needed to define and standardize EHR usability.

70% of EHR users believe their vendor's system is NOT in need of massive usability changes to retain their business.

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EHR USABILITY (SURVEY FINDINGS)

Physicians over age 55 are the most dissatisfied with EHR usability….91% disapprove

Physicians under age 40 are the most satisfied with basic EHR usability…29% disapprove

93% of all physicians agree they would prefer to replace or enhance point and click EHR models with voice technologies for functions that would improve productivity like transcription and documentation/patient notes and orders.

90% of clinicians are frustrated with EHR systems that silo information between physicians and support staff and causing usability and chart sharing issues, particularly in clinics and EDs.

Practice administrators particularly dislike when usability situations cause recurring problems…which ultimately demand support calls to vendors, needs for consultant intervention and/or disgruntled office staffs.

88% of EHR users that are currently seeking a replacement EHR vendor agree that usability concerns in basic functions have negatively impacted their pre-EHR productivity levels.

96% agree that their practice will never again achieve pre-EHR productivity levels if they continue with their current vendor with basic usability problems.

Black Book polling definitions of “usability” have also morphed in the past four years from the basic expectations for ease in documentation, e-prescribing and results review to more complex demands from the evolution of meaningful use, interoperability and connectivity, accountable care and clinical decision support.

Our usability satisfaction surveys dig much deeper into current attitudes, as well as perception and expectations for the future.

Ranking usability among the top ten or twenty vendors with the highest number of implementations did not address the research demand we received from thousands of physician practices that are actually looking to move away from those vendors for basic usability issues.

The follow up Black Book survey explored physician expectations far beyond commending vendors that are reducing clicks and eliminating screens to make their systems “less cumbersome”.

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EHR USABILITY (SURVEY FINDINGS)

With 72% of EHR users agreeing that a discussion of basic system usability at this point in the evolution of EHR technology is a disturbing sign of the state of the industry, Black Book predicts an amazingly shrinking EHR market place to follow the year of replacement users shifting to new EHR vendors.

Black Book found that satisfaction with the ease of documentation and billing interfaces did not vary among 100 of the most popular EHRs. That also hardly seemed newsworthy from our Q1 feedback.

Therefore, Black Book focused on the entire scope of EHR vendors to narrow down which vendors are the real contenders for attracting the market share after the switching from originally selected EHRs takes off.

New Usability Expectations

Black Book sought usability expectations for a new comprehensive EHR technology and reimbursement innovation stage, including iPads, mobile apps, connectivity and interoperability, revenue cycle management, decision support, population management, patient portals, voice technology, transcription options, cloud storage, custom workflows …the actual aspects that replacement market EHR buyers are examining now.

One obvious polling observation, replacement market EHR physician practices are not highly ranking those previously popular (mostly legacy) systems this time around as a replacement option.

When a practice removes meaningful use achievement from their priority list of selection motivations, basic usability issues are often uncovered, and usability issues seem to be real deal breakers at the end of the day.

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PART THREE: 2013 RESULTS – SCORING KEY

ELECTRONIC HEALTH RECORDS

AMBULATORY PRACTICE PHYSICIANS, GROUPS & FACILITIES

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STOP LIGHT SCORING KEY

Figure 1: Comprehensive End-to-end EMR vendors are defined as being comprised of four surveyed functions

PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT

Source: Black Book Rankings

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Stop Light Scoring Key

Figure 2: Key to raw scores

0.00–5.79 ►	◄ 5.80–7.32 ►	◄ 7.33–8.70 ►	◄ 8.71–10.00
Deal breaking dissatisfaction **Does not meet expectations** **Cannot recommend vendor**	**Neutral** **Meets/does not meet expectations consistently** **Would not likely recommend vendor**	**Satisfactory performance** **Meets expectations** **Recommends vendor**	**Overwhelming satisfaction** **Exceeds expectations** **Highly recommended vendor**

Source: Black Book Rankings

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Stop Light Scoring Key

Figure 3: Color-coded stop light dashboard scoring key

Green (top 10%) scores better than 90% of EMR vendors. Green coded vendors have received constantly highest client satisfaction scores.

8.71 +

Clear (top 33%) scores better than 67% of EMR vendors. Well-scored vendor which have middle of the pack results.

7.33 to 8.70

Yellow scores better than half of EMR vendors. Cautionary performance scores, areas of improvement required.

5.80 to 7.32

Red scores worse than 66% of EMR vendors. Poor performances reported potential cause for service and contractual cancellations.

Less than 5.79

Source: Black Book Rankings

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Stop Light Scoring Key

Figure 4: Raw score compilation and scale of reference

Black Book raw score scales

0 = Deal breaking dissatisfaction ◄ ___ ► 10 = Exceeds all expectations

Source: Black Book Rankings

Individual vendors can be examined by specific indicators on each of the main functions of EMR vendors as well as grouped and summarized subsets. Details of each subset are contained so that each vendor may be analyzed by function and end-to-end EMR services collectively.

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Stop Light Scoring Key

Figure 5: Scoring key

Overall rank	Q6 criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
5	1	Doctors and Hospitals EMR	8.49	8.63	8.50	8.01	8.66

Source: Black Book Rankings

- **Overall rank** – this rank references the final position of all 18 criteria averaged by the mean score collectively. This vendor ranked fifth of the 20 competitors.
- **Criteria rank** – refers to the number of the question or criteria surveyed. This is the sixth question of the 18 criteria of which this vendor ranked first of the 20 vendors analyzed positioned only on this particular criteria or question. Each vendor required ten unique client ballots validated to be included in the top ten ranks.
- **Company** – name of the EMR vendor.
- **Subsections** – each subset comprises one-fourth of the total EMR vendor mean at the end of this row, and includes all buyers and users who indicate that they contract each respective EMR functional subsection with the supplier, specific to their physician enterprise.
- **Mean** – congruent with the criteria rank, the mean is a calculation of all three subsets of EMR functions surveyed. As a final ranking reference, it includes all market sizes, specialties, delivery sites and geographies.

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PART THREE: 2013 RESULTS

ELECTRONIC HEALTH RECORDS

Ambulatory Practice Physicians, Groups & Facilities:

SINGLE PHYSICIANS/ SOLO PRACTICES

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OVERALL KEY PERFORMANCE INDICATOR LEADERS

SOLO PHYSICIAN PRACTICES

SUMMARY OF CRITERIA OUTCOMES

Summary of criteria outcomes, SOLO PHYSICIAN PRACTICES

Total number one criteria ranks	Vendor	Overall rank
11	E-MDS	1
3	AMAZINGCHARTS	3
2	PRACTICE FUSION	2
1	ATHENAHEALTH	4
1	VITERA	6

Source: Black Book Rankings

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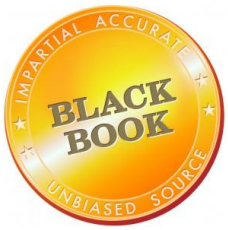

Overall KPI Leaders: Ambulatory EMR EHR
SOLO PHYSICIAN PRACTICES

TOP SCORE PER INDIVIDUAL CRITERIA

Top score per individual criteria

Question	Criteria	EMR Vendor	Overall rank
1	Vendor overall preference/vertical industry recommendations	E-MDS	1
2	Innovation	E-MDS	1
3	Training	E-MDS	1
4	Client relationships and cultural fit	AMAZINGCHARTS	3
5	Trust	E-MDS	1
6	Breadth of offerings, client types, delivery excellence	E-MDS	1
7	Deployment and outsourcing implementation	AMAZINGCHARTS	3
8	Customization	PRACTICE FUSION	2
9	Integration and interfaces	VITERA	6
10	Scalability, client adaptability, flexible pricing	E-MDS	1
11	Compensation and employee performance	PRACTICE FUSION	2
12	Reliability	E-MDS	1
13	Brand image and marketing communications	ATHENAHEALTH	4
14	Marginal value adds	AMAZINGCHARTS	3
15	Viability	E-MDS	1
16	Data security and backup services	E-MDS	1
17	Support and customer care	E-MDS	1
18	Best of breed technology and process improvement	E-MDS	1

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2013 INDIVIDUAL KEY PERFORMANCE: AMBULATORY PRACTICE PHYSICIANS/PHYSICIAN GROUPS
SOLO PHYSICIAN PRACTICES

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Individual Key Performance, Ambulatory

SOLO PHYSICIAN PRACTICES

AMBULATORY PHYSICIAN PRACTICES, Top Ranked Electronic Health Records Vendors – raw scores 2013 SOLO PHYSICIAN PRACTICES

Rank	Vendor	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Mean
1	E-MDS	9.76	9.82	9.80	9.40	9.76	9.89	9.30	9.47	9.44	9.76	8.86	9.83	9.30	9.22	9.76	9.43	9.31	9.74	**9.55**
2	PRACTICE FUSION	9.31	9.36	9.14	9.53	9.56	8.96	8.48	9.66	8.94	9.58	9.53	9.67	9.06	9.16	8.69	8.36	8.98	9.71	**9.20**
3	AMAZINGCHARTS	9.74	9.05	9.55	9.77	9.13	9.11	9.74	8.85	9.45	9.14	8.24	8.95	8.77	9.70	9.43	8.41	9.08	9.37	**9.19**
4	ATHENAHEALTH	8.90	9.10	8.83	7.83	8.51	9.22	8.52	8.47	8.91	8.94	8.93	8.99	9.75	8.26	8.82	9.42	8.32	9.34	**8.84**
5	CERNER	9.16	8.46	9.29	8.71	9.00	8.79	9.71	8.09	9.06	8.02	9.03	9.27	8.27	8.00	9.15	9.28	8.33	9.36	**8.83**
6	VITERA	8.46	9.37	9.07	8.80	9.16	8.03	9.73	9.11	9.69	6.99	9.03	8.71	9.17	9.68	7.82	9.23	7.20	9.29	**8.81**
7	GREENWAY	8.43	8.71	8.85	9.43	9.24	9.28	9.30	9.20	9.19	8.07	8.00	8.69	8.31	8.88	7.75	8.44	8.15	8.47	**8.69**
8	BIZMATICS	9.27	8.71	8.81	9.05	8.54	9.00	9.02	7.24	8.63	7.97	9.40	8.83	7.62	7.87	8.83	7.40	7.06	7.92	**8.40**
9	APRIMA	8.45	8.64	8.70	8.34	7.11	9.26	7.33	8.10	9.07	8.92	8.95	8.08	8.89	7.71	9.03	8.53	7.18	6.55	**8.27**
10	CARE360 QUEST	8.01	7.17	9.00	9.06	8.39	8.66	8.90	8.51	7.98	8.46	6.91	8.73	7.76	6.92	7.70	8.52	7.83	8.01	**8.14**
11	KAREO	8.42	8.29	9.01	8.66	6.57	8.22	8.79	7.47	8.42	7.25	8.59	7.90	8.89	9.03	7.36	7.22	8.19	7.25	**8.09**
12	SUI MEDICAL MASTERMIND	7.42	7.90	8.27	7.80	8.71	5.71	7.83	8.08	8.51	6.79	8.24	8.92	7.39	8.51	8.69	7.44	8.84	8.11	**7.95**
13	KAREO	8.30	7.97	5.97	8.78	8.75	5.97	8.72	7.86	8.86	8.36	8.60	8.70	8.13	7.52	7.46	8.60	6.20	7.63	**7.91**
14	NEXTGEN	8.39	8.28	9.23	8.04	7.63	8.80	8.51	5.95	8.05	7.94	6.76	8.31	9.21	7.86	6.45	8.37	6.77	6.98	**7.86**
15	CHARTLOGIC	7.79	7.33	6.96	7.70	7.41	6.69	7.10	8.99	6.62	8.22	8.10	9.16	8.91	7.12	7.31	6.84	8.83	8.04	**7.73**
16	OPTUM	8.94	7.35	7.28	8.30	8.60	6.82	5.48	8.25	9.12	7.43	6.58	7.07	6.86	6.40	7.78	7.50	8.12	6.74	**7.48**
17	MCKESSON	9.00	8.72	7.21	8.08	8.95	6.21	6.81	6.46	6.03	7.39	6.51	7.24	6.43	8.68	6.93	5.66	7.88	7.12	**7.30**
18	ECLINICALWORKS	7.89	6.67	7.90	5.95	8.62	6.77	6.97	7.47	6.84	7.95	8.13	7.63	5.57	6.05	7.22	6.23	8.73	6.17	**7.15**
19	HENRY SCHEIN MICROMD	6.98	8.45	7.92	8.53	7.76	6.34	7.23	7.84	5.49	7.93	6.60	8.97	6.89	5.55	6.41	5.26	6.43	7.48	**7.11**
20	ADP ADVANCEDMD	6.52	7.79	8.47	7.53	7.28	6.80	8.22	7.30	5.91	6.73	7.96	7.95	7.01	7.13	5.70	5.97	5.60	6.34	**7.01**

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1. Vendor overall preference by similar users of SOLO PHYSICIAN PRACTICES peer group vertical industry recommendations for vendor expertise

Organizational structure meets the needs of stakeholders or customers and stakeholder satisfaction is the most important priority. EMR client is likely to recommend the vendor to similar sized physician groups, physicians within the same specialty or delivery setting.

Overall rank	Q1 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	E-MDS	9.84	9.53	9.95	9.72	**9.76**
3	2	AMAZINGCHARTS	9.95	9.83	9.79	9.38	**9.74**
2	3	PRACTICE FUSION	9.02	9.15	9.52	9.56	**9.31**
8	4	BIZMATICS	9.08	9.86	8.76	9.39	**9.27**
5	5	CERNER	9.40	9.14	9.15	8.96	**9.16**
17	6	MCKESSON	8.67	9.10	9.29	8.95	**9.00**
16	7	OPTUM	9.50	8.05	8.75	9.44	**8.94**
4	8	ATHENAHEALTH	8.98	9.40	8.73	8.49	**8.90**
6	9	VITERA	8.79	8.66	7.97	8.42	**8.46**
9	10	APRIMA	7.82	9.23	8.96	7.79	**8.45**

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2. Innovation

Customers are also continuing to push the envelope for further enhancements to which the EMR vendor is responsive. EMR clients also believe that their vendors' technology is helping them manage practices more effectively, generate accurate records and reimbursement billings and cut their overhead in ways that were difficult or impossible to accomplish before electronic medical records were implemented. Vendor is responsive to make client recommendations with cutting edge improvements.

Overall rank	Q2 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	E-MDS	9.82	9.91	9.84	9.71	**9.82**
6	2	VITERA	9.42	9.13	9.54	9.40	**9.37**
2	3	PRACTICE FUSION	9.41	8.95	9.25	9.82	**9.36**
4	4	ATHENAHEALTH	9.24	9.12	8.94	9.08	**9.10**
3	5	AMAZINGCHARTS	8.91	9.15	9.11	9.01	**9.05**
17	6	MCKESSON	8.47	9.01	8.45	8.93	**8.72**
7	7	GREENWAY	8.93	8.98	8.35	8.57	**8.71**
8	8	BIZMATICS	8.54	9.74	8.60	7.95	**8.71**
9	9	APRIMA	9.15	8.91	8.61	7.89	**8.64**
5	10	CERNER	8.96	8.60	7.31	8.97	**8.46**

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3. Training

Electronic medical and health record vendor leadership provides significant and meaningful training opportunities for internal employees and client staff. Leadership strives to develop technology staff, EMR/EHR client service and customer servicing consultant employees in particular. Training modules are effective and practical so that minimal post-implementation training is required on or off site. Regular updates are timely and require minimal additional training to implement.

Overall rank	Q3 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	E-MDS	9.87	9.70	9.79	9.85	**9.80**
3	2	AMAZINGCHARTS	9.90	9.39	9.57	9.33	**9.55**
5	3	CERNER	8.99	9.37	9.51	9.30	**9.29**
14	4	NEXTGEN	8.80	9.73	9.12	9.26	**9.23**
2	5	PRACTICE FUSION	9.13	9.03	9.20	9.18	**9.14**
6	6	VITERA	8.93	8.74	9.37	9.25	**9.07**
11	7	KAREO	8.62	9.53	8.92	8.98	**9.01**
10	8	CARE360 QUEST	9.29	9.00	8.95	8.75	**9.00**
7	9	GREENWAY	8.86	8.51	9.42	8.61	**8.85**
4	10	ATHENAHEALTH	8.90	8.34	9.27	8.79	**8.83**

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4. Client relationships and cultural fit

EMR vendor leadership honors customer relationships highly. The relationship with the EMR elevates the customer reputation. Improving physician practice and healthcare delivery efficiency and effectiveness is a priority of the supplier. Governance of engagement is neither complex for buyer nor does it require vendor management attention regularly. There is no regular transparency or quality issue. There are no culture clashes or misfits that threaten relationship's success or client's satisfaction.

Overall rank	Q4 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
3	1	AMAZINGCHARTS	9.85	9.72	9.83	9.66	**9.77**
2	2	PRACTICE FUSION	9.45	9.51	9.69	9.47	**9.53**
7	3	GREENWAY	9.59	9.40	9.36	9.37	**9.43**
1	4	E-MDS	9.87	9.27	9.15	9.30	**9.40**
10	5	CARE360 QUEST	8.93	9.16	9.21	8.93	**9.06**
8	6	BIZMATICS	8.86	9.65	8.98	8.71	**9.05**
6	7	VITERA	8.69	8.82	9.00	8.69	**8.80**
13	8	KAREO	8.60	9.10	9.11	8.30	**8.78**
5	9	CERNER	8.34	8.54	8.93	9.02	**8.71**
11	10	KAREO	8.29	9.02	8.66	8.67	**8.66**

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5. Trust, Accountability and Transparency

Trust in enterprise reputation is important to EMR clients as well as prospects. Client possesses an understanding that its EMR organization has the people, processes, and resources to effectively deliver the desired business and clinical results, based on its industry reputation and past performance. There are no disconnects between promises and delivery

Overall rank	Q5 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	E-MDS	9.82	9.87	9.71	9.65	**9.76**
2	2	PRACTICE FUSION	9.82	9.17	9.59	9.67	**9.56**
7	3	GREENWAY	9.01	9.32	9.46	9.15	**9.24**
6	4	VITERA	8.95	8.99	9.25	9.45	**9.16**
3	5	AMAZINGCHARTS	9.05	9.11	9.38	8.97	**9.13**
5	6	CERNER	9.20	9.40	9.22	8.17	**9.00**
17	7	MCKESSON	8.73	9.00	9.19	8.87	**8.95**
13	8	KAREO	8.55	8.64	9.05	8.75	**8.75**
12	9	SUI MEDICAL MASTERMIND	8.54	8.84	8.26	9.21	**8.71**
18	10	ECLINICALWORKS	8.71	8.85	8.51	8.42	**8.62**

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6. Breadth of offerings, varied client settings, delivery excellence across all user types

EMR/EHR vendor offers industry recognized horizontal functionality and vertical industry applications, and manage bundled EMR services such as ePrescribing and developing new e-Health initiatives. Vendor routinely drives operational performance improvements and results in the areas they affect. Comprehensive offerings are constructed to meet the unique needs of the client's EMR initiatives. Breadth of vendor modules offers comprehensive system services and broad modules.

Overall rank	Q6 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	E-MDS	9.94	9.79	9.89	9.94	**9.89**
7	2	GREENWAY	9.14	9.13	9.68	9.16	**9.28**
9	3	APRIMA	8.81	9.53	9.36	9.34	**9.26**
4	4	ATHENAHEALTH	8.96	9.29	9.32	9.31	**9.22**
3	5	AMAZINGCHARTS	9.14	9.51	8.88	8.92	**9.11**
8	6	BIZMATICS	8.93	9.81	9.19	8.08	**9.00**
2	7	PRACTICE FUSION	8.89	8.84	9.11	8.99	**8.96**
6	8	VITERA	8.64	8.42	8.94	9.20	**8.80**
5	9	CERNER	8.76	8.79	9.02	8.59	**8.79**
10	10	CARE360 QUEST	8.58	8.75	8.68	8.61	**8.66**

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7. Deployment and EMR implementation

EMR client deploys at a pace acceptable to the client. EMR solutions eliminate excessive supervision over vendor implementations. Vendor overcomes client implementation obstacles and challenges effectively. Technical, organizational and cultural implementation obstacles are handled professionally and punctually. EMR implementation time meets standard expectations. Implementations are efficient and sensitive to users' specific situations which may cause delays.

Overall rank	Q7 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
3	1	AMAZINGCHARTS	9.78	9.86	9.68	9.65	**9.74**
6	2	VITERA	9.80	9.58	9.85	9.69	**9.73**
5	3	CERNER	9.57	9.83	9.61	9.83	**9.71**
1	4	E-MDS	9.73	9.17	9.18	9.13	**9.30**
7	5	GREENWAY	9.30	9.17	9.47	9.27	**9.30**
8	6	BIZMATICS	8.14	9.64	9.05	9.23	**9.02**
10	7	CARE360 QUEST	8.71	8.81	8.97	9.06	**8.90**
11	8	KAREO	8.53	9.16	9.00	8.48	**8.79**
13	9	KAREO	8.22	8.71	8.65	9.28	**8.72**
4	10	ATHENAHEALTH	9.03	8.94	8.13	7.96	**8.52**

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8. Customization

EMR products and process services are customized to meet the unique needs of specific practice client purpose, processes and physician models. Little resistance is encountered when changing performance measurements as clients' needs vary. Extraordinary efforts are made to adapt and convert client special needs into workable solutions with efficient cost and time considerations. EMR software allows for modifications that are not costly or complex.

Overall rank	Q8 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
8	1	PRACTICE FUSION	9.44	9.83	9.65	9.68	**9.66**
1	2	E-MDS	9.78	9.10	9.24	9.76	**9.47**
7	3	GREENWAY	9.22	9.27	9.13	9.18	**9.20**
6	4	VITERA	8.93	9.43	8.88	9.18	**9.11**
15	5	CHARTLOGIC	8.75	9.18	9.14	8.89	**8.99**
3	6	AMAZINGCHARTS	8.69	9.14	8.63	8.88	**8.85**
10	7	CARE360 QUEST	8.24	8.10	8.84	8.85	**8.51**
4	8	ATHENAHEALTH	8.51	7.88	8.99	8.48	**8.47**
16	9	OPTUM	8.12	8.13	8.80	7.93	**8.25**
9	10	APRIMA	7.80	7.72	8.43	8.43	**8.10**

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9. Integration and interfaces

EMR vendor supports interfaces so information can be shared between necessary applications. Solutions are easily integrated to existing backend systems as needed and HIE feasible. Seamless interfaces to legacy applications are performed as required for optimal functioning. Human integration and interface activities are administered precisely. Systems communicate effectively among provider groups and ancillaries. True interoperability with other healthcare organizations is factored into implementation.

Overall rank	Q9 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
6	1	VITERA	9.68	9.79	9.49	9.79	**9.69**
3	2	AMAZINGCHARTS	9.22	9.52	9.61	9.44	**9.45**
1	3	E-MDS	9.33	9.54	9.53	9.34	**9.44**
7	4	GREENWAY	9.17	8.74	9.53	9.32	**9.19**
16	5	OPTUM	8.88	9.29	9.22	9.07	**9.12**
9	6	APRIMA	8.87	9.06	9.30	9.05	**9.07**
5	7	CERNER	9.67	8.87	8.93	8.76	**9.06**
2	8	PRACTICE FUSION	8.67	8.96	9.17	8.94	**8.94**
4	9	ATHENAHEALTH	9.12	8.42	9.26	8.85	**8.91**
13	10	KAREO	8.70	9.12	8.79	8.83	**8.86**

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10. Scalability, client adaptability, flexible pricing

EMR services and solutions vendor provides flexible pricing allowing the client to choose and pay for the precise functionality and services needed. Vendor Invests in significant infrastructure and has the ability to provide services to enterprise organizations. IT products and services meet the changing and varied needs of the EMR customer. Pricing is not rigid or shifting and meets needs of client.

Overall rank	Q10 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	E-MDS	9.66	9.72	9.79	9.85	**9.76**
2	2	PRACTICE FUSION	9.30	9.77	9.58	9.66	**9.58**
3	3	AMAZINGCHARTS	9.16	9.22	8.85	9.32	**9.14**
4	4	ATHENAHEALTH	9.11	8.71	9.13	8.82	**8.94**
9	5	APRIMA	9.14	8.61	9.05	8.86	**8.92**
10	6	CARE360 QUEST	8.28	8.80	8.42	8.34	**8.46**
13	7	KAREO	8.29	8.64	8.30	8.20	**8.36**
15	8	CHARTLOGIC	8.36	7.85	8.34	8.32	**8.22**
7	9	GREENWAY	7.81	8.42	8.19	7.87	**8.07**
6	10	VITERA	8.12	7.76	7.99	8.37	**8.06**

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11. Vendor staff expertise, compensation and employee performance

EMR vendor team of employees is considered top in industry for professionalism and skill. Vendor attracts and retains high performing staff. Vendor is focused on building and developing a strong employee team of producers. Employees act like owners/leaders. Company is moving towards leveraged pay at all levels. Vendor is using effective tools to tie performance metrics to compensation policy and compensating top leaders. Human resources-related criteria are scored from the client perspective on this indicator.

Overall rank	Q11 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
2	1	PRACTICE FUSION	9.50	9.47	9.64	9.51	**9.53**
8	2	BIZMATICS	9.13	9.81	9.47	9.18	**9.40**
5	3	CERNER	9.14	8.96	9.10	8.92	**9.03**
6	4	VITERA	9.11	9.16	8.84	9.02	**9.03**
9	5	APRIMA	8.72	8.87	9.24	8.97	**8.95**
4	6	ATHENAHEALTH	9.02	9.28	8.58	8.84	**8.93**
1	7	E-MDS	8.84	8.89	8.93	8.79	**8.86**
13	8	KAREO	8.73	8.09	8.87	8.72	**8.60**
11	9	KAREO	8.82	8.57	8.31	8.66	**8.59**
3	10	AMAZINGCHARTS	8.17	8.56	7.98	8.19	**8.24**

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12. Reliability

EMR EHR supplier meets agreed terms as evidenced by routine, acceptable service level reporting and industry expectations. Depth and breadth of applications/solutions are acceptable in meeting client needs. Online reliability is maximized and outages/downtimes are minimized. Solid product and service capacities are demonstrated consistently. Service levels are consistently met as agreed. Services and support response is maximized by vendor team.

Overall rank	Q12 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	E-MDS	9.66	9.78	9.84	9.72	**9.75**
6	2	VITERA	9.69	9.79	9.75	9.66	**9.72**
2	3	PRACTICE FUSION	9.53	9.58	9.55	9.68	**9.59**
5	4	CERNER	9.36	9.14	9.24	9.03	**9.19**
15	5	CHARTLOGIC	9.05	9.45	9.04	8.78	**9.08**
4	6	ATHENAHEALTH	8.72	8.83	9.02	9.06	**8.91**
19	7	HENRY SCHEIN MICROMD	8.85	9.07	9.02	8.60	**8.89**
3	8	AMAZINGCHARTS	8.74	8.88	8.96	8.89	**8.87**
12	9	SUI MEDICAL MASTERMIND	8.59	9.10	8.86	8.80	**8.84**
8	10	BIZMATICS	8.40	9.57	8.59	8.42	**8.75**

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13. Brand image and marketing communications

EMR vendor's marketing and sales statements/pitches are accurately and appropriately represented by actual EMR product and service deliverables. Image is consistent with top EMR rankings. Sales presentations and proposals are delivered upon and corporate integrity/honesty in marketing and business development are highly valued. Company image and inte6grity are values upheld top-down consistently.. High level of relevant client communications enhances the EMR vendor – EMR user relationship.

Overall rank	Q13 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
4	1	ATHENAHEALTH	9.86	9.61	9.88	9.63	**9.75**
1	2	E-MDS	9.23	9.29	9.50	9.16	**9.30**
14	3	NEXTGEN	9.02	9.31	9.24	9.26	**9.21**
6	4	VITERA	9.27	9.41	8.98	9.02	**9.17**
2	5	PRACTICE FUSION	9.24	9.08	8.98	8.93	**9.06**
15	6	CHARTLOGIC	8.83	9.05	8.70	9.04	**8.91**
9	7	APRIMA	8.63	9.07	9.37	8.50	**8.89**
11	8	KAREO	8.81	8.82	9.04	8.90	**8.89**
3	9	AMAZINGCHARTS	9.02	8.59	8.69	8.79	**8.77**
7	10	GREENWAY	8.27	8.23	8.18	8.56	**8.31**

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14. Marginal value adds

Beyond stimulus achievement, EMR vendors' cost savings are realized as generally estimated and not over-positioned or over/underestimated in ways that effect major client satisfaction or costs. Vendor offers value-adds as a practice management partner in cost savings and avoidance initiatives and creative programs through bundled EMR product design. Provides true business transformation opportunities to physician practices and other medical settings utilizing EMR EHR.

Overall rank	Q14 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
3	1	AMAZINGCHARTS	9.72	9.72	9.89	9.48	**9.70**
6	2	VITERA	9.76	9.64	9.79	9.52	**9.68**
1	3	E-MDS	9.36	8.81	9.29	9.88	**9.22**
2	4	PRACTICE FUSION	8.96	9.19	9.76	8.74	**9.16**
11	5	KAREO	9.19	9.17	9.06	8.69	**9.03**
7	6	GREENWAY	9.74	8.21	8.13	9.45	**8.88**
17	7	MCKESSON	9.27	9.35	8.32	7.76	**8.68**
12	8	SUI MEDICAL MASTERMIND	8.87	7.61	8.71	8.84	**8.51**
4	9	ATHENAHEALTH	7.80	7.93	8.67	8.64	**8.26**
5	10	CERNER	8.36	8.27	8.26	7.12	**8.00**

Source: Black Book Rankings

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15. Viability and managerial stability

Vendor's viability, employee turnover, financial stability and/or cultural mismatches do not threaten relationship. Senior management and the board exemplify strong leadership principals to steward appropriate resources that impact EMR buyers. Client is confident of long term industry viability for this vendor based on investments, client adoption, exceptional outcomes and service levels. Field management is notably competent, stable and supportive of clients. EMR vendor demonstrates and provides evidence of competent financial management and leadership.

Overall rank	Q15 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	E-MDS	9.72	9.80	9.77	9.73	**9.76**
3	2	AMAZINGCHARTS	9.51	8.73	9.72	9.75	**9.43**
5	3	CERNER	9.04	9.43	9.71	8.42	**9.15**
9	4	APRIMA	9.21	9.60	8.50	8.80	**9.03**
8	5	BIZMATICS	8.44	9.92	7.99	8.97	**8.83**
4	6	ATHENAHEALTH	9.24	9.33	7.82	8.89	**8.82**
2	7	PRACTICE FUSION	9.47	8.99	8.26	8.05	**8.69**
12	8	SUI MEDICAL MASTERMIND	8.62	8.23	9.76	8.14	**8.69**
6	9	VITERA	7.70	8.16	7.90	7.53	**7.82**
16	10	OPTUM	8.43	7.86	7.56	7.27	**7.78**

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16. Data security and backup services

In order to provide secure and constantly dependable EMR service offerings for physician and hospital entities, an EMR vendor has to provide the highest level of security and data back-up services. EMR vendor's service in these two areas is superior to the security and back-up system of past internal systems of the physician practice.

Overall rank	Q16 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	E-MDS	9.47	9.38	9.53	9.34	**9.43**
4	2	ATHENAHEALTH	9.17	9.57	9.50	9.45	**9.42**
5	3	CERNER	9.46	9.25	9.27	9.14	**9.28**
6	4	VITERA	9.36	9.43	9.10	9.04	**9.23**
13	5	KAREO	8.59	7.90	8.20	9.70	**8.60**
9	6	APRIMA	8.43	8.02	8.36	9.30	**8.53**
10	7	CARE360 QUEST	8.18	9.22	8.91	7.79	**8.52**
7	8	GREENWAY	8.03	9.12	8.94	7.68	**8.44**
3	9	AMAZINGCHARTS	7.94	8.94	8.91	7.85	**8.41**
14	10	NEXTGEN	8.34	8.76	8.84	7.55	**8.37**

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17. Support and customer care

Account management provides an adequate amount of onsite administration and support to clients. There exists a formal EMR account management program that meets client needs. Media and clients reference this vendor as an EMR services leader and top vendor correctly. Customer services and relationship satisfaction is manifested through significant flagship clients as well as smaller and newest customers similarly. Vendor provides appropriate number of accessible support and customer care personnel.

Overall rank	Q17 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	E-MDS	9.73	8.99	9.30	9.20	**9.31**
3	2	AMAZINGCHARTS	9.12	9.13	8.81	9.26	**9.08**
2	3	PRACTICE FUSION	9.49	8.54	9.46	8.43	**8.98**
12	4	SUI MEDICAL MASTERMIND	8.88	9.30	8.64	8.53	**8.84**
15	5	CHARTLOGIC	8.62	8.42	8.53	9.73	**8.83**
18	6	ECLINICALWORKS	8.60	8.75	8.72	8.85	**8.73**
5	7	CERNER	8.21	8.33	8.94	7.82	**8.33**
4	8	ATHENAHEALTH	8.06	9.15	8.35	7.71	**8.32**
11	9	KAREO	8.37	7.95	8.87	7.58	**8.19**
7	10	GREENWAY	8.10	7.89	8.48	8.14	**8.15**

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18. Best of breed technology and process improvement

EMR management and related technology services are considered best of breed. EMR Vendor technology elevates customers via capabilities, equipment, processes, deliverables, professional staff, leadership, quality assurance and innovative initiatives. EMR services are delivered at or above current/former in-house service levels. Technology is current and relevant to exchanging health information among providers, as well as sufficiently offering patient access.

Overall rank	Q18 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	E-MDS	9.79	9.62	9.81	9.73	**9.74**
2	2	PRACTICE FUSION	9.74	9.54	9.75	9.82	**9.71**
3	3	AMAZINGCHARTS	9.55	9.70	9.11	9.12	**9.37**
5	4	CERNER	9.29	9.59	9.23	9.32	**9.36**
4	5	ATHENAHEALTH	9.58	9.26	9.07	9.45	**9.34**
6	6	VITERA	9.55	9.15	9.35	9.12	**9.29**
7	7	GREENWAY	8.55	8.29	9.21	7.81	**8.47**
12	8	SUI MEDICAL MASTERMIND	8.16	8.28	8.25	7.73	**8.11**
15	9	CHARTLOGIC	8.01	7.73	8.30	8.12	**8.04**
10	10	CARE360 QUEST	8.91	7.02	7.89	8.21	**8.01**

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PART FOUR: 2013 RESULTS

ELECTRONIC HEALTH RECORDS

Ambulatory Practice Physicians, Groups & Facilities:

TWO TO FIVE PHYSICAN GROUPS

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OVERALL KEY PERFORMANCE INDICATOR LEADERS

2-5 GROUP PHYSICIAN PRACTICES

SUMMARY OF CRITERIA OUTCOMES

Summary of criteria outcomes, 2-5 GROUP PHYSICIAN PRACTICES

Total number one criteria ranks	Vendor	Overall rank
8	CARE360 QUEST	1
5	ATHENAHEALTH	2
2	PRACTICE FUSION	3
1	E-CERNER	6
1	MCKESSON	9
1	NEXTGEN	11

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Overall KPI Leaders: Ambulatory EMR EHR
2-5 GROUP PHYSICIAN PRACTICES

TOP SCORE PER INDIVIDUAL CRITERIA

Top score per individual criteria

Question	Criteria	EMR Vendor	Overall rank
1	Vendor overall preference/vertical industry recommendations	CARE360 QUEST	1
2	Innovation	ATHENAHEALTH	2
3	Training	CARE360 QUEST	1
4	Client relationships and cultural fit	PRACTICE FUSION	3
5	Trust	ATHENAHEALTH	2
6	Breadth of offerings, client types, delivery excellence	MCKESSON	9
7	Deployment and outsourcing implementation	PRACTICE FUSION	3
8	Customization	ATHENAHEALTH	2
9	Integration and interfaces	ATHENAHEALTH	2
10	Scalability, client adaptability, flexible pricing	CARE360 QUEST	1
11	Compensation and employee performance	ATHENAHEALTH	2
12	Reliability	CARE360 QUEST	1
13	Brand image and marketing communications	E-CERNER	6
14	Marginal value adds	NEXTGEN	11
15	Viability	CARE360 QUEST	1
16	Data security and backup services	CARE360 QUEST	1
17	Support and customer care	CARE360 QUEST	1
18	Best of breed technology and process improvement	CARE360 QUEST	1

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2013 INDIVIDUAL KEY PERFORMANCE: AMBULATORY PRACTICE PHYSICIANS/PHYSICIAN GROUPS
2-5 GROUP PHYSICIAN PRACTICES

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Individual Key Performance, Ambulatory EMR EHR 2013

2-5 GROUP PHYSICIAN PRACTICES

AMBULATORY PHYSICIAN PRACTICES, Top Ranked Electronic Health Records Vendors – raw scores 2013 2-5 GROUP PHYSICIAN PRACTICES

Rank	Vendor	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Mean
1	CARE360 QUEST	9.81	9.52	9.94	9.42	9.54	9.61	9.57	9.70	9.28	9.65	9.06	9.62	9.26	9.30	9.66	9.44	9.41	9.77	**9.53**
2	ATHENAHEALTH	9.53	9.65	9.37	9.75	9.70	9.22	8.75	9.89	9.76	9.53	9.73	9.40	9.55	9.24	8.90	9.11	9.08	9.66	**9.43**
3	PRACTICE FUSION	9.65	9.21	9.55	9.77	9.11	9.37	9.90	9.08	9.67	9.34	8.74	9.00	9.79	9.42	9.64	8.56	9.18	9.47	**9.36**
4	GREENWAY	9.12	9.26	9.06	8.05	8.49	9.48	8.79	8.70	9.13	9.14	9.13	9.04	9.84	8.34	9.03	9.44	8.42	9.30	**8.99**
5	E-MDS	9.38	8.62	9.52	8.93	8.98	9.05	9.65	7.95	9.50	8.20	9.23	9.32	8.66	8.08	9.36	7.62	8.43	8.22	**8.82**
6	CERNER	9.09	8.97	9.30	9.17	9.14	9.06	8.50	9.34	9.70	8.54	9.23	7.42	9.86	7.14	8.07	9.05	8.39	8.78	**8.82**
7	VITERA	7.30	8.87	9.08	9.65	9.22	9.64	9.57	9.43	9.41	8.27	8.20	7.23	8.80	8.96	7.21	8.59	6.75	8.76	**8.61**
8	AMAZINGCHARTS	9.49	8.87	8.39	9.27	8.52	9.26	9.29	7.47	8.85	8.17	9.60	8.88	8.11	7.95	9.04	7.55	7.16	7.23	**8.51**
9	MCKESSON	8.67	8.80	8.93	8.56	7.09	9.72	7.60	8.33	9.29	9.12	9.15	8.13	9.38	7.79	9.24	8.68	7.28	6.84	**8.48**
10	BIZMATICS	8.23	7.33	9.23	9.28	8.37	8.92	9.17	8.74	8.20	8.66	7.11	8.78	8.25	7.00	7.91	8.67	7.93	8.30	**8.34**
11	NEXTGEN	8.64	8.45	9.24	8.88	6.55	8.48	9.06	7.70	8.64	7.45	8.79	7.95	9.38	9.43	7.57	7.37	8.29	7.54	**8.30**
12	APRIMA	7.64	8.06	8.50	8.02	8.69	5.97	8.10	8.31	8.73	6.99	8.44	8.97	7.88	8.59	8.90	7.59	8.94	8.40	**8.15**
13	CHARLOGIC	8.52	8.13	6.20	9.00	8.73	6.23	8.99	8.09	9.08	8.56	8.80	8.75	8.62	7.60	7.67	8.75	6.30	7.92	**8.11**
14	EPIC	8.61	8.44	9.46	8.26	7.61	8.29	8.78	6.18	8.27	8.14	6.96	8.36	9.70	7.94	6.66	8.52	6.87	7.27	**8.02**
15	MEDITAB	8.01	7.49	7.19	7.92	7.39	6.95	7.37	9.22	6.84	8.42	8.30	9.21	9.40	7.20	7.52	6.99	8.93	8.33	**7.93**
16	KAREO	9.16	7.51	7.51	8.52	8.58	7.08	5.75	8.48	9.34	7.63	6.78	7.12	7.35	6.48	7.99	7.65	8.22	7.03	**7.68**
17	DR CHRONO	9.22	8.88	7.44	8.30	8.93	6.47	7.08	6.69	6.25	7.59	6.71	7.29	6.92	8.76	7.14	5.81	7.98	7.41	**7.49**
18	HEALTHFUSION	8.11	6.83	8.13	6.17	8.60	7.03	7.24	7.70	7.06	8.15	8.33	7.68	6.06	6.13	7.43	6.38	8.83	6.46	**7.35**
19	ECLINICAL WORKS	7.20	8.61	8.15	8.75	7.74	5.60	7.50	8.07	5.71	8.13	6.80	9.02	7.38	5.63	6.62	5.41	6.53	7.77	**7.26**
20	OPTUM	6.74	7.95	8.70	7.75	7.26	7.06	8.49	5.88	6.13	6.93	8.16	8.00	7.50	7.21	5.91	6.12	5.70	6.63	**7.12**

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1. Vendor overall preference by similar users of 2-5 GROUP PHYSICIAN PRACTICES peer group vertical industry recommendations for vendor expertise

Organizational structure meets the needs of stakeholders or customers and stakeholder satisfaction is the most important priority. EMR client is likely to recommend the vendor to similar sized physician groups, physicians within the same specialty or delivery setting.

Overall rank	Q1 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	CARE360 QUEST	9.94	9.87	9.71	9.71	**9.81**
3	2	PRACTICE FUSION	9.42	9.96	9.52	9.69	**9.65**
2	3	ATHENAHEALTH	9.24	9.37	9.74	9.78	**9.53**
8	4	AMAZINGCHARTS	9.30	9.10	9.96	9.61	**9.49**
5	5	E-MDS	9.62	9.36	9.37	9.18	**9.38**
17	6	DR CHRONO	8.89	9.32	9.51	9.17	**9.22**
16	7	KAREO	9.72	8.27	8.97	9.66	**9.16**
4	8	GREENWAY	9.20	9.62	8.95	8.71	**9.12**
6	9	E-CERNER	9.59	9.19	8.01	9.56	**9.09**
9	10	MCKESSON	8.04	9.45	9.18	8.01	**8.67**

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2. Innovation

Customers are also continuing to push the envelope for further enhancements to which the EMR vendor is responsive. EMR clients also believe that their vendors' technology is helping them manage practices more effectively, generate accurate records and reimbursement billings and cut their overhead in ways that were difficult or impossible to accomplish before electronic medical records were implemented. Vendor is responsive to make client recommendations with cutting edge improvement

Overall rank	Q2 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
2	1	ATHENAHEALTH	9.86	9.54	9.34	9.85	**9.65**
1	2	CARE360 QUEST	9.57	9.23	9.41	9.86	**9.52**
4	3	GREENWAY	9.40	9.28	9.10	9.24	**9.26**
3	4	PRACTICE FUSION	9.07	9.31	9.27	9.17	**9.21**
6	5	E-CERNER	8.89	9.09	8.85	9.06	**8.97**
17	6	DR CHRONO	8.63	9.17	8.61	9.09	**8.88**
7	7	VITERA	9.09	9.14	8.51	8.73	**8.87**
8	8	AMAZINGCHARTS	8.70	9.86	8.80	8.11	**8.87**
9	9	MCKESSON	9.31	9.07	8.77	8.05	**8.80**
5	10	E-MDS	9.12	8.76	7.47	9.13	**8.62**

Source: Black Book Rankings

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3. Training

Electronic medical and health record vendor leadership provides significant and meaningful training opportunities for internal employees and client staff. Leadership strives to develop technology staff, EMR/EHR client service and customer servicing consultant employees in particular. Training modules are effective and practical so that minimal post-implementation training is required on or off site. Regular updates are timely and require minimal additional training to implement.

Overall rank	Q3 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	CARE360 QUEST	9.97	9.93	9.90	9.97	**9.94**
3	2	PRACTICE FUSION	9.42	9.72	9.77	9.29	**9.55**
5	3	E-MDS	9.22	9.60	9.74	9.53	**9.52**
14	4	EPIC	9.03	9.96	9.35	9.49	**9.46**
2	5	ATHENAHEALTH	9.36	9.26	9.43	9.41	**9.37**
6	6	E-CERNER	9.16	8.97	9.60	9.48	**9.30**
11	7	NEXTGEN	8.85	9.76	9.15	9.21	**9.24**
10	8	BIZMATICS	9.52	9.23	9.18	8.98	**9.23**
7	9	VITERA	9.09	8.74	9.65	8.84	**9.08**
4	10	GREENWAY	9.13	8.57	9.50	9.02	**9.06**

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4. Client relationships and cultural fit

EMR vendor leadership honors customer relationships highly. The relationship with the EMR elevates the customer reputation. Improving physician practice and healthcare delivery efficiency and effectiveness is a priority of the supplier. Governance of engagement is neither complex for buyer nor does it require vendor management attention regularly. There is no regular transparency or quality issue. There are no culture clashes or misfits that threaten relationship's success or client's satisfaction.

Overall rank	Q4 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
3	1	PRACTICE FUSION	9.64	9.80	9.82	9.81	**9.77**
2	2	ATHENAHEALTH	9.67	9.73	9.91	9.69	**9.75**
7	3	VITERA	9.81	9.62	9.58	9.59	**9.65**
1	4	CARE360 QUEST	9.89	9.29	9.17	9.32	**9.42**
10	5	BIZMATICS	9.15	9.38	9.43	9.15	**9.28**
8	6	AMAZINGCHARTS	9.08	9.87	9.20	8.93	**9.27**
6	7	E-CERNER	9.46	8.97	8.91	9.34	**9.17**
13	8	CHARLOGIC	8.82	9.32	9.33	8.52	**9.00**
5	9	E-MDS	8.56	8.76	9.15	9.24	**8.93**
11	10	NEXTGEN	8.51	9.24	8.88	8.89	**8.88**

Source: Black Book Rankings

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5. Trust, Accountability and Transparency

Trust in enterprise reputation is important to EMR clients as well as prospects. Client possesses an understanding that its EMR organization has the people, processes, and resources to effectively deliver the desired business and clinical results, based on its industry reputation and past performance. There are no disconnects between promises and delivery.

Overall rank	Q5 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
2	1	ATHENAHEALTH	9.64	9.73	9.74	9.67	**9.70**
1	2	CARE360 QUEST	9.74	9.21	9.57	9.65	**9.54**
7	3	VITERA	8.99	9.30	9.44	9.13	**9.22**
6	4	E-CERNER	8.93	8.97	9.23	9.43	**9.14**
3	5	PRACTICE FUSION	9.03	9.09	9.36	8.95	**9.11**
5	6	E-MDS	9.18	9.38	9.20	8.15	**8.98**
17	7	DR CHRONO	8.71	8.98	9.17	8.85	**8.93**
13	8	CHARLOGIC	8.53	8.62	9.03	8.73	**8.73**
12	9	APRIMA	8.52	8.82	8.24	9.19	**8.69**
18	10	HEALTHFUSION	8.69	8.83	8.49	8.40	**8.60**

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6. Breadth of offerings, varied client settings, delivery excellence across all user types

EMR/EHR vendor offers industry recognized horizontal functionality and vertical industry applications, and manage bundled EMR services such as ePrescribing and developing new e-Health initiatives. Vendor routinely drives operational performance improvements and results in the areas they affect. Comprehensive offerings are constructed to meet the unique needs of the client's EMR initiatives. Breadth of vendor modules offers comprehensive system services and broad modules

Overall rank	Q6 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
9	1	MCKESSON	9.47	9.78	9.82	9.80	**9.72**
7	2	VITERA	9.50	9.59	9.94	9.52	**9.64**
1	3	CARE360 QUEST	9.99	9.64	9.38	9.44	**9.61**
4	4	GREENWAY	9.22	9.55	9.58	9.57	**9.48**
3	5	PRACTICE FUSION	9.40	9.77	9.14	9.18	**9.37**
8	6	AMAZINGCHARTS	9.19	9.34	9.45	9.07	**9.26**
2	7	ATHENAHEALTH	9.15	9.10	9.37	9.25	**9.22**
6	8	E-CERNER	8.90	8.68	9.20	9.46	**9.06**
5	9	E-MDS	9.02	9.05	9.28	8.85	**9.05**
10	10	BIZMATICS	8.84	9.01	8.94	8.87	**8.92**

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7. Deployment and EMR implementation

EMR client deploys at a pace acceptable to the client. EMR solutions eliminate excessive supervision over vendor implementations. Vendor overcomes client implementation obstacles and challenges effectively. Technical, organizational and cultural implementation obstacles are handled professionally and punctually. EMR implementation time meets standard expectations. Implementations are efficient and sensitive to users' specific situations which may cause delays.

Overall rank	Q7 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
3	1	PRACTICE FUSION	9.97	9.98	9.89	9.73	**9.90**
5	2	E-MDS	9.68	9.85	9.22	9.80	**9.65**
1	3	CARE360 QUEST	10.00	9.44	9.45	9.40	**9.57**
7	4	VITERA	9.57	9.44	9.74	9.54	**9.57**
8	5	AMAZINGCHARTS	8.41	9.91	9.32	9.50	**9.29**
10	6	BIZMATICS	8.98	9.08	9.24	9.33	**9.17**
11	7	NEXTGEN	8.80	9.43	9.27	8.75	**9.06**
13	8	CHARLOGIC	8.49	8.98	8.92	9.55	**8.99**
4	9	GREENWAY	9.30	9.21	8.40	8.23	**8.79**
14	10	EPIC	8.40	8.82	8.79	9.10	**8.78**

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8. Customization

EMR products and process services are customized to meet the unique needs of specific practice client purpose, processes and physician models. Little resistance is encountered when changing performance measurements as clients' needs vary. Extraordinary efforts are made to adapt and convert client special needs into workable solutions with efficient cost and time considerations. EMR software allows for modifications that are not costly or complex

Overall rank	Q8 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
2	1	ATHENAHEALTH	9.67	9.97	9.97	9.91	**9.89**
1	2	CARE360 QUEST	9.97	9.97	9.54	9.33	**9.70**
7	3	VITERA	9.45	9.50	9.36	9.41	**9.43**
6	4	E-CERNER	9.16	9.66	9.11	9.41	**9.34**
15	5	MEDITAB	8.98	9.41	9.37	9.12	**9.22**
3	6	PRACTICE FUSION	8.92	9.37	8.86	9.11	**9.08**
10	7	BIZMATICS	8.47	8.33	9.07	9.08	**8.74**
4	8	GREENWAY	8.74	8.11	9.22	8.71	**8.70**
16	9	KAREO	8.35	8.36	9.03	8.16	**8.48**
9	10	MCKESSON	8.03	7.95	8.66	8.66	**8.33**

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9. Integration and interfaces

EMR vendor supports interfaces so information can be shared between necessary applications. Solutions are easily integrated to existing backend systems as needed and HIE feasible. Seamless interfaces to legacy applications are performed as required for optimal functioning. Human integration and interface activities are administered precisely. Systems communicate effectively among provider groups and ancillaries. True interoperability with other healthcare organizations is factored into implementation.

Overall rank	Q9 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
2	1	ATHENAHEALTH	9.49	9.82	9.95	9.76	**9.76**
6	2	E-CERNER	9.66	9.68	9.66	9.80	**9.70**
3	3	PRACTICE FUSION	9.44	9.74	9.83	9.66	**9.67**
5	4	E-MDS	9.39	9.62	9.59	9.40	**9.50**
7	5	VITERA	9.39	8.96	9.75	9.54	**9.41**
16	6	KAREO	9.10	9.51	9.44	9.29	**9.34**
9	7	MCKESSON	9.09	9.28	9.52	9.27	**9.29**
1	8	CARE360 QUEST	9.89	9.09	9.15	8.98	**9.28**
4	9	GREENWAY	9.34	8.64	9.48	9.07	**9.13**
13	10	CHARLOGIC	8.92	9.34	9.01	9.05	**9.08**

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10. Scalability, client adaptability, flexible pricing

EMR services and solutions vendor provides flexible pricing allowing the client to choose and pay for the precise functionality and services needed. Vendor Invests in significant infrastructure and has the ability to provide services to enterprise organizations. IT products and services meet the changing and varied needs of the EMR customer. Pricing is not rigid or shifting and meets needs of client.

Overall rank	Q10 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	CARE360 QUEST	9.91	9.69	9.69	9.32	**9.65**
2	2	ATHENAHEALTH	9.60	9.57	9.45	9.50	**9.53**
3	3	PRACTICE FUSION	9.36	9.42	9.05	9.52	**9.34**
4	4	GREENWAY	9.31	8.91	9.33	9.02	**9.14**
9	5	MCKESSON	9.34	8.81	9.25	9.06	**9.12**
10	6	BIZMATICS	8.48	9.00	8.62	8.54	**8.66**
13	7	CHARLOGIC	8.49	8.84	8.50	8.40	**8.56**
6	8	E-CERNER	8.08	8.68	9.17	8.22	**8.54**
15	9	MEDITAB	8.56	8.05	8.54	8.52	**8.42**
7	10	VITERA	8.01	8.62	8.39	8.07	**8.27**

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11. Vendor staff expertise, compensation and employee performance

EMR vendor team of employees is considered top in industry for professionalism and skill. Vendor attracts and retains high performing staff. Vendor is focused on building and developing a strong employee team of producers. Employees act like owners/leaders. Company is moving towards leveraged pay at all levels. Vendor is using effective tools to tie performance metrics to compensation policy and compensating top leaders. Human resources-related criteria are scored from the client perspective on this indicator

Overall rank	Q11 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
2	1	ATHENAHEALTH	9.70	9.67	9.84	9.71	**9.73**
8	2	AMAZINGCHARTS	9.41	9.93	9.67	9.38	**9.60**
5	3	E-MDS	9.34	9.16	9.30	9.12	**9.23**
6	4	E-CERNER	9.31	9.36	9.04	9.22	**9.23**
9	5	MCKESSON	8.92	9.07	9.44	9.17	**9.15**
4	6	GREENWAY	9.22	9.48	8.78	9.04	**9.13**
1	7	CARE360 QUEST	9.04	9.09	9.13	8.99	**9.06**
13	8	CHARLOGIC	8.93	8.29	9.07	8.92	**8.80**
11	9	NEXTGEN	9.02	8.77	8.51	8.86	**8.79**
3	10	PRACTICE FUSION	8.67	9.06	8.48	8.69	**8.74**

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12. Reliability

EMR EHR supplier meets agreed terms as evidenced by routine, acceptable service level reporting and industry expectations. Depth and breadth of applications/solutions are acceptable in meeting client needs. Online reliability is maximized and outages/downtimes are minimized. Solid product and service capacities are demonstrated consistently. Service levels are consistently met as agreed. Services and support response is maximized by vendor team.

Overall rank	Q12 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	CARE360 QUEST	9.85	9.56	9.70	9.37	**9.62**
2	2	ATHENAHEALTH	9.44	9.53	9.21	9.41	**9.40**
5	3	E-MDS	9.49	9.27	9.37	9.16	**9.32**
15	4	MEDITAB	9.18	9.58	9.17	8.91	**9.21**
4	5	GREENWAY	8.85	8.96	9.15	9.19	**9.04**
19	6	ECLINICALWORKS	8.98	9.20	9.15	8.73	**9.02**
3	7	PRACTICE FUSION	8.87	9.01	9.09	9.02	**9.00**
12	8	APRIMA	8.72	9.23	8.99	8.93	**8.97**
8	9	AMAZINGCHARTS	8.53	9.55	8.72	8.70	**8.88**
10	10	BIZMATICS	9.20	8.60	8.16	9.17	**8.78**

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13. Brand image and marketing communications

EMR vendor's marketing and sales statements/pitches are accurately and appropriately represented by actual EMR product and service deliverables. Image is consistent with top EMR rankings. Sales presentations and proposals are delivered upon and corporate integrity/honesty in marketing and business development are highly valued. Company image and inte6grity are values upheld top-down consistently.. High level of relevant client communications enhances the EMR vendor – EMR user relationship.

Overall rank	Q13 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
6	1	E-CERNER	9.96	10.10	9.67	9.71	**9.86**
4	2	GREENWAY	9.78	9.98	9.81	9.79	**9.84**
3	3	PRACTICE FUSION	9.72	9.78	9.99	9.65	**9.79**
14	4	EPIC	9.51	9.80	9.73	9.75	**9.70**
2	5	ATHENAHEALTH	9.73	9.57	9.47	9.42	**9.55**
15	6	MEDITAB	9.32	9.54	9.19	9.53	**9.40**
9	7	MCKESSON	9.12	9.56	9.86	8.99	**9.38**
11	8	NEXTGEN	9.30	9.31	9.53	9.39	**9.38**
1	9	CARE360 QUEST	9.51	9.08	9.18	9.28	**9.26**
7	10	VITERA	8.76	8.72	8.67	9.05	**8.80**

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14. Marginal value adds

Beyond stimulus achievement, EMR vendors' cost savings are realized as generally estimated and not over-positioned or over/underestimated in ways that effect major client satisfaction or costs. Vendor offers value-adds as a practice management partner in cost savings and avoidance initiatives and creative programs through bundled EMR product design. Provides true business transformation opportunities to physician practices and other medical settings utilizing EMR EHR.

Overall rank	Q14 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
11	1	NEXTGEN	9.59	9.57	9.46	9.10	**9.43**
3	2	PRACTICE FUSION	9.81	9.30	9.61	8.98	**9.42**
1	3	CARE360 QUEST	9.44	9.46	9.37	8.89	**9.30**
2	4	ATHENAHEALTH	9.04	9.27	9.81	8.85	**9.24**
7	5	VITERA	9.90	8.29	8.21	9.54	**8.96**
17	6	DR CHRONO	9.35	9.43	8.40	7.84	**8.76**
12	7	APRIMA	8.95	7.69	8.79	8.92	**8.59**
4	8	GREENWAY	7.88	8.01	8.75	8.72	**8.34**
5	9	E-MDS	8.44	8.35	8.34	7.20	**8.08**
8	10	AMAZINGCHARTS	8.17	8.11	7.42	8.11	**7.95**

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15. Viability and managerial stability

Vendor's viability, employee turnover, financial stability and/or cultural mismatches do not threaten relationship. Senior management and the board exemplify strong leadership principals to steward appropriate resources that impact EMR buyers. Client is confident of long term industry viability for this vendor based on investments, client adoption, exceptional outcomes and service levels. Field management is notably competent, stable and supportive of clients. EMR vendor demonstrates and provides evidence of competent financial management and leadership.

Overall rank	Q15 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	CARE360 QUEST	9.95	9.45	9.63	9.72	**9.66**
3	2	PRACTICE FUSION	9.73	8.94	9.93	9.95	**9.64**
5	3	E-MDS	9.25	9.64	9.92	8.63	**9.36**
9	4	MCKESSON	9.42	9.81	8.71	9.01	**9.24**
8	5	AMAZINGCHARTS	8.95	9.83	8.20	9.18	**9.04**
4	6	GREENWAY	9.45	9.54	8.03	9.10	**9.03**
2	7	ATHENAHEALTH	9.68	9.20	8.47	8.26	**8.90**
12	8	APRIMA	8.85	8.44	9.95	8.35	**8.90**
6	9	E-CERNER	8.41	8.15	7.75	7.96	**8.07**
16	10	KAREO	8.64	8.07	7.77	7.48	**7.99**

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16. Data security and backup services

In order to provide secure and constantly dependable EMR service offerings for physician and hospital entities, an EMR vendor has to provide the highest level of security and data back-up services. EMR vendor's service in these two areas is superior to the security and back-up system of past internal systems of the physician practice.

Overall rank	Q16 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	CARE360 QUEST	9.32	9.11	9.47	9.86	**9.44**
4	2	GREENWAY	8.94	9.52	9.71	9.60	**9.44**
2	3	ATHENAHEALTH	9.61	8.66	9.58	8.57	**9.11**
6	4	E-CERNER	9.00	9.42	8.54	9.28	**9.05**
13	5	CHARLOGIC	8.74	8.05	8.35	9.85	**8.75**
9	6	MCKESSON	8.58	8.17	8.51	9.45	**8.68**
10	7	BIZMATICS	8.33	9.37	9.06	7.94	**8.67**
7	8	VITERA	8.18	9.27	9.09	7.83	**8.59**
3	9	PRACTICE FUSION	8.09	9.09	9.06	8.00	**8.56**
14	10	EPIC	8.49	8.91	8.99	7.70	**8.52**

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17. Support and customer care

Account management provides an adequate amount of onsite administration and support to clients. There exists a formal EMR account management program that meets client needs. Media and clients reference this vendor as an EMR services leader and top vendor correctly. Customer services and relationship satisfaction is manifested through significant flagship clients as well as smaller and newest customers similarly. Vendor provides appropriate number of accessible support and customer care personnel

Overall rank	Q17 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	CARE360 QUEST	9.83	9.09	9.40	9.30	**9.41**
3	2	PRACTICE FUSION	9.22	9.23	8.91	9.36	**9.18**
2	3	ATHENAHEALTH	9.59	8.64	9.56	8.53	**9.08**
12	4	APRIMA	8.98	9.40	8.74	8.63	**8.94**
15	5	MEDITAB	8.72	8.52	8.63	9.83	**8.93**
18	6	HEALTHFUSION	8.70	8.85	8.82	8.95	**8.83**
5	7	E-MDS	8.31	8.43	9.04	7.92	**8.43**
4	8	GREENWAY	8.16	9.25	8.45	7.81	**8.42**
6	9	E-CERNER	8.07	9.07	8.46	7.98	**8.39**
11	10	NEXTGEN	8.47	8.05	8.97	7.68	**8.29**

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18. Best of breed technology and process improvement

EMR management and related technology services are considered best of breed. EMR Vendor technology elevates customers via capabilities, equipment, processes, deliverables, professional staff, leadership, quality assurance and innovative initiatives. EMR services are delivered at or above current/former in-house service levels. Technology is current and relevant to exchanging health information among providers, as well as sufficiently offering patient access.

Overall rank	Q18 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	CARE360 QUEST	9.98	9.65	9.78	9.66	**9.77**
2	2	ATHENAHEALTH	9.93	9.83	9.73	9.16	**9.66**
3	3	PRACTICE FUSION	9.14	9.65	9.54	9.54	**9.47**
4	4	GREENWAY	9.60	9.84	8.53	9.21	**9.30**
6	5	E-CERNER	8.86	9.28	8.77	8.20	**8.78**
7	6	VITERA	8.84	8.58	9.50	8.10	**8.76**
12	7	APRIMA	8.45	8.57	8.54	8.02	**8.40**
15	8	MEDITAB	8.30	8.02	8.59	8.41	**8.33**
10	9	BIZMATICS	9.20	7.31	8.18	8.50	**8.30**
5	10	E-MDS	8.06	7.75	8.06	9.01	**8.22**

Source: Black Book Rankings

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PART FIVE: 2013 RESULTS

ELECTRONIC HEALTH RECORDS

Ambulatory Practice Physicians, Groups & Facilities:

SIX TO TEN PHYSICAN GROUPS

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OVERALL KEY PERFORMANCE INDICATOR LEADERS

6-10 GROUP PHYSICIAN PRACTICES

SUMMARY OF CRITERIA OUTCOMES

Summary of criteria outcomes, 6-10 GROUP PHYSICIAN PRACTICES

Total number one criteria ranks	Vendor	Overall rank
12	BIZMATICS	1
3	GREENWAY	2
1	CARE360 QUEST	7
1	OPTUM	13
1	GE HEALTHCARE	14

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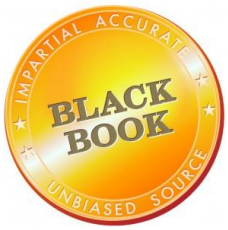

Overall KPI Leaders: Ambulatory EMR EHR
6-10 GROUP PHYSICIAN PRACTICES

TOP SCORE PER INDIVIDUAL CRITERIA

Top score per individual criteria

Question	Criteria	EMR Vendor	Overall rank
1	Vendor overall preference/vertical industry recommendations	BIZMATICS	1
2	Innovation	BIZMATICS	1
3	Training	GREENWAY	2
4	Client relationships and cultural fit	BIZMATICS	1
5	Trust	BIZMATICS	1
6	Breadth of offerings, client types, delivery excellence	GE HEALTHCARE	14
7	Deployment and outsourcing implementation	GREENWAY	2
8	Customization	GREENWAY	2
9	Integration and interfaces	CARE360 QUEST	7
10	Scalability, client adaptability, flexible pricing	BIZMATICS	1
11	Compensation and employee performance	OPTUM	13
12	Reliability	BIZMATICS	1
13	Brand image and marketing communications	BIZMATICS	1
14	Marginal value adds	BIZMATICS	1
15	Viability	BIZMATICS	1
16	Data security and backup services	BIZMATICS	1
17	Support and customer care	BIZMATICS	1
18	Best of breed technology and process improvement	BIZMATICS	1

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Individual Key Performance, Ambulatory EMR EHR 2013
6-10 GROUP PHYSICIAN PRACTICES

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2013 INDIVIDUAL KEY PERFORMANCE: AMBULATORY PRACTICE PHYSICIANS/PHYSICIAN GROUPS
6-10 GROUP PHYSICIAN PRACTICES

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Individual Key Performance, Ambulatory EMR EHR 2013

6-10 GROUP PHYSICIAN PRACTICES

AMBULATORY PHYSICIAN PRACTICES, Top Ranked Electronic Health Records Vendors – raw scores 2013 6-10 GROUP PHYSICIAN PRACTICES

Rank	Vendor	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Mean
1	BIZMATICS	9.57	9.60	9.44	9.90	9.52	9.58	9.34	9.72	9.45	9.57	9.20	9.69	9.69	9.54	9.73	9.76	9.79	9.56	**9.59**
2	GREENWAY	9.46	8.82	9.62	9.71	8.78	9.51	9.87	7.42	8.56	9.23	9.41	9.47	9.53	9.28	9.54	8.88	9.30	9.48	**9.22**
3	CERNER	9.42	9.06	9.30	9.55	9.24	9.18	9.82	8.79	9.48	9.34	8.87	9.11	9.16	9.32	8.05	9.09	9.65	8.09	**9.14**
4	AMAZINGCHARTS	8.77	8.46	9.51	9.08	9.39	9.30	9.65	8.70	9.55	8.00	9.66	9.39	9.34	8.81	9.46	9.38	8.57	9.13	**9.12**
5	VITERA	9.29	8.58	9.36	8.82	9.23	8.13	8.41	8.74	7.97	8.07	8.83	9.26	8.17	9.40	9.42	8.37	9.42	8.44	**8.77**
6	ATHENAHEALTH	8.96	9.34	8.65	7.35	8.90	7.30	9.77	9.15	8.68	8.98	7.54	8.77	8.33	9.24	8.71	8.98	7.69	9.54	**8.66**
7	CARE360 QUEST	8.97	8.79	8.76	9.17	7.80	9.27	9.59	9.31	9.62	8.57	8.17	8.41	6.95	7.15	7.64	8.02	8.40	8.55	**8.51**
8	PRACTICE FUSION	7.89	8.08	9.01	9.66	9.07	7.60	7.44	8.04	9.13	8.76	9.42	8.79	9.10	6.79	9.00	8.50	8.76	7.82	**8.49**
9	E-MDS	9.11	9.08	7.32	8.07	8.08	9.63	9.46	7.26	8.47	7.70	6.98	8.08	8.56	8.35	9.41	8.98	7.84	9.27	**8.43**
10	MCKESSON	8.65	8.40	9.39	8.31	8.91	9.51	9.06	9.52	9.41	7.49	9.18	8.12	6.26	9.25	6.48	7.49	8.43	7.44	**8.41**
11	EPIC	9.11	7.15	9.08	9.60	8.45	8.84	9.04	7.56	8.12	8.07	7.05	8.82	8.88	7.01	7.68	9.19	8.39	8.98	**8.39**
12	KAREO	8.44	8.51	8.68	9.28	7.58	8.06	7.36	8.04	9.10	8.92	8.98	7.27	8.44	7.91	8.90	8.45	7.82	8.01	**8.32**
13	OPTUM	9.17	8.15	9.21	8.89	8.46	8.35	8.54	5.89	8.08	5.66	9.77	9.57	9.27	6.86	9.46	8.99	6.77	6.93	**8.22**
14	GE HEALTHCARE	9.40	7.77	7.25	7.22	8.66	9.66	7.86	8.02	8.54	6.79	7.27	8.90	6.82	8.49	8.90	7.36	8.84	8.06	**8.10**
15	APRIMA	8.12	6.78	9.18	9.32	9.31	8.23	8.81	7.65	7.11	8.19	9.48	7.85	5.67	6.27	7.33	9.02	8.97	6.36	**7.98**
16	MEDITECH	8.94	7.09	7.95	8.07	8.98	7.68	7.62	7.70	8.11	8.34	7.47	7.08	7.93	7.03	7.73	8.82	7.11	7.82	**7.86**
17	NUESOFT	8.14	7.87	8.54	8.15	8.60	6.98	7.75	6.53	7.79	7.89	8.49	7.99	6.84	8.81	7.85	6.96	7.54	8.04	**7.82**
18	PRAXIS	8.07	8.50	6.32	7.68	7.26	9.46	7.99	8.27	7.57	7.39	7.29	7.57	7.09	7.08	8.85	7.67	8.33	8.04	**7.80**
19	ALLSCRIPTS	8.38	7.46	6.50	6.13	7.92	9.33	8.13	8.43	8.39	7.61	6.85	6.52	8.32	6.62	7.89	6.64	8.36	6.93	**7.58**
20	CHARTLOGIC	7.88	8.96	6.85	8.67	8.08	7.08	9.13	7.54	8.57	6.59	7.09	6.62	5.82	8.09	7.07	7.02	6.92	7.39	**7.52**

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Individual Key Performance, Ambulatory EMR EHR 2013
6-10 GROUP PHYSICIAN PRACTICES

1. Vendor overall preference by similar users of 6-10 GROUP PHYSICIAN PRACTICES peer group vertical industry recommendations for vendor expertise

Organizational structure meets the needs of stakeholders or customers and stakeholder satisfaction is the most important priority. EMR client is likely to recommend the vendor to similar sized physician groups, physicians within the same specialty or delivery setting.

Overall rank	Q1 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	BIZMATICS	9.82	9.34	9.68	9.43	**9.53**
2	2	GREENWAY	9.21	9.53	9.36	9.73	**9.42**
3	3	CERNER	9.73	9.19	9.49	9.25	**9.38**
14	4	GE HEALTHCARE	9.52	9.27	9.60	9.19	**9.36**
5	5	OPTUM	9.09	9.25	9.22	9.58	**9.25**
13	6	OPTUM	8.81	9.33	9.04	9.49	**9.13**
9	7	E-MDS	8.80	9.32	9.08	9.22	**9.07**
11	8	EPIC	9.40	9.05	9.25	8.75	**9.07**
7	9	CARE360 QUEST	9.24	8.46	9.19	8.99	**8.93**
6	10	ATHENAHEALTH	8.42	8.82	9.30	9.31	**8.92**

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2. Innovation

Customers are also continuing to push the envelope for further enhancements to which the EMR vendor is responsive. EMR clients also believe that their vendors' technology is helping them manage practices more effectively, generate accurate records and reimbursement billings and cut their overhead in ways that were difficult or impossible to accomplish before electronic medical records were implemented. Vendor is responsive to make client recommendations with cutting edge improvements.

Overall rank	Q2 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	BIZMATICS	9.76	9.68	9.61	9.66	**9.68**
6	2	ATHENAHEALTH	9.57	9.61	8.89	9.60	**9.42**
9	3	E-MDS	9.03	9.20	9.48	8.92	**9.16**
3	4	CERNER	8.96	9.07	9.52	9.00	**9.14**
20	5	CHARTLOGIC	8.94	8.97	9.50	8.74	**9.04**
2	6	GREENWAY	9.20	9.10	9.11	8.18	**8.90**
7	7	CARE360 QUEST	8.80	8.47	9.03	9.17	**8.87**
25	8	MERIDIAN	8.96	8.79	8.84	8.72	**8.83**
5	9	VITERA	8.64	9.23	7.93	8.82	**8.66**
12	10	KAREO	7.69	9.01	8.97	8.67	**8.59**

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3. Training

Electronic medical and health record vendor leadership provides significant and meaningful training opportunities for internal employees and client staff. Leadership strives to develop technology staff, EMR/EHR client service and customer servicing consultant employees in particular. Training modules are effective and practical so that minimal post-implementation training is required on or off site. Regular updates are timely and require minimal additional training to implement.

Overall rank	Q3 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
2	1	GREENWAY	9.71	9.74	9.54	9.49	**9.62**
4	2	AMAZINGCHARTS	9.52	9.57	9.51	9.44	**9.51**
1	3	BIZMATICS	9.15	9.43	9.39	9.77	**9.44**
10	4	MCKESSON	8.96	9.61	9.55	9.44	**9.39**
5	5	VITERA	9.03	9.14	9.68	9.59	**9.36**
3	6	CERNER	9.44	8.93	9.21	9.62	**9.30**
13	7	OPTUM	8.98	9.09	9.25	9.52	**9.21**
15	8	APRIMA	8.85	9.60	9.44	8.81	**9.18**
11	9	EPIC	9.03	9.38	8.81	9.09	**9.08**
8	10	PRACTICE FUSION	8.72	9.06	9.04	9.21	**9.01**

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6-10 GROUP PHYSICIAN PRACTICES

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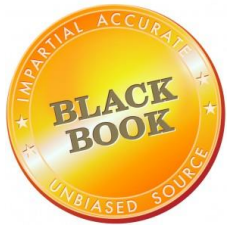

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4. Client relationships and cultural fit

EMR vendor leadership honors customer relationships highly. The relationship with the EMR elevates the customer reputation. Improving physician practice and healthcare delivery efficiency and effectiveness is a priority of the supplier. Governance of engagement is neither complex for buyer nor does it require vendor management attention regularly. There is no regular transparency or quality issue. There are no culture clashes or misfits that threaten relationship's success or client's satisfaction.

Overall rank	Q4 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	BIZMATICS	9.79	9.59	9.50	9.88	**9.90**
2	2	GREENWAY	9.41	9.62	9.75	9.53	**9.71**
8	3	PRACTICE FUSION	9.19	9.47	9.64	9.72	**9.66**
11	4	EPIC	9.71	8.94	9.79	9.38	**9.60**
3	5	CERNER	9.59	9.37	9.10	9.65	**9.55**
15	6	APRIMA	9.76	9.22	9.13	9.35	**9.32**
12	7	KAREO	8.95	9.30	9.76	9.12	**9.28**
7	8	CARE360 QUEST	9.29	9.25	9.06	9.40	**9.17**
23	9	ALLMEDS	8.68	9.40	9.12	9.39	**9.11**
4	10	AMAZINGCHARTS	8.60	9.49	8.91	9.31	**9.08**

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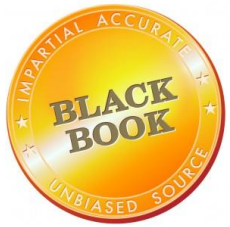

5. Trust, Accountability and Transparency

Trust in enterprise reputation is important to EMR clients as well as prospects. Client possesses an understanding that its EMR organization has the people, processes, and resources to effectively deliver the desired business and clinical results, based on its industry reputation and past performance. There are no disconnects between promises and delivery

Overall rank	Q5 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	BIZMATICS	9.56	9.30	9.48	9.75	**9.52**
4	2	AMAZINGCHARTS	9.34	9.43	9.58	9.20	**9.39**
15	3	APRIMA	9.46	9.06	9.45	9.27	**9.31**
3	4	CERNER	9.17	9.61	9.17	9.02	**9.24**
5	5	VITERA	9.28	9.06	9.46	9.10	**9.23**
8	6	PRACTICE FUSION	8.89	8.92	9.25	9.21	**9.07**
16	7	MEDITECH	8.72	8.71	9.31	9.18	**8.98**
10	8	MCKESSON	9.41	8.65	9.22	8.36	**8.91**
6	9	ATHENAHEALTH	8.61	8.53	9.01	9.44	**8.90**
2	10	GREENWAY	8.58	8.99	8.78	8.76	**8.78**

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6. Breadth of offerings, varied client settings, delivery excellence across all user types

EMR/EHR vendor offers industry recognized horizontal functionality and vertical industry applications, and manage bundled EMR services such as ePrescribing and developing new e-Health initiatives. Vendor routinely drives operational performance improvements and results in the areas they affect. Comprehensive offerings are constructed to meet the unique needs of the client's EMR initiatives. Breadth of vendor modules offers comprehensive system services and broad modules.

Overall rank	Q6 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
14	1	GE HEALTHCARE	9.66	9.46	9.88	9.64	**9.66**
9	2	E-MDS	9.53	9.80	9.50	9.68	**9.63**
1	3	BIZMATICS	9.59	9.67	9.57	9.49	**9.58**
10	4	MCKESSON	9.36	9.50	9.65	9.52	**9.51**
2	5	GREENWAY	9.56	9.29	9.61	9.59	**9.51**
18	6	PRAXIS	9.63	9.48	9.57	9.16	**9.46**
19	7	ALLSCRIPTS	9.62	9.02	9.57	9.12	**9.33**
4	8	AMAZINGCHARTS	9.11	9.47	9.06	9.56	**9.30**
7	9	CARE360 QUEST	9.05	9.49	9.05	9.48	**9.27**
3	10	CERNER	9.08	9.45	8.67	9.50	**9.18**

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7. Deployment and EMR implementation

EMR client deploys at a pace acceptable to the client. EMR solutions eliminate excessive supervision over vendor implementations. Vendor overcomes client implementation obstacles and challenges effectively. Technical, organizational and cultural implementation obstacles are handled professionally and punctually. EMR implementation time meets standard expectations. Implementations are efficient and sensitive to users' specific situations which may cause delays

Overall rank	Q7 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
2	1	GREENWAY	9.88	9.92	9.80	9.88	**9.87**
3	2	CERNER	9.66	9.88	9.90	9.85	**9.82**
6	3	ATHENAHEALTH	9.78	9.79	9.77	9.74	**9.77**
4	4	AMAZINGCHARTS	9.44	9.93	9.49	9.75	**9.65**
7	5	CARE360 QUEST	9.60	9.38	9.78	9.60	**9.59**
9	6	E-MDS	9.21	9.53	9.57	9.53	**9.46**
1	7	BIZMATICS	9.04	9.18	9.63	9.50	**9.34**
20	8	CHARTLOGIC	9.73	8.97	9.15	8.68	**9.13**
10	9	MCKESSON	8.93	8.85	9.33	9.11	**9.06**
11	10	EPIC	8.90	9.07	9.10	9.08	**9.04**

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8. Customization

EMR products and process services are customized to meet the unique needs of specific practice client purpose, processes and physician models. Little resistance is encountered when changing performance measurements as clients' needs vary. Extraordinary efforts are made to adapt and convert client special needs into workable solutions with efficient cost and time considerations. EMR software allows for modifications that are not costly or complex.

Overall rank	Q8 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
2	1	GREENWAY	9.69	9.73	9.61	9.69	**9.68**
3	2	CERNER	9.47	9.69	9.71	9.66	**9.63**
6	3	ATHENAHEALTH	9.59	9.60	9.58	9.55	**9.58**
4	4	AMAZINGCHARTS	9.25	9.74	9.30	9.56	**9.46**
7	5	CARE360 QUEST	9.41	9.19	9.59	9.41	**9.40**
9	6	E-MDS	9.02	9.34	9.38	9.34	**9.27**
1	7	BIZMATICS	8.85	8.99	9.44	9.31	**9.15**
20	8	CHARTLOGIC	9.54	8.78	8.96	8.49	**8.94**
10	9	MCKESSON	8.74	8.66	9.14	8.92	**8.87**
11	10	EPIC	8.71	8.88	8.91	8.89	**8.85**

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9. Integration and interfaces

EMR vendor supports interfaces so information can be shared between necessary applications. Solutions are easily integrated to existing backend systems as needed and HIE feasible. Seamless interfaces to legacy applications are performed as required for optimal functioning. Human integration and interface activities are administered precisely. Systems communicate effectively among provider groups and ancillaries. True interoperability with other healthcare organizations is factored into implementation.

Overall rank	Q9 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
7	1	CARE360 QUEST	9.55	9.57	9.71	9.62	**9.61**
4	2	AMAZINGCHARTS	9.71	9.49	9.67	9.31	**9.54**
3	3	CERNER	9.33	9.60	9.20	9.69	**9.47**
1	4	BIZMATICS	9.37	9.31	9.48	9.61	**9.44**
10	5	MCKESSON	9.65	9.44	9.01	9.51	**9.40**
19	6	ALLSCRIPTS	9.44	8.87	9.06	9.28	**9.16**
8	7	PRACTICE FUSION	8.71	9.04	9.32	9.40	**9.12**
12	8	KAREO	9.00	8.68	9.04	9.65	**9.09**
20	9	CHARTLOGIC	8.92	8.99	9.43	8.89	**9.06**
6	10	ATHENAHEALTH	9.12	7.96	9.14	8.45	**8.67**

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10. Scalability, client adaptability, flexible pricing

EMR services and solutions vendor provides flexible pricing allowing the client to choose and pay for the precise functionality and services needed. Vendor Invests in significant infrastructure and has the ability to provide services to enterprise organizations. IT products and services meet the changing and varied needs of the EMR customer. Pricing is not rigid or shifting and meets needs of client.

Overall rank	Q10 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	BIZMATICS	9.78	9.46	9.73	9.30	**9.57**
3	2	CERNER	9.33	9.49	8.92	9.63	**9.34**
2	3	GREENWAY	9.45	9.15	9.34	8.98	**9.23**
6	4	ATHENAHEALTH	8.92	9.20	8.85	8.95	**8.98**
12	5	KAREO	9.18	8.56	9.11	8.81	**8.92**
18	6	PRAXIS	8.96	9.01	8.87	8.56	**8.85**
19	7	ALLSCRIPTS	8.89	8.91	9.49	8.03	**8.83**
8	8	PRACTICE FUSION	8.61	8.81	8.47	9.15	**8.76**
7	9	CARE360 QUEST	8.47	8.74	8.63	8.44	**8.57**
20	10	CHARTLOGIC	8.03	7.27	9.11	9.16	**8.39**

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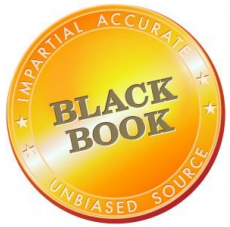

11. Vendor staff expertise, compensation and employee performance

EMR vendor team of employees is considered top in industry for professionalism and skill. Vendor attracts and retains high performing staff. Vendor is focused on building and developing a strong employee team of producers. Employees act like owners/leaders. Company is moving towards leveraged pay at all levels. Vendor is using effective tools to tie performance metrics to compensation policy and compensating top leaders. Human resources-related criteria are scored from the client perspective on this indicator.

Overall rank	Q11 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
13	1	OPTUM	9.71	9.91	9.82	9.62	**9.77**
4	2	AMAZINGCHARTS	9.78	9.56	9.48	9.81	**9.66**
15	3	APRIMA	9.22	9.53	9.68	9.48	**9.48**
8	4	PRACTICE FUSION	9.59	9.38	9.10	9.62	**9.42**
2	5	GREENWAY	9.09	9.51	9.46	9.59	**9.41**
1	6	BIZMATICS	9.29	9.08	9.09	9.35	**9.20**
10	7	MCKESSON	9.25	8.96	9.43	9.04	**9.18**
12	8	KAREO	8.63	8.82	9.07	9.39	**8.98**
3	9	CERNER	9.20	9.42	8.62	8.25	**8.87**
5	10	VITERA	8.48	8.82	9.36	8.66	**8.83**

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12. Reliability

EMR EHR supplier meets agreed terms as evidenced by routine, acceptable service level reporting and industry expectations. Depth and breadth of applications/solutions are acceptable in meeting client needs. Online reliability is maximized and outages/downtimes are minimized. Solid product and service capacities are demonstrated consistently. Service levels are consistently met as agreed. Services and support response is maximized by vendor team.

Overall rank	Q12 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	BIZMATICS	9.79	9.67	9.72	9.56	**9.69**
13	2	OPTUM	9.61	9.47	9.48	9.70	**9.57**
2	3	GREENWAY	9.64	9.11	9.60	9.51	**9.47**
4	4	AMAZINGCHARTS	9.53	9.34	9.42	9.27	**9.39**
5	5	VITERA	9.31	9.14	9.64	8.96	**9.26**
3	6	CERNER	9.14	9.25	8.96	9.05	**9.11**
14	7	GE HEALTHCARE	8.87	9.34	8.75	8.64	**8.90**
22	8	ACRENDO	9.32	8.97	8.18	8.91	**8.85**
11	9	EPIC	8.39	8.38	9.34	9.15	**8.82**
8	10	PRACTICE FUSION	8.34	8.74	8.87	9.21	**8.79**

Source: Black Book Rankings

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13. Brand image and marketing communications

EMR vendor's marketing and sales statements/pitches are accurately and appropriately represented by actual EMR product and service deliverables. Image is consistent with top EMR rankings. Sales presentations and proposals are delivered upon and corporate integrity/honesty in marketing and business development are highly valued. Company image and inte6grity are values upheld top-down consistently.. High level of relevant client communications enhances the EMR vendor – EMR user relationship.

Overall rank	Q13 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	BIZMATICS	9.74	9.64	9.75	9.61	**9.69**
2	2	GREENWAY	9.48	9.37	9.57	9.69	**9.53**
4	3	AMAZINGCHARTS	9.43	9.54	9.17	9.20	**9.34**
13	4	OPTUM	9.29	9.44	8.91	9.42	**9.27**
3	5	CERNER	9.26	9.04	9.01	9.31	**9.16**
8	6	PRACTICE FUSION	9.17	9.11	8.90	9.22	**9.10**
11	7	EPIC	9.46	8.62	9.01	8.41	**8.88**
9	8	E-MDS	8.61	8.78	7.98	8.85	**8.56**
12	9	KAREO	8.05	8.66	8.93	8.12	**8.44**
6	10	ATHENAHEALTH	8.36	8.28	7.89	8.77	**8.33**

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14. Marginal value adds

Beyond stimulus achievement, EMR vendors' cost savings are realized as generally estimated and not over-positioned or over/underestimated in ways that effect major client satisfaction or costs. Vendor offers value-adds as a practice management partner in cost savings and avoidance initiatives and creative programs through bundled EMR product design. Provides true business transformation opportunities to physician practices and other medical settings utilizing EMR EHR.

Overall rank	Q14 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	BIZMATICS	9.59	9.29	9.75	9.53	**9.54**
5	2	VITERA	9.51	9.58	9.26	9.24	**9.40**
3	3	CERNER	9.54	9.18	9.61	8.93	**9.32**
2	4	GREENWAY	8.93	9.19	9.47	9.51	**9.28**
10	5	MCKESSON	9.54	9.03	9.36	9.05	**9.25**
6	6	ATHENAHEALTH	9.07	8.96	9.62	9.31	**9.24**
4	7	AMAZINGCHARTS	9.03	7.68	7.55	7.82	**8.81**
17	8	NUESOFT	9.08	8.87	8.78	8.52	**8.81**
14	9	GE HEALTHCARE	8.62	8.78	8.99	7.57	**8.49**
9	10	E-MDS	7.76	8.74	8.39	8.52	**8.35**

Source: Black Book Rankings

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15. Viability and managerial stability

Vendor's viability, employee turnover, financial stability and/or cultural mismatches do not threaten relationship. Senior management and the board exemplify strong leadership principals to steward appropriate resources that impact EMR buyers. Client is confident of long term industry viability for this vendor based on investments, client adoption, exceptional outcomes and service levels. Field management is notably competent, stable and supportive of clients. EMR vendor demonstrates and provides evidence of competent financial management and leadership.

Overall rank	Q15 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	BIZMATICS	9.77	9.68	9.75	9.71	**9.73**
2	2	GREENWAY	9.48	9.42	9.69	9.55	**9.54**
13	3	OPTUM	9.26	9.50	9.67	9.40	**9.46**
4	4	AMAZINGCHARTS	9.42	9.45	9.61	9.34	**9.46**
5	5	OPTUM	9.51	9.38	9.43	9.37	**9.42**
9	6	E-MDS	9.09	9.45	9.59	9.51	**9.41**
8	7	PRACTICE FUSION	9.44	9.03	8.61	8.93	**9.00**
14	8	GE HEALTHCARE	9.00	8.96	8.48	9.14	**8.90**
12	9	KAREO	8.52	9.00	9.10	8.97	**8.90**
18	10	PRAXIS	8.78	8.98	8.57	9.07	**8.85**

Source: Black Book Rankings

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16. Data security and backup services

In order to provide secure and constantly dependable EMR service offerings for physician and hospital entities, an EMR vendor has to provide the highest level of security and data back-up services. EMR vendor's service in these two areas is superior to the security and back-up system of past internal systems of the physician practice.

Overall rank	Q16 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
8	1	BIZMATICS	9.67	9.78	9.74	9.83	**9.76**
4	2	AMAZINGCHARTS	9.05	9.22	9.57	9.66	**9.38**
11	3	EPIC	9.33	9.40	8.85	9.16	**9.19**
3	4	CERNER	9.34	8.87	8.83	9.30	**9.09**
15	5	APRIMA	8.28	9.36	9.46	8.97	**9.02**
13	6	OPTUM	8.54	8.94	9.03	9.45	**8.99**
9	7	E-MDS	9.36	8.92	8.98	8.64	**8.98**
6	8	ATHENAHEALTH	9.08	8.83	8.84	9.15	**8.98**
2	9	GREENWAY	8.88	9.04	9.04	8.54	**8.88**
16	10	MEDITECH	8.71	8.98	8.83	8.76	**8.82**

Source: Black Book Rankings

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17. Support and customer care

Account management provides an adequate amount of onsite administration and support to clients. There exists a formal EMR account management program that meets client needs. Media and clients reference this vendor as an EMR services leader and top vendor correctly. Customer services and relationship satisfaction is manifested through significant flagship clients as well as smaller and newest customers similarly. Vendor provides appropriate number of accessible support and customer care personnel.

Overall rank	Q17 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	BIZMATICS	9.62	9.83	9.81	9.91	**9.79**
3	2	CERNER	9.59	9.69	9.78	9.54	**9.65**
5	3	VITERA	9.23	9.56	9.63	9.27	**9.42**
2	4	GREENWAY	9.11	9.18	9.40	9.49	**9.30**
15	5	APRIMA	8.97	9.25	9.29	8.38	**8.97**
22	6	ACCRENDO	9.42	9.19	9.01	8.13	**8.94**
14	7	GE HEALTHCARE	9.47	8.13	8.49	9.26	**8.84**
8	8	PRACTICE FUSION	9.12	8.74	8.65	8.51	**8.76**
4	9	AMAZINGCHARTS	8.41	8.21	9.05	8.60	**8.57**
21	10	HCA	8.44	9.31	8.05	8.37	**8.54**

Source: Black Book Rankings

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18. Best of breed technology and process improvement

EMR management and related technology services are considered best of breed. EMR Vendor technology elevates customers via capabilities, equipment, processes, deliverables, professional staff, leadership, quality assurance and innovative initiatives. EMR services are delivered at or above current/former in-house service levels. Technology is current and relevant to exchanging health information among providers, as well as sufficiently offering patient access.

Overall rank	Q18 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	BIZMATICS	9.40	9.57	9.71	9.57	**9.56**
6	2	ATHENAHEALTH	9.51	9.63	9.49	9.51	**9.54**
2	3	GREENWAY	9.42	9.61	9.49	9.39	**9.48**
9	4	E-MDS	9.20	9.55	9.13	9.21	**9.27**
4	5	AMAZINGCHARTS	9.13	9.02	8.99	9.37	**9.13**
11	6	EPIC	8.77	9.51	8.98	8.66	**8.98**
7	7	CARE360 QUEST	8.61	9.08	8.12	8.39	**8.55**
5	8	VITERA	8.48	7.97	8.63	8.66	**8.44**
22	9	ACRENDO	7.28	7.55	8.61	8.97	**8.10**
3	10	CERNER	7.92	8.39	7.34	8.70	**8.09**

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Individual Key Performance, Ambulatory EMR EHR 2013
6-10 GROUP PHYSICIAN PRACTICES

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PART SIX: 2013 RESULTS

ELECTRONIC HEALTH RECORDS

Ambulatory Practice Physicians, Groups & Facilities:

ELEVEN TO TWENTY-FIVE PHYSICAN GROUPS

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OVERALL KEY PERFORMANCE INDICATOR LEADERS

11-25 GROUP PHYSICIAN PRACTICES

SUMMARY OF CRITERIA OUTCOMES

Summary of criteria outcomes, 11-25 GROUP PHYSICIAN PRACTICES

Total number one criteria ranks	Vendor	Overall rank
12	GREENWAY	1
3	OPTUM	2
3	CERNER	3
0	MCKESSON	4
0	ATHENAHEALTH	5

Source: Black Book Rankings

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Overall KPI Leaders: Ambulatory EMR EHR
11-25 GROUP PHYSICIAN PRACTICES

TOP SCORE PER INDIVIDUAL CRITERIA

Top score per individual criteria

Question	Criteria	EMR Vendor	Overall rank
1	Vendor overall preference/vertical industry recommendations	GREENWAY	1
2	Innovation	GREENWAY	1
3	Training	GREENWAY	1
4	Client relationships and cultural fit	OPTUM	2
5	Trust	GREENWAY	1
6	Breadth of offerings, client types, delivery excellence	GREENWAY	1
7	Deployment and outsourcing implementation	GREENWAY	1
8	Customization	GREENWAY	1
9	Integration and interfaces	CERNER	3
10	Scalability, client adaptability, flexible pricing	OPTUM	2
11	Compensation and employee performance	OPTUM	2
12	Reliability	CERNER	3
13	Brand image and marketing communications	GREENWAY	1
14	Marginal value adds	GREENWAY	1
15	Viability	GREENWAY	1
16	Data security and backup services	CERNER	3
17	Support and customer care	GREENWAY	1
18	Best of breed technology and process improvement	GREENWAY	1

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2013 INDIVIDUAL KEY PERFORMANCE: AMBULATORY PRACTICE PHYSICIANS/PHYSICIAN GROUPS
11-25 GROUP PHYSICIAN PRACTICES

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Individual Key Performance, Ambulatory EHR

11-25 GROUP PHYSICIAN PRACTICES

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Individual Key Performance, Ambulatory EHR

11-25 GROUP PHYSICIAN PRACTICES

AMBULATORY PHYSICIAN PRACTICES, Top Ranked Electronic Health Records Vendors – raw scores 2013 11-25 GROUP PHYSICIAN PRACTICES																				
Rank	Vendor	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Mean
1	GREENWAY	9.74	9.71	9.49	9.31	9.76	9.64	9.94	9.77	9.40	9.44	9.60	9.62	9.85	9.64	9.44	9.55	9.86	9.60	**9.63**
2	OPTUM	9.17	9.51	9.29	9.36	9.33	9.47	9.15	9.37	9.20	9.55	9.65	9.38	9.38	9.44	9.24	8.97	9.57	9.48	**9.36**
3	CERNER	9.38	9.56	9.21	9.32	9.40	9.01	8.98	9.24	9.48	9.02	9.13	9.71	8.96	9.22	9.43	9.56	9.44	9.33	**9.30**
4	MCKESSON	9.22	9.31	9.47	9.18	8.88	9.47	8.72	9.58	8.60	9.32	8.99	9.48	8.51	9.05	8.44	9.50	8.58	9.10	**9.08**
5	ATHENAHEALTH	8.90	9.00	8.39	8.93	9.14	8.33	8.39	8.71	8.66	8.91	9.09	8.46	7.84	8.29	7.35	8.62	8.75	8.90	**8.59**
6	CPSI	8.50	7.73	9.18	8.48	7.37	7.94	7.55	8.77	8.78	9.38	8.17	8.07	8.65	7.01	8.68	8.73	8.77	8.86	**8.37**
7	CARE360 QUEST	8.89	7.38	8.74	8.82	9.13	8.77	8.56	8.00	7.23	7.55	8.83	7.49	8.41	7.43	7.87	8.99	8.33	8.73	**8.29**
8	EPIC	8.24	9.01	7.83	7.88	7.84	7.60	8.90	7.24	6.82	8.21	8.10	7.63	9.38	8.92	7.38	9.00	8.17	8.70	**8.16**
9	PRACTICE FUSION	8.81	8.34	7.49	8.11	8.40	7.46	8.50	7.44	8.93	7.58	8.28	7.65	8.28	8.00	7.98	8.87	7.72	7.93	**8.10**
10	AMAZINGCHARTS	8.56	8.29	7.40	7.56	7.80	7.51	8.23	7.90	8.57	7.14	7.84	7.97	7.98	8.86	8.30	8.06	8.63	8.40	**8.06**
11	NUESOFT	6.82	7.67	8.65	8.45	8.88	7.93	7.32	7.08	7.92	8.05	8.95	7.39	6.87	7.32	7.79	8.74	7.88	8.34	**7.89**
12	ADSC	8.08	8.20	8.12	7.70	8.43	6.54	8.32	7.86	7.85	7.45	7.73	8.78	7.39	7.67	8.46	7.21	8.16	7.82	**7.88**
13	VITERA	6.97	8.32	7.77	7.85	7.10	8.60	8.89	7.60	7.15	7.55	8.75	8.02	8.01	8.22	7.14	7.59	8.12	7.76	**7.86**
14	E-MDS	7.35	8.08	8.51	8.08	7.50	8.09	8.02	8.80	6.29	7.15	6.30	7.15	6.91	8.67	6.91	8.94	9.26	7.36	**7.74**
15	GE HEALTHCARE	7.66	6.71	7.56	7.48	6.42	8.97	6.44	7.96	7.88	8.29	8.06	8.77	8.34	7.18	6.22	8.94	7.77	7.42	**7.67**
16	NEXTGEN	8.19	7.54	8.30	7.61	6.45	6.34	7.50	7.53	7.09	6.52	6.66	8.29	7.71	7.77	7.23	8.28	6.89	7.44	**7.41**
17	ALLSCRIPTS	7.83	6.99	7.65	6.93	7.72	7.44	6.42	7.68	7.93	7.04	6.50	6.93	8.15	8.21	6.28	7.60	6.86	7.09	**7.29**
18	ADP ADVANCEDMD	8.19	8.02	8.76	6.64	7.08	7.66	6.26	7.49	8.56	6.91	5.99	7.23	6.72	5.54	7.23	7.12	7.14	7.64	**7.23**
19	SOAPWARE	6.93	7.24	8.49	6.92	6.44	5.92	6.91	5.24	6.68	7.27	7.25	8.64	7.51	6.83	7.29	5.38	8.38	7.09	**7.02**
20	ECLINICALWORKS	6.34	7.82	8.22	6.44	6.88	7.46	6.06	7.29	8.36	6.71	5.79	6.11	6.52	5.34	6.01	6.92	6.94	7.44	**6.81**

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Individual Key Performance, Ambulatory EHR
11-25 GROUP PHYSICIAN PRACTICES

1. Vendor overall preference by similar users of 11-25 GROUP PHYSICIAN PRACTICES peer group vertical industry recommendations for vendor expertise

Organizational structure meets the needs of stakeholders or customers and stakeholder satisfaction is the most important priority. EMR client is likely to recommend the vendor to similar sized physician groups, physicians within the same specialty or delivery setting.

Overall rank	Q1 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	GREENWAY	9.87	9.94	9.52	9.63	**9.74**
3	2	CERNER	9.75	9.02	9.58	9.17	**9.38**
4	3	MCKESSON	9.44	9.44	8.88	9.11	**9.22**
2	4	OPTUM	9.08	9.49	8.86	9.23	**9.17**
5	5	ATHENAHEALTH	8.23	9.49	8.45	9.44	**8.90**
7	6	CARE360 QUEST	9.60	8.46	9.16	8.35	**8.89**
9	7	PRACTICE FUSION	8.88	8.82	9.05	8.51	**8.81**
10	8	AMAZINGCHARTS	8.22	7.86	9.21	8.93	**8.56**
6	9	CPSI	8.28	8.66	8.59	8.46	**8.50**
8	10	EPIC	8.15	8.41	7.48	8.91	**8.24**

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2. Innovation

Customers are also continuing to push the envelope for further enhancements to which the EMR vendor is responsive. EMR clients also believe that their vendors' technology is helping them manage practices more effectively, generate accurate records and reimbursement billings and cut their overhead in ways that were difficult or impossible to accomplish before electronic medical records were implemented. Vendor is responsive to make client recommendations with cutting edge improvements.

Overall rank	Q2 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	GREENWAY	9.73	9.93	9.36	9.81	**9.71**
3	2	CERNER	9.49	9.29	9.86	9.62	**9.56**
2	3	OPTUM	9.40	9.54	9.81	9.31	**9.51**
4	4	MCKESSON	9.48	9.28	9.00	9.49	**9.31**
8	5	EPIC	8.90	9.39	8.68	9.08	**9.01**
5	6	ATHENAHEALTH	9.33	9.01	9.53	8.13	**9.00**
9	7	PRACTICE FUSION	7.91	8.60	8.87	7.99	**8.34**
13	8	VITERA	8.00	8.59	8.35	8.32	**8.32**
10	9	AMAZINGCHARTS	8.65	8.54	7.71	8.26	**8.29**
12	10	ADSC	7.88	7.54	9.21	8.18	**8.20**

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3. Training

Electronic medical and health record vendor leadership provides significant and meaningful training opportunities for internal employees and client staff. Leadership strives to develop technology staff, EMR/EHR client service and customer servicing consultant employees in particular. Training modules are effective and practical so that minimal post-implementation training is required on or off site. Regular updates are timely and require minimal additional training to implement.

Overall rank	Q3 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	GREENWAY	9.89	9.47	9.35	9.25	**9.49**
4	2	MCKESSON	9.25	9.63	9.15	9.84	**9.47**
2	3	OPTUM	9.19	9.43	9.49	9.05	**9.29**
3	4	CERNER	8.80	9.08	9.61	9.36	**9.21**
6	5	CPSI	9.52	8.95	9.68	8.57	**9.18**
18	6	ADP ADVANCEDMD	8.43	9.62	8.41	8.58	**8.76**
7	7	CARE360 QUEST	8.54	9.27	8.42	8.73	**8.74**
11	8	NUESOFT	9.09	9.60	7.72	8.18	**8.65**
14	9	E-MDS	8.89	9.12	7.47	8.52	**8.51**
19	10	SOAPWARE	8.97	8.28	9.07	7.64	**8.49**

Source: Black* Book Rankings

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4. Client relationships and cultural fit

EMR vendor leadership honors customer relationships highly. The relationship with the EMR elevates the customer reputation. Improving physician practice and healthcare delivery efficiency and effectiveness is a priority of the supplier. Governance of engagement is neither complex for buyer nor does it require vendor management attention regularly. There is no regular transparency or quality issue. There are no culture clashes or misfits that threaten relationship's success or client's satisfaction.

Overall rank	Q4 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
2	1	OPTUM	8.96	9.44	9.55	9.47	**9.36**
3	2	CERNER	9.72	9.09	8.62	9.86	**9.32**
1	3	GREENWAY	9.07	9.22	9.46	9.49	**9.31**
4	4	MCKESSON	9.19	8.61	9.40	9.50	**9.18**
5	5	ATHENAHEALTH	8.71	8.99	8.51	9.51	**8.93**
7	6	CARE360 QUEST	8.45	8.92	9.10	8.81	**8.82**
6	7	CPSI	8.97	8.04	8.46	8.43	**8.48**
11	8	NUESOFT	7.20	9.24	8.65	8.72	**8.45**
9	9	PRACTICE FUSION	8.17	7.87	8.21	8.17	**8.11**
14	10	E-MDS	8.20	7.73	8.46	7.92	**8.08**

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5. Trust, Accountability and Transparency

Trust in enterprise reputation is important to EMR clients as well as prospects. Client possesses an understanding that its EMR organization has the people, processes, and resources to effectively deliver the desired business and clinical results, based on its industry reputation and past performance. There are no disconnects between promises and delivery

Overall rank	Q5 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	GREENWAY	9.68	9.63	9.84	9.88	**9.76**
3	2	CERNER	9.87	9.62	9.10	9.00	**9.40**
2	3	OPTUM	9.02	9.52	9.64	9.16	**9.33**
5	4	ATHENAHEALTH	8.51	9.20	9.27	9.56	**9.14**
7	5	CARE360 QUEST	8.35	9.28	9.79	9.11	**9.13**
4	6	MCKESSON	8.72	9.19	8.56	9.05	**8.88**
11	7	NUESOFT	9.26	8.83	9.08	8.34	**8.88**
12	8	ADSC	8.77	9.24	7.74	7.96	**8.43**
9	9	PRACTICE FUSION	8.21	8.87	8.06	8.44	**8.40**
8	10	EPIC	8.47	7.74	7.22	7.92	**7.84**

Source: Black Book Rankings

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6. Breadth of offerings, varied client settings, delivery excellence across all user types

EMR/EHR vendor offers industry recognized horizontal functionality and vertical industry applications, and manage bundled EMR services such as ePrescribing and developing new e-Health initiatives. Vendor routinely drives operational performance improvements and results in the areas they affect. Comprehensive offerings are constructed to meet the unique needs of the client's EMR initiatives. Breadth of vendor modules offers comprehensive system services and broad modules

Overall rank	Q6 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	GREENWAY	9.49	9.71	9.43	9.91	**9.64**
2	2	OPTUM	9.80	9.16	9.19	9.72	**9.47**
4	3	MCKESSON	8.95	9.46	9.86	9.62	**9.47**
3	4	CERNER	9.13	8.52	9.10	9.31	**9.01**
15	5	GE HEALTHCARE	8.28	8.34	9.76	9.49	**8.97**
7	6	CARE360 QUEST	9.65	8.51	8.08	8.84	**8.77**
13	7	VITERA	8.93	9.03	8.44	7.99	**8.60**
5	8	ATHENAHEALTH	8.25	8.55	8.53	7.99	**8.33**
14	9	E-MDS	8.33	8.74	6.97	8.32	**8.09**
6	10	CPSI	7.08	7.46	8.04	9.17	**7.94**

Source: Black Book Rankings

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7. Deployment and EMR implementation

EMR client deploys at a pace acceptable to the client. EMR solutions eliminate excessive supervision over vendor implementations. Vendor overcomes client implementation obstacles and challenges effectively. Technical, organizational and cultural implementation obstacles are handled professionally and punctually. EMR implementation time meets standard expectations. Implementations are efficient and sensitive to users' specific situations which may cause delays.

Overall rank	Q7 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	GREENWAY	9.99	9.99	9.78	9.99	**9.94**
2	2	OPTUM	9.01	8.82	9.64	9.14	**9.15**
3	3	CERNER	9.17	8.79	8.88	9.08	**8.98**
8	4	EPIC	8.95	9.36	7.97	9.31	**8.90**
13	5	VITERA	9.43	9.07	7.89	9.17	**8.89**
4	6	MCKESSON	8.66	8.14	9.41	8.68	**8.72**
7	7	CARE360 QUEST	8.93	8.82	9.35	7.14	**8.56**
9	8	PRACTICE FUSION	8.10	9.21	8.64	8.03	**8.50**
5	9	ATHENAHEALTH	8.41	8.28	8.55	8.32	**8.39**
12	10	ADSC	8.84	8.98	7.53	7.92	**8.32**

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8. Customization

EMR products and process services are customized to meet the unique needs of specific practice client purpose, processes and physician models. Little resistance is encountered when changing performance measurements as clients' needs vary. Extraordinary efforts are made to adapt and convert client special needs into workable solutions with efficient cost and time considerations. EMR software allows for modifications that are not costly or complex.

Overall rank	Q8 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	GREENWAY	9.89	9.79	9.81	9.58	**9.77**
4	2	MCKESSON	9.62	9.66	9.48	9.54	**9.58**
2	3	OPTUM	9.44	9.77	9.41	8.83	**9.37**
3	4	CERNER	9.41	9.21	8.95	9.37	**9.24**
14	5	E-MDS	8.55	9.06	8.64	8.94	**8.80**
6	6	CPSI	8.80	7.87	9.22	9.20	**8.77**
5	7	ATHENAHEALTH	9.27	8.36	9.08	8.12	**8.71**
7	8	CARE360 QUEST	7.02	8.69	8.45	7.84	**8.00**
15	9	GE HEALTHCARE	7.94	7.13	8.80	7.97	**7.96**
10	10	AMAZINGCHARTS	8.18	7.46	7.81	8.13	**7.90**

Source: Black Book Rankings

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9. Integration and interfaces

EMR vendor supports interfaces so information can be shared between necessary applications. Solutions are easily integrated to existing backend systems as needed and HIE feasible. Seamless interfaces to legacy applications are performed as required for optimal functioning. Human integration and interface activities are administered precisely. Systems communicate effectively among provider groups and ancillaries. True interoperability with other healthcare organizations is factored into implementation.

Overall rank	Q9 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
3	1	CERNER	8.99	9.51	9.83	9.57	**9.48**
1	2	GREENWAY	9.27	9.48	9.49	9.35	**9.40**
2	3	OPTUM	8.92	9.25	9.23	9.38	**9.20**
9	4	PRACTICE FUSION	8.36	8.82	9.13	9.41	**8.93**
6	5	CPSI	9.03	9.05	8.12	8.93	**8.78**
5	6	ATHENAHEALTH	9.02	8.09	9.05	8.48	**8.66**
4	7	MCKESSON	8.21	9.27	8.83	8.09	**8.60**
10	8	AMAZINGCHARTS	8.25	8.29	9.01	8.71	**8.57**
18	9	ADP ADVANCEDMD	8.16	8.13	9.33	8.62	**8.56**
20	10	ECLINICALWORKS	8.22	8.23	8.50	8.49	**8.36**

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10. Scalability, client adaptability, flexible pricing

EMR services and solutions vendor provides flexible pricing allowing the client to choose and pay for the precise functionality and services needed. Vendor Invests in significant infrastructure and has the ability to provide services to enterprise organizations. IT products and services meet the changing and varied needs of the EMR customer. Pricing is not rigid or shifting and meets needs of client

Overall rank	Q10 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
2	1	OPTUM	9.57	9.57	9.93	9.11	**9.55**
1	2	GREENWAY	9.52	9.40	9.49	9.35	**9.44**
6	3	CPSI	9.87	8.83	9.69	9.11	**9.38**
4	4	MCKESSON	9.27	9.71	9.40	8.88	**9.32**
3	5	CERNER	9.23	8.88	9.07	8.89	**9.02**
5	6	ATHENAHEALTH	8.85	8.93	9.40	8.45	**8.91**
15	7	GE HEALTHCARE	7.76	8.62	8.34	8.45	**8.29**
8	8	EPIC	7.48	9.16	8.51	7.68	**8.21**
11	9	NUESOFT	7.90	7.54	9.05	7.71	**8.05**
9	10	PRACTICE FUSION	8.48	6.86	7.65	7.32	**7.58**

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11. Vendor staff expertise, compensation and employee performance

EMR vendor team of employees is considered top in industry for professionalism and skill. Vendor attracts and retains high performing staff. Vendor is focused on building and developing a strong employee team of producers. Employees act like owners/leaders. Company is moving towards leveraged pay at all levels. Vendor is using effective tools to tie performance metrics to compensation policy and compensating top leaders. Human resources-related criteria are scored from the client perspective on this indicator.

Overall rank	Q11 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
2	1	OPTUM	9.46	9.94	9.29	9.91	**9.65**
1	2	GREENWAY	9.54	9.87	9.56	9.43	**9.60**
3	3	CERNER	9.63	9.68	8.12	9.08	**9.13**
5	4	ATHENAHEALTH	8.88	9.21	9.54	8.72	**9.09**
4	5	MCKESSON	9.10	9.51	8.42	8.92	**8.99**
11	6	NUESOFT	8.73	8.84	9.23	8.99	**8.95**
7	7	CARE360 QUEST	9.23	8.31	9.03	8.73	**8.83**
13	8	VITERA	8.96	8.70	8.44	8.90	**8.75**
9	9	PRACTICE FUSION	8.87	8.14	8.20	7.92	**8.28**
6	10	CPSI	8.75	8.29	6.98	8.67	**8.17**

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12. Reliability

EMR EHR supplier meets agreed terms as evidenced by routine, acceptable service level reporting and industry expectations. Depth and breadth of applications/solutions are acceptable in meeting client needs. Online reliability is maximized and outages/downtimes are minimized. Solid product and service capacities are demonstrated consistently. Service levels are consistently met as agreed. Services and support response is maximized by vendor team.

Overall rank	Q12 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
3	1	CERNER	9.57	9.66	9.77	9.85	**9.71**
1	2	GREENWAY	9.48	9.52	9.82	9.67	**9.62**
4	3	MCKESSON	9.91	9.62	9.22	9.17	**9.48**
2	4	OPTUM	9.70	9.96	8.63	9.23	**9.38**
12	5	ADSC	8.73	9.06	8.15	9.21	**8.78**
15	6	GE HEALTHCARE	9.02	8.47	8.08	9.51	**8.77**
19	7	SOAPWARE	8.95	9.40	7.31	8.91	**8.64**
5	8	ATHENAHEALTH	8.62	8.17	7.86	9.21	**8.46**
16	9	NEXTGEN	8.25	8.83	8.42	7.67	**8.29**
6	10	CPSI	8.71	7.88	7.81	7.90	**8.07**

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13. Brand image and marketing communications

EMR vendor's marketing and sales statements/pitches are accurately and appropriately represented by actual EMR product and service deliverables. Image is consistent with top EMR rankings. Sales presentations and proposals are delivered upon and corporate integrity/honesty in marketing and business development are highly valued. Company image and inte6grity are values upheld top-down consistently.. High level of relevant client communications enhances the EMR vendor – EMR user relationship.

Overall rank	Q13 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	GREENWAY	9.88	9.94	9.69	9.87	**9.85**
2	2	OPTUM	9.17	9.20	9.80	9.35	**9.38**
8	3	EPIC	8.93	9.65	9.67	9.26	**9.38**
3	4	CERNER	9.13	8.74	9.06	8.92	**8.96**
6	5	CPSI	8.20	8.77	9.16	8.46	**8.65**
4	6	MCKESSON	8.57	7.78	8.03	9.66	**8.51**
7	7	CARE360 QUEST	8.71	7.83	8.65	8.46	**8.41**
15	8	GE HEALTHCARE	7.39	8.35	8.94	8.67	**8.34**
9	9	PRACTICE FUSION	9.49	7.58	8.33	7.75	**8.28**
17	10	ALLSCRIPTS	8.53	7.87	8.28	7.93	**8.15**

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14. Marginal value adds

Beyond stimulus achievement, EMR vendors' cost savings are realized as generally estimated and not over-positioned or over/underestimated in ways that effect major client satisfaction or costs. Vendor offers value-adds as a practice management partner in cost savings and avoidance initiatives and creative programs through bundled EMR product design. Provides true business transformation opportunities to physician practices and other medical settings utilizing EMR EHR.

Overall rank	Q14 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	GREENWAY	9.53	9.58	9.68	9.75	**9.64**
2	2	OPTUM	9.84	9.26	9.49	9.17	**9.44**
3	3	CERNER	9.22	8.39	9.65	9.63	**9.22**
4	4	MCKESSON	9.46	9.09	9.01	8.63	**9.05**
8	5	EPIC	9.28	9.19	8.45	8.78	**8.92**
10	6	AMAZINGCHARTS	9.44	9.11	7.87	9.02	**8.86**
14	7	E-MDS	8.34	9.39	7.53	9.41	**8.67**
5	8	ATHENAHEALTH	8.32	7.93	8.60	8.30	**8.29**
13	9	VITERA	8.91	8.71	7.73	7.53	**8.22**
17	10	ALLSCRIPTS	8.32	8.32	8.04	8.15	**8.21**

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15. Viability and managerial stability

Vendor's viability, employee turnover, financial stability and/or cultural mismatches do not threaten relationship. Senior management and the board exemplify strong leadership principals to steward appropriate resources that impact EMR buyers. Client is confident of long term industry viability for this vendor based on investments, client adoption, exceptional outcomes and service levels. Field management is notably competent, stable and supportive of clients. EMR vendor demonstrates and provides evidence of competent financial management and leadership.

Overall rank	Q15 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	GREENWAY	9.23	9.43	9.94	9.17	**9.44**
3	2	CERNER	9.94	9.05	9.03	9.70	**9.43**
2	3	OPTUM	9.68	8.35	9.46	9.49	**9.24**
6	4	CPSI	8.17	8.12	9.59	8.85	**8.68**
12	5	ADSC	8.13	8.64	8.59	8.48	**8.46**
4	6	MCKESSON	8.64	7.70	8.48	8.93	**8.44**
10	7	AMAZINGCHARTS	8.33	7.87	8.74	8.27	**8.30**
9	8	PRACTICE FUSION	8.21	7.50	8.84	7.37	**7.98**
7	9	CARE360 QUEST	7.94	8.99	7.40	7.14	**7.87**
11	10	NUESOFT	8.30	7.77	6.85	8.24	**7.79**

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16. Data security and backup services

In order to provide secure and constantly dependable EMR service offerings for physician and hospital entities, an EMR vendor has to provide the highest level of security and data back-up services. EMR vendor's service in these two areas is superior to the security and back-up system of past internal systems of the physician practice.

Overall rank	Q16 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
3	1	CERNER	8.99	9.73	9.78	9.72	**9.56**
1	2	GREENWAY	9.33	9.73	9.64	9.53	**9.55**
4	3	MCKESSON	9.42	9.63	9.41	9.53	**9.50**
8	4	EPIC	9.43	8.28	9.00	9.31	**9.00**
7	5	CARE360 QUEST	8.73	9.32	9.02	8.89	**8.99**
2	6	OPTUM	8.81	8.85	9.07	9.14	**8.97**
14	7	E-MDS	9.15	8.77	8.73	9.12	**8.94**
15	8	GE HEALTHCARE	9.42	8.51	9.00	8.83	**8.94**
9	9	PRACTICE FUSION	8.38	9.46	8.93	8.70	**8.87**
11	10	NUESOFT	8.94	8.83	8.53	8.67	**8.74**

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17. Support and customer care

Account management provides an adequate amount of onsite administration and support to clients. There exists a formal EMR account management program that meets client needs. Media and clients reference this vendor as an EMR services leader and top vendor correctly. Customer services and relationship satisfaction is manifested through significant flagship clients as well as smaller and newest customers similarly. Vendor provides appropriate number of accessible support and customer care personnel.

Overall rank	Q17 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	GREENWAY	9.87	9.92	9.75	9.89	**9.86**
2	2	OPTUM	9.59	9.67	9.58	9.47	**9.57**
3	3	CERNER	9.36	9.57	9.35	9.47	**9.44**
14	4	E-MDS	9.37	9.12	9.33	9.22	**9.26**
6	5	CPSI	8.67	9.26	8.32	8.83	**8.77**
5	6	ATHENAHEALTH	8.75	8.15	9.01	9.08	**8.75**
10	7	AMAZINGCHARTS	7.91	8.61	8.85	9.16	**8.63**
4	8	MCKESSON	9.26	7.97	8.14	8.94	**8.58**
19	9	SOAPWARE	8.32	8.09	8.46	8.64	**8.38**
7	10	CARE360 QUEST	8.88	8.36	7.47	8.61	**8.33**

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18. Best of breed technology and process improvement

EMR management and related technology services are considered best of breed. EMR Vendor technology elevates customers via capabilities, equipment, processes, deliverables, professional staff, leadership, quality assurance and innovative initiatives. EMR services are delivered at or above current/former in-house service levels. Technology is current and relevant to exchanging health information among providers, as well as sufficiently offering patient access.

Overall rank	Q18 Criteria rank	Company	PATIENT HEALTH DATA MANAGEMENT & ADMINISTRATIVE PROCESSING	COMMUNICATIONS & CONNECTIVITY	ORDER ENTRY & MANAGEMENT	DECISION SUPPORT & RESULTS REVIEW/MANAGEMENT	Mean
1	1	GREENWAY	9.57	9.76	9.44	9.63	**9.60**
2	2	OPTUM	9.49	9.37	9.29	9.78	**9.48**
3	3	CERNER	8.99	9.44	9.37	9.52	**9.33**
4	4	MCKESSON	9.49	9.22	8.69	9.01	**9.10**
5	5	ATHENAHEALTH	8.97	8.92	8.50	9.21	**8.90**
6	6	CPSI	8.91	9.42	7.99	9.13	**8.86**
7	7	CARE360 QUEST	8.83	8.82	8.23	9.06	**8.73**
8	8	EPIC	8.40	9.12	8.18	9.11	**8.70**
10	9	AMAZINGCHARTS	9.03	8.37	7.75	8.44	**8.40**
11	10	NUESOFT	8.78	7.81	8.09	8.69	**8.34**

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2013 State of the Electronic Prescribing Industry

Top Rated Standalone e-Rx Software

Top Rated EMR-Based e-Rx Software

Highest Rated e-Rx Systems for

Interoperability Systems & Integrators

Meaningful Use Achievement

Independent and unbiased from vendor's influence, over 257,000 e-Health technology users are invited to participate. Suppliers also encourage their clients to participate to produce current and objective customer service data for buyers, analysts, investors, consultants, competitive suppliers and the media.

For information, please contact the Client Resource Center at +1 727.953 3355 or email Doug.Brown@Brown-Wilson.com

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Appendix :

E-PRESCRIBING & MEANINGFUL USE ACHIEVEMENTS (RESULTS SET)

help you achieve the results you want with the best possible solution.

RANK	EHR-BASED INTEGRATED e-RX MODULE VENDOR CLIENT SATISFACTION	OVERALL E-PRESCRIIING CLIENT SATISFACTION SCORE
1	**PRACTICE FUSION**	97.1% of 100%

RANK	EHR-BASED INTEGRATED e-RX MODULE VENDOR CLIENT SATISFACTION	OVERALL E-PRESCRIIING CLIENT SATISFACTION SCORE
1	**PRACTICE FUSION**	97.1% of 100%

RANK	STANDALONE e-RX VENDOR CLIENT SATISFACTION	OVERALL E-PRESCRIIING CLIENT SATISFACTION SCORE
1	**DRFIRST**	96.0% of 100%

RANK	MEANINGFUL USER STAGE 1 & STAGE 2 ACHIEVEMENT	OVERALL E-PRESCRIIING CLIENT SATISFACTION FAVORBABLE RATING
1	**PRACTICE FUSION**	97.5% of 100% STAGE1 MU & STAGE 2 MU

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Appendix :

E-PRESCRIBING & MEANINGFUL USE ACHIEVEMENTS (RESULTS SET)

RANK	INTEROPERABILITY & CONNECTIVITY ACHIEVEMENT	OVERALL E-PRESCRIING CLIENT SATISFACTION FAVORABLE RATING
1	**EMDEON**	96.9% of 100%

RANK	EHR/STANDALONE e-RX PRODUCT PARTNERSHIP VENDOR CLIENT SATISFACTION	OVERALL E-PRESCRIING CLIENT SATISFACTION SCORE
1	**GREENWAY MEDICAL + DRFIRST**	95.2% of 100%

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Appendix :

E-PRESCRIBING & MEANINGFUL USE ACHIEVEMENTS (RESULTS SET)

TOP STANDALONE E-RX SYSTEMS RANKED BY CLIENT SATISFACTION

RANK	STANDALONE e-PRESCRIBING VENDOR *	USERS OVERALL CLIENT SATISFACTION RANKING SCORE (SCALE 0-10)
1	**DRFIRST**	97.1%
2	**DOSESPOT**	96.4%
3	**RXNT**	92.8%
4	**H2H**	91.2%
5	**DAW SCRIPTSURE**	90.8%
6	**KRYPTIQ**	88.7%
7	**EMDEON**	87.3%
8	**CERNER**	86.5%
9	**MD TOOLBOX**	86.4%
10	**NEWCROP**	84.0%

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Appendix :

E-PRESCRIBING & MEANINGFUL USE ACHIEVEMENTS (RESULTS SET)

TOP EMR & STANDALONE E-RX PRODUCT PARTNERS RANKED BY CLIENT SATISFACTION

RANK	EHR-EMR VENDOR	STANDALONE VENDOR	OVERALL CLIENT SATISFACTION RANKING SCORE (SCALE 0-10)
1	**GREENWAY MEDICAL**	**DRFIRST**	96.2%
2	**CHARTLOGIC**	**DRFIRST**	94.4%
3	**LSS DATA SYSTEMS**	**DRFIRST**	92.7%
4	**SPRING MEDICAL**	**DRFIRST**	92.0%
5	**CONNECIN SEVOCITY**	**DRFIRST**	90.6%
6	**RAINTREE**	**DRFIRST**	89.9%
7	**gMED**	**DRFIRST**	89.3%
8	**NIGHTINGALE**	**DRFIRST**	87.1%
9	**AMAZINGCHARTS**	**NEWCROP**	87.0%
10	**GE CENTRICITY**	**KRYPTIQ**	86.8%

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Appendix :

E-PRESCRIBING & MEANINGFUL USE ACHIEVEMENTS (RESULTS SET)

TOP EHR BASED E-RX SYSTEMS INTEGRATED WITH EHR SYSTEMS RANKED BY CLIENT SATISFACTION

RANK	EHR-EMR BASED e-PRESCRIBING VENDOR	OVERALL CLIENT SATISFACTION RANKING SCORE (SCALE 0-10)
1	**PRACTICE FUSION**	97.1%
2	**CUREMD**	96.1%
3	**E-MDS**	95.0%
4	**PULSE EHR**	94.2%
5	**WAITING ROOM**	93.7%
6	**CERNER**	92.8%
7	**VITERA**	92.5%
8	**APRIMA**	91.9%
9	**SRS SOFT**	90.6%
10	**SEQUEL SYSTEMS**	90.0%
11	**DIGIDMS**	87.3%
12	**QUEST MEDPLUS CARE 360**	86.5%
13	**RXNT**	85.9%
14	**ATHENA HEALTHCARE**	85.8%
15	**MTSC**	82.8%
16	**SIEMENS**	82.4%
17	**ALLSCRIPTS**	81.9%
18	**CPSI**	81.6%
10	**EPIC**	81.3%
20	**ADP ADVANCED MD**	81.0%

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Appendix :

E-PRESCRIBING & MEANINGFUL USE ACHIEVEMENTS (RESULTS SET)

Introduction

Electronic prescribing or e-Prescribing is the electronic transmission of prescription information from the prescriber's computer to a pharmacy computer. It replaces a paper prescription that the patient would otherwise carry or fax to the pharmacy. It is believed to improve patient safety by reducing the possibility of a prescribing error due to various causes including poor handwriting or ambiguous nomenclature. Examples of universal ePrescribing clearinghouses in the US include RxHub and Surescripts. Many EHRs send their e-prescriptions through these interfaces to the end pharmacy.

e-Prescribing is a prescriber's ability to electronically send an accurate, error-free and understandable prescription directly to a pharmacy from the point-of-care - is an important element in improving the quality of patient care. The inclusion of electronic prescribing in the Medicare Modernization Act (MMA) of 2003 gave momentum to the movement, and the July 2006 Institute of Medicine report on the role of e-Prescribing in reducing medication errors received widespread publicity, helping to build awareness of e-Prescribing 's role in enhancing patient safety. Adopting the standards to facilitate e-Prescribing is one of the key action items in the government's plan to expedite the adoption of electronic medical records and build a national electronic health information infrastructure in the United States.

The MMA created a new voluntary prescription drug benefit under Medicare Part D. Although e-Prescribing will be optional for physicians and pharmacies, Medicare Part D will require drug plans participating in the new prescription benefit to support electronic prescribing.

Electronic prescribing is a form of computerized physician order entry. In the US, e-Prescribing health information technology is based on standards set forth by NCPDP. The prescriber must have access to computer software developed for this purpose. For example, most electronic medical record systems include e-Prescribing features. Orders are usually placed in the exam room while seeing the patient.

Benefits of e-Prescribing

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In 2000, the Institute of Medicine identified medication errors as the most common type of medical error in health care, estimating that this leads to several thousand deaths each year. Causes of medication errors include mistakes by the pharmacist incorrectly interpreting illegible handwriting or ambiguous nomenclature, and lapses in the prescriber's knowledge of desired dosage of a drug or undesired interactions between multiple drugs. Electronic prescribing has the potential to eliminate most of these types of errors. The computer can ensure that clear and unambiguous instructions are encoded in a structured message to the pharmacist, and decision support systems can flag lethal dosages and lethal combinations of drugs.

e-Prescribing also has the potential to improve beneficiary health outcomes. For providers who choose to invest in e-Prescribing technology, the adoption could improve quality and efficiency and could show promise in reducing costs by actively promoting appropriate drug usage; providing information to providers and dispensers about formulary-based drug coverage, including formulary alternatives and co-pay information; and speeding up the process of renewing medications. e-Prescribing also may play a significant role in efforts to reduce the incidence of drug diversion by alerting providers and pharmacists of duplicative prescriptions for controlled substances.

According to some estimates, almost 30 percent of prescriptions require pharmacy callbacks. This translates into less time available to the pharmacist for other important functions, such as educating consumers about their medications. A potential benefit of e-Prescribing in preventing errors is that each prescription can be checked electronically–and quickly–at the time of prescribing.

Clearly there are significant financial and clinical benefits to e-Prescribing, but there's still plenty of room for improvement. For example, deficiencies in an e-Prescribing program or in the CPOE platform that houses it can sometimes cause major problems.

Government Incentives

In the United States, the HITECH Act promotes adoption of this technology by defining e-Prescribing as one meaningful use of an electronic medical record. Standards for transmitting, recording, and describing prescriptions have been

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developed by the National Council for Prescription Drug Programs, in particular the SCRIPT standard, which describes data formats. Elsewhere in the world, health care systems have been slower to adopt e-Prescribing standards.

Section 132 of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) authorizes a new and separate incentive program for eligible professionals who are successful electronic prescribers (e-Prescribers) as defined by MIPPA. The program began January 1, 2009 and provides incentives for eligible professionals who are "successful e-prescribers".

In the past, prescribing electronically was confusing to many doctors. Today, however, e-Prescribing sounds like a reasonable idea, and its benefits--largely improving prescription accuracy and safety--are well known to most. While the technology continues to be a bit clunky, its use is climbing rapidly. Today, more than 324,000 doctors are using e-Prescribing, more than 60 percent of all office-based prescribers, according to industry sources.

Several things are holding back further growth of this approach, however. First of all, doctors say that the hardware is tricky to use, and security features--such as automatic 30-minute logouts--can be frustrating. Patient prescription histories aren't always robust, either. Among the worst problems, meanwhile, is that federal law still prohibits doctors from prescribing controlled substances online, forcing them to alternate between paper and electronic prescribing methods. Sometimes, frustrated doctors stop using the systems they install.

Ultimately, for e-Prescribing to become widely popular, it takes money. Fortunately for advocates, the stimulus package and other incentives should drive greater adoption of e-Prescribing over the next several years. Also, the merger of two prescribing networks to form vendor Surescripts, which works with about three-quarters of US retail pharmacies, should be helpful as well.

Standalone versus EHR Based e-RX Systems

Just because an e-Prescribing system is integrated into an EHR doesn't mean it will perform any better than a stand-alone e-Prescribing program, according to 2012

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survey participants. Results from both types of system users found that after adjusting for baseline differences, clinicians who used the stand-alone program had four times a lower rate of errors at one year compared to those using the integrated system.

It turns out the stand-alone program had a more mature clinical decision support system, and users were better trained and given stronger technical support than the physicians using the integrated system.

The bottom line is clear: While the increased use of e-Prescribing systems is good news for doctors and patients, without a sophisticated clinical decision system and a fully staffed technical support staff, providers won't see the benefits they're hoping for--and patients could be put at increased risk.

Adoption Rates

The adoption rates of e-Prescribing and electronic medical record (EMR) systems are on the upswing, as prescribers in the ambulatory care segment are increasingly realizing their ability to save lives and costs, through clinical automation. The participants can lure more end users by increasing incentives and simple pay-for-performance programs, while government regulations that mandate e-prescriptions could offer an additional thrust. However, several issues such as initial and maintenance costs (especially pertinent among small and medium-sized physician practices), training issues, and difficulties in upgrading need to be addressed before e-Prescribing solutions can be mandated. Vendors can build a comprehensive product that includes practice management systems (PMS), computerized physician order entry (CPOE), and integrated to EMR to automate the entire clinical and management workflow of a physician's practice to save work load of staff and licensing costs.

The increasing sales of EMR systems among ambulatory physicians have boosted the total e-Prescribing market, since it directly affects the adoption rates of all clinical automation solutions. EMR vendors either provide e-Prescribing solution as a part of their clinical automation suite or integrate it with e-Prescribing solution modules from other vendors. Employer-sponsored and payer-sponsored e-Prescribing systems are being increasingly implemented. The prices of various e-Prescribing systems

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Appendix :

E-PRESCRIBING & MEANINGFUL USE ACHIEVEMENTS (RESULTS SET)

have been reduced; in fact, free, downloadable e-Prescribing systems are available for beginners. System vendors are making the training programs for physicians more effective, while some others are developing easy-to-use, self-explanatory systems for comfortable adoption.

STATE	Percent (%) State Physicians Utilizing e-RX **Q4 2012**
New Hampshire	91
Massachusetts	90
Minnesota	84
North Dakota	84
Pennsylvania	84
Iowa	83
Wisconsin	80
Missouri	77
Vermont	77
Michigan	75
Rhode Island	75
Delaware	73
Oregon	71
Texas	71
Illinois	70
North Carolina	70
South Dakota	70
Arkansas	69
Maine	69
Ohio	69
Oklahoma	68
Indiana	66
Montana	66
Kansas	65
Virginia	65
West Virginia	64
Tennessee	61
Washington	61
Florida	60
Georgia	60
New Mexico	60
South Carolina	60
Nebraska	59
Alabama	58
Arizona	57
New Jersey	57
Colorado	55
Maryland	55
Mississippi	55
New York	54
Connecticut	52
Idaho	51
Kentucky	50
Louisiana	49
Nevada	49
Wyoming	48
California	47
Utah	45
Hawaii	43
Alaska	40

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E-PRESCRIBING & MEANINGFUL USE ACHIEVEMENTS (RESULTS SET)

Improved Interoperability among Various Clinical Automation Systems to Enhance Uptake of e-Prescribing Solutions

STATE	Percent (%) Retail Pharmacies per State Utilizing e-RX **Q4 2012**
Massachusetts	98
Maine	98
New Mexico	98
Connecticut	98
New Hampshire	97
Michigan	97
Ohio	97
Indiana	97
Arizona	97
Rhode Island	96
Delaware	96
Oregon	96
North Carolina	96
Virginia	96
Nevada	96
Pennsylvania	95
Vermont	95
Illinois	95
Oklahoma	95
West Virginia	95
New Jersey	95
Maryland	95
New York	95
Minnesota	94
Wisconsin	94
Missouri	94
Tennessee	94
Georgia	94
Colorado	94
Kentucky	94
Arkansas	93
Washington	93
South Carolina	93
Alabama	93
Idaho	93
Wyoming	93
Florida	92
Alaska	92
Hawaii	91
Iowa	90
South Dakota	90
Mississippi	90
California	90
Utah	90

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E-PRESCRIBING & MEANINGFUL USE ACHIEVEMENTS (RESULTS SET)

North Dakota	89
Texas	89
Kansas	89
Nebraska	89
Louisiana	88
Montana	86

e-Prescribing Activity

The number of physicians who e-prescribe has grown considerably over the last decade.

Office –based Physicians utilizing e-Prescribing: 324,000 (60% of all practices)

43% of all Prescriptions dispensed were routed electronically

New e-prescriptions generated: 529 million

Prescription renewal responses: 98 million

Over 140,000 eligible professionals have registered for EHR incentives

Some of the reasons for e-Prescribing systems not experiencing optimum sales are the limitations on e-Prescription of controlled drugs, which cannot be prescribed electronically for security and misusage reasons, and the interoperability issues among various clinical automation systems. Market participants can be challenged by interoperability issues when the physician already uses clinical automation solutions such as practice management from another vendor. To offset this concern, vendors need to develop systems that can be easily integrated into other clinical automation tools and solutions.

Meanwhile, regulatory bodies should draw up the guidelines and criteria that need to be satisfied for enabling the e-prescription of controlled drugs. They can demand additional online checks and authorizations to ensure that the process is tamper-proof. There are also government and regulatory body mandates, by which health plan reimbursement would be increased when claims are submitted electronically. It is, therefore, almost compulsory for most of the providers in the country to have e-Prescribing systems integrated into their practices.

e-Health Initiatives

Appendix :

E-PRESCRIBING & MEANINGFUL USE ACHIEVEMENTS (RESULTS SET)

The U.S. is one of the most developed healthcare markets globally. The annual healthcare spending of the country reached around US$ 2.6 Trillion in 2010, which is expected to soar to US$ 3.4 Trillion by 2015. This growth was attributed to the increasing usage of patent drugs, high administrative costs, and expensive hospital care. The enormous healthcare costs, which are expected to increase in the future, will pressurize the government to cut budget funding from other important segments. To gradually reduce this massive economic burden and to revitalize the prompt healthcare services, a flurry of regulatory acts has been passed. e-Health being the most prominent source of cost containment is being targeted by both public as well as private sector entities which help industry to grow manifold in last few years.

The e-Health market has evolved as one of the fastest growing U.S. industries and remained almost immune even in the tough post-recessionary scenarios. A number of federal policies and acts worked as catalysts for market growth and are expected to drive market developments also. The e-Health adoption and its will open widespread market opportunities for the healthcare sector, which is poised to grow at a CAGR of 13% during 2010-2015. Further, research reveals that the EMR, EHR, Practice management, e-Prescribing, and telehealthcare sectors will witness strong growth due to technological advancements that will make treatment and diagnosis simpler.

2013 e-Rx Trends

The American Academy of Family Physicians estimates that participating in e-Prescribing and EHR initiatives next year could save a physician $19,000 in avoided penalties. Successfully reporting quality measures and achieving meaningful use of an EHR in 2013 will prevent a doctor's Medicare rates from being reduced by 3.5% in 2015 for noncompliance.

Although it may not be significant dollars now, penalties will change and could go up to ten or twenty percent a year following 2013. Commercial payers could also implement the same penalties for noncompliance.

Most analysts agree that 2013 is the critical last opportunity for physicians to avoid possible pay reductions under quality reporting and health information technology programs by acquiring and implementing inoperative systems to evidence meaningful use.

For some physicians, preventing the electronic prescribing noncompliance penalty will mean using claims to report that they utilized the technology during at least 10 patient encounters between Jan. 1, 2013, and June 30, 2013. Others who earned e-Prescribing bonuses in 2012 will be exempt from the 2% penalty in 2014.

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E-PRESCRIBING & MEANINGFUL USE ACHIEVEMENTS (RESULTS SET)

CMS requires doctors who e-prescribe for patients to attach the code G8553 to the applicable claims for their Medicare services. The code signals that the physician used a health information technology system to send an electronic order for medication to a pharmacy.

Members of a physician group practice can work together to nullify the penalty, according to newer options added by CMS.

The e-Prescribing system used must meet a series of criteria, too. e-Prescribing systems should provide information on formulary medications and patient eligibility requirements, and offer applicable information on lower-cost, therapeutically appropriate alternatives.

The Medicare agency has carved out a series of hardship exemptions for physicians to report if they work in areas without broadband Internet, if they do not prescribe due to their scope of practice, or because a law prohibits them from doing so. CMS has created exemptions for those meeting the program's separate EHR meaningful use criteria, which include an e-Prescribing component. But earning an EHR bonus will not prevent the e-Prescribing penalty automatically, so a doctor must report the exemption to CMS.

TREND: E-PRESCRIBING GROWTH RATE

e-Prescribing has grown rapidly over the past few years. e-Prescription networks reported that in December 2007, only 6% of physicians were e-Prescribing .Contrast that with 2012, when roughly 60-65% of all office-based prescribers were routing prescriptions electronically.

This increase has been propelled by the federal government and commercial health insurance. The government has impacted e-Prescribing through financial incentives from Medicare and Medicaid as well as through $19.2 billion of improvements in electronic health records as part of the American Recovery and Reinvestment Act of 2009. Likewise, health insurance companies have also spurred the growth in e-Prescribing by installing systems into physician practices at little or no cost.

As this level of growth is expected to continue, pharmaceutical companies need to stay focused on how e-Prescribing will impact their business.

Continually assess the impact of e-Prescribing on your products. While efforts to standardize e-Prescribing systems are progressing, considerable variability in the functionality of

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these systems exists along with diverse physician ability to navigate the technology. Companies need to comprehensively identify the extent to which variability in systems' functionality and physician ability is impacting e-Prescribing for their products. In our own client research, we have found a range of issues in formulary presentation that are problematic for individual products.

Facilitate physician understanding of e-Prescribing. While some physicians are comfortable with e-Prescribing, others are slowly getting acclimated to all of the features of these new systems. Pharmaceutical companies should explore how to help support physician adoption of systems through training programs, perhaps facilitated by their sales force.

Develop brand features that optimize prescribing screens and drop-down menus. With e-Prescribing, physicians' most common exposure to your product will be through the interface on their screen or device. Firms need to assess how brand features (i.e., the first letter in their product name) will optimize the product's position and exposure in that interface.

TREND: DRUGMAKERS & PHARMACY BENEFIT MANAGERS SQUARE OFF OVER E-PRESCRIBING

A behind-the-scenes battle is brewing in nearly a dozen states where legislation has been introduced to more closely regulate e-Prescribing. A trade group for pharmacy benefit managers claims that brand-name drug makers are trying to use the proposals to restrict access to lower-cost generics.

The bills would, essentially, prohibit physicians from seeing messages from third-party information providers as they write an e-prescription. In doing so, info about other prescribing options, including drug interactions, would not be displayed on screens. By removing the third party message, the legislation doesn't allow the technology to get to the doctor, according to the Pharmaceutical Care Management Association.

Legislation is pending in 11 states, including Indiana, Kansas, Mississippi, Missouri, Nebraska, New Mexico, New Jersey, North Dakota, Oklahoma, Pennsylvania and South Dakota.

One key issue to consider is the possible disruption between the physician-patient relationship. The greatest threat is that third parties may use e-Prescribing to infiltrate and inappropriately influence the clinical decision making process at the critical point of care. These intrusions, driven by financial interests,

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represent inappropriate influence and rarely have the patient's best interest at heart.

The more insidious financial incentive is the PBMs using e-Prescribing to drive physician decisions while having no idea of the patient's condition or profile. PBM's are motivated by drug component costs, state opponents. e-Prescribing gives PBMs formularies more power and shifts the risk to the patients and their doctors. While generics are a great way to save money, they only do so when that medicine is the most appropriate for that patient. If not, the costs of a medical re-do far outweigh the drug cost savings, not to mention the patient suffers with delayed appropriate treatment.

It's easy to blame the manufacturer here, but that's a red herring for the PBMs to hide behind. Agreed that e-Prescribing makes it much easier to communicate, make records available for better treatment decisions, reduce costs, reduce errors, etc. But it is imperative that the systems be built without the ability for nefarious interests to exploit.

TREND: UNIVERSAL INITIATIVE TO SAVE PHARMACY COSTS

As the Joint Select Committee on Deficit Reduction examines options to reduce the deficit by $1.5 trillion over the next ten years, the Pharmaceutical Care Management Association (PCMA) outlined in a letter to the committee opportunities to leverage greater use of pharmacy benefit management tools to save more than $100 billion in prescription drug costs over that same time period.

Everyone in the pharmacy community: drugstores, pharmacy benefit managers, drug companies, drug wholesalers, and others have a responsibility to offer cost-saving solutions to this committee. The solutions we outline would save more than $100 billion, improve prescription drug benefits, and increase access to these benefits.

Using innovative cost-saving tools and technologies, PBMs have worked closely with payers in designing drug benefits that lower costs and expand access to prescription drugs. These tools – including pharmacy networks, home delivery, utilization management (such as step therapy and prior authorization), and formularies – help make prescription drug benefits more affordable.

Below are options PCMA recommended to the Joint Select Committee:

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•Modernize Medicaid Pharmacy. Over the next decade, the federal government could save $21 billion – without cutting benefits or payments to doctors and hospitals – by modernizing Medicaid pharmacy benefits. Currently, the program uses fewer generic drugs and pays drugstores more than double the dispensing fees that Medicare or private insurers pay.

•Maximize Generic and Therapeutic Substitution in Part D. Fully realize the potential savings available as outlined by the Congressional Budget Office to increase generic and therapeutic interchange opportunities in Part D by shifting spending from the most expensive single source drugs to equally effective lower cost options.

•Expedite the Approval of Biogenerics. Increase competition for biologic drugs by reducing the number of years a drug company has "exclusivity" or monopoly pricing power. As the number and costs of these expensive biologic drugs drastically increases, so does the urgency to begin the approval pathway for biogenerics as quickly as possible.

•Allow Part D Plans to Negotiate Greater Discounts on All Drugs. Increase price competition among brand drug manufacturers by removing the mandate that "all or substantially all" drugs in six protected classes be covered. Manufacturers with a guarantee that their drug is covered have no incentive to offer a discount to Part D plans or beneficiaries.

•Ban a Tax Deduction for Direct-to-Consumer (DTC) Drug Advertising. DTC drug advertising is a key tool used by brand drug manufacturers to drive consumers to take brand medications and the costs of this advertising are tax deductible. While the First Amendment allows for such advertising, it does not require tax payers to subsidize promoting the most expensive drug treatments.

•Encourage Chronic Care Pharmacy and Home Delivery. Currently, due to restrictions in Medicare Part D, beneficiaries in private-sector retiree plans use home delivery four times more often than those in Part D plans. Home delivery is popular with patients because it offers less expensive 90-day prescriptions and is more convenient than driving to the drugstore. With mail-service pharmacies, patients can get private counseling over the phone from trained pharmacists seven days a week, 24 hours a day. Removing Medicare's restrictions on home delivery and encouraging beneficiaries to get their maintenance medications by mail could improve drug adherence and save Medicare hospital and physician costs.

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•Ban Pay-for-Delay Drug Settlements. Currently, brand drug companies are making deals with generics to delay offering a competing generic, allowing the more expensive brand drug to stay on the market for a longer period of time, resulting in higher costs. Prohibiting pay-for-delay agreements would facilitate quicker access to lower-cost generics.

PCMA represents the nation's pharmacy benefit managers (PBMs), which improve affordability and quality of care through the use of electronic prescribing (e-Prescribing), generic alternatives, mail-service pharmacies, and other innovative tools for 200-plus million Americans.

TREND: e-PRESCRIBING GEARS UP FOR CONTROLLED SUBSTANCES

The e-Prescribing intermediary now meets strict DEA security requirements, but pharmacies, vendors, and state laws still need to catch up.

Electronic prescribing conduits now meets stringent Drug Enforcement Administration (DEA) security requirements for e-Prescribing of federally designated controlled substances and have begun a limited deployment of its technology in three states (Texas, California and Virginia). This development removes one of the last remaining technical barriers to wider physician adoption of e-Prescribing.

Surescripts said in a statement that it has begun certification of e-Prescribing software and of pharmacy information systems to ensure that those products follow DEA requirements.

Though the DEA approved e-Prescribing of controlled substances nearly a year and a half ago, few physicians who have already embraced electronic prescribing have been able to take advantage of the change in the law. A federally funded pilot project in Berkshire County, Mass., has been underway since September 2009, thanks to a DEA waiver, but adoption has been virtually nonexistent elsewhere. With the network upgrade, that is starting to change.

Despite these developments, it is unlikely that e-Prescribing of controlled substances will take off until next year. Pharmacies, pharmacy benefit managers, e-Prescribing software vendors, and intermediaries all need to update and test their systems for compliance with the National Council for Prescription Drug Programs standards for pharmacy claims by January 1, 2012.

Surescripts is operational across the nation for e-Prescribing of controlled substances

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("EPCS"), subject of course to restrictions in state laws that do not permit EPCS.

There are four physician vendors who are certified on the Surescripts network to transaction EPCS and fully functional. There are 6 pharmacies/pharmacy vendors who are certified on the Surescripts network to transaction EPCS, and functional.

The marketplace appears to be growing very competitive with new players seeking certifications. Admittedly, the actual volume of EPCS is still very modest, but it is beginning to increase.

The primary barriers in 2012 have been: the development time and effort the vendors and pharmacies needed to come into compliance with the Interim Final Rule (IFR); the third party-audit (this is a reference to the section required IFR Section 1311 audit, not the Surescripts certification), which is both costly and time-consuming; an incorrect perception that no pharmacies can accept EPCS; vendors' competing development priorities (Meaningful Use Stage 2, ICD-10, etc.); and having all the docs ID proofed and authenticated in conformance with the Drug Enforcement Agency IFR.

There are about 12 states that either prohibit or limit EPCS including: Arkansas, Hawaii, Indiana, Maine, Mississippi, Montana, Nebraska, New Jersey, New York, Rhode Island, and Utah. New York has mandated that all drugs, including controlled substance, be prescribed electronically by 12/31/14.

The Electronic Healthcare Network Accreditation Commission (EHNAC), a non-profit standards development organization and accrediting body, announced today the release of its new certification programs for vendors handling electronic prescription of controlled substances (EPCS).

The two certification programs evaluate pharmacy and prescribing companies that offer applications supporting electronic prescription of controlled substances. These programs are designed to demonstrate that vendors meet detailed Drug Enforcement Administration (DEA) regulations as well as EHNAC core criteria addressing privacy, confidentiality, technical performance, business practices, resources and security.

TREND: RACE TO IMPLEMENT AS PENALTIES APPROACH

An estimated 100,000 physicians and other health professionals at risk for being hit with Medicare electronic prescribing program penalties next year have until November 1 to report a hardship exemption and give the

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Medicare agency a reason why they should not have their pay reduced in 2012.

The Centers for Medicare & Medicaid Services will give physicians a second chance to use an expanded list of exemptions to avoid a pay decrease of 1% in 2012 for not meeting e-Prescribing requirements earlier this year, the Medicare agency announced in an Aug. 31 final rule. The rule gives physicians an extra month to obtain waivers compared with a rule proposed earlier this year, but it does not give physicians the additional chance to report e-Prescribing measures for 2011 that the American Medical Association had requested.

The other roughly 100,000 physicians and others who successfully reported prescribing medicine electronically for their patients during eligible services -- such as new and established patient office visits -- at least 10 times between Jan. 1 and June 30 will not be penalized and won't need to apply for an exemption. Doctors who reported one of the initial hardship exemptions created by CMS -- for those working in areas without high-speed Internet access or pharmacies accepting e-prescriptions -- also will not be penalized.

In addition, physicians who achieved the minimum requirement and also reported that they sent at least 25 e-prescriptions in all of 2011 will earn a bonus equal to 1% of their Medicare charges -- but that incentive won't be paid out until later in 2012.

Medicare will impose a 1% payment penalty next year on physicians and others who failed to meet electronic prescribing criteria in 2011.

2013 UPDATE: Doctors who were unable to meet Medicare electronic prescribing requirements will have a second chance to claim a hardship exemption and prevent the 2013 e-prescribing penalty from reducing their Medicare pay.

The Centers for Medicare & Medicaid Services will allow physicians and other eligible health professionals an additional window of time in which to file hardship exemptions, indicating to the agency that a 1.5% penalty should not be applied to all Medicare rates next year, officials said. Any physician who did not request an exemption by the original due date, June 30, now can file a hardship application by Jan. 31, 2013.

CMS is required by law to reduce Medicare rates for eligible professionals who do not meet e-prescribing reporting requirements. About 135,000 doctors and other health professionals have seen their Medicare pay reduced by 1% in 2012 because they did not report at least 10 electronic orders for medications within a six-month reporting

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period in 2011. Physicians reporting at least 25 e-prescribing encounters earned a bonus equal to 1% of their Medicare charges in 2011. Doctors can earn the same incentive for reporting 2012 e-prescribing, but those earning a bonus from the program's electronic health record program are not eligible for the e-prescribing bonus.

There has been a lack of alignment between the Medicare incentive and penalty programs, which has caused problems for physicians. Successful participation in the EHR program, which includes an electronic prescribing component, does not automatically exempt a physician from the e-prescribing penalty.

In mid-October, CMS officials sent email notices announcing the re-opening of the 2013 hardship exemption application Web portal starting on Nov. 1. A physician claiming an exemption enters his or her identifier information and selects the appropriate hardship. The exemption categories are available only to physicians and health professionals who:

■ Could not e-prescribe due to state, federal or local law or regulation.

■ Lacked sufficient e-prescribing opportunities, such as by ordering fewer than 100 prescriptions during the six-month reporting period.

■ Practiced in a rural area without sufficient high-speed Internet access.

■ Practiced in an area without sufficient numbers of pharmacies that can accept paperless medication orders.

The proposed 2013 Medicare physician fee schedule, published in July, would create two additional e-prescribing exemption categories for doctors who earn, or who plan to earn, EHR bonuses. Those additional exemptions would not be available to doctors until after CMS confirms them in the final fee schedule, which had not been published by this article's deadline.

STATE HEALTH INFORMATION EXCHANGES ROLE IN ELECTRONIC PRESCRIBING GROWTH

According to HealthITGov, an online journal publication, States have enabled and encouraged e-Prescribing adoption, using policy levers as well as sponsoring programs. Various state policies and initiatives pre-date the HITECH Act and ONC's Cooperative Agreement programs, highlighting that—for some states—increasing e-Prescribing adoption and use has been a long-time goal.

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E-PRESCRIBING & MEANINGFUL USE ACHIEVEMENTS (RESULTS SET)

To date, the State Health Information Exchange (HIE) Cooperative Agreement Program has specifically focused on mobilizing pharmacy participation in e-Prescribing. The full benefits of e-Prescribing cannot be realized unless pharmacies participate along with prescribers. With this recognition, in the first Program Information Notice to state HIE grantees (released July 2010) [iii], ONC encouraged program grantees to employ various strategies to advance pharmacy e-Prescribing adoption.

Though states have and will continue to take multiple approaches to achieve e-Prescribing adoption goals, ONC has identified three broad themes emerging from leading states' e-Prescribing efforts:

Creating an Environment that Advances e-Prescribing

State policies and regulations have addressed a range of factors relevant to pharmacy adoption of e-Prescribing. For instance, Minnesota passed legislation (Statute 62J.497) in 2008 mandating that "all providers, group purchasers, prescribers, and dispensers must establish and maintain an electronic prescription drug program." Following this mandate, the percent of pharmacies actively e-Prescribing in the state increased from 57 percent in 2008 to 90 percent by the end of 2011, according to Minnesota's data. Additionally, in 2009, North Dakota's legislature passed Senate Bill 2332, establishing a low-interest loan fund from the Bank of North Dakota to assist health care entities in adopting health information technology and enabling capabilities such as e-Prescribing. To date, North Dakota has given out approximately $6 million of the $10 million available and has had nearly a 42 percent increase in active pharmacy adoption from June 2010 to February 2012.

Reducing Barriers for Rural and Independent Pharmacy Adoption

Particularly for independent or rural pharmacies, the cost of e-Prescribing is often a barrier. Some states have used state appropriations, grants, or revolving loans to help alleviate financial burdens of purchasing software/hardware or paying transaction fees among target groups of pharmacies. For example, Tennessee initiated a partnership with the Tennessee Pharmacists Association to provide up to $675,000 in grants to 124 independent, community pharmacies to offset e-Prescribing expenses. As of December 2011, Tennessee reports that 81 (65.3 percent) of the pharmacies targeted by the program are e-Prescribing.

Setting and Monitoring Goals

States have also leveraged data to assess and monitor their e-Prescribing environments, to identify gaps and set goals and priorities for incentive programs and outreach efforts. The Rhode Island Quality Institute's (RIQI) e-Prescribing efforts include an e-Prescribing committee chaired by the state director of

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health. This committee examined monthly Surescripts data to identify barriers to pharmacy e-Prescribing adoption and established actionable, public goals for increasing e-Prescribing accessibility and utilization in the state. RIQI attributes its success to consistent outreach to the state's pharmacy and provider communities. Based on data collected by RIQI, 100 percent of Rhode Island's retail pharmacies are capable of electronic prescribing as of 2009 and 67.5 percent of the state's prescribers are currently e-Prescribing.

SOME E-PRESCRIBING CHALLENGES WILL PERSIST IN 2013

While there are many benefits associated with electronic prescribing, there are also a number of challenges associated with the implementation and ongoing maintenance of the systems.

Funding. A concern for providers is the direct and indirect costs associated with implementing an e-Prescribing system. All physicians, but particularly those in small practices, the inner city, or in rural settings, may believe that the cost of a system is too high for them to ever receive a positive return on investment (ROI).

Change Management. To implement any health IT requires change management and new workflow systems. For the transition from paper to electronic prescriptions, this change can represent a very large hurdle. Practices are used to doing things in a "certain way" and change can be difficult to get everyone one board (particularly those who are technology averse). Additionally, it can be very time-consuming to conduct the planning, training, and implementation of new electronic systems and workflows.

Hardware and Software Selection. Selecting the correct hardware, software, and post-implementation technical support for the practice environment can be difficult for many practices, including small or very busy offices, or those that lack information technology staff. Practices often grapple with questions such as:

•Do they use a standalone system or one that is part of an electronic medical record?

•How do they select a vendor?

•How do they decide what the system needs to do?

•How do they implement it?

•Is the software certified?

Connectivity: While almost all chain pharmacies (97 percent) are connected to the e-Prescribing system, the vast majority (73 percent) of independent pharmacies are not yet connected. Although most payers or PBMs (representing about 200 million lives) are connected, the patient, formulary, eligibility, or medication history information

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may not be current. Many small or rural providers and pharmacies face additional issues, such as a lack of broadband connectivity and access to information technology professionals to support them.

Standards: With the exception of the requirements (PDF - 209 KB) set forth by the Centers for Medicare and Medicaid Services (CMS) for use in Medicare Part D, there are no national standards for e-Prescribing, but they are being developed by the National Council for Prescription Drug Programs (NCPDP). While there are many organizations involved in the development and updating of e-Prescribing and related technical standards for the reporting abilities, content and transmission, this work has not been harmonized across vendors and platforms.

State Regulations: There are variations in states about who may prescribe, what may be prescribed and under what circumstances. Reconciliation of those laws and requirements is important because many Americans live in one state and may obtain healthcare (including prescriptions) in another. State governments, such as Connecticut, need to conduct their own analysis of laws and regulations within their own states so as to update to accommodate e-Prescribing, such as reconciling paper document retention requirements with electronic data storage, as well as facilitate e-Prescribing and other health information exchange (such as remote monitoring and telemedicine) across state lines.

Controlled Substances: To date, the Drug Enforcement Administration (DEA) does not allow electronic transmission of controlled substances, which affects about 20 percent of prescriptions in the US. In July 2008, the DEA released proposed regulations (PDF - 384 KB) allowing e-Prescribing of controlled substances for comment to the public (comments were due on September 25, 2008). Parallel to this effort, the DEA released the final rule (PDF - 232 KB) of the implementation of the Ryan Haight Online Pharmacy Protection Act of 2008 on April 6, 2009. The Department of Health and Human Services (HHS) is working with the DEA to promulgate regulations governing the issuance of a special registration to practitioners engaged in the practice of telemedicine.

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Appendix :

E-PRESCRIBING & MEANINGFUL USE ACHIEVEMENTS (RESULTS SET)

TOP 10 ELECTRONIC PRESCRIBING SYSTEMS HIGHEST INTEROPERABILITY &

RANK	e-PRESCRIBING VENDOR	USERS ON TRACK TO ACHIVE CLINICAL INTEROPERABILITY GOALS
1	**EMDEON**	96.9%
2	**HEALTH FUSION**	96.3%
3	**CURE MD**	91.8%
4	**PULSE EHR**	91.2%
5	**AMAZING CHARTS**	90.8%
6	**RxNT**	89.7%
7	**OMNI MD**	89.3%
8	**CALIFORNIA MEDICAL SYSTEMS**	88.5%
9	**MTSC**	88.4%
10	**MEDCOMSOFT**	88.0%

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E-PRESCRIBING & MEANINGFUL USE ACHIEVEMENTS (RESULTS SET)

TOP 10 ELECTRONIC PRESCRIBING SYSTEMS HIGHEST MEANINGFUL USE ACHIEVEMENT

RANK	e-PRESCRIBING VENDOR	USERS ON TRACK TO ACHIVE MEANINGFUL USE STAGE 1	USERS ON TRACK TO ACHIVE MEANINGFUL USE STAGE 2
1	**PRACTICE FUSION**	98.5%	96.5%
2	**ATHENA HEALTH**	93.3%	85.8%
3	**SRS SOFT**	92.7%	94.4%
4	**VITERA**	91.0%	82.0%
5	**WAITING ROOM SOLUTIONS**	88.5%	78.5%
6	**CERNER**	85.8%	56.2%
7	**SOAPWARE**	84.2%	66.9%
8	**DRFIRST/RCOPIA**	84.1%	48.0%
9	**ALLSCRIPTS**	83.6%	55.7%
10	**EPIC**	83.0%	61.2%

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E-PRESCRIBING & MEANINGFUL USE ACHIEVEMENTS (RESULTS SET)

New Opportunities to Avoid e-Prescribing Penalty for 2013

According to the 2013 Medicare Final Rule released last week, there are new ways to avoid future payment adjustments under the MIPPA ePrescribing rule for those who have not already taken the necessary steps to avoid them: 1) The exemption request period has been reopened and 2) meaningful use will satisfy the ePrescribing requirements according to specific timetables.

1) CMS is offering a second chance to physicians who missed the June 30 deadline for requesting an exemption to the 2013 ePrescribing penalty (1.5%) under the original 4 categories. Between November 1, 2012 and January 31, 2013, physicians can go to the Quality Reporting Communication Support Page and request an exemption based on one of the following justifications:

- Inability to electronically prescribe due to local, State, or Federal law or regulation (i.e., prescribe predominantly controlled substances)
- Prescribed fewer than 100 prescriptions between January 1 and June 30, 2012
- Insufficient high speed internet access (i.e., rural area)
- Insufficient available pharmacies that accept electronic prescribing.

2) In the interest of harmonizing the various government programs that contain ePrescribing components, CMS now will provide two additional ways to avoid the 2013 MIPPA penalties:

- Achieve meaningful use during 2013
- Demonstrate intent to participate in the EHR Incentive Program and adopt Certified EHR Technology by January 31, 2013

This information will be retrieved by CMS from the information in its EHR Incentive Program's Registration and Attestation System, rather than by having providers request an exemption as in #1 above.

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E-PRESCRIBING & MEANINGFUL USE ACHIEVEMENTS (RESULTS SET)

EMR + STANDALONE PARTNERSHIPS INCLUDED IN BLACK BOOK POLL Q3 2012

Electronic e-Rx Company Name	Product Name	Standalone
Abraxas Medical Solutions	Abraxas EMR	NEWCROP
Acom Health	RAPID EHR	DRFIRST
Advanced Data Systems	Medics Doc Assistant	NEWCROP
Amaji	Amaji	NEWCROP
AmazingCharts	AmazingCharts EMR	NEWCROP
American Medical Solutions	Helios	NEWCROP
AOS Data Services	OMS WIN	DRFIRST
Apex Business Computing	Medical Practice Management	NEWCROP
AppMed	AppMed EMR	DRFIRST
Aurora	doc2MD	DRFIRST
Avairis	Avairis Complete EHR	DoseSpot
AZZLY	AZZLY EHR	DRFIRST
Benchmark Systems	MD Navigator	DRFIRST
Binary Spectrum	Care EMR	NEWCROP

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E-PRESCRIBING & MEANINGFUL USE ACHIEVEMENTS (RESULTS SET)

BOSC Technologies	BOSC EHR	DoseSpot
Bradoc Data Management	Bradoc Data Management	NEWCROP
Capraro Technologies	OpenEMR	NEWCROP
CareData	CareData EMR	NEWCROP
CarePaths	eRecord	NEWCROP
ChartLogic	ChartLogic EMR	DRFIRST
ChartWare	ChartWare EMR	NEWCROP
Cielo MedSolutions	Cielo Clinic	DRFIRST
Civerex	CIVER EHR	NEWCROP
Claimpower	Claimpower Mobile EMR	NEWCROP
Clicktate	Clicktate	NEWCROP
Clinical Software Solutions	CLIN1 EHR Suite	DRFIRST
ClinicMax	ClinicMax	NEWCROP
ComChart Medical	ComChart EMR	NEWCROP
Complete Medical Solutions	MyWinMed EMR	NEWCROP
Conceptual MindWorks	Sevocity	DRFIRST
Connecin Software	Office Practicum EMR	DRFIRST

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Core Solutions	Cx360 Provider	DRFIRST
CPRCC	ELMIR	NEWCROP
Crowell Systems	Medformix	NEWCROP
Custom Computing Corporation	Freedom Medical Systems	DRFIRST
cyberREN	cyberRen	NEWCROP
Cyclops	Cyclops EMR	NEWCROP
Data Tec	PowerSoftMD	NEWCROP
DataNet Solutions	My Med Services Stat	NEWCROP
DataStrategies	Mdsuite	NEWCROP
Dawkins	Dawkins Transcribe	NEWCROP
DecisionBase	DecisionBase	DoseSpot
Defran Systems	Evolv-CS	H2H
DESC	e-prescribe	DoseSpot
Dexter Solutions	Dexter Solutions EMR	NEWCROP
Diversified Ophthalmics	Practice Maximus	DRFIRST
DocComply	DocComply	DRFIRST
DocPad	DocPad EMR	DRFIRST

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Doctorsoft	Doctorsoft EMR	NEWCROP
DOX Podiatry	DOX EMR	NEWCROP
DRFIRST	Rcopia	DRFIRST
DSS	eRx	NEWCROP
eChart123	eChart123 EMR	DRFIRST
Eclipsys	Practice Solutions MediNotes	DRFIRST
edgeMED	Scriptfx	DRFIRST
EDImis	NovusVision	DoseSpot
Empower Technologies	Empower Systems	DoseSpot
EMR4Doctors	EMR4Doctors	NEWCROP
Enki Health	ECOERS	DoseSpot
Enterprise Healthcare Systems	MDPlusNet	DoseSpot
EON Systems	Digital Office	DRFIRST
Estuary	Estuary EHR	NEWCROP
Excribe	E-Record EMR	NEWCROP
Exemplo Medical	eMD	DRFIRST
First Medical Solutions	First Medical Suite	NEWCROP

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FirstInsight	MaximEyes	DRFIRST
Future Health	eConnect	DRFIRST
GapIT	GapitMD	NEWCROP
GE Centricity	Centricity Practice Solution EMR	Kryptiq
GE Centricity	Enterprise	DRFIRST
Genensys	SimplifyEMR	DoseSpot
gMed	gCare	DRFIRST
Greenway Medical Technologies	PrimeSuite	DRFIRST
Gulfstream Healthcare Tech	GHT EMR	NEWCROP
Health Data Services	FreeDOM MedLedger	DRFIRST
Health First Med	EZMR	NEWCROP
Health Informatics Intl	HII TIME	DRFIRST
Healthland	Healthland	DRFIRST
HealthPort	HealthPort EMR	DRFIRST
HealthStation	AccessMD	DRFIRST
HealthWare	HealthWare	NEWCROP
HIT Services Group	Acumen EHR	DRFIRST

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Horizon Medical World	My Doctors Chart	NEWCROP
ICANotes	ICANotes	DRFIRST
ImagineMD	ImagineMD EHR	DRFIRST
iMed Software Corp	iMed EMR	DRFIRST
Inforia	Caregiver Desktop	NEWCROP
InPracSys	InPracSys	DoseSpot
InstaKare	InstaKare	NEWCROP
InSync	Insyc	NEWCROP
Integrity Digital Solutions	Integrity EMR	DRFIRST
Intellicure	Intellicure EHR	DRFIRST
IO Practiceware	IO Practiceware	NEWCROP
JAG Products	Clinic Tracker	DRFIRST
Lee Dermatology	CLEO EMR	MD Toolbox
LeonardoMD	LeonardoMD	DRFIRST
LSS Data Systems	MAGIC	DRFIRST
M/D Systems	M/D Systems EMR	DRFIRST
Management Plus	Management Plus EMR	RelayHealth

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MdeverywEHRe	MdeverywEHRe	DRFIRST
MDIntelleSys	IntelleChart	DRFIRST
Mdoffice	Mdoffice	NEWCROP
MDSuite	MDSuite	NEWCROP
MDSynergy	PRO ePrescription	NEWCROP
MDTS	RAYMOND	DRFIRST
Med USA	Med Prime	DoseSpot
MEDCOM	Welford Chart Notes	NEWCROP
MedEvolve	Core	DoseSpot
Medflow	Medflow EMR	NEWCROP
Medical Messenger	Medical Messenger	DRFIRST
Medical Office Online	Medical Office Online EMR	NEWCROP
Medicat	Medicat EMR	DRFIRST
MedicBright Technologies	MedicBright EMR	DRFIRST
MEDX	Medisana EMR	NEWCROP
MeMD	MeMD	NEWCROP
Mighty Oak Technology	Chart Talk	DRFIRST

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Mitochon Systems	Mitochon EMR	DoseSpot
MPN Software Systems	ECLIPSE	DRFIRST
MPS Remedy	MPS Remedy	NEWCROP
MS Health Software	CMHCI	DoseSpot
MxSecure	MxChart EHR	NEWCROP
MyChartsOnline	MyChartsOnline	DoseSpot
National Medical Imaging	ICS	DoseSpot
NCDR	Boomerang	DoseSpot
NCG Medical	Perfect Care EHR	Emdeon
NexTech	NexTech Practice	NEWCROP
nextEMR	nextEMR	DRFIRST
Nightingale	Informatix	DRFIRST
OD Link	OD Link	DRFIRST
OfficeMate	ExamWRITER	DRFIRST
One Healthcare Solution	M5	DoseSpot
One Healthcare System	ONE Clinical	DRFIRST
One Touch EMR	One Touch EMR	DoseSpot

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Orbit Solutions	OrbitEMR	DRFIRST
Paramount Health Solutions	Spectra eRx	NEWCROP
Patagonia Health	Patagonia Health EMR	NEWCROP
PCC	PCC EHR	DRFIRST
PennMedical	EyeDoc EMR	DRFIRST
Perk Medical	ezPractice	DRFIRST
Phyaura	Phyaura EMR	RelayHealth
Plextra	Medcere	DRFIRST
Practice Interactive	STATehr+	MD Toolbox
Practice Velocity	Velocidoc	NEWCROP
PracticeIT	PracticeIT EMR	NEWCROP
PracticeSuite	Practice Orders	NEWCROP
Procentive	Procentive	NEWCROP
ProtoMED	ProtoCHART	DRFIRST
Providence Technologies	EPracticeEHR	DRFIRST
QRS Healthcare Solutions	PARADIGM EHR	NEWCROP
QuicDoc	QuicDoc	NEWCROP

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Raintree Systems	Raintree Systems	DRFIRST
RamSoft	RamSoft PowerServe	NEWCROP
RemedyEHR	RemedyEHR	DRFIRST
Rise Health	RTS	DRFIRST
RSB Technologies	My Health Charts	DRFIRST
RxOffice	RxOffice EMR	DRFIRST
Sabiamed	ClinNext	DoseSpot
Sapien	Sapien EHR	NEWCROP
Serenity EMR	Serenity EMR	NEWCROP
SILK Information Systems	SILK EMR	DRFIRST
simplifyMD	SimplifyEMR	DRFIRST
Sindhu Synergy	SynergyEHR	DRFIRST
Socrates	Yeats Clinical	NEWCROP
Software Unlimited	Medical Mastermind	DRFIRST
Softworx Solutions	ChiroWrite	DRFIRST
Spring Medical	Spring Charts	DRFIRST
STAT Health Services	Statdoctors Evisit	NEWCROP

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E-PRESCRIBING & MEANINGFUL USE ACHIEVEMENTS (RESULTS SET)

The Echo Group	Clinician's Desktop	DRFIRST
Topaz Custom Computer Sys	Topaz EHR	DoseSpot
UC Charting Solutions	ProMentum	DRFIRST
Ulrich Medical Concepts	Team Chart Concept	NEWCROP
UltraMED USA	UltraEMR	DRFIRST
UNI/CARE Systems	Pro-Filer EHR	DRFIRST
Universal EHR	Universal EHR	NEWCROP
Universal EMR	Universal EMR	DRFIRST
Vericle	Vericle	NEWCROP
VIP Medicine	SmartClinic	NEWCROP
VitalHealth Software	VitalHealth	DRFIRST
Vivature Health	Vivature EMR	NEWCROP
WinMedStat	WinMedStat EMR	NEWCROP
‘Zenith Technology Solutions	Hygeia	NEWCROP

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E-PRESCRIBING & MEANINGFUL USE ACHIEVEMENTS (RESULTS SET)

EHR-BASED E-PRESCRIBING MODULES INCLUDED IN BLACK BOOK SURVEY POLLED Q3 2012	
Electronic e-Rx Company Name	EHRBased Product Name
4medica Inc	Cloud iEHR
ABEL Medical Software	ABELMED
Advanced Health Management Systems	AHMS
Allscripts	Enterprise EHR
Allscripts	Misys
Allscripts	MyWay
Allscripts	ProfessionalEHR
Allscripts	Sunrise
Alteer Corp	Alteer Office
Altos Solutions	OncoEMR
Aprima Medical Software	Patient Relationship Manager
athenaHealth	athenaClinicals
Bizmatics	PrognoCIS
BusiNet	InteliDOX
California Medical Systems	Xerex
Cerner	PowerChart
ClinixMIS	ClinixMD
Comtron Corp	Medgen EMR
Connexin Software	Office Practicum

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E-PRESCRIBING & MEANINGFUL USE ACHIEVEMENTS (RESULTS SET)

CPSI	Escribe
CureMD	CureMD
DigiDMS	DigiDMS
Doctations	Doctations
Doctor Office Management	Physician Xpress
E*Healthline	Phoenix IEMR
eClinicalWorks	eClinicalWorks
ElationEMR	ElationEMR
Emdeon-	Clinician
e-MDs	e-MDs Solution Series
eMed Solutions	eNotes
Epic	Epic
EscribeEMR	EscribeHOST
Flagship	Flagship EMR
GeniusDoc	GeniusDoc
Glenwood Systems	Glace EMR
gloStream	gloEMR
Greenway	PrimeSuite
Health Administration Systems	MediFile
Health Communication Systems	DirectorMD
HealthFusion	MediTouch EMR
Henry Schein Medical	MicroMD
InstyMeds	WebRx

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E-PRESCRIBING & MEANINGFUL USE ACHIEVEMENTS (RESULTS SET)

Integritas	Agility EHR
M2ComSys	T-CAS
MAShare	CareGroup
McKesson	Horizon
McKesson	PracticePartner
MDLand	iClniic
Medent	MEDENT
Medical Informatics Engineering	WebChart
Medicmatics	XUMIX
MedMagic	MedMagic
MedPlexus	MedPlexus
meridianEMR	meridianEMR
MicroFour	RxWriter
Mission Critical Solutions	MCSI Simple
Mountainside Software	Mountainside EMR
MTBC	MTBC
NextGen	NextGen EMR
Nortec	ePrescribe
Noteworthy	NetPractice
OA Systems	Panacea
OmniMD	OmniMD
Optum	Axolotl Elsium
Optum	Ingenix CareTracker

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E-PRESCRIBING & MEANINGFUL USE ACHIEVEMENTS (RESULTS SET)

P4 Solutions	eobOne
Partners Healthcare System	LMR
PeopleChart	InContext
Practice Fusion	Practice Fusion
Pulse Systems	Pulse Complete EHR
Quest MedPlus	Care360
RxNT	RxNT
Sequel Systems	SequelMed e-Health
Siemens Medical	Sorian Clinicals
SOAPware	SOAPware
SRSsoft	SRSsoft EMR
SSIMED	EMRge
STI Computer Services	ChartMaker
Stratford Solutions	Stratford Practice Management
Street Solutions	TrackMD
SuccessEHS	SuccessEHS
SuiteMed	IMS
TechSoft	MDRhythm
USOncology	IKnowMed EMR
VersaSuite	VersaSuite
Vitera Healthcare Solutions	Vitera HealthKAREO
Waiting Room Solutions	EMR System

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