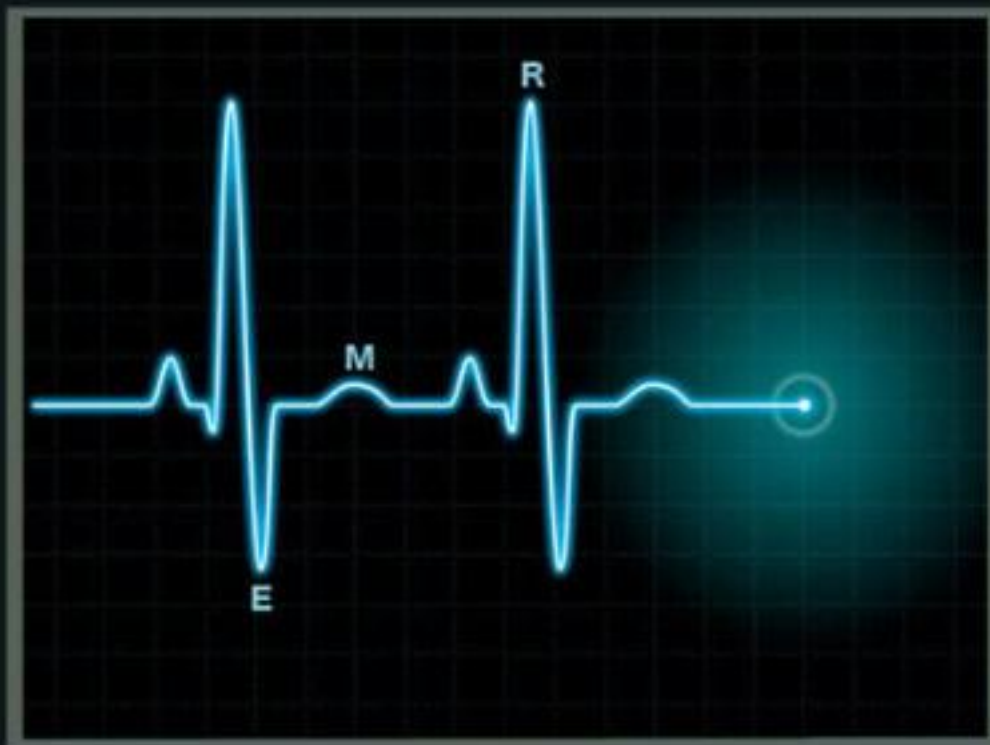

BLACK BOOK RANKINGS



TOP 20 FAMILY PRACTICE EMR SOFTWARE VENDORS

2011 CLIENT SATISFACTION RANKINGS AND RESULTS

BLACK BOOK RANKINGS 2519 McMullen Booth Road 510-108 Clearwater, Florida 33761

**TOP AMBULATORY CARE
FAMILY PRACTICE
SPECIALTY
ELECTRONIC MEDICAL RECORDS
SOFTWARE VENDORS
2011 Rankings and Results**

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RANKINGS**
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Impartial. Accurate.
Recognized globally as the unbiased source for
polling, surveys, market research, opinion mining
and customer satisfaction results.

Brown-Wilson Group annually evaluates leading healthcare/medical software and service providers across 18 operational excellence key performance indicators completely from the perspective of the client experience.

Independent and unbiased from vendors influence, over 70,000 healthcare IT users are invited to contribute. 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 more information or to order customized research results, please contact the Client Resource Center at +1 727.784.6689 or Scott.Wilson@Brown-Wilson.com

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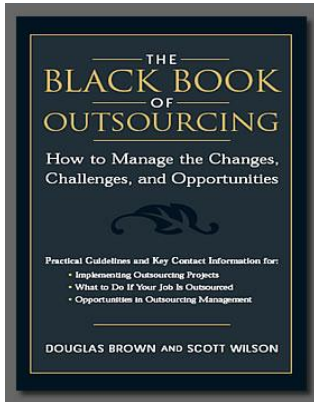
Brown-Wilson Group's unrivaled objectivity and credibility is perhaps your greatest assurance. At a time when alliances between major consultancies and suppliers have clouded the landscape, Brown-Wilson Group remains resolutely independent. We have no incentive to recommend specific EMR software vendors. Our only allegiance is to help you achieve the results you want with the best possible solution.

For more information, visit
www.BlackBookRankings.com

About Brown-Wilson Group's Black Book Client Satisfaction Research Surveys & The Black Book of EMR® on BlackBookRankings.com

Released first in May 2005 by John Wiley & Sons Publishers, "The Black Book of Outsourcing" is the world's best-selling business book on the subject.

With over twenty print runs of the first edition in seven languages, "The Black Book" was re-released in an updated format in July 2009 by Wiley. Available wherever books are sold.



Coming in 2011 from Brown-Wilson Group
The Black Book of Post-Recovery Economies

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Brown-Wilson Group, through Black Book Rankings, maintains the business perspective that because the EMR and government stimulus program marketplace is so complex and dynamic, the healthcare industry is looking for the most valid and premium knowledge. BWG's answer to that need has been to provide continuous EMR software supplier data and research that helps buyer executives throughout their process-improvement lifecycle, investors in their due diligence processes, and vendors with a measurement standard set to improve customer services. This report has been developed for the medical/physician practice, hospital and e-prescribing industries with the 2-5 purpose to ensure the growth and success of initiatives by clients, users, prospective clients, analysts, venture capitalists and investors, media outlets and press, competitive vendors, subcontractors, service suppliers, supporters and advisors in the evolving EMR continuum.

EMR Content and Research Available at www.BlackBookRankings.com. Brown-Wilson Group, LLC is a leading provider of business intelligence and research solutions. A comprehensive list of



**TOP AMBULATORY CARE
FAMILY PRACTICE SPECIALTY**

**ELECTRONIC MEDICAL RECORDS
SOFTWARE VENDORS**

2011 Rankings and Results

A subset report of the Annual Black Book Software User Survey

**Comprehensive Ambulatory EMR Evaluation Criteria Includes
Four End-to-End Service Lines:**

ELECTRONIC HEALTH RECORDS & DOCUMENT MANAGEMENT

PRACTICE MANAGEMENT & REVENUE CYCLE MANAGEMENT

E-PRESCRIBING

PATIENT ACCESSIBILITY



Introduction

Each year, Brown-Wilson Group and Black Book Research undertakes an annual survey into buyer/user organizations' satisfaction with their software service providers.

These research results are recognized as the most extensive and representative perception study of software vendors, validated by over 9,000 respondents from service users across the country.

Over 170 functions and 14 sectors are investigated to determine "best fit" vendors with multiple industry specifications. With customer satisfaction and client experience as the survey focal point, the EMR marketplace participation has achieved record response rates and increased statistical significance. As EMR vendors have grown increasingly competitive and corporations are being required to streamline operations and cut costs in order to preserve profitability, the satisfaction level with current vendors is an imperative measure of success for prospective clients as well.

The marketplace results of this comprehensive research study, are used by

- Current electronic medical record clients to compare other users' experiences with similar and competitive EMR vendors;
- Prospective EMR clients to long list vendors in the RFI stages, or contrast final cut vendors in selection stages;
- Investors, venture capital firm, analysts, advisors and bankers in making financing decisions;
- Media and press to recognize industry EMR trends as collected from client ballots; and
- EMR Software Vendors to inform their audiences with go-to-market strategies, assess their perceived strengths and weaknesses, educate their staffs, communicate to a wider market, and fine-tune their improvement and marketing position programs.

The end-user groups that participate use the data as a tool to benchmark their own satisfaction compared to that of other service providers. It also provides them with the opportunity to understand the perceived strengths and weaknesses of their service providers compared to the market at large.

Survey Overview

In 2011, the Black Book EMR Industry user survey investigates contracts held by 2616 of current US ambulatory and medical practice administration, physician managers and executives, and technology staff members. 18 Key Performance Indicators (KPIs) or criteria are employed, scored on each respective vendor by client type and ranked on a 0-10 scale per KPI.

Key Findings

►► KEY FINDING: MOST IMPORTANT CUSTOMER SATISFACTION KPIs

Client Relationship & Cultural Fit, Reliability and Data Security are the most important attributes influencing **EMR Services** client satisfaction with their 2011 EMR providers.

►► KEY FINDING: CCHT CERTIFICATION IS A VENDOR REQUIREMENT BY 96.8% OF ALL PROSPECTIVE EMR SYSTEM BUYERS

Among those practices which are still in the EMR decision making process, relatively none would consider a non-certified product and risking the stimulus incentive payments.

►► KEY FINDING: EMR SERVICES VENDOR ARRANGEMENTS FROM A COMPREHENSIVE/END-TO-END

PRACTICE MANAGEMENT VENDOR PRODUCED THE 2011 HIGHEST SATISFACTION RATES

Evidenced by the top client experience and satisfaction ranking in 2011.

The Electronic Health Record (EHR) is a longitudinal electronic record of patient health information generated by one or more encounters in any care delivery setting. Included in this information are patient demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports.

The EHR automates and streamlines the clinician's workflow. The EHR has the ability to generate a complete record of a clinical patient encounter - as well as supporting other care-related activities directly or indirectly via interface - including evidence-based decision support, quality management, and outcomes reporting.

The Situation

A decade ago, the Institute of Medicine's *To Err is Human* report shocked the nation and the healthcare industry, publicly highlighting the 98,000 deaths that occur each year due to avoidable medical errors. Today, the statistics are not much improved. The IOM still estimates that at least 1.5 million

preventable medication errors cause harm in the U.S. and cost \$3.5 billion each year.

A key recommendation from the Institute of Medicine: More effective use of healthcare information technology to improve the safety, efficiency and effectiveness of patient care. While many organizations have made great strides implementing HIT solutions, others have been hindered by financial constraints.

The Solution

With the American Recovery and Reinvestment Act (ARRA) of 2009, the federal government has put muscle - and money - behind making electronic health records (EHR) systems a reality for every healthcare practitioner.

Specifically, the Health Information Technology for Economic and Clinical Health (HITECH) section (H.R. 1-113) of the ARRA bill contains \$19.2 billion in incentives for implementing EHR systems and other HIT.

But this landmark legislation is not about implementing technology for technology's sake. It's about promoting the "meaningful use" of EHRs to connect care settings and providers so patients receive better, safer care. It's about using the power of HIT to improve efficiency, reduce costs and ultimately, to expand access to healthcare services for all Americans.

Hospitals and physician practices that do not adopt EHRs will incur financial penalties - in the form of reduced Medicare and Medicaid payments - beginning in 2015.

How to Secure Stimulus Funding

To secure funding, care providers must:

1. Improve quality, safety and efficiency while reducing health disparities
2. Engage patients and families
3. Improve care coordination
4. Improve population and public health
5. Ensure adequate privacy and security protections for personal health information

Adoption of Electronic Medical Records Soars

While electronic medical records (EMR) have been around since the 80's, the right set of circumstances haven't existed for this technology to take off until now. Here are the primary drivers causing rapid adoption of EMR.

Mature Technology

While there have been software solutions for decades that promised to help make managing a medical practice easier and patient's information more secure, the packages that were provided were often bloated, expensive, and not user friendly. As a result medical practices didn't migrate to

EMR because it simply didn't help their business. That has changed and now there are packages that create outstanding return on investment in a short period of time. The top EMR packages manage all aspects of a medical practice from security to compliance to calling patients to remind them of appointments. Electronic Medical Records is an eight billion dollar market and companies are racing like mad to secure the top spot.

The industry is consolidating rapidly in an all out sprint to establish market share and become the leader. All this bodes well for the medical practice shopping for their first EMR software suite.

Government Stimulus

The second driver is the United States Federal Government. President Obama allocated a significant chunk of the American Reinvestment Act towards electronic medical records. The Veteran's Administration already has EMR in use when a patient visits are entered into VA hospital VISTA. This software allows the physician or authorized medical staff members to pull up the entire medical history of a patient across VA entities.

Data Storage & Record Protection

The third driver in the adoption of electronic medical records is storage and redundancy. The digital nature of EMR makes them ideal to store. Not only can the patient and

practice records be stored easily and cheaply, but redundancy is afforded through technology that allows the records to be mirrored in at more than one location. In the event of a fire, data-breach or natural disaster, a full, real-time back-up is available at alternate locations.

Complete Patient History

The fourth driver in the adoption of electronic medical records is patient history. Each time a patient visits a doctor he or she has to start fresh and explain and detail their full history. This would be fine if it actually happens but rarely do patients provide the full level of detail that doctors need to understand their health up to the moment. A perfect example is a tetanus shot. Most people don't remember the last time they had this shot. If their doctor had this information and you were able to allow your information to be shared your other doctors and specialists could have that information too.

Space and Real Estate

EMR are more efficient than traditional paper records on so many levels, but the most often cited benefit is reduced labor expense and reduced storage expense. No longer does a medical practice need one or more rooms with towering file storage cabinets. Also, many physicians are finding they don't need as many administrative assistants to run their practice. Reducing

their headcount by one person can easily pay for an EMR package in one year.

The Network Effect

As more and more electronic medical record companies find ways to interface with each other, it produces an efficiency network effect that is not limited to just medical practices. For instance doctor's offices can link with pharmacies and instantly pass a prescription to a patient's preferred pharmacy. This saves time but more importantly dramatically cuts down on medication typos. Typos and pharmacists misunderstanding a doctor's handwritten orders have a huge adverse impact on patients as well as cost when a patient becomes ill as a result of an improper medication being provided. Insurance companies are also coming on board and integrating with EMR platforms so claims and prescriptions can be handled more easily and effectively.

What is EMR Software?

Electronic health records (EHR) software, also known as electronic medical records (EMR) software, are software systems that provide a longitudinal, electronic version of a patient's health history. Information commonly found in an EMR includes a patient's progress or SOAP notes, problems, medications, vital signs, past health history, immunizations, laboratory data and radiology reports, to name just a few. In addition to storing patient information, these systems

are often integrated with medical billing software or practice management software for a fully-integrated workflow. The market offers a wide range of web-based EMR systems, as well as systems installed on-premise.

EMR software, when properly implemented, has the potential to dramatically change the healthcare landscape in the United States. When compared with traditional paper-based charts and record keeping, computerized medical records can reduce overall healthcare costs, increase efficiency, decrease errors, and provide organizations with vast amounts of information for data mining. In short, the adoption of EHR software, and even personal health records (PHR), represents a sea of change in how the healthcare industry takes care of patients.

EHRs are designed for inpatient and outpatient use by health providers. As of 2011, approximately 35% of office-based U.S. physicians are using an EMR with basic features, compared with only 18% of hospitals.

Benefits of Digital Health Information

Whether using a web-based system or an on-premise system, doctors and hospitals should see a number of benefits when moving to digital record-keeping, such as:

- Improved data security;

- Reduced documentation expenses;
- Shorter billing cycles;
- More accurate coding;
- Improved clinical decision making; and,
- Better documentation.

In short, EHRs can increase a practice or hospital's ROI and improve patient care. Other benefits may include reduced storage costs (from converting paper charts to digital form); eligibility for Pay-for-Performance (P4P) programs; drug to drug interaction checking; and reduced transcription costs.

How to Find the Right EMR Software

Before a physician purchases an EMR system, they'll need to review a number of important considerations. These include questions such as:

- Is the software appropriate for your specialty?
- Should billing and scheduling be integrated into one system or should the new software

interface with existing systems?

- How easy is the software to use (accessible navigation, use of familiar terms, intuitive interface)?
- What kind of maintenance and support package does the vendor offer?
- How viable are the companies being evaluated (financially and strategically)?
- What are the long-term costs of a particular system (license fees, support fees, transaction costs)?
- Does the software meet or exceed the criteria established for Stimulus Bill incentives?
- Which deployment option is appropriate (on-premise or web-based)?

Black Book recommends that practices “think big, start small and grow quickly.” That means buying into a big vision of how effective the practice will become by going digital. At the same time, it means accepting that you won’t realize that vision overnight.

Common EHR Features

What information a practice or hospital needs to collect, as well as the specialties that are represented, will determine what features they’ll require. The features and capabilities of the over 300 systems on the market today vary widely. However, there are a number of core features that a provider will want to know if electronic medical record companies are offering. For example:

- Computerized physician order entry (CPOE);
- Recording patient demographics;
- Maintaining a problem list of diagnoses;
- Prescribing electronically (e-prescribing);

- Maintaining an active medication list for patients;
- Implementing drug/allergy checks at the point-of-care;
- Sending patient reminders;
- Sharing patient information between providers;
- Providing patients with digital copies of their health information;
- Checking insurance eligibility and submitting claims electronically; and,
- Data sharing with immunization registries and public health agencies.

Many software vendors offer modules that have different features, which a provider can execute after the initial software implementation. The ideal situation however is to thoroughly evaluate what your needs will be both now and in the future to complete the implementation process all at once.

If a practice has hardware, they'll also want to ensure that the software can interact seamlessly with it. For example, a cardiologist will want their cardiology EMR program to be able integrate with an echocardiogram.

Challenges of Evaluating EMR Systems

One of the biggest challenges when evaluating EMRs is sifting through the sheer number of choices on the market to determine if a particular product meets your needs. As mentioned above, a physician or hospital will need to ask a variety of questions to determine if the software is the right fit. Once a provider completes that process, there are still even more challenges ahead.

Assessing the viability of an EMR software vendor is one of the more important challenges. Consider this scenario. You spend three months selecting a new EMR system and another three months implementing and training. Then, your office staff gets accustomed to it. Then you learn the software vendor has gone out of business. No more support, no new upgrades, and no delivery of that additional module they promised would be available soon. Here are some questions to ask when assessing the viability of a software vendor:

- Does the vendor generate enough cash flow from operations to support continued investment in development and support?

- Does the vendor have adequate working capital (current assets minus current liabilities)?
- What does the vendor's product development road map look like?
- Is the vendor focused on your specialty and the product you are buying?
- Is the vendor large enough to acquire other companies or small enough to be acquired?

2011
FAMILY PRACTICE
PHYSICIANS

END-TO-END EMR
TOP OVERALL HONORS

PRACTICE FUSION

2011
FAMILY PRACTICE EMR

TOP VENDOR BY FUNCTION

**ELECTRONIC HEALTH RECORDS &
DOCUMENT MANAGEMENT**

PRACTICE FUSION

**PRACTICE MANAGEMENT & REVENUE
CYCLE MANAGEMENT**

CHARTLOGIC

E-PRESCRIBING

DR FIRST/RCOPIA

PATIENT ACCESSIBILITY

GREENWAY MEDICAL

Black Book Methodology

How the Data Is Collected

Black Book utilizes a three-step process to collect candid performance data. First, Black Book collects a series of direct evaluations covering 26 performance areas on leadership and senior management, which comprise the scored ranking of the “Black Book 50 Best Managed Healthcare IT Vendors”.

Second, Black Book collects ballot results on 18 performance areas of operational excellence to rank vendors by EMR product lines. Third, the gathered data is subjected immediately to an internal and external audit to verify completeness and accuracy, and to make sure the respondent is valid while ensuring 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 independent auditors. In this way, our clients are able to clearly see how an EMR vendor is truly performing.

Understanding the Statistical Confidence of Black Book Data

Statistical confidence for each performance rating is based upon the number of organizations scoring the EMR service. Black

Book identifies data confidence by one of several means:

1. Top Twenty ranked EMR vendors must have a minimum of ten unique clients represented. Broad categories require a minimum of ten unique client ballots to ensure cross section opinions are harvested. Data that is asterisked (*) represents 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 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.
2. EMR Vendors with over ten unique client votes are eligible for top twenty rankings and are assured to have highest confidence and lowest variation. Confidence increases as more organizations report on their EMR vendor. Data reported in this form is shown with a 95 percent confidence level (+/- .25, .20 or .15, respectively).
3. Raw numbers include the quantity of completed surveys and the number of unique organizations contributing the data for the survey pool of interest.

Who Participates in the Black Book Ranking Process

Over 70,000 individuals are invited to participate annually (including physician leaders and non-clinical administrators of publicly traded hospital

corporations, private hospitals, academic medical institutions, multispecialty medical group practices, small and multiple physician practices, hospitalist groups, emergency departments, institutional members and officers of various healthcare/medical and IT professional organizations, subscribers of our media partners and previously validated survey participants). Non-invitation receiving participants must complete a verifiable profile, utilize valid corporate email address and are then included as well. Over 6,000 users were validated in the 2011 ranking process.

The Black Book survey web instrument is open to respondents and new participants each year from August 1 – October 31 at www.blackbookpolls.com

2011 EMR Vendor Rankings and Results

4502 validated respondents ranked 174 EMR suppliers offering the four major service delivery sectors, as part of the Black Book annual survey conducted Q2-3 2010, via web survey instrument.

TOP RATED EMR VENDORS DIFFERENTIATE FROM CROWDED VENDOR FIELD

As subset of the 2011 Black Book Rankings EMR User survey, IT leaders of physician practices and hospitals were asked to respond on several commonly discussed EMR negatives. The goal was to determine if top vendors were better succeeding, as a group, than the entire EMR vendor pool at addressing EMR drawbacks.

76 Top Vendors qualified for a Top 20 Ranking versus 414 Total Vendors
 Responses: 4091 Survey Conducted: Q3 2010
 Source: www.BlackBookRankings.com

EMR USER DISSATISFACTION RATES

Issue	Top 20 Ranked Vendors	All Vendors	ANALYSIS
Lack of Technology/Systems Compatibility	7%	84%	Top 20 Vendors are integrating systems at far higher satisfaction rates than general vendor pool.
Total Cost More than Government Stimulus Offers	9%	72%	Top 20 Vendors are meeting the cost constraints of EMR buyers via stimulus reimbursement conscious pricing.
Improved Productivity for Physicians and Staff	3%	12%	EMR is improving productivity on the whole.
Improved Quality of Data	3%	14%	EMR is improving data quality on the whole.
Data Driven Decision Making and Diagnosis Capabilities	11%	80%	Top 20 Vendors are promoting more data driven decisions for diagnosing and care management.

Long Term Savings to Patients and Doctors	15%	22%	Doctors believe the majority of savings from EMR will go to patients, not the physicians buying the systems.
Maximizing all unique EMR Functionalities	66%	95%	EMR users acknowledge the innovative capabilities of most systems but admit not utilizing the options fully.
Only share data with Health System members	68%	92%	EMRs are still limited to sharing with Health System partners and pharmacies/ancillaries.
Code: Highly Satisfied			
Satisfied			
Borderline Satisfied/Dissatisfied			
Dissatisfied			

Highest Preferred Selection Criteria

EMR Feature	Percent Ranking Feature as Top Three Preferred For Family Practice Physicians/Groups
ARRA Stimulus Compliant & Supports Meaningful Use	98%
E-Prescription Compatibility	84%
Return on Investment/Cost of System	80%
Flexible, Non-Template based systems	54%
Quality Assurance and Database Automation	33%
Web-based & Secure Transfer	29%
Electronic Document Management & Imaging	20%
Voice recognition & handwriting recognition	11%
Adaptive Learning and Data Recall	8%
Full integration with other Systems	7%

Industries/Sectors to Expand Procurement EMR Initiatives by Size of Practice (Number of Physicians and/or Clinicians)

Industry Sector	Percent Increasing Initiatives in next 12 months
6-25 Physician Practices	68.9%
1 Physician Practices	59.5%
Small Hospitals under 100 Beds	49.4%
100-249+ Physician Practices	35.9%
Community Hospitals 101-249 Beds	31.4%
26-99 Physician Practices	21.9%
250+ Physician Practices	20.7%
Large Hospitals & Medical Centers 250+ Beds	20.3%
2-5 Physician Practices	19.5%
Emergency Departments	18.9%

TOP TWENTY COMPREHENSIVE FAMILY PRACTICE PHYSICIAN ELECTRONIC MEDICAL RECORDS VENDORS

2011 RANK	COMPANY
1	PRACTICE FUSION
2	GREENWAY MEDICAL
3	CHARTLOGIC
4	DR FIRST/RCOPIA
5	AMAZINGCHARTS.COM
6	SAGE
7	ECLINICALWORKS
8	E-MDS
9	LSS DATA
10	APRIMA MEDICAL
11	NEXTGEN
12	HENRY SCHEIN MEDICAL
13	ALLSCRIPTS
14	SOAPWARE
15	EPIC
16	NIGHTINGALE
17	CUREMD
18	MERIDIAN EMR
19	STREAMLINE MD
20	SSIMED

THE TOP EMR VENDORS: FAMILY PHYSICIAN PRACTICES

2011 Criteria Key Findings of Operational Excellence

Comprehensive EMR Vendor defined as being comprised of four surveyed functions:

ELECTRONIC HEALTH RECORDS & DOCUMENT MANAGEMENT
PRACTICE MANAGEMENT & REVENUE CYCLE MANAGEMENT
E-PRESCRIBING
PATIENT ACCESSIBILITY

Evaluating EMR Vendors by Black Book Criteria:

Individual vendors can be examined by specific indicators on each of the main functions of EMR as well as grouped and summarized subsets. Detail of each subset is contained so that each EMR vendor may be analyzed by function and as a full service EMR collectively.

Raw Score Compilation and Scale of Reference

◀ 1.00 – 5.87 ▶	◀ 5.88 – 7.32 ▶	◀ 7.33 – 8.70 ▶	◀ 8.71 – 10.00 ▶
DEAL-BREAKING DISSATISFACTION	NEUTRAL	SATISFACTORY	OVERWHELMING SATISFACTION
DOES NOT MEET EXPECTATIONS	MEETS/DOES NOT MEET EXPECTATIONS INCONSISTENTLY	MEETS EXPECTATIONS	EXCEEDS EXPECTATIONS
CAN NOT RECOMMEND VENDOR	WOULD NOT LIKELY RECOMMEND VENDOR	RECOMMENDS VENDOR	HIGHLY RECOMMENDED VENDOR

Rank	FAMILY PRACTICE EMR VENDORS 2011 Top Twenty	Q 1	Q 2	Q 3	Q 4	Q 5	Q 6	Q 7	Q 8	Q 9	Q 10	Q 11	Q 12	Q 13	Q 14	Q 15	Q 16	Q 17	Q 18	Overall Mean
1	PRACTICE FUSION	9.75	9.67	9.42	9.14	9.46	9.60	9.37	9.56	9.30	9.22	9.10	9.07	9.47	9.61	9.29	9.14	9.60	9.69	9.41
2	GREENWAY MEDICAL	9.30	9.43	9.05	9.29	9.12	8.88	9.31	9.22	9.37	8.99	9.24	9.54	9.42	9.18	9.27	9.52	9.46	9.18	9.27
3	CHARTLOGIC	9.31	9.66	9.08	9.21	9.47	9.14	8.93	8.63	9.39	9.62	9.09	8.62	8.83	8.81	8.50	9.27	8.77	9.15	9.08
4	DR FIRST/RCOPIA	9.14	9.19	8.55	9.14	9.30	8.52	9.18	8.93	8.79	9.12	9.57	8.61	8.65	9.04	9.44	8.82	9.01	9.14	9.00
5	AMAZINGCHARTS.COM	9.20	9.34	8.81	8.23	8.88	8.78	8.75	9.04	8.45	9.07	9.00	8.79	8.59	8.00	8.36	9.34	8.28	9.18	8.80
6	SAGE	8.88	8.06	9.48	8.80	7.74	8.27	7.88	9.03	9.05	8.02	8.49	7.04	8.97	9.13	9.06	9.08	9.17	9.24	8.64
7	ECLINICALWORKS	9.54	8.56	9.08	7.66	8.89	8.99	8.54	8.38	8.28	7.46	7.93	8.62	8.75	8.17	8.98	8.61	8.09	8.71	8.51
8	E-MDS	8.60	8.28	8.37	7.57	8.76	9.23	8.22	7.92	8.89	7.55	8.38	7.91	7.82	8.86	7.79	8.06	8.69	8.44	8.29
9	LSS DATA	7.36	8.86	8.28	8.41	7.61	9.14	8.13	7.83	7.43	8.15	8.29	8.32	8.60	9.45	7.57	8.01	8.73	8.35	8.25
10	APRIMA MEDICAL	8.25	8.33	8.45	9.06	8.36	7.45	8.90	7.56	7.53	7.59	8.16	7.90	8.32	8.07	9.07	8.33	8.28	8.59	8.23
11	NEXTGEN	6.86	7.66	8.61	8.46	8.68	9.03	7.95	7.18	8.96	9.28	7.59	7.34	7.83	8.66	7.83	8.74	7.94	8.38	8.16
12	HENRY SCHEIN MEDICAL	8.70	8.08	8.61	8.17	6.96	6.88	8.04	8.60	7.57	7.44	8.39	8.80	8.30	8.32	7.66	8.13	8.65	8.03	8.07
13	ALLSCRIPTS	8.42	7.53	8.16	7.69	8.23	7.98	6.96	8.25	8.41	7.60	8.35	7.43	8.54	8.21	7.32	8.15	8.01	8.68	7.99
14	SOAPWARE	8.39	9.11	7.90	8.00	8.49	7.70	8.80	7.57	6.86	8.33	8.07	7.69	7.22	7.81	7.37	7.66	7.90	8.65	7.97
15	EPIC	7.73	7.73	7.60	7.52	8.01	8.29	6.76	7.86	7.44	7.88	7.59	7.77	8.01	7.21	8.07	8.38	7.86	8.41	7.78
16	NIGHTINGALE	6.93	7.61	8.01	7.63	7.10	7.92	7.95	7.70	8.60	7.12	7.30	7.52	6.50	7.08	8.13	8.86	9.05	8.34	7.74
17	CUREMD	8.17	7.95	7.71	6.59	7.98	7.59	8.18	8.66	7.73	7.06	6.38	7.12	7.40	8.75	7.05	7.40	7.53	7.62	7.60
18	MERIDIAN EMR	7.34	7.60	8.12	7.30	6.77	7.28	7.97	6.63	6.98	7.65	7.50	7.16	7.92	7.20	8.40	7.75	8.81	7.78	7.57
19	STREAMLINE MD	8.29	7.94	7.90	7.49	7.97	8.54	7.42	6.85	6.76	7.90	7.70	6.90	7.26	7.85	7.17	8.09	7.37	6.71	7.56
20	SSIMED	7.02	7.85	7.79	7.40	6.90	6.22	7.64	6.82	8.31	6.38	7.80	8.81	7.79	8.28	6.69	8.23	7.96	7.11	7.50

TOP SCORE PER INDIVIDUAL CRITERIA			
(Q) #	Criteria	PRIMARY CARE EMR Family Practice Vendor	Overall Rank
1	Vendor Overall Preference /Vertical Industry Recommendations	PRACTICE FUSION	1
2	Innovation	PRACTICE FUSION	1
3	Training	SAGE	6
4	Client Relationships and Cultural Fit	GREENWAY MEDICAL	2
5	Trust	CHARTLOGIC	3
6	Breadth of Offerings, Client Types, Delivery Excellence	PRACTICE FUSION	1
7	Deployment and EMR Implementation	PRACTICE FUSION	2
8	Customization	PRACTICE FUSION	1
9	Integration and Interfaces	CHARTLOGIC	3
10	Scalability, Client Adaptability, Flexible Pricing	CHARTLOGIC	3
11	Compensation and Employee Performance	DR FIRST/RCOPIA	4
12	Reliability	GREENWAY MEDICAL	2
13	Brand Image and Marketing Communications	PRACTICE FUSION	1
14	Marginal Value Adds	PRACTICE FUSION	1
15	Viability	DR FIRST/RCOPIA	4
16	Data Security and Backup Services	GREENWAY MEDICAL	2
17	Support and Customer Care	PRACTICE FUSION	1
18	Best of Breed Technology and Process Improvement	PRACTICE FUSION	1

SCORING KEY (color coding omitted)

OVERALL RANK
This rank references the Final Position of all 18 criteria averaged by the mean score collectively. This vendor ranked 5th of the 20 competitors.

▼

Q" ___"
Refers to the number of the QUESTION... or CRITERIA surveyed This is the sixth question of the 18 criteria.

▼

Company
Name of Procurement EMR Vendor

▼

PRACTICE MANAGEMENT & REVENUE CYCLE MANAGEMENT
This subset (one-fourth of the total EMR Vendor Mean at the end of this row, includes all buyers and users who indicate they contract with each respective vendor

▼

PATIENT ACCESSIBILITY
This subset (one-fourth of the total EMR Vendor Mean at the end of this row, includes all buyers and users

▼

OVERALL FINAL RANK	CRITERIA RANK	COMPANY	ELECTRONIC HEALTH RECORDS	PRACTICE MANAGEMENT	E-PRESCRIBING	PATIENT ACCESSIBILITY	EMR MEAN
5	1	SAMPLE EMR INC	9.22	9.66	9.70	9.54	9.53

▲
Criteria Rank
The actual rank of the top twenty vendors positioned by only this particular criteria or question. This vendor ranked 1st of the 20 competitor qualified vendors analyzed.

▲
ELECTRONIC HEALTH RECORDS & DOCUMENT MANAGEMENT
This subset (one-fourth of the total EMR Vendor Mean at the end of this row, includes all buyers and users who indicate they contract with each respective vendor. Scores are based on the 0 (Deal-Breaking Dissatisfaction) to 10 (Overwhelming Client Satisfaction) and 1/4 of full EMR Mean.

▲
E-PRESCRIBING
This subset (one-fourth of the total EMR Vendor Mean at the end of this row, includes all buyers and users who indicate they contract with each respective vendor

▲
EMR MEAN
Congruent with the Criteria Rank, the EMR **(ELECTRONIC MEDICAL RECORD)** MEAN is a calculation of all four subsets of EMR functions surveyed.

1. Vendor Overall Preference/Vertical Industry Recommendations - Vendor Overall Preference/Recommendation
 (Organizational structure meets the needs of stakeholders or customers and stakeholder satisfaction is the most important priority. Is the client likely to recommend the vendor for an EMR engagement for Electronic Medical Records and management to other EMR buyers?)

OVERALL FINAL RANK	CRITERIA RANK	COMPANY	ELECTRONIC HEALTH RECORDS	PRACTICE MANAGEMENT	E-PRESCRIBING	PATIENT ACCESSIBILITY	EMR MEAN
1	1	PRACTICE FUSION	9.79	9.68	9.80	9.72	9.75
7	2	ECLINICALWORKS	9.46	9.76	9.33	9.59	9.54
3	3	CHARTLOGIC	9.22	9.42	9.32	9.28	9.31
2	4	GREENWAY MEDICAL	9.37	9.33	9.36	9.24	9.30
5	5	AMAZINGCHARTS.COM	9.37	9.16	9.27	8.99	9.20
4	6	DR FIRST/RCOPIA	9.23	9.33	9.25	8.76	9.14
6	7	SAGE	8.97	8.75	8.84	8.96	8.88
12	8	HENRY SCHEIN MEDICAL	8.54	8.29	8.90	9.05	8.70
8	9	E-MDS	8.43	8.53	8.31	9.14	8.60
13	10	ALLSCRIPTS	8.95	7.28	8.79	8.64	8.42

2. Innovation - Customers are also continuing to push the envelope for further enhancements to which the EMR process vendor is responsive. EMR clients also believe that their vendors' technology is helping them compete more effectively, generate larger revenues and profits, and cut their overhead in ways that were difficult or impossible to accomplish before EMR was introduced.

OVERALL FINAL RANK	CRITERIA RANK	COMPANY	ELECTRONIC HEALTH RECORDS	PRACTICE MANAGEMENT	E-PRESCRIBING	PATIENT ACCESSIBILITY	EMR MEAN
1	1	PRACTICE FUSION	9.64	9.50	9.70	9.84	9.67
3	2	CHARTLOGIC	9.77	9.57	9.68	9.60	9.66
2	3	GREENWAY MEDICAL	9.75	9.40	9.50	9.07	9.43
5	4	AMAZINGCHARTS.COM	9.21	9.57	9.32	9.24	9.34
4	5	DR FIRST/RCOPIA	9.45	9.39	8.60	9.32	9.19
14	6	SOAPWARE	8.94	9.34	9.11	9.06	9.11
9	7	LSS DATA	9.02	8.78	9.08	8.54	8.86
7	8	ECLINICALWORKS	8.03	9.71	8.24	8.17	8.56
24	9	BIZMATICS	7.76	8.14	8.88	8.92	8.43
19	10	APRIMA MEDICAL	7.87	8.62	7.98	8.85	8.33

3. Training - EMR leadership provides significant and meaningful training opportunities for employees and client staff. Leadership strives to develop technology staff, customer service and consultant employees in particular.

OVERALL FINAL RANK	CRITERIA RANK	COMPANY	ELECTRONIC HEALTH RECORDS	PRACTICE MANAGEMENT	E-PRESCRIBING	PATIENT ACCESSIBILITY	EMR MEAN
6	1	SAGE	9.45	9.62	9.36	9.49	9.48
1	2	PRACTICE FUSION	9.30	9.30	9.54	9.53	9.42
7	3	ECLINICALWORKS	9.09	9.41	9.19	8.64	9.08
3	4	CHARTLOGIC	9.18	8.57	9.55	9.03	9.08
2	5	GREENWAY MEDICAL	9.43	8.77	9.30	8.69	9.05
5	6	AMAZINGCHARTS.COM	8.82	8.70	9.13	8.58	8.81
12	7	HENRY SCHEIN MEDICAL	8.04	8.83	9.01	8.57	8.61
11	8	NEXTGEN	8.95	8.22	8.15	9.10	8.61
4	9	DR FIRST/RCOPIA	8.09	9.05	7.87	9.20	8.55
19	10	APRIMA MEDICAL	9.08	7.65	9.10	7.98	8.45

4. Client Relationships - EMR leadership honors customer relationships highly. The relationship with the software vendor elevates the customer reputation. Improving customer 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 are no regular transparency or quality issues.

OVERALL FINAL RANK	CRITERIA RANK	COMPANY	ELECTRONIC HEALTH RECORDS	PRACTICE MANAGEMENT	E-PRESCRIBING	PATIENT ACCESSIBILITY	EMR MEAN
2	1	GREENWAY MEDICAL	9.42	9.37	9.22	9.15	9.29
3	2	CHARTLOGIC	9.27	9.17	9.22	9.18	9.21
1	3	PRACTICE FUSION	8.97	9.03	9.34	9.22	9.14
4	4	DR FIRST/RCOPIA	8.68	9.31	9.21	9.37	9.14
19	5	APRIMA MEDICAL	9.35	9.31	8.66	8.90	9.06
6	6	SAGE	9.14	8.69	8.94	8.42	8.80
11	7	NEXTGEN	8.36	8.45	8.23	8.79	8.46
9	8	LSS DATA	7.93	8.00	9.25	8.45	8.41
5	9	AMAZINGCHARTS.COM	8.20	9.07	7.64	8.00	8.23
12	10	HENRY SCHEIN MEDICAL	8.49	7.85	8.93	7.41	8.17

5. Trust -Trust in enterprise reputation is important to document process EMR services clients, as well as prospects. Client possesses an understanding that their EMR organization has the people, processes, and resources to effectively deliver the desired business results, based on its industry reputation and past performance.

OVERALL FINAL RANK	CRITERIA RANK	COMPANY	ELECTRONIC HEALTH RECORDS	PRACTICE MANAGEMENT	E-PRESCRIBING	PATIENT ACCESSIBILITY	EMR MEAN
3	1	CHARTLOGIC	9.34	9.78	9.46	9.30	9.47
1	2	PRACTICE FUSION	9.10	9.54	9.47	9.73	9.46
4	3	DR FIRST/RCOPIA	9.27	9.06	9.20	9.67	9.30
2	4	GREENWAY MEDICAL	9.57	9.46	8.52	8.92	9.12
7	5	ECLINICALWORKS	8.99	9.59	9.02	7.95	8.89
5	6	AMAZINGCHARTS.COM	8.73	8.89	9.17	8.74	8.88
8	7	E-MDS	8.56	8.37	9.06	9.05	8.76
11	8	NEXTGEN	8.81	8.75	8.38	8.77	8.68
14	9	SOAPWARE	8.56	9.41	7.95	8.04	8.49
19	10	APRIMA MEDICAL	8.09	8.63	8.47	8.24	8.36

6. Breadth of Offerings, Client Types, Delivery Excellence - Industry recognized horizontal functionality and vertical Industry applications to manage bundled medical practice services. Vendor routinely drives Operational Performance improvements and results in the areas they affect.

OVERALL FINAL RANK	CRITERIA RANK	COMPANY	ELECTRONIC HEALTH RECORDS	PRACTICE MANAGEMENT	E-PRESCRIBING	PATIENT ACCESSIBILITY	EMR MEAN
1	1	PRACTICE FUSION	9.53	9.55	9.58	9.74	9.60
8	2	E-MDS	9.30	9.51	8.97	9.15	9.23
9	3	LSS DATA	9.08	9.36	9.04	9.06	9.14
3	4	CHARTLOGIC	8.99	8.83	9.31	9.44	9.14
11	5	NEXTGEN	9.35	9.26	8.45	9.08	9.03
7	6	ECLINICALWORKS	8.11	9.59	9.01	9.24	8.99
2	7	GREENWAY MEDICAL	9.75	8.08	8.47	9.22	8.88
5	8	AMAZINGCHARTS.COM	8.87	8.97	8.73	8.55	8.78
19	9	STREAMLINE MD	8.57	8.52	8.01	9.04	8.54
4	10	DR FIRST/RCOPIA	8.71	8.32	8.40	8.66	8.52

7. Deployment and EMR Implementation - Faster Deployments – outsourced procurement solutions eliminate the excessive buyer supervision over vendor implementations. There is a minimized need for consultant management of deployments due to highly astute vendor staff. EMRt services vendor overcomes implementation obstacles and challenges effectively. Technical, organizational, and cultural implementation obstacles are handled professionally and timely. Implementation time exceeds expectations.

OVERALL FINAL RANK	CRITERIA RANK	COMPANY	ELECTRONIC HEALTH RECORDS	PRACTICE MANAGEMENT	E-PRESCRIBING	PATIENT ACCESSIBILITY	EMR MEAN
1	1	PRACTICE FUSION	9.75	9.27	9.58	8.90	9.37
2	2	GREENWAY MEDICAL	8.97	9.17	9.45	9.65	9.31
4	3	DR FIRST/RCOPIA	9.28	9.03	8.98	9.43	9.18
3	4	CHARTLOGIC	9.15	8.78	8.90	8.87	8.93
19	5	APRIMA MEDICAL	9.08	8.79	9.12	8.61	8.90
14	6	SOAPWARE	8.54	9.34	8.30	9.03	8.80
5	7	AMAZINGCHARTS.COM	8.69	8.68	8.81	8.83	8.75
7	8	ECLINICALWORKS	8.74	9.40	8.67	7.33	8.54
8	9	E-MDS	8.58	7.70	8.17	8.41	8.22
17	10	CUREMD	7.88	8.24	8.54	8.05	8.18

8. Customization - EMR products and process services are customized to meet the unique needs of specific client purpose, processes and models. Little resistance to changing performance measurements clients' needs vary.

OVERALL FINAL RANK	CRITERIA RANK	COMPANY	ELECTRONIC HEALTH RECORDS	PRACTICE MANAGEMENT	E-PRESCRIBING	PATIENT ACCESSIBILITY	EMR MEAN
1	1	PRACTICE FUSION	9.20	9.52	9.74	9.77	9.56
2	2	GREENWAY MEDICAL	9.59	9.24	9.17	8.89	9.22
5	3	AMAZINGCHARTS.COM	8.47	9.12	9.34	9.24	9.04
6	4	SAGE	9.21	8.89	9.21	8.82	9.03
4	5	DR FIRST/RCOPIA	8.99	9.18	8.32	9.23	8.93
17	6	CUREMD	8.34	8.90	8.88	8.51	8.66
3	7	CHARTLOGIC	8.00	8.74	8.93	8.85	8.63
12	8	HENRY SCHEIN MEDICAL	7.98	9.07	8.97	8.28	8.60
7	9	ECLINICALWORKS	7.85	9.55	8.74	7.38	8.38
13	10	ALLSCRIPTS	8.84	8.24	7.85	8.07	8.25

9. Integration and Interfaces – Managed EMR services Vendor supports interfaces so information can be shared between necessary applications. Solutions are easily integrated to existing backend systems. Seamless interfaces to legacy applications are performed as required for optimal functioning. Human integration and interface activities are administered precisely. Cross-industry electronic medical record services expertise is evidenced by execution and orchestration of multiple transactions practice, services and systems.

OVERALL FINAL RANK	CRITERIA RANK	COMPANY	ELECTRONIC HEALTH RECORDS	PRACTICE MANAGEMENT	E-PRESCRIBING	PATIENT ACCESSIBILITY	EMR MEAN
3	1	CHARTLOGIC	9.33	9.49	9.38	9.34	9.39
2	2	GREENWAY MEDICAL	9.74	9.28	9.09	9.35	9.37
1	3	PRACTICE FUSION	8.97	9.24	9.32	9.68	9.30
6	4	SAGE	8.95	9.60	9.18	8.48	9.05
11	5	NEXTGEN	8.91	8.57	9.14	9.10	8.96
8	6	E-MDS	9.07	8.78	8.76	8.94	8.89
4	7	DR FIRST/RCOPIA	8.62	9.00	8.99	8.55	8.79
21	8	ATHENA HEALTH	8.72	9.30	8.41	8.00	8.61
16	9	NIGHTINGALE	8.26	8.56	9.06	8.52	8.60
5	10	AMAZINGCHARTS.COM	8.58	7.53	8.95	8.75	8.45

10. Scalability, Client Adaptability, Flexible Pricing – EMR Solutions vendor provides flexible EMR pricing, allowing client to choose and pay for the precise functionality and services needed. Invested in significant infrastructure and have the ability to provide services to enterprise organizations. IT products and services meet the changing and varied needs of medical practice customer.

OVERALL FINAL RANK	CRITERIA RANK	COMPANY	ELECTRONIC HEALTH RECORDS	PRACTICE MANAGEMENT	E-PRESCRIBING	PATIENT ACCESSIBILITY	EMR MEAN
3	1	CHARTLOGIC	9.76	9.58	9.43	9.70	9.62
11	2	NEXTGEN	9.02	9.40	9.36	9.35	9.28
1	3	PRACTICE FUSION	9.13	9.15	9.20	9.39	9.22
4	4	DR FIRST/RCOPIA	8.80	9.13	9.21	9.34	9.12
5	5	AMAZINGCHARTS.COM	9.22	9.18	8.84	9.05	9.07
2	6	GREENWAY MEDICAL	9.39	8.89	8.95	8.74	8.99
14	7	SOAPWARE	7.96	9.28	8.67	7.40	8.33
9	8	LSS DATA	8.54	8.03	9.08	8.22	8.15
6	9	SAGE	8.41	7.45	8.03	8.17	8.02
19	10	STREAMLINE MD	8.14	7.89	8.02	7.55	7.90

11. Compensation and Employee Performance - EMR 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. Implications of the “contractor mentality” are minimized. Vendor is using effective tools to tie performance metrics to compensation policy and compensating top leaders. FYI, Human resources-related criteria are scored from the client perspective on this indicator.

OVERALL FINAL RANK	CRITERIA RANK	COMPANY	ELECTRONIC HEALTH RECORDS	PRACTICE MANAGEMENT	E-PRESCRIBING	PATIENT ACCESSIBILITY	EMR MEAN
4	1	DR FIRST/RCOPIA	9.55	9.47	9.56	9.69	9.57
2	2	GREENWAY MEDICAL	9.80	8.94	9.45	8.78	9.24
1	3	PRACTICE FUSION	8.69	9.11	9.06	9.52	9.10
3	4	CHARTLOGIC	9.04	9.09	9.24	8.99	9.09
5	5	AMAZINGCHARTS.COM	9.18	8.93	8.45	9.43	9.00
6	6	SAGE	8.13	9.01	8.90	7.93	8.49
12	7	HENRY SCHEIN MEDICAL	8.52	8.40	8.83	7.79	8.39
8	8	E-MDS	8.82	8.92	8.18	7.59	8.38
13	9	ALLSCRIPTS	7.67	8.79	8.93	8.01	8.35
9	10	LSS DATA	8.48	7.87	8.54	8.28	8.29

12. Reliability –EMR supplier meets agreed terms as evidenced by routine, acceptable meaningful use 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 EMR service capacities are demonstrated consistently. Service levels are consistently met as agreed. Services and support response is maximized by vendor team.

OVERALL FINAL RANK	CRITERIA RANK	COMPANY	ELECTRONIC HEALTH RECORDS	PRACTICE MANAGEMENT	E-PRESCRIBING	PATIENT ACCESSIBILITY	EMR MEAN
2	1	GREENWAY MEDICAL	9.79	9.40	9.54	9.42	9.54
1	2	PRACTICE FUSION	8.80	9.12	9.00	9.36	9.07
20	3	SSIMED	8.70	8.86	9.32	8.35	8.81
5	4	AMAZINGCHARTS.COM	8.63	8.84	8.65	9.03	8.79
12	5	HENRY SCHEIN MEDICAL	8.88	8.90	8.53	8.84	8.79
7	6	ECLINICALWORKS	8.59	9.43	8.99	7.48	8.62
3	7	CHARTLOGIC	8.98	8.45	8.70	8.34	8.62
4	8	DR FIRST/RCOPIA	8.96	7.90	8.98	8.59	8.61
9	9	LSS DATA	8.55	8.01	8.25	8.46	8.32
8	10	E-MDS	8.53	8.03	7.69	7.39	7.91

13. Brand Image and Marketing Communications - The EMR vendor's sales and marketing processes accurately and appropriately represent service deliverables. Image is consistent with top EMR service rankings. Sales presentations and proposals delivered upon and corporate integrity/honesty in marketing and business development are highly valued. Company image and integrity are values upheld top-down consistently. Maintains high image and reputation so that customer, manufacturers, MNCs and other buyers of EMR services openly reference their EMR representatives as client team members. High level of relevant client communications.

OVERALL FINAL RANK	CRITERIA RANK	COMPANY	ELECTRONIC HEALTH RECORDS	PRACTICE MANAGEMENT	E-PRESCRIBING	PATIENT ACCESSIBILITY	EMR MEAN
1	1	PRACTICE FUSION	9.40	9.48	9.45	9.54	9.47
2	2	GREENWAY MEDICAL	9.69	9.44	9.29	9.25	9.42
6	3	SAGE	9.18	8.79	9.12	8.77	8.97
3	4	CHARTLOGIC	8.82	8.84	8.99	8.67	8.83
7	5	ECLINICALWORKS	8.21	9.68	8.49	8.63	8.75
4	6	DR FIRST/RCOPIA	9.03	8.21	9.14	8.21	8.65
9	7	LSS DATA	7.95	9.26	8.38	8.81	8.60
5	8	AMAZINGCHARTS.COM	8.28	8.77	8.36	8.96	8.59
13	9	ALLSCRIPTS	8.49	8.99	8.45	8.24	8.54
19	10	APRIMA MEDICAL	8.56	8.17	8.14	8.39	8.32

14. Marginal Value Adds - EMR vendor's cost savings are realized as generally estimated, and not over positioned or over/underestimated in ways that effect major client satisfaction or costs. Savings expectations such as decreases in practice operations and support staff are realized. Buyer's document services support costs are reduced significantly. Vendor offers value-adds as a cross-industry EMR partner in cost savings procurement management initiatives and creative programs through bundled product design and purchasing services EMR. Provides true practice transformation opportunities to EMR buyer and opportunities for top line contributions.

OVERALL FINAL RANK	CRITERIA RANK	COMPANY	ELECTRONIC HEALTH RECORDS	PRACTICE MANAGEMENT	E-PRESCRIBING	PATIENT ACCESSIBILITY	EMR MEAN
1	1	PRACTICE FUSION	9.55	9.65	9.53	9.70	9.61
9	2	LSS DATA	9.62	9.15	9.56	9.46	9.45
2	3	GREENWAY MEDICAL	9.73	8.79	9.11	9.11	9.18
6	4	SAGE	9.24	9.34	8.99	8.95	9.13
4	5	DR FIRST/RCOPIA	9.02	9.59	8.69	8.86	9.04
8	6	E-MDS	8.89	8.53	8.90	9.11	8.86
3	7	CHARTLOGIC	9.21	8.59	9.24	8.19	8.81
17	8	CUREMD	8.43	8.77	8.76	9.04	8.75
11	9	NEXTGEN	8.74	8.04	8.57	9.29	8.66
21	10	ATHENA HEALTH	8.47	9.52	8.43	7.38	8.45

15. Viability – Vendor’s viability, employee turnover, financial stability, and/or cultural mismatches do not threaten relationship. This EMR vendor takes extraordinary efforts to avoid relationship problems among service providers and the client as well. Senior management and board exemplify strong leadership principals to steward resources appropriate that impact EMR buyers in particular.

OVERALL FINAL RANK	CRITERIA RANK	COMPANY	ELECTRONIC HEALTH RECORDS	PRACTICE MANAGEMENT	E-PRESCRIBING	PATIENT ACCESSIBILITY	EMR MEAN
4	1	DR FIRST/RCOPIA	9.58	9.16	9.58	9.45	9.44
1	2	PRACTICE FUSION	9.18	9.33	9.20	9.46	9.29
2	3	GREENWAY MEDICAL	9.72	9.26	9.29	8.92	9.27
19	4	APRIMA MEDICAL	9.43	8.93	9.18	8.74	9.07
6	5	SAGE	9.30	8.62	9.01	9.29	9.06
7	6	ECLINICALWORKS	8.64	9.80	9.33	8.15	8.98
3	7	CHARTLOGIC	8.90	8.24	8.84	8.00	8.50
18	8	MERIDIAN EMR	8.45	7.90	9.02	8.22	8.40
5	9	AMAZINGCHARTS.COM	8.18	8.42	8.05	8.78	8.36
16	10	NIGHTINGALE	8.04	7.95	8.57	7.95	8.13

16. Data Security and Backup Services – In order to provide a secure and constantly dependable procurement services offerings for corporate product development entities, an EMR vendor has to provide the highest level of security and data back-up services. In some cases, you may find their service in these two areas superior to the security and back-up system in your own firm/corporation.

OVERALL FINAL RANK	CRITERIA RANK	COMPANY	ELECTRONIC HEALTH RECORDS	PRACTICE MANAGEMENT	E-PRESCRIBING	PATIENT ACCESSIBILITY	EMR MEAN
2	1	GREENWAY MEDICAL	9.74	9.69	9.52	9.14	9.52
5	2	AMAZINGCHARTS.COM	9.51	9.15	9.15	9.54	9.34
3	3	CHARTLOGIC	9.36	9.44	8.97	9.29	9.27
1	4	PRACTICE FUSION	8.83	9.13	9.27	9.42	9.14
6	5	SAGE	9.26	8.76	9.08	9.22	9.08
16	6	NIGHTINGALE	9.06	9.01	8.81	8.54	8.86
4	7	DR FIRST/RCOPIA	9.19	8.47	8.94	8.69	8.82
11	8	NEXTGEN	8.05	9.30	8.69	8.90	8.74
7	9	ECLINICALWORKS	8.01	9.79	8.56	8.08	8.61
15	10	EPIC	8.32	7.50	8.46	9.24	8.38

17. Support and Customer Care –EMR leadership provides an adequate amount of onsite administration and support to clients. There exists a formal EMR relationship and account management program that meets client needs among suppliers for the customer. Vendor evidences successful management strategies of EMR process and design products, and services. Media and clients reference this vendor as a services leader and top producer correctly. Customer services and relationship satisfaction is manifested through significant flagship clients as well as smaller and newest customers similarly.

OVERALL FINAL RANK	CRITERIA RANK	COMPANY	ELECTRONIC HEALTH RECORDS	PRACTICE MANAGEMENT	E-PRESCRIBING	PATIENT ACCESSIBILITY	EMR MEAN
1	1	PRACTICE FUSION	9.34	9.45	9.81	9.80	9.60
2	2	GREENWAY MEDICAL	9.69	9.50	9.62	9.01	9.46
6	3	SAGE	9.42	9.12	9.02	9.11	9.17
16	4	NIGHTINGALE	8.90	9.24	9.24	8.81	9.05
4	5	DR FIRST/RCOPIA	9.16	8.90	8.94	9.03	9.01
18	6	MERIDIAN EMR	8.09	9.25	8.42	9.47	8.81
3	7	CHARTLOGIC	9.05	8.46	8.54	9.03	8.77
9	8	LSS DATA	8.75	9.00	8.39	8.77	8.73
8	9	E-MDS	8.24	8.67	8.80	9.03	8.69
12	10	HENRY SCHEIN MEDICAL	8.70	8.52	8.36	9.00	8.65

18. Best of Breed Technology and Process Improvement – Electronic medical records, document management, practice management and related technology services management are considered best in breed. 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 and above those as measured when evaluating like competitors.

OVERALL FINAL RANK	CRITERIA RANK	COMPANY	ELECTRONIC HEALTH RECORDS	PRACTICE MANAGEMENT	E-PRESCRIBING	PATIENT ACCESSIBILITY	EMR MEAN
1	1	PRACTICE FUSION	9.52	9.58	9.75	9.90	9.69
6	2	SAGE	9.30	9.27	9.14	9.25	9.24
5	3	AMAZINGCHARTS.COM	9.13	9.31	9.10	9.17	9.18
2	4	GREENWAY MEDICAL	9.75	9.06	9.20	8.71	9.18
3	5	CHARTLOGIC	9.39	9.27	8.86	9.08	9.15
4	6	DR FIRST/RCOPIA	9.45	9.34	9.07	8.68	9.14
7	7	ECLINICALWORKS	8.75	9.70	8.08	8.30	8.71
13	8	ALLSCRIPTS	9.11	9.03	8.34	8.22	8.68
14	9	SOAPWARE	8.41	9.04	8.64	8.49	8.65
19	10	APRIMA MEDICAL	8.93	8.88	8.57	7.98	8.59

Appendix A: EMR Acquisition

How to purchase an EMR System

Healthcare, along with construction, education, and retail are ranked as being the slowest adopters of Information Technology (IT). With more pressure than ever from government, insurers and patients, why is healthcare still so far behind?

There are currently over 200 PM/EMR software vendors vying for your business, making the search for the right software a difficult and daunting task. Because of the technical nature of the product, it is difficult for the average consumer to understand the inner workings of software and its potential pitfalls. The software business is really very different from other types of businesses because a company may spend 2-5 years developing a product with all expenses and no revenue. Once the product is finished and ready for the market place, it can easily become a free for all of "how many sales can we make this year?". As a result, software companies rely heavily on a strong sales team with big commissions to sell their product. This is bad news for the consumer as what you see is not always what you get.

EMR Systems generally have three price levels. The first level is your boxed systems for small one (1) to two (2) provider offices. These systems are usually older products with a large client base that will provide you with the basics. These types of products generally run below \$3,000. The second level is your more customized systems for Small to Medium sized offices. These products will often require on-site installation and training because they need to be customized for each application. Prices for these products usually run between \$5,000 to \$35,000 depending on the number of providers. For example, a small one (1) to two (2) provider office can expect to pay between \$5,000 to \$15,000. A larger office of 5-10 providers can expect to pay around \$3,000 per additional provider, bringing the total cost to around \$25,000 to \$35,000. You must keep in mind, however, that with most system quotes, hardware, installation and training are not included.

Not all software is created equal. Products that may look similar at first glance can be entirely different. Judging a software system's ease of use, customization flexibility and the vendors willingness to make customizations for you require you to look at the software system and its company in greater depth.

First things first. Before you contact any EMR software vendor, you will want to decide what you hope to accomplish with the implementation of this software in your office. What problems are plaguing your office? Are you looking to improve organization, eliminate paperwork, increase efficiency, reduce staffing, improve your billing, deliver a higher quality of service to your patient's or simply just have an electronic way to do billing. By accomplishing these goals what can you save? Now set your budget. Once you have a plan in place start looking around to see what is out there. Ask your colleagues what they are using and if they are happy with it. Do your research, most companies have fairly informative websites and some even have online demonstrations.

Be realistic when purchasing anything high tech for your office. This stuff may be easy to use by the doctor or computer whiz who made it but extremely difficult for the average user. Doctor Smith's way of running his office and documenting his patient's visits may not be the same way you do these things.

Get the right people involved to help make this happen. As you put a higher emphasis on technology you are increasing your dependency on this technology. No patient wants to see you crawling under a desk while on the phone with Dell's Tech Support. You only need to know how to use this new software not fix its problems; put someone else in charge of this job and make sure they will be available in case something goes wrong.

Your staff can often be a huge hurdle in the implementation of new technologies. They fear that technology is there to replace them or inconvenience them. Your office's inefficiencies often are what gives them a paycheck at the end of the week. It's expected for staff to have a certain level of resistance towards the adoption of new technologies in your office. Get them excited about the new technology and let them know how this is going to provide them with new opportunities in your office.

One thing remains a constant, and that is that there is no shortage of software that has been abandoned because 1)it did not live up to what it said it would do, 2) it was too difficult to use, 3) it simply was not convenient enough, and/or 4) the support was so bad that simple problems turned into big problems real fast.

Appendix B: EMR Certification Bodies

CCHIT Certified EMR

The Certification Commission for Healthcare Information Technology (CCHIT®) is a private, non-profit organization formed to certify electronic health records (EHRs), also known as electronic medical records (EMRs) against roughly 475 criteria spanning EMR functionality, interoperability and security. The CCHIT is especially relevant in light of the recent Stimulus Bill, because physicians will need to adopt a "qualified EMR" to receive subsidies. The bill defers to the secretary of Health and Human Services (HSS) to set guidelines for determining what constitutes a "qualified EHR."

Founded in 2004, and certifying electronic health records (EHRs) since 2006, the Commission established the first comprehensive, practical definition of what capabilities were needed in these systems. The certification criteria were developed through a voluntary, consensus-based process engaging diverse stakeholders, and the Certification Commission was officially recognized by the federal government as a certifying body.

Uptake by the health IT industry was rapid, with more than 200 EHR products certified by mid-2009, representing over 75% of the marketplace. Provider organizations endorsed the work as well. Based on this broad acceptance, healthcare payers and purchasers in the government and private sectors began offering incentives to providers for adopting certified EHR technology.

In February 2009, Congress acknowledged the value of certification in the language of the American Recovery and Reinvestment Act (ARRA) aimed at stimulating the nation's economy. The law offers a multi-year series of incentive payments to providers and hospitals for the meaningful use of certified EHR technology. The total amount of payments has been projected by the Congressional Budget Office at \$34 billion.

Readiness for the future: New paths to certification

Anticipating a massive response to the new incentives, CCHIT has broadened access to certification, offering three paths to certification instead of just one. The new paths are intended to bring wider availability of EHR technologies, stimulate innovation, and address the needs of providers and hospitals at varying stages of technology adoption readiness. They are:

- CCHIT Certified®, an independently developed certification that includes a rigorous inspection of an EHR's integrated functionality, interoperability and security. Products that are CCHIT Certified® are tested against criteria developed by the Commission's broadly representative, expert work groups. This program is intended to serve health care providers looking for greater assurance that a product will meet their complex needs. As part of this independent evaluation, successful use is verified at live sites and product usability is rated.
- ONC-ATCB certification, a program that tests Complete EHRs or EHR Modules against the Final Rule issued by the Office of the National Coordinator (ONC), US Department of Health and Human Services (HHS) in July 2010 to qualify EHR technology for ARRA. For the purposes of this program, CCHIT is an ONC Authorized Testing and Certification Body (ONC-ATCB).
- Products may be certified in one or both of these distinctly separate programs.

In addition to these product certifications, later this year, CCHIT has plans to offer an EHR Alternative Certification - a simplified, low cost certification for customized EHR technology at provider sites or organizations. Technology must meet the same minimum federal criteria and standards as commercial products do. This program will allow providers and hospitals who develop or assemble EHR technologies themselves to qualify for ARRA incentives, offering an open door to encourage continued innovation.

The CCHIT Certified® 2011 certification programs include a rigorous inspection of integrated EHR functionality, interoperability, and security according to criteria independently developed by the CCHIT's multi-stakeholder, expert work groups using CCHIT's published testing methods.

The CCHIT Certified 2011 program includes “core” plus “optional” certifications. Companies bringing an Ambulatory EHR for a core certification may choose to qualify for optional, add-on certifications for specialty care or special patient populations. Today those optional certifications include Behavioral Health, Cardiovascular Medicine, Child Health and Dermatology. Additional optional certifications for Clinical Research, Oncology and Women’s Health will be available in the coming months.

Companies who have products certified in three domains—Ambulatory, Inpatient, and Emergency Department—qualify for the additional option of Enterprise certification that demonstrates interoperability between those settings. Certification is also available for ePrescribing and EHRs used in Behavioral Health outpatient clinics and Long Term and Post Acute Care settings, including options for Skilled Nursing Facilities and Home Health.

To increase buyer assurance, all fully certified products in the CCHIT Certified 2011 program undergo additional testing: key aspects of successful use are verified at live sites, and, for Ambulatory EHR products, usability is rated. Only Conditional certification is issued until live site verification is complete and, for Ambulatory EHRs, all electronic prescribing certifications are in place, and for Long Term and Post Acute Care, patient summary exchange is available.

Drummond Group

The ONC Certification Program

Drummond Group Inc. (DGI) is an ONC Authorized Testing and Certification Body (ONCATCB or just ATCB for short) that provides meaningful use certification for EHR systems and applications. When a complete EHR system is certified by Drummond Group, the eligible providers and hospitals can use this certified EHR technology as part of their criteria for qualifying for Center for Medicare and Medicaid Services (CMS) incentive payments.

The CMS within the US Health and Human Services (HHS) Department has stipulated that “eligible professionals (EPs), eligible hospitals and critical access hospitals (CAHs) participating in Medicare and Medicaid programs” must “adopt and successfully demonstrate meaningful use of certified electronic health record (EHR) technology.” Thus, incentive payment depends upon use of these “certified” EHR technologies, and the Drummond Group EHR Certification Program is approved by HHS Office of the National Coordinator for Health Information Technology (ONC) to provide this meaningful use certification. Drummond Group is ONC approved for testing and certifying all criteria or modules within the ONC Certification Program. Any Complete EHRs or Module EHRs, both ambulatory and inpatient, can be tested and certified by Drummond Group.

ATCB Qualifications

ONC-ATCBs are the only bodies approved to provide meaningful use certification. ONC has established an accreditation program to ensure testing and certification bodies are fully qualified and capable of providing certification. To become an ATCB, Drummond Group was required to submit an application demonstrating our compliance to the ONC guidelines, including our quality processes and qualified personnel to demonstrate that we can perform the high level testing and certification services needed for the EHR market. Drummond Group was quizzed and judged through a very lengthy test on our understanding of the EHR standards and certification criteria as well the required testing methods.

In passing this accreditation and becoming an ATCB, ONC has recognized Drummond Group has the competency and ability to conduct EHR testing and certification. With respect to the qualifications for Meaningful Use incentives, the certification granted from the Drummond Group EHR Certification Program is equal to that of any other ATCB approved by ONC.