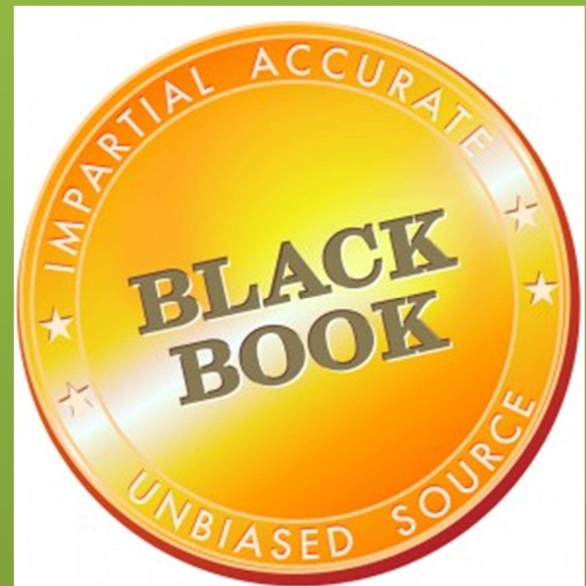
2011 State of the e-Prescribing Industry



Black Book Rankings

2011

State of the e-Prescribing Industry

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Brown-Wilson Group, Inc.
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leading Black Book Rankings® a division of Brown-Wilson Group, annually surveys the users of e-health initiatives, Electronic Medical Records, Electronic Health records, e-Prescribing software and Health Information Exchange providers across 18 operational excellence key performance indicators completely from the perspective of the client experience.

Independent and unbiased from vendors influence, over 120,000 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.

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TOP 10

CLIENT SATISFACTION RANKED EMR/E-PRESCRIBING VENDORS

RANK	EMR VENDOR	PRODUCT	EPRESCRIBING VENDOR	OVERALL EMR/EPRESCRIING CLIENT SATISFACTION
1	PRACTICE FUSION	PRACTICE FUSION	PRACTICE FUSION	96.9%
2	GREENWAY	PRIMESUITE	DR FIRST	95.0%
3	DR FIRST	DR FIRST RCOPIA	DR FIRST	94.9%
4	ADVANCEDMD	ADVANCEDMD EHR 6.0	ADVANCEDMD	93.3%
5	AMAZING CHARTS	AMAZING CHARTS 5.1	NEWCROP	92.8%
6	CPSI	CPSI	CPSI ESCRIBE 1.0	92.4%
7	APRIMA MEDICAL SOFTWARE	PRM 9.0	APRIMA	92.3%
8	GE CENTRICITY	PRACTICE SOLUTION	KRYPTIQ	92.1%
9	SEQUEL SYSTEMS	SEQUELMED EMR	SEQUEL SYSTEMS	91.9%
10	RXNT	RXNT EMR 7.0	RXNT	91.8%

TOP 10

USERS ON TRACK TO MEET MEANINGFUL USE STANDARDS

RANK	EMR VENDOR	PRODUCT	EPRESCRIBING VENDOR	USERS ON TRACK TO ACHIVE MEANINGFUL USE
1	PRACTICE FUSION	PRACTICE FUSION 2.0	PRACTICE FUSION	99.3%
2	EPIC	EPIC	EPIC	98.9%
3	CHARTLOGIC	CHARTLOGIC EMR	DR FIRST	97.7%
4	CPSI	CPSI	CPSI ESCRIBE 1.0	96.5%
5	SIEMENS MEDICAL SOLUTIONS	INVISION 27.3	SIEMENS	96.5%
6	SEQUEL SYSTEMS	SEQUELMED EMR	SEQUEL SYSTEMS	95.2%
7	ALLSCRIPTS	MISYS EMR 8.10.1	ALLSCRIPTS EPRESCRIBE	95.1%
8	US ONCOLOGY	IKNOWMED EHR 6.2	US ONCOLOGY	94.9%
9	NEXTGEN	NEXTGEN INPATIENT CLINICALS 2.4	NEWCROP	94.4%
10	AMAZING CHARTS	AMAZING CHARTS 5.1	NEWCROP	94.4%

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 eprescriptions through these interfaces to the end pharmacy.

e-Prescribing - 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

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.

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 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 120,000 doctors are using e-Prescribing, or more than 20 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 U.S. retail pharmacies, should be helpful as well.

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 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.

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

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

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 tele-healthcare sectors will witness strong growth due to technological advancements that will make treatment and diagnosis simpler..

2011 TRENDS

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 2011, when nearly 40% of all office-based prescribers were routing prescriptions electronically

This 400% 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.

Taking Advantage of e-Prescribing Technology

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 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, 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.

Its 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:

•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.

•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.

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 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.

2011

e-Prescribing Activity

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

Key statistics for 2011

E-prescribers: 276,000

Pharmacies set up for e-Prescribing: 59,300

New e-prescriptions generated: 275 million

Prescription renewal responses: 58 million

2011 EMR e-Prescribing Vendor Clients Surveyed

ABEL MEDICAL SOFTWARE	DOCTOR OFFICE MANAGEMENT	JAG PRODUCTS	PCIS GOLD
ABRAXIS MEDICAL SOLUTIONS	DOC-TOR.COM	JEFFERSON TECHNICAL SERVICES	PENN MEDICAL
ACCRENDO MEDICAL SOFTWARE	DOCTORS PARTNER	KABOT INTERNATIONAL	PEOPLE CHART CORPORATION
ACCUMEDIC COMPUTER SYSTEMS	DOC-U-CHART	KEISER COMPUTERS	PERK MEDICAL
ACS	DOSE SPOT	LEONARDO MD	PHREESIA
ADDABBOO	DOXSYSTEMS	LEVIN SOFTWARE TECHNOLOGIES	PHYAURA
ADS TECHNOLOGY	DR FIRST	LIN SOFTWARE	PHYSICIAN'S COMPUTER COMPANY
ADVANCED DATA SYSTEMS	DUKE UNIVERSITY MEDICAL SYSTEM	LSS DATA SYSTEMS	PLEXTRA
ADVANCED HEALTH MGMT SYSTEMS	E*HEALTHLINE	M/D SYSTEMS	POINT AND CLICK SOLUTIONS
ADVANCED MEDICAL INFO SOLUTIONS	ECAST	M2COMSYS	POLARIS
ADVANCEDMD	ECHART 123	MACPRACTICE	POSITIVE BUSINESS SOLUTIONS
ADVANTACHART	ECLINICALWORKS	MANAGEMENT PLUS	PRACTICE FUSION
AGASTHA	ECLIPSYS CORPORATION	MARSHFIELD CLINIC	PRACTICE VELOCITY
ALLEGIANCE MD	EDERM SYSTEMS	MASHARE	PRACTICEIT
ALLIED MEDICAL	EDGEMED	MAX SYSTEMS	PRACTICESUITE
ALLMEDS	EDOCTOR	MCKESSON	PRARIE CARDIO
ALLSCRIPTS	EHEALTH MADE EASY	MD WEB SOLUTIONS	PREMATICS
ALMA INFORMATION SYSTEMS	E-HEALTH PARTNERS	MDEVERYWHERE	PRIME CLINICAL SYSTEMS
ALPHACM	EINTERACTIVE UNIVERSE	MDI ACHIEVE	PROFESSIONAL ECONOMIC BUREAU OF AMERICA
ALPHASANTE	ELECTRONIC SERVICES TECHNOLOGIES	MDINTELLESYS	PROTOMED
ALTAPOINT	EMDEON	MDLAND	PSYTECH SOLUTIONS
ALTEER CORPORATION	E-MDS	MDNETWORK	PULSE SYSTEMS
ALTOS SOLUTIONS	EMED SOLUTIONS	MDOFFICE	QRS HEALTHCARE SOLUTIONS
AMAJI	EMEDICALNOTES	MD-REPORTS	QUALITY CHECK
AMAZING CHARTS	ENABLE HEALTHCARE	MDSUITE	QUICDOC
AMERICAN MEDICAL TECHNOLOGIES	ENCITE	MDSYNERGY	RABBIT HEALTHCARE
AMERICAN WELL	ENCOUNTER PRO HEALTH RESOURCES	MDTABLET	RADYSANS
AMRITA VENTURES	ENDOSOFT	MED INFORMATIX ENGINEERING	RAINTREE SYSTEMS
ANASAZI SOFTWARE	EPIC	MED3000	REGENSTRIEF
APRIMA MEDICAL SOFTWARE	EPOCRATES	MEDAPPZ	REMEDY SYSTEMS
ARGYLE CONSULTING	EPROSYSTEMS	MEDAPTUS	RISE HEALTH
ASP.MD	ESCRIBER EMR SOLUTIONS	MEDAZ.NET	RIVERS COMPUTER SYSTEMS
ASSISTRX	EXCRIBE	MEDCOM	ROCKET SYSTEM LABORATORIES
ATHENAHEALTH	EXEMPLO	MEDCOMSOFT	RSB TECHNOLOGIES
ATLANTIC CAPE IT	EYE EMR HEALTHCARE SYSTEMS	MEDCONNECT	RXNT
AURORA	FALCON	MEDENET	SAFEMED
AXOLOTI	FEATHERSTONE INFORMATICS GROUP	MEDENT	SAGACIOUS MEDWARE
AXSYS HEALTH CORP	FIRST INSIGHT	MEDFLOW	SAGE
AZALEA HEALTH SOLUTIONS	FLAGSHIP	MEDFX CORPORATION	SCRIPTPAD
AZZLY	FONG HEALTH ENTERPRISES	MEDHOST	SEQUEL SYSTEMS
BENCHMARK SYSTEMS	GAP IT	MEDICAL COMMUNICATION SYSTEMS	SIEMENS MEDICAL SOLUTIONS
BH SOLUTIONS	GE CENTRICITY	MEDICAL MESSENGER	SILK INFORMATION SYSTEMS
BINARY SPECTRUM	GENENSYS	MEDICAL OFFICE ONLINE	SINDHU SYNERGY
BIOMEDIX VASCULAR SOLUTIONS	GENIUS DOC	MEDICAL TRANSCRIPTION BILLING CORP	SNS DATA
BIZMATICS	GLENWOOD SYSTEMS	MEDICAL VOICE PRODUCTS	SOAPWARE
BMA ENTERPRISES	GLOBAL INFORMATION SYSTEMS	MEDICALMINE	SOFTWARE UNLIMITED
BRADOC DATA MANAGEMENT	GLOSTREAM	MEDICAT	SON INFORMATION SYSTEMS
CAMBRIDGE SOLUTIONS CORP	GMED	MEDICBITS CORPORATION	SOREN TECHNOLOGIES
CARE DATA	GOLD STANDARD	MEDICMATICS	SPRING MEDICAL
CAREEVOLUTION	GREENWAY MEDICAL TECHNOLOGIES	MEDICS DOC ASSISTANT	SRS SOFT
CAREPATHS	GULFSTREAM HEALTHCARE TECHNOLOGY	MEDICSOFT	SSIMED
CAREVOYANT	H2H SOLUTIONS	MEDI-EMR	STAT HEALTH SERVICES
CENTRIHEALTH	H-DOX BIOINFORMATIX	MEDINFORMATIX	STI COMPUTER SERVICES
CERNER	HEALTH ADMINSTRATION SYSTEMS	MEDINNOVISION	STRATFORD HEALTH SERVICES

CHARTLOGIC	HEALTH COMMUNICATION SYSTEM	MEDIREC	STREAMLINE HEALTHCARE SOLUTIONS
CHARTWARE	HEALTH DATA SERVICES	MEDISTAT	SUCCESS EHS
CIELO MED SOLUTIONS	HEALTH INFORMATICS INTERNATIONAL	MEDITAB	SUITEMED
CLAIM TRAK SYSTEMS	HEALTH INFORMATION DESIGNS	MEDITECH	SYNAMED
CLEARHEALTH	HEALTH INFORMATION MANAGEMENT SYSTEMS	MEDLINK	SYSTEMEDX
CLEARPRACTICE	HEALTH SYSTEMS TECHNOLOGY	MEDMAGIC	TECHSOFT
CLICKTALE	HEALTHCARE SYSTEMS INC	MEDNET SYSTEM	TECNEX
CLINET SOFTWARE SOLUTIONS	HEALTHDRX	MEDPLEXUS	THERAMANAGER
CLINICAL DATA TECHNOLOGIES	HEALTHESTATE	MEDPLUS	TOLVEN HEALTH
CLINICAL SOFTWARE SOLUTIONS	HEALTHFUSION	MEDRIUM	TOTAL OUTSOURCE
CLINIPATH	HEALTHLAND	MEDTRON SOFTWARE INTELLIGENCE CORP	TRANQUILMONEY
CLINIXMIS	HEALTHONE ALLIANCE	MEDWRITE BIZ INC	TRANSMED
CODONIX	HEALTHPORT	MEMD	TRIMED TECHNOLOGIES
COMCHART MEDICAL SOFTWARE	HEALTH-POSTBOX EXPRESS	MERIDIAN EMR	ULRICH MEDICAL CONCEPTS
COMPLETE MEDICAL SOLUTIONS	HEALTHSTATION	METASOLUTIONS	UNICARE SYSTEMS
COMPULINK	HEALTHWARE	MOBILEMD	UNIFI TECHNOLOGIES
COMTRON CORP	HENRY SCHEIN MEDICAL SYSTEMS	MOUNTAINSIDE SOFTWARE	UNIVERSAL EMR
CONCEPTUAL MINDWORKS	HIP HEALTH PLAN OF NEW YORK	MXSECURE	UNIVERSAL SOFTWARE SOLUTIONS USSI
CONNECT (X) HEALTHWARE	HIT SERVICES GROUP	MYCA	US HEALTH RECORD SYSTEMS
CONNEXIN SOFTWARE	HOLT SYSTEMS	MYCHARTSONLINE	US ONCOLOGY
CONTROLLER TECHNOLOGIES	HP ENTERPRISES	NAVINET	VANDERBILT UNIVERSITY MEDICAL
CPSI	ICS SOFTWARE	NCG MEDICAL	VARIAN MEDICAL SYSTEMS
CREDIBLE WIRELESS	IFA	NET HEALTH SYSTEMS	VERSASUITE
CRITERIONS	IMA SYSTEMS	NETSMART TECHNOLOGIES	VINFORMATIX
CROWELL SYSTEMS	IMED SOFTWARE CORPORATION	NETSMART-INFOSCRIBER	VIP MEDICINE
CUREMD		NEXTECH	VIPAHEALTH SOLUTIONS
CYBAX CORPORATION	IMPAC MEDICAL SYSTEMS	NEXTEMR	VIRTUAL MEDICAL NETWORK
CYCLOPS	INFORIA	NEXTGEN	VISION INFONET
DATA STRATEGIES	INFOR-MED MEDICAL INFORMATION SYSTEMS	NEXUS CLINICAL	VISIONWORKS
DATA TEC	INFOTEC GLOBAL	NIGHTINGALE	VISUALSOLUTIONS
DATATEL SOLUTIONS	INGENIX	NIGHTINGALE-INFORMATIX	WAITING ROOM SOLUTIONS
DATAZOOM SOLUTIONS	INNOVO CORE	NORTEC SOFTWARE	WEBEDOCTOR.COM
DAW SYSTEMS	INPRACSYS	NOTEWORTHY	WELLOGIC
DAYLONG BUSINESS SOLUTOINS	INSIGHT SOFTWARE	NTH TECHNOLOGIES	WINMEDSTAT
DEFRAN SYSTEMS	INSTANTDX	NUMEDICS	WORKFLOW
DERMISCRIBE	INTEGRATED DOCUMENT SOLUTIONS	OFFICEALLY	XMEDICA
DESIGN CLINICALS	INTEGRATED HEALTHCARE SOLUTIONS	OFFICEMATE	YAK DIGITAL CORP
DEXTER SOLUTIONS	INTEGRITAS	OMNIMD	ZENITH TECHNOLOGY SOLUTIONS
DIGICHART	INTELIDOX	ORBIT SOLUTIONS	
DIGIDMS	INTERMOUNTAIN HEALTHCARE	OXBOW EMR	
DISTANT DATA SYSTEMS	INTIVIA	PARAMOUNT HEALTH SOLUTIONS	
DIVERSIFIED OPTHALMALICS	INTUITIVE MEDICAL SOFTWARE	PARTNERS HEALTHCARE SYSTEM	
DNA DATA SYSTEMS	INTUUN COMMUNITY EHR	PATAGONIA HEALTH	
DOCCOMPLY	IO PRACTICEWARE	PATIENT KEEPER	
DOCTATIONS	IRIS MEDICAL	PATIENTNOW	
DOCTOR ACCESS	ISALUS	PBO MD	