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## MSP 2650 - Results from the 12<sup>th</sup> Annual Andrew & Associates Survey Analysis of MSP U.S. EHR Vendor Benchmark Report

CRITICAL INSIGHTS INTO EMERGING HEALTHCARE INFORMATION MARKET TRENDS WORLDWIDE™ –



### 12th Annual Andrew & Associates 2006 EHR Vendor Survey

1) These next few questions capture the capabilities of your EHR to address tracking and reporting of Quality Measures that CMS and other 3rd parties are increasingly requesting:

2) Quality and Pay for Performance Capabilities

3) This section allows EHR developers to indicate quality measures their EHRs track and can report.

PDef: Predefined - EHR has a PREDEFINED report for this measure

UDef: User Defined - User can define a report for these measures using integrated Report Writer

Prg: Programmable - User must program to extract data and create needed reports

VA: Vendor Assist

NA: Not Available - Not all of the data required for report is captured in the EHR database.

Quality Measure Group	PDef	UDef	Prg	VA	NA
HEDIS Asthma Measures	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
HEDIS Blood Pressure Measures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
HEDIS Cancer Care Measures	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
HEDIS Childhood Immunization Measures	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HEDIS Diabetes Care Measures	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HEDIS Cardiovascular Disease Care Measures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
HEDIS Depression Care Measures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
HEDIS Quit Smoking Measures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Anesthesiology or Analgesia Quality Measures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Dentistry Quality Measures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Surgery Quality Measures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Diabetes Quality Measures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Women's Health Quality Measures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Computer Physician Order Entry Quality Measures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Childhood Immunization Quality Measures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

The Results Are In and Tabulated

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## An Analysis of the 12<sup>th</sup> Annual Andrew & Associates Benchmark Survey

### INTRODUCTION

MSP created this report to provide a deeper insight into the features of EHR systems and barriers to its adoption by a wider segment of U.S. group practices. It is our hope that as those who influence the market have additional objective data on the market, their insight into it will become both broader and deeper, and the policies that they create and pursue might be better informed and more far-sighted.

The data was collected through the 12<sup>th</sup> annual Andrew & Associates EHR Benchmark, a survey conducted for the past 11 years that was put online for the first time in 2006. The data in this report comes from the 104 EHR developers who completed the survey that is hosted on the MSP web site ([www.medsp.com](http://www.medsp.com)), which is now a living repository of thousands of EHR attributes asserted by over 104 EHR system's developers. Some of the data for some developers has been self-verified<sup>2</sup>, an important step toward greater EHR developer transparency.

The Andrew & Associates EHR Systems Review<sup>3</sup> was substantially redesigned and expanded in 2006 to accommodate a wider variety of EHR data input approaches, including those offering dictation-voice recognition approaches, those offering scanning systems, those offering tablet and handwriting approaches, as well as the usual pick-list approaches. The redesigned tool was rebranded the 12<sup>th</sup> annual Andrew & Associates EHR Benchmark, and provided access credentials to 161 EHR developers, 104 of whom chose to participate in this year's survey.

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<sup>2</sup> Self verification is a process by which EHR developers voluntarily provide supplemental information (to their basic answer) that allows the answer to be independently collaborated by a third party. Often this is the name and contact information of client sites that have a developer's EHR solution installed and can attest that the features claimed to be in their systems, are in fact actually installed and operational. In other cases it is supplemental documentation, such as a screen shot or operator's manual, or other documentation that substantiates the capability claimed. All EHR Benchmark participants are offered the opportunity to provide such supplemental information. Some do and others do not. Therefore data in this analysis is a mixture of independently-verifiable EHR assertions and unsubstantiated EHR assertions made by the EHR developers.

<sup>3</sup> The original EHR "systems review" started in 1995 from the collaboration of Richard Dick, Ph.D. and Wm. F. Andrew. Dr. Dick had been the chairman of the IOM committee that drafted its Computer Patient Record recommendations. The two collaborated to clarify and make specific the general recommendations of the IOM task group, and to then collect data on this and other aspects of EHR systems available, to track compliance with IOM recommendations and the general capabilities of EHR solutions available in the market. Over the years many additional questions have been added as newer or evolving standards have emerged in the market. Subsequently, Mr. Andrew expanded his collaboration to Bob Bruegel (Sandhill Associates), Arthur Gasch (Medical Strategic Planning), David Ginsberg (PrivaPlan) and other domain experts who have contributed questions to the systems review over the years. The group of collaborators to the current EHR Benchmark (which is the current designation for the EHR Systems Review) is known as the Andrew & Associates Alliance. In 2006, all questions in the survey were reviews against all assertions by other standards organizations and many questions were added, dropped or revised to be less ambiguous than in past surveys.

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The EHR repository created currently includes over 2,100 data elements per EHR system, covering many aspects of compliance with EHR standards, quality measures, hardware platform and networking, integration with computer practice management systems and other key aspects of EHR systems currently marketed. Because of the diversity of the EHR developers included, not all questions were appropriate to all types of developers, and EHR developers answered only questions that pertained to their particular approaches.

### ***ADDITIONAL EHR INFORMATION AVAILABLE THROUGH MSP***

This A&A EHR Benchmark is part of a growing base of MSP intellectual property on EHR products in North American markets, which also now includes the Physician Office Management/Medical Information System (POMIS) Report and Knowledgebase (authored by Vinson Hudson, copyright by Jewson Enterprises) and the MSP EHR Selector (formerly known as the HIMSS EHR Selector), a tool developed by Dr. Caroline Samuels of CSMed, LLC in collaboration originally with the Computer-based Patient Records Institute (CPRI), before it merged with HIMSS and ultimately expanded and elaborated by MSP.

### ***HARMONY WITH MSP'S EHR SELECTOR (WWW.EHRSELECTOR.COM)***

This report explores the EHR developers themselves, their founders, their corporate parents, their former names, their revenue growth, apparent stability and the characteristics of individual products. Coupled with the information contained in the MSP EHR Selector and the Selector's ability to track which EHR criteria are actually used by a large group of physician clients selecting EHR solutions, it provides an unsurpassed source of specific and focused market research information on electronic health records (EHRs)<sup>4</sup>.

### ***ANDREW & ASSOCIATES SURVEY HISTORY***

This report, like the Andrew & Associates EHR Benchmark it is based upon, is designed to answer some fundamental questions about the U.S. physician and hospital EHR markets, which currently has around 161 EHR developers that are actually selling products into the U.S. physician office market. This report provides insight into questions like-

- Why aren't more of these vendors successful?

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<sup>4</sup> If you are an EHR developer and would like to access the database of EHR characteristics used to select EHR products, you may purchase a Platinum Subscription to the MSP EHR Selector. For EHR developers only interested in enhancing market presence to those individual physicians and physician advocacy group (currently including HIMSS, the American College of Physicians and the American Health Quality Association (AHQA)), a Silver Subscription is available, and if you are interested in also receiving leads and demo requests from qualified physician users of the EHR Selector, then a Gold subscription on the EHR Selector is available. Collectively this family of MSP EHR market intelligence resources provides great insight into EHR markets, and significant exposure to EHR consultants, physician advocacy groups, hospital CIOs and individual physicians.

- 
- What are the critical price points in the market?
  - Is CCHIT a necessity for success in the market or is it creating downstream problems?
  - What are practices really looking for and what will drive them to take the plunge and purchase EHRs?
  - What is the nature of the EHR competitive landscape and what barriers to participation exist for smaller and emerging EHR developers?
  - What will the impact of the relaxation of Stark restrictions be on the EHR market?
  - How does selected EHRs compare with the other developers that you are competing against?
  - Which EHR developers are perceived by potential buyers as being 'stable' companies, ones with which practices will risk doing business?
  - What can an EHR developer do to take control of their destiny in this highly charged and non-level U.S. market?

### ***EHR DEVELOPERS INVITED AND PARTICIPATING IN THIS STUDY/REPORT***

The following EHR developers were invited to participate in the 2006 EHR benchmark. Of those invited, a subset (104) chose to actually submit data to the study. These companies represent a variety of different approaches to EHR data input, some using scanning, some voice recognition, some handwriting recognition and other pick list approaches.

There are many companies here that offer multiple approaches to data input. They range from smaller to very large EHR developers, and include cost-effective to very expensive and comprehensive solutions. Some companies in this category approach the market by leveraging their substantial positions in the hospital HIS space and work to market EHR products to dozens or hundreds of physician group practices at once, by helping the hospital "work with" physician groups to adopt EHRs compatible with hospital systems. This is now more possible and popular given the special relaxation of the Stark and other provisions that were passed in 2006 by Congress. One example of this approach is by market leader McKesson.

Not all of these vendors actually completed the 12<sup>th</sup> annual Andrew & Associates EHR Benchmark Survey, but 104 of them did. All of these developers requested access to the benchmark/survey. This group of EHR developers represents a wide variety of approaches to EHR, from 'EHR-lite' vendors to full-fledged EHR vendors to scanning companies, etc. While none of them has the 'correct slant' on the market, their collective wisdom is right on. Research has shown that the insight of a large group generally surpasses the wisdom of any of its individual members. MSP believes that taken collectively, this report is a very accurate representation of what is happening in the U.S. physician office and hospital EHR market, including many hidden drivers that are not generally recognized and appreciated, or well-explored in other EHR literature we have uncovered.