

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
 Washington, D.C. 20549
 FORM 3 INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

1. Name and Address of Reporting Person
 IDX Investment Corporation
 40 IDX Drive
 P.O. Box 1070

 Burlington, VT 05402
2. Date of Event Requiring Statement (Month/Day/Year)
 01/10/2002
3. I.R.S. Identification Number of Reporting Person, if an entity (Voluntary)
4. Issuer Name and Ticker or Trading Symbol
 Allscripts Healthcare Solutions, Inc. (MDRX)
5. Relationship of Reporting Person to Issuer (Check all applicable)
 Director 10% Owner
 Officer (give title below) Other (specify below)
6. If Amendment, Date of Original (Month/Day/Year)
7. Individual or Joint/Group Filing (Check Applicable Line)
 Form filed by One Reporting Person
 Form filed by More than One Reporting Person

Table I Non-Derivative Securities Beneficially Owned

1) Title of Security 3) 4) Nature of	2) Amount of Securities Beneficially Owned
D Indirect or Beneficial I Ownership	
Common Stock D Direct	7,497,838.00 (1)

Table II Derivative Securities Beneficially Owned

1) Title of Derivative Security 4) Conversion or exercise price of Amount or Number of Shares	2) Date Exercisable (Month/Day/Year)	3) Title and Amount of Securities Underlying Derivative Security
5) Ownership Form of Derivative Security 6) Nature of Indirect Beneficial Ownership Direct (D) or Indirect (I)	Exercisable Date	Title

<FN>
 Explanation of Responses:
 (1)
 Represents transfer of shares from parent company, IDX Systems Corporation, to reporting person who is a wholly-owned subsidiary of IDX Systems Corporation.
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SIGNATURE OF REPORTING PERSON
 /S/ IDX Investment Corporation
 DATE 01/22/02