
**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION**
Washington, D.C. 20549

FORM 8-K
CURRENT REPORT

**Pursuant to Section 13 or 15(d) of the
Securities Exchange Act of 1934**

Date of Report (Date of earliest event reported) October 18, 2006

ALLSCRIPTS HEALTHCARE SOLUTIONS, INC.

(Exact name of registrant as specified in its charter)

Delaware
(State or other jurisdiction
of incorporation)

000-32085
(Commission
File Number)

36-4392754
(IRS Employer
Identification No.)

**222 Merchandise Mart, Suite 2024
Chicago, IL 60654**

Registrant's telephone number, including area code (800) 654-0889.

N/A

(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

- Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
 - Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
 - Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
 - Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))
-

ITEM 7.01. Regulation FD Disclosure.

Attached as Exhibit 99.1 through 99.7 hereto represents material presented at an Investor Day Presentation dated October 2006 which is incorporated herein by reference.

This information is being furnished pursuant to Item 7.01 of this Report and shall not be deemed to be “filed” for the purposes of Section 18 of the Securities and Exchange Act of 1934, as amended, or otherwise subject to the liabilities of that section and will not be incorporated by reference into any registration statement filed by Allscripts Healthcare Solutions, Inc. under the Securities Act of 1933, as amended, unless specifically identified as being incorporated therein by reference. This Report will not be deemed an admission as to the materiality of any information in this Report that is being disclosed pursuant to Regulation FD.

Allscripts reports its financial results in accordance with generally accepted accounting principles (“GAAP”). In addition, the Company reports on non-GAAP financial measures, such as cash earnings and cash earnings per share. Management believes that these non-GAAP measures, when viewed in addition to the Company’s reported GAAP results, provide useful information to investors regarding its performance and overall results of operations. Please refer to page 31 of Exhibit 99.1 for a reconciliation to comparable GAAP measures.

Please refer to page 2 of Exhibit 99.1 for a discussion of certain forward-looking statements included therein and the risks and uncertainties related thereto.

ITEM 9.01. Financial Statements, *Pro Forma* Financial Information and Exhibits.

(d) Exhibits:

- 99.1 Investor Presentation dated October 2006
- 99.2 2006 Allscripts Investor Day dated October 2006
- 99.3 The Economic Return of an EHR dated October 2006
- 99.4 Enterprise Wide EHR Deployment dated October 2006
- 99.5 The EHR in a Small Practice dated October 2006
- 99.6 Product Roadmap dated October 2006
- 99.7 Investor Day 2006 Agenda

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned, thereunto duly authorized.

ALLSCRIPTS HEALTHCARE SOLUTIONS, INC.

Date: October 18, 2006

By: _____ /s/ WILLIAM J. DAVIS
William J. Davis
Chief Financial Officer

EXHIBIT INDEX

The following exhibits are filed herewith:

<u>Exhibit No.</u>	
99.1	Investor Presentation dated October 2006.
99.2	2006 Allscripts Investor Day dated October 2006
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99.4	Enterprise Wide EHR Deployment dated October 2006
99.5	The EHR in a Small Practice dated October 2006
99.6	Product Roadmap dated October 2006
99.7	Investor Day 2006 Agenda



ALLSCRIPTS™

Inform. Connect. Transform.



Safe Harbor

Today's presentations may contain forward-looking statements about Allscripts Healthcare Solutions that involve risks and uncertainties. These statements are developed by combining currently available information with Allscripts' beliefs and assumptions. Forward-looking statements do not guarantee future performance. Because Allscripts cannot predict all of the risks and uncertainties that may affect it, or control the ones it does predict, Allscripts' actual results may be materially different from the results expressed in its forward-looking statements. Allscripts undertakes no obligation to update such forward-looking statements except when required by law. For a more complete discussion of the risks, uncertainties and assumptions that may affect Allscripts, see the Company's Annual Report on Form 10-K for the year ended December 31, 2005, and recent Form 10-Q1; available at www.sec.gov or on our website at www.allscript.com.



2006 Allscripts Investor Day

Wednesday, October 18, 2006
Rockefeller Center
New York, NY

Financial Overview

Bill Davis
Chief Financial Officer





Top 10 Questions

1. How Did Allscripts Do in the Third Quarter?



Q3 Performance

- ▶ We will be announcing Q3 results on Thursday, October 26th after the close of the market

- ▶ Grant Thornton currently completing their review
 - ▶ Audit of revenue



Top 10 Questions

2. How Does Allscripts Size the EHR Market?



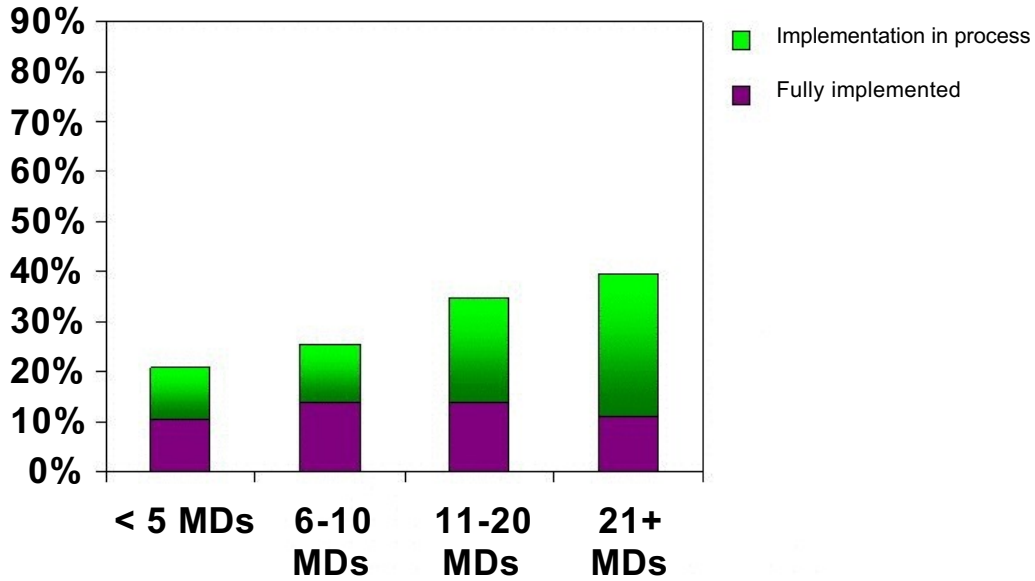
The EHR Market

- Ambulatory EHR market is ~\$5+ billion opportunity
 - ~ 550,000 U.S. Physicians
 - X 76% EHR market opportunity
 - X ~\$12,500 initial investment per physician
 - = ~\$5 billion opportunity**

- Practice management solutions provide complementary product offering with significant incremental market opportunity
 - ~10% to 20% of PM market being replaced each year
 - **PM market ~ \$1 to \$2 billion per year**

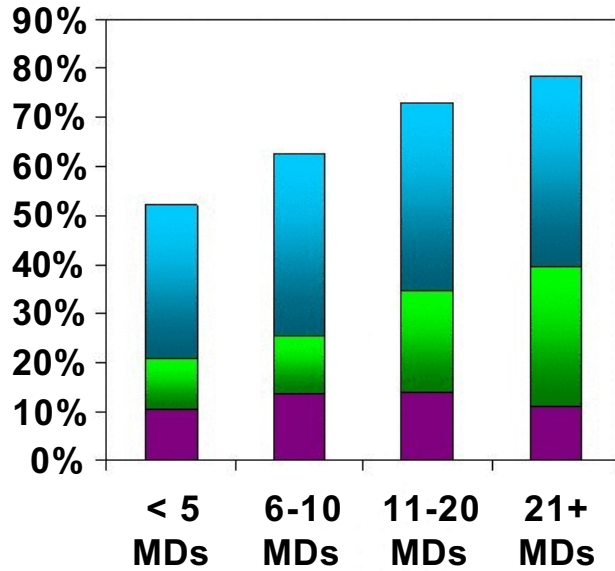


Health Affairs Study





Health Affairs Study



- Implementation in next 24 months
- Implementation in process
- Fully implemented

- ▶ If you combine “fully implemented” and “implementation in process” you have a total % that have bought an EHR
- ▶ 2,800+ survey responses w/ 700+ telephone surveys
- ▶ Results are consistent with other research in this area



Top 10 Questions

3. What Impact Does the Renegotiated Agreement with IDX/GE Have on Allscripts' Business?



IDX/GE Impact

- Increased sales into IDX base since GE announcement in Q3 2005
- EHR leads buying decisions, not PM
- Reference sites are critical
 - One of every five IDX clients is an Allscripts client
 - One reference site = two year proposition
- Royalty to IDX from 20% to 10% to 0%
- Cooperation on interface extended to 2012
 - Novant agreement extends to June 2016

“Physician groups choose Allscripts because of the referencable customer base, leading product, and a successful implementation track record, not because of a piece of paper signed 5 years ago.”




Top 10 Questions

4. What Impact Will Stark Law Changes Have on Allscripts and the Market as a Whole?



Stark/Anti-Kickback Overview

- ▶ You can't do this...
 - ▶ Anti-Kickback – I can't give you something (a kickback) for referring patients to me or my facility
- ▶ On second thought... 
 - ▶ eRx – A hospital (sponsor) can now fund 100% of eRx (software, hardware, implementation, training, etc.)
 - ▶ EHR – A hospital (sponsor) can now fund up to 85% of EHR (software, implementation, training, but not hardware)
- ▶ A new source of funding
- ▶ A new sales channel



Stark/Anti-Kickback Overview

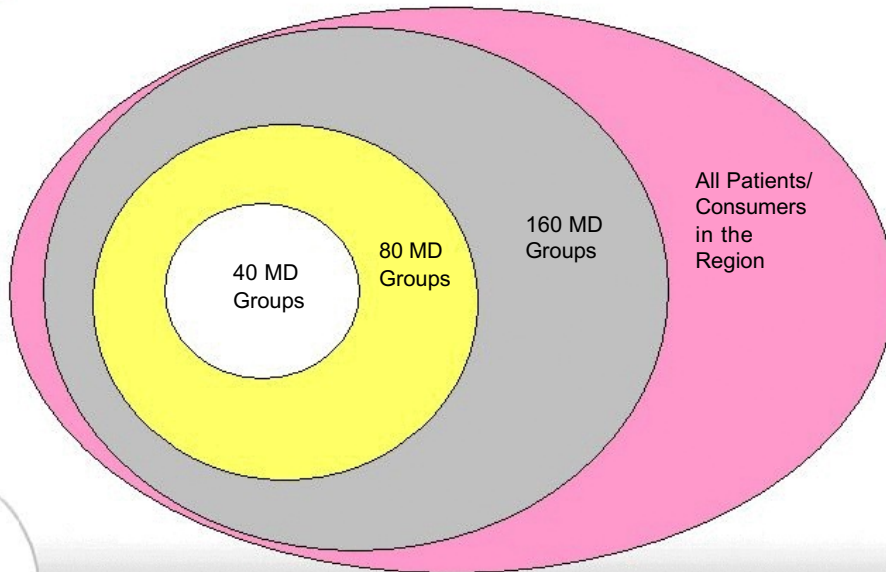
- ▶ More reasons to move now!
- ▶ When they begin to move they...
 - ▶ Look at ambulatory systems
 - ▶ Look at what works
 - ▶ Look at what physicians want...and they want Allscripts



Stark/Anti-Kickback: Unique Opportunity for Allscripts

Only Allscripts Can Deliver Either Stand-Alone or Integrated...

- ▶ Electronic Health Record
- ▶ Personal Health Record
- ▶ e-Prescribing
- ▶ Community Portal/Exchange





Top 10 Questions

5. Is There Seasonality in Your Bookings? What About Revenue?



Seasonality

Short answer is yes...

- ▶ **Clinical Software Business**
 - ▶ 35% of our bookings historically have occurred in Q4. Remaining 65% tends to be evenly distributed over first three quarters
 - ▶ TouchWorks revenue largely insulated from seasonality due to revenue recognition policy. HealthMatics less insulated due to more traditional software revenue recognition policy
- ▶ **Medication Distribution Business**
 - ▶ Seasonality largely a function of when people are more likely to be sick (Winter months) and distribution of flu vaccine (Q3 and Q4)
- ▶ **Physicians Interactive Business**
 - ▶ Moderate amount of seasonality tied to large pharma budgeting process. Less prominent than in Clinical Software Business



Top 10 Questions

6. Speaking of Revenue, Why Does Allscripts Have Different Revenue Recognition Policies for HealthMatics (A4 Ambulatory) and TouchWorks?



Revenue Recognition

TouchWorks

- ▶ Services we provide are deemed to be “essential” to the software
 - ▶ Average installation ~ 9 to 12 months
- ▶ We recognize both service and software fees on % of completion basis over implementation period

HealthMatics

- ▶ Services we provide are deemed not “essential” to the software
 - ▶ Average installation ~ 1 to 3 months
- ▶ We recognize software fees upon installation of the software, and service fees as services are provided



Revenue Recognition

TouchWorks

▶ Example

Software	\$700,000
Service	<u>\$300,000</u>
	\$1,000,000

▶ (2,000 Implementation hours)

▶ **Q2 '06**

500 hours are worked
 $500 / 2,000$ or 25% x \$1.0 million =
 \$250,000

HealthMatics

▶ Example

Software	\$170,000
Service	<u>\$30,000</u>
	\$200,000

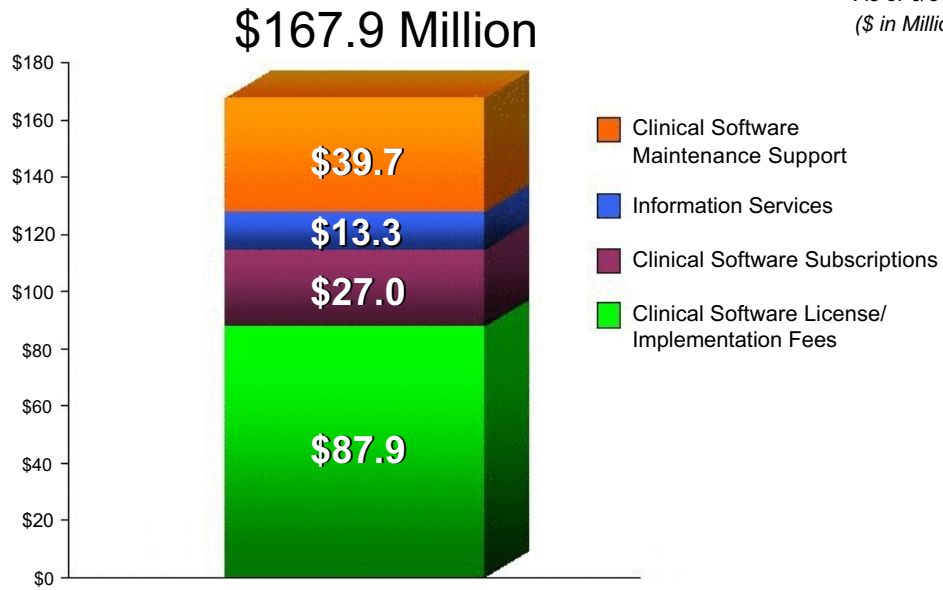
▶ **Q2 '06**

Software installed and 50% of hours
 completed
 $\$170,000 + (30,000 \times 50\%) =$
 \$185,000



Diversified Backlog Provides Stability and Strong Visibility

As of 6/30/06
(\$ in Millions)



Medication revenue and maintenance support beyond 1 year provides incremental visibility



As of 6/30/06



Top 10 Questions

7. Are the Medication and Acute (ED and Canopy) Businesses Strategic to Allscripts?

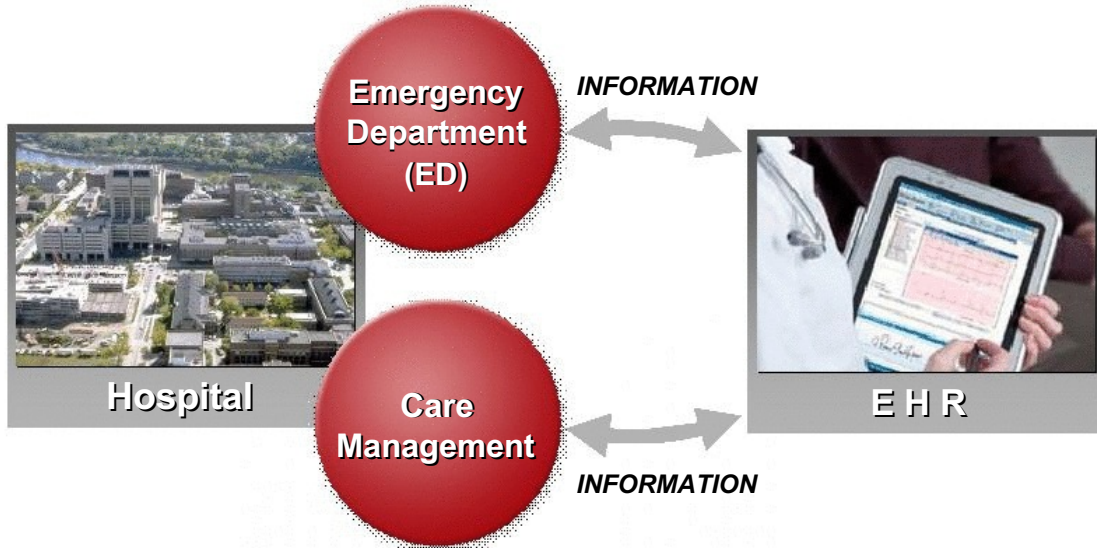


Medication Business

- Continue to view as low growth business
- With that said...
 - Consistently delivers \$44 to \$45 million of profitable revenue
 - ~ 10% operating margins
 - Affords us an opportunity to invest back into growth businesses
 - Motivated to “grow out of it” as quickly as possible
 - Renewed interest in medications dispensing
 - “Retailing” of healthcare
 - Strongest pipeline in years



Acute Businesses



Our Solutions Ensure Continuity of Care

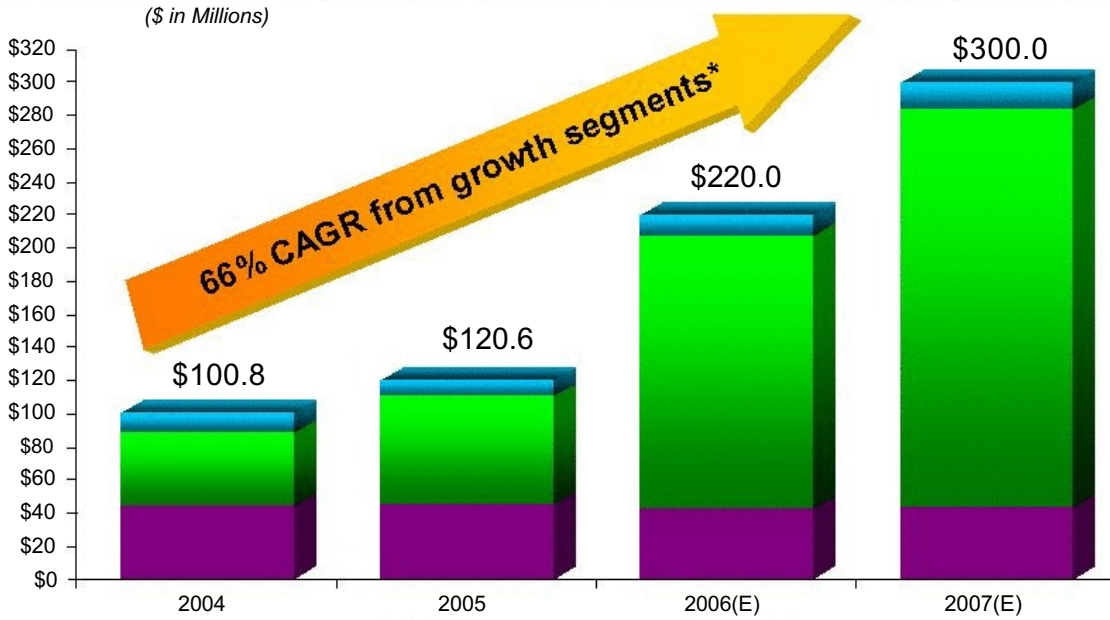


Top 10 Questions

8. When Is Allscripts Going to Provide Guidance for 2007?



Growth Segments



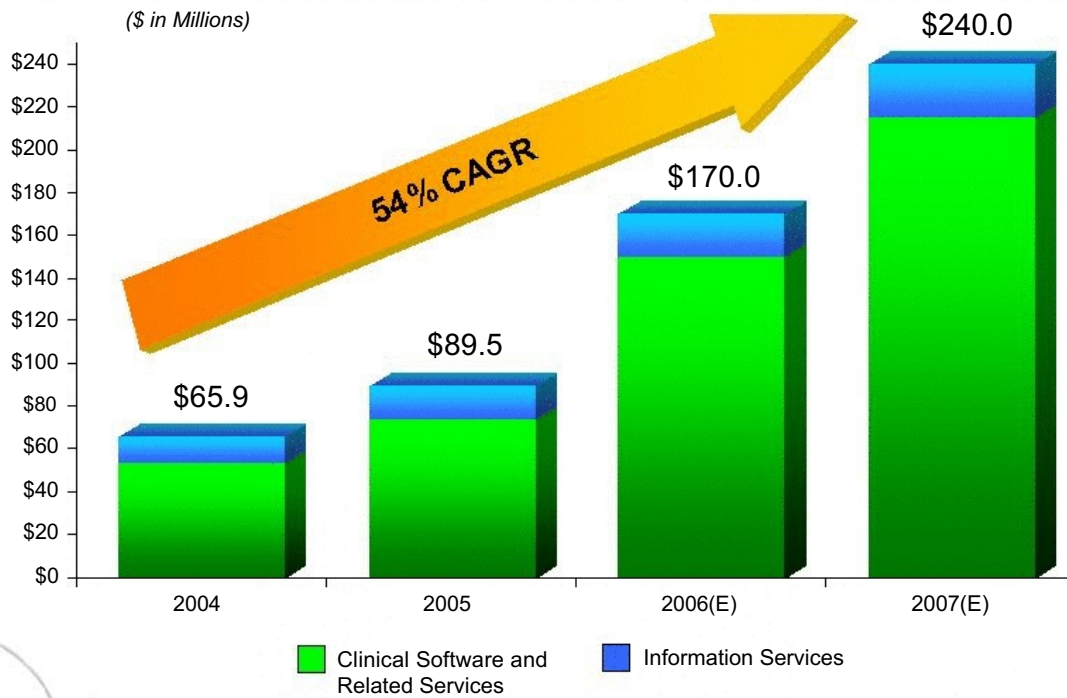
■ Clinical Software and Related Services ■ Information Services ■ Pre-packaged Medications

* Growth segments include Clinical Software and Related Services and Information Services





Solid Bookings Growth





Accelerated Growth Continues in 2007

(\$ in Millions, except per share)

	2005	2006 (E)	2007 (E)
Revenues:			
Software & Related Services	\$65.2	\$165.0	\$240.0
Prepackaged Medications	45.6	43.0	44.0
Information Services	9.8	12.0	16.0
Total Revenues	\$120.6	\$220.0	\$300.0
Gross Profit	54.9	115.0	159.0
Gross Profit %	45.5%	52.3%	53.0%
Income from Operations	9.2	19.0	41.0
Net Income	\$6.0	\$11.3	\$25.0
Weighted Average Shares Outstanding (Diluted)	43.1	54.0	64.0
Earnings per Share (Diluted)	\$0.14 ⁽¹⁾	\$0.20 to \$0.22	\$0.42 to \$0.44

(1) 2005 has been adjusted for income taxes to provide for comparability:

\$9.7 MM Net Income, or \$0.23 per diluted share, as reported less 38% taxes (\$3.7 MM) = \$6.0 MM, or \$0.14 per diluted share



Impact of Convertible Debt

(for illustrative purposes only)

(\$ in Millions, except per share)

	2006		2007	
	Non-Converted	Converted	Non-Converted	Converted
GAAP Net Income	\$11.3	\$11.3	\$25.0	\$25.0
Adjustments:				
Add Back Interest Expense		3.5		3.5
Tax Effect of Interest Add-back @ 38%		(1.3)		(1.3)
Adjusted GAAP Net Income	\$11.3	\$13.5	\$25.0	\$27.2
Diluted Shares Outstanding	54.0	54.0	56.7	56.7
Add: Convertible Debt Shares		7.3		7.3
Adjusted Diluted Shares	54.0	61.3	56.7	64.0
GAAP Earnings Per Share	\$0.21	\$0.22	\$0.44	\$0.43
	Convertible Debt Anti-dilutive in 2006		Convertible Debt Dilutive in 2007	



Top 10 Questions

9. Is Allscripts Going to Use a “Non-GAAP” Earnings Metric in 2007?



2007 Earnings Metrics Cash Earnings

(\$ in Millions, except per share)

	<u>2005</u>	<u>2006 (E)</u>	<u>2007 (E)</u>
GAAP Net Income	\$9.7	\$11.0	\$25.0
Depreciation and Amortization	6.5	16.5	17.5
Income Taxes	0.0	7.0	16.0
Stock-Based Compensation	0.6	2.5	6.4
A4 One-Time Deal-Related Cost	<u>0.0</u>	<u>1.0</u>	<u>0.0</u>
Cash Earnings	16.8	38.1	64.9
<i>Weighted Average Shares Outstanding (Diluted)</i>	43.1	54.0	64.0
GAAP Earnings Per Share (Diluted)	<u>\$0.23</u>	<u>\$0.20 to \$0.22</u>	<u>\$0.42 to \$0.44</u>
Cash Earnings Per Share (Diluted)	<u>\$0.39</u>	<u>\$0.70 to \$0.72</u>	<u>\$1.04 to \$1.06</u>



2007 Earnings Metrics Adjusted Earnings

(\$ in Millions, except per share)

	<u>2005</u>	<u>2006 (E)</u>	<u>2007 (E)</u>
GAAP Net Income	\$9.7	\$11.0	\$25.0
Income Tax Provision @ 38%	(\$3.7)	\$0.0	\$0.0
Acquisition-Related Amortization, net of taxes @ 38%	\$0.4	\$6.4	\$6.4
Stock-Based Compensation, net of taxes @ 38%	<u>\$0.3</u>	<u>\$1.6</u>	<u>\$4.0</u>
Adjusted Earnings	\$6.7	\$19.0	\$35.4
<i>Weighted Average Shares Outstanding (Diluted)</i>	43.1	54.0	64.0
GAAP Earnings Per Share (Diluted)	<u>\$0.23</u>	<u>\$0.20 to \$0.22</u>	<u>\$0.42 to \$0.44</u>
Adjusted Earnings Per Share (Diluted)	<u>\$0.16</u>	<u>\$0.34 to \$0.36</u>	<u>\$0.58 to \$0.60</u>



Top 10 Questions

10. What Is the Ongoing Operating Model for Each of Allscripts' Businesses?



Business Operating Models

- ▶ Medication Services
 - ▶ Annual revenue growth expected flat to low single digits
 - ▶ Gross margin of 18% to 20% of revenue
 - ▶ OI margin of 8% to 10% of revenue ⁽¹⁾

- ▶ Clinical Solutions
 - ▶ Annual revenue growth of approximately 35%+
 - ▶ Gross margin of 58% to 62% of revenue
 - ▶ OI margin of 20% to 22% of revenue ⁽¹⁾

- ▶ Physicians Interactive™
 - ▶ Annual revenue growth of approximately 25%+
 - ▶ Gross margin of 45% to 50% of revenue
 - ▶ OI Margin of 10% to 15% of revenue ⁽¹⁾



ALLSCRIPTS™
Inform. Connect. Transform.

2006 Allscripts Investor Day

Wednesday, October 18, 2006
Rockefeller Center
New York, NY

Inform. Connect. Transform.

Glen Tullman
Chief Executive Officer
Allscripts





About Allscripts

The Leading Provider of Clinical Software, Connectivity & Information Solutions to Physicians



- ▶ 900+ Employees
- ▶ Financially Strong (Nasdaq: MDRX)
- ▶ Established Leader in Ambulatory Healthcare IT Market:
 - ▶ Electronic Health Records
 - ▶ e-Prescribing
 - ▶ Document Imaging
 - ▶ Practice Management
 - ▶ Connectivity Solutions
- ▶ Three Business Groups
 - ▶ Clinical Solutions Group
 - ▶ Physicians Interactive Group
 - ▶ Medication Solutions Group



A Different Approach

Traditional View



Healthcare Revolves Around
the Hospital

Our View



Healthcare Revolves Around
the Physician



Hard To Replicate Competitive Strengths

- ▶ Our Solutions: World-Class Industry-Leading Technologies
- ▶ Our Ability To Deliver Results: Rapid Deployment & ROI
- ▶ Our Footprint: Significant Installed Base / Strong Reference Sites
- ▶ Our Partners: Strong Partnerships and Strategic Alliances
- ▶ Our People: Experienced Employees Who Care



Becoming Indispensable for Physicians



Inform.



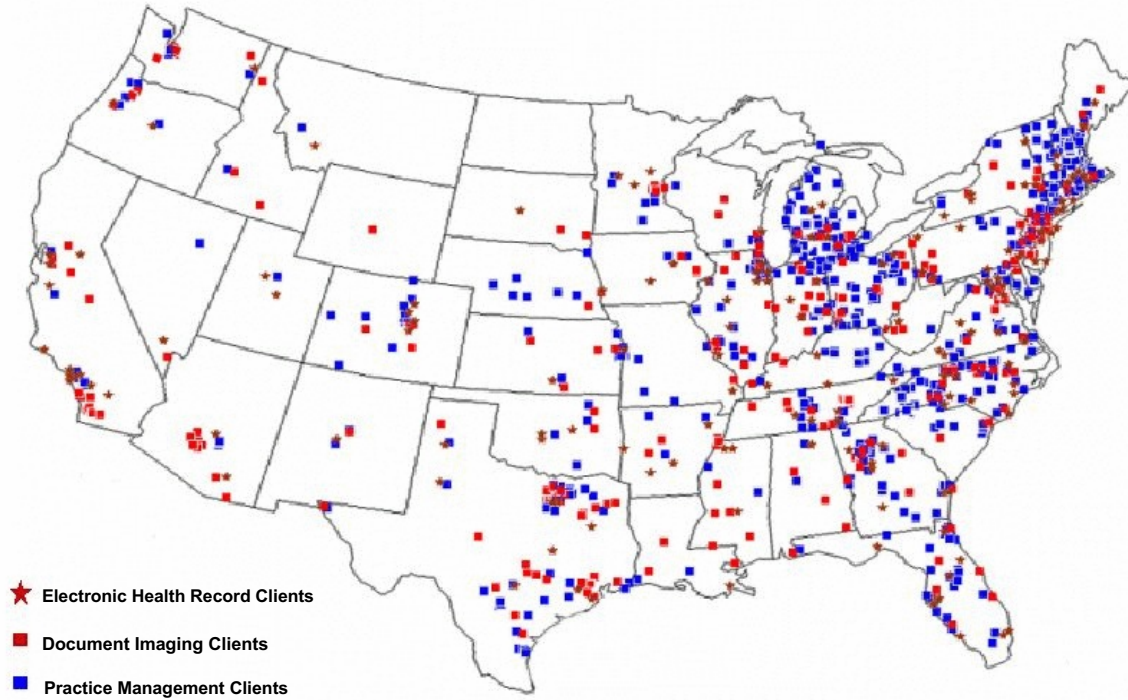
Connect.



Transform.



It's Happening, Right Now: Allscripts Across the U.S.





Four Assumptions

- Healthcare is Broken
- We Can Do Better
- Physicians at the Center
- Technology is the Key



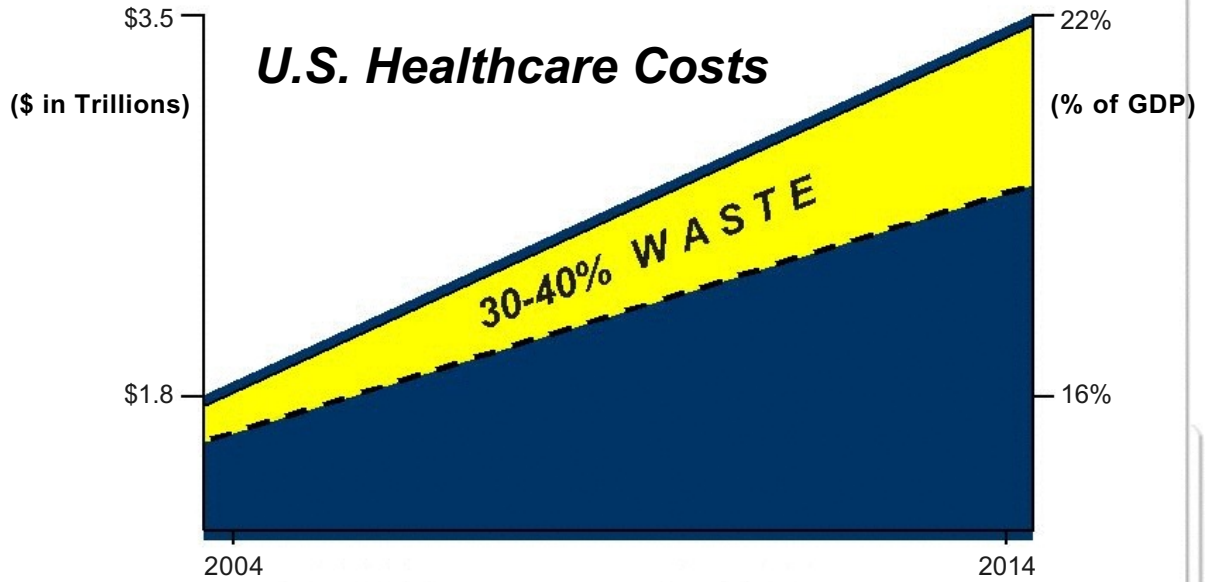
The Paradox of Healthcare

- **Best Software**
- **Best Information**
- **Best Pharmaceuticals**
- **Best Healthcare**
- **Best Physicians**
- **Not Used**
- **Not Available**
- **Can't Afford**
- **Not Available to 40MM**
- **Buried With Paperwork**

**Costs and Waste Represent
the Problem and the Opportunity**



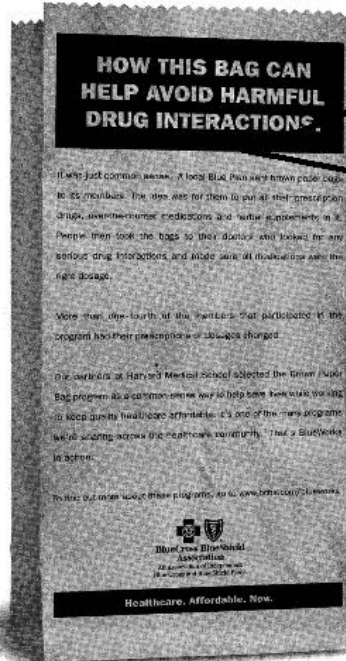
Higher Costs, Lower Quality



The U.S. is No.1 in the world in healthcare expenditures, but no better than 16th in medical outcomes.



The Current State-of-the-Art?



"It was just common sense. A local Blues Plan sent brown paper bags to its members. The idea was for them to put all their prescription drugs, over-the-counter medications and herbal supplements in it. People then took the bags to their doctors...."

- Ad in *New York Times*, 1/1/05



We Can Do Better . . .

Why Not the Best?

RESULTS FROM A NATIONAL SCORECARD ON U.S. HEALTH SYSTEM PERFORMANCE

The Commonwealth Fund Commission on a High Performance Health System

September 2006

ABSTRACT: Created by the Commonwealth Fund Commission on a High Performance Health System, the *National Scorecard on U.S. Health System Performance* is the first-ever comprehensive means of measuring and monitoring health care outcomes, quality, access, efficiency, and equity in one report.

Its findings indicate that America's health system falls far short of what is attainable, especially given the resources the nation invests. Across 37 indicators of performance, **the U.S. achieves an overall score of 66 out of a possible 100** when comparing actual national performance to achievable benchmarks.



Will The Industry Adopt The EHR?

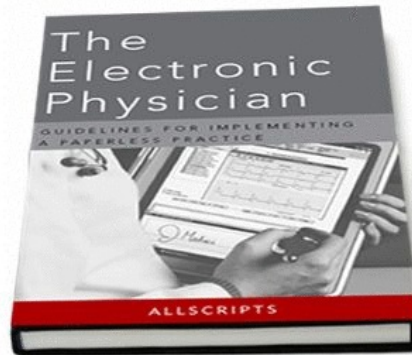
“That it will ever come into general use, notwithstanding its value, is extremely doubtful because its beneficial application requires much time and gives a good bit of trouble, both to the patient and to the practitioner because its hue and character are foreign and opposed to all our habits and associations.”



The Stethoscope
London Times 1834



Our Expertise



We “Wrote the Book” on EHRs



Delivering Results

Reduces/Eliminates Transcription

Central Utah Clinic

\$1M in Savings in Year 1 (\$20K/MD)

Generates Clinical Trial Revenue

Holston Medical Group

\$3M/Yr. in Clinical Trial Revenue

Delivers on Pay for Performance

Facey Medical

\$1.2M P4P Payout
from Blue Cross



Reduces Resources in Medical Records

**George Washington Univ.
Medical Faculty associates**

Reduction of 30 FTEs in
Medical Records

Enhances Documentation

**University of Tennessee
Medical Group**

Avg. Gross Charge Increases
of > \$30/Patient Visit

Produces e-Prescribing Savings

Sierra Health

\$5M in Annual Savings via eRx



All Stakeholders are Backing EHRs

- ▶ A Mandate Has Been Issued by the Federal Government and Payers



"We will make wider use of electronic records and other health information technology, to help control costs and reduce dangerous medical errors."

State of the Union Address
January 31, 2006

- ▶ EHR is Becoming a Standard of Care Within Physician Practices



"If all we did was provide excellent patient care to sick patients who walked through our doors, I am convinced we would be out of business in five years."

Jerry Miller, MD
Chief Executive Officer, Holston Medical Group



A4 Acquisition – Strategic Benefits










- **Expand product and service offerings**
 - Fully integrated EHR and practice management solutions for small and mid-sized physician groups
 - Complementary acute care solutions

- **Increase market penetration**
 - Double the size of our salesforce
 - Add over 1,500 physician clinics nationally

- **Accelerate financial performance**
 - Double our clinical software revenues
 - Natural gross margin expansion
 - Accretive on CASH basis in 2006 and on GAAP basis in 2007



Leadership Across the Market

<i>Segment</i>	<i>EHR</i>	<i>Practice Management</i>
Large Physician Practices (>25)	 ALLSCRIPTS [®]	  A ² HEALTH SYSTEMS [®]
Mid-Sized Physician Practices (10-24)	 ALLSCRIPTS [®]	 A ² HEALTH SYSTEMS [®]
Independent & Small Physician Practices (<10)	 A ² HEALTH SYSTEMS [®]	 A ² HEALTH SYSTEMS [®]
Specialty Groups	 ALLSCRIPTS [®]	 A ² HEALTH SYSTEMS [®]

Profitable Leadership In Each Segment





Leadership Across the Market

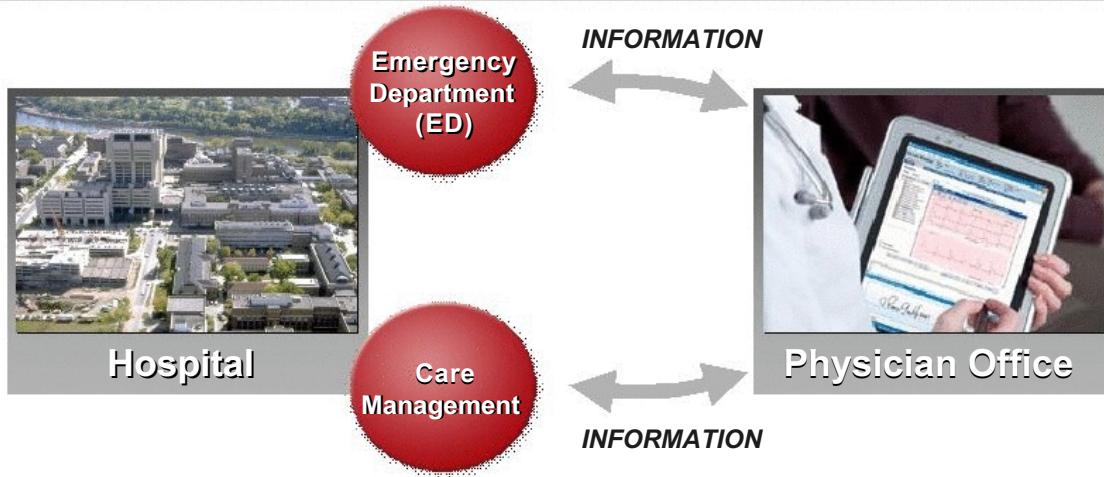
Segment	EHR	Practice Management	Primary Competitors
Large Physician Practices (>25)	 ALLSCRIPTS [®]	  A ⁴ HEALTH SYSTEMS [®]	
Mid-Sized Physician Practices (10-24)	 ALLSCRIPTS [®]	 A ⁴ HEALTH SYSTEMS [®]	
Independent & Small Physician Practices (<10)	 A ⁴ HEALTH SYSTEMS [®]	 A ⁴ HEALTH SYSTEMS [®]	 GE Healthcare  MISYS [®]  emdeon [®] eClinicalWorks
Specialty Groups	 ALLSCRIPTS [®]	 A ⁴ HEALTH SYSTEMS [®]	Variety of Small Players



Profitable Leadership In Each Segment



Acute Care Focus



Our Solutions Connect Healthcare



Our Partners



ALLSCRIPTS™





Our Industry Leadership



Leadership Council



Steering Group for Connecting Communities for Health Initiative



Work Group for EHR Certification Process



Founding Member and Named to Executive Committee



Named on HIMSS Ambulatory Steering EHR Committee



Provided Expert Testimony on e-Prescribing



Our Thought Leadership

“No one will be practicing medicine in America ten years from now without an Electronic Health Record... that’s why I believe so strongly in what Allscripts is doing.”

– Newt Gingrich; Founder of the Center for Health Transformation

The New York Times

Health Industry Under Pressure to Computerize

By STEVE LOHR

The Washington Post

Clinton, Frist Tout Medical Records Bill

By DEVLIN BARRETT

WASHINGTON -- Hillary Rodham Clinton and Bill Frist, two senators in the mix of speculation about the White House race in 2008, touted a new medical records bill Thursday that they said is necessary to prevent life-threatening mistakes.

Clinton, a Democrat who led President Clinton's unsuccessful push for substantial health care overhaul in



Allscripts customer Dr. Allison Foley from St. Jude Heritage Medical Group in Fullerton, California was recently featured in a CNN story on e-prescribing. St. Jude Heritage

TIME

JUNE 27, 2006

NATION

The e-Health Revolution

How a bipartisan bill from Hillary Clinton and Bill Frist could help jumpstart a new kind of health-care reform





Leadership



"There are three ways to handle change. You can fight it and die; accept it and survive; or lead it and prosper."

- Mike Leavitt
Secretary of HHS



Strategies for Growth

Broaden Physician Base

- Aggressively Pursue Physician Practices in All Markets

Enhance Physician Utilization

- In-Depth Training and Client Support

Continue Product Innovation

- Scalable and Modular
- Rapid Implementation
- Inform and Connect

Leverage Brand Recognition

- Leadership and Focused Marketing

Pursue Strategic Opportunities

- Pursue Complementary Assets
- Expand Strategic Relationships



Key Takeaways

1. Our **physician** focus is key to transforming healthcare
2. We are the **leader** in the key growth markets
3. Competitive advantages: **Reference Sites . . . Deployment
Utilization . . . People**

The Tipping Point is Here – The Time is Now

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The Economic Return of an EHR

Scott D. Barlow
Chief Executive Officer
Central Utah Clinic





Background

- ▶ The Largest Independent Physician Group in Utah
- ▶ 85 Physicians in 19 Specialties
- ▶ 13 Locations and 10 Satellite Offices
- ▶ Each Physician is their Own Cost Center
- ▶ MGMA Better Performing Practice - Five Years in a Row
- ▶ MS-HUG Clinic of the Year - 2004





Selecting an EHR

Selection Process

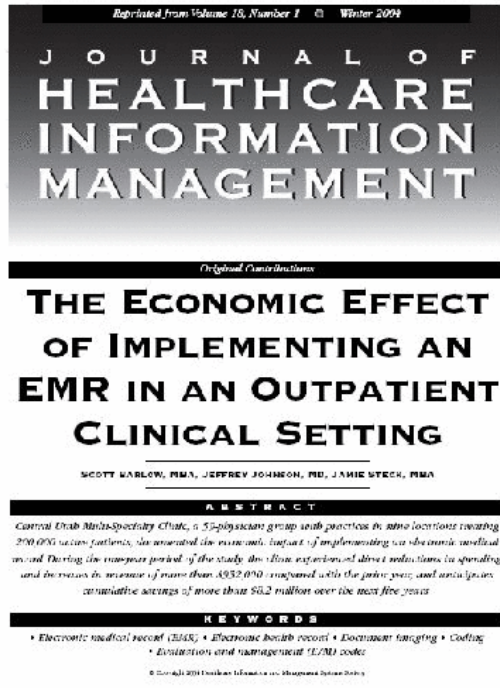
- ▶ Multi-Year Search
- ▶ Narrowed to Five Vendors
- ▶ Site Visits for All Vendors
- ▶ Final Selection

Why Allscripts?

- ▶ Modular Approach
- ▶ Fits with Groupcast PM System
- ▶ Interfaces
- ▶ Handheld/Wireless Options
- ▶ “Good Solution out of the Box”
- ▶ Strong Functionality



Evaluating Return on Investment



Studied ROI in Five Areas

- ▶ Transcription expenses
- ▶ Medical records staff
- ▶ Chart supplies and creation expenses
- ▶ Changes in coding levels
- ▶ Physical space of records



The Good Old Days!





Empty Shelves Look Better!





How Far Does it Go???





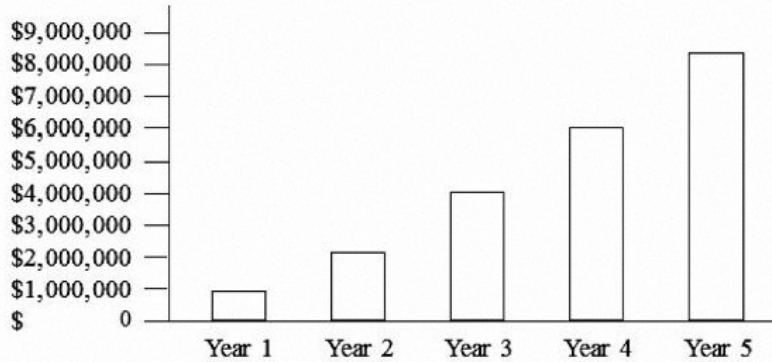
The Physician Perspective

Jeff Johnson, M.D.



ROI – Exceeded Expectations

FIGURE 1. CUMULATIVE FINANCIAL IMPACT OF EMR



- ▶ \$20K/MD in Year One
- ▶ Break-Even in Less than a Year
- ▶ \$8.2MM over Five Years



ROI - Detail

Quantified Annual Savings:	
Transcription	\$660,000
Records FTE	\$116,812
Chart Creation	\$160,000
Records Copy Revenue	\$75,000
Coding	\$262,900
Billing Efficiencies	\$168,000
MSO Services	\$159,000
Physical Space (one time)	\$248,000
TOTAL	\$1,849,712

Additional Savings:
Error Reductions/Tracking
Formulary Compliance
Physician Productivity/Retention
Infrastructure - Filing/Retrieval, Backbone
Charge Capture
Reception/Nursing Efficiency

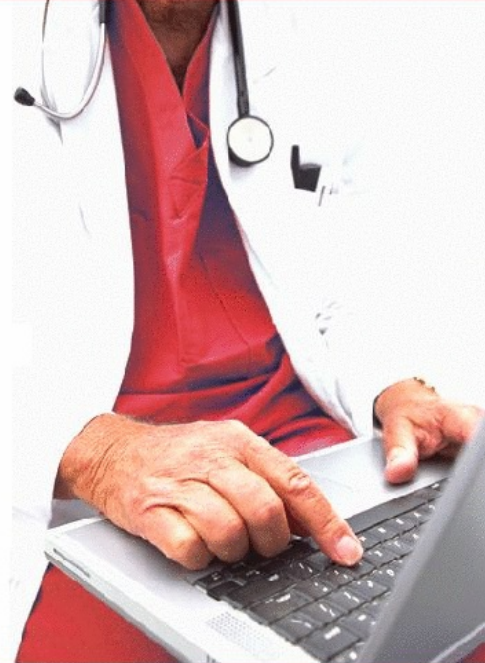


2006 Allscripts Investor Day

Wednesday, October 18, 2006
Rockefeller Center
New York, NY

The Economic Return of an EHR

Scott D. Barlow
Chief Executive Officer
Central Utah Clinic



2006 Allscripts Investor Day

Wednesday, October 18, 2006
Rockefeller Center
New York, NY

Enterprise-Wide EHR Deployment

Robert Margolis, M.D.
Chief Executive Officer
Healthcare Partners





Background



- ▶ Five Regions In LA County
- ▶ 375 Employed Full-Time Clinicians
- ▶ 2,500 Employees
- ▶ 39 Community Facilities
- ▶ 5 Urgent Care Centers
- ▶ 24/7 Patient Support Center
- ▶ Medical Spa



Selecting an EHR

Selection Process

- ▶ RFP Distributed in 2004
 - ▶ 8 Vendors Replied
 - ▶ 5 Vendors Evaluated
- ▶ Cross Functional Teams Evaluated the Products:
 - ▶ Operational
 - ▶ Clinical
 - ▶ Workflow
 - ▶ Technical

- ▶ Allscripts Selected in 2/05

Why Allscripts?

- ▶ Expertise in Ambulatory Space
- ▶ Fit with Practice Management System (IDX/GE Flowcast)
- ▶ Web-Based Application
- ▶ Senior Management Team
- ▶ Industry Leadership
- ▶ A Partner



Implementation Approach Enterprise-Wide Go-Live

FOR IMMEDIATE RELEASE

HealthCare Partners Goes Live With On-Line Clinical Information System

Real-Time, Seamless Connections
To Improve Patient Care

Torrance, CA – HealthCare Partners announced its successful conversion to a new Clinical Information System (CIS) on Tuesday, February 21, 2006, transitioning from an older electronic medical record (EMR) system into the Allscripts TouchWorks™ Electronic Health Record (EHR). This is believed to be the largest single day go-live of an EHR, with the new CIS populated by over 225 gigabytes of electronic medical history from the previous EMR.

According to Robert Margolis, MD, CEO of HealthCare Partners, "Our physicians are now provided with a seamless connection to a broader continuum of healthcare providers, with an electronic dialogue possible between physicians at many locations, pharmacies, laboratories, payers and many other healthcare stakeholders -- in real time. With improved connectivity and communication, our clinicians and staff will be able to deliver compassionate patient care even more effectively and efficiently, with higher clinical outcomes."

Melayne Yocum, Executive Vice President and Chief Operating Officer, reported that in the first day:

- 1,082 users logged onto TouchWorks
- 1,408 new prescriptions were written in TouchWorks
- 1,068 call processing and structured notes were created at the Pharmacy Support Center, Patient Support Center, and the alpha site
- 98,132 interface messages were received through eight electronic interfaces into the CIS from hospitals, laboratory and other vendors

The system conversion included loading the new system with:

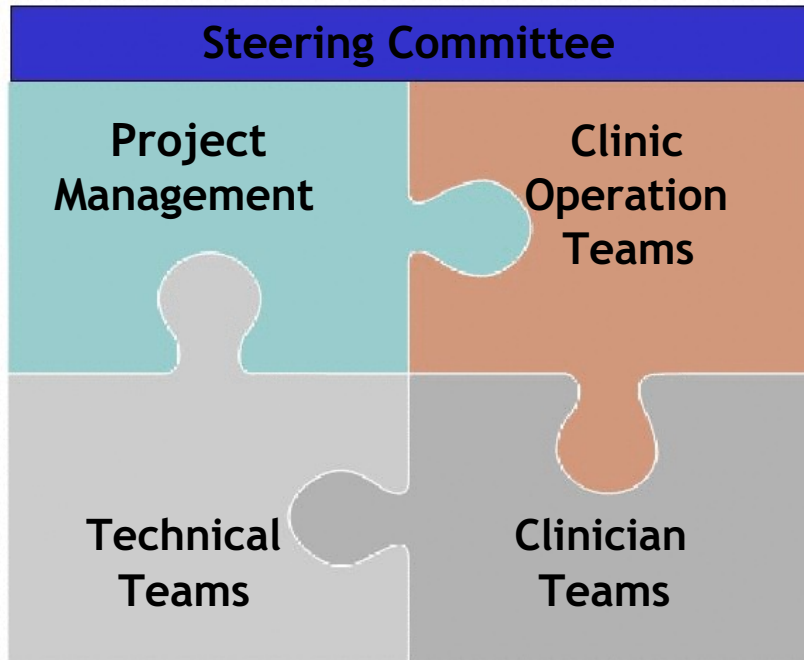
- 9.5 million orders containing 88 million results
- 6.7 million medication entries
- 10.5 million documents
- 5.2 million medical problems
- 1.2 million immunizations
- 16 million vital signs
- 654,000 allergies

- ▶ All in a Day's Work...
February 21, 2006
- ▶ 1,082 Users Logged onto
TouchWorks
- ▶ 9.5 Million Orders Containing
88 Million Results
- ▶ 6.7 Million Medication Orders
- ▶ 10.5 Million Documents





Project Approach





Current State

- ▶ Approximately 1,800 Active Users
- ▶ 60,000 Lab Results Received Daily
- ▶ 3,600 Transcription Notes Interfaced Daily
- ▶ 1,800 Faxes Outbound Daily
- ▶ 3,200 eRx's Written Daily
(Tracking to 1 Million+/Year)
- ▶ 1,100 Notes Created Daily





Physician Reviews

“TouchWorks has all I want to know!”

*“I sit here calmly clicking through my patient’s record
instead of fighting with six inches of paper.”*

*Christine L Oman, MD
HealthCare Partners Medical Group*





Physician Reviews

“TouchWorks offers us the ability to deliver high quality patient care and provides a level of professional fulfillment and job satisfaction not previously obtainable.”

*Robert Blackman, MD
HealthCare Partners Medical Group*



Physician Reviews

“Our old system was increasingly being defined by what it could NOT do.”

“I see TouchWorks defined by what it can do, will do, and what it shall do in the future.”

*Eric Silbiger, MD
HealthCare Partners Medical Group*



What's Next?

- ▶ Moving Beyond Our Own "Four Walls"
- ▶ Partnered With Allscripts to Offer TouchWorks To Community Physicians Under HCP Banner
 - ▶ EHR
 - ▶ Practice Management System
- ▶ Leverages Our Investment in Technology, Learning, and Processes
- ▶ Creates a "Community Care" Model Likely to Increase Overall Quality Of Care in the Region





Lessons Learned

1. Real Change Requires Real Leadership
2. There is No Substitute for the Hard Work of Pre-Planning and Organizational Readiness
3. Physician Utilization is the Goal, But It Takes a Whole Organization To Get There
4. Seize the Opportunity To Do Things Differently
5. Set Clear Destination Goals, But Remember It's An Ever Evolving Journey

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The EHR in a Small Practice

James Morrow, M.D.
North Fulton Family Medicine





Background

- ▶ Three Clinics
- ▶ Located in Metro Atlanta, GA
- ▶ 10 Physicians
- ▶ Family Practice
- ▶ Implemented EHR in 1998
- ▶ Won Prestigious HIMSS Davies Award For Excellence in Implementing An Electronic Medical Record (The Only Family Practice in the U.S to Win Award In 2004)



North Fulton Family Medicine



Unique Considerations for Small Practices

- ▶ Limited Access to Capital
- ▶ Limited IT Expertise/Support
- ▶ Complexity of Interfacing/Interoperability



Selecting an EHR



Why Should a Medical Group Select HealthMatics from Allscripts?

- Combined EHR and PM Solution
- Simple/Intuitive System
- Advanced Functionality
- Significant ROI
- Excellent Support/Service



You Can Move From This...

L. J. H.
 The man recruited me his explanation -
 we were encouraged to volunteer to be kidney donors
 since in a matched hepatocellular carcinoma - searching for us
 since the doctors believe there were told that they could
 induce all the symptoms of kidney disease by a chemical
 - 3 D-95 and by trying to bend the molecular configurations
 of this and ^{phases} manipulating the effects that in turn we believe told
 would be the cause
 I joined the Project in - until
 by my figures as told of a year and a half
 I was seeing a twenty year contract and was motivated
 by a desire for some kind of a resolution of contract - I
 desired all my contract for each month of participation - also
 I found the obvious in the agreement to the doctor they would
 never take advantage of me and also felt that would give me
 some thing back to society - I felt that we could help
 on a medical breakthrough and if it failed it would not have to travel home
 on one occasion I asked Dr. Carl Phillips who funded
 the Project he told me that he had given a large grant to
 Congress to fund the LOSTD program - but that
 time I felt his response and thought that
 each a week we looked into that he called three days later



...and this...

MEDICAL CENTER HOSPITAL
DEPT _____ ODESSA, TEXAS

Ramirez, Ramon AGE _____
11/11/11 DATE _____

Zendil 20mg # 12
20mg P.O. Q6hr

Femron Sildenafil 300mg # _____



...to This!

North Fulton Family Medicine, P.C.
1100 Northside Forsyth Drive, Suite 240
Cumming, GA 30041



Thomas F. Bat, M.D. James E. Morrow, M.D. Terrence L. Moraczewski, M.D. David Hall, M.D.
Michelle E. Jenkins, M.D. Mark A. McElhannon, M.D. Saju I. Mathew, M.D. MacVeta Scott, M.D.

NAME: Bubba Rowley **AGE:** 35 years
ADDRESS: 123 Any Street, Athens, GA **DATE:** 4/12/2005
PHONE: 706-123-4565 **DOB:** 05/25/1969

Rx:
LIPITOR, 10MG (PO Tab)
#30 Tab
1 Tab, PO, qd

REFILL: x2 TIME(S)

James R. Morrow, M.D.
SIGNATURE ELECTRONICALLY GENERATED/PASSWORD ENCODED





The Question...

Can it work in a small practice?



North Fulton Family Medicine



Staffing

1998

2006

4.7

F T Es

2.8

per provider



The Bottom Line...
Cost per Visit

Paper

\$112.47

EHR

\$79.32

Savings

\$33.15/visit

130 per day, 22 days, 12 months



North Fulton Family Medicine



The Bottom Line...
Cost per Visit

Paper

\$112.47

EHR

\$79.32

Savings

\$4309.00/day

130 per day, 22 days, 12 months



North Fulton Family Medicine



The Bottom Line...
Cost per Visit

Paper

\$112.47

EHR

\$79.32

Savings

\$2,625,480/year

130 per day, 22 days, 12 months



North Fulton Family Medicine



Evaluating Return on Investment

EMR ADVISOR

The monthly guide to analyzing the return on your investment in electronic medical records and consolidated physician order entry system

Volume 2 Number 1 January 2005

First year savings totals \$1,241

EMR supports rapid practice growth, yields bottom-line results

"Access your data," these words, which appear on the walls of North Fulton Family Medicine (NFFM), of Alpharetta, GA, are more than just an invitation for patients to access their data. They also mean the practice's reputation for providing excellent health care to patients with normal (or even mild) chronic diseases. "The ability to access lab results, request prescriptions, verify dates of visits, and view diagnosis given," says James K. Morrow, Jr., MD, one of eight physicians on staff at the three-office family practice. "They can send us the new prescriptions in five minutes, and if we miss any go directly into the EMR."

Winner of the HIMSS 2004 Primary Care Award and recipient of the Physician Practice 2004 Practice of the Year Award, NFFM is a leader in EMR use. The practice was also recognized in 2002 by the Medical Group Management Association as an Outstanding Medical Practice. Thomas T. Rat, MD, president of the practice, and Morrow have made it a part of their mission to persuade other physicians of the benefits of EMR in general, and the benefits gained by NFFM in particular.

- Some of the benefits the practice has realized from their EMR system include:
 - Reduced transcription costs, totaling about \$275,000
 - Daily chart handling time reduced from 625 minutes to zero;
 - Lab result handling time per day reduced from 500 minutes to zero
 - An estimated savings of \$1,291 per day, or \$1,249,568 annually for the first year.
 - An unexpected savings of \$275,000

The proof is in the report

"We didn't go into this to win awards," says Rat. "But after a couple of years, we realized our

patient care was better." The table goes that and the other way. NFFM also prides itself on its ability to track patient outcomes, which has confirmed that their patients are doing better overall than they were prior to the EMR.

For example, every few months, he queries the data to generate a list of patients with a diagnosis of diabetes who have not had a hemoglobin A1c ordered within a particular date range. "I can get a list of all these patients within minutes or seconds," says Rat, who then tracks down whether these people are still getting out the picture and, if so, why they are not getting a hemoglobin A1c.

In addition, having the computer in the exam room ensures that the care providers are thoroughly knowledgeable about a patient's diagnosis and history. "When I go in to see a patient, the nurse that already used the EMR to generate a graph of the patient's glucose and HbA1c," says Rat, who then shares the graphs with his patients. He even encourages his patients to see their graphs on their navigators, hoping the graphs will affect their dietary choices.

"I don't know if the chart really inspires the patient over the next three months, but it might," says Rat. In any case, the practice has determined that their overall hemoglobin A1c percentages have increased significantly since they have implemented their EMR. He attributes this improvement partly to the increased access time the physicians spend with their patients — time they used to spend writing prescriptions or dictating — as well as the standardization of care. That has also been a result of the EMR.

"Some docs think it happens the other way," says Rat, "that they're spending more time on the computer and not their doctor never can with their patient. Because repeat patients, it actually takes no more than two to

ROI for a "Small Practice"

- Savings = \$4,594/day
- \$1,249,568 in Savings in Year One



HealthMatics EMR

Session Edit Charts Office Patient Options Tools Launch Help

Search Criteria
 Caregiver: Morrow, James R. M.D.
 Patient: Michael D. Barrett
 Dates: All Dates
 Sort: Reverse Chrono
 Status: Needs Review

Results
 Review All... Merge Orders... Send Message...
 Lab Trends... Print... Face Sheet...
 Attach to Chart Print All... Pull Chart...
 Results Entry... Web Publish...

Profile/Panel/Test	Status	Value	Units	Range
Michael D Barrett, 005521				
▼ TRIGLYCERIDES	Final(Note)	Collect: 04/15/2005	12:00 AM	
TRIGLYCERIDES	Final	64	MG/DL	<150
▼ CHOLESTEROL, TOTAL	Final(Note)	Collect: 04/15/2005	12:00 AM	
CHOLESTEROL, TOTAL	Final	175	MG/DL	<200
▼ HDL CHOLESTEROL	Final(Note)	Collect: 04/15/2005	12:00 AM	
HDL CHOLESTEROL	Final	44	MG/DL	> OR = 40
▼ LDL-CHOLESTEROL	Final(Note)	Collect: 04/15/2005	12:00 AM	
LDL-CHOLESTEROL	Final	118	MG/DL (CALC)	<130
▼ CHOL/HDLC RATIO	Final(Note)	Collect: 04/15/2005	12:00 AM	
CHOL/HDLC RATIO	Final	4.0	(CALC)	<5.0
▼ COMPREHENSIVE METABOLIC	Final(Note)	Collect: 04/15/2005	12:00 AM	
GLUCOSE	Final(Note)	99	MG/DL	65-99
UREA NITROGEN (BUN)	Final	18	MG/DL	7-25
CREATININE	Final	1.1	MG/DL	0.5-1.4
BUN/CREATININE RATIO	Final	16	(CALC)	6-25
SODIUM	Final	143	MMOL/L	135-146
POTASSIUM	Final	4.3	MMOL/L	3.5-5.3
CHLORIDE	Final	106	MMOL/L	98-110
CARBON DIOXIDE	Final	25	MMOL/L	21-33
CALCIUM	Final	9.6	MG/DL	8.5-10.4
PROTEIN, TOTAL	Final	7.3	G/DL	6.0-8.3
ALBUMIN	Final	4.8	G/DL	3.5-4.9
GLORUBIN	Final	2.5	G/DL (CALC)	2.2-4.2

Text Value and Notes of highlighted item:
 Collected: 04/15/05 12:00 AM, Reported: 04/18/05 9:53 AM, Accession: AT498793F
 Result Note:
 PERFORMED BY: AT QUEST DIAGNOSTICS-ATLANTA

James R. Morrow M.D. Lab Results 6 0 65 1 1 9 1 360

Lab Results

Edit Transcription

File Edit Navigation Caregiver

Radiology Reports

Patient: Status: Submitted
Date of Birth: Dictated: 04/04/2005
Transcribed: 04/04/2005

Index | Comment | **General**

CT SCAN OF THE CHEST WITH CONTRAST 04/04/05

I do not have any comparison studies.

CLINICAL HISTORY- Chest swelling and mass.

TECHNIQUE- Transaxial images are obtained through chest. The patient received 95 cc of intravenous nonionic contrast material without complications. The risks, benefits and alternative of the contrast media were discussed with the patient after which informed consent was signed. The patient was given an opportunity to ask questions.

FINDINGS- Imaging of the mediastinum fails to show any evidence of significant adenopathy. Heart, pericardium, great vessels and esophagus all appear normal. Both hila appear normal.

Imaging of the lung parenchyma show at least three nonspecific small nodules on the right. The first is in the right upper lobe peripherally and measures 5.2 mm. The second is in the right lower lobe superior segment peripherally 6.0 mm and the third is in the right middle lobe anteriorly abutting the pleura measuring 5.9 mm. All of these appear to be noncalcified. Malignancy cannot be excluded. Close interval follow-up or PET scan may be helpful. There is no evidence of pleural effusion. There is some mild atelectasis in both lower lobes posteriorly.

Digital ECG

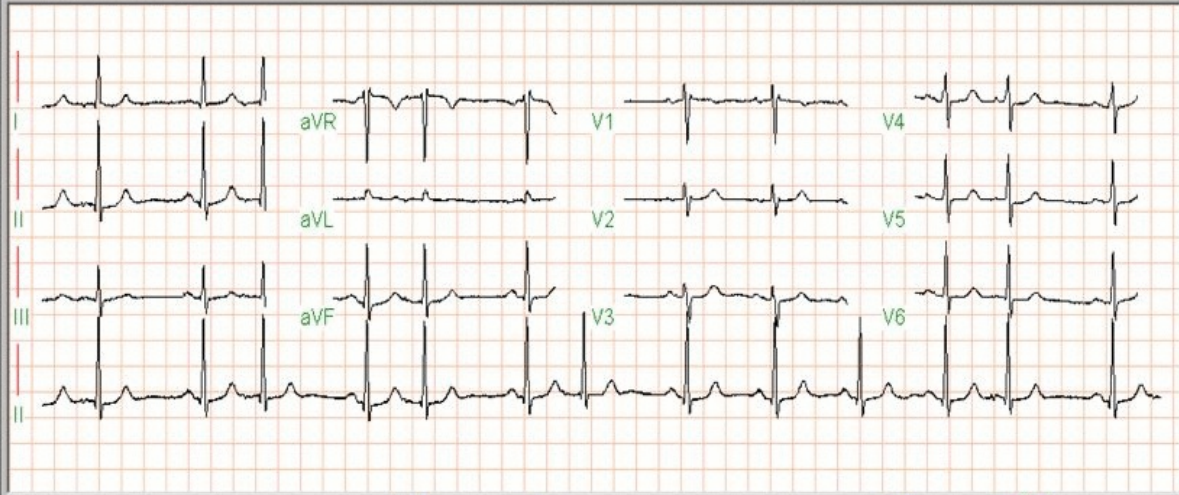
1 - 01/16/03 18:17:24 Report 1 of 1 Serial Comparison

Technician: Shannon
BP:
Reviewed By: JRM
Review Date: 01/16/03

Sinus Rhythm - frequent PAC s
P:QRS - 1:1, Normal P axis, H Rate 79
PACs = 4.
-RSR(V1) -nondiagnostic .
PROBABLY NORMAL

Rate:	79	BPM
PR:	144	msec
QT:	382	msec
QTc:	416	msec
QRSD:	94	msec
P Axis:	58	
QRS Axis:	44	
T Axis:	45	

Details Settings Add Delete Modify Clear/Add



File | Print | New Patient | Patient List | Patient Data | View Report | New Test... | Help | Exit

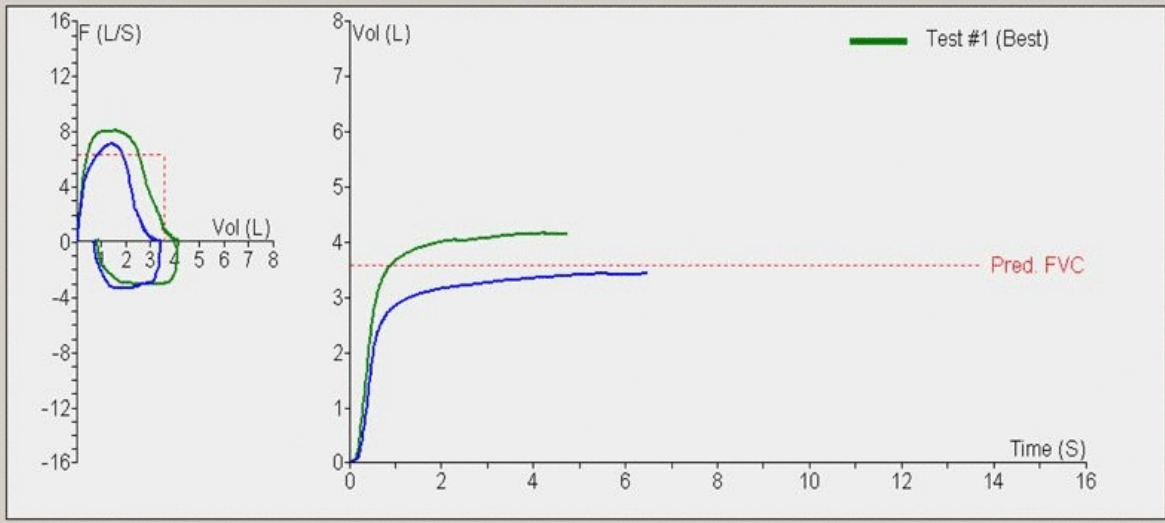
Digital Spirometry

1 - 08/05/04 10:32:21 Report 1 of 1 Trending

Technician: Pam Commorato Review Date: Perform Pre-BD: Perform Post BD:
Reviewed By: Predicteds: Crapo Settings: Bronchodilator:

Summary | FVC Graphs | MVV Graphs | VC Graphs

Display Tests: All Pre-Bronchodilator Tests



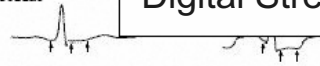
File Print New Patient Patient List Patient Data View Report New Test... Help Exit

Name:
ID: 71150 3/21/2005 10:57:05 AM
HR: 174 Phase: Exercise
EP: 138/84 Exercise Time: 38:07
EPE: Stage/Time: 3/02:07
METs: 10.1 Workload: 3.4 mph 13.9 % grade
Protocol: Bruce

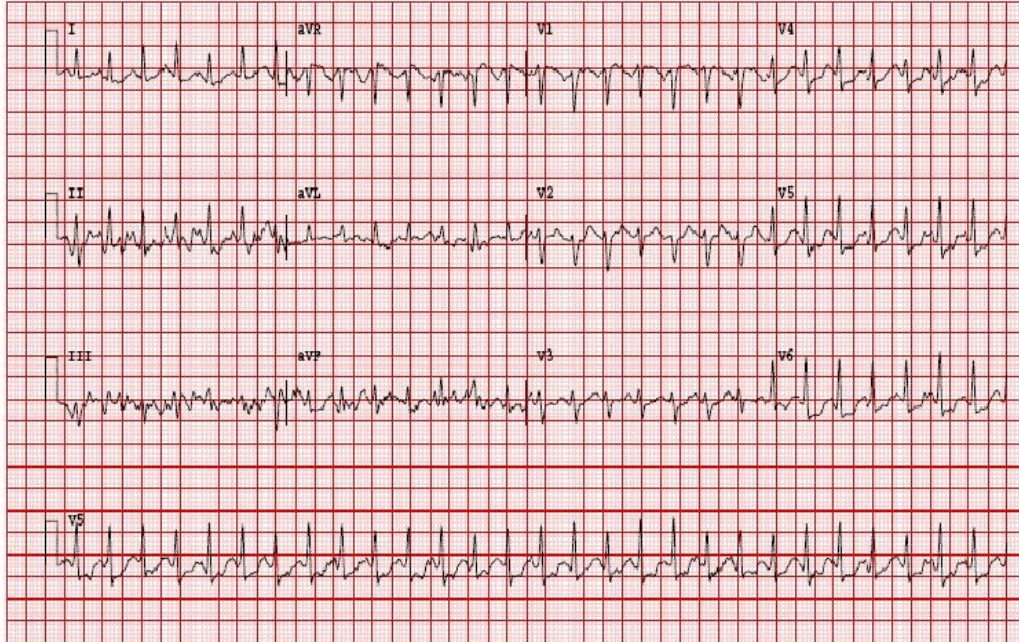
Worst Case S-T Depression

Digital Stress ECG

Baseline



V6	V6
L 1.1	L -1.7
S 1.3	S 0.9
J+80ms	J+80ms



Speed: 25mm/Sec Gain: Limb 10mm/mV Chest 10mm/mV Filter: 60, Stable-20HZ Pacer: OFF Q Rev. 4.20-e-B Page 8

New Mail Message x

To: Webster, Shannon

CC:

Subject: Mail Message

Priority: High

Internal E-Mail

Text | Image | Voice | Import

✉️ 📧 ✂️ 📄 📁 🖋️ ↶️ ABC 🌸

Please be sure to have all diabetics remove their socks and shoes for a foot exam. Every time.


Thanks
Dr. M.

 Send Cancel

Review _ □ ×

Template Name: TWIMC Letter Create Letters

Normal Times New Roman 10 B I U


North Fulton Family Medicine, P. C.
NFFM - Cumming
1100 Northside Forsyth Drive, Suite 240
Cumming, GA 30041
(678) 947-6440

4/24/2005

To Whom It May Concern:

re: James Perkins
DOB: 6/14/1947

Please be advised that this patient has been under my care for the past week. He should be excused from school and work for that time.

Sincerely,

INS Page: 1 Line: 17 Col: 11

External... Reload Email... Print OK Cancel

On-Line Access



North Fulton Family Medicine, P.C.

- Thursday, April 14, 2005
Welcome, Jmorrow
- My Health Portfolio**
 - Messages
 - Appointment
 - Medication Refills
 - Lab Results**
 - Vital Signs
 - Personal Information
 - Insurance
 - Office Visits
 - Change Password
 - Logout
- Links**
- Back To NFFM website

Select range: Year(s)

Profile/Panel/Test	Value	Units	Range
PSA, TOTAL	Collect: 1/31/2005 10:48:00 AM		
PSA, TOTAL	1.1	NG/ML	< OR = 4.0
TRIGLYCERIDES	Collect: 2/13/2004 9:07:00 AM		
TRIGLYCERIDES	135	MG/DL	<150
CHOLESTEROL, TOTAL	Collect: 2/13/2004 9:07:00 AM		
CHOLESTEROL, TOTAL	174	MG/DL	<200
HDL CHOLESTEROL	Collect: 2/13/2004 9:07:00 AM		
HDL CHOLESTEROL	39	MG/DL	> OR = 40
LDL-CHOLESTEROL	Collect: 2/13/2004 9:07:00 AM		
LDL-CHOLESTEROL	108	MG/DL (CALC)	<130
CHOL/HDL C RATIO	Collect: 2/13/2004 9:07:00 AM		
CHOL/HDL C RATIO	4.5	(CALC)	<5.0
COMPREHENSIVE METABOLIC PANEL	Collect: 2/13/2004 9:07:00 AM		
GLUCOSE	83	MG/DL	65-109
UREA NITROGEN (BUN)	19	MG/DL	7-25
CREATININE	1.3	MG/DL	0.5-1.4
BUN/CREATININE RATIO	15	(CALC)	6-25
SODIUM	140	MMOL/L	135-146
POTASSIUM	5.0	MMOL/L	3.5-5.3

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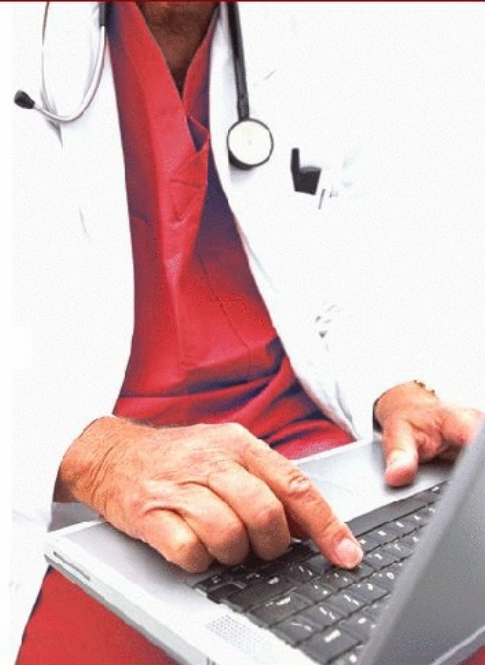


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New York, NY

Product Roadmap

J. Peter Geerlofs, M.D.
Chief Medical Officer
Allscripts





Product Roadmap

What sets us apart, even more than
our highly successful current EHR products...
**is execution on a product strategy
that anticipates healthcare transformation**



Fundamentals

- ▶ Stages of Technology Adoption
- ▶ IDDUINEM
- ▶ Allscripts EHR Mental Model™



Technology Adoption

- ▶ Substitutive
- ▶ Innovative
- ▶ Transformative



Technology Adoption

SUBSTITUTIVE

Doing the same thing by simply substituting the new technology for the old



Courtesy of the Detroit Public Library, National Automotive History Collection





Healthcare Transformation

- ▶ Pay for Quality
- ▶ Connectivity
- ▶ Empowered Patients



IDDUINEM

“If doctors don’t use it, nothing else matters”

Deliv



use...



ALLSCRIPTS
Inform. Connect. Transform



TouchWorks V11

- ▶ **Substitutive Features**
 - ▶ Chart-Like
 - ▶ Easy to Learn and Use
 - ▶ Integrated Dictation
- ▶ **Innovative Features**
 - ▶ Order-of-magnitude Faster Workflows
 - ▶ Configurable
 - ▶ Point of Care Decision Support
- ▶ **Transformative Features**
 - ▶ Health Management Plan/Careguides
 - ▶ Plug-in Capable Architecture

Paterson, Stella MRN: 031230084615500 Sex: F
 DOB: 02/27/1924 Age: 82 Years
 SSN: 349-12-3159

Adult Patient View Pat Loc: Room 2 Status: Nurse Intake

Problem ChartViewer Encounter

Active Problems Type

- Chronic
 - Angina Pectoris (413.9)
 - Asthma (493.90)
 - Congestive Heart Failure (428.0)
 - Coronary Artery Disease (414.0)
 - Depression (311)
 - Diverticulosis (562.10)
 - Hypothyroidism (244.9)
 - Myocardial Infarction (410.90)
 - Osteoarthritis (715.90)
 - Type II Diabetes Mellitus (250.00)

New Edit CarePlan Resolve

Meds/Orders Allergies Tasks

Current Meds/Orders Problem

- Angina Pectoris
 - Baby Aspirin 81 MG Tablet
 - Nitroglycerin 0.4 MG Tablet
- Asthma
 - Accolate 20 MG Tablet
 - Advair Diskus 250-50
 - Albuterol 90 MCG/ACT Aerosol Solution
- Atypical Depressive Disorder
 - Fluoxetine HCl 20 MG Capsule
- Congestive Heart Failure
 - Hydrochlorothiazide 50 MG TABS

New Edit D/C Continue Complete

Health Management Plan

Health Management Problem

Item Name	Schedule	Graph	Trend	Most Recent	Today 10/15/2006	Next
Diastolic	q1y	<input type="checkbox"/>		75 10Jun2005	72	12Dec2005
Temperature	q1y	<input type="checkbox"/>		98.4 10Jun2005	98.6	
Heart Rate	q1y	<input type="checkbox"/>		78 10Jun2005	74	
Respiration	q1y	<input type="checkbox"/>		20 10Jun2005	20	
Height	q1y	<input type="checkbox"/>		64 10Jun2005	64	
Weight	q1y	<input type="checkbox"/>		140 10Jun2005	142	12Dec2005
BMI	q1y	<input type="checkbox"/>		24 10Jun2005	24.4	

New Edit

V11 Homebase Daily Chart Task List Work List Charge Reports Run Query

Paterson, Stella MRN: 031230084615500 Sex: F
 DOB: 02/27/1924 Age: 82 Years
 SSN: 349-12-3159

Select Patient **i**

Adult Patient View

Problem ChartViewer Encounter Patient Worklist

Status: Nurse Intake

Tasks

Problem

Tablet
 Tablet
 Aerosol Solution
 Capsule
 30 MG TABS
 Complete

Today 10/15/2006 Next

Today 10/15/2006	Next
	12Dec2005
6	
2	12Dec2005
4	

Notes

- Evaluation
 - Amb Evaluation - 17Dec2003 - Other - Carter, Michael
- Office Notes
 - Amb Acute Care - 01Aug2006 - Non-Appointment - Bones, Jeff
 - Amb Followup - 01Aug2006 - Non-Appointment - Bones, Jeff
 - Amb Followup - 02Jan2006 - Other - Medici, James
 - Dx Diabetes F/U - 07Jul2006 - Appointment - Medici, James
 - Dx CHF - 20Dec2004 - Other - Medici, James
 - Amb Acute Care - 17Jun2004 - AUDIT - Carter, Michael
 - Dx CHF - 25Mar2004 - Other - Carter, Michael
 - Dx CHF - 17Dec2003 - Other - Carter, Michael
 - dDx CHF - 12Dec2003 - Other - Medici, James
 - dDx Chest Pain - 01May2003 - Other - Medici, James
 - dDx Diabetes F/U - 29May2002 - Other - Medici, James
 - dAmb Followup - 13Apr2002 - Other - Medici, James
 - dDx Diabetes F/U - 04Feb2002 - Other - Medici, James
 - dAmb New Patient - 02Nov2001 - Other - Medici, James
- Hospital
 - sHos ER Note - 12Dec2003 - Image Encounter - Unassociated
 - sHos Discharge Summary - 18Oct2003 - Image Encounter - Unas
 - sHos Discharge Summary - 01Oct2003 - Image Encounter - Unas

New View Print Clinical Exchange Document Personalize

V11 Homebase Daily Chart Task List Work List Charge Reports Run Query

Paterson, Stella MRN: 031230084615500 Sex: F
 DOB: 02/27/1924 Age: 82 Years
 SSN: 349-12-3159

Select Patient **i**

Adult Patient View

Problem ChartViewer Encounter Patient Worklist

Status: Nurse Intake

Tasks

Problem

Tablet
 Tablet
 Aerosol Solution
 Capsule
 30MG TABS
 Complete

Today 10/15/2006 Next

Today 10/15/2006	Next
	12Dec2005
6	
2	12Dec2005
4	

New Edit

Health Man
 Health Manag
 Diastol
 Tempe
 Heart R
 Respir
 Height
 Weight
 BMI
 New Edit

All by Encounter None

- 01Aug2006 - Non-Appointment
 - Amb Acute Care - Bones, Jeff
 - Amb Followup - Bones, Jeff
- 24Apr2006 - Non-Appointment
 - dProc GI - Gaston, David
- 02Jan2006 - Other
 - Amb Followup - Medici, James
 - I Comp Metabolic Profile - Medici, James
 - I Hemoglobin A1C - Medici, James
 - I Lipid Profile - Medici, James
 - I Microalbumin, Random Urine - Medici, James
- 07Jul2005 - Appointment
 - Dx Diabetes F/U - Medici, James
 - I Comp Metabolic Profile - Medici, James
 - I Glucose Fasting - Medici, James
 - I Hemoglobin A1C - Medici, James
 - I Lipid Profile - Medici, James
 - I Microalbumin, Random Urine - Medici, James
- 05Jan2005 - Image Encounter
 - sLaboratory Results - Medici, James
 - sECG - Medici, James
 - sLaboratory Results - Medici, James
 - s7 Insurance Card - Medici, James

New View Print Clinical Exchange Document Personalize

V11 Homebase Daily Chart Task List Work List Charge Reports Run Query

Paterson, Stella MRN: 031230084615500 Sex: F
 DOB: 02/27/1924 Age: 82 Years
 SSN: 349-12-3159

Select Patient **i**

Adult Patient View

Problem ChartViewer Encounter Patient Worklist

All by Problem by Encou None

ANGINA PECTORIS

- 20Dec2004 - Other
 - Dx CHF - Medici, James
 - I Comp Metabolic Profile - Medici, James
 - I Glucose Fasting - Medici, James
 - I Hemoglobin A1C - Medici, James
 - I Lipid Profile - Medici, James
 - I Microalbumin, Random Urine - Medici, James
 - p Peak Flow - Medici, James
 - sECG - Medici, James
- 17Jun2004 - AUDIT
 - Amb Acute Care - Carter, Michael
 - I Comp Metabolic Profile - Carter, Michael
 - I Glucose Fasting - Carter, Michael
 - I Hemoglobin A1C - Carter, Michael
 - I Microalbumin, Random Urine - Carter, Michael
- 17Dec2003 - Other
 - Dx CHF - Carter, Michael
 - p Echocardiogram Doppler - Carter, Michael
- 02Nov2001 - Other
 - dAmb New Patient - Medici, James
 - I BUN - Medici, James
 - I Creatinine - Medici, James

New View Print Clinical Exchange Document Personalize

Tasks

Problem

blet

ablet

Aerosol Solution

Capsule

OMG TABS

plete

Today	Next
10/15/2006	12Dec2005
	12Dec2005

Paterson, Stella MRN: 031230084615500 Sex: F
 DOB: 02/27/1924 Age: 82 Years
 SSN: 349-12-3159

Adult Patient View Pat Loc: Room 2 Status: Nurse Intake

Problem ChartViewer Encounter

Active Problems Type

- Chronic
 - Angina Pectoris (413.9)
 - Asthma (493.90)
 - Congestive Heart Failure (428.0)
 - Coronary Artery Disease (414.0)
 - Depression (311)
 - Diverticulosis (562.10)
 - Hypothyroidism (244.9)
 - Myocardial Infarction (410.90)
 - Osteoarthritis (715.90)
 - Type II Diabetes Mellitus (250.00)

New Edit CarePlan Resolve

Meds/Orders Allergies Tasks

Current Meds/Orders Problem

- Angina Pectoris
 - Baby Aspirin 81 MG Tablet
 - Nitroglycerin 0.4 MG Tablet
- Asthma
 - Accolate 20 MG Tablet
 - Advair Diskus 250-50
 - Albuterol 90 MCG/ACT Aerosol Solution
- Atypical Depressive Disorder
 - Fluoxetine HCl 20 MG Capsule
- Congestive Heart Failure
 - Hydrochlorothiazide 50 MG TABS

New Edit D/C Continue Complete

Health Management Plan

Health Management Problem

Item Name	Schedule	Graph	Trend	Most Recent	Today 10/15/2006	Next
Diastolic	q1y	<input type="checkbox"/>		75 10Jun2005	72	12Dec2005
Temperature	q1y	<input type="checkbox"/>		98.4 10Jun2005	98.6	
Heart Rate	q1y	<input type="checkbox"/>		78 10Jun2005	74	
Respiration	q1y	<input type="checkbox"/>		20 10Jun2005	20	
Height	q1y	<input type="checkbox"/>		64 10Jun2005	64	
Weight	q1y	<input type="checkbox"/>		140 10Jun2005	142	12Dec2005
BMI	q1y	<input type="checkbox"/>		24 10Jun2005	24.4	

New Edit

Smith, Austin
 MRN: 040109163359500 Sex: M
 DOB: 10/01/2001 Age: 5 Years
 SSN: 313-98-0983

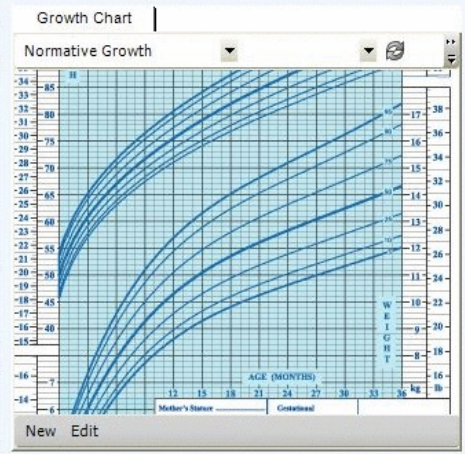
Peds2 Pat Loc: Room 2 Status: Nurse Intake

Immunizations

Vital

Immunization	Chk	1	2	3	4	5
DTP	<input type="checkbox"/>	7-Jul-2001	10-Sep-2001	14-Nov-2001	24-Nov-2003	
Polio	<input type="checkbox"/>	7-Jul-2001	10-Sep-2001	14-Nov-2001	24-Nov-2003	
HIB	<input type="checkbox"/>	7-Jul-2001	10-Sep-2001	14-Nov-2001	24-Nov-2003	
Hep B	<input type="checkbox"/>	25-May-2001	07-Jul-2001	14-Nov-2001		
MMR	<input type="checkbox"/>	18-May-2002				
Hep A	<input type="checkbox"/>	12-Oct-2004	15-Oct-2005			1
Pneumococcal	<input type="checkbox"/>	7-Jul-2001	10-Sep-2001	14-Nov-2001	18-May-2002	
Varicella	<input type="checkbox"/>	18-May-2002				1
Meningitis	<input type="checkbox"/>					
Influenza Td	<input type="checkbox"/>	19-Oct-2003	15-Nov-2004	12-Oct-2005		1

New Edit



Meds/Orders Allergies

All Meds/Orders Type

Medications

- Albuterol 90 MCG/ACT Aerosol Solution
- Flovent 44 MCG/ACT Aerosol

Orders

- DTaP

New Edit D/C Continue Complete

ChartViewer Problem

Active Problems Type

- Chronic
 - Asthma (493.90)
- Health Maintenance/Risks
 - 5 y/o
- Unverified

New Edit CarePlan Resolve

V11 Homebase Daily Chart Task List Work List Charge Reports Run Query

Paterson, Stella MRN: 031230084615500 Sex: F
 DOB: 02/27/1924 Age: 82 Years

Select Patient **i**

Adult Patient View

Problem ChartViewer

Active Problems

Chronic

- Angina Pectoris (4)
- Asthma (493.90)
- Congestive Heart F
- Coronary Artery Dis
- Depression (311)
- Diverticulosis (562)
- Hypothyroidism (2)
- Myocardial Infarcti
- Osteoarthritis (715)
- Type II Diabetic Me

New Edit CarePlan Res

Health Management Plan

Health Management

Item Name

- Diastolic
- Temperature
- Heart Rate
- Respiration
- Height
- Weight
- BMI

New Edit

Hand/Fingers Exam

Brief Comprehensive

Hand

Erythema Hypertrophy Dupuytren's

Swelling Snuffbox Swelling & Tenderness

Warmth Hypothenar Atrophy

Palmar Erythema Thenar Atrophy

Fingers

1st 2nd 3rd 4th 5th

Erythema

Swelling

Warmth

Tenderness

Deformity

Trigger

Full ROM All Fingers

5/5 Motor All Fingers

Fingernails

1st 2nd 3rd 4th 5th

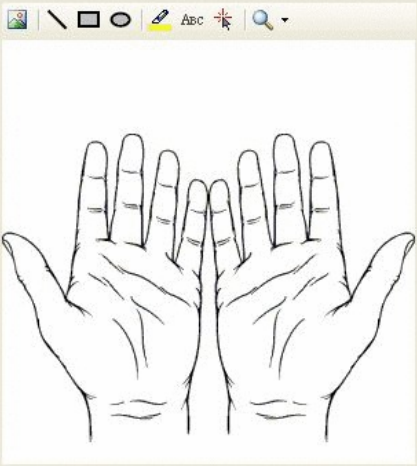
Onychomycosis

Subungal Hematoma

Prolonged Cap Refill All

Neurovascular **Skin**

Intact Lesion Injury



V11 Homebase Daily Chart Task List Work List Charge Reports Run Query

Paterson, Stella MRN: 031230084615500 Sex: F
 DOB: 02/27/1924 Age: 82 Years
 SSN: 349-12-3159

Adult Patient View Pat Loc: Room 2 Status: Nurse Intake

Problem ChartViewer Encounter

Active Problems Type

Chronic

- Angina Pectoris (413.9)
- Asthma (493.90)
- Congestive Heart Failure (428.0)
- Coronary Artery Disease (414.0)
- Depression (311)
- Diverticulosis (562.10)
- Hypothyroidism (244.9)
- Myocardial Infarction (410.90)
- Osteoarthritis (715.90)
- Type II Diabetes Mellitus (250.00)

Meds/Orders Allergies Tasks

Current Meds/Orders Problem

Angina Pectoris

- Baby Aspirin 81 MG Tablet
- Nitroglycerin 0.4 MG Tablet

Asthma

- Accolate 20 MG Tablet
- Advair Diskus 250-50
- Albuterol 90 MCG/ACT Aerosol Solution

Congestive heart failure

- Hydrochlorothiazide 50 MG TABS

Health Management Plan

Health Management Problem

Item Name	Schedule	Graph	Trend	Most Recent	Today 10/15/2006	Next
Diastolic	q1y	<input type="checkbox"/>		75 10Jun2005	72	12Dec2005
Temperature	q1y	<input type="checkbox"/>		98.4 10Jun2005	98.6	
Heart Rate	q1y	<input type="checkbox"/>		78 10Jun2005	74	
Respiration	q1y	<input type="checkbox"/>		20 10Jun2005	20	
Height	q1y	<input type="checkbox"/>		64 10Jun2005	64	
Weight	q1y	<input type="checkbox"/>		140 10Jun2005	142	12Dec2005
BMI	q1y	<input type="checkbox"/>		24 10Jun2005	24.4	

New Edit

Paterson, Stella MRN: 031230084615500 Sex: F
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 SSN: 349-12-3159

Adult Patient View Pat Loc: Room 2 Status: Nurse Intake

Problem ChartViewer Encounter

Active Problems Type

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 - Depression (311)
 - Diverticulosis (562.10)
 - Hypothyroidism (244.9)
 - Myocardial Infarction (410.90)
 - Osteoarthritis (715.90)
 - Type II Diabetes Mellitus (250.00)

New Edit CarePlan Resolve

Meds/Orders Allergies Tasks

Current Meds/Orders Problem

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 - Baby Aspirin 81 MG Tablet
 - Nitroglycerin 0.4 MG Tablet
- Asthma
 - Accolate 20 MG Tablet
 - Advair Diskus 250-50
 - Albuterol 90 MCG/ACT Aerosol Solution
- Atypical Depressive Disorder
 - Fluoxetine HCl 20 MG Capsule
- Congestive Heart Failure
 - Hydrochlorothiazide 50 MG TABS

New Edit D/C Continue Complete

Health Management Plan

Item Name	Schedule	Graph	Trend	Most Recent	Today 10/15/2006
Diabetes Mellitus Type-II		<input type="checkbox"/>			
Metformin		<input type="checkbox"/>		500 MG Tabs...	
Glucose	q3m	<input type="checkbox"/>		144 12Mar2006	⚠ Ordered
HgA1C	q3m	<input type="checkbox"/>		7.9% 12Mar2006	⚠ Ordered
Cholesterol	q6m	<input type="checkbox"/>		189 12Mar2006	
LDL	q6m	<input type="checkbox"/>		132 12Mar2006	

New Edit



Health IT Rapidly Evolving

Job #1

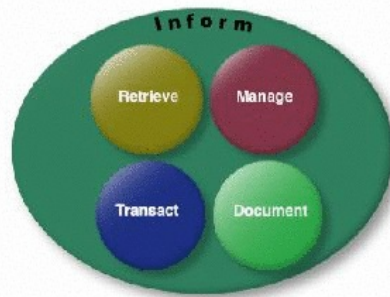
Delivering what physicians will use...
today

Job #2

Delivering what the health enterprise will need...
tomorrow



EHR Mental Model™



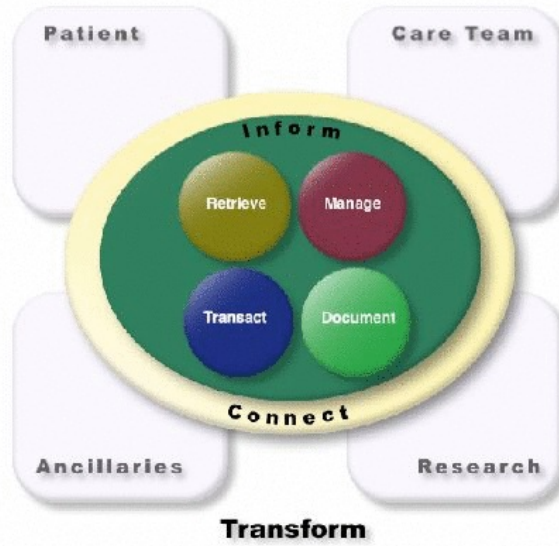


EHR Mental Model™





EHR Mental Model™





Connect to Patients

Transformed healthcare
will be all about
putting the patient at the center
of the process.



Connect to Ancillaries

Technology makes it easy to interconnect any and all instruments collecting information about patients.



Connect to Care Team

Management of chronic disease
requires a team
who may be physically separated,
but virtually on the same page.



Connect to Research

50% of healthcare doesn't work!

Research and clinical practice
need to be
seamlessly integrated.



In Conclusion – Pay For Quality

"Over the next five to ten years, pay-for-performance-based compensation could account for 20-30% of what the federal programs pay."

Wall Street Journal 9/17/04

- ▶ AMA/CMS/NCQA Collaborate on Quality Measures
- ▶ P4P/P4Q Requires a New Generation of EHRs



Questions

2006 Allscripts Investor Day

Wednesday, October 18, 2006
Rockefeller Center
New York, NY

Product Roadmap

J. Peter Geerlofs, M.D.
Chief Medical Officer
Allscripts



**Investor Day**

October 18, 2006

New York, NY

AGENDA

Pavilion Room, Rockefeller Center

- 8:00 – 9:00 AM ***Continental Breakfast***
- 9:00 – 9:30 AM ***Welcome Address***
Glen Tullman
Chief Executive Officer
- 9:30 – 10:00 AM ***Version 11 Overview – Advancing the EHR***
Peter Geerlofs, M.D.
Chief Medical Officer
- 10:00 – 10:25 AM ***Financial Overview***
Bill Davis
Chief Financial Officer
- 10:25 – 10:40 AM ***Break***
- 10:40 – 11:30 AM ***Expert Roundtable of Allscripts Clients***

Scott Barlow
Chief Executive Officer
Central Utah Clinic

Robert Margolis, M.D.
Chief Executive Officer
HealthCare Partners

James Morrow, M.D.
Partner
North Fulton Family Medicine

Facilitator:
Dan Michelson
Chief Marketing Officer
- 11:30 – 12:15 PM ***Transforming Healthcare with Information Technology***
David Brailer, M.D., Ph.D.
Former National Health Information Technology Coordinator
Department of Health and Human Services
- 12:15 – 1:00 PM ***Lunch and Panel Discussion with Q & A***
Allscripts Executive Management Team

KEYNOTE SPEAKER



David Brailer, M.D., Ph.D. – Dr. Brailer served over two years as the nation’s first National Coordinator for Health Information Technology. He was appointed National Coordinator on May 6, 2004 by President George W. Bush. As National Coordinator, Dr. Brailer was responsible for leading federal and private sector efforts to improve health care quality, accountability and efficiency through widespread deployment of health information technology. He has set the nation’s health care industry on a course toward modernized health information standards, certification of health information technology tools, state-of-the-art information sharing architectures and new policies for protection of consumer privacy. Dr. Brailer has addressed how health information can help protect the nation from adverse drug events, bioterrorism, pandemic flu and other public health threats. As National Coordinator, Dr. Brailer fostered partnerships between government and the private sector for health information breakthroughs that will be valuable and beneficial to the nation’s consumers. Prior to his appointment, Dr. Brailer served as a senior advisor and consultant to the federal government as it formulated its health information technology policy. During this period, Dr. Brailer was a Senior Fellow at the Health Technology Center in San Francisco, a research organization that explores the potential for and impact on health care delivery. Dr. Brailer was Chairman and Chief Executive Officer of CareScience, Inc., from 1994-2002. He founded CareScience to develop and commercialize information technology that would reduce medical errors and transform physician and hospital quality.

CLIENT PRESENTERS



Scott D. Barlow, M.B.A., Chief Executive Officer, Central Utah Clinic – Mr. Barlow serves as the Chief Executive Officer of Central Utah Clinic, an 80-physician group practicing at 23 urban and rural locations throughout the State of Utah. In 2004, the Microsoft Healthcare Users Group (MS-HUG) awarded the Central Utah Clinic with the prestigious national *Clinic of the Year Award* for its use of an Electronic Health Record. He was recently appointed by the Governor of Utah to the Utah Digital Health Service Commission due to his leadership of the digital transformation of Central Utah Clinic. He has been in the healthcare industry for 19 years, with 15 years in group practice management. He holds a Bachelors degree in Accounting and an MBA in Health Care Administration. He is an active member of Medical Group Management Association and Utah Medical Group Management Association. He also serves on various community task forces and boards, including the Nebo Education Foundation and Payson Area Kiwanis Club. He has a keen sense of the health needs of the community and actively pursues programs to improve health services to patients.



Robert Margolis, M.D., Chief Executive Officer, HealthCare Partners – Dr. Margolis has been the managing partner and Chief Executive Officer of HealthCare Partners since the formation of the company in 1992. He was a founding partner and the managing partner of HealthCare Partners’ predecessor, California Primary Physicians Medical Group. Under Dr. Margolis’ stewardship, HealthCare Partners has become a highly respected and innovative physician-owned and operated medical group, IPA and MSO. He is Chairman of the National Committee for Quality Assurance (NCQA), Chairman-Elect of the California Association of Physician Groups (CAPG) and past Chairman of the American Medical Group Association. He is a member of the Executive Management School Advisory Committee, School of Public Health, at University of California Los Angeles. Dr. Margolis is board certified in internal medicine and medical oncology. Dr. Margolis is a much sought-after spokesperson due to his vast experience in integrated delivery systems and physician practice management. He is a graduate of Rutgers University and the Duke University Medical School and served a fellowship at the National Cancer Institute.



James R. Morrow, Jr., M.D., Partner, North Fulton Family Medicine – Dr. Morrow practices in and manages North Fulton Family Medicine in Cumming, Georgia. In 2005, HIMSS awarded the 16-clinician North Fulton group with the prestigious *Nicholas E. Davies Award* in ambulatory care for its use of an Electronic Health Record. Most recently, Dr. Morrow was selected as a commissioner to serve on the Certification Commission for Healthcare Information Technology (CCHIT). As a CCHIT commissioner, Dr. Morrow will provide strategic direction, ensure objectivity and credibility, and approve the final ambulatory EHR certification criteria and processes. He attended Clemson University for his Bachelor's and Master's degrees, and attended medical school at the University of South Carolina School of Medicine and completed his residency in Family Medicine in Anderson, South Carolina in 1985. Dr. Morrow appeared throughout the winter of 2003 on the Weather Channel, has for the last three years served as the team physician for the North Forsyth High School football team, and was field physician for the Georgia Bulldogs during the Southeastern Conference Championship game at the Georgia Dome in 2002. Dr. Morrow is board certified in family medicine and is a member of the American Academy of Family Physicians. He is a frequent speaker at industry conferences.

ALLSCRIPTS EXECUTIVE TEAM



David Bond, President, HealthMatics, Allscripts – David Bond brings more than 27 years experience in the computer software industry to Allscripts. Bond began his career by serving as Vice President and co-founder of Specialized Data Systems, a provider of governmental accounting systems. In 1985, he joined Medic Computer Systems as Regional Sales Manager and later held positions as Vice President of Marketing, Vice President of Business Development and Vice President of Customer Support. Bond moved to private consulting in 1998, and later that year joined A4 Health Systems as Vice President of Sales and Marketing. In March 2001, Bond assumed a role as Executive Vice President of A4 Health Systems' Ambulatory Division and was appointed his current position in March 2006 as the President of HealthMatics for Allscripts, after the A4 merger. Bond was an A4 Board of Director, for approximately 2.5 years and serves on the ECU Business School advisory board. Mr. Bond graduated from East Carolina University with a B.S. in Business Administration.



Joseph Carey, Chief Operating Officer, Allscripts – Joseph Carey has been the Chief Operating Officer of Allscripts since April 1999 and has over 17 years of healthcare information technology experience. From September 1998 to April 1999, he served as President and Chief Operating Officer of Shopping@Home, Inc. Prior to that time, he was Senior Vice President and General Manager of the Resource Management Group of HBO and Company, a healthcare software firm. Mr. Carey joined HBOC in 1997 with HBOC's acquisition of Enterprise Systems, Inc., where he held the role of President from 1993 until the acquisition. Mr. Carey previously served as one of the founding board members for the Microsoft Healthcare Users' Group (MSHUG) and as a Foundation Member on the Board of the College of Healthcare Information Management Executives (CHIME).



Bill Davis, Chief Financial Officer, Allscripts – Mr. Davis joined Allscripts as Chief Financial Officer in October 2002 and is responsible for all financial operations of the Company, as well as its human resource and management information system operations. As Chief Financial Officer, Mr. Davis was responsible for developing a comprehensive five-year operating plan that has resulted in the company delivering profitable results in 2004, 2005 and 2006. Such plan calls for sustained profitable growth for the balance of 2006 and beyond. Prior to joining Allscripts, Mr. Davis was the Chief Financial Officer of Lante Corporation, a leading technology consulting firm. Mr. Davis helped lead the Company's Initial Public Offering in February 2000 and its subsequent sale to SBI and Company in September 2002. From 1991 through 1999, Mr. Davis was in the Technology Group of PriceWaterhouseCoopers LLP. Two of those years were spent in PwC's National Technical Group in New York, NY and focused on emerging technical issues, including software revenue recognition and the SEC's proposals on the

company registration process and use of plain English. In 1999, Mr. Davis was selected by PwC as one of its candidate's for the Securities and Exchange Commission's Professional Accounting Fellowship Program due to his technical expertise in areas such as revenue recognition and software capitalization. Mr. Davis earned his Bachelors degree in Accounting from The University of Cincinnati and his Masters of Business Administration from Northwestern University. Mr. Davis also is a Certified Public Accountant.



J. Peter Geerlofs, M.D., Chief Medical Officer, Allscripts – Dr. Geerlofs has been the Chief Medical Officer of Allscripts since 2000. He is the founder of Medifor, a medical software company acquired by Allscripts, as well as a board-certified family physician, former Health Officer for Jefferson County, and founder of Port Townsend Family Physicians, Inc. Since the early 1980s, Dr. Geerlofs has lectured and written widely on the use of computers in clinical medicine. Throughout this time, Dr. Geerlofs' passion was to create systems that were affordable and could help introduce clinical computing to the average practicing physician. Medifor was founded with that vision in mind. He now brings that same passion to the development of the Allscripts family of products. Dr. Geerlofs currently serves on the Steering Group of the Markle Foundation's "Connecting for Health Initiative", a Public-Private Collaborative and an effort convened by the Markle Foundation to address the challenges of mobilizing information to improve quality, conduct timely research, empower patients to become full participants in their care, and bolster the public health infrastructure.



Laurie McGraw, President, Clinical Solutions Group, Allscripts – Laurie McGraw joined Allscripts in January 2001 as a result of the acquisition of IDX Systems Corporation's subsidiary, ChannelHealth. She has spent the past thirteen years focused on clinical automation in various roles running implementations, development, and service groups with IDX and Allscripts. Today, Ms. McGraw is the President of the Clinical Solutions Group. Ms. McGraw has a ten-year tenure working with IDX and currently resides in Burlington, VT. Ms. McGraw recently served on the 2004 Board of Examiners for the Baldrige National Quality Program.



Dan Michelson, Chief Marketing Officer, Allscripts – Mr. Michelson joined Allscripts in April 2000 and is responsible for developing and driving the company's 'go-to-market' strategy. Prior to joining the Company, Mr. Michelson served in leadership roles in strategic planning, product management, marketing and sales for Baxter Healthcare, a leading medical supply company, and AstraZeneca, one of the world's largest pharmaceutical companies. He has also provided a strategy and process redesign consulting for many of the leading hospitals and integrated delivery networks in the U.S. In all roles, his primary focus has been to drive meaningful change to improve healthcare. Mr. Michelson serves on the Certification Commission for Healthcare Information Technology (CCHIT) work group that is responsible for developing the certification process for Electronic Health Records. Mr. Michelson was also named to the Executive Committee for and is a founding member of the EHR Vendor Trade Association (EHRVA). He has a B.S. in Finance from Indiana University and a M.B.A. in Marketing and Management from DePaul University.



Lee Shapiro, President, Allscripts – Lee Shapiro became President of Allscripts in 2002 and has been with the Company since April 2000. Mr. Shapiro has directed the Company's many mergers and acquisitions, including ChannelHealth from IDX Systems, Advanced Imaging Concepts and RxCentric, as well as the Company's strategic relationships, such as those with Microsoft, HP, and IDX. Prior to joining AHS, Mr. Shapiro was the Chief Operating Officer of Douglas Elliman-Beitler, a premier commercial office management and development company, where he directed all business activities throughout the United States. After graduating from The Law School at University of Chicago in 1980, Mr. Shapiro practiced commercial law at Barack, Ferrazzano, Kirschbaum, Perlman and Nagelberg, a prominent Chicago law firm. Commencing in 1985, Mr. Shapiro became President of SES Properties, Inc., a closely held, fully integrated real estate company based in Carlsbad, CA and also the largest retail developer in Las Vegas, Nevada, during his tenure. Concurrently, Mr. Shapiro formed City Financial Bancorp in 1986 and served as its Vice Chairman. He was responsible for acquisition of financial institutions, financing, regulatory issues, legal affairs, review and restructuring of operations and the ultimate sale of this \$100 million holding company.



Glen E. Tullman, Chairman and Chief Executive Officer, Allscripts – Glen Tullman joined Allscripts as Chief Executive Officer in August 1997 to lead the Company’s transition into the healthcare information sector. He led the Company’s Initial Public Offering and Secondary Offerings of the Company, which is now traded on Nasdaq (MDRX) and has driven the Company to becoming the leading provider of clinical software, connectivity and information services to physicians. In 2006, Mr. Tullman was named ‘Chief Executive Officer of the Year’ by the Illinois Information Technology Association. Prior to joining Allscripts, Mr. Tullman was Chief Executive Officer of Enterprise Systems, Inc., a leading healthcare information services company providing resource management solutions to large integrated healthcare networks, from October 1994 to July 1997. Mr. Tullman graduated from Bucknell University Magna Cum Laude, with a double major in Economics and Psychology. Upon graduation, he joined the Executive Office of the President, the Office of Management and Budget in Washington, D.C. and later accepted a fellowship to study social anthropology at St. Antony’s College, Oxford University, England. Mr. Tullman serves on the Board of the Juvenile Diabetes Research Foundation in Chicago, as well as a number of other public and private boards.