
**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) September 8, 2005

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 (312) 506-1200.

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 Exhibits 99.1, 99.2, 99.3, 99.4 and 99.5 hereto are Investor Day Presentations dated September 8, 2005, which are incorporated herein by reference.

This information is being furnished pursuant to Item 9 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.

Please refer to page 3 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.

(c) Exhibits:

- 99.1 Investor Day Presentation 1 dated September 8, 2005
- 99.2 Investor Day Presentation 2 dated September 8, 2005
- 99.3 Investor Day Presentation 3 dated September 8, 2005
- 99.4 Investor Day Presentation 4 dated September 8, 2005
- 99.5 Investor Day Presentation 5 dated September 8, 2005

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: September 8, 2005

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

EXHIBIT INDEX

The following exhibits are filed herewith:

Exhibit No.

- 99.1 Investor Day Presentation 1 dated September 8, 2005.
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- 99.4 Investor Day Presentation 4 dated September 8, 2005.
- 99.5 Investor Day Presentation 5 dated September 8, 2005.



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Inform. Connect. Transform.



Agenda

9:00 – 9:30am	Allscripts Overview
9:30 – 10:15am	Best Practices: Clinical Automation at George Washington University/Medical Faculty Associates
10:15 – 10:30am	Break
10:30 – 11:15am	A Day in the Life of the Electronic Physician
11:15 – 11:45am	Financial Overview
11:45am – 12:00pm	Sales Process Overview
12:00 – 1:30pm	Lunch and Panel Discussion with Q&A





Safe Harbor

This presentation 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 assumes no responsibility for updating any such forward looking statements. For a more complete discussion of the risks, uncertainties and assumptions that may affect Allscripts, see the Company's 2004 Annual Report on Form 10-K, available at www.sec.gov or on our website.





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Allscripts Overview

Glen Tullman
Chief Executive Officer





Key Takeaways

1. The Time is Now
2. Our Physician Focus = Key to Transforming Healthcare
3. We are the Leader in Growth Markets We Compete In
4. Competitive Advantage = Driving Utilization and Results

We're Just Getting Started 😊





Trends

- From Healthcare to Health
 - Moving Outside of 4 Walls of Hospital
 - Prevention, Education, Disease Management
 - Physicians Return to Leadership Role
 - Move From EMR to EHR





Trends

- Healthcare as a Business
 - Patients as Consumers Take Charge
 - ROI
 - The EHR is Becoming a "Standard of Care"
 - Decisions Driven by Business/Economics





Trends

- New Reality for Pharma
 - Take Two of These and Don't Call Me in the Morning . . .
 - Changing Economics
 - First Decreases in Sales Force (Detail Reps)
 - Adherence/ Compliance
 - Pharma Required to Adopt After Market Surveillance





Trends

- Community” Versus “Silos”
 - Secretary Leavitt’s “Train Tracks” for Interconnectivity
 - CCR/CDA

**The Bottom Line:
Healthcare is Coming Together**





A Different Perspective...

Traditional View



Healthcare Revolves
Around the
Hospital

Our View



Healthcare Revolves
Around the
Physician





The Time is Now...



"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





Our Vision

To Become an Indispensable Part of the Way
Physicians Practice Medicine





How To Become Indispensable for Physicians?



...By Delivering Solutions That Inform,
Connect and Transform Healthcare





Delivering Value Through Our Solutions





What Our Products Actually Do . . .

- ▶ Reach 20,000 MDs with Drug Recall Information
- ▶ The Ability to Educate 10,000 MDs by Tomorrow Morning
- ▶ Decisions Based on Real-Time Evidence-Based Data
- ▶ Health vs. Healthcare With Physician Directed Information

Inform-Connect-Transform
Making the Impossible Possible





An EMR
Informs You

Document

Manage



Retrieve

Transact







iHealthRecord The Personal Health Record Standard

TouchWorks™ iHealth:

1. A Secure Online Personal Health Record (iHR)
2. Automated Patient Education Programs for Disease Management and Medication Adherence
3. Secure e-Mail and On-Line Consults





Our Doctors Are Wired.



We're proud to be at the forefront of using technology with health care quality programs that improve the health of our patients. Last year Brown & Toland became the first clinically integrated physician network to employ Electronic Medical Records (EMR) throughout its network. This innovation allows physicians to access patient health information in real time across the entire Brown & Toland network.

Recently we became the first physician network in Southern California to offer HealthConnect, a free online health record available at www.browntoland.com. Individuals may now create their own online general health record, access patient specific health education programs, and use secure physician patient e-mail.

These and other innovations are part of our goal to provide the best possible health care, patient choice, and value to all patients. If you'd like to learn more, please visit us at www.browntoland.com.

BROWN*TOLAND
ESTABLISHED 1927
 Committed to Quality Health Care

Create a
FREE online
health record
that goes
where you go...



BROWN*TOLAND
ESTABLISHED 1927
 The Patient-Driven Health System

...and could
save the life
of someone
you love.

[Click here to learn more.](#)



BROWN*TOLAND
ESTABLISHED 1927
 The Patient-Driven Health System


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The Opportunity Physicians Interactive

MD/Patient Education Market

- ▶ Pharma Industry Marketing Spend = \$15 Billion/Year
- ▶ Current Market for Online Product Education ~\$250mm
- ▶ 43% of Pharma Detail Calls End at Receptionist
- ▶ 50% of Detail Calls Last < 2 Minutes





The Opportunity EHR Market

Electronic Health Record Market

- ▶ \$6 Billion Market
- ▶ Tools & Technology are Better, Less Expensive
- ▶ Physicians Willingness to Adopt Technology
- ▶ Proven, Measurable ROI





Converting Opportunity into Results

Allscripts Wildly Important Goals (WIGs)

1. Capture Market Share
2. Increase Utilization
3. Meet Financial Commitments





The Allscripts Advantage Physicians Interactive

- ▶ Blue-Chip Client Base
- ▶ Portfolio of Solutions
- ▶ Leadership in Adherence/ Compliance
- ▶ Proven Return-On-Investment





Market Share Physicians Interactive

- ▶ **Blue-Chip Client Base**
 - ▶ 39 Pharmaceutical, Biotech & Medical Device Companies
 - ▶ 8 of Top 10 Pharmaceutical Companies
- ▶ **More Programs Delivered**
 - ▶ 400 Programs for 100 Brands
 - ▶ 59 International Programs in 8 Countries
- ▶ **Significant Traction with Physicians**
 - ▶ 60,000 Unique Physician Participants in U.S.
 - ▶ > 300,000 Educational Sessions Completed





The Allscripts Advantage EHR Market

- ▶ Blue-Chip Client Base
- ▶ Modular Approach
- ▶ Proven Process for Rapid Implementation
- ▶ Leadership in National Initiatives
- ▶ Top Rated in Every Industry Evaluation
- ▶ With IDX Partnership, Preferred Access to 70% of Large Groups





Market Share EHR Market - Segmentation

Market Segment

- ▶ > 25 Physicians
- ▶ 10 to 24 Physicians
- ▶ < 10 Physicians
- ▶ Specialties

Status

- ▶ Leader
- ▶ Competitive
- ▶ Evolving
- ▶ Leader

12 Month Management Objective:
Profitable Leadership In Each Segment
(Buy, Build or Partner)





Market Share EHR Market - Client Base



Over 1,500 Leading Clinics Across the U.S.



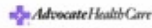


Market Share EHR Market - Client Base

Academic Medical Groups



Integrated Delivery Networks



Multi-Specialty Groups



Specialty Groups



Over 1,500 Leading Clinics Across the U.S.

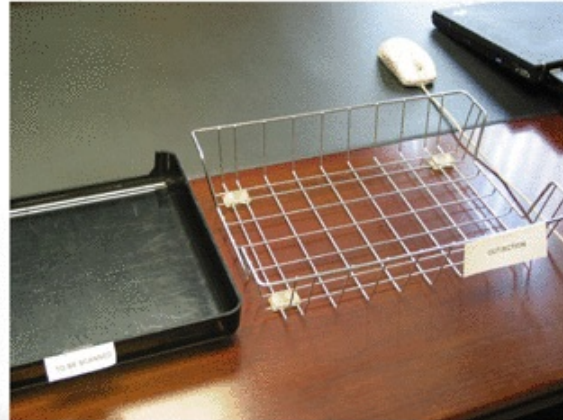


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Utilization
EHR Market

IDDUINEM If Doctors Don't Use It Nothing Else Matters

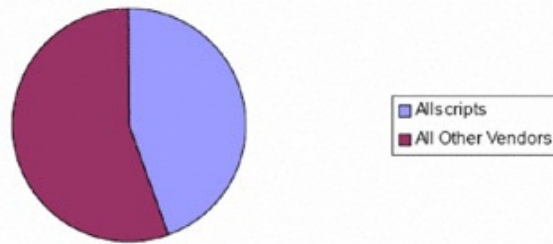




IDDUINEM

If Doctors Don't Use It Nothing Else Matters

Share of RxHub Rx Transactions





Utilization EHR Market

Transcription/Documentation

- **Central Utah Clinic:** Independently Documents \$1M in Savings in First Year (\$20K/MD)

Medical Records

- **George Washington Univ. Medical Faculty Assoc.:** Reduction of 20 FTEs in Medical Records

Clinical Trials

- **Holston Medical Group:** Generates \$3M/Yr. in Clinical Trial Revenue

**“The EHR
That Pays
You Back”**

Charges

- **University of Tennessee Medical Group:** Increases Avg. Gross Charges by > \$30/Patient Visit

Pay for Performance

- **Facey Medical:** Receives \$1.2M P4P Payout from Blue Cross

E-Prescribing

- **Sierra Health:** Achieves \$5M in Savings via eRx





Centers of Excellence: Sierra Health

<u>Action</u>	<u>Impact</u>
▶ Increased Generic Use from 59% to 66%	▶ \$5,000,000/Yr.
▶ Reduce Medical Records Staff by 40 FTEs	▶ \$950,000/Yr.
▶ Reduced Transcription Costs Reduced Chart Pulls by 97%	▶ \$842,000/Yr.





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
June 2005





Leadership

The New York Times

Health Industry Under Pressure to Computerize

By STEVE LORR

DALLAS, Feb. 17 - Dr. David J. Brailer, the federal official who is trying to push the nation's health care system into the computer age, has delivered a warning to the health care industry: take steps now to make it happen or the government will probably impose a solution.

Across the ideological spectrum, health care experts and politicians agree that the nation's landscape of paper medical files needs to move into the digital age, so that eventually patients can have their own records and can control a large part of the health care system.

Congress has not yet passed the law, but technology and reimbursement, in particular, are the biggest obstacles.

The approach, the records specialists, at Allscripts, said.

CNN

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 Medical Group is a multi-specialty group practice with 103 physicians in Fullerton, CA with practices in 11 locations. When Veeva was paid immediately access a list of all 1,600 patients on its patient within two hours. They utilize the coming Allscripts and expect to be paperless within a year.

TIME

The e-Health Revolution

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



By BILL BARRETT

ONE OF THE most important pieces of legislation in the health care world is the e-Health Revolution. It's a bipartisan bill from Hillary 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 the early 1990s, said the standard of record-keeping in the United States remains "in the Dark Ages" at a time when people can easily access a wide range of information on the Internet.

Clinton and Frist are seeking to speed up the process of health care reform. The bill would require health care providers to make their records available to patients and other health care providers. It would also require health care providers to make their records available to patients and other health care providers. It would also require health care providers to make their records available to patients and other health care providers.

The Washington Post

Clinton, Frist Tout Medical Records Bill

By DEVLIN BARRETT

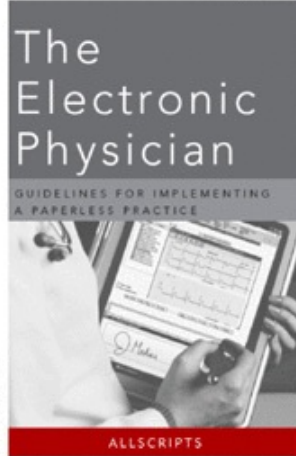
WASHINGTON -- Hillary Rodham Clinton and Bill Frist, two senators in the mix of speculation about the White House race in 2008, touted a new medical records bill Thursday that they said is necessary to prevent life-threatening mistakes.

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Leadership



We "Wrote the Book"





Summary



Well Positioned for Growth and Sustained Profitability





ALLSCRIPTS™
Inform. Connect. Transform.

MEDICAL FACULTY ASSOCIATES

THE GEORGE WASHINGTON UNIVERSITY

Best Practices:

**Clinical Automation at
George Washington University
Medical Faculty Associates**

Steve Badger

Chief Executive Officer

September 8, 2005



Overview

- Background on George Washington University Medical Faculty Associates
- What Do Senate Majority Leader Bill Frist and Senator Hillary Clinton Have in Common?
- From 0 to 100 in 28
- Results, Results, Results





Background

Medical Faculty Associates

- Largest Multi-Subspecialty Physician Practice in Washington, DC
 - Affiliated with George Washington University
 - Over 1,500 Patients/Day
- 41 Specialties
- Over 300 Healthcare Providers
- Over 400 Residents/Fellows
- Over 700 Support Staff





Background Key Points

Healthcare is Behind in IT



Significant Opportunity for
Patients/Providers/Staff

Call to Action



State of the Union Address Led
to Acceleration

**Implementation Can
be Fast**

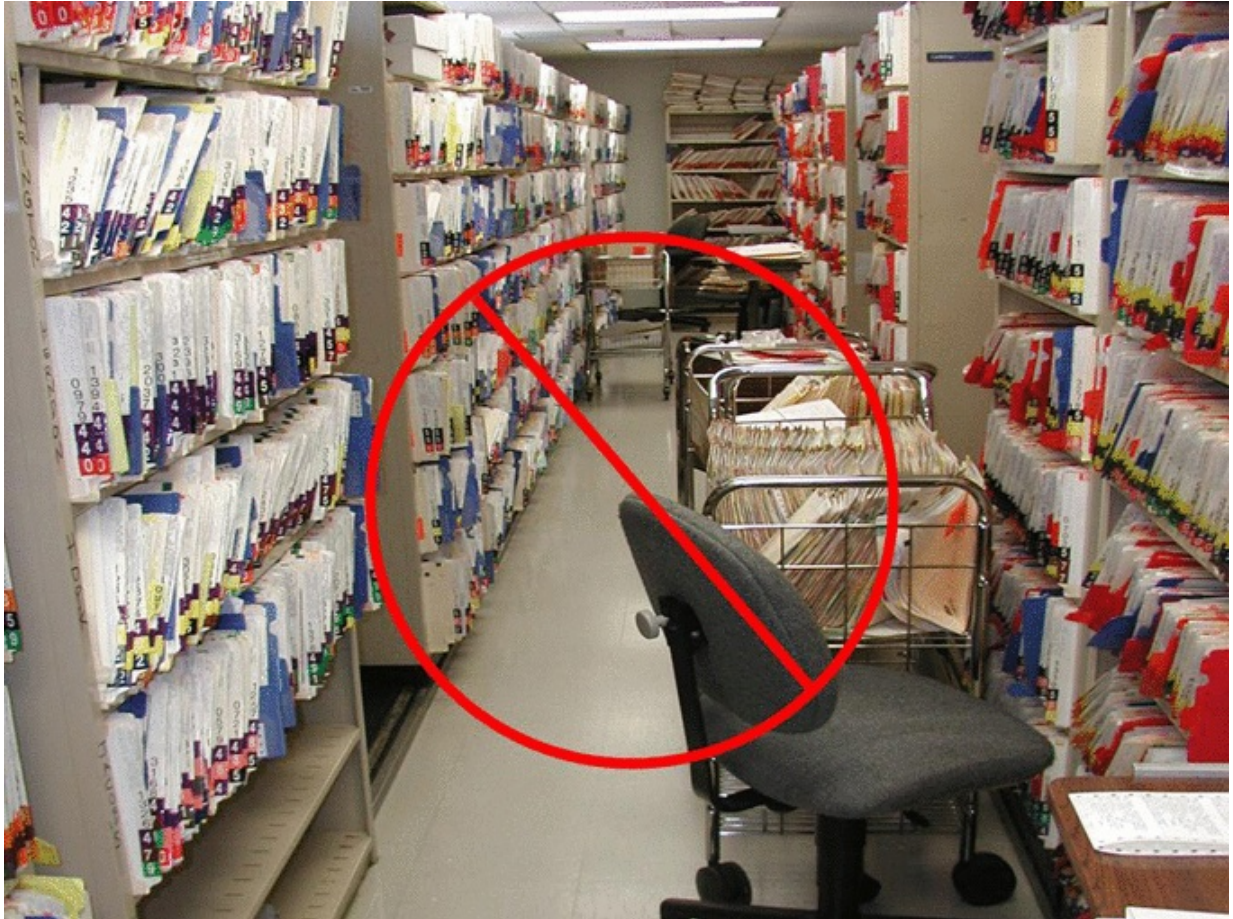


100 Physicians in
only 30 Days

**Impact on Patient Care is
Significant**



The EHR is a Medical
Instrument





Background

EHR Strategic Objectives

- Provide Information Access (Reliable, Fast, Easy, Remote)
- Improve Efficiencies (Resulting in Cost Savings)
- Allow for Enhanced Risk Management and Compliance
- Facilitate Research Mission of MFA
- Approach Incrementally
- Centralize Information Technology
 - Maximize current investments
 - Security control
 - Reduce long-term support and training



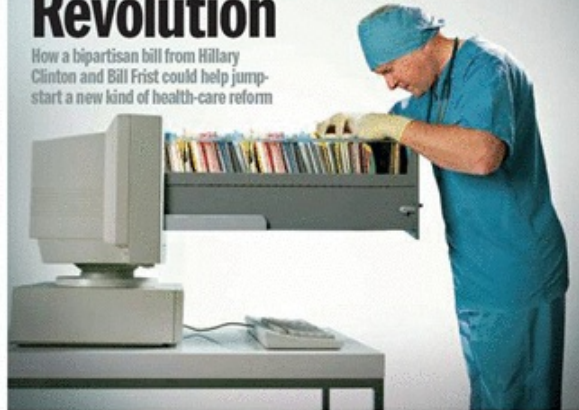
Background Selecting an EHR

Why Allscripts?

- An EHR is a Journey, Not a Destination – Needed a Trusted Long-Term Partner
 - Ability to deliver enhancements
 - Responsiveness
 - Innovation
- Modular
- Ability to integrate/interface (IDX)

The e-Health Revolution

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



By BILL Saporito

ONCE BEFORE IN HIS ENTREPRENEURIAL career, Glen Tillman was standing at the threshold when technology transformed an industry. In the '90s, he helped figure out a system that allowed insurance claims to be recorded and processed on computers, not paper. It made him a hero.

Now Tillman heads Allscript Health-care Solutions, which sells a product that lets doctors run a paperless medical practice—in-

cluding booking appointments online and creating e-prescriptions and, most important, collecting X rays, lab results and medical histories in one database, accessible to physicians and patients. He thinks he's on the cusp of another transformation. "There is less penetration of information technology in health care than any other major industry," says Tillman. "Someone has said the advent of electronic health records will be as significant as the discovery of penicillin."

It's medicine that the health-care system needs desperately. Backed by the Bush Administration, prodded by employers and

under pressure to contain costs and improve service, the medical community is finally—and rapidly—plugging into the new world of electronic health records, in which your personal health information shows up wherever you go—at your doctor's office, the emergency room, the x-ray machine, even your home. "Resistance is at an all-time low," says Neil Patterson, CEO of Cerner, an e-health company based in Kansas City, Mo. Cerner and Allscript are rocking up-quarter after quarter of double-digit sales growth. Underwriting the new urgency to shift to e-health was the joint press conference

Photo Illustration for TIME by C.J. Bertone

Reprinted through the courtesy of the Editors of Time Magazine © 2006 Time Inc.

HOW TO GET YOUR MEDICAL INFO TO GO WITH YOU . . .

Portable, accessible records are the key to increasing the quality of care and minimizing errors in the paper trail. In some places, regional health information organizations link patients and local providers. Elsewhere, medical groups are setting up their own websites, and patients are creating personal health records that can be shared with their doctors.



▲ ... in your pocket

At some practices, patients can get the results of physicals and EKGs and other data loaded onto a so-called thumb drive that plugs into a PC. Records can be updated on visits to specialists and beamed to other doctors.



▲ ... in your wallet

At HealthRecord.com, run by Medera, you can download personal information such as allergies, previous surgeries, chronic conditions and the drugs you are taking onto a smart card. If you are ever hit by a bus in a strange city, this card could save your life.



E-DOC GW's Bosch takes notes on an Allscripts system. His group once had 23 clerks just to handle paper files.



▲ ... to your home computer

Webites such as WebMD and HealthRecord.com let you manage your family's health history. You can gather and store information and then share it with any physician who is part of the program.

▲ ... to your doctor's office

Using tablet PCs and exam templates, physicians can enter all the data they once wrote out by hand, leaving more quality time to spend with you. Later, you can review your records via your doctor's website.





Formulary Identification in e-Rx

TEST, ALLSCRIPTS MRN: 3256810 DOB: 09/26/1966 Allergies: Yes PCP:
 Sex: M H Phone: (802)658-0532 Security: No Restricted Data Pri Ins: 726_AETNA/US HEALTHCARE HMO
 Age: 38 Years FYI: **FYI** Note: [\[test\]](#) Email: vtoteja@mfa.gwu.edu

Medications Rx Benefit: Aetna Pharmacy Management [Edit](#)

Name	SIG	DS:Qty:Ref	Dates of Therapy	Rx By
Allegra 180 MG Tablet	TAKE 1 TABLET DAILY.	30:30:6	13Apr2005-(Last:22Apr2005)	BRIGHT,ARLENE
Allegra 180 MG Tablet	TAKE 1 TABLET DAILY.	30:30:6	13Apr2005-(End:08Nov2005)	BOSCH,RYAN
Altace 5 MG Capsule	TAKE		04-(Last:16Aug2004)	KATZ,JAMES
Atacand 32 MG Tablet	TAKE		04-(Last:25May2005)	Jablonover,Robert
Celebrex 200 MG Capsule	TAKE		04-(Last:13Jan2005)	Jackson,Nerissa
Detrol LA 2 MG Capsule	TAKE		05-	BRIGHT,ARLENE
Estradiol 0.1 MG/24HR Patch	APPLY		04-(Last:20Dec2004)	BRIGHT,ARLENE
Furosemide 40 MG Tablet	TAKE		05-(Last:08Feb2005)	Moore,Roseanne
Glyburide-Metformin 1.25-250	TAKE		04-	LEW,SUSIE Q
Lipitor 40 MG Tablet	TAKE 1 TABLET DAILY.	30:30:0	27Jun2004-	WASSERMAN,ALAN G
Omeprazole 20 MG Capsule	TAKE 1 CAPSULE EVERY	30:30:3	13Apr2005-	BOSCH,RYAN
Oxycodone HCl CAPS	TAKE 1 CAPSULE EVERY 6		11Apr2005-	
Peg-Intron Redipen 150	INJECT 0.5 ML	30:4:0	24Jan2005-	Jackson,Nerissa
Procrit 20000 UNIT/ML Solution	INJECT 1 ML ONCE SQ	1:1:0	10May2005-	BRIGHT,ARLENE

PA = Prior Auth.
 Non Formulary
 Preferred Formulary
 2nd Tiered Formulary

TouchWorks looks at the patient's pharmacy benefit information to determine the appropriate formulary.

Formulary Alternatives

Meds Mgmt | Problems | Meds | New Rx

TEST,ALLSCRIPTS | MRN: 3256810 | DOB: 09/26/1966 | Allergies: Yes | PCP: |
Sex: M | H Phone: (802)658-0532 | Security: No Restricted Data | Pri Ins: 726_AETNA/US HEALTHCARE HMO
Age: 38 Years | FYI: [Redacted] | Note: [Select] | Email: vtoteja@mf.a.gwu.edu

New Rx | Rx Benefit: Aetna Pharmacy Management | [Edit](#) | [Personalize](#)

Problems | Active | All

- ACQUIRED IMMUNODEFICIENC...
- ALOPECIA AREATA 704.01
- BONE NEOPLASM - FACIAL 2...
- CHEST PAIN 786.50

Pending Prescriptions | **Linked Problems**

Therapeutic Alternatives -- Web Page Dialog

Therapeutic Alternatives

Allegra-D 60-120 MG Tablet Extended Release 12 Hour: Aetna Pharmacy Management

Available Alternatives:

Drugname	Status	Cost Index	Manufacturer
Dexchlorpheniramine Maleate 6 MG Tablet	●	Unknown	
CPM-PSE CR 8-120 MG Capsule Extended	●	Unknown	
Chlorpheniramine-Pseudoeph 2-30 MG/5ML	●	Unknown	
Chlorpheniramine-Pseudoeph 8-120 MG	●	Unknown	
Dexchlorpheniramine Maleate CR 6 MG	●	Unknown	
Dexchlorpheniramine Maleate CR 4 MG	●	Unknown	
Dexchlor 6 MG Tablet Extended Release	●	Unknown	WATSON LABS
Cyproheptadine HCl 4 MG Tablet	●	Unknown	
Pseudo-Chlor 8-120 MG Capsule Extended	●	Unknown	

Note:

Reason for not selecting an Alternative:

Medication | SIG |

- Allegra-D 60-120 MG Tablet E
- Atace 5 MG Capsule
- Amaryl 4 MG Tablet
- Ambien 5 MG Tablet
- Anicet 5 MG Tablet
- Aspirin 81 MG Tablet
- Atenolol 100 MG Tablet
- Atenolol 25 MG Tablet
- Avandia 8 MG Tablet

1 Undefined Pharmacy | Please call IT with Pharmacy

Confirm | Action: Phone

Formulary Alternative: Yes

TouchWorks

Prior Adverse Reaction Warnings

The screenshot shows a medical software interface with a sidebar on the left containing navigation options like 'Meds Mgmt', 'Problems', and 'Med'. The main window is titled 'New Rx' and features a 'Medication' search box with a dropdown list. The list includes various drugs such as 'Penicillin V Potassium 500 MG', 'PredniSONE 10 MG Tablet', and 'Protonix 40 MG Tablet Delayec'. A red circle highlights the 'Penicillin V Potassium 500 MG' entry. A yellow callout box points to this entry with the text: 'TouchWorks looks at the patient's reported allergies and compares it to the requested medication. A medication allergy will trigger warnings for the entire class of medications.' To the right, a 'Messages' panel displays a 'Prior Adverse Reactions' warning: 'Adverse Reaction(s) have been reported with prior Penicillin G Pot in Dextrose SOLN administration. Prescribed drug: Penicillin V Potassium. Reactions occur between Penicillins and Penicillins. Symptoms: Show/Hide Detail'. At the bottom, there are 'Confirm' and 'Formulary Alternative' fields, and 'Save & Continue' and 'Return' buttons.

TouchWorks looks at the patient's reported allergies and compares it to the requested medication.

A medication allergy will trigger warnings for the entire class of medications.

Prior Adverse Reactions
Adverse Reaction(s) have been reported with prior Penicillin G Pot in Dextrose SOLN administration. Prescribed drug: Penicillin V Potassium
Reactions occur between Penicillins and Penicillins
Symptoms:
[Show/Hide Detail](#)

1 Undefined Pharmacy Please call IT with Pharm
 Confirm Action: Phone
Formulary Alternative: Yes

Save & Continue Return

Drug Utilization Review

The screenshot displays a medical software interface for a Drug Utilization Review (DUR). At the top, a patient information bar includes fields for MRN (3256810), Sex (M), Age (38 Years), DOB (09/26/1966), H Phone ((802)658-0532), Allergies (Yes), Security (No Restricted Data), and Note (Select). The main window is titled "Medications" and shows "DUR Checking Results -- Web Page Dialog". Under "Clinical Warnings", two items are listed: "Drug Interactions" (Aspirin 325 MG TABS with Coumadin 3 MG Tab) and "Duplicate Therapy" (Product Duplication). A yellow callout box points to the "Drug Interactions" section, stating: "TouchWorks looks at the Active Medication list to determine potential drug interactions within the list, as well as with new medications." Another yellow callout box points to the "Duplicate Therapy" section, stating: "TouchWorks also provides Duplicate Therapy warnings." At the bottom of the main window are "Save & Continue" and "Return" buttons. A footer bar contains various utility buttons such as "New Rx...", "New Hx...", "Renew", "Change...", "D/C", "Cite Selected", "Continue", "Details...", "New Task...", "Drug Ed...", "Rx History...", "Print List", "RePrint RX", "Cite View", "Save", and "Cancel Entry".

TEST,ALLSCRIPTS MRN: 3256810 DOB: 09/26/1966 Allergies: Yes PCP: Em
Select Patient **i** Sex: M H Phone: (802)658-0532 Security: No Restricted Data Pri
Age: 38 Years FYI: **EM** Note: **(Select)**

Medications

View **DUR Checking Results -- Web Page Dialog**

Clinical Warnings

Drug Interactions
Aspirin 325 MG TABS with Coumadin 3 MG Tab
Onset: **Delayed** Severity: **Major** Documentation: **Established**
The risk of bleeding, particularly gastrointestinal, may be increased by co-administration of Coumadin 3 MG Tab with Aspirin 325 MG TABS. However, use of low-dose aspirin with Coumadin 3 MG Tab may provide benefit that outweighs the risk of minor bleeding.
[Show/Hide Detail](#)

Duplicate Therapy
Product Duplication
The following medications are same generic entity and may represent duplicate therapy: Aspirin 200 MG SUPP , Aspirin 325 MG TABS , Aspirin 325 MG Tab

Save & Continue **Return**

New Rx... **New Hx...** **Renew** **Change...** **D/C** **Cite Selected** **Continue** **Details...**
New Task... **Drug Ed...** **Rx History...** **Print List** **RePrint RX** **Cite View** **Save** **Cancel Entry**

Medication Reporting

Reports Reports Print/Fax Queue User Print Defaults

TEST, ALLSCRIPTS MRN: 3256810 DOB: 09/26/1966 Allergies: Yes PCP:
Sex: M H Phone: (802)658-0532 Security: No Restricted Data Pri Ins: 725_AETNA/US HEALTHCARE HMO
Age: 38 Years FYI: Note: Email: vtoteja@mla.gwu.edu

Select Patient ▼ i

Reports

- Administration
- Charge
- Dictate
- Document
- Library
- Medication Administration Record
- Notes
- Patient
- Rx+
 - Daily Prescription Activity Detail
 - Daily Prescription Activity Summ
 - Pharmacy Utilization Detail
 - Pharmacy Utilization Summary
 - Problem Linked Medications
 - Rx Communication Log
 - Rx Formulary Audit By Provider
- Transcribe

Report: Daily Prescription Activity Detail

Filters	Operand	Value(s)
Start Date:	>=	10/01/2004
End Date:	<=	11/30/2004
Provider:	=	
Patient Name:	=	
Medication:	=	Celebrex 100 MG CAPS Celebrex : All
User:	=	

Sorts
Primary: Patient Name Secondary: Medication
 Descending Descending
Reset Filters

Patients using recalled medications can be identified immediately

SnapShot

ChartViewer	Note	Problems	Results	SnapShot	Meds	Bookshelf	Flowsheets	Vitals	Immun	HMP
TEST,ALLSCRIPTS		MRN: 3256810	DOB: 09/26/1966	Allergies: Yes	Security: No Restricted Data	PCP: 726_AETNA/JUS HEALTHCARE HMO				
Select Patient ▼		Sex: M	H Phone: (802)658-0532	FYI:	Note: [select]	Email:				
		Age: 38 Years								
SnapShot™										
Active Problems					Active Medications					
ACQUIRED IMMUNODEFICIENCY SYNDROME -					Amoxicillin 200 MG/5ML Recon Susp					
ALLERGIC BRONCHITIS WITH STATUS ASTHMATICUS					Aspirin 200 MG Suppository					
BENIGN PROSTATIC HYPERPLASIA					Aspirin 325 MG Tab					
MIGRAINE HEADACHE					Aspirin 325 MG Tab					
OTITIS MEDIA					Celebrex 100 MG Cap					
SUPERFICIAL INJURY - BLISTER OF FOREARM (INFECTED)					Coumadin 3 MG Tab					
HMP Alert			Freq	Due	Allergens			Category		
▲ Basic Metabolic Panel			3 months	27 Mar 2005	Cipro TABS					
					Penicillin G Pot in Dextrose SOLN					
					Penicillins			Adverse Reaction		
					New...			Details...		
					Cite			View		
Date					Encounters					Tasks
15 Jun 2005					1 MFA Encounter					3 1 Chart Requested
02 Jun 2005					1 MFA Encounter					3 Mng Chg Edits (Manage Charge Edits)
19 May 2005					Lab Encounter					3 Order Info-Lab
10 May 2005					Lab Encounter					3 Order Info-Lab
06 May 2005					Lab Encounter					3 Order Info-Lab
02 May 2005					1 MFA Encounter					3 Order Info-Lab
Print Allergy List ▼										

Rapid Implementation of an Electronic Health Record in an Academic Setting

Stephen L. Bodger, Ryan G. Bosch, MD, FACP, and Praveen Tootaj

ABSTRACT

One of the sources of resistance to the implementation of electronic health records is that it often takes years to roll out a fully functional system. The George Washington University Medical Faculty Associates (MFA) has set a new standard for rapid EHR implementation by bringing 99 physicians and 130 residents and interns live in less than 30 days in a complex academic setting. MFA leveraged a rapid implementation process based on study of previous successful implementations. The rollout plan incorporated aggressive hands-on education, in-person and virtual training modules for self-review, and a leadership trial of physicians, administrators, and information technology experts.

KEYWORDS

- Electronic Health Record (EHR)
- Electronic Medical Record (EMR)
- Implementation
- Physician utilization
- Medical Faculty Associates

Rolling out a full-purpose electronic medical record (EMR) can take years at many organizations. George Washington University Medical Faculty Associates in Washington did it in less than 30 days. One of the capital's largest multi-specialty physician practices, MFA relied on a unique combination of best-practices planning, just-in-time training, and aggressive support to bring 99 faculty physicians, plus 130 residents and interns and more than 200 support staff, live on the group's new EHR in just 26 days. This article offers a closer look at the MFA implementation and examines lessons learned that could potentially speed the pace of EHR efforts in other ambulatory settings.

Paper Does Not Cut It

Like many large academic physician practices, MFA has earned a reputation as an early adopter of breakthrough clinical technologies that have transformed patient care in

recent decades. Its 275 physicians in 41 medical specialties serve more than 425,000 patients each year, including many national leaders. Formerly an unincorporated part of George Washington University's School of Medicine, not-for-profit MFA separated from the university in 2000 but continues as a world-class physician training ground, currently with 400 residents overseen by MFA's physician faculty.

Despite its cutting-edge reputation, MFA has relied, like the vast majority of the nation's physician practices, on sufficient paper methods for noting patient charts, prescribing medications, tracking laboratory test results, billing insurers, and conducting a host of everyday activities.

Bedeviled by decades of habit, MFA's paper-based recordkeeping methods were labor-intensive and time-consuming. For example, physicians in the Division of General Internal Medicine had their phone messages



Accelerated Implementation Full EHR for Department of Medicine

Intense Team Environment Moving Towards Common Goal

- Removed obstacles as they arose

Functionality Deployed

- Implemented Charge, ePrescribing, Note, Results
- Enabled Multiple Note Entry Types (Structured Templates, Text Templates, Dictation, Voice Recognition)
- Deployed Patient Online



Accelerated Implementation Full EHR for Department of Medicine

Training Approach

- "Command Center"
- Physicians benefit from one on one training
- Staff training based on roles and workflows
- Plan schedule well in advance – expect changes





Accelerated Implementation Full EHR for Department of Medicine

Challenge: Multiple Specialties, Short Time Period, Drive Utilization

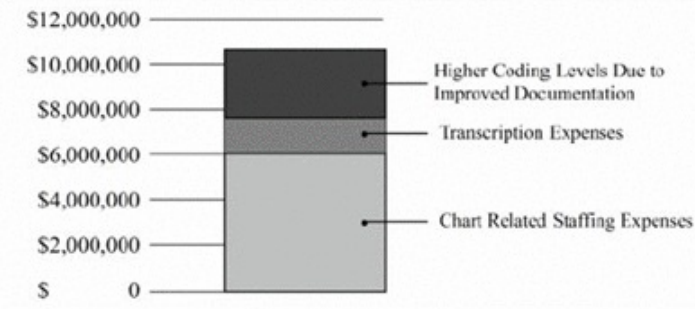
- **100+ Physicians: Robust Users of TouchWorks EHR**
- **Full Roll Out to Department of Medicine**
 - Internal Medicine 36 MDs (Hospitalists – 4 MDs)
 - Infectious Disease 7 MDs
 - Endocrinology 9 MDs
 - Cardiology 16 MDs
 - Rheumatology 7 MDs
 - Pulmonary 5 MDs
 - Renal 8 MDs
 - Gastroenterology 8 MDs
 - Podiatry 3 MDs





Impact of EHR Process/Economic Efficiencies

FIGURE 3. FIVE YEAR IMPACT OF EHR



Areas of Impact:

- **FTEs = Reduction of 25 FTEs in Medical Records**
- **Coding = \$2,000,000**
- **Transcription = \$1,800,000**
- **Chart Related Expenses = \$6,000,000**
- **DSO = Reduction from 71 to 56**



Impact of EHR Quality of Care

- **Recalls:** MFA was able to query all patients on Vioxx and automatically send a letter
- **Error Avoidance:** Rxs electronically sent to pharmacy, improving accuracy/avoiding errors
- **Triage:** Reorganized telephone messaging ... real time to physicians (cut by 3 days)
- **Refills:** Refills for "bridge" prescriptions (Rx+) 24 hour turnaround (no longer 5-7 days)
- **Access to Chart:** Dramatic reduction in chart pulls (10 fold decrease)



Impact of EHR Patient Satisfaction

- **Communication :** Tasking facilitates triage, personal contact and improved physician/patient communication
- **Information:** Access to their records and lab results in exam room during visit
- **Follow-up:** Patients receive letter with status of their test results vs. calling on multiple occasions
- **Facilitation:** Connect providers and patients





Impact of EHR Provider Satisfaction

- **Information:** Information accessible anywhere, anytime
- **Flexibility:** Physicians handle tasks remotely and can use multiple options for documentation
- **Access:** Direct lab interface for results and direct radiology interface from hospital for x-ray and procedure results
- **Reporting:** Develop reports to monitor status of errors
- **Clinical Advances:** Providers and clinical staff see abnormal lab results and can address in real-time



Summary

- The Time is Now (Quality and Cost Drivers)
- The Results are Very Real and Very Significant
- This Is Changing How Healthcare is Delivered in the U.S. Right Now
- This is the New “Standard of Care”
- It’s a Journey, Not a Destination (Why the Right Partner is Mission Critical)



Open Discussion and Questions

MEDICAL FACULTY ASSOCIATES

THE GEORGE WASHINGTON UNIVERSITY

Best Practices:

**Clinical Automation at
George Washington University
Medical Faculty Associates**

Steve Badger

Chief Executive Officer

September 8, 2005



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Delivering Value Through Our Solutions

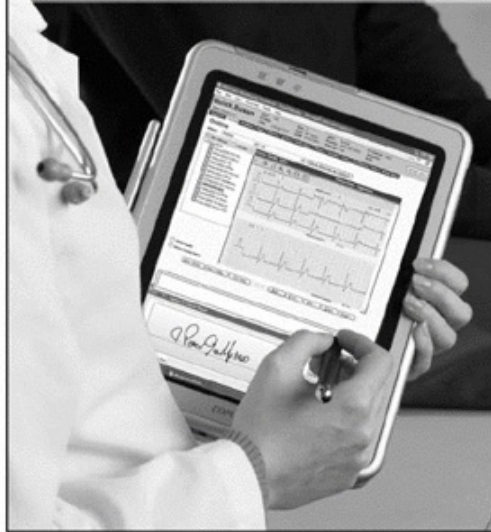


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PLAYBILL

Rainbow Room at Rockefeller Center

A Day in the Life The Electronic Physician



A Day in the Life

The Electronic Physician

The Rainbow Room at Rockefeller Center
New York, NY
September 8, 2005

Act I - Mason Caribee Visits Dr. J. Medici

Nurse: *Laurie McGraw*
Mason Caribee: *Stu Scholly*
Dr. Medici: *Jim Bergmann, MD*
Pharmaceutical Rep: *Devin Paullin*

Act II - Mason Caribee At Home

Patient: *Stu Scholly*
Wife: *Marissa Zolna*

Act III - Dr. Medici at Home

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Challenges in a Typical Practice

- Access to Information
- Access to the Chart
- Ability to Find What is Needed in Chart
- Poor Communication Between Providers
- Waiting Time for Lab Results
- Finding the Time to Educate Patients
- Getting Patients to Pick Up Their Medication (Adherence)
- Getting Patients to Take Their Medication (Compliance)
- Inconsistent Approaches for Typical Encounters

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“The Electronic Physician”

- Real-Time Access to Information
- Ability to Educate Patients (View Graphs)
- Instant Connection to Pharmacies, PBM, Payors
- Instant Connection to Labs
- Flexibility: Multiple Options for Documentation
- Imaging/Scanning of Documents
- Vitals Captured Electronically

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Challenges for a Typical Patient

- ▶ Access to Their Own Medical Record (Allergies, Meds List, Problem List, etc.)
- ▶ Ongoing Communication with Physician
- ▶ Lack of Understanding of Disease State
- ▶ Motivation to Take Their Medication (Compliance)
- ▶ Multiple Medications and Disease States (Confusion)

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The Patient of “The Electronic Physician”

- ▶ Instant Access to Their Own Medical Record (Allergies, Meds List, Problem List, etc.)
- ▶ E-Consults and e-Communication with Physician
- ▶ Straightforward Education on Disease State
- ▶ Increased Compliance Through Physician Directed Education on Their Medication

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Challenges for a Typical Physician

- ▶ Time
- ▶ No Remote Access to the Medical Record
- ▶ No Time to Visit with Pharma Reps to Learn about New Medications
- ▶ Direct to Consumer Advertising on Medications
- ▶ No Access to their Schedule
- ▶ No Ability to Work Ahead (or Catch Up) on Tasks (Rx Renewals, Review Labs, Sign Off on Notes, etc.)

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“The Electronic Physician”

- ▶ Instant, Anywhere, Anytime Access to the Medical Record
- ▶ Convenient Access to Educational Programs 24/7/365 (70% Outside of Office Hours)
- ▶ Ability to Review Schedule
- ▶ Ability to Work Ahead (or Catch Up) on Tasks (Rx Renewals, Review Labs, Sign Notes, etc.)



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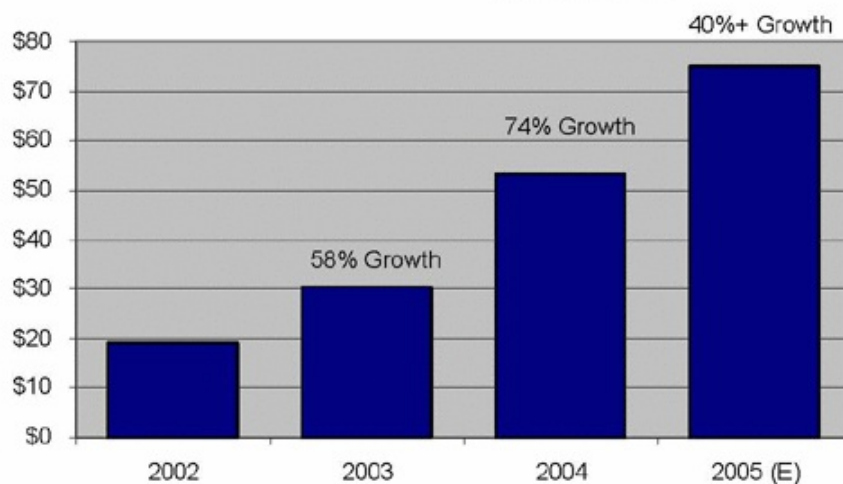


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Clinical Solutions Bookings

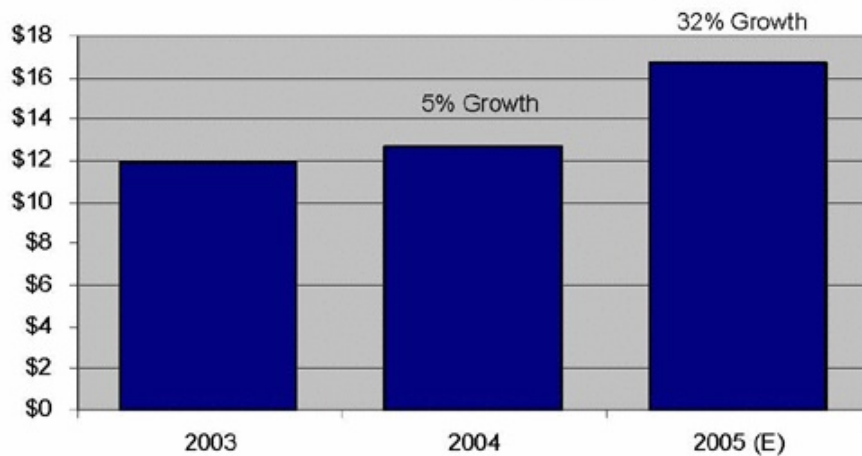
(\$ in Millions)





Physicians Interactive Bookings

(\$ in Millions)

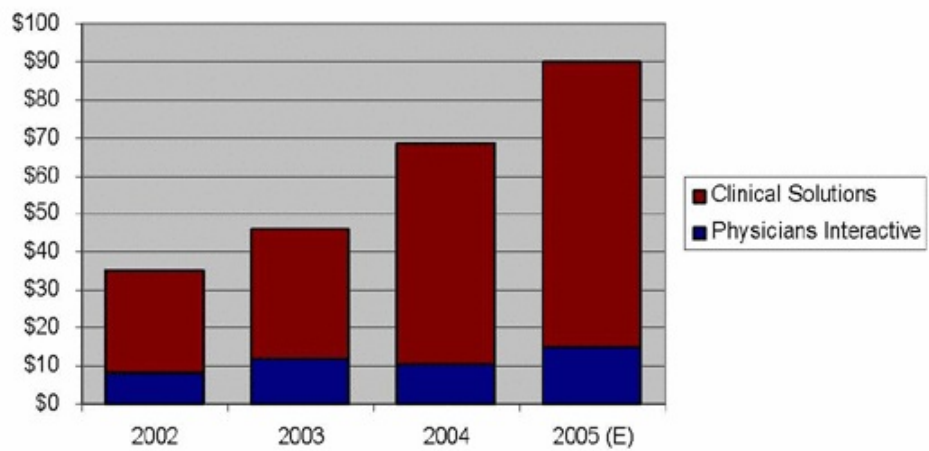


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Backlog

(\$ in Millions)

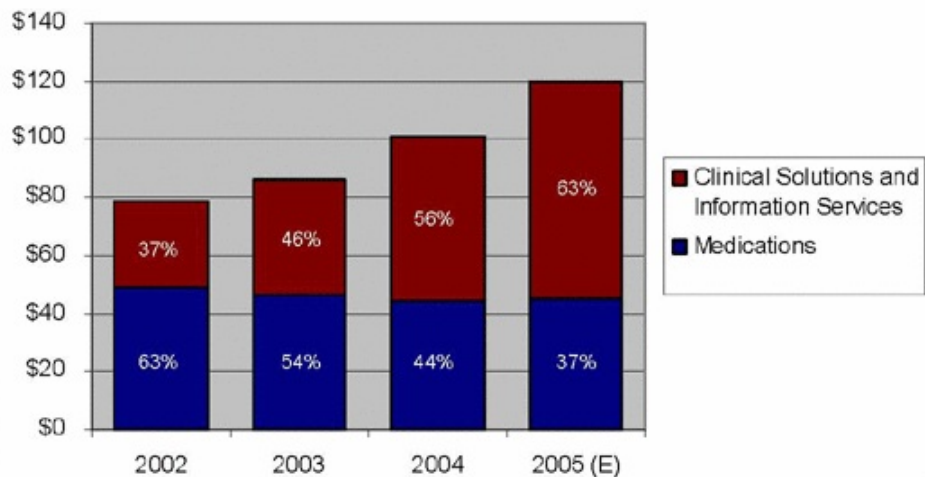


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Historical/Forecast Revenue

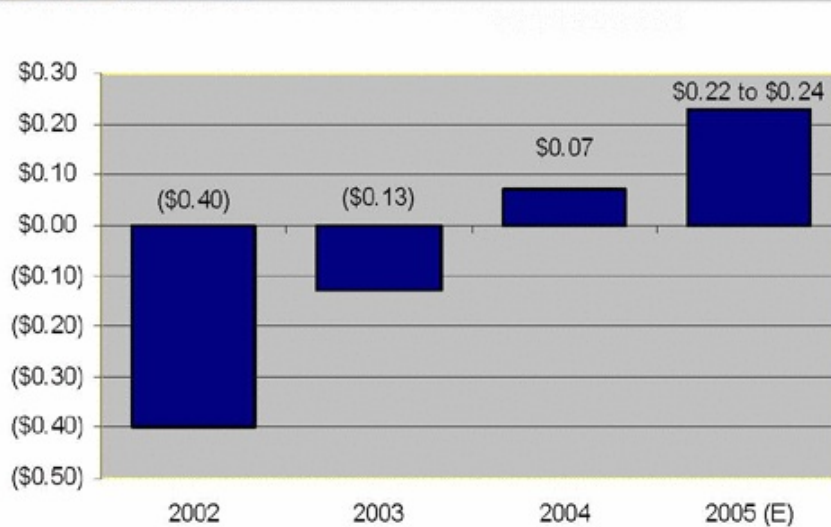
(\$ in Millions)



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Historical/Forecast EPS





Stock Price Performance



- ▶ Compound Annual Growth Rate of 111% from 2002 to 2004
- ▶ Increase of 76% Since December 31, 2004





Top 10 Questions...





Top 10 Questions

1. How does Allscripts size the EHR market opportunity?

Number of Practicing Physicians in U.S.	~ 550,000
Market Penetration	<u>~ 25%</u>
Available Market Opportunity	412,500
Average Selling Price per Physician	\$10,000 to \$15,000
Market Opportunity (midpoint)	<u>~\$5.2 Billion</u>

Doesn't include ongoing support fees or transaction revenue opportunity





Top 10 Questions (cont.)

1a. How does Allscripts size the IDX market opportunity?

Market Opportunity (midpoint)	\$5.2 Billion
IDX Market Share	<u>~ 20%</u>
IDX EHR Market Potential	\$1.0 Billion
AHS Penetration	<u>~ 16% @ 6/30/05</u>
Remaining Market Opportunity	<u>~ \$870 Million</u>

Does not include add-on sales opportunity to Allscripts' existing customers in IDX base





Top 10 Questions (cont.)

2. Is there seasonality in your bookings? What about revenue?

- ▶ 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. Revenue largely insulated from seasonality due to 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 (cont.)

3. Speaking of revenue, why does Allscripts recognize revenue differently than others in the HCIT space?
- Concluded that the services we provide are “essential” to the software
 - Unreasonable to think that a physician will use an EHR without some level of service upfront
 - We recognize both service and software fees on percentage-of-completion basis over the implementation period

Example

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

➔ 2,000 Implementation hours

Q2 '05
500 hours are worked

$\frac{500}{2,000}$ or 25% x \$1.0 million = \$250,000 of revenue

- Revenue recognition policy provides strong visibility into forecasted results





Top 10 Questions (cont.)

3. (continued) – Backlog as of June 30, 2005

\$76.3 Million





Top 10 Questions (cont.)

4. When will Allscripts start paying income taxes?

Tax loss carryforward of \$149 million as of December 31, 2004

Potential use,
by year



Liability for book purposes may precede liability for tax purposes

Note: Excludes impact of acquisitions and subject to 382 evaluation

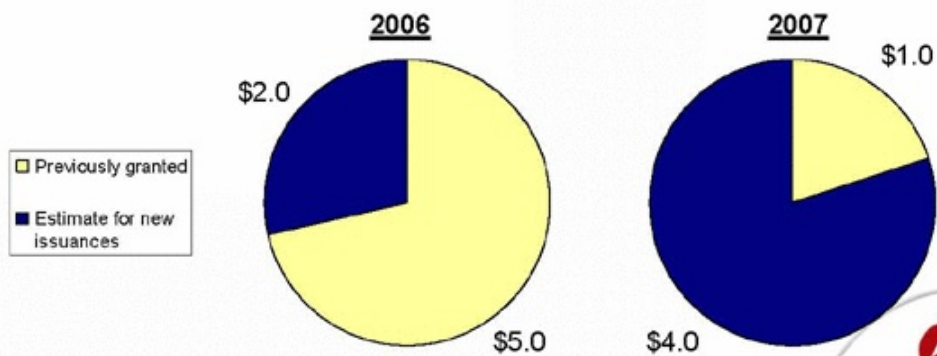




Top 10 Questions (cont.)

5. What impact will expensing of stock options have on our operating results?

- ▶ SFAS 123(R), *Accounting for Stock-Based Compensation*, will impact Allscripts beginning in 2006



(Pre-tax expense, \$ in Millions)





Top 10 Questions (cont.)

6. When will Allscripts convertible debt be converted into common stock? When will it start impacting earnings per share?
- ▶ Our Senior Convertible Debt (\$82.5 million with a 3.5 percent coupon) became convertible into 7.3 million common shares as of July 1, 2005
 - ▶ Given market value of debentures (contemplates option to convert and future coupons), we do not expect any conversion prior to July 2009
 - ▶ Impact of conversion is currently anti-dilutive; therefore excluded from fully diluted EPS calculation
 - ▶ Conversion becomes dilutive at an after-tax quarterly earnings level of approximately \$5.2 million or \$0.12 per share





Top 10 Questions (cont.)

7. By the way, what are you going to do with all of that cash?





Top 10 Questions (cont.)

8. Do you intend to sell the Medication Distribution business?





Top 10 Questions (cont.)

9. You and Glen talk a lot about transaction revenues. What is it, who pays for it, and when will it make a difference?

- ▶ **What is it?** → Will take on several different forms
 - ▶ "Per Click" Fees (i.e., formulary, transmit prescriptions to retail pharmacy or mail order)
 - ▶ Referral Fees (i.e., clinical trial referrals)
 - ▶ Software Subsidies (i.e., managed care willing to subsidize eRx)
- ▶ **Who will pay for it?** → Depends on the form. Will not be the physician. In fact, they may participate in the fees
 - ▶ "Per Click" Fees = PBMs, Payors, Retail Pharmacy, etc.
 - ▶ Referral Fees = Pharma, CRO's, etc.
 - ▶ Software Subsidies = Managed Care Organizations
- ▶ **When will it make a difference?**
 - ▶ \$1 million in 2004, driven by ~ 8 million transactions
 - ▶ Estimate 2005 transactions > 20 million transactions





Top 10 Questions (cont.)

10. What is the ongoing operating model for each of Allscripts businesses?

- ▶ **Medication Services**
 - ▶ Annual revenue growth expected flat to low single-digits
 - ▶ Gross margin of 18 to 20 percent of revenue
 - ▶ OI margin of 4 to 6 percent of revenue ⁽¹⁾
- ▶ **Clinical Solutions**
 - ▶ Annual revenue growth of approximately 40+ percent
 - ▶ Gross margin of 62 to 68 percent of revenue
 - ▶ OI margin of 22 to 26 percent of revenue ⁽¹⁾
- ▶ **Physicians Interactive**
 - ▶ Annual revenue growth of approximately 30 to 40 percent
 - ▶ Gross margin of 40 to 45 percent of revenue
 - ▶ OI margin of 10 to 15 percent of revenue ⁽¹⁾

20+% total Operating Income within 2 years



⁽¹⁾ Reflects fully burdened operating expenses



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Clinical Solutions Group Sales Process Overview

Steve Brewer
Executive Vice President of Sales





CSG Sales Overview

- ▶ CSG Sales Organization Overview
- ▶ Typical EHR Sales Cycle
- ▶ Sales Management Process
- ▶ Why Medical Groups Select Allscripts





Who Are Buyers Considering?

Most Requested Product Reports

The following 10 vendor product reports are those that were the most often requested by healthcare providers, over the past year, using Platinum KLAS Online, a web-based tool for vendor performance monitoring and reporting.

1. Allscripts TouchWorks (Over 25 Physicians)
2. Lawson
3. eScripton EditScript
4. Epic EpicCare Ambulatory (Over 25 Physicians)
5. Kronos Timekeeper v.4-5
6. GE Centricity Physicians Office EMR (Over 25 Physicians)
7. NextGen EMR (Over 25 Physicians)
8. Oracle PeopleSoft
9. Picis Ibex PulseCheck
10. Infinium

Source: 2005 KLAS Mid-Year Report (All Products in the Industry)





Sales Team

New Sales

- ▶ 3 Area Vice Presidents
- ▶ 21 Sales Execs - \$3.75MM Quota/Rep

National Accounts

- ▶ 3 Senior Sales Executives
- ▶ Focused on Largest Practices and Strategic Initiatives

Account Management

- ▶ 5 Account Managers
- ▶ Focused on Add-On Sales of < \$1MM to Existing Clients

Clinical Consulting

- ▶ Physician and Clinician Team
- ▶ Focused on Demonstrations, Reference Sites, Utilization and Clinical Assessments

SMB Market

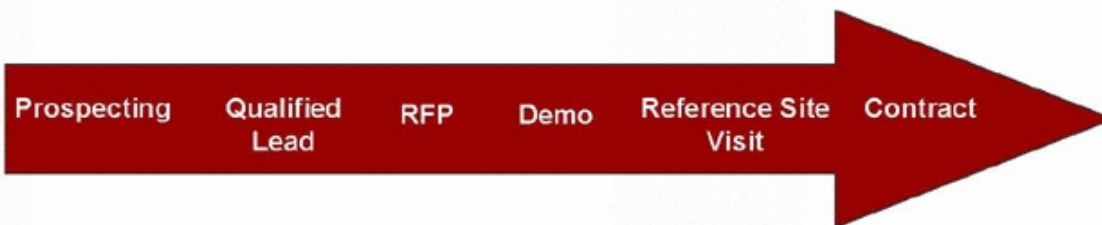
- ▶ Direct Sales
- ▶ VARs
- ▶ Partners



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Typical EHR Sales Process



- ▶ Client Decision Time-line
 - ▶ 6 to 12 Months from RFP to Contract Signing
 - ▶ Varies in Time by Practice Size, Complexity and Budget Process
- ▶ Typical Decision Makers
 - ▶ Physicians
 - ▶ Executive Director
 - ▶ CIO and IT Group





Managing the Sales Process

- ▶ Measure Against Key Sales Process Milestones
- ▶ Probability Adjusted Sales Forecast
- ▶ Win/Loss Reporting and Analysis
- ▶ Marketing Focus by Client Size
 - ▶ Large Groups: Relationship Marketing (e.g. Executive Summits, Trade Shows, etc.)
 - ▶ Small Groups: Direct Marketing (e.g. Lead Generation, Direct Marketing, etc.)





Why Medical Groups Select Allscripts

- ▶ Credibility
 - ▶ Top Rated EHR (KLAS, MS-HUG, Forrester, TEPR)
 - ▶ Proven Results (“Blue Chip” Clients & Documented ROI)
- ▶ Partnerships & Interoperability
 - ▶ IDX – Preferred Access to 70% of Large Groups
 - ▶ Leadership Position on National Interoperability and Standards Initiatives
- ▶ Depth of Product Offering
 - ▶ Commitment to Ambulatory EHR
 - ▶ Clinical Trials, iHealth, Pay-for-Performance





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