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Hello NCVHS Committee Members, Presenters, and Meeting Attendees:

In lieu of our physical presence at these proceedings, we've drafted this written testimony to tell you about Ramp Corporation, and to share information and knowledge we have gained based upon our experience creating electronic point-of-care productivity solutions, and marketing those solutions to physician practices and healthcare institutions throughout the United States.

Ramp Corporation [AMEX:RCO] was originally incorporated in 1988 as Nur-Staff West, Inc. and began life as a temporary healthcare staffing company. In 1998, we changed our name to Medix Resources, Inc. Soon thereafter we acquired Cymedix Corporation, which was merged into Cymedix-Lynx as a wholly owned healthcare technology subsidiary of Medix.

In 1989, Medix divested its healthcare staffing operations to focus exclusively on the development and commercialization of innovative software and connectivity solutions for various segments of the healthcare industry, positioning the company as a pioneer in the emerging electronic healthcare and ePrescribing industries.

In 2003, we reincorporated as Ramp and positioned HealthRamp, Inc. as Ramp's wholly owned healthcare subsidiary. HealthRamp then purchased key technical assets relevant to our product development and business strategies from an electronic healthcare venture called ePhysician from Comdisco Ventures, at that time an ePhysician creditor. We integrated these technologies with our core Cymedix application to create the HealthRamp CarePoint™ technology suite. Many entrepreneurial electronic healthcare companies did not survive the Darwinian environment of the early stages of the eHealth era. Ramp Corporation is one of the few original electronic prescribing pioneers that continues to operate and thrive.

In July 2004, HealthRamp acquired technology and other assets from Berdy Systems, Inc. a pioneering electronic medical records firm. This acquisition enabled HealthRamp to expand its product line to encompass a spectrum ranging from affordable, high-utility handheld wireless ePrescribing solutions, to fully-featured electronic medical records systems. This range of product offerings enables HealthRamp to meet the needs of practices of any size, and to offer a logical, modular sequence of electronic healthcare functionality for those physicians who desire to modulate the rate of implementation of new technology within their practice to map budgetary constraints, workflow concerns, and other human factors. Ramp is well positioned for success as the benefits of ePrescribing and electronic healthcare are becoming increasingly apparent to thought leaders in industry, medicine, government, and the public at large.

HealthRamp is focused on providing physicians and other healthcare providers with low-cost, user-friendly, point-of-care technologies – such as ePrescribing – that improve medical practice productivity and enhance patient safety. Our easily-implemented, low-cost wireless, point-of-care technologies readily integrate with the existing practice management system and the office staff workflow – unlike many contemporary electronic medical records systems that are expensive to purchase, cumbersome to deploy, and complex to use.

Traditionally, physicians in the United States readily adopt the latest clinical technologies, and most physicians utilize a practice management system. However, deployment of information technology within the practice has tended to lag well behind the enterprise at large, and in particular, adoption of ePrescribing technology has been slow – despite its benefits. According to eHealth Initiative's 2003 report, "Electronic Prescribing: Toward Maximum Value and Rapid Adoption", only somewhere between 5% and 18% of physicians are estimated to be using electronic prescribing systems. By offering a wireless form factor that maps to the physicians' mobile work style, elegant user interface mechanics, and effortless integration with widely-deployed practice management systems – thus offering a compelling alternative to the traditional script pad - HealthRamp can accelerate the rate of adoption of ePrescribing technology.

Since we began actively marketing our CarePoint ePrescribing solution to physicians in 2003, we have acquired a vast body of knowledge about physician attitudes toward electronic prescribing in particular, and electronic healthcare in general. We recognize that an effective electronic healthcare solution requires the cooperation, integration, and interoperability of numerous entities. Toward that end, HealthRamp has formed critical technical, business, and trade alliances with electronic healthcare stakeholders including RxHub, Medco Health Solutions, Express Scripts, Inc., WellPoint Pharmacy Management, Lab Corp., the Greater NY Health Care Facilities Association, and the Washington DC-based eHealth Initiative. We believe our collective institutional knowledge of ePrescribing, technical capabilities, knowledge of physician practice dynamics, and ability to integrate with relevant healthcare entities provide us with the necessary foundation to help drive the establishment and adoption of electronic prescribing standards.

Before physicians can fully appreciate any specific electronic prescribing solution, they need to be educated about electronic prescribing in general - including information about its features, benefits, costs, and relevant standards, regulations, and safeguards governing its use.

Unfortunately, misinformation about electronic prescribing is rampant. Consider the dilution of *Standards for Electronic Prescribing* on its way to passage in late 2003. While the final version of the Medicare Prescription Drug Improvement and Modernization Act of 2003 was being hammered out, *Standards for Electronic Prescribing* encountered significant physician resistance, and lost much of its bite in response to that resistance. In the original draft, it called for Medicare officials to establish electronic prescribing standards by 1/1/06, and included provisions mandating doctors to write electronic prescriptions for all Medicare patients starting in 2007 (except in emergencies and other special circumstances.) The final version of the *Standards for Electronic Prescribing* called for the development and adoption of ePrescribing standards, but made the use of ePrescribing itself voluntary.

Physician resistance to ePrescribing, according to an AP article on the subject, derives from misconceptions about the cost and technology. Absent any supporting data, many physicians conclude that that the cost of ePrescribing is so egregious that forced adoption would lead them to bankruptcy. This belief is far from accurate.

Take HealthRamp's CarePoint e-prescribing technology by way of example: preliminary implementation and integration with the existing practice management system is provided by HealthRamp for free, and physicians pay only $39.95 per month for ongoing use. Minimally,

physicians can use a dial-up Internet connection (~$20/month) with a computer running Microsoft's Internet Explorer. For best results for use at the point-of-care, physicians need to purchase a WiFi-enabled PDA (at a one-time cost of about $300), a WiFi access point (~$70), and a broadband Internet connection (~$30/month).

A consideration that we believe will significantly impact the rate of physician adoption of ePrescribing technology is the establishment and adoption of ePrescribing standards that integrate with the existing practice environment and physician clinical workflow, rather than forcing physicians to adopt methodologies that primarily serve the outside interests of ePrescribing vendors and other third-party organizations.

For one, this means providing physicians with clinical information at the point-of-care in a manner that assists in the clinical decision-making process, but does not compel a particular treatment decision. Physicians do not want to be constrained in what they can or cannot do with regard to a prescription. To be accepted and adopted, ePrescribing standards must always permit the physician to exercise individual clinical judgment – including allowing them the ability to override data provided by the ePrescribing system.

Electronic prescribing standards must provide for access to the files of all insurance companies. Without this access, physicians attempting to replace their current prescribing approach will find themselves hindered by technologies that do not apply to their entire patient population, thus forcing redundant or parallel efforts. In addition, to ensure patient privacy, ePrescribing standards must require that electronic prescribing vendors are fully HIPAA-compliant in all aspects of the electronic prescribing process.

It is essential that ePrescribing solutions provide caregivers with access to all of the information necessary to write prescriptions that are as accurate and risk-free as possible. This means standardizing the categories of information made available to physicians at the point of care.

These categories of critical information include:
- Comprehensive patient medication history, regardless of origin (via PBM integration)
- Patient clinical information (allergies, diagnoses, vital statistics)
- Drug utilization review (drug-to-drug, drug-to-allergy, drug-to-condition)
- Comprehensive drug reference information of all FDA-approved medications

Electronic prescribing standards should provide for functionality that goes well beyond the basics to deliver substantial increases in medical practice efficiency and patient safety. In our experience, this means the secure electronic transmission of prescriptions to the retail pharmacy of the patient's choice, and prescription renewal support from request to completion. Additionally, access to patient-specific formulary information at the point-of-care will ensure that the most cost-effective prescription is written, and reduce patient confusion about prescription costs at the retail pharmacy.

We also believe that other stakeholders benefiting from electronic prescribing technology - such as PBMs, pharmaceutical companies, insurance companies, and the government - should offer financial incentives to its adoption and use, including subsidies and reductions in malpractice insurance.

The ultimate benchmark of success for ePrescribing standards will be how well and how quickly they ultimately result in the adoption of ePrescribing by Medicare physicians. We fervently believe this will be determined by how closely the final standards align with the current physician environment, how easy they are to adopt, and, finally, how effective they are in enabling electronic prescribing that increases practice efficiency and improves patient safety.

Thank you for your attention and consideration.

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