

# Health Care Information Technology: The Wall Street View

**Raymond Falci**  
**(212) 981-6959**  
**[rfalci@cainbrothers.com](mailto:rfalci@cainbrothers.com)**

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# Agenda

Industry Overview

HCIT Industry Fundamentals

Future HCIT Growth Segments

HCIT Financing Environment

Conclusions/ Opportunities

# HCIT Market Overview

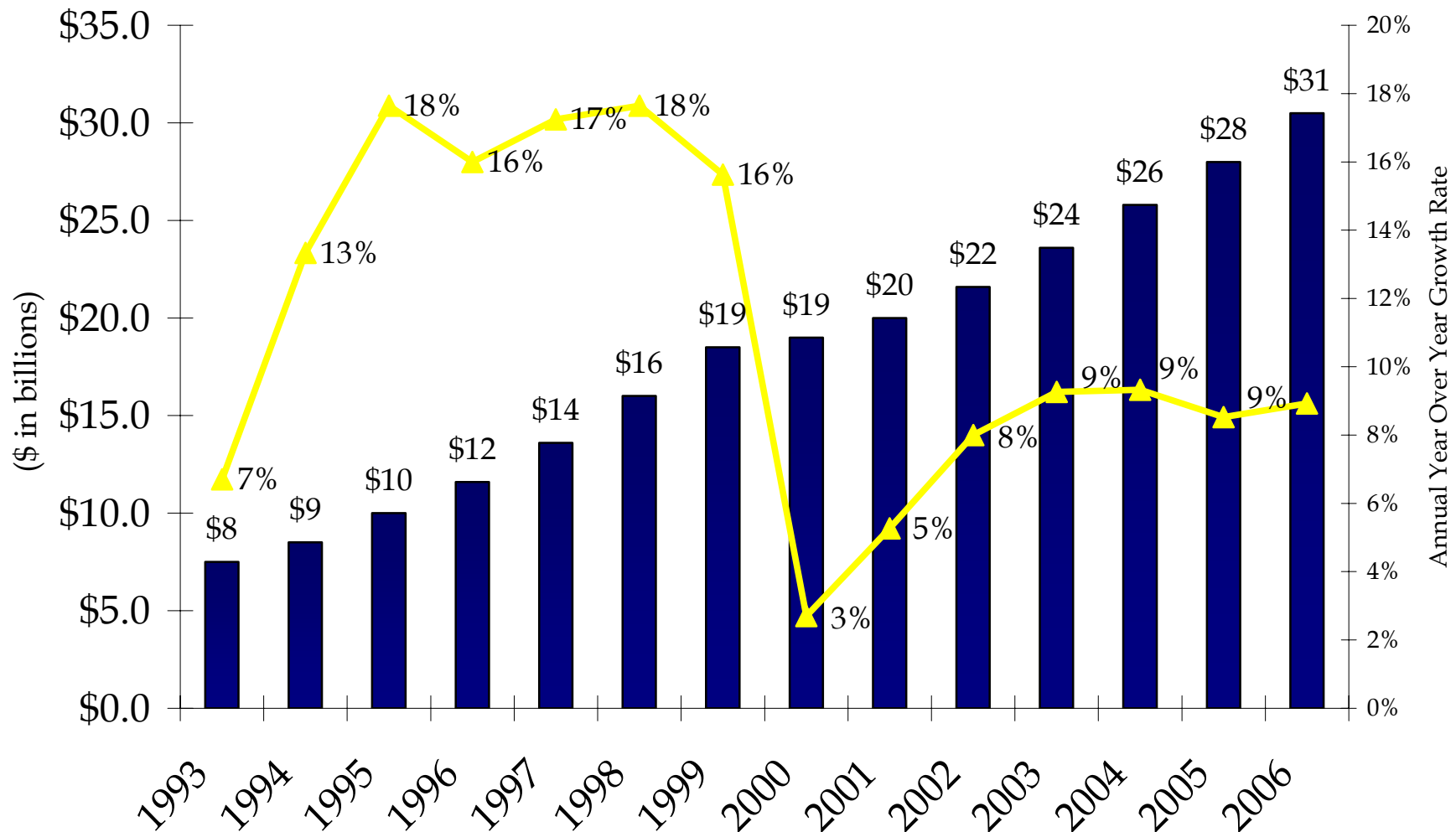
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- Niche market
  - Revenue: \$28 billion, \$14 billion of which is spent by hospitals
  - Largest company (Cerner) represented 4% of HCIT spending
  - 2007 HIMSS conference had 700+ exhibitors
  
- Historical 8%-12% growth
  - Has been cyclical, recently becoming secular
    - Improvements in IT and health care create secularities
  - Prior cyclicity driven by IT (Y2K, HIPAA) and health care profitability trends

# HCIT Spending Trends

## Y2K Rebound to Steady, Near 10% Growth

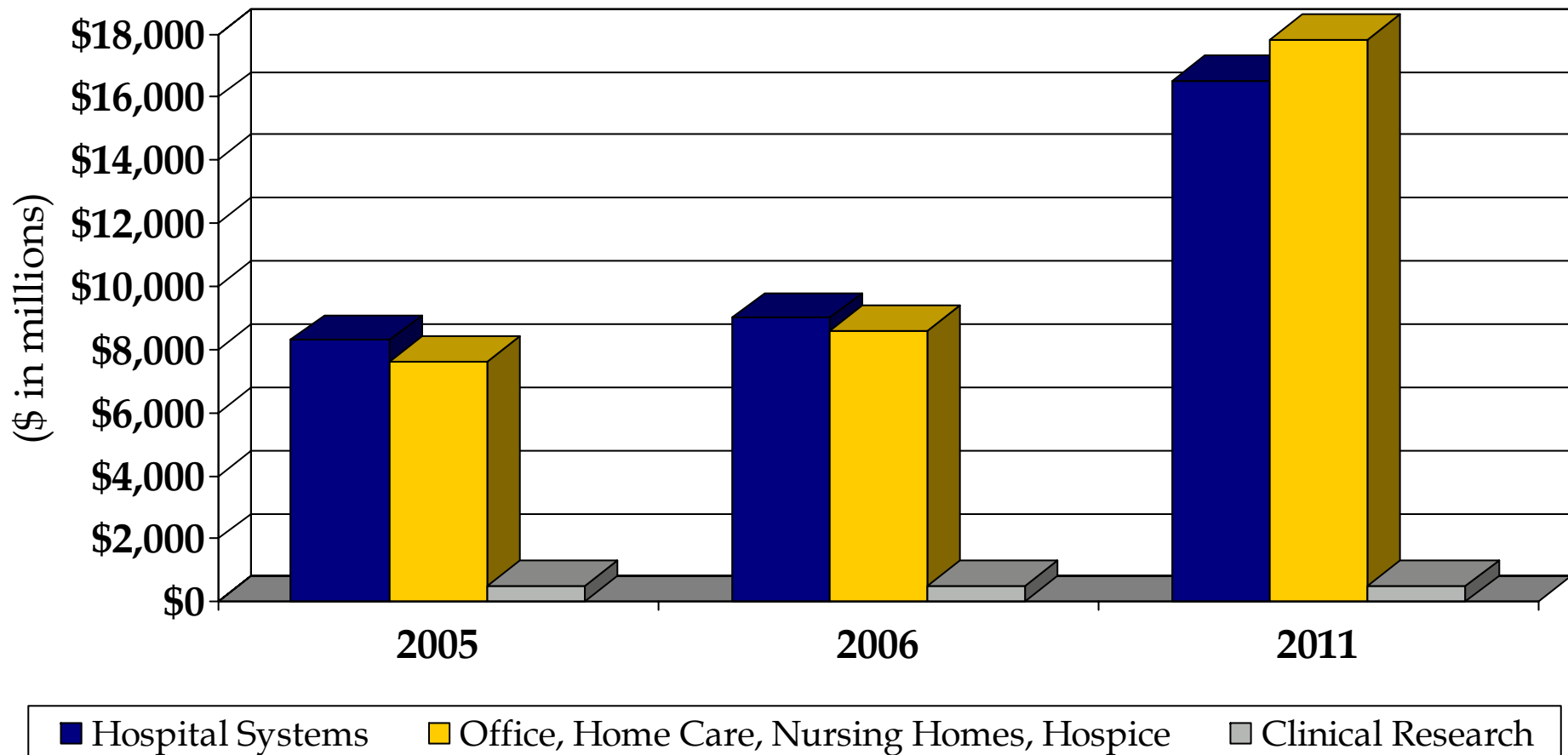
### Healthcare IT Spending



# HCIT Spending Across Different Sectors

## Non-Hospital Spending Likely to Grow Fastest

U.S. Market Forecast for HCIT Market



## 2007 HIMSS Themes - Cain Brothers' View

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### 1. Interoperability (Standards-based data sharing and integration)

- IHE (Integrating the Healthcare Enterprise)

### 2. Increasing Presence of large IT companies

- Moving further toward application domain

### 3. Increasing Presence of Medical Device companies (PACS, etc.)

- More data to be integrated across healthcare continuum

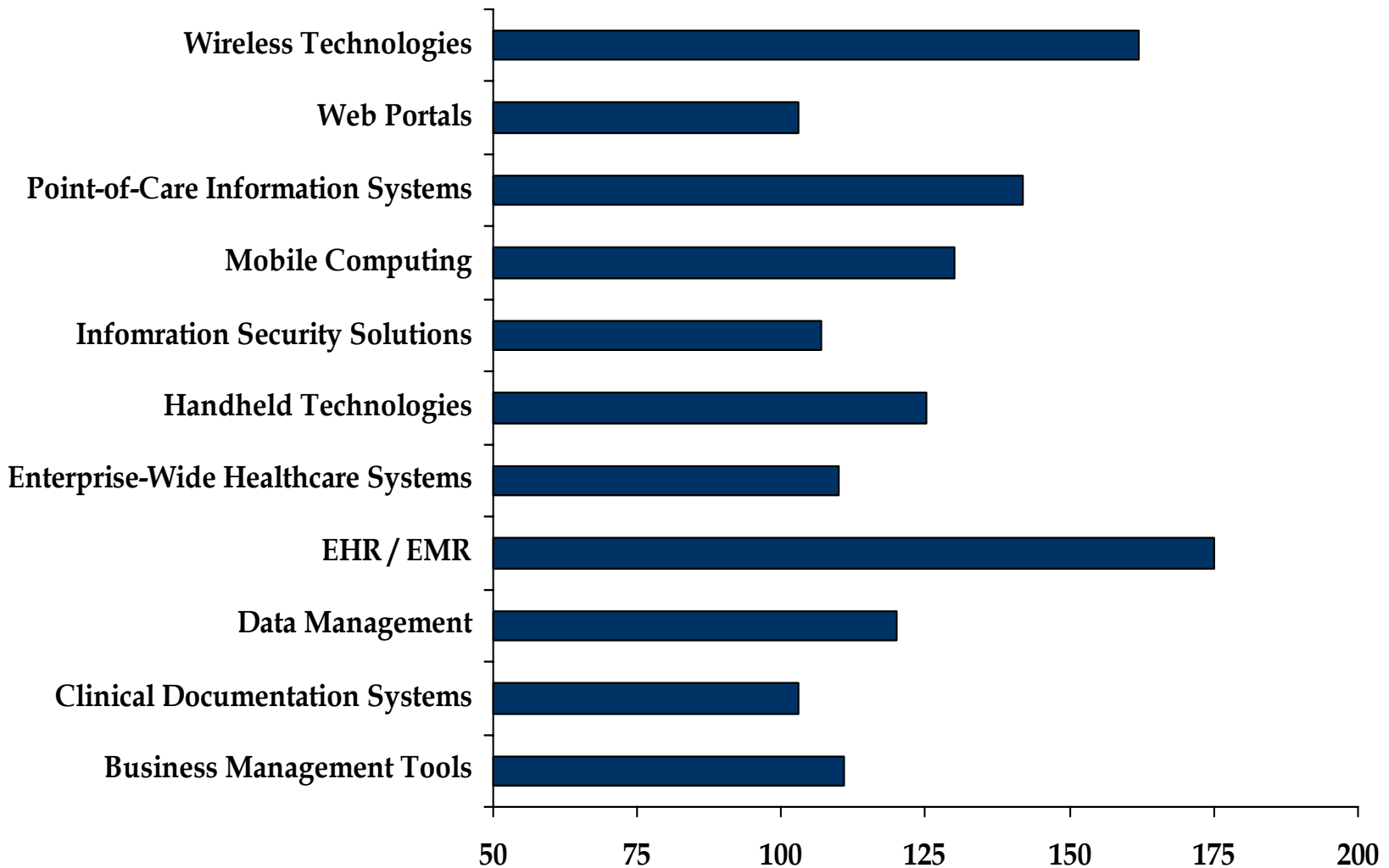
### 4. Electronic Health Records / Personal Health Records

- Setting the stage for increased clinical data integration utility
- PHR: Clinician input vs. patient self-reported ?

**Focus on Standards Removes Historical HCIT Obstacles**

# HIMSS Vendor Market Comparisons

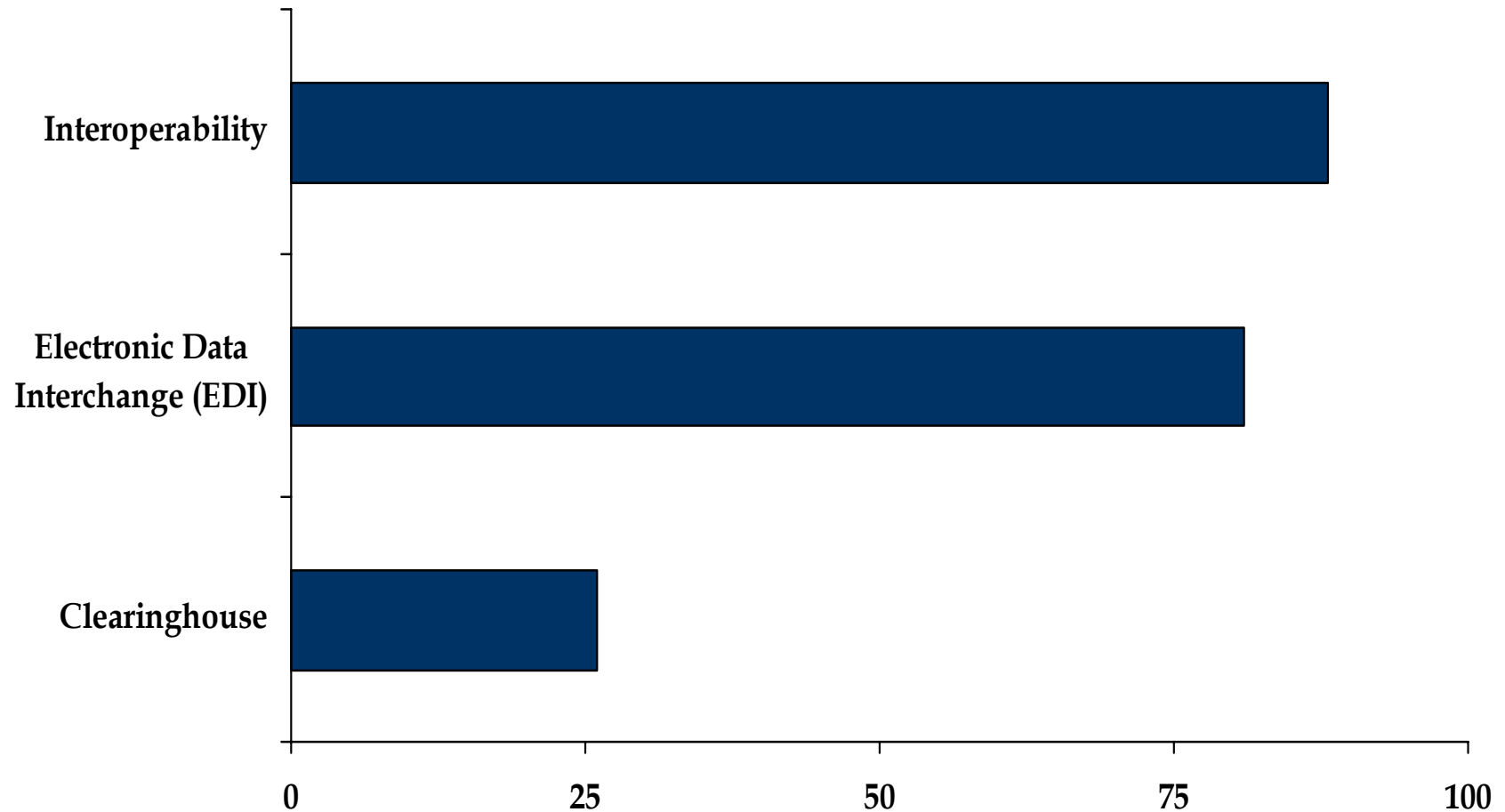
**A Sampling of Top Vendors Counts by Product Category**  
*(Based on self-reported vendor product category assessments)*



# HIMSS Vendor Market Comparisons

## The Next Generation of “Connectivity”?

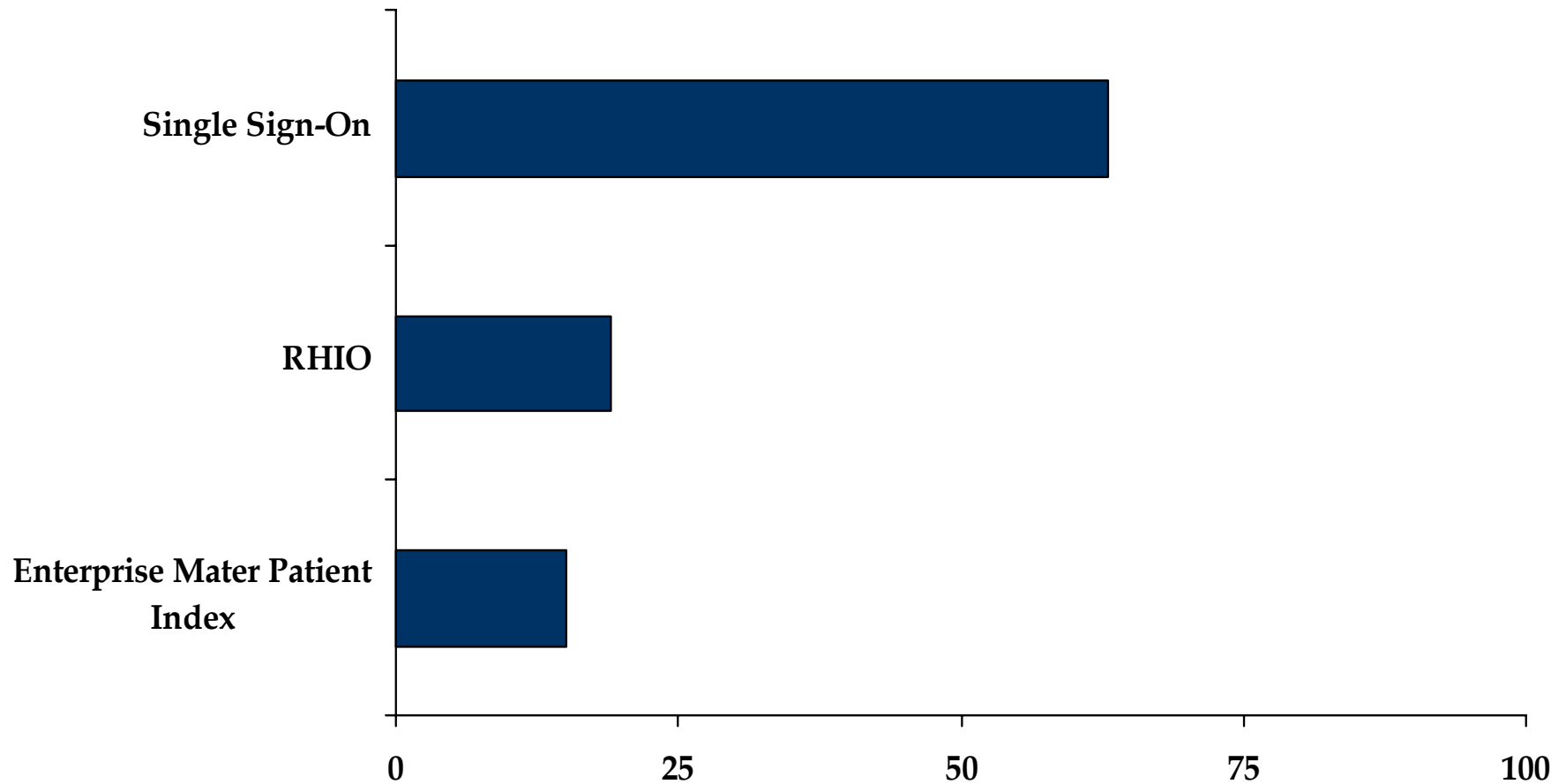
*(Based on self-reported vendor product category assessments)*





# HIMSS Vendor Market Comparisons

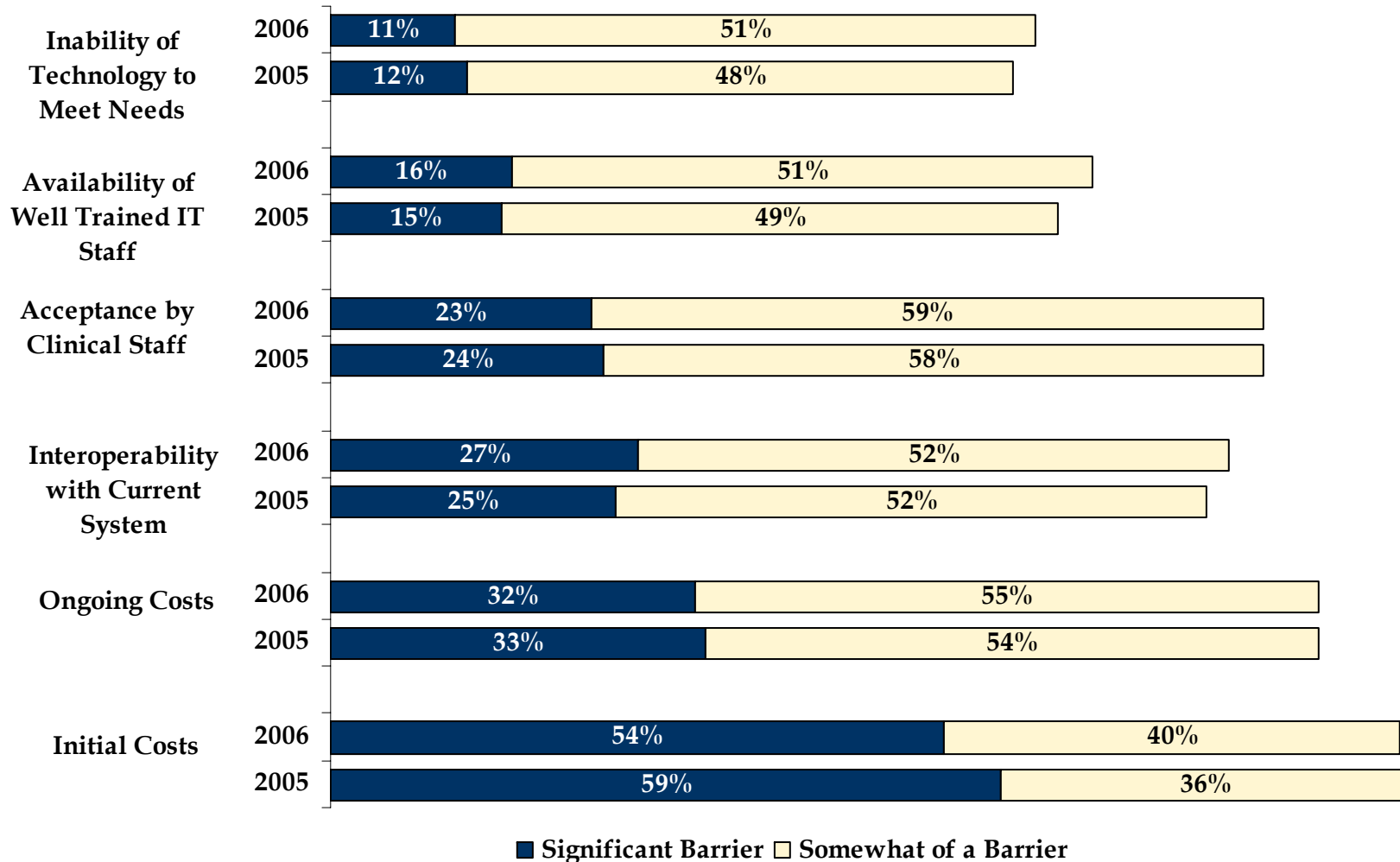
**Evaluating the Maturity of Integrated Clinical Data Accessibility**  
*(Based on self-reported vendor product category assessments)*



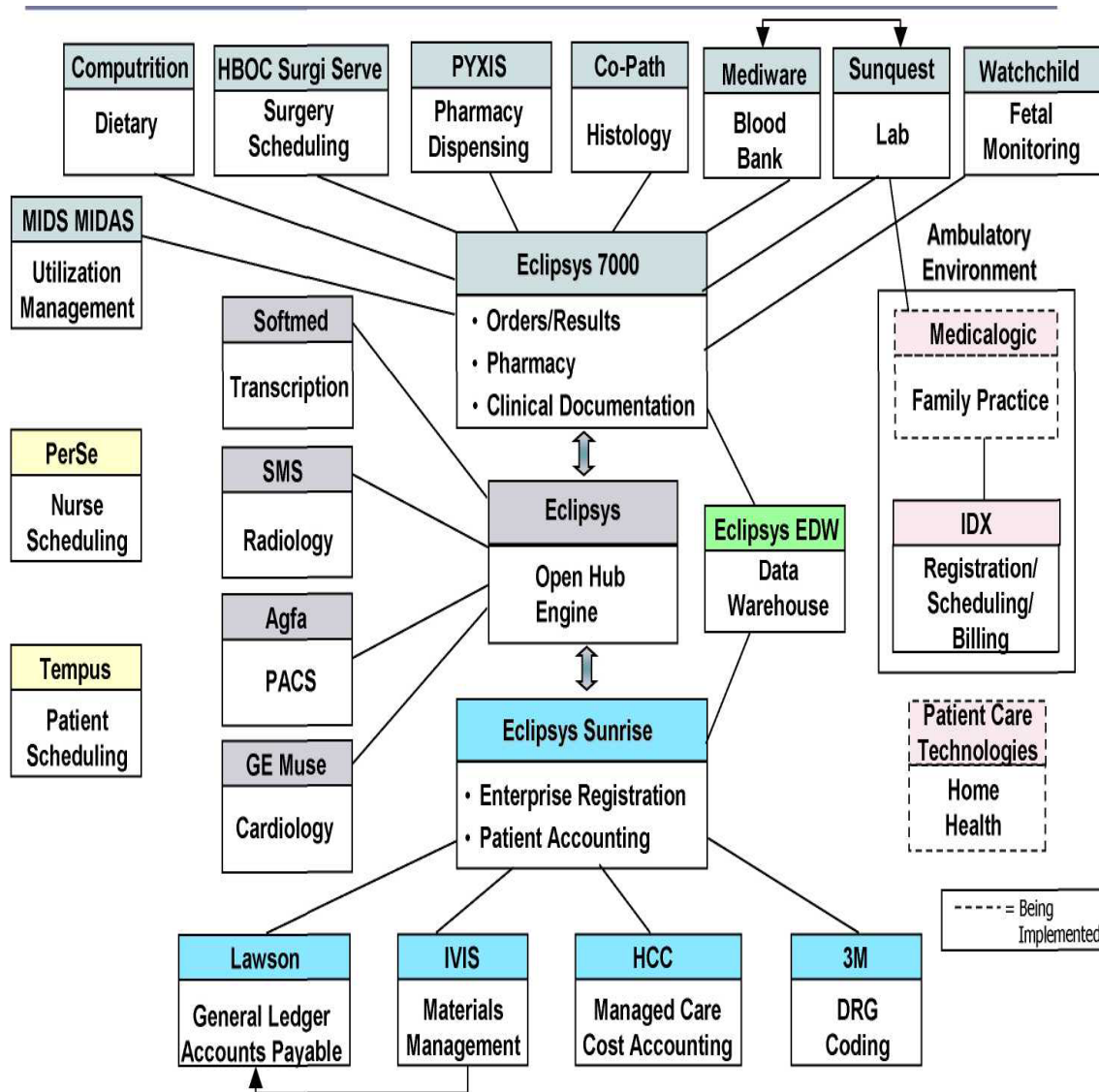
# Factors Impacting HCIT Adoption

## Hospitals continue to report cost as greatest barrier to IT adoption

Percent of Hospitals Indicating Barrier is a "Significant Barrier" or "Somewhat of a Barrier"

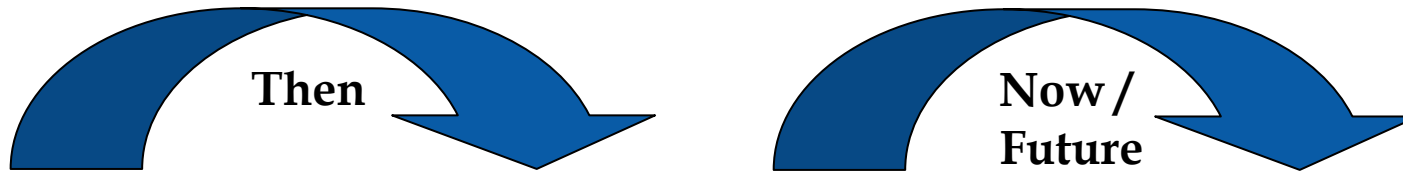


# IT Fragmentation Within the Hospital



- Dozens of significant applications
- Millions in capital investment
- Average task requires log-in and info from 6 disparate applications
- Further fragmentation related to in-house customization

# Historical Obstacles & Enablers to HCIT



**The U.S. Banking System:  
Enablers of Electronic Evolution**

- Industry-wide standards
- Single regulatory body (Federal Reserve)
- Modest consumer movement between banks
- Unique consumer identifier (account #)
- Limited relevant (objective) data
- All inclusive data repository
- Widespread access to data repositories
- Data security standards (PIN #)

**The U.S. Health Care System:  
Obstacles to Electronic Evolution**

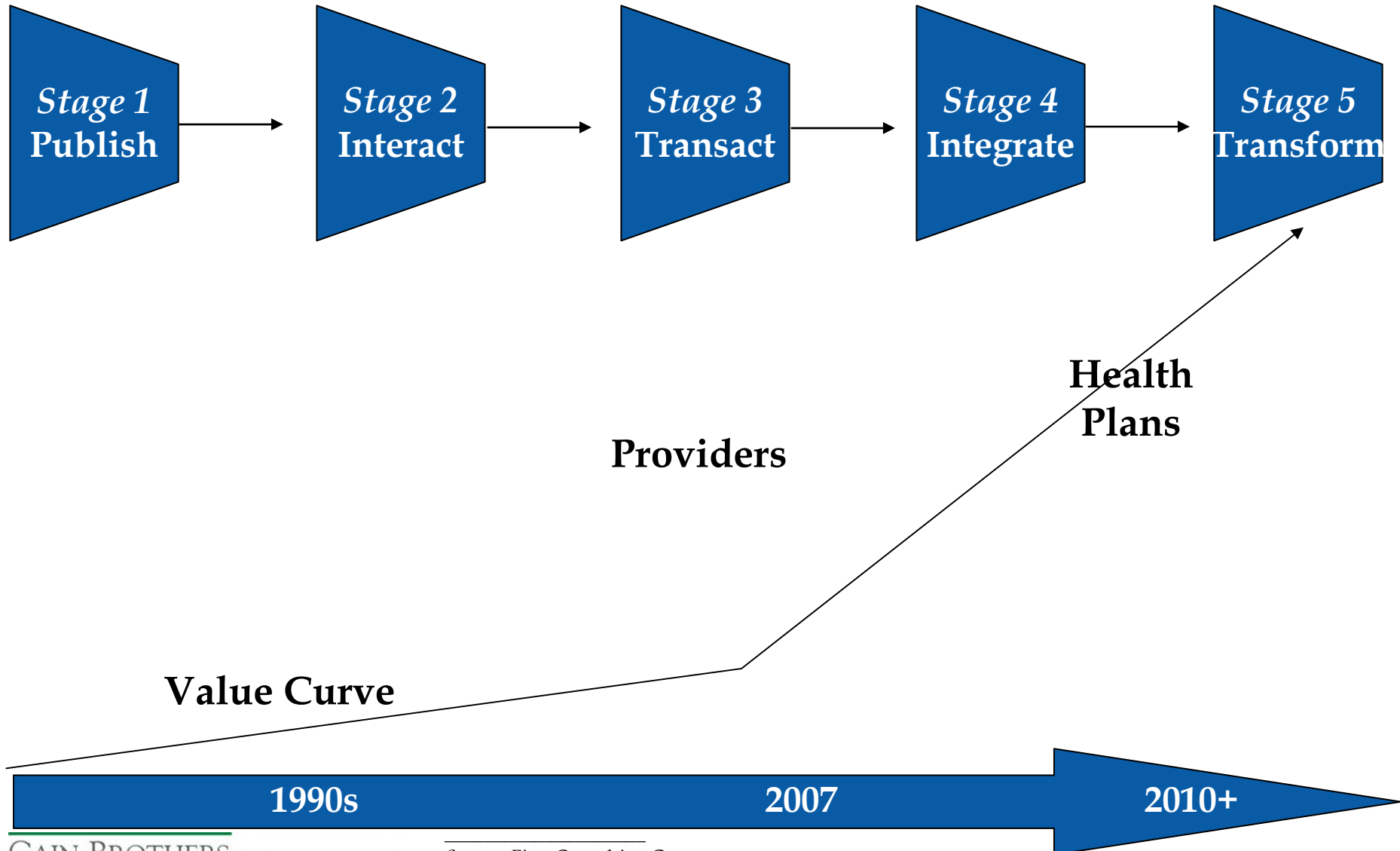
- Minimal industry-wide standards
- Several regulatory bodies
- Constant consumer movement between providers
- No unique patient identifier
- Extensive relevant (subjective) information
- Incomplete data repository
- Limited access to data repositories
- Minimal data security standards

**The U.S. Health Care System:  
Addressing the Obstacles**

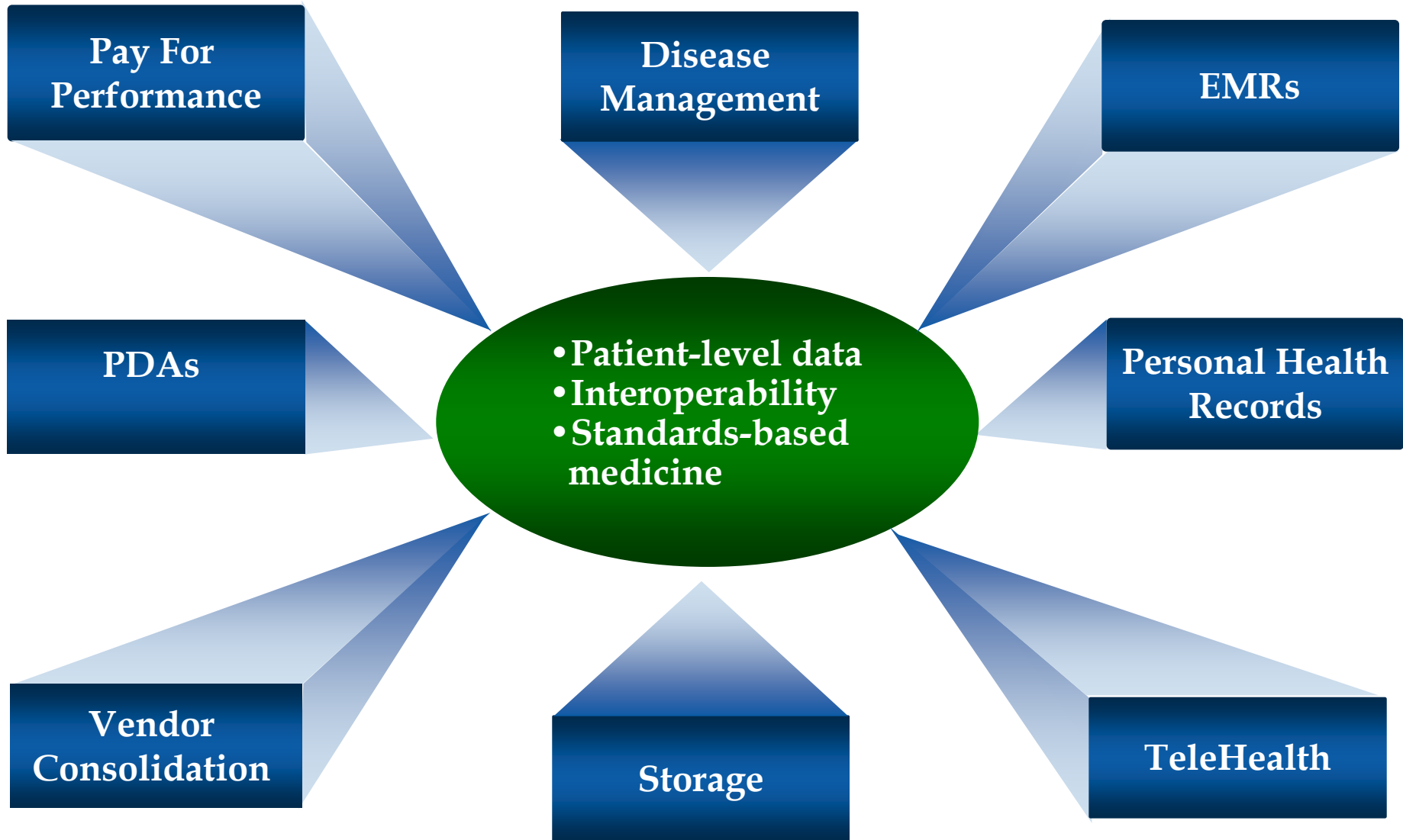
- HL7, HIPAA, IHE, DICOM
- NHIN - type projects, CCHIT
- Consumer-centric data rather than episodic
- Mapping systems / local storage and secure identifiers
- Expanded breadth of standards (e.g. MEDCIN®)
- Linkage within and across health networks - RHIOs
- Improved interoperability capabilities
- Single sign-on context management, Biometrics

# Typical Evolution of IT in an Industry

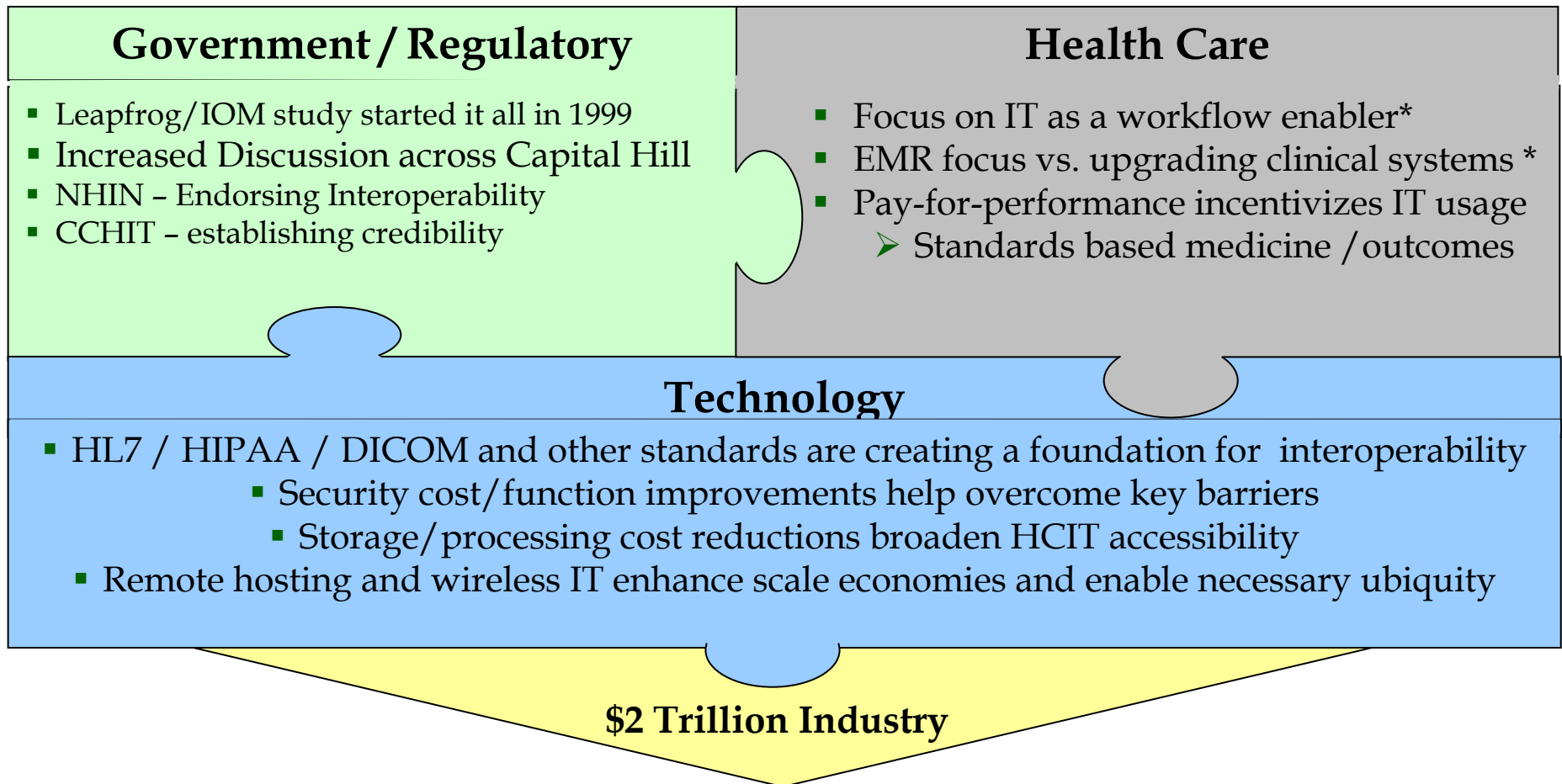
Impact on operating efficiency increases as IT is used to Transform



# 2007 Top HCIT Trends



# "Perfect Storm" Accelerates HCIT Opportunity



**Increased HCIT Demand**

# Tomorrow's HCIT Focus

- Clinical information systems: CPOE to EHR / data warehousing
  - Department-specific apps (e.g. PACs, ICU, ER, OR, Cardiology)
  - Standards-based medicine and IT-based workflow management
- Interoperability/Connectivity – RHIOs and beyond
  - Workflow driven data integration
- Revenue cycle management (recapturing 25% of health care costs)
  - Many points in the cycle to be addressed with new approaches
- Payor information systems & services
  - Operations throughput / contract management
  - Consumer Directed Healthcare (CDHP)
  - Standardized-based medicine: DM, CM, UM, P4P
- Consumer-Driven Business models
  - Personal health management



# Revenue Cycle Management Overview

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- Historically centered around claims submission / EDI vendors
- Increasing complexity of payment and care models changes points of value add
  - Managed care rules
  - Government payors
  - HSAs / collections of patient co-pays
- Technology changing workflow enables major transformations
  - Charge capture and / or coding closer to the point of care
  - Modeling / understanding profitability pro-actively

# RCM Business Model Differentiators

## Target Customers

- Hospital
- Physician Group
- Payor

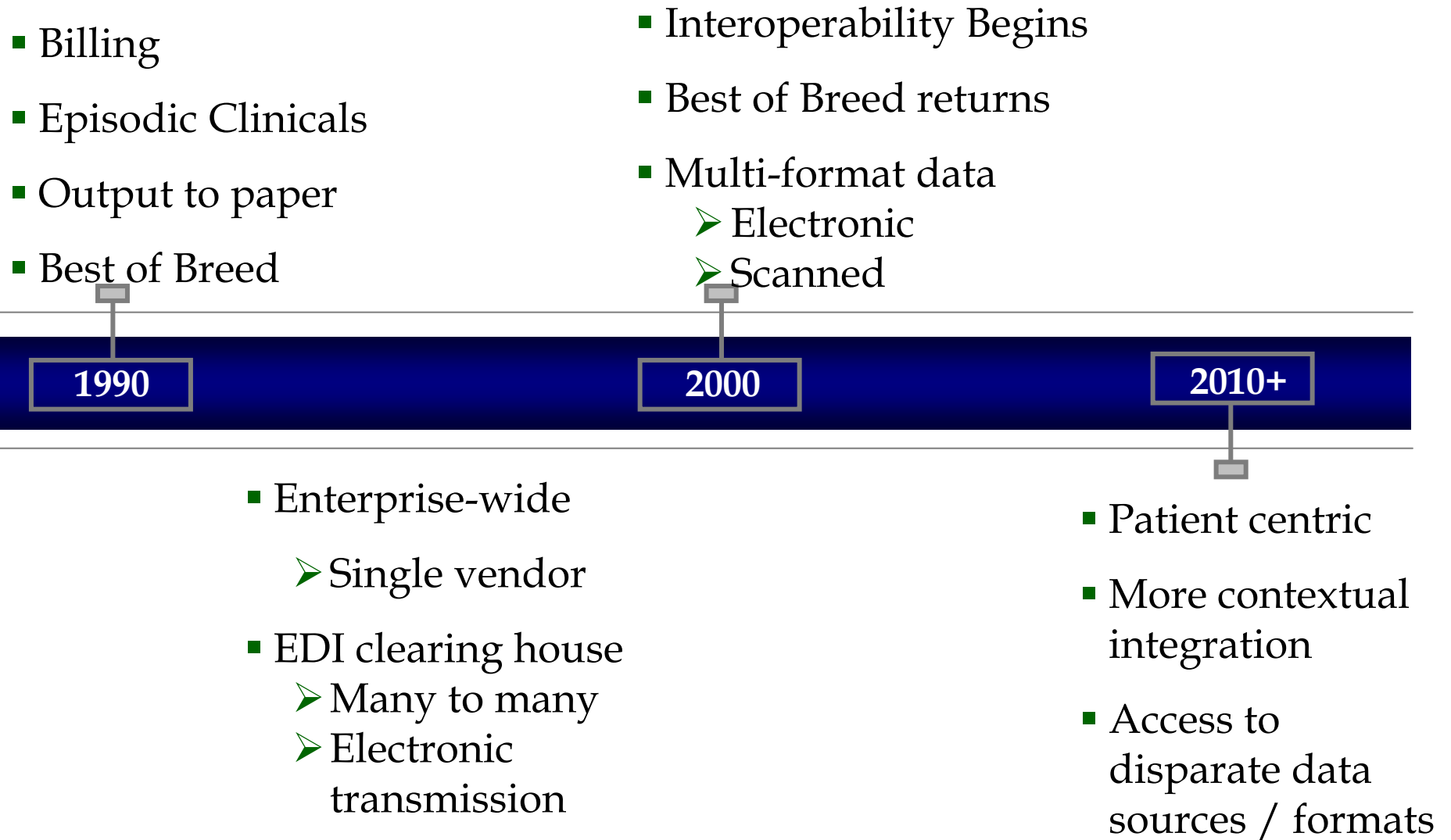
## Point of Entry in Revenue Cycle

- Charge capture at point of care
- Claim creation / coding
- Financial intermediary
- Payor receipt and analysis
- Collections Reconciliation

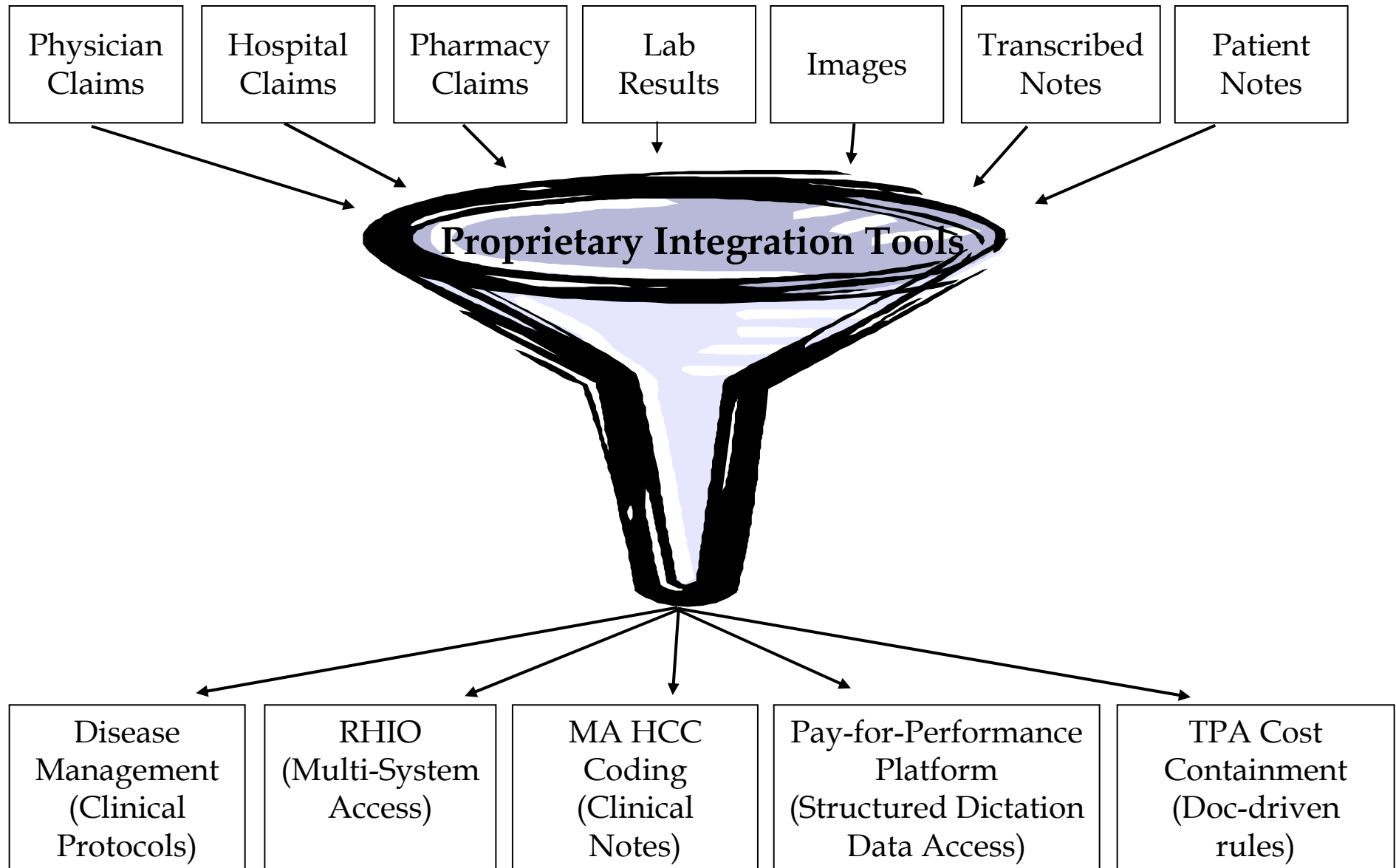
## Delivery Method

- Software / IT-based
- Web-based tool
- ASP hosted software
- Service / consulting based (workflow re-engineering)
- Software as a Service (SaaS)

# Evolution of HCIT Connectivity



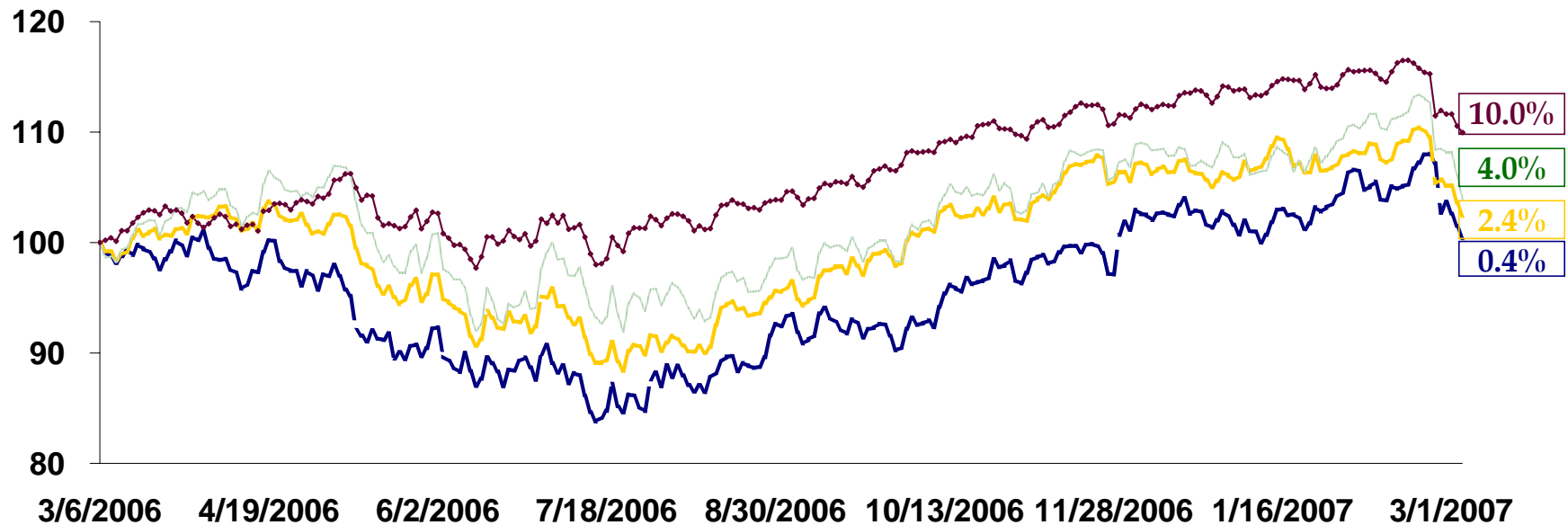
# Improved Data Integration Expands Benefits



# HCIT Stock Price Performance

Cain Brothers' HCIT index has slightly under performed the Dow Jones and Russell 2000 over the last twelve months

Indexed to 100 as of March 5, 2006



— Healthcare Information Technology Index — Dow Jones — NASDAQ — Russell 2000

# HCIT Financing Market

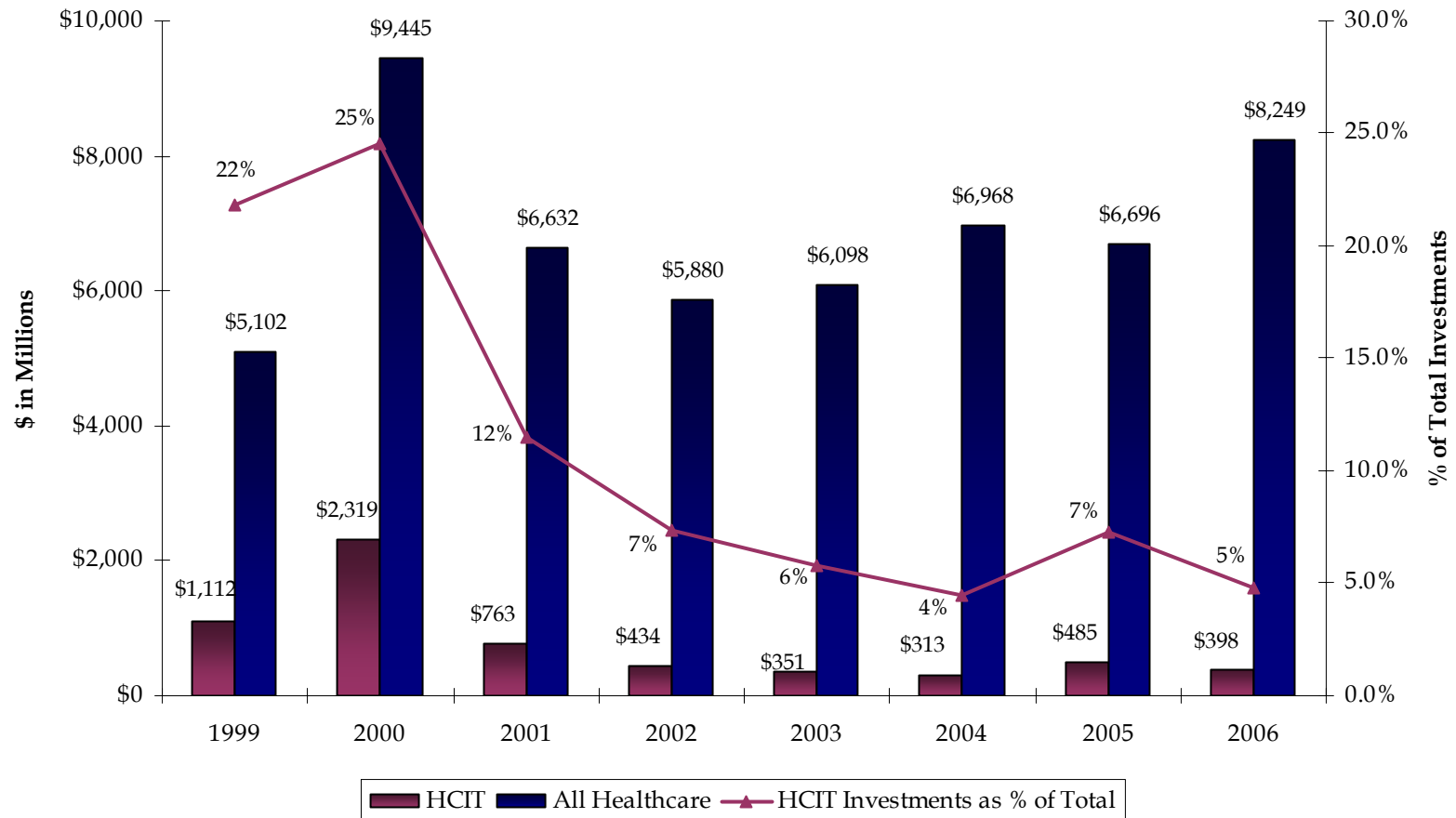
**The financing market for HCIT transactions is showing signs of strength**

- From 2001-2005, there were approximately 6 true HCIT IPOs
- There could be 4-6 HCIT IPOs over the next 12 months
- Companies meaningfully more seasoned than prior IPO “wave”

## Recent HCIT IPOs

<b>Pricing Date</b>	<b>Issuer</b>	<b>Equity Market Cap (\$ in mm)</b>	<b>% Change Current Price to Offer Price</b>
12/13/06	MEDecision	\$104.6	(30.0%)
04/05/06	Visicu Inc	233.8	(54.8%)
09/29/05	WebMD Health Corp	2,982.1	200.6%
02/09/05	Emageon Inc	238.8	(13.2%)

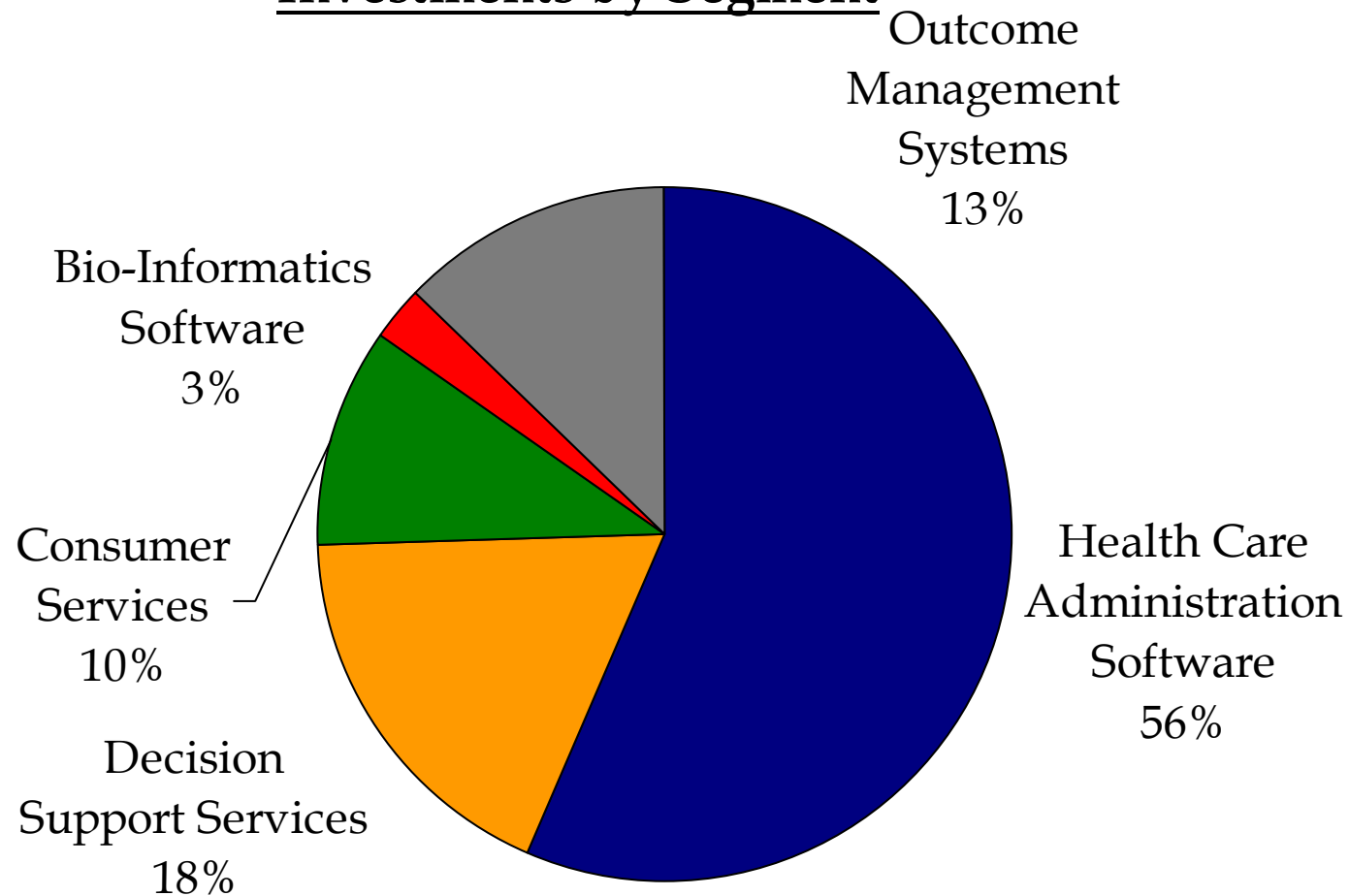
# Venture Capital Investment in HCIT



# HCIT Venture Capital Market

Over the last 18 months approximately 40 venture capital deals done in HCIT, raising nearly \$620 million

## Investments by Segment

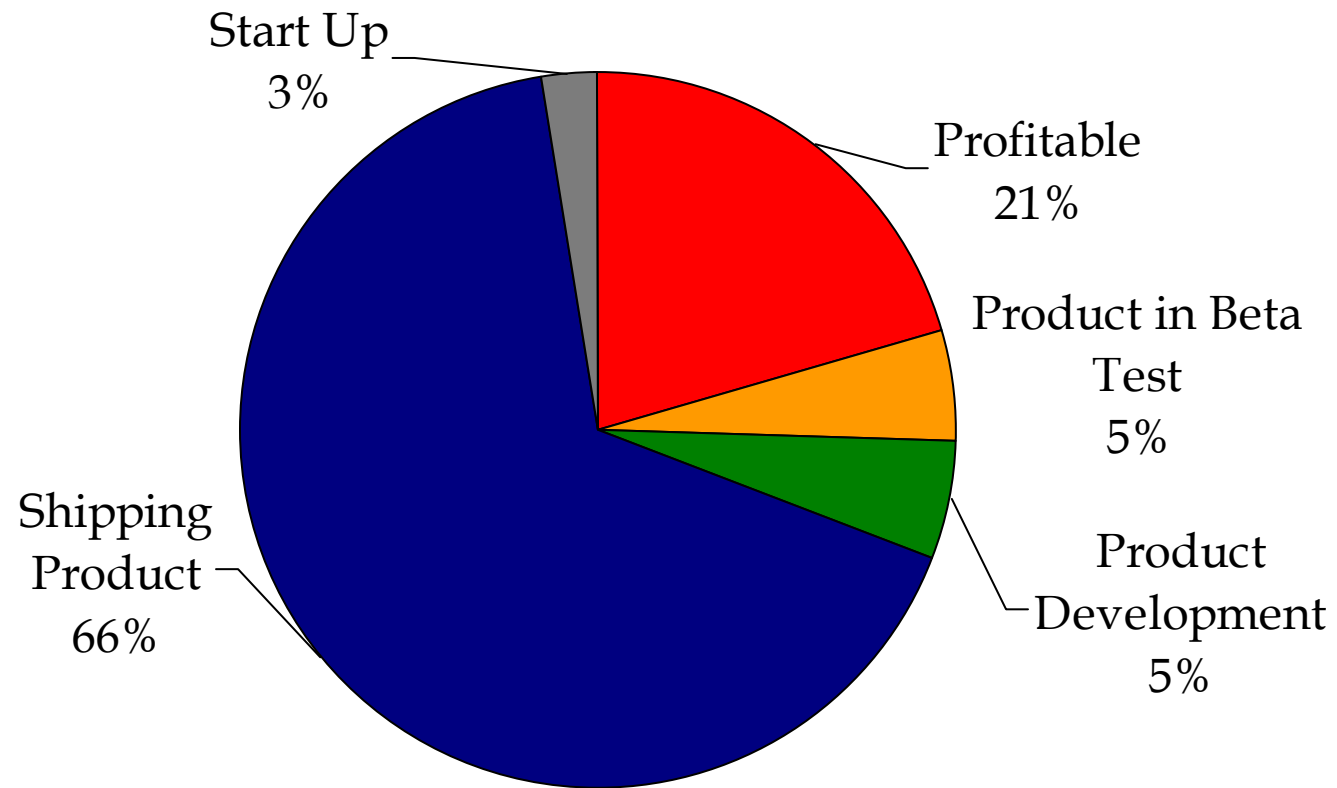




# HCIT Venture Capital Market

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## Investments by Stage of Development



# HCIT M&A Activity is Growing

- M&A activity rose significantly in 2005 and again in 2006
  - Nearly 60 transactions announced in 2006 vs. 34 in 2005 and 26 in 2004
  
- Notable transactions completed in the last 18 months:
  - McKesson / Per Se Technologies
  - Sage Software / Emdeon Practice Services
  - TriZetto / QCSI
  - DST Systems / Amisys Synertech
  - General Atlantic / Emdeon
  - McKesson / RelayHealth
  - Allscripts Healthcare Solution / A4 Health Systems
  - GE Healthcare / IDX Systems

# Conclusions

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1. In case there was any question, Best Of Breed is here to stay

- Best-in class, department level, category-specific applications
  - “spaghetti” diagram remains, functionally streamlined

2. The “New Connectivity” offers many new HCIT strategies

- Standards pervasiveness enables data access, integration, and analysis leading to paradigm changing improvements in care cost and quality
  - Disease Management, Pay for Performance

3. Significant IT “gaps” across healthcare continuum remain

- In part, this is driven by differing business priorities

# Cain Brothers House Calls

**Questions?**

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