
US Market Study – Plexina™

March 2009

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Market Study : March 2009



U.S. Market Study - Scope

- » Determine Plexina North American market potential
- » Hypotheses
 - ▶ Market gap in Order Set management
 - ▶ Plexina 2.0 can positively impact EMR implementation
 - Organization of clinical content
 - Prioritization of work effort
 - Support for ongoing clinical review and content update
- » Methodology
 - ▶ Focus primarily on Order Sets and content integration
 - ▶ Standard questions in telephone interviews
 - ▶ CPOE benefits, challenges, supplier support, gaps, insights and recommendations



US Market Study - Scope

- » November 2008 – January 2009
- » 15 interviews representing industry cross section
 - ▶ Diversity of health systems
 - Academic, community, speciality
 - Geographically dispersed
 - ▶ Breadth of roles
 - CIO, CMIO, industry analyst, vendor, consultant, clinician
 - ▶ Interviewee experience included leading suppliers
 - Clinical Systems Vendor - McKesson, Epic, Eclipsys, GE, MEDITECH, Siemens, Cerner, Microsoft Amalga
 - Content - Zynx, Clinical Practice Model Resource Center, Intelligent Medical Objects, Wolters Kluwer



US Clinical IT Market Background

- » Ongoing ROI questions
 - ▶ \$30-35B 2009 U.S. HIT annual spend (HIMSS Analytics, Feb 3, 2009)
 - ▶ Limited evidence of measurable value

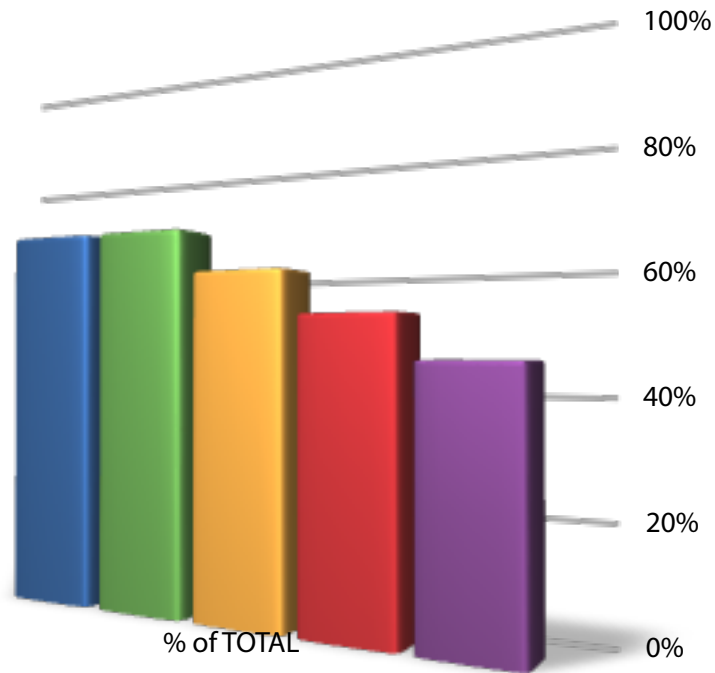
- » EMR Adoption Model (HIMSS Analytics, Feb 3, 2009)
 - ▶ Only 2.5% at Stage 4
 - ▶ 23.87% have active CPOE with more than 1 user
 - ▶ 13.84% purchased CPOE but not installed
 - ▶ 9.33% installing or planning to install



Key Findings Summary

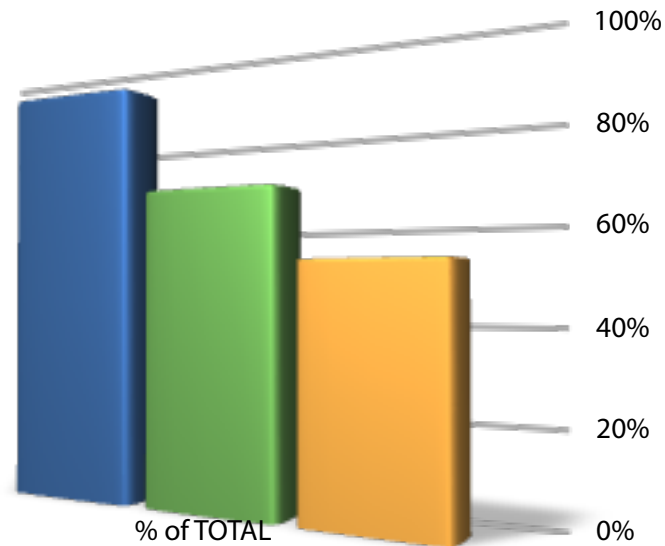
- » Orders sets are essential to clinical information system value realization
- » CPOE implementation is complex, expensive and challenging
- » Content creation, workflow assimilation & management is labor intensive
- » There is no single source for clinical content
- » Limited realization of expected CPOE benefits
- » Workflow, process, and change management are essential
- » Lack of executive support and strong governance hinders true transformation efforts
- » Clear need for tools to support content integration
- » Opportunity for Wairever and Plexina 2.0 extends beyond order sets

Findings - Respondent Key Input



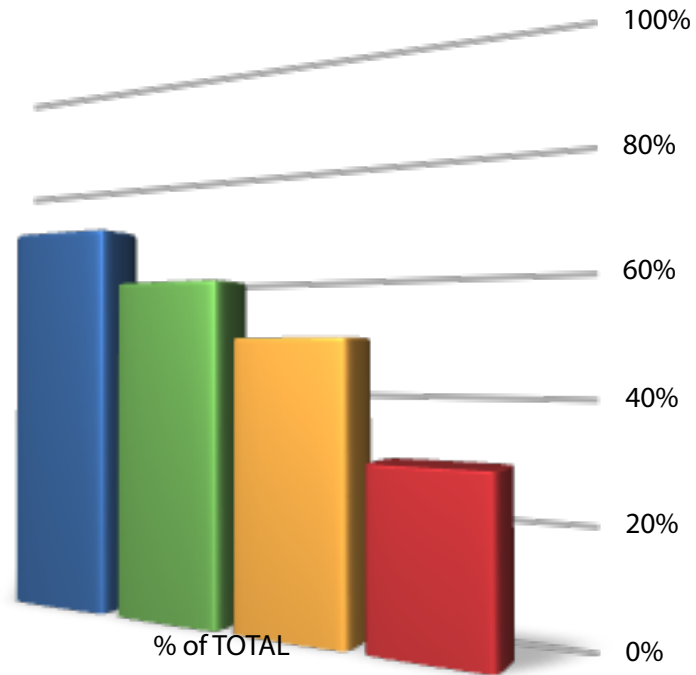
- Need support for multiple internal/external content sources
- Adequate tools to support design and ongoing maintenance are not available
- Establishment and management of unique working teams required
- Pre-packaged evidence based content from 3rd party of limited value
- Need best practices built into solution

Findings – Governance



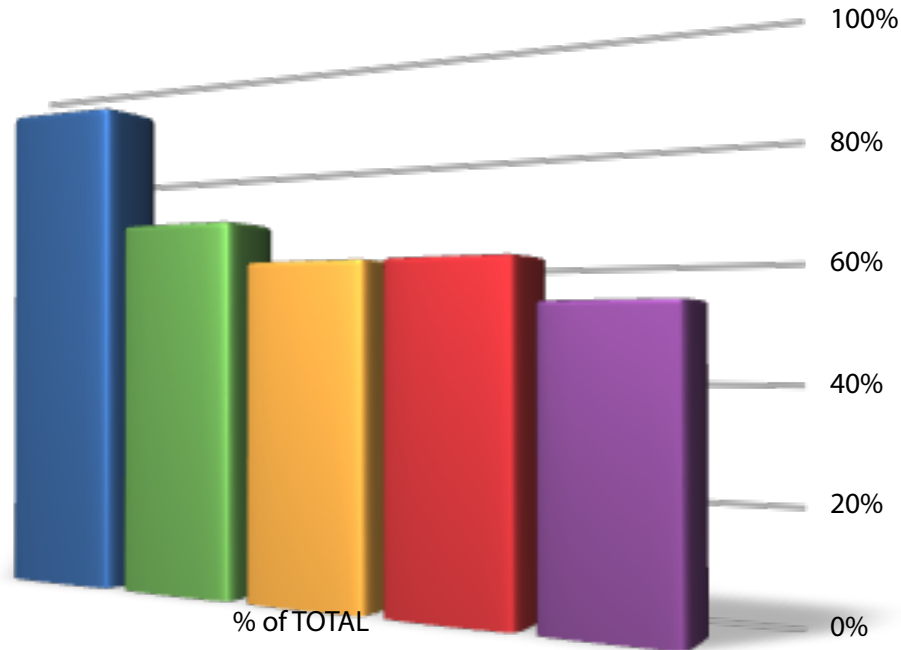
- Requires a better governance framework
- Establishment and management of unique working teams required
- CPOE design and build requires better executive commitment

Findings – Content



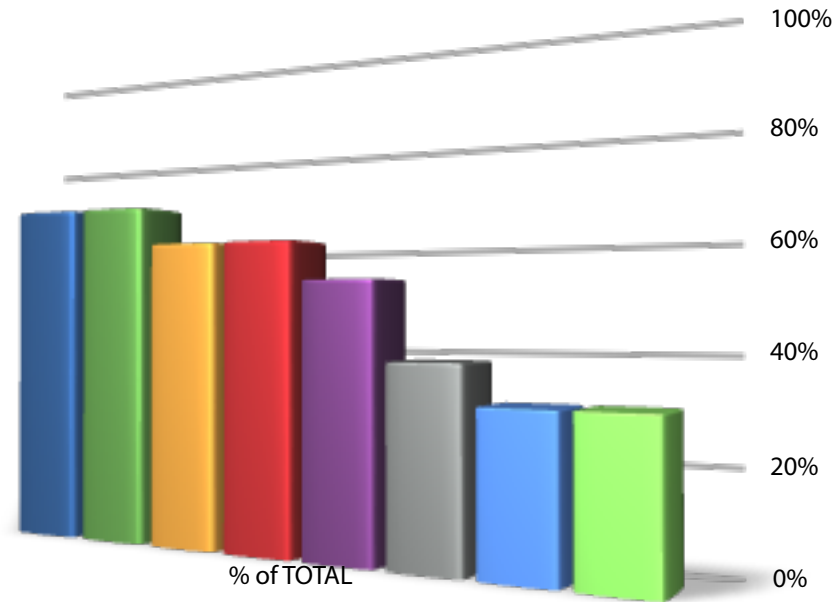
- Pre-packaged evidence based content from 3rd party of limited value
- Content cannot be used directly, not trusted, simply a starting point
- Difficult to integrate, manage, and update
- Must be richly integrated into workflow

Findings – CPOE



- CPOE is a requirement
- Managing large order set inventories difficult with existing tools
- Licensing and current CPOE design costs are prohibitive
- Need best practices built into solution
- Current CPOE design and build efforts require excessive clinician time

Findings – Solution Requirements



- Support for multiple internal/external content sources
- Adequate tools are not available
- Adaptable to support multiple governance models
- Change management & version control
- Inclusion of standardized medical lexicon and medical vocabulary
- Multiple output formats (paper, screen, web)
- Catalog management
- Scenario based testing and design assistance (screen & workflow)

Respondent Views on Plexina

- » Unanimous agreement on need for intelligent tools to manage content
- » Current software and content suppliers as well as industry specific consulting firms are not satisfactorily addressing needs
 - Request intake management, catalogue matching, similarity evaluation, work assignment suggestion and prioritization, change control, ongoing clinical review
- » No equivalent solution identified in the market today
 - Not a priority for software vendors
 - Consultant approaches are labor focused
- » Plexina best fits in complex situations
 - Large numbers of order sets and/or highly complex order sets
 - Heterogeneous multi-vendor, multi-hospital environments
- » Need a comprehensive solution for managing content
 - Rich intelligent feature set and services required to support governance through to implementation
 - Integrated organization, issue and change management, and version control
 - Can support, integrate and manage multiple content sources
- » Plexina has value beyond order sets
 - Multiple lexicons, catalogs, formulary, ICD-10 migration, nursing orders, documentation/observations, assessments, flow sheets, progress notes, problem lists, etc..
- » Respondents recommended pricing and subscription models which align investment with realization of returns

Study Limitations

- » Respondent subjectivity
 - ▶ In certain cases anonymous respondent observations and opinions were shared
 - ▶ The findings data simply report these observations as stated without primary source verification

- » Qualitative data
 - ▶ Input collected was intentionally qualitative and anecdotal vs. empirical
 - ▶ Variability in the ordering of questions asked or question phrasing may have skewed responses

- » Sample size
 - ▶ The n or sample size was 15 and therefore limited in its statistical significance



Plexina Case Study: 12 Hospital System

» Challenges

- ▶ Organization, change management and version control
- ▶ Intake translation and reconciliation with master order catalog
- ▶ Work assignments and concurrent development
- ▶ Effective build process and reporting

» Approach

- ▶ Back-office service to clinicians by clinical analysts
- ▶ 2 month POC (completed over 100 order sets)
- ▶ 6 month Trial (completed another 400 order sets)
- ▶ Full roll-out with integrated clinician Request-for-Service and issue management

» Impact

- ▶ Managing over 2200 standardized order sets for 4 hospitals with <20 people
- ▶ Advanced analytics reduced some departmental build efforts by as much as 50%
- ▶ Reduced translation and reconciliation effort by 90%
- ▶ Established content management process for other clinical standards needs

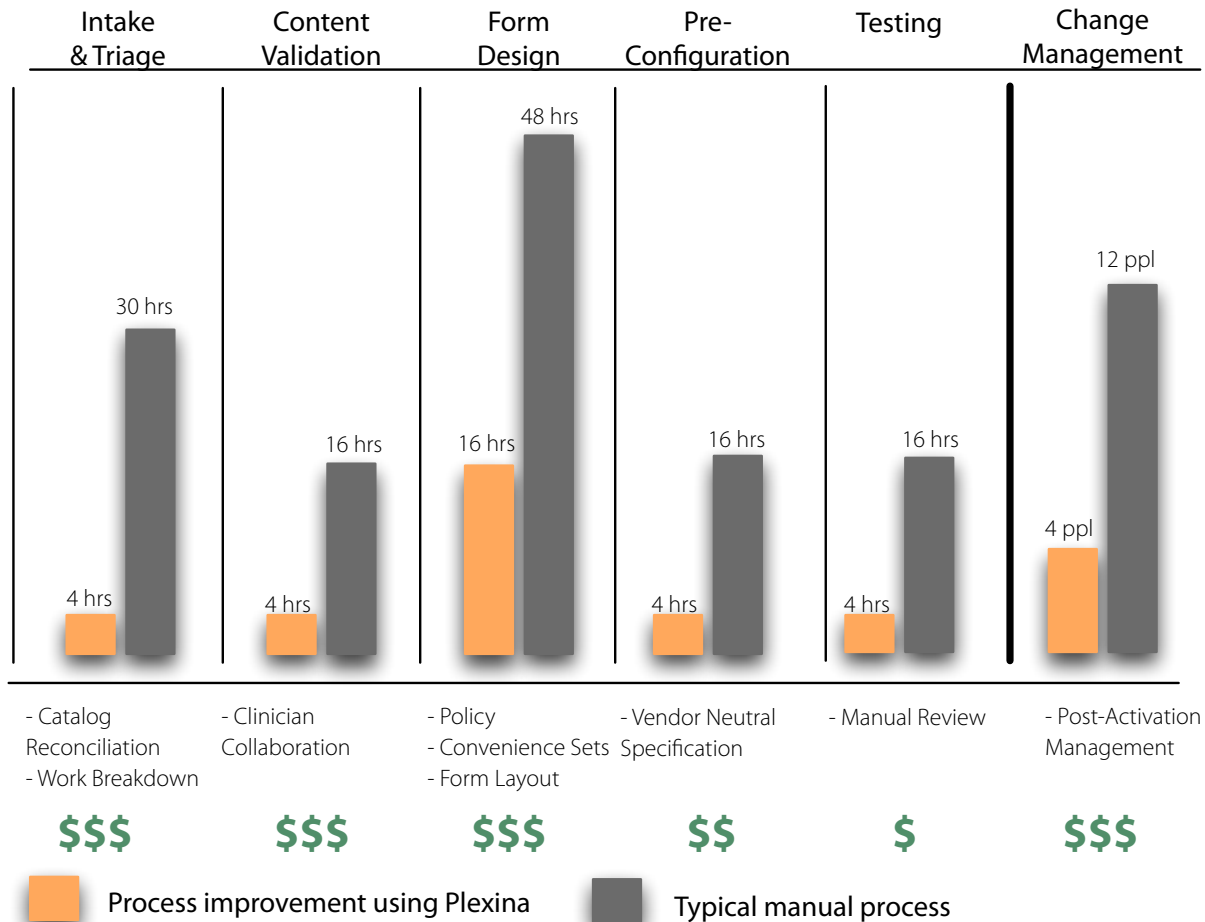


What Plexina 2.0 Can Do For You

- » Plexina 2.0 is a platform that supports development and management of clinical standards such as practice recommendations, operational policies, and clinician preferences into a form suitable for deploying into EMR systems
- » Plexina 2.0 manages the clinical care plan, external to the various EMRs, in order to provide an authoritative source of clinical practice intelligence involving all elements of evidence-based care delivery
- » Plexina 2.0 integrates clinical standards into EMR systems allowing authorized evidence to be available at point-of-care:
 - ▶ order sets for order entry
 - ▶ forms for clinical documentation
 - ▶ assessment models for triage
 - ▶ and other clinical decision support interventions
- » Plexina 2.0 prioritizes and intelligently organizes build work to eliminate redundancy
- » Plexina 2.0 automates tedious translation and coding reducing impact on clinicians' time



Demonstrated Efficiency of Plexina



Wairever/Plexina 2.0 Value Propositions

- » Reduce order set builds by more than 30% and up to 70% over any other methods
- » All Plexina managed order sets are 100% customizable, localizable and reusable
- » Plexina's patent-pending analytics can reduce rework by up to 50% and eliminate entire workflow steps
- » Plexina instantly imports any existing clinical content
- » Plexina built order sets are 100% codified and linked to industry & locally developed catalogues (i.e. SNOMED CT, ICD-9, ICD-10, LOINC, etc...)
- » Wairever's solution set and methodology can assist clients with the development & implementation of clinically integrated workflows, processes & governance that enable the technology
- » Extendable platform can enable other Clinical Decision Support intervention development requirements
- » Validated content ensures compliance with industry standards, policies & certifications

