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Healthcare's Top Business Issues and Responses for 2005

A Capgemini Forecast

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We have faced many serious challenges in the past year. The fear of terrorism and national security threats, the war in Iraq, a struggling economic recovery, a record budget deficit, and a deeply divided political landscape.

The health care industry has been affected by these events while also experiencing its own unique set of issues, including the large number of uninsured, the burden of escalating healthcare and drug costs, and the degree to which the private sector can provide adequately for other public health needs (such as flu vaccines). What lies ahead for the health care industry in 2005? To help you prepare, Capgemini challenged our health care team to look ahead to the coming year. Our forecast of the issues that will face the industry and how health organizations will likely respond is described on the following pages.

Recurring Issues

“Past experience, if not forgotten, is a guide to the future.” *—Chinese proverb*

Many of the most pressing issues likely to confront health executives in 2005 are not necessarily new. Rather, they are perennial concerns made almost a constant by converging societal forces such as aging demographics, federal and state policies and budget pressures, progress in medical research and technology, and the state of the overall economy. Acute financial pressures have plagued health executives year after year, and these are not going to lessen in 2005. Medical costs will remain a major concern for individual health organizations as well as the nation as a whole.

For hospitals, profitability concerns will remain paramount. One-third of the nation’s 5,000 hospitals are losing money and another third are just breaking even, according to the American Hospital Association. In a recent report, Moody’s Investors Service reinforced a negative outlook for the not-for-profit healthcare sector based on minimal volume growth, declines in the growth rate of reimbursement from governmental and non-governmental payers, increasing expense pressures, unfunded capital needs, and the uncertainties associated with management turnover.

As a result of such forecasts, some hospitals will have more difficulty accessing capital markets. The strongest hospitals will still be able to float bonds and attract donations, but for others there will be limited ability to meet debt payments for new capital expenditures, acquire new technology or access needed skills. Competition between hospitals continues to be fierce in many markets, especially those in which CON laws were abolished, and general hospitals will continue to face “cherry picking” from single-specialty facilities. In some markets, hospital systems have sufficient market presence to remain strong competitors, but even some of those hospitals face strong competition from free-standing outpatient surgery centers as well as single-specialty hospitals.*

*The Medicare Modernization Act (MMA) placed an 18-month moratorium on the building of new single-specialty hospitals, but it is not known if this moratorium will be extended when it expires, if any new restrictions will be placed on single-specialty hospitals, or if they will once again be allowed to build new facilities.

“I live in the present. I only remember the past, and anticipate the future.”

—Henry David Thoreau (1817–1862), U.S. philosopher, author, naturalist

Hospitals and other health care facilities will continue to face staffing pressures and a shortage of nursing, clinical, and IT professionals, in particular. According to the American College of Hospital Executives (ACHE), more than 70 percent of hospitals are experiencing a nursing shortage. Competition for clinical professionals, especially nurses, has required hospitals to continually increase compensation, exercise flexibility in scheduling, and be creative in their recruiting efforts, all of which increase personnel costs.

As a result of these financial issues, all sectors of the health industry will continue to undergo consolidation in 2005. Small, independent hospitals will align with larger health systems. Some health plans will seek to enhance their financial performance through structural changes such as mergers, acquisitions, or conversion from public to private status. After a several-year lull in which such activities declined for a variety of reasons, 2004 saw an increase in acquisitions. Most industry analysts predict more such mergers and acquisitions in the near term. Other industry sectors, including suppliers, group purchasing organizations, consultants, and vendors will consolidate as well.

While the national spotlight has been focused on quality for many years, recent reports indicate that there is still much room to improve patient safety. It has been several years since the Institute of Medicine estimated that as many as 98,000 people die from preventable medical errors in the U.S. each year. Earlier this year, HealthGrades issued a report more than doubling those figures. The Leapfrog Group, a coalition of large employers looking to contain healthcare costs by reducing errors, recently released a study showing that only 21% of hospitals are fully compliant with safety practices developed by the National Quality Forum. More than half of those recently surveyed by the Kaiser Family Foundation said they are dissatisfied with the quality of health care, up from 44 percent in 2000. At the same time, 92 percent said that reporting of medical errors should be mandatory.

Many health plans have recently seen improvement in their financial performance as a result of higher premiums and an easing in the speed of medical cost growth. Despite the improvement, the majority still have narrow operating margins; the industry’s profit margin was 3.8% in 2003 (according to Weiss Ratings), and averaged 5% among the top 17 publicly traded health plans (according to CBS Market Watch). In the coming year, health plans will still face rising medical costs (though at a perhaps slightly lower rate than in the past few years) and constant pressure to improve their administrative efficiency through process and technology changes.

Employers can expect to see continued premium growth well in excess of overall inflation, though the rate of growth has slowed (to 7.5% in 2004, according to Mercer Human Resource Consulting) as a result of employers shifting more of the cost onto their employees and changing the kinds of plans they offer. Hewitt Associates is projecting that premiums will grow an average of 11.3% in 2005. Hospital inpatient, outpatient procedures and drug costs continue to experience annual growth rates in the double digits. One of the biggest cost drivers continues to be drugs, which are experiencing annual growth rates of about 15 percent.

Cost sharing through higher deductibles and copays, new consumer-directed health plans, and health savings accounts will continue to grow, with employees paying about 19% of the total overall cost in 2005, a 15% increase from last year. This represents a reversal of a trend that has been in place for the last quarter of a century: that as health care costs have continued to rise, the percentage of that total paid by consumers out-of-pocket had been steadily declining, even if the actual dollars paid by consumers had been rising. Nevertheless, in the commercial sector, employers continue to shoulder the lion's share of the cost of health coverage.

Despite the recent modest economic upswing, the uninsured will remain an issue given the lack of a national policy and rising costs that cause small employers in particular to drop coverage for their workers. Provider and payer organizations alike face problems in dealing with a growing uninsured population, estimated at 45 million in 2004. Hospitals will continue to face the issue of how to handle uncompensated care, and its impact on their bottom line.

Hospitals, health plans, and pharmaceutical companies will face increased government scrutiny of their governance practices. Executives from all sectors of the health industry will be very much aware of the attention that the government puts on their pricing, sales, and charity policies (in the case of not-for-profit organizations). In a few markets, zealous state or federal officials such as attorneys general or regulators have taken a highly activist position in challenging the health care industry with lawsuits and exhaustive audits. With investigations ranging from pharmaceutical drug pricing, to insurance broker activities, to hospitals' amount of charity care and their corporate accounting practices, no segment of the industry is or will be impervious to public scrutiny.

The Focus in 2005

“The present is the ever moving shadow that divides yesterday from tomorrow.”
—Frank Lloyd Wright (1869–1959), U.S. architect

Financial pressures noted above have plagued the industry for years, and many of the issues for 2005 are not completely new. What is different in 2005 is the mix of issues that the industry is focusing on. Some of these issues are more pertinent to health plans, some to providers; but even though those two segments appear to operate fundamentally different businesses, they are simply two sides of the same coin — inextricably linked to each other.

Both payer and provider organizations are poised to use technology as never before, and there is increasing pressure for greater use of information technology in healthcare. Industry analysts are predicting health IT investments at unprecedented levels; some are predicting that the level of IT spending as a proportion of total revenue (historically only 2-3% in health care) will reach that in other industries (5% or higher). Hospitals and health plans are integrating technology across their organizations and into their core business processes. Using technology to increase the efficiencies of defined processes (e.g., the admission process) is not new, though these business-type functions remain important to all aspects of the health care industry.

What is also new is the degree to which technology will be used to influence not just administrative practices, but clinical care delivery as well. Health organizations are leveraging technology to support data-driven clinical care. In questioning executives in the hospital industry, it is clear that almost all of their new IT spend for 2005 are for systems that are clinically-related. From well-understood systems such as computerized physician order entry programs to digitized radiology systems to major IT clinical support systems, hospitals are increasing their investments in IT to leverage the efficient delivery of clinical care. Health organizations are under continued pressure to have information available at the point of need. Though wireless devices traditionally have not been a major spending area, health organizations are beginning to adopt selected technologies where the upfront costs are manageable and the immediate return on investment is clear. Payers are beginning to experiment with pay-for-performance systems that reward providers for defined clinical and patient satisfaction outcomes, not simply cost outcomes.

"Regretting the past does not prevent me from repeating it."

—Mason Cooley (b. 1927), U.S. aphorist

With medical costs continuing to rise, health organizations are taking a new view of care management. They are instituting new **advanced disease management** programs. These new DM programs are using advanced predictive modeling techniques to identify "at risk" patients who are about to incur large claims. Technology enables prioritized outreach to these people to encourage them to modify their behavior, to prevent complications and avoid costly hospitalizations or procedures down the road. Combined with a horizontal approach to coordinating the care of patients with multiple chronic conditions (who are by far the most expensive patients to care for), new DM programs are showing impressive gains in clinical and financial outcomes.

Additionally, providers are **leveraging evidence-based medicine** — leading practices for treating specific medical conditions — through clinical information systems that help to ensure that the most current medical knowledge informs treatment decisions, and variations from accepted practice will be based on the patients' specific circumstances and risks. Such systems, while not generally in use in private physicians' offices, are beginning to become more available to practitioners, particularly in large groups or institutional settings.

Public concerns about patient safety are one of the factors fueling an interest in information systems and **electronic health records** (EHRs). In his 2004 State of the Union Address, President Bush stated, "By computerizing health records, we can avoid dangerous medical mistakes, reduce costs, and improve care." Other representatives from both political parties, including Newt Gingrich, and Senators William Frist and Hillary Clinton have publicly called for the widespread adoption of EHRs within the next decade. The Department of Health and Human Services (HHS) has estimated that a national health information network can save about $140 billion per year through improved care and reduced duplication of medical tests. The fact that the U.S. ranks 47th in the world in life expectancy underscores the need for improvement, particularly as the UK, Canada, and many other developed nations are undertaking government-sponsored efforts to develop EHRs.

However, many issues remain to be resolved before shared electronic health records are widely adopted. The capital costs are significant, and many health executives are concerned about where the funding is going to come from. Regulatory barriers to disseminating information technology (such as the Stark legislation) must be addressed. Technical standards for interoperability must be developed, and the debate over use of universal patient identifiers resolved. Technology must be disseminated beyond the acute inpatient environment, and adopted by ambulatory care facilities and physician office practices. The government may encourage health organizations to take action through financial incentives, but ultimately widespread adoption will require that it mandate or pay for shared electronic health records. Given the barriers and unresolved issues, this will likely be more of an issue for discussion and debate than an action item in the coming year.*

*For a more full discussion of the challenges and opportunities for the electronic health record, see Capgemini's reports, *"Health Information Technology and the Electronic Health Record—Implications for Healthcare Organizations"* and *"What are Health Organizations Thinking About Electronic Health Records,"* both available at www.us.capgemini.com/health.

Priorities for Action

“Who controls the past controls the future: who controls the present controls the past.”
—George Orwell (1903–1950), British novelist

In short, health executives will face old and new issues in 2005. We expect health organizations to adopt a variety of specific strategies in response to these challenges. What follows are the top strategies the industry will focus on in 2005.

1. **Enhancing quality and outcomes reporting.** The increased attention on quality will place new demands on health organizations’ staff and management talent, increasing the need for process-related training (such as Six Sigma). As well, health organizations will need business intelligence tools that are integrated with existing information systems and can help them capture, store, retrieve, and report quality information. Payers will need information to support their new pay-for-performance programs. Providers will compete for contracts that have elements of quality metrics. As a result, providers will need to be able to measure their clinical performance against industry standards and benchmarks, and health plans will need to be able to compare and evaluate providers. Payers will also need to provide employers with customized data to assist them in managing their health costs. The new consumer-directed health products (CDHPs) and health savings accounts require that payers provide information on health care quality and costs to assist consumers in making better-informed decisions.

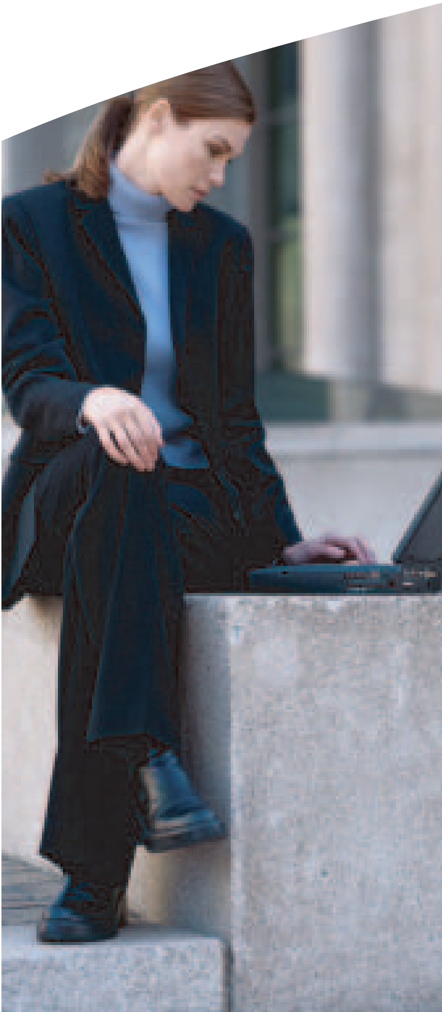
2. **Accelerating technology implementation.** With vendor applications growing more complex, implementation timeframes have grown. It now can take several years for a health organization to implement core administrative processing or clinical information systems. Health executives have begun to recognize that their total cost of ownership far exceeds the capital technology costs. Studies have shown that the majority — roughly two-thirds — of the cost of ownership is labor. In an effort to deliver technology solutions more cost effectively, health executives are searching for faster ways to incorporate design decisions into implemented process. Health organizations can accelerate the implementation process by using computer systems to configure vendor products and automate coding, mapping, and cross walks. They will begin to embrace rapid implementation methods that help them focus on getting to their destination, rather than getting lost in the journey.

3. **Evolving towards electronic health records.** The vast majority (88 percent) of health executives responding to a recent Capgemini survey* indicated that their organizations have either already begun to take concrete steps to address the adoption of EHRs, or expect do so within the next six months. Over 70 percent of the respondents believe that EHRs will have a positive financial effect on their organizations over time. Clinical information systems will be a major area for technology investment in 2005. Many providers will likely adopt electronic prescribing in the coming year, with financial assistance from payers who stand to benefit from enhanced formulary compliance and generic drug usage. As well, the federal government is encouraging use of electronic prescribing as a way to reduce medication errors. Given their financial pressures and limited access to capital, health executives will demand a business case to justify major investments, and look for a demonstrable payback. To be sure, the move toward fully functional, shared EHRs will be slow — particularly in more fragmented markets where market share is distributed across numerous payers and providers. But in more consolidated markets and where a significant proportion of the population is covered in capitated insurance arrangements, some progress can be expected in 2005.

*Capgemini's report, *"What Are Health Organizations Thinking About Electronic Health Records"* describes the survey findings. It can be found at www.us.capgemini.com.

4. **Leveraging the Web to empower consumers.** In response to the consumer movement and patients' desires to be more involved in their care, health executives are seeing an increased demand for systems to allow consumers to access their medical information online. Many health plans are developing advanced self-service portals that allow consumers to perform administrative functions (enrollment, eligibility, registration, claims, etc), to improve efficiency and lower costs. By shifting customers towards self-service portals, payers can reconfigure and reduce the costs of their call centers. In the case of CDHP benefits plans, providing consumers with information to help them better manage their benefits, including integrating the various funds, has now become a requirement of the market. Some of the more innovative provider and payer organizations are exploring the potential to allow patients and caregivers to manage chronic diseases electronically, monitoring vital statistics and other clinical information through clinical portals.

5. **Finding new solutions to old problems through collaboration.** Recognizing that their own independent initiatives have limited benefits, payers and providers will begin to work together to improve administrative efficiency, customer service, and clinical outcomes. They will establish more efficient linkages for eligibility, enrollment, denial management, registration and scheduling processes to reduce time and administrative costs. Just as critical, they will both change their business processes through collaborative efforts. For example, by working together, they can help reduce denials and speed reimbursements, thus reducing administrative costs for both. Connectivity and collaboration can bring payers, providers and life science vendors together to share data with each other and with local, state and federal governments, facilitating development of electronic health records.

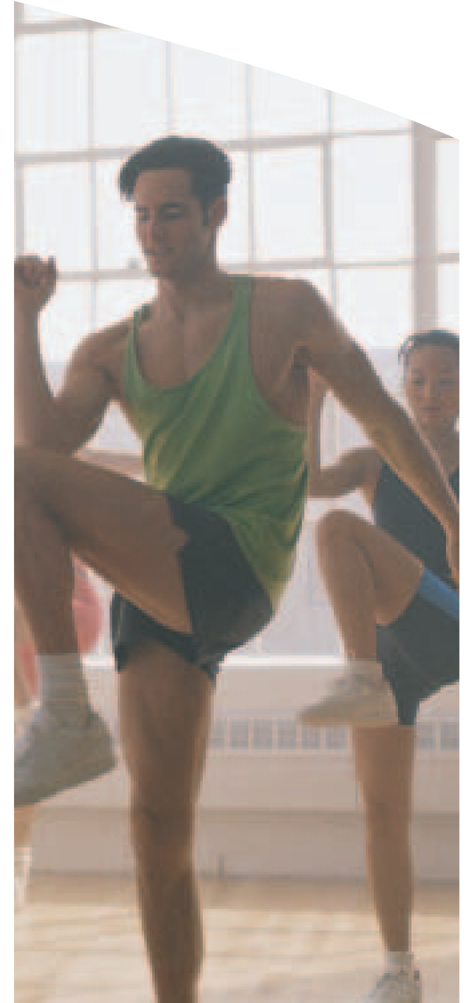


6. **Consolidating back office functions to reduce overhead.** Heightened financial pressures and industry consolidation will necessitate that healthcare organizations scrutinize all areas of their operations for any opportunities to minimize costs. Health plans will attempt to achieve greater economies of scale in back office functions through IT-supported improvements in efficiencies, growth, and additional mergers. They will integrate and modernize their legacy systems across previously siloed business functions. Driven by continued declines in health insurance coverage for employees, providers will implement tighter front-end identification of co-payments and deductibles, to address patients' financial responsibility earlier in the revenue cycle. Some will take a holistic view of their revenue and expense management, looking at their revenue cycle and supply chain processes in an integrated manner — from the moment supplies are purchased until an item is used and billed to a patient — for performance improvement opportunities.

7. **Managing capacity.** For hospitals, capacity challenges affect service availability and limit revenue growth. Nearly six in 10 hospitals are experiencing a capacity crunch, according to a survey of health executives conducted by ACHE. Increasing demand and per case reimbursement create strong financial incentives for hospitals to improve the flow of patients within their facilities and across the continuum of care. Hospitals will look at creative capacity management solutions to reduce lengths of stay, service delays, and hours on diversions, and free capacity to provide room for service growth. In addition, for the first time in several decades, we are starting to see the construction of new hospitals as forecasts of future needs as well as shifts in demographics and population locations make such new facilities feasible.

8. **Addressing new markets.** For payers, passage of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) introduces the most significant changes to Medicare since its inception in the 1960s, and will cause some payer organizations to consider re-entering the Medicare market. Additionally, many payers find themselves with a need to address consumer demands for more empowerment and employer demands for more cost controls by developing CDHPs that include health reimbursement accounts, tiered benefits, and customizable services. These new markets will require payers to extend their technology focus from administrative efficiency to customer outreach.

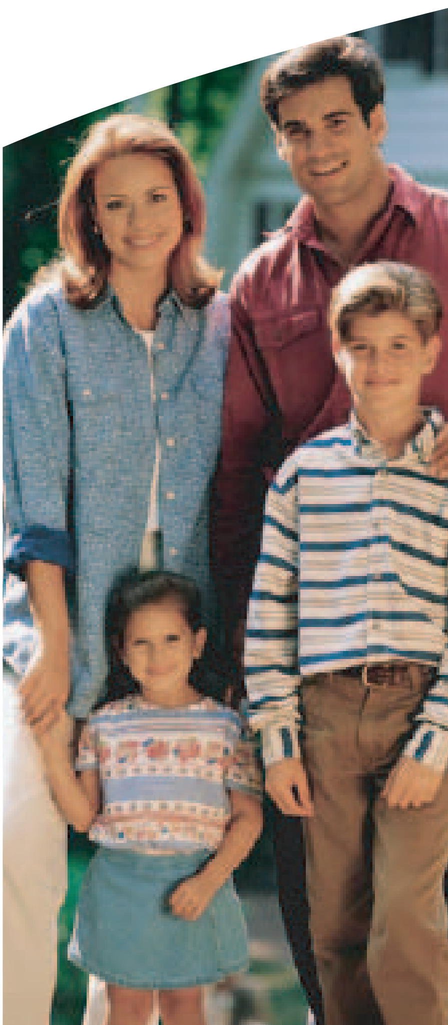
9. **Recognizing the problem of obesity**. An estimated 66 percent of Americans are overweight or obese. A study recently released by HHS' Centers for Disease Control and Prevention shows that deaths due to poor diet and physical inactivity rose by 33 percent over the past decade and may soon overtake tobacco as the leading preventable cause of death. It found that 400,000 deaths in the U.S. in 2000 (17 percent of all deaths) were related to poor diet and physical inactivity. Obesity and overweight have been shown to increase the risk for developing type 2 diabetes, heart disease, some forms of cancer, and other disabling medical conditions. The total direct and indirect costs, including medical costs and lost productivity, were estimated at $117 billion nationally for 2000. The federal government has called for public awareness and education programs, and increased funding for obesity research. An increasing number of health plans will revise their benefits to recognize obesity as a disease, develop tailored disease management programs and offer incentives for weight loss and maintenance. Some will cover treatment with drugs, counseling, and surgical interventions. As indicated by the fact that gastric bypass surgery is the fastest growing procedure in the U.S., a growing number of providers will offer treatment programs for obesity.



10. **Managing outsourcing.** Outsourcing has been "hyped" by industry analysts and journals as the "next big thing" in health care for the past several years. To date, most outsourcing deals have been negotiated in turnaround situations or when a hospital or health plan is in financial distress. Under such circumstances, outsourcing has not always yielded the promised results. Outsourcing still offers significant financial and performance improvement benefits for health organizations, but only if it is executed and managed as a strategic investment.

Future Concerns

"The future is just as much a condition of the present as is the past."
—Friedrich Nietzsche (1844–1900), German philosopher, classical scholar, critic of culture



Given the current political climate, broad changes that affect the structure of the health industry at a societal level are unlikely in 2005. Nevertheless, health executives are likely to encounter a variety of broad issues in the coming year that will extend beyond the purview of their individual organizations but nevertheless need to be addressed, at some point in the future. Three such issues are:

1. **Defending against bioterrorism.** Although the health system has not yet encountered a terrorist attack in the form of biological agents, many fear this as an inevitable event at some point in the future. Recent problems with flu vaccine production, and in disseminating the available doses to those populations most at-risk, have highlighted many weaknesses in our public health system. Nevertheless, approaches to identify, treat, and track victims of a biohazard must be developed.

2. **Aligning incentives.** In part, slow adoption of technology by the health industry can be attributed to the misalignment of the investment and the financial return. In other words, providers have to invest in the technology, but benefits often accrue to the payers, or society at large. This has been the case with bar coding on medications, which can greatly improve patient safety and reduce healthcare costs to society at large, but will not necessarily improve the bottom-line of the hospitals that implement it. It has often, until recently, been a barrier towards provider adoption of electronic prescribing. It remains an issue that must be addressed with regard to electronic health records.

3. **Developing a sustainable model for health coverage and financing.** The U.S. is the only industrialized nation in the world other than South Africa that does not provide health coverage for all of its citizens. Increasing the government's role and developing a socialized, single payer model of health care certainly has no more political support now than it ever had. Nevertheless, the problems of the uninsured and spiraling medical inflation remain to be addressed, whether through government-sponsored or free-market approaches. While nobody expects drastic action on this problem in 2005, it is one that will only increase with time until the social and political forces compel action.

Conclusion

"The distinction between the past, present and future is only a stubbornly persistent illusion."

—Albert Einstein (1879–1955), U.S. physicist, mathematician, philosopher of science, pacifist

In summary, health executives are facing a variety of challenges. But they also have the opportunity to innovate and transform their organizations. Tomorrow's leaders will seize the opportunity to adopt a new business-oriented philosophy and approach to management. To succeed, industry players will need to do more than react. They will need to proactively incorporate these issues into their strategies and continuously reinvent their operations.

About Capgemini

Capgemini is the global leader in professional services to the health industry, delivering results-driven solutions for today's business challenges.

We have the diversity, dedication, and resources to address all sectors of the health industry, including hospitals and health systems, academic health centers, post acute care facilities, physician groups, health insurers, life sciences companies, public sector health agencies, and health-related technology companies. We have the pulse of complex issues facing health organizations, and we offer leading practice experience around the world including the United States, Canada, United Kingdom, France, Netherlands, Germany, Norway, Sweden, Spain, and Australia.

Industry analysts confirm Capgemini's leadership position in healthcare consulting. Gartner, Inc. recently named Capgemini the #1 Top Consultant and System Integrator, and the #1 Top Outsourcer worldwide in the health provider market. Kennedy Information, Inc. ranked Capgemini #1 in the provider, payer and life sciences categories.

Capgemini's Collaborative Approach: It's What Makes Us Different

Our clients tell us that what differentiates Capgemini is the unique, collaborative way in which we help them pursue opportunities and solve problems. Collaboration is a long-recognized cornerstone of our approach to business and is part of our corporate DNA.

Capgemini's "Collaborative Business Experience" represents our commitment to our clients' success and focuses on how we work together. Backed by over three decades of industry and service experience, we make our clients stronger by combining what they do best with what we do best to help improve their performance. We literally wrote the book on collaboration in the health industry, *Health Care Technology: Enabling Collaboration Between Payers and Providers*. Our Collaborative Business Experience is designed to help organizations achieve more sustainable results faster through seamless access to our network of leading, global technology partners. With our collaboration-focused tools such as our Accelerated Solutions Environment (ASE), we help companies create strategic and technology solutions in record time.

The Capgemini Collaborative Business Experience is more than a philosophy; it represents a measurable promise to our clients. From our very first meeting together, we begin demonstrating the value we will bring to your organization. With every meeting, phone call, or e-mail, we add value – with a new idea, tool, or insight to transform your business. As we build relationships, we start delivering the right results from the start… the results that bring your company further, faster.

We don't just serve health organizations. We have deep roots within the health industry.

Our professionals include clinicians and former industry executives, who collectively bring hundreds of years of healthcare experience to clients. Capgemini is uniquely positioned to help health organizations succeed, with the following capabilities:

- **Top talent and unparalleled experience.** With a team of 1500 people dedicated to the health industry worldwide, our proven solutions are delivered by former CEOs, CFOs, CIOs, and COOs of hospitals, managed care, and health insurance

organizations, as well as former executives from research-based life sciences companies, and former government decision-makers. We have more clinicians on staff than any other consultancy — including physicians, nurses, coding specialists, laboratory and radiology technicians, pharmacists, and dieticians.

- **Knowledge transfer and proven solutions.** Through organization-wide efficiency, revenue and system performance initiatives, we've helped to reduce operational costs by as much as 15 percent for some of the largest health organizations. Our tools deliver proven results and speed cycle times, including advanced facilitation techniques, demonstration centers and development laboratories.

- **Unbiased technology orientation.** We have a network of partners with all of the major technology companies in the health industry, including Eclipsys, IDX, Trizetto, IBM, Microsoft, HP, Oracle, PeopleSoft, SAP, Cerner, McKesson, EPIC, Cambio, QCSI, Novell, INLOG, Carefx, and Siemens. We have full resources to run an IT organization, and the depth and breadth to advise, consult, or outsource.

- **Thought leadership and industry involvement.** Capgemini has a longstanding tradition of investing a portion of our yearly profits into research and development — a commitment that brings deep market insights and innovative solutions to our clients. We are an accomplished thought leader in the health industry, recognized by Gartner and other analysts for our ability to capture "mindshare" of healthcare organizations. In the managed care arena, our professionals authored a leading text on the industry, The Managed Care Handbook. We helped develop Café RX, a collaborative alliance of industry leaders working together to facilitate electronic prescribing. In addition, Capgemini's professionals hold a leadership role in the health industry, chairing HIPAA-related committees including HL7; participating in national efforts to develop an electronic health record; testifying before the National Council on Vital and Health Statistics; sponsoring key industry events such as the World Health Congress; and actively participating in industry professional associations including: AAHP, AHA, ACHE, AONE, HFMA, HIMSS, CHIME, HRDI and NCPDP.

- **A focus on value and results.** We deliver tools that give a full picture of potential opportunities, assigning value not just to financial capabilities but also to intangibles such as improving patient safety, service quality, technical capabilities, market share, professional resources, clinical expertise, operational productivity and reputation – all in a manner designed to help improve ROI and profitability.

- **A wide range of health-specific solutions.** We address the full scope of operational and technology issues, including: business strategy and transformation, care management, clinical transformation, customer relationship management, cost and revenue cycle management, supply chain management, HIPAA, electronic health records (EHRs), ERP and Health Information System implementation, emerging technologies, portal development, e-prescribing, and outsourcing.

Capgemini is one of the world's largest providers of Consulting, Technology and Outsourcing services. The company helps businesses implement growth strategies and leverage technology. The organization employs approximately 55,000 people worldwide and reported 2003 global revenues of 5.754 billion euros. More information about individual service lines, offices, and research is available at www.capgemini.com.

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