



Meds-to-Go

A Georgia Health Information Exchange Pilot Project

Project Manager:

Herman Thompson

Chief Information Officer
East Georgia Healthcare Center





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Network Partners



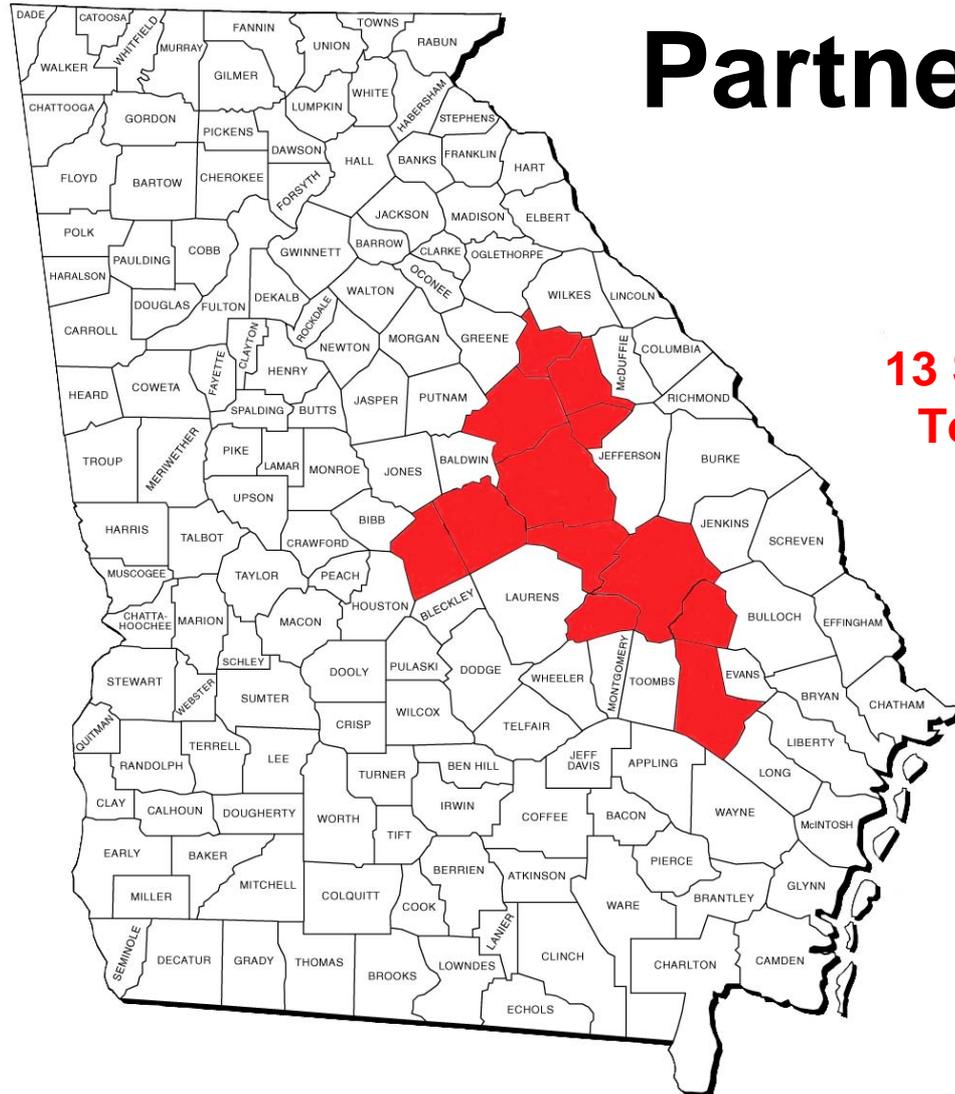
East Georgia
Healthcare Center, Inc.



Community Health Care
Systems, Inc.



Tri-County Health
System, Inc.



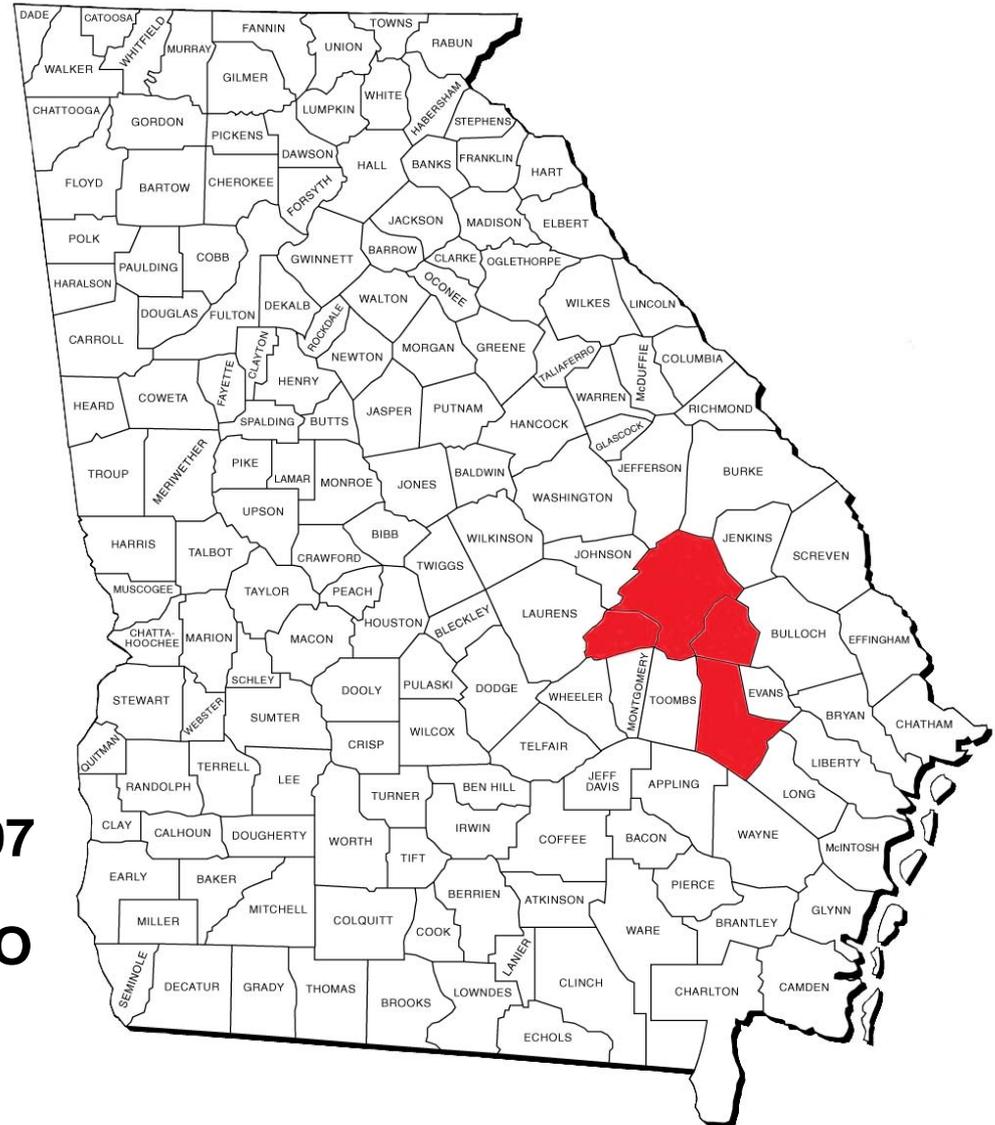
13 Sites
Total



east georgia healthcare center

East Georgia Healthcare Center, Inc.

- **Community Health Center (CHC / FQHC)**
- **Primary Care**
- **4 Locations:**
 - Swainsboro, Emanuel County
 - Soperton, Treutlen County
 - Reidsville, Tattnall County
 - Metter, Candler County
- **7 Providers**
- **26,115 Patient Visits in 2007**
- **Jennie Wren Denmark, CEO**





Tri-County Health System, Inc.

- **Community Health Center (CHC / FQHC)**
- **Primary Care & Dental**
- **4 Locations:**
 - Warrenton, Warren County
 - Sparta, Hancock County
 - Gibson, Glascock County
 - Crawfordville, Taliaferro County
- **5 Providers**
- **18,393 Patient Visits in 2007**
- **Donna Newsome, CEO**





The Georgia Association For Primary Health Care

As active members of The Georgia Association for Primary Health Care, the network partners, have worked cooperatively on several projects, including:

- A common Practice Management Software (PMS) (HealthPort) system
- Health Disparities Collaboratives (diabetes, cardiovascular, and depression)
- Planning for the selection, adoption, and implementation of electronic health records



East Georgia
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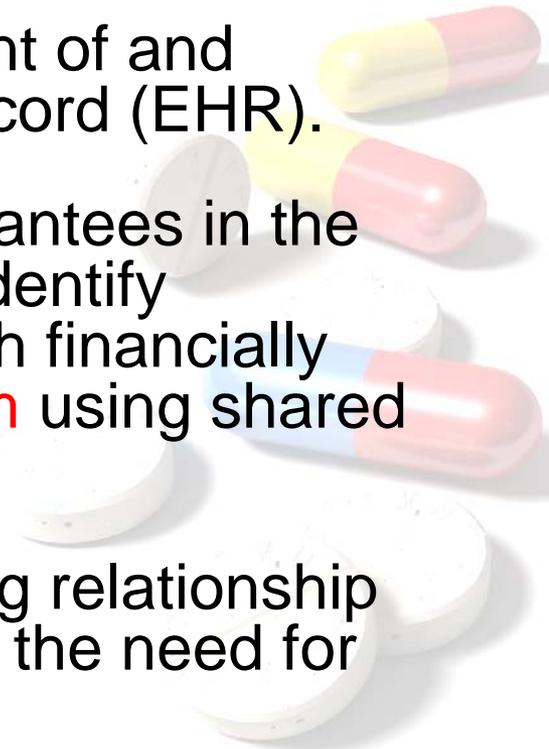


Tri-County Health
System, Inc.



Health Centers Working Together

- In 2005 the project partners applied for and received a Rural Health Network Development (RHND) grant.
- The focus of the RHND is the development of and migration toward an Electronic Health Record (EHR).
- Insight from the work performed by the grantees in the RHND network, allowed the grantees to identify **e-Prescribing as the next logical step**, both financially and functionally, **toward a full EHR system** using shared patient data.
- The RHND grant strengthened the existing relationship between the organizations and reinforced the need for shared patient level data.





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Project Objectives

 Selection of...**Planning** for and **Implement** of an fully functional **e-Prescribing system** that will integrate with future EHR Systems.

 Merge patient data and create a technology foundation for EHR.

 Implement 340B Drug Pricing Program



The screenshot displays a medical software interface with a menu bar (Menu, Help) and a 'LIVE SYSTEM' indicator. The main window is titled 'Prescribing' and contains an 'Entity Panel' for patient information and a 'Current Medication' table.

Entity Panel	Medway Episode in
Name: Jane Doe	Description: Lifetim
CaseNo: 150504815	Start: 24/05/2
DOB: 06/11/1956	End:
Gender: Female	Type: Admin
Postcode: JN1 DOE	Consultant:
	Height: 1.53
	Weight: 94.0
	BSA: 1.88 m

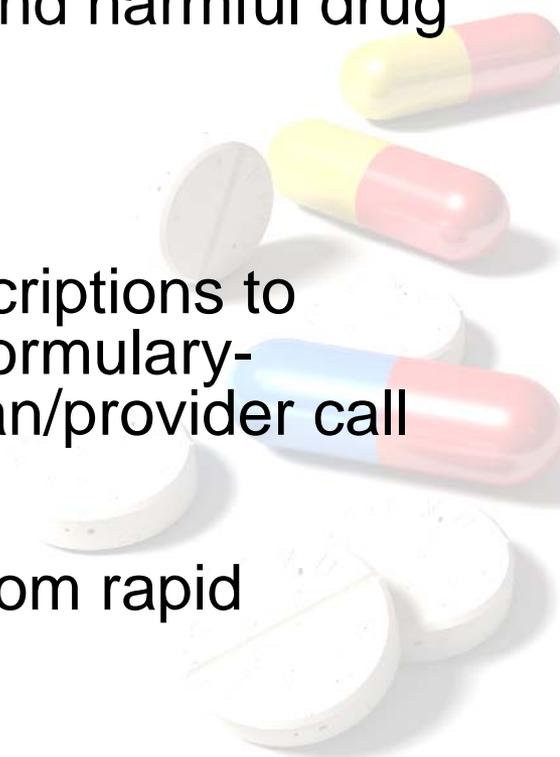
Item	Date	Status
Epirubicin for EPI-CMF protocol	Jun 15 2005	Screened Printed
Standard Anti Emetics	Jun 15 2005	Screened Printed
Epirubicin for EPI-CMF protocol	Jul 6 2005	Screened Printed
Prescription Notes	Jun 15 2005 2:20PM	Prescribed by Ruth
Dexamethasone Phosphate: 8mg Bolus Injection, STAT - Single	Jul 6 2005	Screened Printed
Ondansetron Hydrochloride: 8mg Bolus Injection, STAT - Single	Jul 6 2005	Screened Printed
Epirubicin Hydrochloride: 190mg Bolus Injection, STAT - Single	Jul 6 2005	Screened Printed
Epirubicin for EPI-CMF protocol	Jul 27 2005	Screened Printed
Epirubicin for EPI-CMF protocol	Aug 17 2005	Screened Printed
CMF BonnaDonna	Sep 7 2005	Screened Printed
CMF BonnaDonna	Oct 5 2005	Screened Printed
CMF BonnaDonna	Nov 2 2005	Screened Printed
CMF BonnaDonna	Nov 30 2005	Screened Printed
Epirubicin for EPI-CMF protocol	May 24 2006	Screened
Epirubicin for EPI-CMF protocol	May 30 2006	Screened



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Why ePrescribing?

- Improve **patient safety** with the generation of legible prescriptions that are checked in real-time by a software program, for possible contraindications and harmful drug interactions
- Provide better **formulary adherence**
- Allow for **faster communication** of prescriptions to pharmacies, resulting in clean, **legible**, formulary-adherent prescriptions, reducing physician/provider call backs to clarify inconsistencies
- Improve **patient satisfaction** resulting from rapid prescription fulfillment and fewer errors

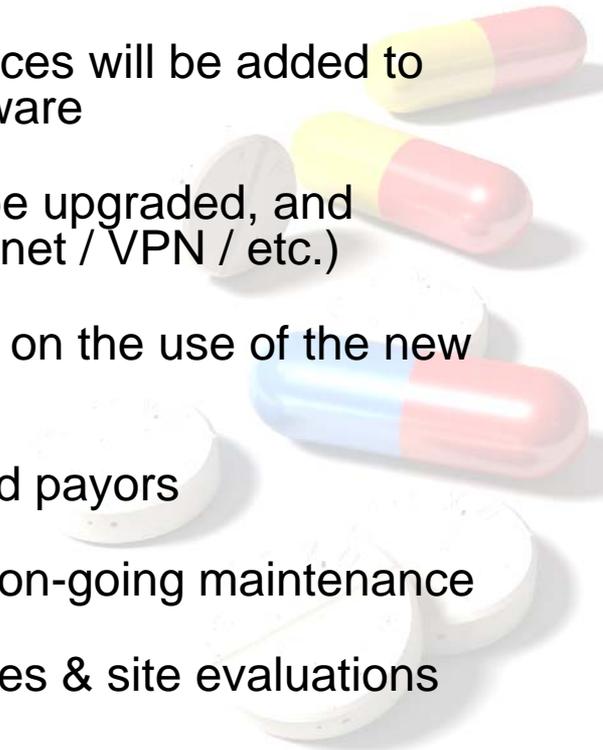




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Grant Funds

- Purchase of ePrescribing vendor software
- Creating a bridge between practice management databases and the ePrescribing database
- Upgrading the underlying network infrastructure at each site
- Handheld (portable), desktop and other computer devices will be added to provide the central interface for the e-Prescribing software
- Communication delivery systems and equipment will be upgraded, and strengthened across all clinical delivery sites (e.g. Internet / VPN / etc.)
- Providers, IT staff and select office staff will be trained on the use of the new equipment and the e-Prescribing software
- Marketing materials about the project for the public and payors
- In-house and contacted IT support for installation and on-going maintenance
- Travel to vendor demonstrations, meetings, conferences & site evaluations

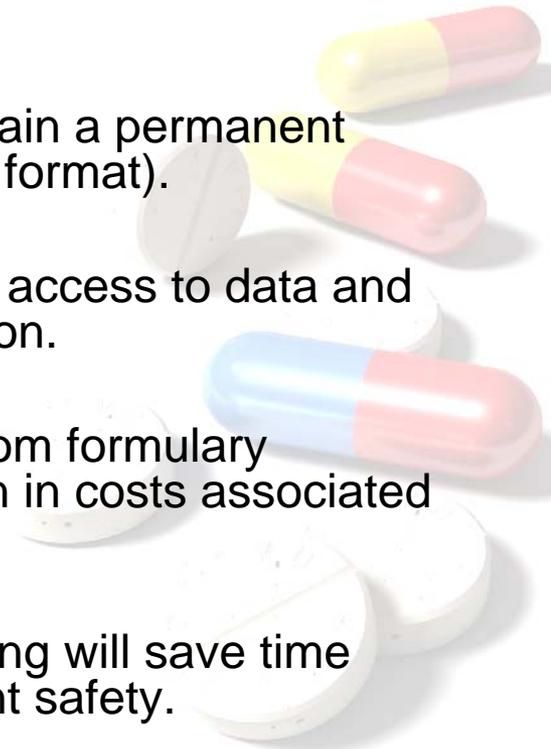




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Measuring Success

- The network partners will document prescriber uptake and satisfaction, workflow changes, the impact on callbacks between the pharmacies, providers, and payors, the impact of e-Prescribing features and the effect on medication error rates.
- E-Prescribing will yield improvements in efficiency, accuracy, and offer many benefits to patients, providers, and payors.
- The proposed e-Prescribing system will build and maintain a permanent record of patients' medication histories (in an electronic format).
- Increased safety, accuracy in prescribing and improved access to data and clinical decision support will enhance provider satisfaction.
- Payors will benefit through financial savings resulting from formulary adherence, less therapeutic duplication, and a reduction in costs associated with adverse drug reactions.
- Ultimately, the successful implementation of e-Prescribing will save time and money and will reduce errors and strengthen patient safety.





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For updated information as the project progresses we encourage you to visit the project website:

www.meds-to-go.org

