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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, 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
Community Health Care Systems, Inc.

- Community Health Center (CHC / FQHC)
- Primary Care
- 5 Locations:
  - Wrightsville, Johnson County
  - Sandersville, Washington County
  - Tennille, Washington County
  - Irwinton, Wilkinson County
  - Jeffersonville, Twiggs County
- 8 Providers
- 21,000 Patient Visits in 2007
- Carla Belcher, CEO
• **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**
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 Healthcare Center, Inc.
Community Health Care Systems, Inc.
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
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Coming Together

(3) Independent Community Health Center Organizations

(3) Independent Sets of Patient Demographic Data

Result...

Combined ePrescribing HL7 Compliant Database

(1st step towards EHR)
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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
• 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
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