



MedDialog

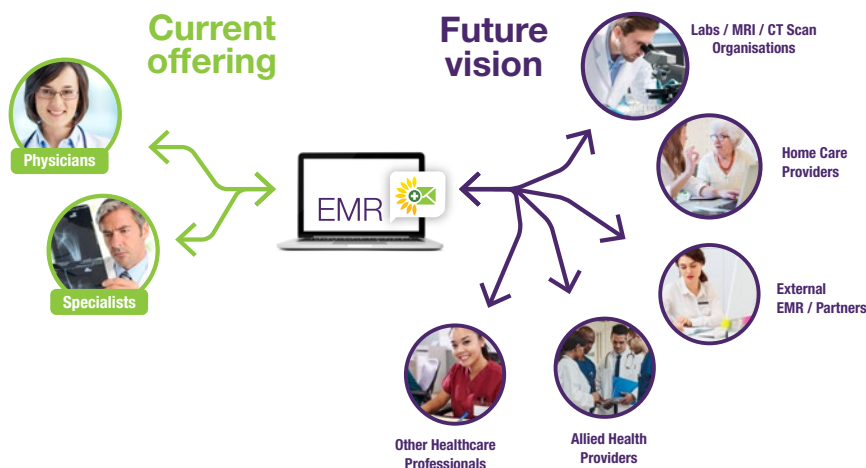
Provider-to-provider communications - right from your EMR.

It can be challenging to share patient information with colleagues. Paper-based faxing, postal/courier services, not to mention the back-and-forth phone calls, are all common forms of communication in primary care settings. But each is a separate, manual process; and none are integrated with the patient's EMR chart.

MedDialog — an open communication solution integrated in your EMR.

MedDialog allows healthcare providers from different clinics or organisations to exchange digital and eFax communications, including referrals, consultation requests (eConsults) or patient results (such as lab results, MRI reports, and treatment plans) - right from their EMR.

MedDialog is fully integrated in the PS Suite, Med Access and Wolf EMR solutions, allowing providers to send communications without interrupting their day-to-day workflows. MedDialog will continue to be integrated with other TELUS Health EMR solutions, and will be expanded to include external partners as well.



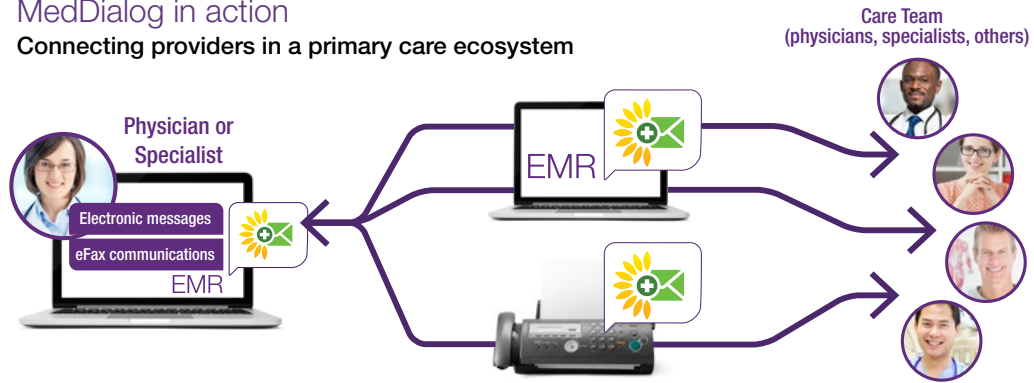
DID YOU KNOW?

- An average elderly patient sees 7 physicians (5 specialists and 2 primary care physicians) across 4 different clinics¹.
- Physicians caring for patients interact with as many as 229 other physicians at 117 different practices each year¹.

MedDialog can keep them all connected!

MedDialog in action

Connecting providers in a primary care ecosystem



Step 1

A physician sends an eConsult, referral or direct message from the EMR to one provider or a care team.

Step 2

The message is received directly in the EMR workflow of the provider or care team.
The message can also be received by eFax or regular fax for providers that do not have an EMR.

Step 3

The physician can access the response from the provider or care team directly in the EMR.

The benefits of simplified communications

Gain operational efficiency

- Send and receive patient information quickly and easily right from your EMR.
- Decrease time spent manually sorting and distributing papers.
- Manage inbound and outbound fax communications quickly and efficiently – right from your EMR.

Facilitate continuity of care and enhance patient safety

- Receive confirmations of message delivery (even when communicating with providers that use a fax).
- Store communications electronically in the EMR chart to ensure provider has full history.
- Ensure all patient data transmissions follow security best practices.

Save time and money

- Benefit from unlimited in-coming and out-going digital and eFax communications for a flat rate with no overage charges.
- Send eConsults and bill for new fee codes right from your EMR.
- Reduce costs associated with printing faxes (~0.10 per page).

DID YOU KNOW?

- 21% of requests for consultation receive no response from specialists' offices².
- 50% of all adverse events detected in a study of primary care physicians were associated with communication difficulties³.

Pricing Information

MedDialog

- Unlimited incoming and outgoing messages on MedDialog
- Available to physicians on an individual basis

\$20/month per user*

MedDialog bundled with TELUS Integrated eFax

- Unlimited incoming and outgoing messages on MedDialog and Integrated eFax
- All physicians in the clinic need to be registered for the service

\$30/month per user*

*Discounts apply for large organizations. Contact sales for full details.

For more information

1-844-EMR-4YOU | PracticeConsulting.TELUSEMR@telus.com | telushealth.com/meddialog

1. Institute of Medicine. Best care at lower cost: the path to continuously learning health care in America. Washington, DC: The National Academies Press, 2013.

2. Study (<http://www.cfp.ca/content/60/10/916.full.pdf>) to identify wait times for specialist referrals and barriers to getting timely appointments by the Committee on Utilization, Review, and Education (CURE), a group of family physicians from the Department of Family Medicine at St Joseph's Healthcare in Hamilton, Ontario.

3. Bhasale AL, Miller GC, Reid SE, Britt HC. Analysing potential harm in Australian general practice: an incident-monitoring study. Med J Aust. 1998;169:73-6. [PubMed]