

CONNECTING HEALTH

MEDILOGY

MEDI REC

Cloud Integrated Care Management System

MEDI REC is a cloud Integrated Care Management System designed to link physicians, nurses and patients in connected health care models, like pathology networks, Chronic Care Models, integrated disease management.

MEDI REC is a common clinical platform which functions as bridge among heterogeneous information systems, sharing data, protocols and processes. It supports pro-active medicine, clinical workflow and Evidence Based Medicine.

MEDI REC can be used as a light EMR or to share and integrate data coming from other systems, like EMR and CPOE.

It's the right solutions for Primary Care Units with heterogeneous systems, continuity of care services, community care centers and, more in general, every time is necessary to share structured data among professionals.

BENEFITS

- It doesn't require any local installation or setup
- Easy to use
- Push interface
- Complete set of functionalities



EBM C@NNECT

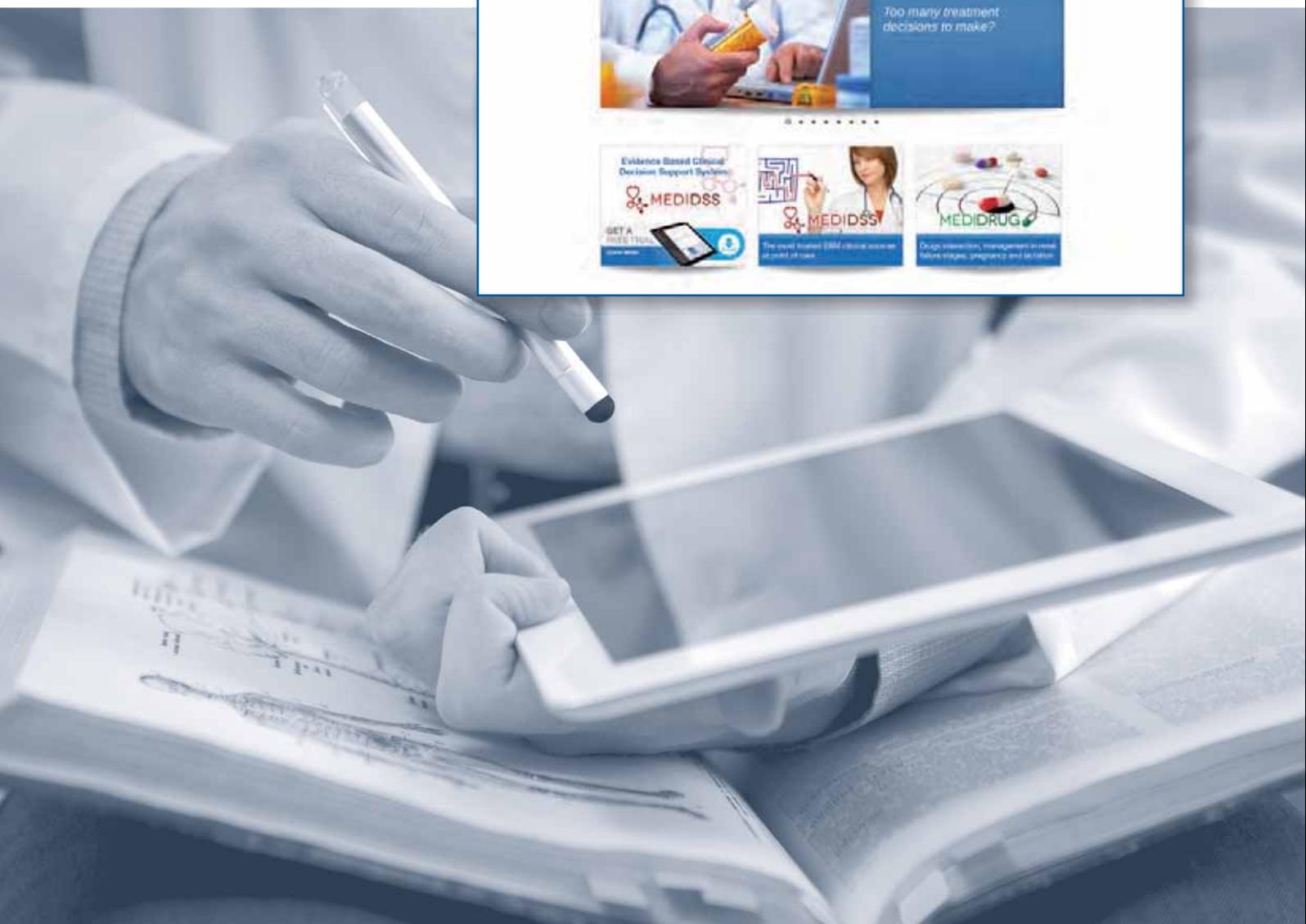
MEDILOGY develops EBM navigators for medicine to connect Evidence Based Medicine to everyday clinical practice, by providing software and tools to access filtered and graded contents according to patient history.

We select the best content providers, and we connect their knowledge base to our software, which can be used either as a stand-alone application or to interface CPOE or EMR software. Our goal is to make the use of EBM easy, fast and efficient.

The new web site launched by Medilogy that involves the health professionals on the progress of EBM applied through Navigators for Medicine.



www.ebmconnect.com



MEDIDRUG

Medication Decision Support System

MEDIDRUG is a cloud Medications Decision Support System, developed by Medilog, which enables the access to Medbase's drug databases.

MedBase is a Finnish company formed by experts in pharmacotherapeutics, which produces medical databases to health care professionals to safeguard effective and safe clinical use of drugs.

In addition to its expertise, MedBase has collaboration with several experts in pharmacotherapy in several countries, including those of Karolinska Institutet in Sweden, which guarantees a high scientific quality and frequent updates.

MEDIDRUG provides drug-to-drug and drug-to-substance interaction alerts, dosing guidance, formulary decision support and links to EBM contents.

MEDIDRUG is very intuitive, easy to use, fast and effective. It uses colour codes to show the risk factor and provides the best alternatives for the selected substances.

BENEFITS

- Short and concise warnings & recommendations
- Saves time, costs and reduces the need for consultation
- Selective - Avoid over-alerting
- Fully integrable in EMR, EHR, CPOE
- Provides specific answers about drug treatments of patient with renal failure, hepatic failure, in pregnancy and lactation.



MediDrug interface showing the 'Adverse Effect' section. The table below displays risk levels for various substances across different categories.

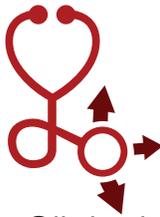
Risk category	Risk level	PROCHAPODOL OLIGESICAM ALIVERTIN	AMRISTEMAN	ASA ACECLOFENAC ACIN	IMMESTILINE
Anaesthetic effect	B	1	0	0	0
Risk of bleeding	B	1	1	2	2
Constipation	A	0	0	0	0
Cranial pain	A	1	0	0	0
Dizziness	B	1	0	0	0
Headache	A	0	0	1	1
Heart failure	A	1	0	0	0
Interference with effect	A	0	0	0	0



MediDrug interface showing a detailed drug interaction alert for **WARFARIN - ACECLOFENAC**. The alert includes a description of the interaction, a risk level (B), and detailed clinical advice regarding the use of these drugs together.



A hand holding a pile of white pills, with a tablet displaying the MediDrug interface in the foreground.



MEDIDSS

Clinical Decision Support System

MEDIDSS is a Clinical Decision Support System, developed by Medilogy, based on **Duodecim** EBMeDS, an inferential engine, which brings Evidence Based Medicine into practice by means of context-sensitive guidance at the point of care.

MEDIDSS may be used as stand-alone application (like a light EMR) or may receive structured patient data from Electronic Medical Records (EMRs).

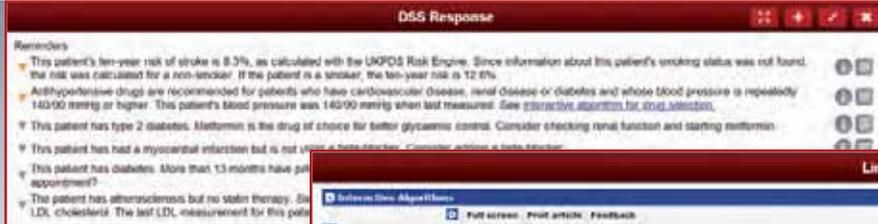
MEDIDSS returns reminders, therapeutic suggestions and diagnosis-specific links to guidelines.

EBMeDS is based on scripts consisting of a set of more than 700 complex rules which implement the clinical logic of the system. It's developed by Duodecim Medical Publications Ltd, a Finnish company owned by the Finnish Medical Society Duodecim. Both the association and the company have a long-standing collaborative relationship with the Cochrane Collaboration, the GRADE Working Group and the Guidelines International Network (G-I-N).

MEDIDSS includes the following modules:
 Rule Assistant - Drug Assistant -
 Guideline Assistant - Form Assistant

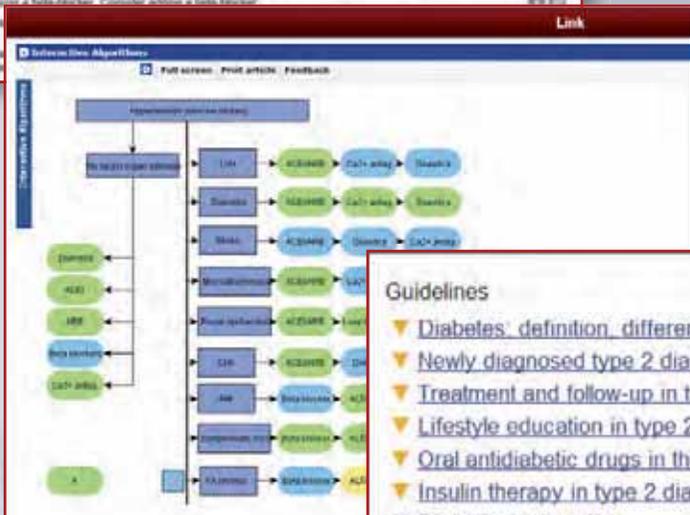
BENEFITS

- Guides and improve the diagnosis and treatment of diseases
- Warns about potential mistakes and enhances the safety of patients
- Prevents the pathologies complication of patients not subject to follow-up or clinical checks
- Saves time by not having to enter patient data in clinical modules or computers
- Provides to physicians reliable clinical knowledge and patient-related information directly at point of care
- Suitable for analytical and research purposes, such as data mining from populations



Reminders

- This patient's ten-year risk of stroke is 8.3%, as calculated with the UKPDS Risk Engine. Since information about this patient's smoking status was not found, the risk was calculated for a non-smoker. If the patient is a smoker, the ten-year risk is 12.6%.
- Antihypertensive drugs are recommended for patients who have cardiovascular disease, renal disease or diabetes and whose blood pressure is repeatedly 140/90 mmHg or higher. This patient's blood pressure was 140/90 mmHg when last measured. See [interactive algorithm for drug selection](#).
- This patient has type 2 diabetes. Metformin is the drug of choice for better glycaemic control. Consider checking renal function and starting metformin.
- This patient has had a myocardial infarction but is not using a beta-blocker. Consider adding a beta-blocker.
- This patient has diabetes. More than 13 months have passed since the last HbA1c measurement. Consider checking HbA1c.
- The patient has atherosclerosis but no statin therapy. See [interactive algorithm for drug selection](#).
- The last LDL cholesterol measurement for this patient was 160 mg/dL.



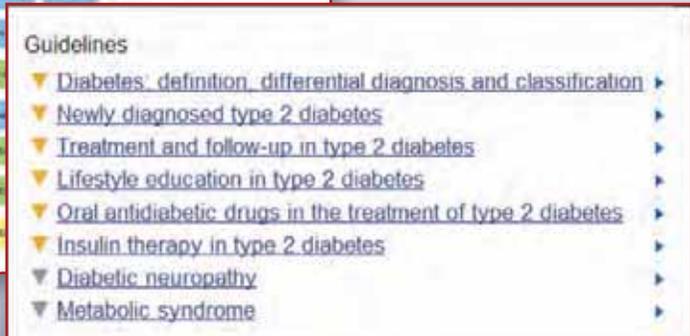
Guideline Algorithms

Full screen Print article Feedback

Hypertension patient starting

Start with ACE inhibitor

- ACE inhibitor → Ca²⁺ antagonist → Diuretic
- ACE inhibitor → Ca²⁺ antagonist → Diuretic → Beta-blocker
- ACE inhibitor → Ca²⁺ antagonist → Diuretic → Beta-blocker → Calcium antagonist
- ACE inhibitor → Calcium antagonist → Diuretic
- ACE inhibitor → Calcium antagonist → Diuretic → Beta-blocker
- ACE inhibitor → Calcium antagonist → Diuretic → Beta-blocker → Calcium antagonist
- ACE inhibitor → Calcium antagonist → Diuretic → Beta-blocker → Calcium antagonist → Diuretic
- ACE inhibitor → Calcium antagonist → Diuretic → Beta-blocker → Calcium antagonist → Diuretic → Beta-blocker
- ACE inhibitor → Calcium antagonist → Diuretic → Beta-blocker → Calcium antagonist → Diuretic → Beta-blocker → Calcium antagonist



Guidelines

- ▼ [Diabetes: definition, differential diagnosis and classification](#)
- ▼ [Newly diagnosed type 2 diabetes](#)
- ▼ [Treatment and follow-up in type 2 diabetes](#)
- ▼ [Lifestyle education in type 2 diabetes](#)
- ▼ [Oral antidiabetic drugs in the treatment of type 2 diabetes](#)
- ▼ [Insulin therapy in type 2 diabetes](#)
- ▼ [Diabetic neuropathy](#)
- ▼ [Metabolic syndrome](#)

