Opportunities for Increased Integration and Connectivity

Bill G. Felkey
Prof. Emeritus of Healthcare Informatics
Auburn University’s Harrison School of Pharmacy
felkebg@auburn.edu
Disclosures

Bill Felkey declares no conflicts of interest or financial interest in any product or service mentioned in this program, including grants, employment, gifts, stock holdings. Bill Felkey is receiving an honorarium.

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Objectives

Following the presentation, participants will be able to:

1. Describe connectivity requirements mandated by healthcare reform across the continuum of care in general and pharmacy specifically.

2. List at least three system benefits derived from system connectivity when pharmacies employ interfaces and integration.

3. Evaluate how connectivity costs impact practice relevance and viability comparing automated and manual means.

4. Discuss security concerns and solutions that exist and are emerging to prevent data breaches that expose protected health information.
Can you imagine any future scenario containing less technology than today?
Wanna Play in the New Sandbox?
Why Accountable Care?

Problem: High Healthcare Spend and Poor Outcomes
- Coverage Expansion and Insurance Reforms
- Payment and Delivery System Reforms
- Spending Cuts and Increased Revenue

High U.S. Health Costs & Poor Outcomes Unsustainable

Affordable Care Act
Change is Inevitable

Health Care Spending
As A Percent of GDP

Health Care Financing Review, Centers for Medicare and Medicaid Services

Health Care
Government Spending in US from FY 1960 to FY 2015
“Expect to take on more financial risk and to be held accountable, clinically and economically, for what happens across the continuum of care—whether we ‘own’ the continuum or not.”

—Michael Sachs, Chairman and CEO, Sg2
## A View of the Changing Landscape

<table>
<thead>
<tr>
<th>...From</th>
<th>...To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Centric</td>
<td>Patient Centric /Consumer</td>
</tr>
<tr>
<td>Value Blind Reimbursement</td>
<td>Value-based Reimbursement &amp; Accountability</td>
</tr>
<tr>
<td>Episodic Fragmented Care</td>
<td>Continuous &amp; Coordinated</td>
</tr>
<tr>
<td>Inpatient- Focused</td>
<td>Ambulatory /Office / Home Focused</td>
</tr>
<tr>
<td>Individuals</td>
<td>Population Based</td>
</tr>
<tr>
<td>Disease and Treatment</td>
<td>Health/Wellness &amp; Prevention</td>
</tr>
<tr>
<td>Functional and Departmental</td>
<td>Team-based &amp; Service Line</td>
</tr>
</tbody>
</table>

**FOCUS**

**VALUE**

**PATIENT FLOW**

**DELIVERY SETTING**

**APPROACH**

**OBJECTIVE**

**ORGANIZATION**
How Connected Are You?

- PMS
- Consulting
- eMar
- CPOE
- Patient Portal/PHR
- IVR/POS/Wholesaler
- Mobile Strategy
- Barcode/NFC

- Will Call/Bin
- Dispensing Automation
- Remote Dispensing
- Provider Portal
- EMR/EHR/HIE
- Compliance Packaging
- Med Carts
- ACOs (doubling in 2014)
What Is Accountable Care?

Outcomes
- Improve the individual experience of care
- Improve population health
- Reduce the cost of health care for populations

Processes
- Oversee the provision of clinical care
- Coordinate the provision of care across the continuum of health services
- Invest in and learn to use appropriate IT to manage population health

Structure
- Bear financial risk for the measured health of a population
- Align incentives to encourage the production of high-quality health outcomes
CMS Plays a Major Role

- Medicare Shared Savings Program
- Medicaid
- Pioneer

344
23
34
Physicians & Hospitals Are Leading

Leavitt Partners Center for Accountable Care Intelligence 2014
ACO Formation is not Uniform

Estimated ACO Penetration by State

Leavitt Partners Center for Accountable Care Intelligence 2014
Distribution by HRR Shows Hot Spots
Early Results: Cautious Optimism

MSSP:
- ¼ shared in savings
- Average savings of $4.8M

Pioneer:
- 40% saved
- CMS saved $33M
- ACOs received $76M

Medicaid:
- Very little information on results

Commercial:
- Few results released
5 reasons PAC matters to ACOs

1. 37% of Medicare FFS beneficiaries use PAC services
2. ACOs focus on the continuum of care
3. PAC has the potential to lower costs
   - Prevention of readmissions
   - Use of lower-cost PAC settings
4. PAC accounts for nearly 1/3 of procedure costs
5. PAC costs are highly variable
What Do ACOs Want?

- PAC providers willing to partner, not necessarily at risk
- Demonstrated quality and cost reduction
  - Supported by credible data
  - Low 30-day readmission
- Convenient geographic locations
- Technology (EMR, HIE)
- Open communication
What are the Partnership Options?

• Development of care coordination protocols
  – Lowest risk and lowest potential savings

• Informal pairings
  – Most likely partnership
  – Can be easiest with hospital and physician groups
  – Pharmacists may be reticent to initiate this

• Full integration
  – They own it, want to own it, or have tight affiliation
Pharmacy Benefits of Partnership

• More access to resources
• Better coordination of care in the handoffs
• Option to share in savings and bonuses
• Potential market share increases within network
• Being at the table instead of being on the menu
### ACO Contracts/Risk Models

Contracts and Risk Models

Vary and Can Evolve Over Time

<table>
<thead>
<tr>
<th>No Risk</th>
<th>Medium Risk</th>
<th>Full Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payment for Discrete Services</td>
<td></td>
<td>Full Capitation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Global Payment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fixed Payment</td>
</tr>
<tr>
<td>Fee-for-Service</td>
<td>Shared Savings/P</td>
<td></td>
</tr>
<tr>
<td></td>
<td>artial Capitation</td>
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</tbody>
</table>

Note: Pharmacy spend not at risk in Medicare ACOs (private ACOs may vary)
Important Competencies

- Evidence-based practice
  - Use of aligned care protocols
- Patient/family centered self-care
  - Patient/family goal setting
  - Medication awareness
  - Self-symptom management and interventions
- Transitional care and system navigators
- Effective electronic exchange
  - Provider to provider
  - Patient/family to provider (telehealth, video/audio interface)
- Real-time data management and decision-making
What Can Pharmacy Bring?

Team-Based Models of Care Delivery
- Identification and resolution of medication delivery

Improved Care at a Lower Cost
- Comprehensive medication review
- Adherence compliance and information
- Outcome programs and reporting
- Medication management of high-risk patients
- Medication reconciliation, especially in Transitions of Care
- Care Coordination
- Data Sharing
- Heightened needs for a pharmacist, especially in chronic disease management
S.T.E.E.E.P.

Improvements are Needed

• Safe- patient’s safety comes first
• Timely- care delivered in a timely manner
• Effective- based on the best science available
• Efficient- avoids waste of time, money, resources
• Equitable- care provided to all in an equitable manner
• Patient-centered- patients participate fully in care decisions

IOM Quality Dimensions Workshop
Moving Forward

- Evaluate your current services
  - Do you provide what hospitals and PCPs need?
  - Do you collect the right data?
- Research your most likely ACO partners
  - What are their specific needs?
  - Analyze their clinical and claims data when possible
  - Determine how you can be essential to their ACO
- Explore current funding opportunities
  - Shared risk ventures
  - Grants
  - Demonstration projects
- Be proactive and get a seat at the table now
Drive Performance Across and Down the Enterprise

High Level System Components

Interactive “Click” Performance Management Platform
### Integrated Key Performance Indicators (KPIs)

**Add** | **Strategic Goals** | **Area of Focus** | **Functional Area** | **Leader** | **Target** | **Status** | **Score** | **Completed**
---|---|---|---|---|---|---|---|---
1. **Achieve budgeted financial targets.** |  |  |  |  |  |  |  |
1.1 | Increase net revenue performance in service lines. | Net Patient Revenue | Financial | VP Finance | 12/31/2009 |  |  |  
1.2 | Decrease the number of AR days outstanding. | AR Days Outstanding | Financial | Lisa Williams | 2/28/2009 |  |  |  
1.3 | Increase the amount of POS cash collections. | POS Cash Collections | Financial | Jim Smith | 3/31/2009 |  |  |  
1.4 | Decrease number of days to bill. | Days to Bill | Financial | Jim Fire | 2/1/2009 |  |  |  
2. **Increase operational efficiency in patient throughput.** |  |  |  |  |  |  |  |
2.1 | Decrease average length of stay consistent with quality indicators. | Average Length of Stay | Operations | Anne Operations | 10/1/2009 |  |  |  
2.2 | Decrease direct cost per case. | Direct Cost Per Case | Operations | John Hansel | 11/1/2009 |  |  |  
2.3 | Decrease nursing hours per patient day. | Nursing Hours Per Patient Day | Operations | Michael Williams | 12/1/2009 |  |  |  
2.4 | Reduce OR cycle time. | OR Cycle Time | Operations | Susan Jones | 12/31/2009 |  |  |  
3. **Achieve quality ratings that position the system as exemplary.** |  |  |  |  |  |  |  |
3.1 | Sustain patient mortality rates consistent with or below national standards. | Mortality Rate | Clinical | Margaret Clinical | 12/31/2009 |  |  |  
3.2 | Reduce hospital infections across the system. | Hospital Acquired Infections | Clinical | Jon Weiss, CMO | 12/31/2009 |  |  |  
3.3 | Maintain compliance with core measures. | Core Measure Compliance | Clinical | Susan Jones | 12/31/2009 |  |  |  

- **KPI actual updates real-time from existing data sources.**
- **Click to “drill down” on underlying data for the KPI.**
Proactive Alerts and Exception Management Sent Via Email
Feedback to Practitioners

![Bar chart showing feedback to practitioners for different individuals with bars for interventions, errors, and ADRs.](image)
HIE: State of Industry per Millonig

- HIE moves clinical information among disparate HI systems while maintaining data integrity
- Formal organizations providing this service are health information exchange organizations
- Data exchange also occurs in many organizations that are not formal health information exchange organizations
  - as between a hospital and affiliated independent practices.
Health Information Exchange

Mobilizing Health Information

The Internet

- Standards, Specifications and Agreements for Secure Connections

Millonig, ASAP Jan 2014
2013 Key Findings

1. Achieving interoperability with disparate information systems is a major concern; sixty-eight initiatives have had to connect to more than 10 different systems.
2. To overcome interoperability challenges, exchanges would like to see standardized pricing and integration solutions from vendors.
3. Many exchanges are not sharing data with competing organizations.
4. Exchanges are focusing on functionalities to support health reform and advance analytics.
5. Patient engagement remains low amongst organizations exchanging data.
6. Patient consent for data exchange generally remains an all-or-nothing proposition.
7. In the last 2 years, more data exchange initiatives have become financially viable. However, hospitals and payers are still expected to fund most exchange activity.
The Nice Thing About Standards...

- HL7
- CCA
- CCD
- CCR
- X12
- NCPDP
- XML
- TCP/IP
- Secure FTP
- Web Services
- Microsoft SQL
- ODBC-compliant databases
Connectivity Updates

• HL7 2.X remains primary while CDA XML going to HL7 v 3
• Consolidated Clinical Document Architecture (CCDA) required by meaningful use will grow in prominence
• Home Health Agencies connections = Opportunity for growth
• AMCP, ASHP, Walgreens doing Transitions of Care Pilot
• Med History is HIE Holy Grail (Larry K in MI)
• Chains get the vision and need and are already at the table
• HCS sends discharge docs for clients but RPh’s want Rx’s
• MTM pharmacists from Humana and Aetna want docs
• Pharm to Pharm Model to reduce readmissions
• Preauthorization is a big area and PBMs not standard on it
• State variations exist for controlled substances data
• QRDA is an emerging standard
The Connected Healthcare Community

- RHIO, CDR, HIE, CCD-based
- IT systems are connected via a shared architecture
- Collaborative Care Model
- All providers have access to up-to-date patient information
How is mHealth Different?

- Not necessarily a subset of eHealth
- Focuses more on behavior change than infrastructure
- Mobile is very personal
- Mobile is permanently carried
- Mobile is always on
- Mobile has a built-in payment channel
- Mobile is available at the point of creative impulse
- Mobile is most accurate at measuring its audience
- Only mobile can capture the social context of consumption
- Only mobile can offer augmented reality
Stats for Mobile Tech

• 93% own a cell phone
• >50% are Smart Phones
• More texting than the planet’s population/day
• 40% of workforce could work from home
• More use social networks than email to connect
...Thus one could question a funding scheme that places so much emphasis on medical care and not on prevention.” McGinnis 2002
Connected Cardiac Care Program

Exhibit 2. Partners HealthCare’s Connected Cardiac Care Program and Reducing Preventable Readmissions

**CCCP outcomes**
- 51% reduction in heart failure hospital readmissions*
- 44% reduction in non-heart failure hospital readmissions*
- Improved patient understanding of heart failure and self-management skills
- High levels of clinician and patient acceptability and satisfaction

**Savings**
A case study prepared by CCH reports the following cost savings to date from CCCP:
- Cost of CCCP: $1,500 per patient
- Total savings from reduction in hospitalizations: $9,655 per patient
- Total net savings: $8,155 per patient
- Total savings: $10,316,075 for 1,265 monitored patients since 2006

* N=332  
** This program targeted reductions in unplanned heart failure and non-heart failure related admissions. The savings achieved factor in the cost of running the program, including marketing, referral management, telemonitoring nurse support, and technology.  
Source: CCH analysis provided to the author.
# Telehealth and Readmission

## Exhibit 3. The Impact of Integrated Telehealth on 30-Day Readmission Rates at Centura Health at Home

<table>
<thead>
<tr>
<th>Facility and condition:</th>
<th>Pre-project readmission rates</th>
<th>Post-intervention readmission rates achieved*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>St. Anthony’s Central</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Congestive heart failure</td>
<td>13.8%</td>
<td>4.2%</td>
</tr>
<tr>
<td>• Chronic obstructive pulmonary disease</td>
<td>14.1%</td>
<td>6.7%</td>
</tr>
<tr>
<td>• Diabetes</td>
<td>14.7%</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Porter Adventist Hospital</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Congestive heart failure</td>
<td>17.7%</td>
<td>9.5%</td>
</tr>
<tr>
<td>• Chronic obstructive pulmonary disease</td>
<td>12.5%</td>
<td>2.7%</td>
</tr>
<tr>
<td>• Diabetes</td>
<td>9.5%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

* About one-quarter of the 200 patients used telephonic telehealth, while the majority used remote patient monitoring and had access to the clinical call center.

Source: Data provided by Centura Health at Home, reporting outcomes to the Center for Technology and Aging.
VHA Care Coordination Results

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number of patients</th>
<th>Percent decrease in utilization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>8,954</td>
<td>20.4%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>7,447</td>
<td>30.3%</td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>4,089</td>
<td>25.9%</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>1,963</td>
<td>20.7%</td>
</tr>
<tr>
<td>Post-traumatic stress disorder</td>
<td>129</td>
<td>45.1%</td>
</tr>
<tr>
<td>Depression</td>
<td>337</td>
<td>56.4%</td>
</tr>
<tr>
<td>Other mental health</td>
<td>653</td>
<td>40.9%</td>
</tr>
<tr>
<td>Single condition</td>
<td>10,885</td>
<td>24.8%</td>
</tr>
<tr>
<td>Multiple conditions</td>
<td>6,140</td>
<td>26.0%</td>
</tr>
</tbody>
</table>

The Connected Home
Welcome Caregivers

This Caring Home provides tips and tools to enhance home safety for persons with Alzheimer's and other types of dementia.

Highlights include:
- Virtual Home
- Product Guides
- Videos & Animations

Stove Safety  Better Bathing  Wander Safety

MEMORY AIDS
Timer w/Loud Alarm

CAREGIVER'S TIPS
Mom began to wander; it was terrifying. I enrolled her in MedAlert-Safe Return & put a lock high on the door.

HOME PRODUCTS
Red Handle
Home Sensors

1. Data Manager
   - The Data Manager receives wireless signals from an array of sensors. The data can be transmitted via a phone line or wired/wireless broadband.

2. Authorized Caregivers
   - Data is analyzed 24/7 on a private secure server. Caregivers can easily access the password protected wellness and trend reports from any computer with internet access. Alerts can be received via email, text message, pager and PERS system.

3. User-Friendly Reports
   - User-friendly reports are designed to proactively identify emergent wellness conditions and improve care delivery efficiency.
What will the next wave of patients be like and expect and how does meaningful use connect to this?
Reverse Auctions

PATIENTS
Want a competitive price on medical care? Submit an online request to get affordable medical care
START HERE

DOCTORS
Tired of interference in the doctor-patient relationship? Register to find new patients today
START HERE

MEDICAL FACILITIES
Medical tourism gives you access to new patients. Register and let us do your medical marketing
START HERE

EMPLOYERS & TPAS
Affordable health plan using domestic and international medical tourism with transparency reduces costs
START HERE
There’s an App for That!
Will You Create an App?

How about a multidisciplinary app?
Top 10 Patient Diabetes Apps

1. **Diabetes Pilot** (iPhone, iPod, iPad) is an app created by diabetics for diabetics. This app is flexible and easy to use. It has the following features: records blood sugar measurements, records medications, records meals and exercise, tracks blood pressure and other lab results. This app also features a food database, which is helpful on the go. It helps calculate insulin dosages (taking the guess work out of it). It even creates detailed reports for you to monitor your progress! Cost: $11.99

2. **Glucose Buddy** (iPhone, iPod, iPad) – this is the #1 ranked diabetes app in iTunes. Created by Tudiabetes.com. It has the following features: food, medication and exercise logs, an interactive forum for further diabetes education, and syncs with your desktop to create graphs/charts to easily understand your health trends. Cost: FREE

3. **WaveSense** (iPhone, iPod, iPad) – produced by makers of glucose monitors (Presto, Keynote, and Jazz). It has the following features: view glucose trends in charts/graphics over 90 days, educational diabetes videos, allows you to set goals (blood sugars), mealtime scheduling, meal activity and medication management, color-coded logbooks to identify highs/lows, and ability to email recorded information to healthcare professionals. The downside though is no food database to help monitor and track calories and other nutrients. Cost: FREE

4. **Vree** (iPhone, iPod, iPad) – this fairly new app is from Merck (drug company). It has the following features: glucose, exercise, weight, blood pressure, food and medications logs, food database including restaurant meals, various articles and tips to help with diabetes management, and also the ability to email recorded information to health professionals. Cost: Was free, but I believe it is $1.99 currently.

5. **OnTrack** (Android phones & tablets) – One of the few for android devices! This app has the following features: Log and graph blood sugar levels, food intake, exercise, weight, blood pressure, bodyfat, pulse, A1c, and medications. Very similar to the Apple applications. This app allows you to make personal notes and export information to your doctor and other medical professional. Also it has a personal reminder alarm for medications, food, exercise, etc. Cost: FREE

6. **Log for Life** (iPhone, iPod, iPad) – the name of the product explains it. This app allows the user to log blood sugars, medications, carbs, weight, and exercise. It also features: interactive graphs, exporting to medical professionals and PDF reports for printing. The downside is it requires a monthly fee of $9 after a 30 day trial. Cost: FREE for 30 days, then $9 a month.

7. **Lose It** (iPhone, iPod, iPad) – mostly used for weight loss, this app can be used to help diabetics with their weight management. This app allows you to set food and exercise budgets to help keep you on track. Here some of its features: database of foods and activities, ability to setup recipes, track nutrients (calories, protein, fat, and carbs), earn badges to recognize your successes, share results on Twitter and Facebook, daily/weekly email reports, customize workouts and meals, and works without an internet connection. The cool thing is that 95% of active users experience weight loss. Cost: FREE

8. **Calorie Counter by MyNetDiary** (iPhone, iPod, iPad) – probably one of the most user-friendly and higher quality apps out there. It has a massive food database of 400k plus. It has tons of features like the

9. **IBGStar Diabetes Manager App & Glucose Meter** (iPhone, iPod, iPad to be released soon) – this highly innovative app is the latest in technology and data management. The app allows users to track their blood sugars through the plug-in meter while viewing, storing, and tracking their blood sugars using the app. Its other features include: the ability to tag your blood sugars to specific meals you've eaten, track nutrients (calories, carbs, blood sugar trend charts, logbook, statistics, and shares your data with your doctor. The app and meter is expected to release sometime in the near future. It is awaiting FDA clearance since it is a "medical device". Cost: Estimated around $80 for the meter and app.

10. **My Fitness Pal** (iPhone, iPod, iPad, Android, Blackberry and Windows) – a highly popular fitness app can be used on all devices. It is likely the largest food database out of all the apps mentioned (1.5+ million). It also features: works OFFLINE, track all nutrients (calories, protein, fiber, etc.) recipe calculator, over 550 exercises and tracking tools, keep track of your progress, social media sharing, and also backed by an online community – myfitnesspal.com which supports millions of diets.

Most commonly used social media tools

del.icio.us

facebook

linkedin

meetup
PatientsLikeMe.com

Patients helping patients live better every day.

Share Your Experience »
Find Patients Like You »
Learn From Others »

Join Now (It's free!)

Our Current Communities
Neurological Conditions
MS (Multiple Sclerosis)
Parkinson's Disease
ALS (Amyotrophic Lateral Sclerosis) / MND (Motor Neuron Disease)
PLS (Primary Lateral Sclerosis)
PMA (Progressive Muscular Atrophy)

Mood Conditions
Depression
Anxiety
Bipolar
OCD (Obsessive-Compulsive Disorder)
PTSD (Post-Traumatic Stress Disorder)

Highlights
Lithium & ALS Study
See how ALS patients taking lithium are doing in real-time. Learn more...

Clinical Trial Awareness
Two of our clinical trial awareness partners are seeking patients for clinical trials. Find out more...
Sanofi & Diabetes - 366 Billion by sanofiaventisTVen - 10 months ago Discover Sanofi's Commitment!

Blood Sugar concerns? - An overview by Julie Solomon - 2 months ago Watch Video why this product works

Animation about diabetes and the body by diabetesukcharity - 4 years ago - 709,334 views There are two main types of diabetes, known as Type 1 and Type 2. These types of diabetes are lifelong health conditions. There ...

Diabetes Overview by AnswersTV - 5 years ago - 409,797 views How diabetes occurs and how to treat it. Watch this and more health videos at: http://www.answersonlinetv.com/health.

Type 2 Diabetes EXPOSED - What Really Causes Diabetes? by Diabetes UK Official - 2 years ago - 381,964 views
General Design of a Health System Portal

- Reference Lab, radiology etc
- Clinical Data Repository
- Community Pharmacies
- Orders with Labels, Manifests
- Prescriptions
- Results
- Secure Messaging
- Hospitals
- Single Sign-on; Orders
- Feedback
- Patients PHR, Home Monitoring
- Ask Billing Questions; Ask a Nurse; Appointment Requests; Request Prescription Refills; E-visit/E-consultation, etc
- Referral Requests
- Rounding Information; ADT Notification; Results; Reports; Images; Demographics/Insurance Updates; Critical Alerts; Transcription Signing
- Consulting Physicians, Home Health
- Other connections including:
  - Health Plans
  - Public Health
  - RHIOS
  - Personal Health monitoring devices...etc
End-State Vision
Where do we want to end up?

Comprehensive Consumer Experience

- Portable data
- Communication with caregivers
- Communication with health care team
- Longitudinal record
- Patient control over data
- Decision support tools
- Privacy protections
- Certification of core functionality
- Education from trusted sources
- Interoperability with EHR and other systems
NEW FOR '84

256K 1-Disk

Priced From $4,999.00

Commercial Lease Available for Only $175 Per Month
(Plus Applicable Use/Sales Tax)

- 256,000 Characters of Internal Memory—Expandable to 768,000 Characters
- Includes TRSDOS Single-User and TRS-XENIX™ Multi-User Operating Systems
- Choose One or Two Built-In 1,250,000-Character 8" Floppy Disk Drives or Our New Powerful System With One Floppy Drive and 15-Megabyte Hard Disk Built-In
- Unique Dual-Processor Design

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risking more than others think is safe,

dreaming more than others think is practical,

and

expecting more than others think is possible.
Bill G. Felkey
Professor Emeritus
Pharmacy Care Systems
Auburn University

felkebg@auburn.edu