

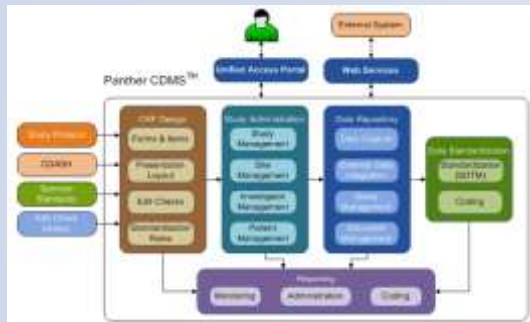
Medication Profile best practice: How should informatics standards help?

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How have I got here?




YellowCard It's easiest to report online at www.yellowcard.gov.uk

SUSPECTED ADVERSE DRUG REACTIONS

If you suspect an adverse reaction may be related to one or more drugs/vaccines/complementary therapies, please complete this Yellow Card. Get advice on how to drug sections in BNF or www.yellowcard.gov.uk for guidance. Do not be put off reporting because some details are not known.

PATIENT DETAILS Patient initials: _____ Sex: M / F Ethnicity: _____ Weight if nature kg: _____
 Age at time of reaction: _____ Date of reaction (in e.g. Year-Month or Hospital Ref): _____

SUSPECTED DRUG(S)/VACCINE(S)
 Drug/Vaccine (Brand if known) Batch: _____ Route: _____ Dosage: _____ Date started: _____ Prescribed by: _____

SUSPECTED REACTION(S) Please describe the reaction(s) and any treatment given: _____
 Outcome: _____
 Recovered: _____
 Continuing: _____
 Other: _____

Date reaction(s) started: _____ Date reaction(s) stopped: _____

Do you consider the reaction(s) to be serious? Yes / No

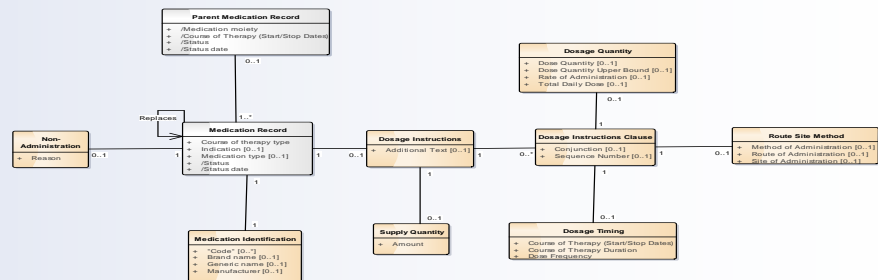
If yes, please indicate why the reaction is considered to be serious (please tick all that apply):
 Patient died due to reaction Reaction led to prolonged hospitalisation
 Life threatening Hospitalised or significant disability or incapacity
 Congenital abnormality Medically significant please give details

I believe.....in “Semantic Interoperability”



The ability to share information **meaningfully and accurately** in order to produce **useful results** as defined by the end users of all systems

Using an evidence-based “standard” reference information model and robust controlled terminology AND instantiated from standard dynamic models



Not a textual specification based on who shouts loudest

The Medication Profile

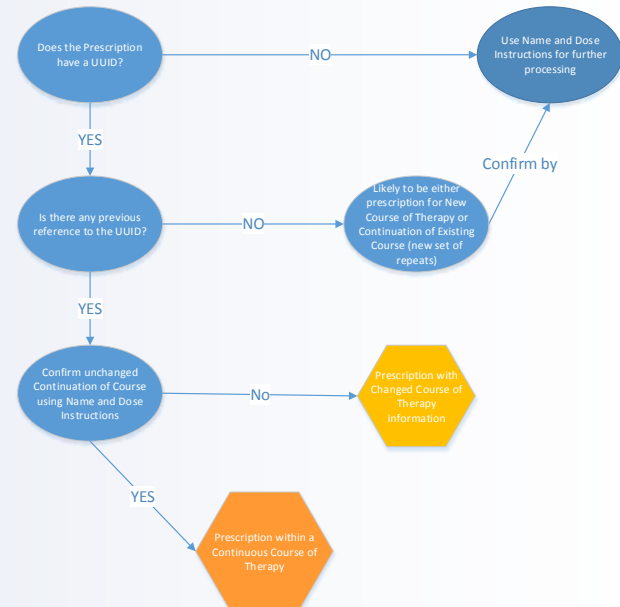
High quality comprehensive and cohesive medication information

A vital component of electronic health records, for use in the provision of care to individuals and also for secondary use of that information in clinical research to promote better and safer medication development for the future

- Not a list of process records
 - Whether related or unrelated.....

Date	Medication	Dosage	Quantity
14/06/2012	Simvastatin 10mg tabs	1 od	28
14/06/2012	Bendroflumethiazide 2.5mg tabs	1 od	28
12/07/2012	Simvastatin 10mg tabs	1 od	28
12/07/2012	Bendroflumethiazide 2.5mg tabs	1 od	28
28/07/2012	Hydrocortisone 1% cream	ut dict	30g
09/08/2012	Simvastatin 10mg tabs	1 od	28
09/08/2012	Bendroflumethiazide 2.5mg tabs	1 od	28
15/08/2012	Amoxicillin 250mg caps	1 tds 7/7	21
05/09/2012	Simvastatin 10mg tabs	1 od	28
05/09/2012	Bendroflumethiazide 2.5mg tabs	1 od	28

- Formal management of the “medication information” available from the processes to populate the Medication Profile to support the use cases for it



So...how *should* informatics standards help?



- Reams of evidence that a “gold standard Medication Profile” is needed!
- Various “static model” standards – including the Summary Care Record
 - Limited evidence base underpinning these
- Total absence of methodology for population of the “static model”



What's this to you?

- Policy role?
 - Standards based on evidence not opinion, please!
 - Fill the standards gaps, please
 - Especially in the “dynamic model”
 - Exactly what is “current medication”?
- Practice role?
 - Think about what you really need and the gaps that you have
 - Talk about them, write about them, make a fuss!
 - “Indication information – how can you get it?”
 - What systems things might help?
- Education role?
 - Teach basic informatics
 - Teach basic “coding” principles (what and why)
 - NHS dm+d
 - Dosage instructions



THANK YOU