

Development of Medicines Terminology Standards for Use in Australia

National Clinical Terminology & Information Service NEHTA
23 January 2013

Healthcare system: Australia



- One of the largest & most complex industry.
- Employs over 850,000 people.
- Delivers services to 22.6 million people.
- Multiple geographies and socio-economic settings.
- Complex network of mainly autonomous public & private care providers.
 - Over 1,000 public & private hospitals.
 - 10,000s of general practice, specialist, community health, allied health & aged care settings.

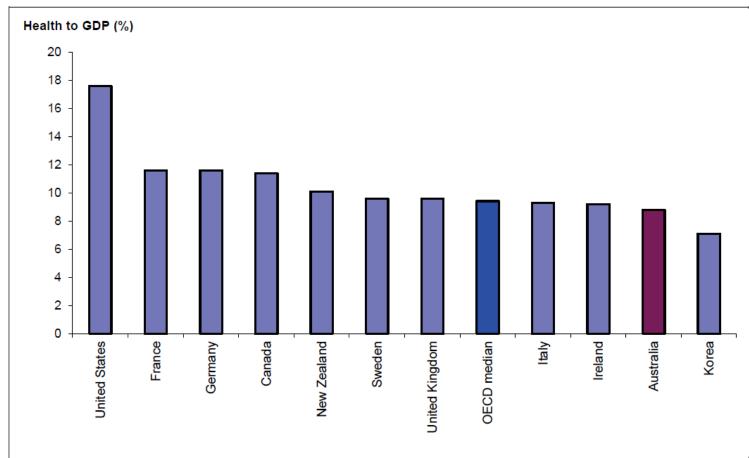
Healthcare system: Australia



- In 2010-2011, Australia spent about \$130 billion on health. In 2000-2001, this was \$77.5 billion².
- 9.3% of GDP vs. 8.2% of GDP for same periods.
- Estimated recurrent expenditure on health is about \$5,800 p/p.
- Growth due to ↑ volume of health goods & services purchased, not price – mainly population growth, not ↑ expenditure p/p.
- Two largest increases:
 - Public hospital services (↑ \$2.2 billion)
 - Medications (↑ \$2.1 billion)

Health to GDP ratio: Aust vs. OECD countries





(a) See definition of 'OECD financial year' in Box 5.1.

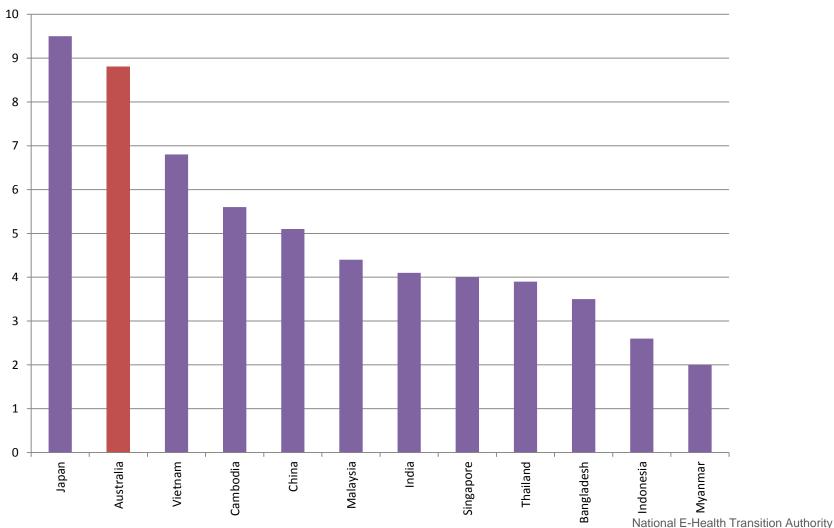
Source: Table 5.1.

Figure 5.1: Health expenditure as a proportion of GDP, selected OECD countries, 2010(a)

Health to GDP ratio: Aust vs. Asia-Pacific countries







Health expenditure as a proportion of GDP, selected Asia-Pacific countries, 2010

www.nehta.gov.au

Healthcare system challenges – Australia (1)



- Significant challenges in continuing to deliver high standards of health outcomes:
 - Large ageing population
 - Increasing incidence of chronic diseases
 - Increasing consumer demand for more costly, complex & tech advanced procedures
 - Differences between advantaged & disadvantaged Australians
 - Supply & distribution of skilled health sector workers

Healthcare system challenges – Australia (2)



- Various local/ proprietary code-sets, classifications
 & terminologies in use
- Various EMRs are in use
- Different states & jurisdictions
- Different healthcare settings
- Different reporting requirements
- Different underpinning business/editorial rules
- Little to no sharing of information:
 - Point to point
 - Point to share

Healthcare system challenges – Australia (3)



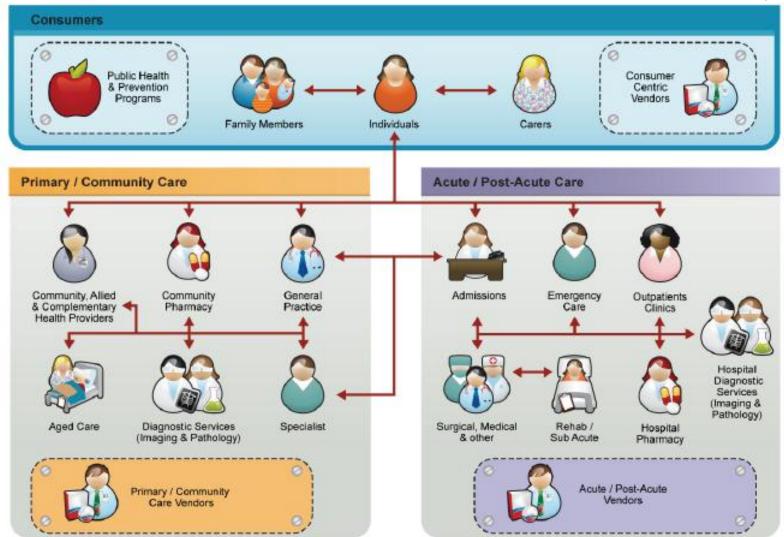
Clinical records:

- Not only a record for the author
- Essential to inform the next person in the care team
- Clinical safety risks of poor quality, ambiguous communication, e.g. prescribing, dispensing and administration errors
- Difficult to establish a person's medication history reliably and efficiently across the continuum of care

Australian Healthcare Community







National E-Health Transition nehta **Authority (NEHTA)**



 Identify and develop the necessary foundations for eHealth

 Develop the Personally Controlled Electronic Health Record (PCEHR)

NEHTA Vision





To enhance healthcare by enabling access to the right information, for the right person, at the right time and place.



NEHTA Purpose



- Lead the uptake of eHealth solutions
- Enable the progression and accelerate the adoption of eHealth through:
 - Infrastructure integration
 - Health information standards

NEHTA Work Program

PERSONALLY CONTROLLED ELECTRONIC HEALTH RECORD	CLINICAL INFORMATION	INDIVIDUAL INFORMATION	SHARED INFORMATION	MEDICARE DATA
E-HEALTH Services	SHARED HEALTH SUMMARY	EVENTS SUMMARIES	CONSUMER HEALTH SUMMARY	CO-ORDINATED CARE
E-HEALTH Solutions	ePATHOLOGY	eDISCHARGE	eREFERRAL	eMEDICATIONS
NATIONAL Infrastructure Components	NATIONAL CLINICAL AND TERMINOLOGY INFORMATION SERVICE	SECURE MESSAGING	HEALTHCARE IDENTIFIERS	AUTHENTICATION

Personally Controlled Electronic Health Record



Priority health activities

Benefits of national

PCEHR system

(2010-2025) (\$M)

Reduced avoidable hospital admissions

and GP visits due to more effective \$10,237

medication management

Improved continuity of care \$1,308

Total net community benefits \$11,545

Deloitte, Expected benefits of the National PCEHR System Based on economic modelling work undertaken in 2010-2011. Published 2012.

National Clinical Information & Information Service



- SNOMED CT-AU
- Australian Medicines Terminology
- Clinical Information
- Reference Group engagement
- Service Desk
- Implementation Support



How does a national standardised medicines terminology enhance healthcare?





Between 22% and 71.9% of consumers have errors at admission to hospital and 2.8% of medication discrepancies have the potential to cause probable 'patient discomfort or clinical harm'

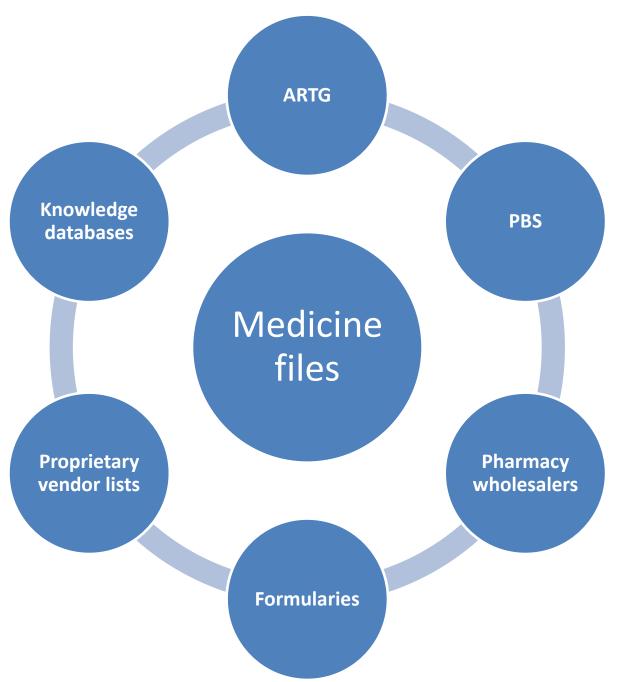
Lehnbom EC, Stewart MJ, Wiley J, Manias E, Westbrook JI. Do medication reconciliation and review improve health outcomes? A review of the evidence and implications for the impact of the Personally Controlled Electronic Health Record (PCEHR). Australian Institute of Health Innovation, University of New South Wales. Sydney, July 2012.



Re-admission is more than twice as likely if more than one medication is unintentionally omitted from a discharge summary

2–3% of all hospital admissions are medication related and up to 30% of unplanned geriatric admissions are associated with Adverse medication events

Australian Commission for Safety and Quality in Healthcare, The Case for Medication Reconciliation. Presentation. December 2010





National E-Health Transition Authority www.nehta.gov.au



APO Pantoprazole 40mg Tablets, 30 or

Pantoprazole (Apotex) 40 mg tablet: enteric-coated, 30 tablets

Language



guten morgen buongiorno

aloha kakahiaka

selamat pagi

bonjour

buenos días

Language



guten morgen buongiorno

aloha kakahiaka

selamat pagi

good morning

bonjour

buenos días

Context



That's what I mean

I feel

The water is

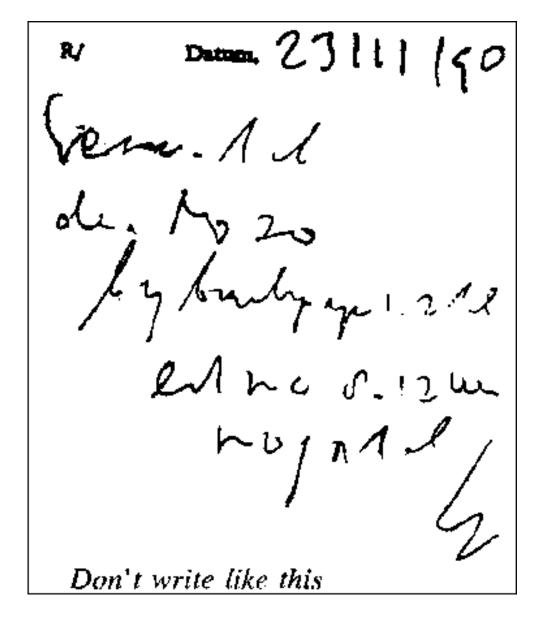


I have a



What are the benefits of terminology?



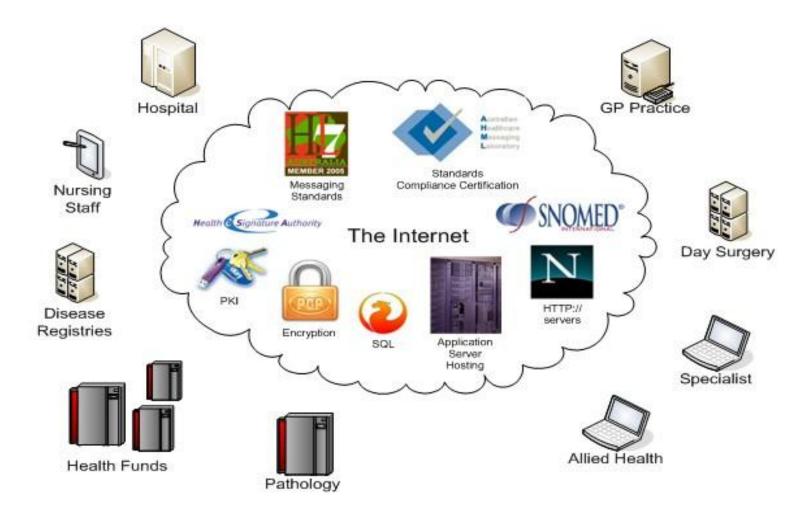




"If you're stumped, why not write an illegible prescription and hope the pharmacist comes up with something?"

Twentieth century picture of interoperability













Benefits



- Improved data quality
- Enables unambiguous communication and interpretation across different healthcare settings
- Better ability to monitor patient care and clinical outcomes through the care continuum
- Supporting interoperability between clinical systems
- More efficient updates of clinical information, facilitating improved workflow;
- Better aggregation and re-use of information for population health/epidemiology, policy & Strategy, research and education purposes.

What have we achieved?



Design

Development

Maintenance

Design



Objectives

Use cases / requirements

Model design

Editorial Rules & technical documentation

Scope

Collaboration/user engagement

Review and evaluate existing standards

Objective



- Standardised medicines terminology universally used throughout the healthcare system.
- Communicate medicinal information without loss of detail or change to meaning.
- achieve semantic interoperability "ability of computer systems to communicate and exchange data with unambiguous, shared meaning".
- Support effective and consistent clinical recording of medicinal data to improve patient care.

AMT overview



- AMT is a systematically organised computer readable collection of medicinal terms.
- Modeled according to international terminology SNOMED CT.
- Delivers standardised identification of brand (trade) products and equivalent generic medicines along with associated components.
- Standard naming conventions defined by editorial rules.

AMT is not...



- A classification system.
- Memorisable meaningless identifiers.
- Just for human readership.
- Able to be printed out and used like a book.
- Replacing or displacing other instruments.

Use Cases / requirements



Provide medicines terminology for implementation in clinical information systems to support:

- Prescribing
- Recording
- Review
- Issue including dispense
- Administration
- Transfer of information

Clinical Scenarios





AMT concept groups	Prescribe	Record	Review	Issue (including dispense)	Administer	Transfer of information
Medicinal Product (MP)	✓	✓	✓			✓
Medicinal Product Pack (MPP)	✓	✓	√			✓
Medicinal Product Unit of Use (MPUU)	✓	✓	✓			√
Trade Product (TP)		✓	√			✓
Trade Product Pack (TPP)	√	✓	√	✓		✓
Trade Product Unit of Use (TPUU)	✓	✓	✓	✓	✓	✓
Containered Trade Product Pack (CTPP)	✓	✓	√	✓		✓

Model Design



Based on previous work undertaken prior to the establishment of NEHTA including:

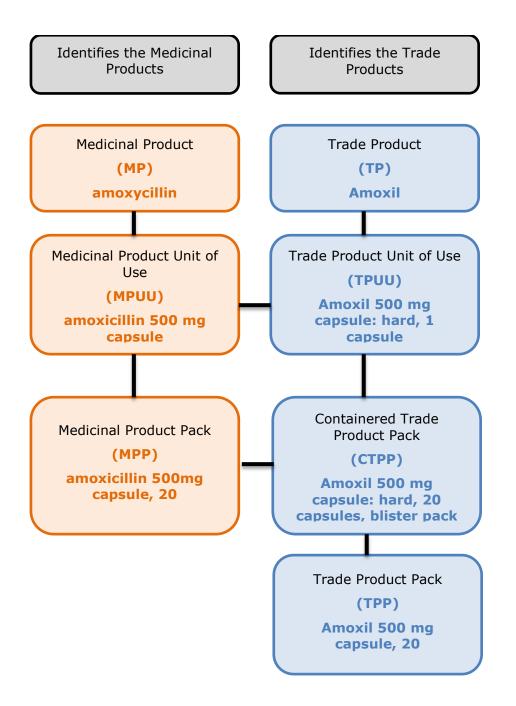
- UK Dictionary of Medicines and Devices (dm+d)
- Australian Medicines and Devices
 Terminology developed by the Department of Health and Ageing in conjunction with HL7
 Australia and New Zealand (Sep 2004)
- SNOMED CT

AMT Components



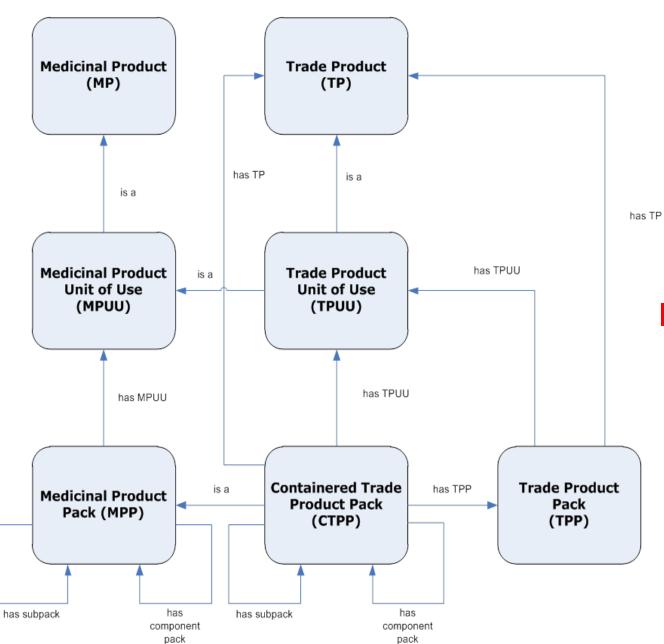
Consists of

- concepts
- descriptions
- relationships
- Identifiers (codes)





Relational Model





Relationships

Editorial Rules



Focus on the naming conventions and rules associated with all description types for concepts in the AMT model.

Rule ID	Description
AMT-MP-PT-5	The sequence of ingredients in the Medicinal Product Preferred Term will, by default, be based on the alphabetic order of the ingredient names. However, if every MPUU associated with one of the components of the MP (either through the MPUU is a MP" relationship, or through the two relationships MPP is a MP" and MPP has MPUU") has the same PreferredTermOrder" for the corresponding ingredients, then this order is used instead. EXCEPTION The order sequence for multi-ingredient products will be alphabetical, unless an altered sequence is determined as in Appendix C:. This will be developed on a case-by-case basis. The complete list of exceptions may be found in Appendix C:, Section C.6. Example: MP FSN is codeine + paracetamol MP PT is paracetamol + codeine MP FSN is clavulanic acid + ticarcillin MP PT is ticarcillin + clavulanic acid

Content - Terminology or Information?



- Product name, e.g. Panadol
- Clinical indication
- Pack size
- Strength
- Dose Form
- Unit of use
- Adverse reaction
- Relationships between concepts
- Availability

- Synonyms
- Identifier code
- Drug interaction
- Allergy class
- Dose
- Generic name, e.g. Paracetamol
- Contraindication
- Subsidy
- Container
- Price

Terminology vs. Information





- Wide range of knowledge about medicines not included in a medicines terminology.
- Terminology information must always, necessarily be 'true' (i.e. definitional) e.g. product name, active ingredients, strength, form, pack size, unit of use, container.
- Some information may change over time e.g. dosage, interactions, indications, contraindications, adverse reactions.
- This knowledge not included in terminology, but can be linked to product descriptions within the terminology.

Scope



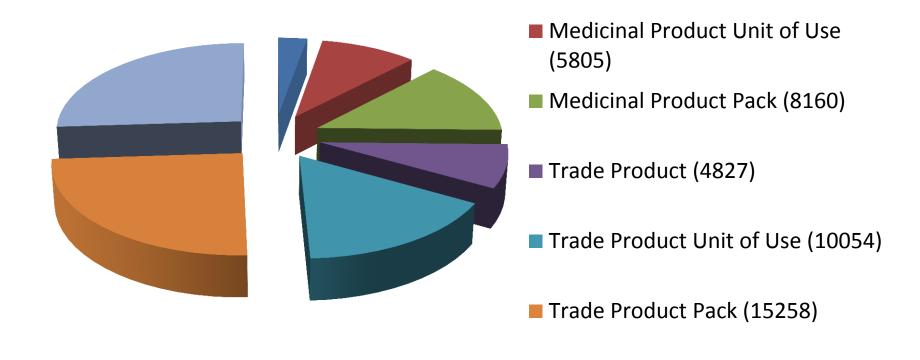
 Registered items and listed items from the Australian Register of Therapeutic Goods

 All items included on Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme inclusive of medical devices and nutritionals.

AMT December 2012



■ Medicinal Product (1738)



Total product concept count 61,940

Containered Trade Product Pack

(16098)

Stakeholder engagement



- Clinicians
- Health informaticians
- Software vendors
- Government
- Medicine information data providers
- Standards & peak industry organisations
- Health boards
- Encompassed Australia and New Zealand

What have we achieved?



Design

Development

Maintenance

Development



Source data

Tools

Resources

Testing

Release strategies

Safety/external review

Documentation including Quality Plan

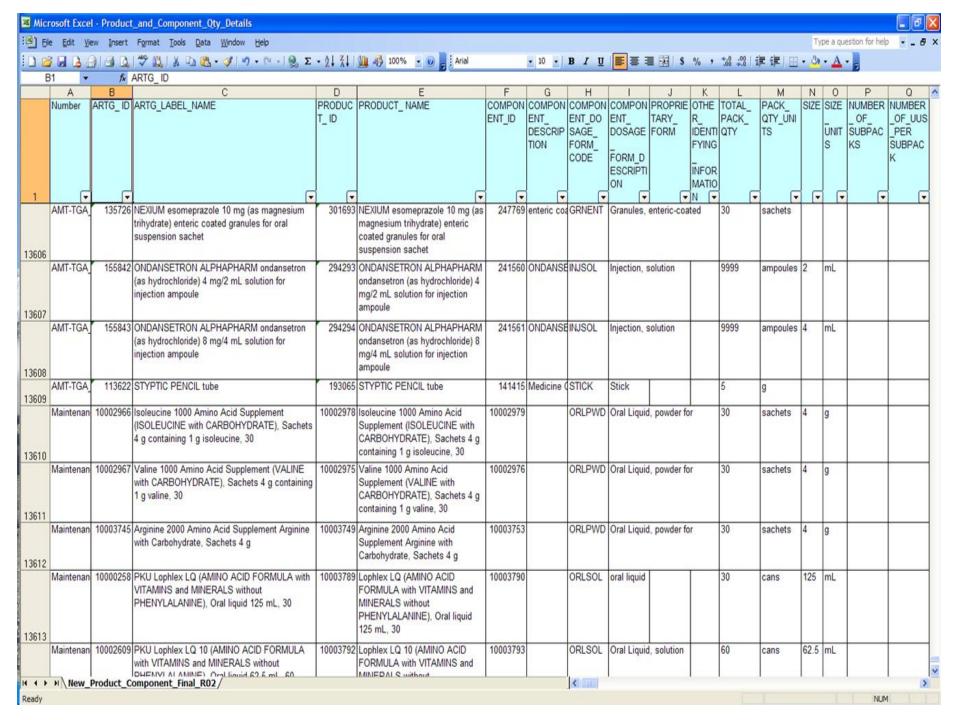
Governance

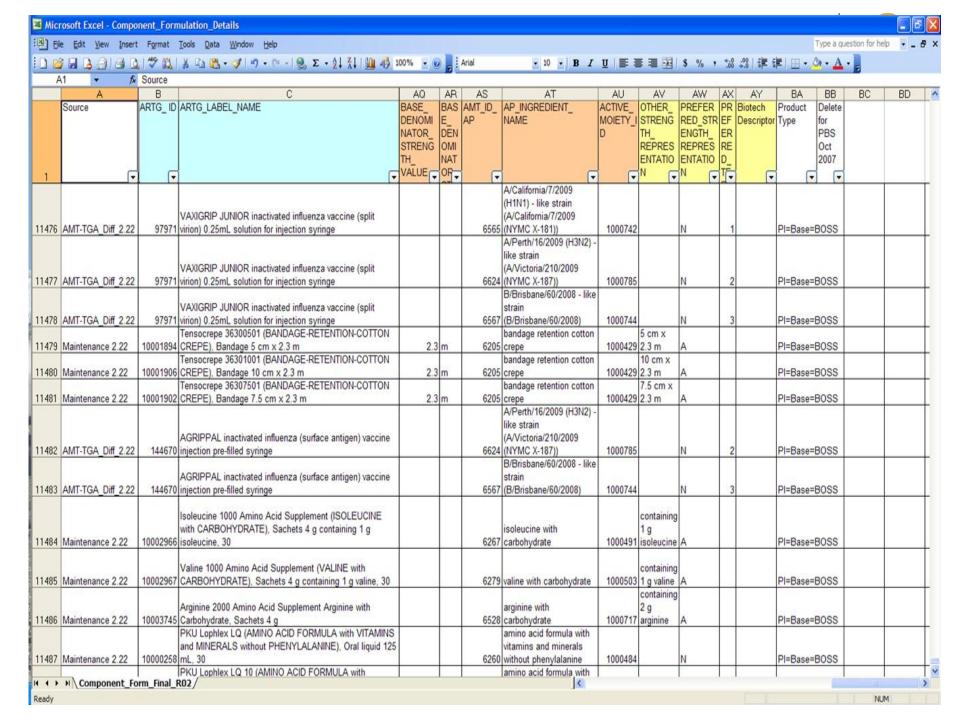
How is it created?





Australian Medicines Terminology





Resources



- Spreadsheets
- ACE workbench (customised version)
- Business rules
- Terminology analysts
- Data administrator / analysts
- Programmers
- Build/release team
- Test team

End-to-End Process



Data entry

- Single or dual
- Dual independent review
- Quality plan
- Sign off including clinical safety

Build files— transformation of data

- Dual independent review of terms
- QA Reports

Release

Release

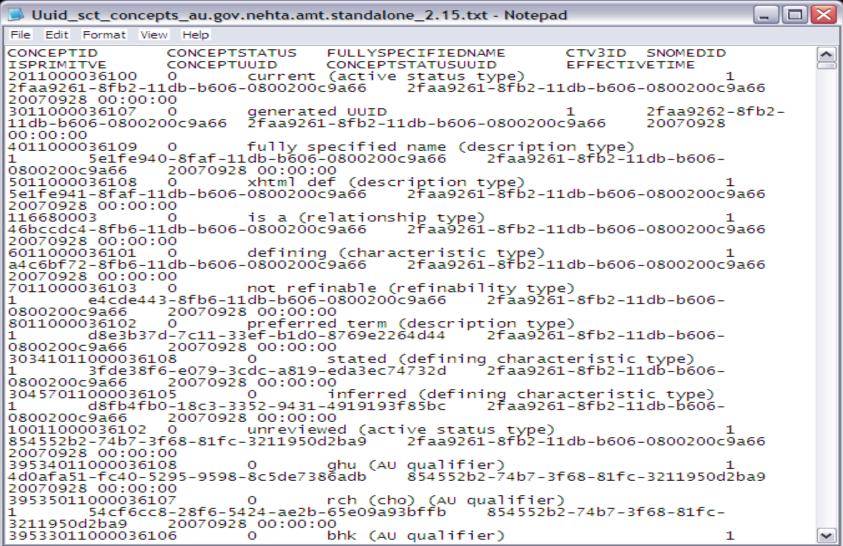


- Distributed via dedicated website with secure login
- Provided under the Licence agreements
- Released monthly since 2007
- Viewer/Terminology browser
- RSS feeds / Emails
- Release / supporting documentation including

What does AMT look like?

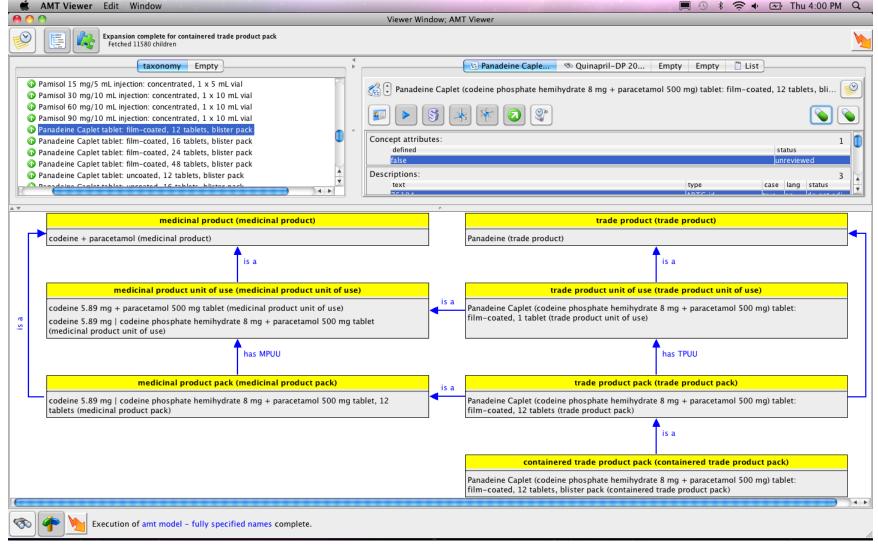






AMT browser





What have we achieved?



Design Development

Maintenance

Maintenance



Governance

Safety/CCA/service desk

User engagement/survey/workshops

Resources

Implementation support / documentation

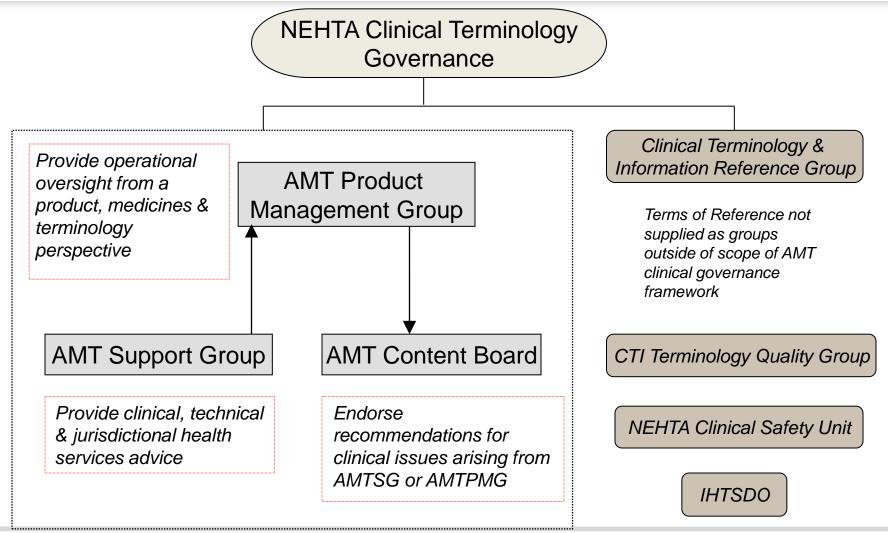
Roadmap

National eHealth strategic initiatives

Model review

AMT Governance





Maintenance



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