



MEDICINES OPTIMISATION FROM FDB

Over 900 million prescribed items are dispensed in the UK each year¹ and one in 20 prescriptions will contain an error².

The FDB Solution

FDB, utilising over 30 years' experience in Medicines Information has created a best practice, patient specific Medicines Optimisation rules engine containing national guidance, safety and cost saving rules. The FDB rules engine powers a number of our partners solutions providing clinically intuitive outputs either at point of care, within the workflow of the GP clinical system or retrospectively as part of a Clinical Commissioning Group (CCG), Commissioning Support Unit (CSU or Medicines Management team analytics tool.

1. TAKE INPUTS

Patient and medicines detail
real and near time

- Age
- Gender
- Medication history
- Historic conditions
- Presenting complaint
- Allergies
- Measures and observations
- Dosing regimens
- BMI
- Blood pressure
- FEV1
- Red blood cell count
- Cardiovascular risk
- Cholesterol
- Ethnicity
- Neutrophil count
- Creatinine clearance
- DEXA T-Score

2. APPLY FDB RULES ENGINE

FDB clinically coded, medicines optimisation rules engine (Best Practice, Safety, Cost Saving Rules)

3. PROVIDE OUTPUTS

Intelligent, patient specific outputs delivered via partner solutions either at Point of Care, within the workflow of the GP clinical system or Retrospectively as part of an Analytics Tool



Why Choose an FDB Powered Solution?

Our background in medicines information as the UK's leading provider of drug knowledge bases and electronic clinical decision support.

The quality of our rules engine: FDB currently delivers 600+ best practice, safety and cost medicines rules.

Our team of analysts, informaticists, clinicians and pharmacists refresh and update the medicines database in line with new evidence or national guidance.

The only UK drug knowledge base provider to receive NICE accreditation for the quality of our database authoring and editorial policies.

Depth of integration and ability to provide patient specific outputs - our rules engine interacts with highly detailed patient data to deliver intelligent, patient specific recommendations around safety, best practice and cost at patient, prescriber, practice, CCG or CSU level.

50% of medication errors are caused by the absence of immediate and accurate information³

Best Practice Rules Engine Content

National Guidance:

- QIPP
- NICE
- MHRA
- Cochrane
- Split by LTC

Safety:

- Dose
- Patient Checks (contraindications and allergies)
- Drug checks (interactions, duplicate therapy)
- Safety indicators (PINCER, King's Fund, STOPP)

Cost and Value:

- QIPP
- Therapeutic Interchanges
- Brand/generic



1.The NHS Information Centre: Prescribing and Primary Care Services. Prescriptions dispensed in the community: England, Statistics for 2000 to 2010.

2.Avery A, Barber N, Ghaleb M et al. Investigating the prevalence and causes of prescribing errors in general practice: The PRACtiCe Study (PREvalence And Causes of prescribing errors in general practice) A report for the GMC: May 2012.

3.FDB Independent Research (2011)

MEDICINES OPTIMISATION FROM FDB

FDB works with expert partners to deliver retrospective analytics and point of care solutions for medicines optimisation. We do this by integrating our rules engine into sophisticated analytics tools and clinical systems.

Retrospective Analytics

FDB's medicines optimisation rules engine is fully integrated into analytics tools - providing you with a whole-patient approach to medicines optimisation. The data is provided at near 'real time', giving you an up to date and accurate picture of your population.

Reporting can take place at CSU, CCG, GP practice, prescriber, patient, and prescription level. Roll out of our solutions can be tailored to provide each organisation with the most relevant view of prescribing activity according to local need. Retrospective analytics is provided through two areas:

AnalyseRx Population View provides high level analytics, dashboards, benchmarking and bespoke reporting. Reporting areas include:

- Safety compliance
- Managing variations in prescribing
- Cost and value
- Best practice adherence

AnalyseRx Patient View provides the patient detail behind the reports from AnalyseRx Population View. It allows you to identify optimal drug regimens for long term condition patient cohorts. It supports intervention opportunities by providing real time information, at a patient/prescriber level, enabling you to implement:

- Case finding
- Clinical audit
- Patient-specific medication plans

Point of Care

Leading suppliers of GP clinical systems have embedded FDB medicines optimisation rules engine to deliver seamless prescribing guidance at the point of care.

OptimiseRx Point of Care delivers clinician guidance for safety, best practice adherence, cost/value decisions and patient preference taking into account polypharmacy issues and multiple morbidities. It is integrated within the existing clinical workflow of the GP's clinical system.

OptimiseRx Point of Care provides patient-specific recommendations that take into account the full patient history. This includes observations and measurements, increasing the acceptance of recommendations.

Validation Exercise Results

Data was taken from over 450,000 patients across 12 CCGs and run through the FDB rules engine. Our results showed:

- **In an average practice of 5,000 patients indicative savings of £17,350 were identified**
- **Average 10.23% of patients had safety issues with their current prescription combination**
- **Over 5% of patients had best practice issues (only two Long Term Condition rule sets were run in the first phase of validation. Further rules are now available and in development)**

What next?

For further information and to request a presentation from the FDB Medicines Optimisation team

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NICE has accredited the process used by First Databank to develop content used in Multilex drug knowledge. More information on accreditation can be found at www.nice.org.uk/accreditation. Accreditation evaluates only the processes used to develop content and excludes recommendations displayed by decision support systems in specific clinical settings as these are dependent on technical algorithms which are outside of the scope of NICE accreditation. Accreditation can be used to inform compliance with ISB 0129 – Clinical Safety Risk Management System – Manufacture of Health Software and ISB 0160 – Clinical Safety Risk Management System – Deployment and Use of Health Software, but cannot be used in isolation to release any product for clinical use.