Developing Clinical Decision Support: Traversing the Institutional Landscape

Susan Abdel-Rahman, Pharm.D. Chief, Section of Therapeutic Innovation Professor of Pediatrics



Precision Medicine

<u>Premise</u> ... not everybody given the same medicine at the same dose will have the same response



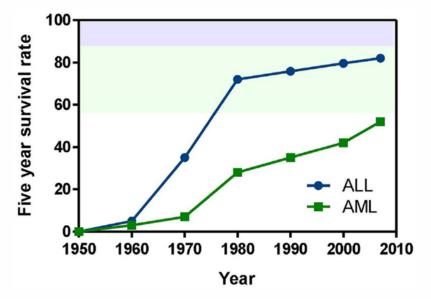
Promise leverage individual information from genes, environment, lifestyle. etc...to accurately treat disease

Challenge knowledge and skills to implement differ from clinician to clinician





Success with Optimal Utilization





Busulfan in Bone Marrow Transplantation

toxicity

- part of conditioning regimen
- large inter-individual variability
- narrow therapeutic index
- FDA product label addresses individualization

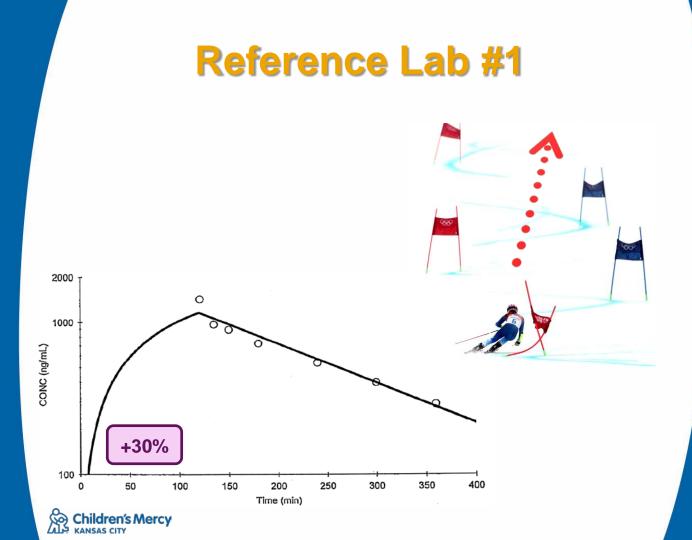
failure to engraft severe liver



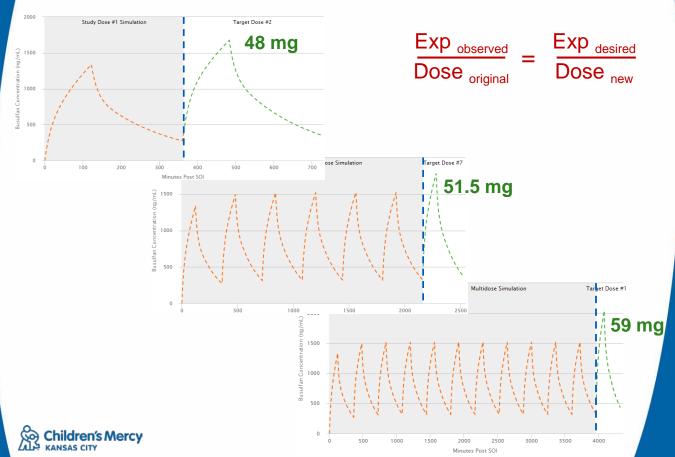
Busulfan Individualization: Original Process

Aspect	Limitation
• Reference lab contacted >48 hr in advance	inconvenient
Admission restricted Mon-Thur	
Samples manually logged	inefficient
 Recommendation via call(s) coordinated b/w lab and team Mon-Fri 9-5 (PST) 	
Dose #7 modified	excessive
Questionable PK modeling	inaccurate





Reference Lab #2



Solutions Considered for Children's Mercy

- 1. bring plasma assay online
- 2. perform modeling & simulation in house
 - a. formal pharmacokinetic consult
 - b. access to external PK software
 - rarely designed for physician user
 - can be unnecessarily complex
 - c. clinician-driven decision support tool

interrupt the flow of care



Successful DSTs...

- 1. developed with local users
- 2. available at time/location of decision making
- 3. integrate within the charting/order entry system

Business

Development

Laboratory Medicine

Senior

Administration

Pharmacology

Nursina

Heme/Onc

Pharmacy

Contract

Information

Systems

- 4. do not require additional data entry
- 5. justify decision with evidence
- 6. provide a recommendation

AHRQ Publication 12-E001-EF. April 2012

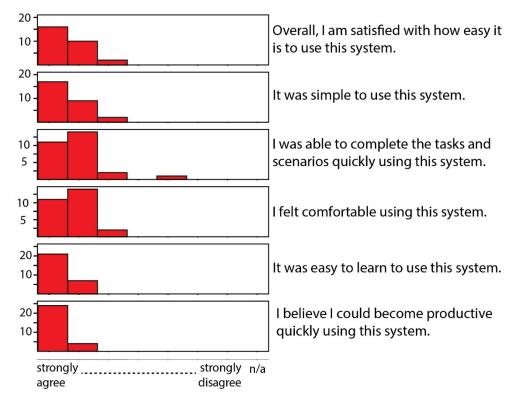
DST Development Activities

- 1. Requirements Analysis
- 2. Prototype and Design
- 3. Unit and Integration Testing
- 4. Functional Testing
 - Structured Cognitive Walkthroughs
 - Usability Testing



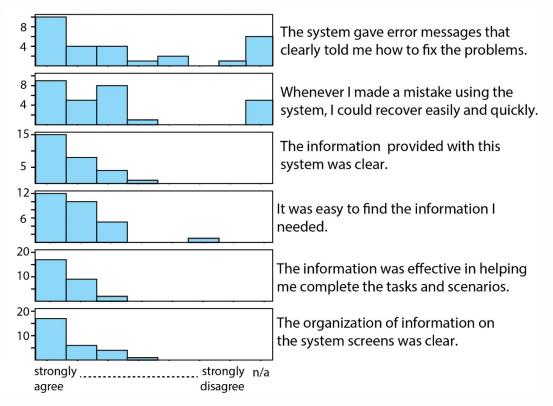


System Quality



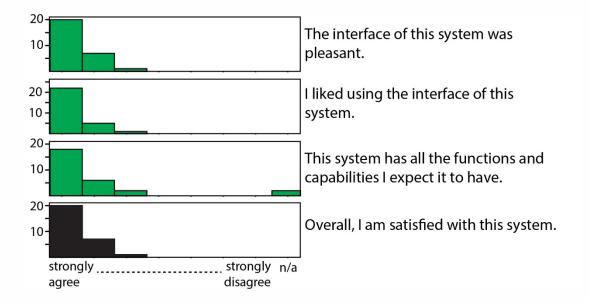


Information Quality





Interface Quality & Overall





Busulfan Individualization: Revised Process

Original Limitation	Solution
 Reference lab contacted >48 hr in advance 	Reference lab contacted same day
Admission restricted Mon-Thur	 Admission Sun-Sat
 Samples manually logged 	EHR PowerForm
 Recommendation via call(s) coordinated b/w lab and team Mon-Fri 9-5 (PST) 	 Performed when convenient 24/7
Dose #7 modified	Dose #2-3 modified
Questionable PK modeling	Accurate PK modeling



DST Development Activities

- 1. Requirements Analysis
- 2. Prototype and Design
- 3. Unit and Integration Testing
- 4. Functional Testing
 - Structured Cognitive Walkthroughs
 - Usability Testing

- 5. Regression Testing (CQA)
- 6. Refactoring



Primary Challenge

IT Innovation Stream

ideal compliant streamlined predefined roadmap dedicated personnel Traditional

compliant inefficient (dual hats) iterative decision making communication gaps resource costs efficient impractical non-compliant

C#

Pearl

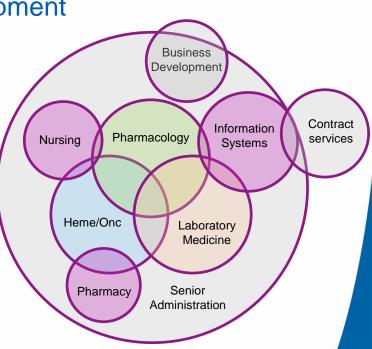
C++

Shadow IT



Secondary Challenges

- long-term management
- business plan development
- accessibility
- sustainability
- regulatory clearance







ORIGINAL RESEARCH published: 30 March 2016 doi: 10.3389/fphar.2016.00065

Kazakhsta

South Africa

Monor

Design and Testing of an EHR-Integrated, Busulfan Pharmacokinetic Decision Support Tool for the Point-of-Care Clinician

Susan M. Abdel-Rahman^{1,2}*, Matthew L. Breitkreutz³, Charlie Bi¹, Brett J. Matzuka¹, Jignesh Dalal⁴, K. Leigh Casey⁵, Uttam Garg^{2,6}, Sara Winkle³, J. Steven Leeder^{1,2}, JeanAnn Breedlove³ and Brian Rivera³

United S 24

Venezuel