IMPLEMENTING CLINICAL DECISION MAKING TOOLS

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Clinical decision making tools - purpose

• Implementation of guidance
  – Support safe, effective, person-centred care
  – Improve patient outcomes
  – Reduce variation and waste

• Joint decision making
  – Shared understanding of benefits and risks

• Audit and feedback
Passive clinical decision support
Stand alone - mobile applications
Mobile applications - quality assurance
Stand alone - patient pathways
Patient pathways - quality assessment
Standards for Pathway Development

- Process standards
  Eg. Stakeholder engagement
- Generic standards
  Eg. Diagnosis is recorded
- Service improvement standards
  Eg. Data review leads to practice change
Shared decision making

### Crohn's disease: medication options

Use this grid to help you and your healthcare professional talk about how best to treat Crohn's disease. Ask your healthcare provider if there are other treatment options available to you.

#### FAQs

<table>
<thead>
<tr>
<th>What type of medication is this?</th>
<th>Immunomodulator Azathioprine (Imuran, Azasan); 6-mercaptopurine (6-MP); Methotrexate</th>
<th>Anti-TNF Infliximab (Remicade); Adalimumab (Humira); Certolizumab pegol (Cimzia)</th>
<th>Combination Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your importance rating: 1-5</td>
<td>An immunomodulator is a medicine that is taken to dampen the body's immune system in order to reduce inflammation in the bowel. This type of medication has been used for over 30 years.</td>
<td>This medication blocks the ability of a tumor necrosis factor (TNF) to cause inflammation, which can damage the bowel. This type of medication has been used for over 15 years.</td>
<td>Using an immunomodulator and an anti-TNF drug together.</td>
</tr>
<tr>
<td>How is this treatment administered?</td>
<td>Daily, as a pill. It may take 1-2 months to have an effect so you might also use a steroid, such as prednisone, for a few weeks to a few months.</td>
<td>Remicade is injected into a vein every other month. Humira or Cimzia are given as a shot under the skin every 1-2 weeks.</td>
<td>Daily, as a pill, plus either IV (into the vein) treatments every other month or shots every 1-4 weeks.</td>
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<td>How many people get relief and can stay off steroids?</td>
<td>Approximately 30 in every 100 people (30%) who take this treatment can stop their steroids.</td>
<td>Approximately 40 in every 100 people (40%) who take this treatment do not need to use steroids.</td>
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<td>How many people have complete healing of the ulcers in their intestine?</td>
<td>Approximately 20 in every 100 people (20%) on treatment.</td>
<td>Approximately 30 in every 100 people (30%) on treatment.</td>
<td>Approximately 40 in every 100 people (40%) on combination treatment.</td>
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<td>What are some common, but short-term side effects?</td>
<td>Approximately 3 in every 100 people (3%) develop pancreatitis, where the pancreas becomes painful and damaged. Other short-term side effects may include infections like sinusitis or bronchitis.</td>
<td>Allergic reactions that may include a rash, fever, or shortness of breath occur in approximately 5 in every 100 people (5%) receiving treatment.</td>
<td>Frequency of pancreatitis and infections are the same during combination therapy as when taken individually. Allergic reactions to anti-TNFs may occur less often with combination therapy.</td>
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<td>How many people stop taking the medication because of side effects?</td>
<td>Approximately 10 in every 100 people (10%)</td>
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Context sensitive Clinical Decision Support

• Electronic patient record
• Comparison of patient record with guidelines
• Where treatment failing – alternatives on pathway
• Identifies where referrals appropriate
• Supports virtual consultation
• Records actions back into patient record
Discussion

• What is possible for rare diseases?
• What is feasible for networks?
• Where can resources come from?
• Who is best placed to lead?
• How can this work be progressed?