



ExpertCare

Best Evidence Care

ExpertCare (EC) Version 2
Frequently Asked Questions

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1. What changes have been introduced in version 2?

In version 2, the following improvements in functionality have been made:

- a) Version 2 is based on the latest NICE hypertension guidance (NG136).
- b) NICE recommendations relating to important comorbidity, for example, starting an ACE post-MI, will be displayed in a banner message on the *'Prescribing Recommendations'* screen. This information will be shown if a patient has the relevant comorbidity but is not on the recommended drug class, even if the blood pressure is controlled.
- c) EC will prompt the clinician if there is a significant risk of bradycardia due to an interaction between drugs prescribed for hypertension. A warning will also be given if a drug used for rhythm control, for example, digoxin is present and may affect treatment decisions.
- d) EC will notify the prescriber if more than one potassium retaining drug appears under *'Current Medication'* and give advice when recommending a drug class which has this property.

2. How does EC manage different strengths of the same drug?

EC displays all drugs licensed for the treatment of hypertension issued within the last 6 months, including the date issued and drug strength. The clinician will need to indicate if a particular drug strength has been stopped, for example, because it was used for dose titration.

3. How does EC handle drugs which are not licensed for hypertension?

It is a requirement of NHS Digital that EC displays all of the patient's prescribed drugs, and these are shown on the 'Current Medication' screen in two separate tables. The first table contains drugs which are licensed for the treatment of hypertension. This table also includes drugs which might influence treatment recommendations due to their interaction with licensed drugs, for example, digoxin increases the risk of bradycardia when combined with a beta-blocker.

Drugs which are neither recommended nor have any influence on treatment decisions are shown below in a second table.

4. How does EC handle tamsulosin, alfuzosin, eplerenone, and sotalol?

There are drugs which belong to the 11 drug classes used for the treatment of hypertension that are not licensed for this condition, specifically: tamsulosin, alfuzosin, eplerenone, and sotalol. These unlicensed drugs, by virtue of their class action to lower blood pressure, are considered by EC to count towards the treatment step.

EC will state in the 'Prescribing Recommendations' screen that these drugs are not licensed for the treatment of hypertension. Should the clinician indicate that the drug is to 'continue', then EC will prompt for a reason and record this in a summary of the consultation.

5. Does EC pick up on free text entered in the patient's electronic health record?

The rules that govern prescribing advice and treatment recommendations are based solely on the clinical codes entered within a patient's electronic record. The presence of a code identifies a clinical condition or status with a high degree of certainty and avoids the ambiguity that could occur if free text was used.

6. How does EC decide when to provide advice on hepatic impairment?

EC looks for clinical codes associated with hepatic impairment and, if any are present, EC flags this condition on the 'Clinical Details' screen. EC is not programmed to make a judgement as to whether the hepatic impairment is relevant to treatment decisions, hence the clinician is invited to deselect this condition if they consider the current liver function to be normal. Conditions deselected will not influence prescribing recommendations and notifications.

7. How does EC decide when to provide advice on renal impairment?

EC looks for clinical codes which indicate that the patient may have impaired renal drug excretion and, if any are present, EC flags this condition on the 'Clinical Details' screen. Specifically, it looks for codes that indicate the glomerular filtration rate is less than 60 ml/min. EC is not programmed to make a judgement as to whether the renal impairment is relevant to treatment decisions, hence the clinician is invited to deselect this status if they consider the kidneys will handle drugs normally. Conditions deselected will not influence prescribing recommendations and notifications.

8. What if an alpha-blocker is prescribed for a condition other than hypertension?

NICE reserves alpha-blockers for the treatment of resistant hypertension at step 4. Hence, at steps 1, 2, and 3, these drugs will be marked as non-conformant. However, if an alpha-blocker is prescribed

for a specific indication – such as for the treatment of prostatic symptoms – then the clinician should select ‘*continue*’ as the action which will prompt EC to ask for a reason, and then record this in a summary of the consultation.

9. How does EC handle loop diuretics in the presence of heart failure or CKD 4/5?

EC treats a loop diuretic as a NICE compliant diuretic when any of these conditions are present and will then not replace it with a thiazide.

10. How does EC handle beta-blockers or calcium channel blockers in the presence of angina?

In the presence of angina, EC will display the relevant NICE recommendation against a currently prescribed beta-blocker or calcium channel blocker to remind the clinician that the drug may have a dual purpose, and that removing or substituting this drug may lead to the recurrence or worsening of angina on exertion.

11. How does EC handle beta-blockers, diltiazem, or verapamil in the presence of atrial fibrillation?

In the presence of atrial fibrillation, EC will display the relevant NICE recommendation against a currently prescribed beta-blocker or rate-limiting calcium channel blocker to remind the clinician that the drug may have a dual purpose, and that removing or substituting this drug may lead to a loss of rate control and tachycardia.

12. What changes can we expect in the next software update?

The development team are working on the following enhancements:

- The ‘*Prescribing Recommendations*’ screen will be reformatted to display how NICE recommendations apply to drugs in current medication in a more intuitive way.
- In the banner area of the ‘*Prescribing Recommendations*’ screen, the next drug class that EC will recommend adding or substituting (to improve blood pressure control and/or compliance with NICE recommendations) will be displayed.
- Target blood pressure will be adjusted according to the patient’s age, comorbidity, and how the blood pressure was measured (clinic or home readings) in line with NG136.

13. What changes can we expect in 2022?

DXS is developing a version of ExpertCare which can be accessed without opening Point-of-Care.

EC will benefit from new functionality promoted by NHS Digital which allows better integration with the GP systems (SystemOne, EMIS, and Vision). This enhanced integration will improve speed and stability, ultimately meaning that EC will be able to write to the clinical system.

Support

Should you experience any problems, please get in touch with our support desk and one of the members of our team will be more than happy to assist you.



0800 028 0004 (option 1)



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Training

If you have any additional questions, please consult our ExpertCare user guide or watch any of our training videos available on the DXS Training website.



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