Moving Towards Integrated iRefer Clinical Decision Support for Radiology Referrals - Benefits, Impacts and Learnings

Session Q&A

1. Are referrers also required to enter clinical information text or can they request by checking the right boxes on the CDS and avoid writing anything?
    - All of the responses in CDS are saved as part of the electronic request (example: headache, acute, causing patient to wake from sleep). Users are still required to enter any supplementary information in a free-text clinical history field. This additional field can be configured to be optional in the future.

2. Can i-Refer be integrated into other requesting systems like ICM /ICE ?
    - iRefer CDS can be integrated with other requesting systems. CDS can be integrated with Clinisys ICE v7.0.11 and other EPR/order comms systems such as Cerner, Allscripts and Epic.

3. Have you any evidence of improvement in patient flow following introduction? Did patients go home earlier etc.
    - Too early to provide this evidence so far, also COVID disruption to services and requesting patterns make this difficult to prove. The goal will be to perform a more in-depth analysis of patient flow once MKUH returns to a more normal post COVID operational state in order to obtain more accurate data.

4. I'm working on implementing MedCurrent CDS in NHS Tayside. How do you manage continuous inflow of clinician's requests for altering the CDS logic that would tailor requests to local practice? I think that the ideal solution would be to have a consultant radiologist within each specialty overseeing CDS logic for requests within that specialty. Each consultant would then get in touch with MedCurrent representative with requests for CDS logic alterations. Can users opt out of using CDS in Milton Keynes?

    - Currently, all guideline change requests at MKUH are documented for review as they come in. The project manager then connects with consultant radiologists and specialists to review the appropriate guideline changes. After review, the project manager feeds agreed upon changes back to MedCurrent. Your suggested approach is very sensible and aligns with our recommendations, but we also recommend having one consultant radiologist as the overall lead and key point of contact.

    - MKUH users have no ability to opt out of using CDS, however they can use the custom indication functionality to bypass the guidelines should the one they require not be available, plus they still have the ability to requests whichever procedures they want regardless of what the guidelines recommend (this is fully auditable in the analytics software).

5. Is it compatibility with all the eight suppliers that NHSX and NHS England have accredited as suppliers of electronic patient record solutions?
    - iRefer CDS was developed with a framework to enable integration with any EPR or Order Comms solution. We welcome the opportunity to work with all accredited EPR and Order Comms providers.
        - Allscripts – Yes
        - Cerner – Yes

- DXC Technology (i.e. Lorenzo) – No
- IMS Maxims – No
- Nervecentre software – No
- Meditech – No
- TPP – Yes (through integration with Clinisys ICE Order Comms)
- System C. – Yes (through integration with Clinisys ICE Order Comms)

6. Is there data on clinicians deviating from guidelines?
    - Yes – this data is captured in the MedCurrent Analytics module and can help identify outliers relative to their peers. Because this data refers to clinician performance, it cannot be shared without the appropriate approvals. Specific users are provided with user accounts and access control to MedCurrent Analytics in order to run reports and perform analysis.

7. What cost benefit have you shown after implementing CDS (time or money or reduced scans)
    - Too soon to say, also requesting patterns have been altered drastically by COVID which makes it almost impossible to directly correlate changes in requesting behaviour to imaging activity. We have noticed improved uptake of certain guidelines though, as the analytics tracks the proportion of requests changed to a more appropriate examination. The goal will be to perform a more in-depth cost benefit analysis once MKUH returns to a more normal post COVID operational state in order to obtain more accurate data.