



ExpertCare (EC) Version 3
Frequently Asked Questions

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1. What changes have been introduced in version 3?

- The user interface has been updated to include a 'Tree View' which displays summary information, including current medication, and eases navigation.
- The process has been simplified with just 2 screens, the 'Clinical Details' and 'Treatment Plan'.
- The target blood pressure is displayed, adjusted according to the patient's age, comorbidity, and setting in which the blood pressure was recorded.
- The top banner will now display the patient's most recent eGFR and potassium level. An hourglass symbol will appear if the test is older than 12 months.
- EC now recognises and handles patients who are taking finerenone.
- Coding has been updated to the latest release of SNOMED CT codes.
- Version 3, like version 2, allows the addition of a local drug formulary.

2. How does EC display current medication?

- EC displays all drugs issued within the last 12 months in the 'Tree View' under 'Current Medication', listed in alphabetical order.
- In the 'Treatment Plan', the clinician must indicate if a particular drug or strength has been stopped, for example, as part of dose titration. This will cause the drug in the 'Tree View' to appear with a line through it.

- A new drug in the 'Treatment Plan' which has not been added to the GP system, will be highlighted in yellow in the 'Tree View'.

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

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, finerenone, 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, as described by NG136. EC will indicate under 'Prescribing Information' that these drugs are not licensed for hypertension.

4. 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 EC was programmed to try and interpret natural language.

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

EC looks for clinical codes associated with hepatic impairment and flags relevant conditions on the 'Clinical Details' screen. EC does not judge whether the hepatic impairment is relevant to treatment decisions, as this assessment lies with the clinician who can make the condition(s) nonrelevant if they consider the liver will handle drugs normally.

6. 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 flags relevant conditions on the 'Clinical Details' screen. Specifically, it looks for codes that indicate that the glomerular filtration rate is less than 60 ml/min. EC does not judge whether the renal impairment is relevant to treatment decisions, as this assessment lies with the clinician who can make the condition(s) nonrelevant if they consider the kidneys will handle drugs normally.

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

NICE recommends alpha-blockers for the treatment of resistant hypertension at step 4. Hence, in 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 the treatment of prostatic symptoms – then the clinician should select 'Continue' as the action, which will prompt EC to ask for a reason that will appear in the consultation summary.

8. 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 not recommend replacement with a thiazide, as would have occurred if NG136 alone had been followed.

9. 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 has a dual indication, and that stopping or substituting this drug may lead to the recurrence or worsening of their angina. EC will never recommend the stopping of a beta-blocker or calcium channel blocker in the presence of this comorbidity.

10. How does EC handle beta-blockers in patients with a history of myocardial infarction?

EC will never recommend the stopping of a beta-blocker because of its dual indication for cardioprotection, even if the myocardial infarction occurred more than 12 months ago.

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 indication, and that stopping or substituting this drug may lead to a loss of rate control and tachycardia. EC may suggest NICE-recommended management options consistent with achieving blood pressure control whilst maintaining or improving rate control.

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

- a) There is an imminent upgrade that will allow EC to recognize and handle patients taking sacubitril valsartan.
- b) Version 3 will have an upgrade, so that drugs previously prescribed for hypertension will appear in the 'Tree View' to alert the clinician of the possibility that the drug may have been stopped for a reason which is not coded.
- c) In version 4, DXS intends to include additional conditions. Firstly, a module for lipid management and then type 2 diabetes mellitus.

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.



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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 ExpertCare Training website.



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