



# Terminology-based medication safety checking

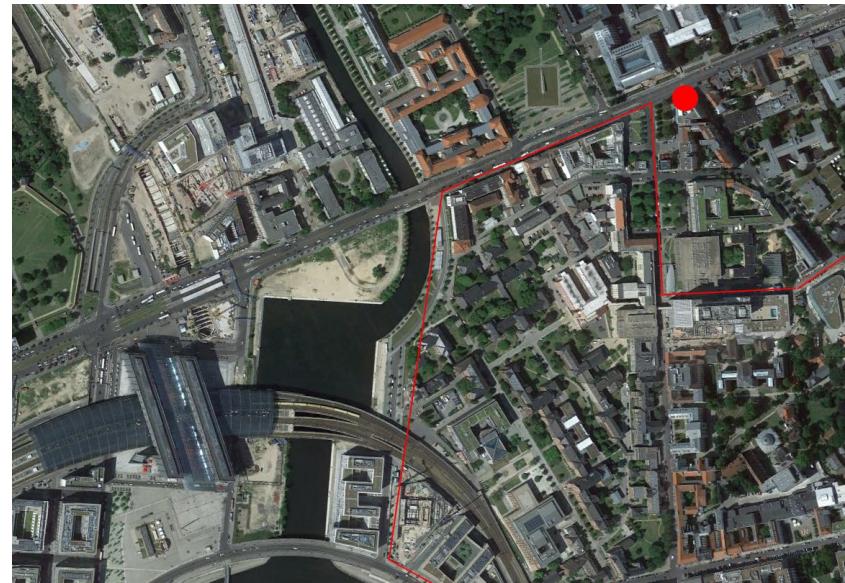
A new approach that combines  
ontology-based algorithms with rule-  
based expert knowledge

**André Sander, ID Berlin**

eHealth/HIMSS Summit,  
Vienna/Austria, 23 May 2017

# What is ID Berlin?

- Founded in 1985
- Based in Berlin, Germany
- 75 employees
  - Physicians, pharmacists, economists, linguists, developers
- 1400 customers in 6 countries
- 6 active languages
- Maintainer of the Wingert-Nomenclature and ID MACS®



# Why „medication safety,,?

- Almost every person in a hospital gets a medication
- Germany had 18.073.956 inbound cases in 2015<sup>1</sup>

Z38	Liveborn infants according to place of birth	I63	Cerebral infarction
I50	Heart failure	I10	Essential (primary) hypertension
I48	Atrial fibrillation and atrial flutter	J18	Pneumonia, organism unspecified
S06	Intracranial injury	I21	Acute myocardial infarction
J18	Angina pectoris	K80	Cholelithiasis

- 11.3% of GDP is spent on healthcare<sup>2</sup>
- 15.4% of costs are for drugs (53bn)<sup>3</sup>

1 <https://browser.inek.org/Begleitforschung/views/PrimaryDiagsProcsInpatientPdCat.xhtml?dataYear=2015>

2 <https://www.destatis.de/DE/ZahlenFakten/GesellschaftStaat/Gesundheit/Gesundheitsausgaben/Gesundheitsausgaben.html>

3 [https://www-genesis.destatis.de/genesis/online/logon?language=de&sequenz=tabellen&selectionname=23611\\*](https://www-genesis.destatis.de/genesis/online/logon?language=de&sequenz=tabellen&selectionname=23611*)

# Current Situation

- In 10% of these cases errors occur  
→ 1.76 million cases (w/o deliveries)
- 10% need a treatment of these errors (severe complications)  
→ 176.000 cases
- 10% of these cases result in death  
→ 17.600 cases ... roughly<sup>1</sup>

That are ~2% of all deaths (over all 925.200 deaths in 2015)<sup>2</sup>

Traffic deaths: ~3500<sup>3</sup> → 5 timer lower!

1 <http://www.ncbi.nlm.nih.gov/pubmed/11606147>

2 <https://www.destatis.de/DE/ZahlenFakten/GesellschaftStaat/Gesundheit/Todesursachen/Tabellen/GestorbeneAnzahl.html>

3 <http://de.wikipedia.org/wiki/Verkehrstod>

# What data is being checked?

- Demographic data
  - Age, gender, height, weight
- Medical data
  - Allergies (free text)
  - Pregnancy state, lactation, child wish, ...
  - Gene / metabolism related data
- Diagnostic data
  - ICD, free text
- Prescriptions / Administrations
  - Drug, ATC or free text based
- Laboratory values
  - Used for reasoning of diagnoses

# How is it checked?

- Correct indication, missing indication
- Contraindications, Interactions
- Adverse reactions
- Allergies
- Dosage (absolute and lab value related)
- Dosage schema (length, application times,...)
- Route of administration
- CYP related effects
- Cumulated effects (QT prolonging drugs, enhanced AR risk)
- Off label use
- Urgent information (Dear Doctor Letter, etc.)

# Why rules engines?

- Specific knowledge for
  - Dosages
  - Indications (off label)
  - Lab value interpretation
  - Urgent information

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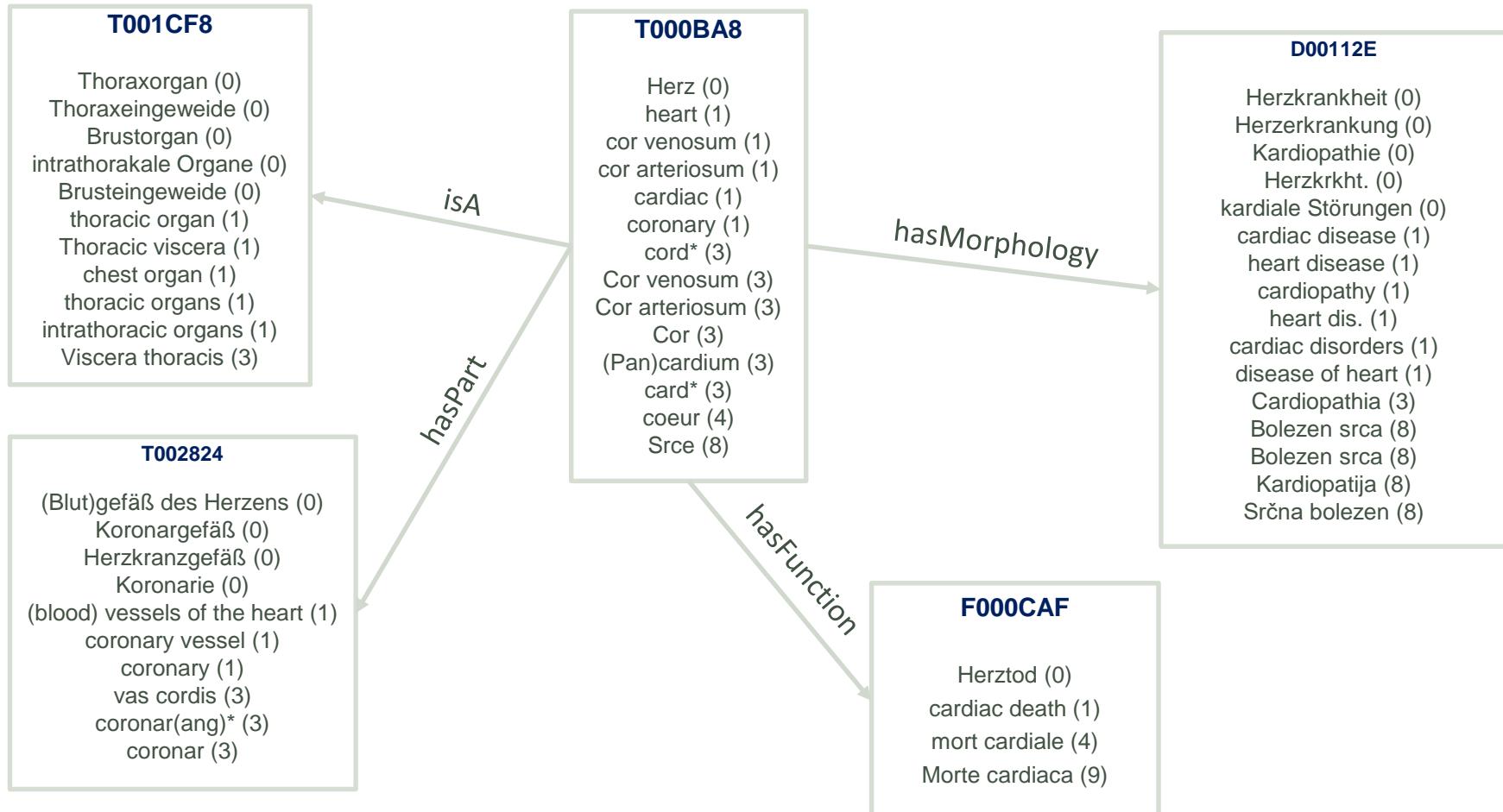
→ Knowledge that

- changes over time
- is dependent from certain constraints
- likely being adapted by users

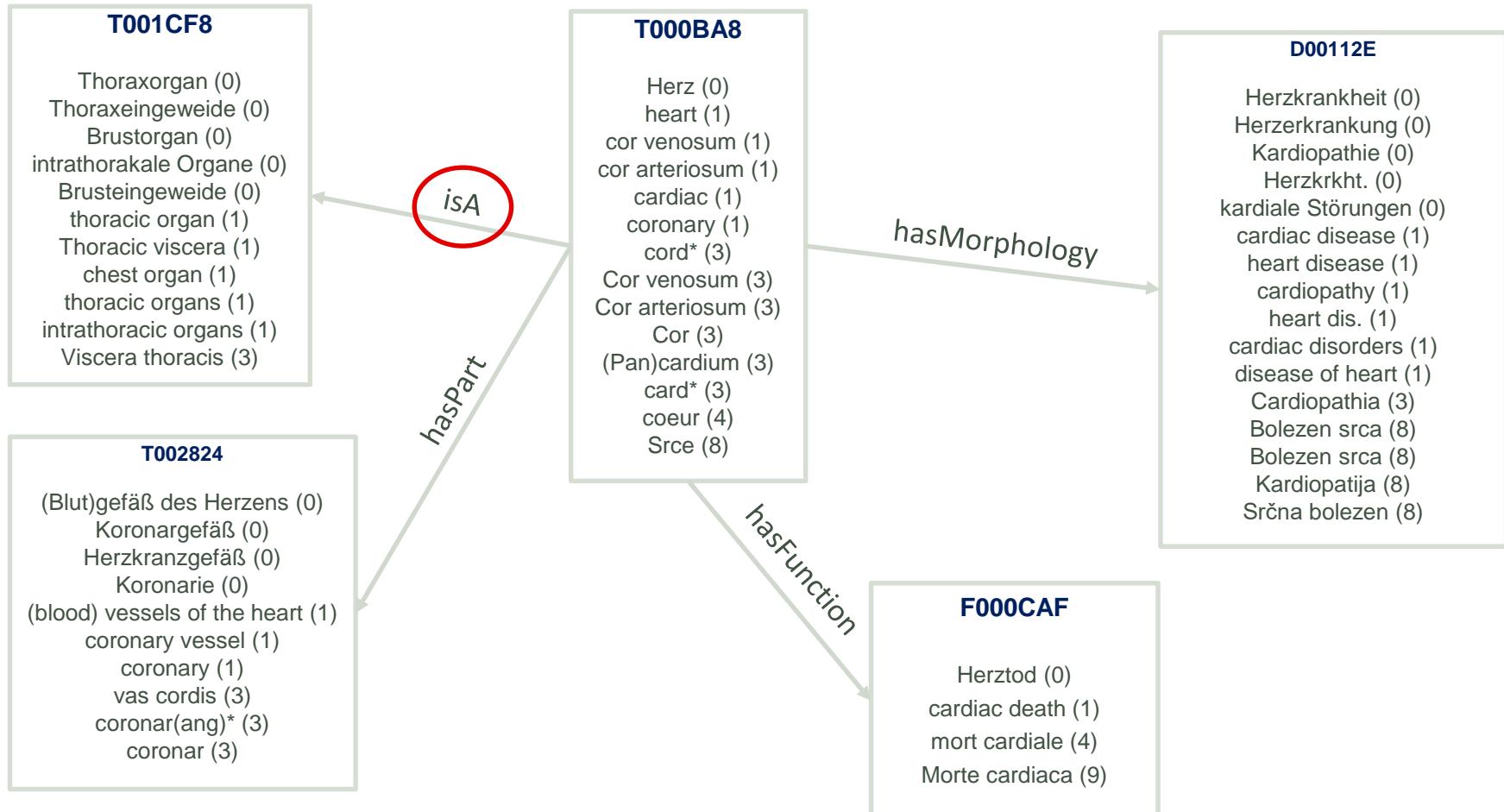
# Why Ontologies?

Structured and language independent view  
of the world („domain“)

# Ontology sample



# Ontology sample



# How is it combined?

- A simple challenge:

“Create a rule, that alerts if a patient has a reduced bone density and gets a proton pump inhibitor!”

# How is it combined?

Alert if a patient has a  
[reduced bone density]

and gets a  
[proton pump inhibitor]!

# Implementation

maintenance:

```
title: PPI and Reduced Bone Density;;
mlmname: PPI_ReducedBoneDensity;;
arden: Version 2.5;;
version: 1.00;;
institution: ID;;
author: AS;;
specialist: Dr. Maximillian Koenig;;
date: 2017-03-10;;
validation: testing;;
```

library:

```
purpose: PPI are suspected to enhance the risk of osteoporosis;;
explanation: see action.;;
keywords: PPI (E003230), Osteopenia (M002BF8), Osteoporosis (M0006E0);;
citations: ;;
links: ;;
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citations: ;;
links: ;;
```

# Implementation

knowledge:

```
type:  data-driven;;
data:
trigger:= event {E003230}; /* PPI */

wncMatches:= interface {wncMatches};
pznMatches:= interface {pznMatches};
tradeNameMatches:= interface {tradeNameMatches};
hasIndex:= interface {hasIndex};

urlDoc := "";

;;
evoke:  any of (trigger);;

logic:
has_BoneDensityReduction:= call hasIndex with "M0023ED";
conclude has_BoneDensityReduction;
;;
action:
has_Osteoporosis:= call hasIndex with "M0006E0";
if (has_Osteoporosis) then
    return "-1|-1|WN|393219|V0010AE|${rs_PCHK_TYPE_393219L}|${E003230}|${rs_PH_WN_PPI_OSTEOPOROSIS}|||0|" || urlDoc ||
    "|E003230";
else
    return "-1|-1|WN|393219|V0010AE|${rs_PCHK_TYPE_393219L}|${E003230}|${rs_PH_WN_PPI_BONE_DENSITY_REDUCTION}|||0|" || urlDoc ||
    "|E003230";
endif;
;;
```

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    "|E003230";
else
    return "-1|-1|WN|393219|V0010AE|${rs_PCHK_TYPE_393219L}|${E003230}|${rs_PH_WN_PPI_BONE_DENSITY_REDUCTION}|||0|" || urlDoc ||
    "|E003230";
endif;
;;

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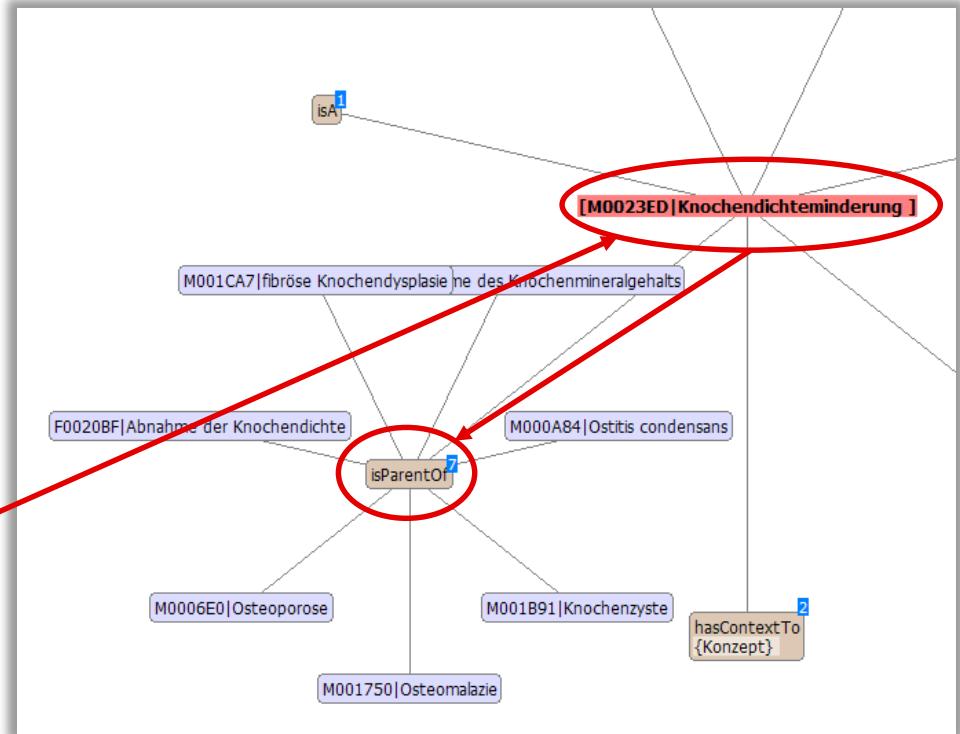
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endif;
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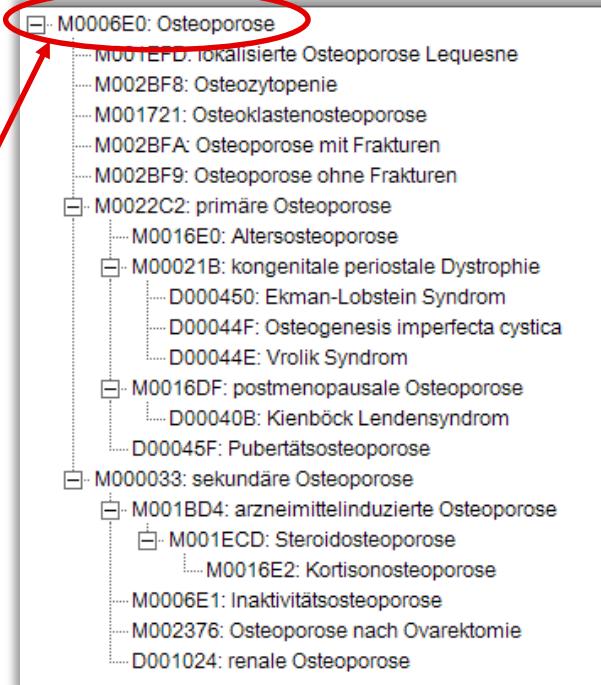
wncMatches:= interface {wncMatches};
pznMatches:= interface {pznMatches};
tradeNameMatches:= interface {tradeNameMatches};
hasIndex:= interface {hasIndex};

urlDoc := "";

;;
evoke: any of (trigger);

logic:
has_BoneDensityReduction:= call hasIndex with "M0023FD";
conclude has_BoneDensityReduction;
;;
action:
has_Osteoporosis:= call hasIndex with "M0006E0"  

if (has_Osteoporosis) then
    return "-1|-1|WN|393219|V0010AE|${rs_PCHK_TYPE_393219L}|${E003230}|${rs_PH_WN_PPI_OSTEOPOROSIS}|||0|" || urlDoc ||
    "|E003230";
else
    return "-1|-1|WN|393219|V0010AE|${rs_PCHK_TYPE_393219L}|${E003230}|${rs_PH_WN_PPI_BONE_DENSITY_REDUCTION}|||0|" || urlDoc ||
    "|E003230";
endif;
;;
```



# Conclusion

- Efficient and compact way of creating rules
- Integrating free text into (otherwise) structured rules
- Separating immanent from rule based knowledge
- Todo: Using a more standardized syntax

# Contact

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