

On the Importance of Maintaining Order

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As publishers increasingly turn to sophisticated decision support and analytics tools to sustain growth, the importance of anticipating the need to continually add competitive features is highlighted by a new product release from Wolters Kluwer.

Important Details: We used to speak of primary, secondary and tertiary publishing (primary research journals, abstracting and indexing databases, and book and review journals) as driving the core of the STM business model. However, increasingly, growth is coming from elsewhere. What we call this new zone is another matter. Quaternary publishing? "Information analytics as a service"? Whatever! It covers many applications, but at its core lies the use of current and past content, in conjunction with statistical, structural or other analytics models and methods to define or control the likelihood of future events. This requires publishers with the necessary skills and technologies to cluster, create decision trees, forecast, stimulate and plan scenarios, and assess risk. Examples of such enterprises have been highlighted in recent Insights articles and include: [Collexis](#); Elsevier's [MedAI](#); [Innography](#); LexisNexis' [Total Patent](#); Thomson Reuter's [Discovery Logic](#) and [ProfSoft](#).

These types of products are appearing across the STM triumvirate, but nowhere are the trends clearer than in medicine and healthcare where we can begin to see the differentiation of new features defining new levels of competitiveness. A prime example of such innovation is [ProVation](#) Order Sets One Click Update (hereinafter referred to as OCU), which, despite its garrulous title, is a model of simplicity.

Order sets are evidence-based, standardised clinical procedures which typically are presented to a doctor or nurse by a computer-based decision support tool. The orders are delivered in a sequence which reflects a consensus view of current best medical practise, and are intended to reduce medical errors and improve patient outcomes. Examples would include the prescription of a particular drug or requesting an appropriate medical test. Today, these guidelines might be written on a sheet of paper, delivered as a PDF, or increasingly integrated into a multi-functional clinical decision support system.

But what happens when something changes? Drug formularies are constantly changing as new compounds are added, or the FDA issues new guidelines, or the evidence base supporting a treatment changes, or a widely-used diagnostic is replaced by a more specialised version. Furthermore, in order to integrate with other systems for potential adverse event alerting, unambiguous ordering of laboratory tests, and billing and reimbursement, the components of each order need to seamlessly link to specialised vocabularies of defined terms such as LOINC, SNOMED and ICD-9 which are also updated in a regular fashion. And what happens, horror of horrors if the customer decides to customise the information? Finally, there is the matter of change management and communicating the changes to the users.

Few hospitals or vendors possess the technical knowledge needed to create or manage content in this way. To do that requires a sophisticated data model and, in addition to a database containing the granular order set content and associated rules, a further database storing the mappings to supporting data resources and details of customer modifications.

Here OCU calls on expertise developed by ProVation and sister clinical reference content provider, [UpToDate](#). Depending on the scale and importance of the change, the ProVation system flags the modification at a number of levels. Major changes in the quality of evidence can be highlighted within UpToDate's "Best Practice Update". All detailed changes are applied on a per case basis by the system administrator after review by a local clinical expert panel. Thus, updates of any nature can be delivered literally at the click of a mouse.

Implications: The simplicity with which this new feature can be executed belies the complexity of the data management systems that support it, and which turn the event into a business scalable process. Gone are the days when order set changes had to be manually re-keyed.

Ultimately, as is the way with all technologies, the need for standardisation of data models across vendors will erode OCU's competitive edge, but it could take time for competing vendors to catch up.

Meanwhile, OCU widens an already existing link between clinical decision support tools and education. Automation in healthcare is about streamlining behaviour around best practice standards. The technology can be used to monitor this activity, but so far, there are few links with continuing medical education. OCU's features open the order set product up to updater links with UpToDate. A powerful combination, and one which could form the basis of Wolters Kluwer's next competitive edge?

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