## Singapore Drug Dictionary and Dose Forms

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## Agenda

- Background
- SDD Model and Examples
- Dose Form Hierarchy
- Implementation and Tooling
- Conclusions





# Background

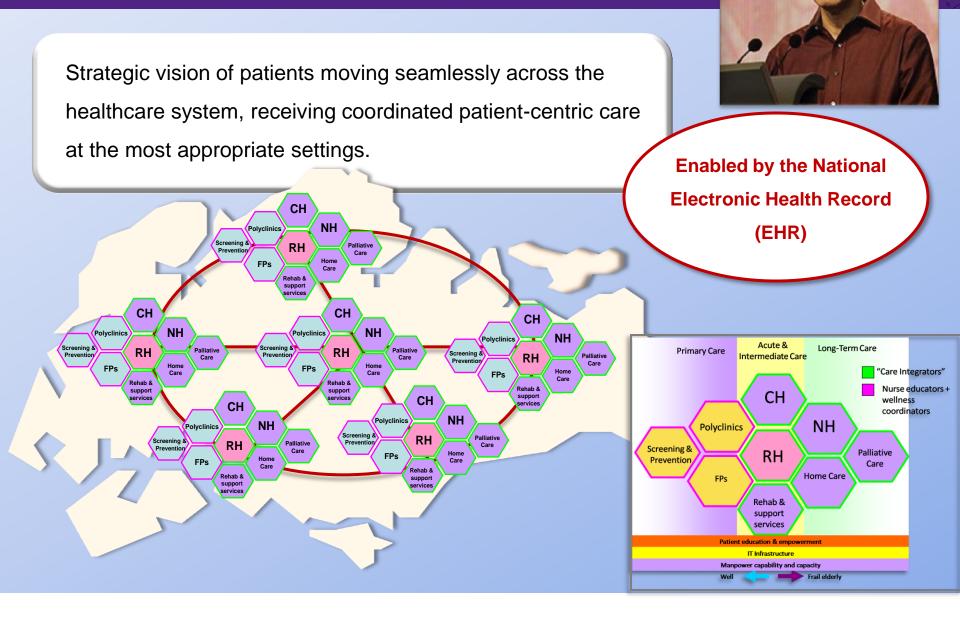
PEUP

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PGDH

### Healthcare landscape of the future







- Different in-house drug terminologies, codes and IT systems
- Limits the extent to which information can be exchanged for post-market monitoring, integrated care, healthcare efficiency, decision support and patient safety;

### **Singapore Drug Dictionary**

- A national standard to unambiguously identify, code & interpret medicines
- Includes standardised, consistent descriptions for each drug
- Facilitates seamless exchange
- Needs to meet diverse requirements of different users and cater for new innovative products



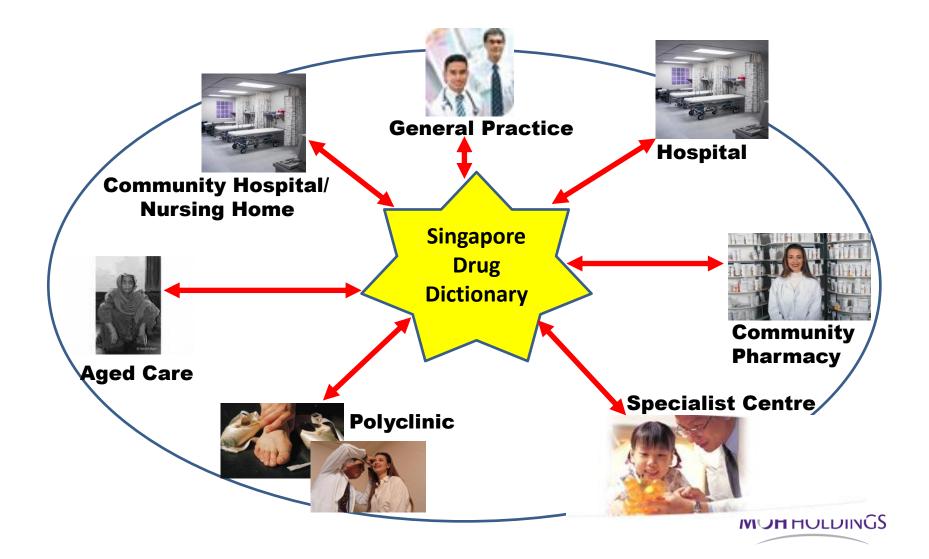
## **Objectives of Singapore Drug Dictionary**

Improvements in clinical care activities, patient management and safety

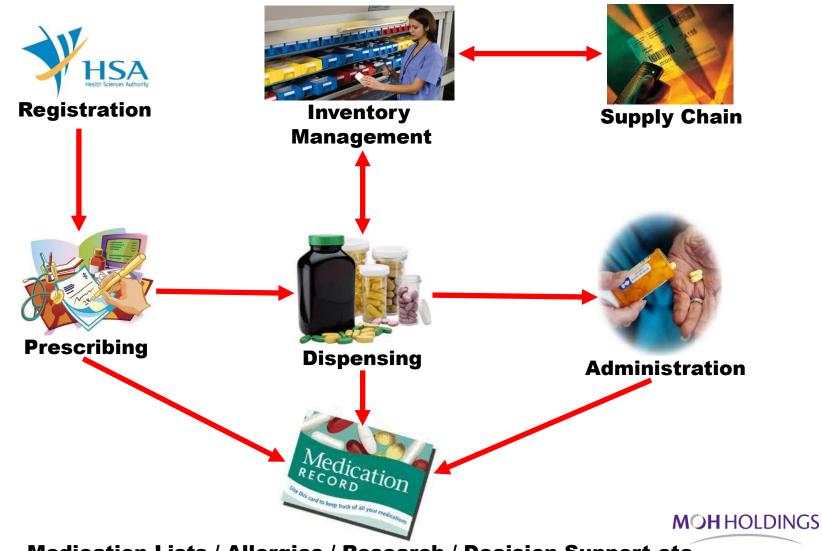
- Semantic interoperability across use cases
- Semantic interoperability across care settings
- National / international decision support rules
- Medication safety initiatives including:
  - Medication management
  - ✓ Adverse drug event surveillance.
- Data mining, analysis and research



## Interoperability Across Care Settings



# Interoperability Across Use Cases



Medication Lists / Allergies / Research / Decision Support etc

## **SDD** Principles



The SDD has been developed with the following principles in mind:

• Extensibility

In both the drug content and data model to allow for innovations in pharmaceutical and device technology over time.

#### • Ontology

Based on ontological principles to support Singapore's growing need for Biomedical research.

#### • Patient Safety, Semantic Interoperability and Decision Support

These must be facilitated by the SDD and be the focus of clinician review and initial EMR vendor uptake.

#### • Hide Complexity

Complexity to be hidden from clinicians and most Electronic Medical Record (EMR) vendors.

#### • Informed by Existing Clinical Practice

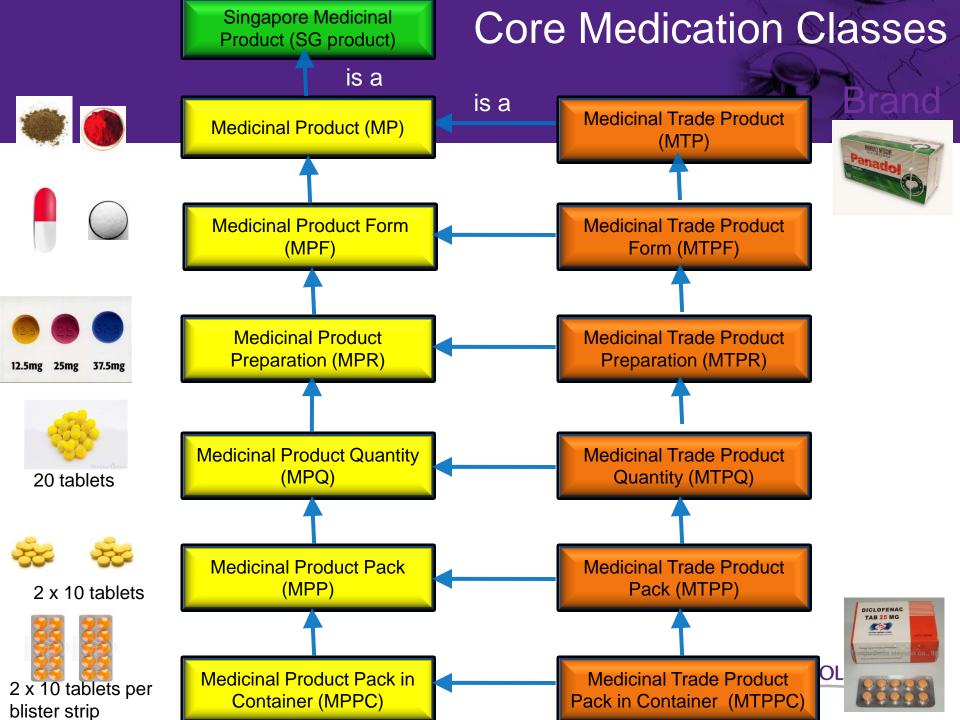
Models tested against several thousand existing medication terms from hospital and GP prescribing/dispensing systems, PRIOR to finalisation of model.

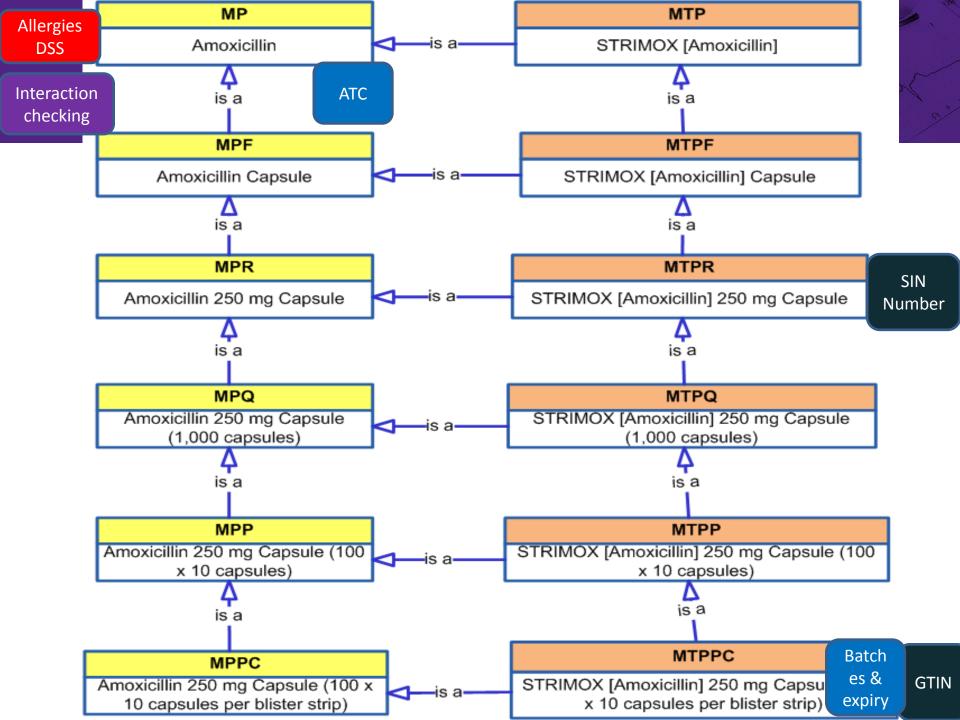


## Model and Examples

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GDY





## The Structure of an SDD Drug



## Use Case Driven Abstractions – based on:

### Ingredient Level

- Specific (S)
- Clinically Relevant (CR)
- Clinically Significant (CS)
- o Base

### Dose Form Level

- Specific (S)
- Clinically Relevant (CR)
- Top (T)

### Other Defining Information

- Flavour
- Freeness
- o Other
- Ingredient Qualifiers

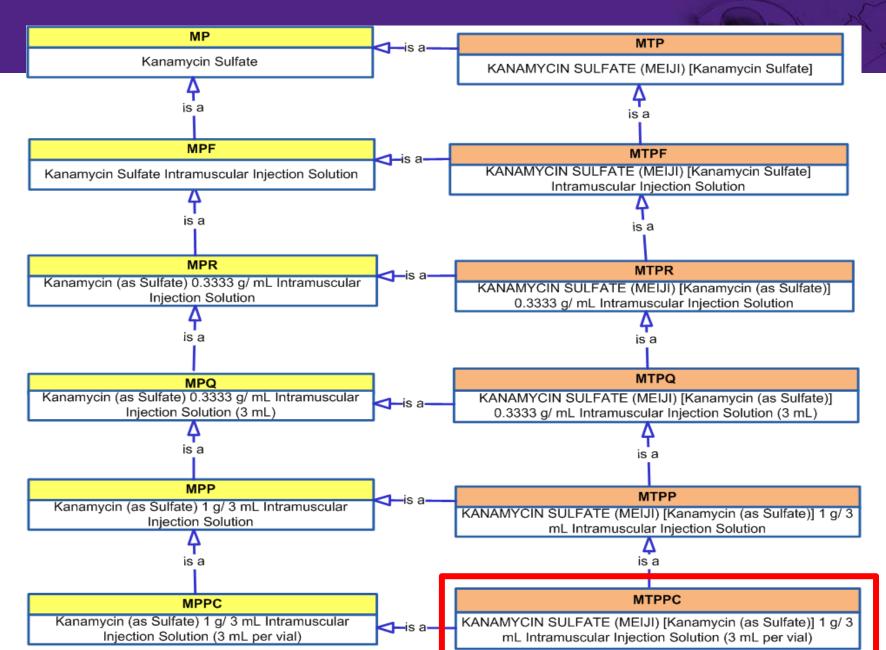
E.g. Amoxicillin Trihydrate E.g. Amitriptyline Hydrochloride E.g. Amitriptyline, Calcium Carbonate E.g. Calcium

E.g. Intramuscular Injection Solution

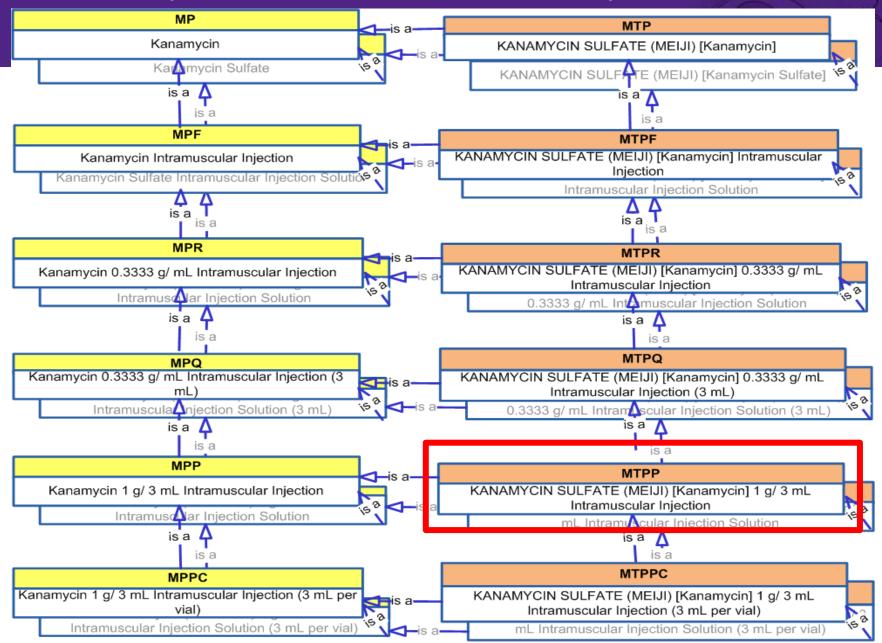
MOHHOLDINGS

- E.g. Intramuscular Injection
- E.g. Injection
- E.g. Strawberry flavour
- E.g. Preservative-free
- E.g. Southern Hemisphere
- E.g. Bovine, Micronised

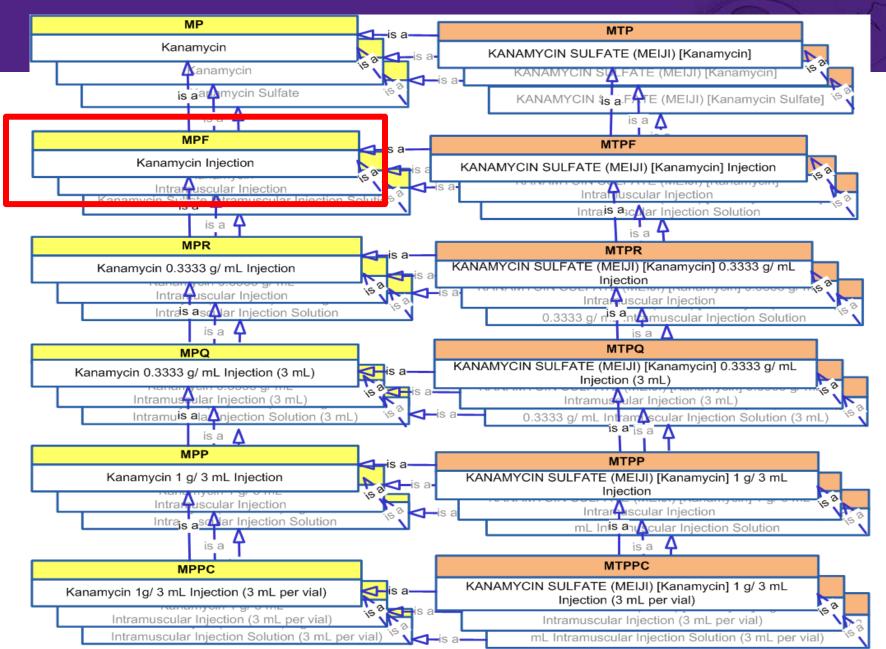
## Specific ING – Specific DF



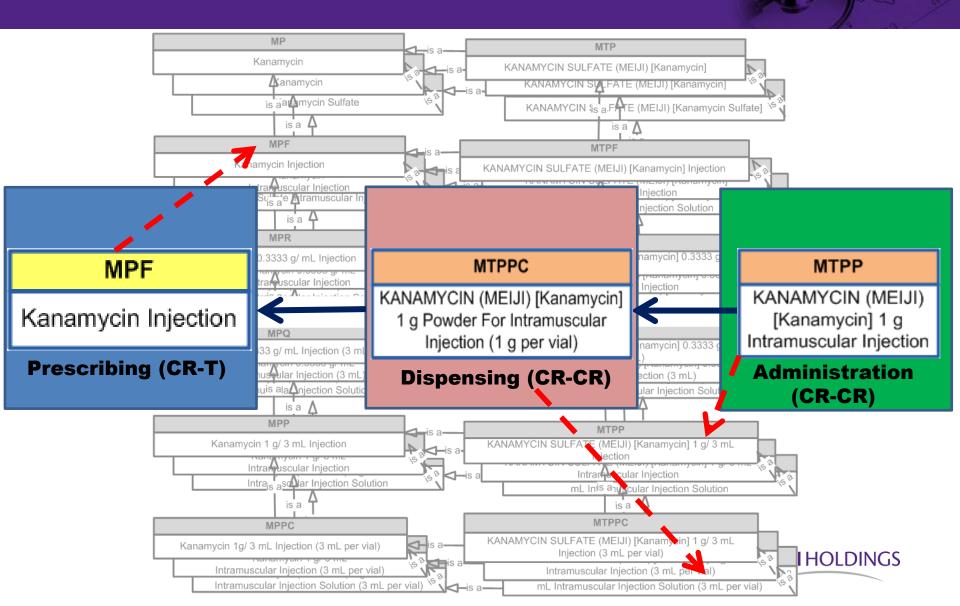
### Clinically Relevant ING – Clinically Relevant DF



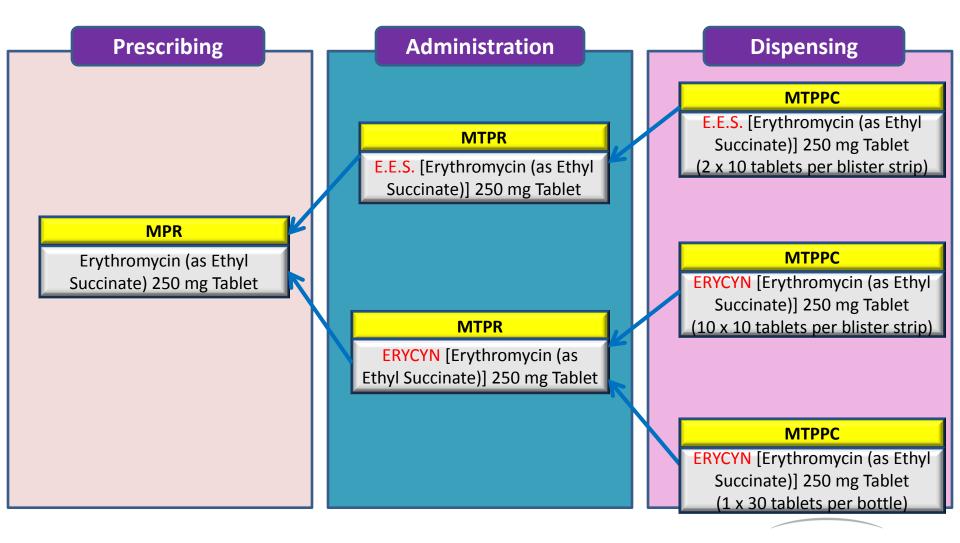
## Clinically Relevant ING – Top Level DF

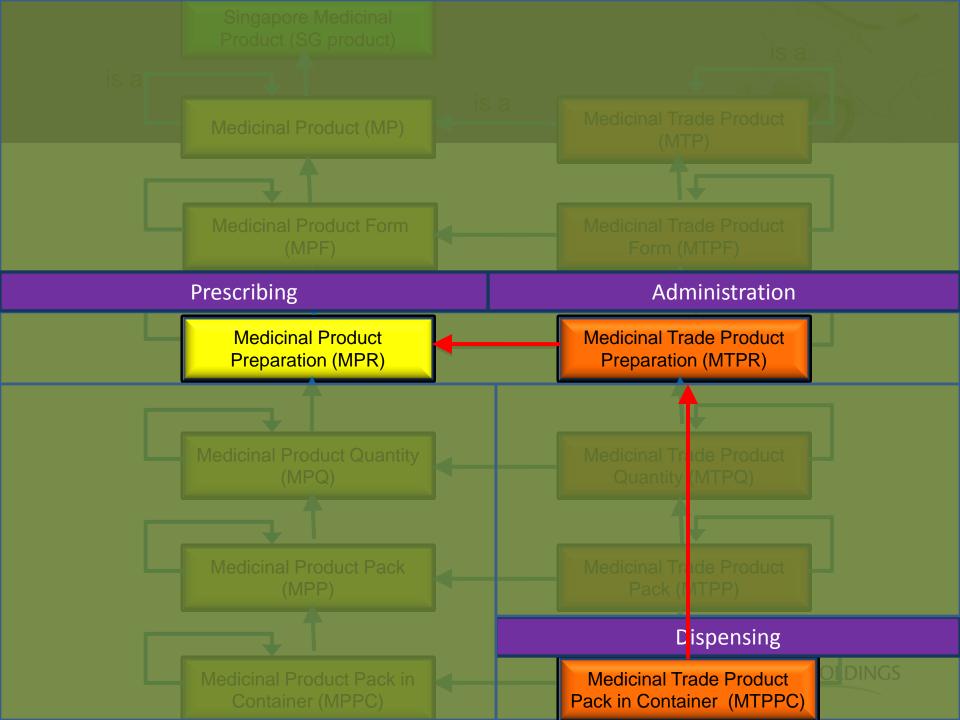


# Interoperability Across Use Cases

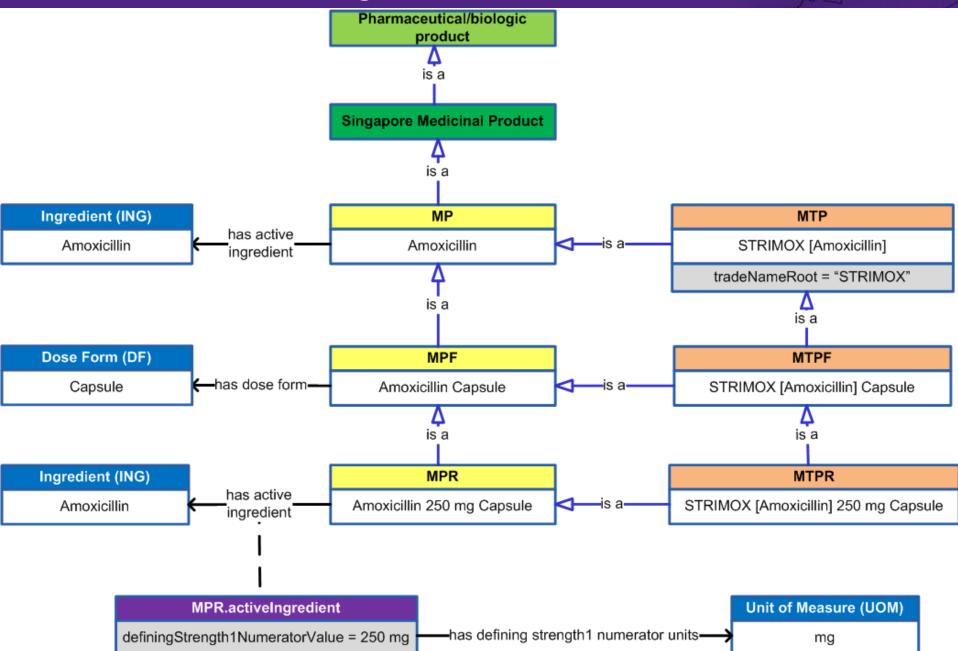


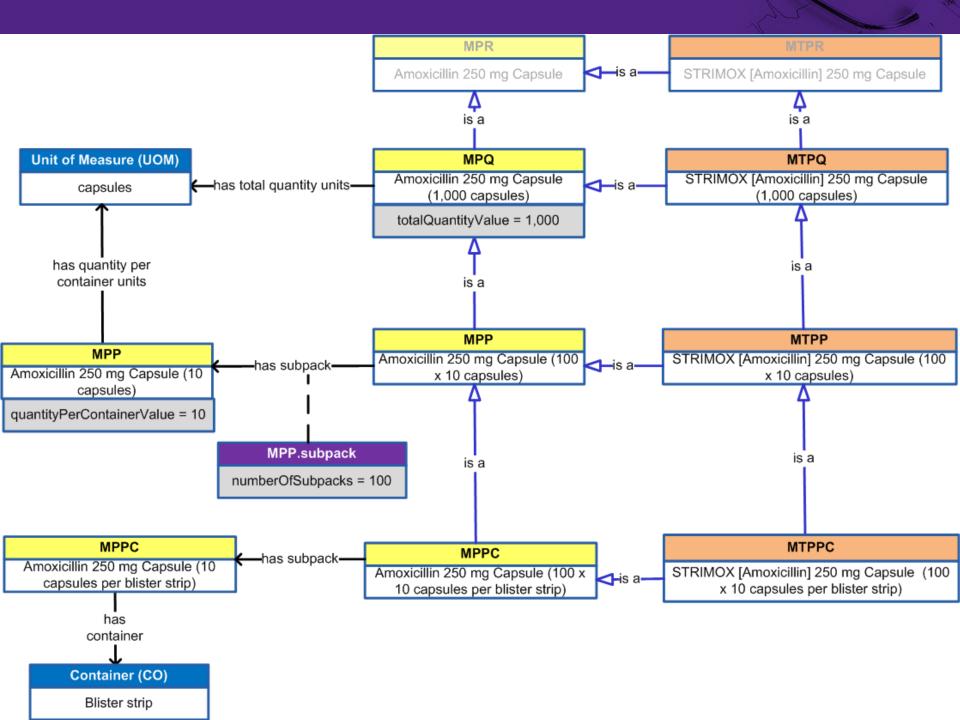
## Use Case Reference Sets (and Linkages)





### **Defining Medications in SDD**





## Additional Classes and Relationships

#### • Containered Classes

- Introduced to support clinical terms that use Container at all levels of hierarchy e.g.
  - Salbutamol Powder Inhaler
  - Salbutamol Injection Ampoule
  - ✓ Salbutamol 2 mg/ mL Ampoule

#### Groupers

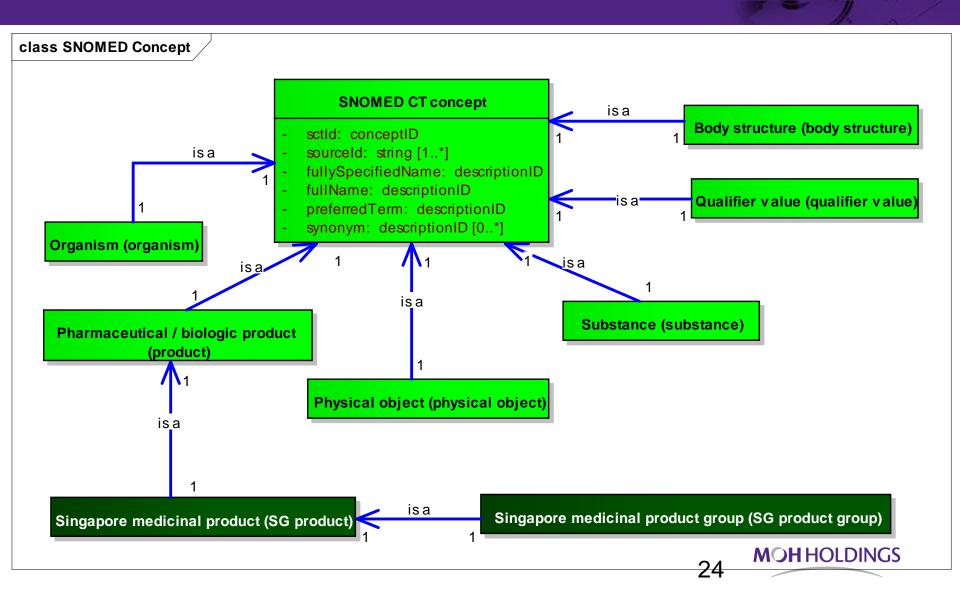
- Introduced to support clinical prescribing terms that group specific products:
  - Ingredient Group e.g. Analgesic, Influenza Virus Vaccine, Chlorhexidine Salt
  - ✓ Dose Form e.g. Aspirin Tablet/Capsule
  - ✓ Strength e.g. Methyl Salicylate 10 20 % Cream
  - ✓ Strength Units e.g. Tetanus Immunoglubulin 250 unit Injection
  - ✓ Total Pack Size
  - ✓ Container Quantity/Size e.g. Aqueous Cream (15 g; 30 g)
  - ✓ Container
  - Trade Name Root/Group e.g. PANADOL Tablet, TRIDERM/ COMBIDERM [Betamethason Diproprianate + Clotrimazole + Gentamicin] Cream

#### Relationships

- Manufactured vs Administrable Products
  - ✓ Has administrable product
- Formulations recipe linked to resulting drug
  - ✓ Formulates
- In device vs With device
  - Has loaded product

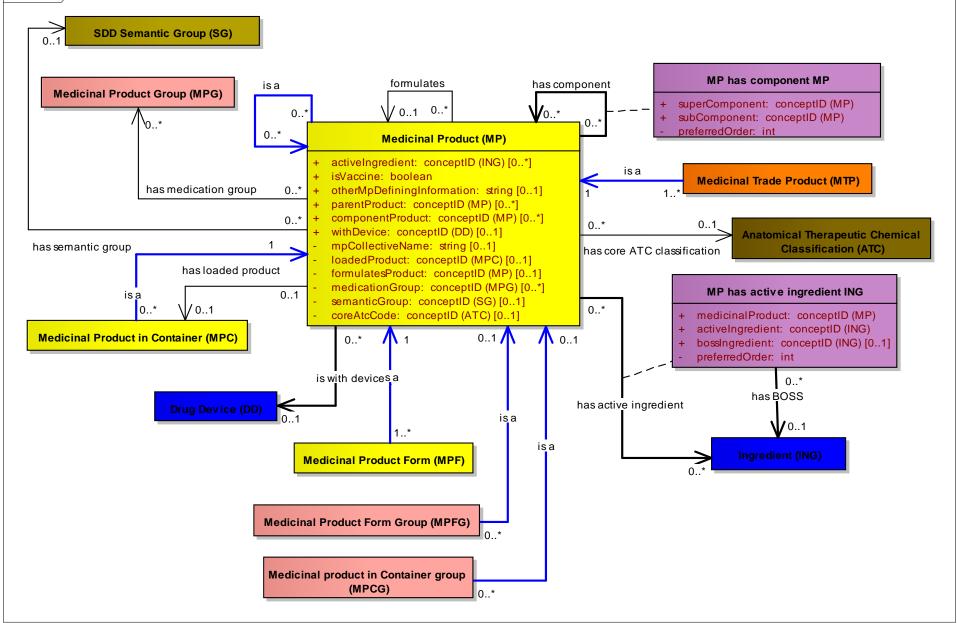


## **SNOMED CT Hierarchies**

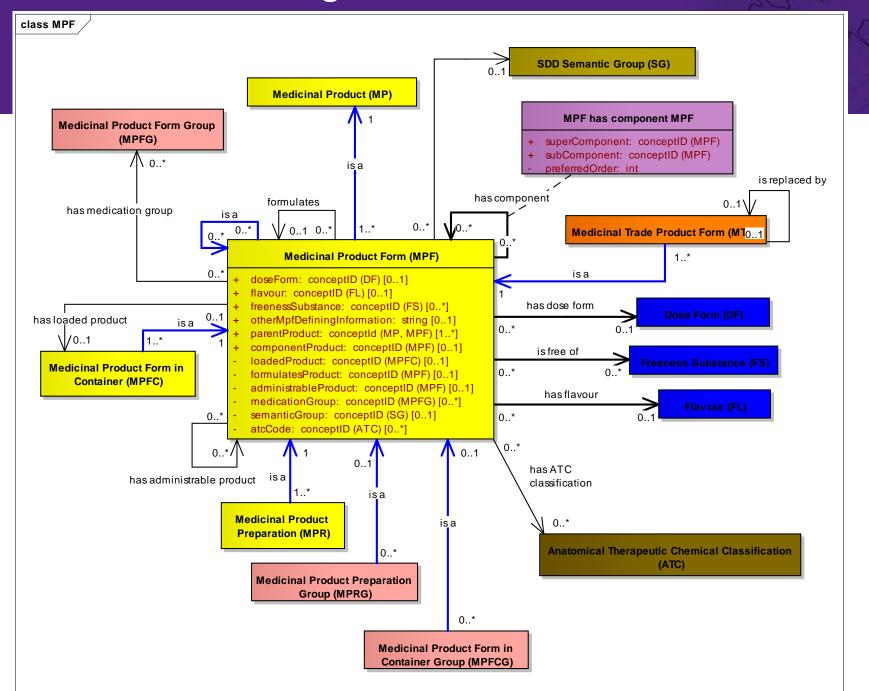


## MP Class Diagram





#### MPF Class Diagram





## SDD Dose Form Hierarchy

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## **Dose Form – Defining Characteristics**

- State of Matter
- Primitive Dose Form
- Release Characteristic
- Delivery Device
- Administration Method
- Transformation Method
- Formulated Route
- Site Prepared For
- Administrable Dose Form
- Dose Form Qualifier
- Proprietary Name



- e.g. Solid, Semi-Solid, Liquid, Gas
- e.g. Tablet, Capsule, Solution
- e.g. Extended-Release
- e.g. Powder Inhaler
- e.g. Injection, Nebulisation
- e.g. Reconstitution, Dispersion
- e.g. Oral, Rectal, Intramuscular

e.g. Eye, Scalp

- e.g. Oral Suspension
- e.g. Film-Coated, Soft
- e.g. TESTOCAP, DIVULEMOHHOLDINGS

DF Example: Prolonged-Release Film-Coated Oral Tablet
Product: HARNAL OCAS [Tamsulosin]

- State of Matter
- Primitive Dose Form
- Release Characteristic
- Delivery Device
- Administration Method
- Transformation Method
- Formulated Route
- Site Prepared For
- Administrable Dose Form
- Dose Form Qualifier
- Proprietary Name

Tablet

Solid



**Prolonged-Release** 

Mouth

Oral

Film-Coated



DF Example: Intramuscular Injection Solution Product: KANAMYCIN MEIJI [Kanamycin]

- State of Matter
- Primitive Dose Form
- Release Characteristic
- Delivery Device
- Administration Method
- Transformation Method
- Formulated Route
- Site Prepared For
- Administrable Dose Form
- Dose Form Qualifier
- Proprietary Name

Liquid 

Solution

#### Injection

Liquid

Intramuscular

Muscle





## DF Example: Vaginal & Rectal Suppository Product: CYCLOGEST [Progesterone]

- **State of Matter** •
- **Primitive Dose Form**
- **Release Characteristic**
- **Delivery Device** ۲
- Administrable Dose Form
- **Transformation Method**

٠	Formulated Route	Vaginal	Rectal
•	Site Prepared For	Vagina	Rectum

- **Administration Method** ۲
- **Dose Form Qualifier** ۲
- **Proprietary Name** ٠

**MOH**HOLDINGS

**Suppository** 

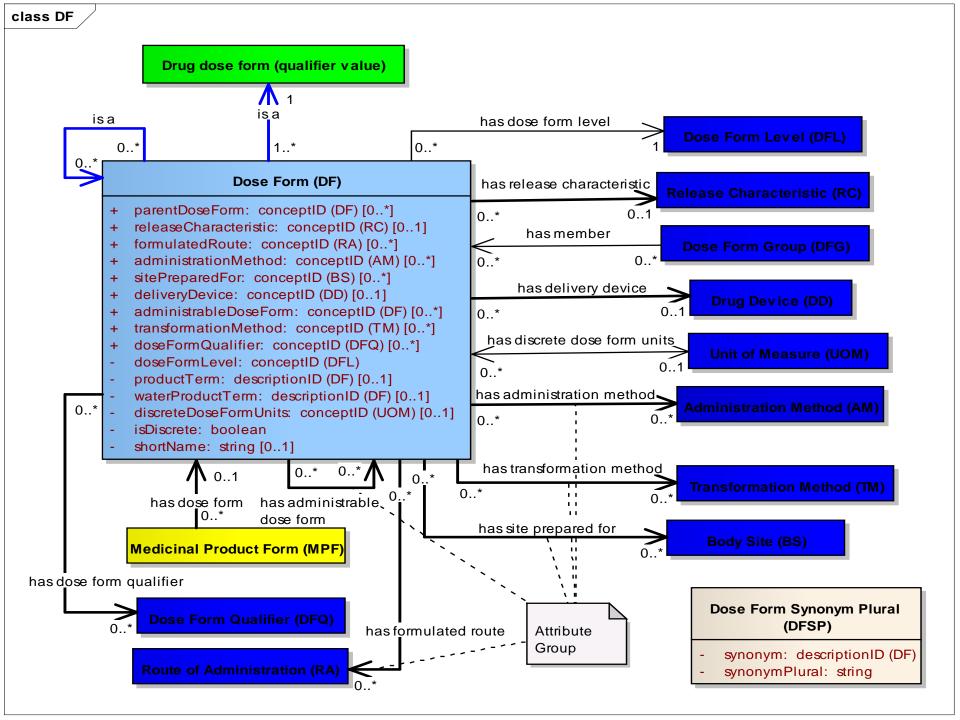
Solid

### DF Example: Intravenous Infusion & Nebulisation Solution Product: RELENZA [Zanamivir]

State of Matter	Liquid					
Primitive Dose Form	Liquid - Solution					
Release Characteristic						
Delivery Device		Nebuliser				
Administrable Dose Form						
Transformation Method						
Formulated Route	Intravenous					
Site Prepared For	Vein					
Administration Method	Infusion	Nebulisation				

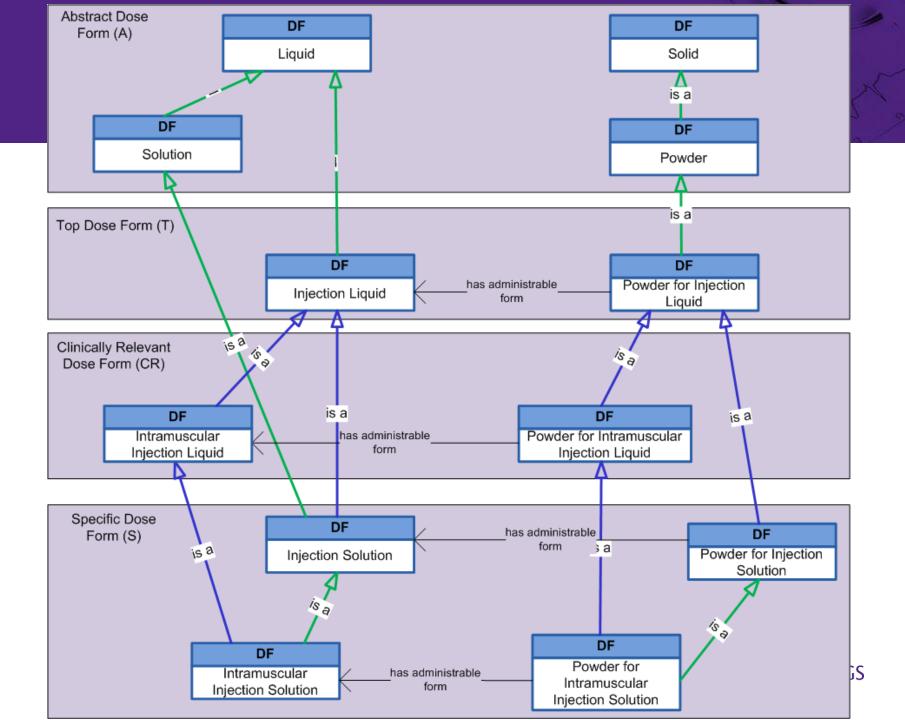
- Dose Form Qualifier
- Proprietary Name

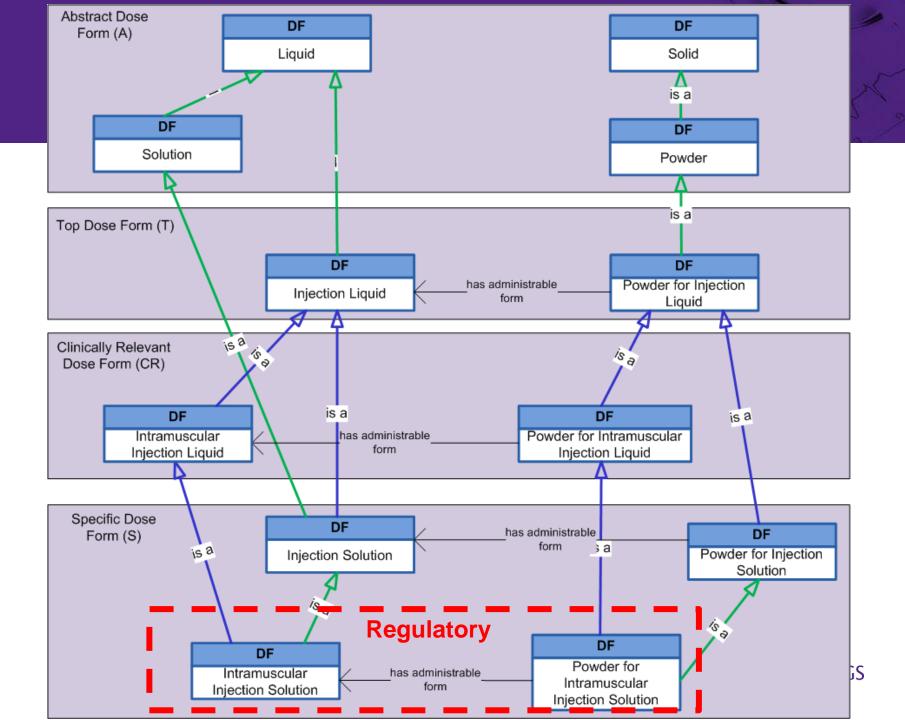


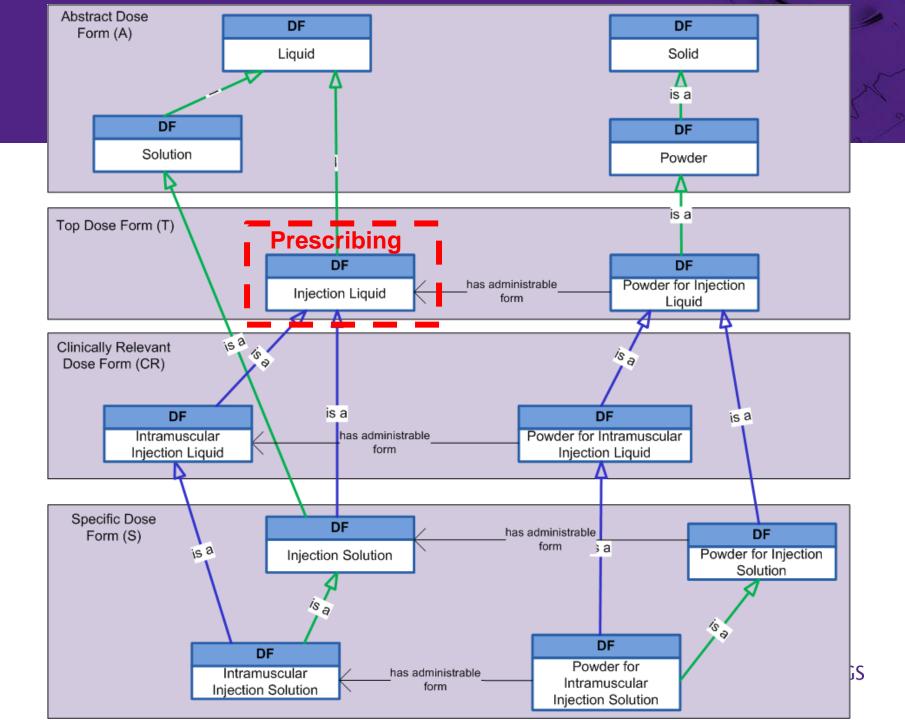


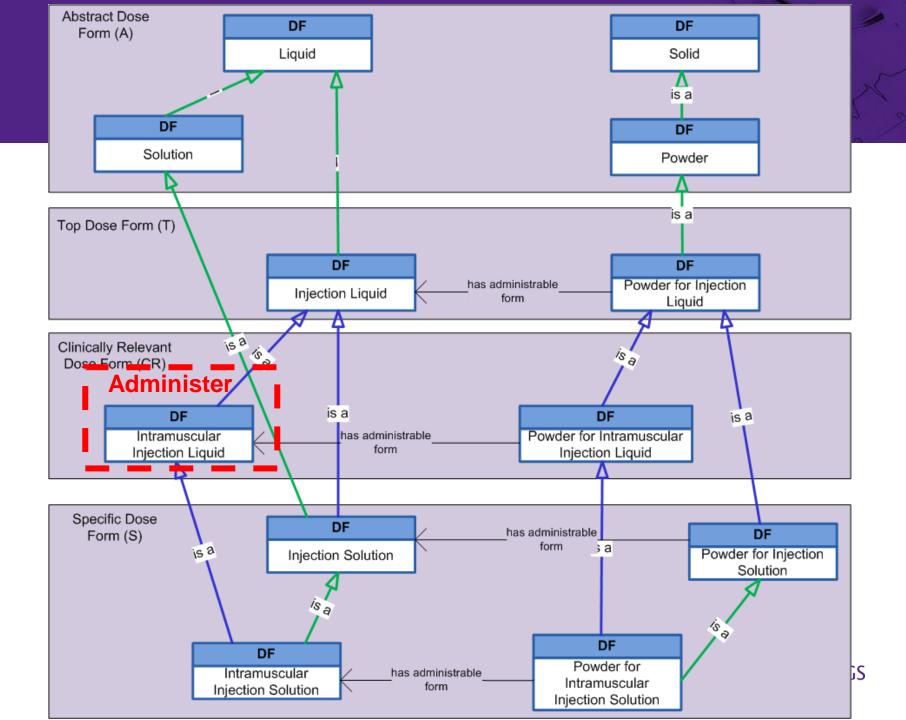
## **Dose Form Descriptions**

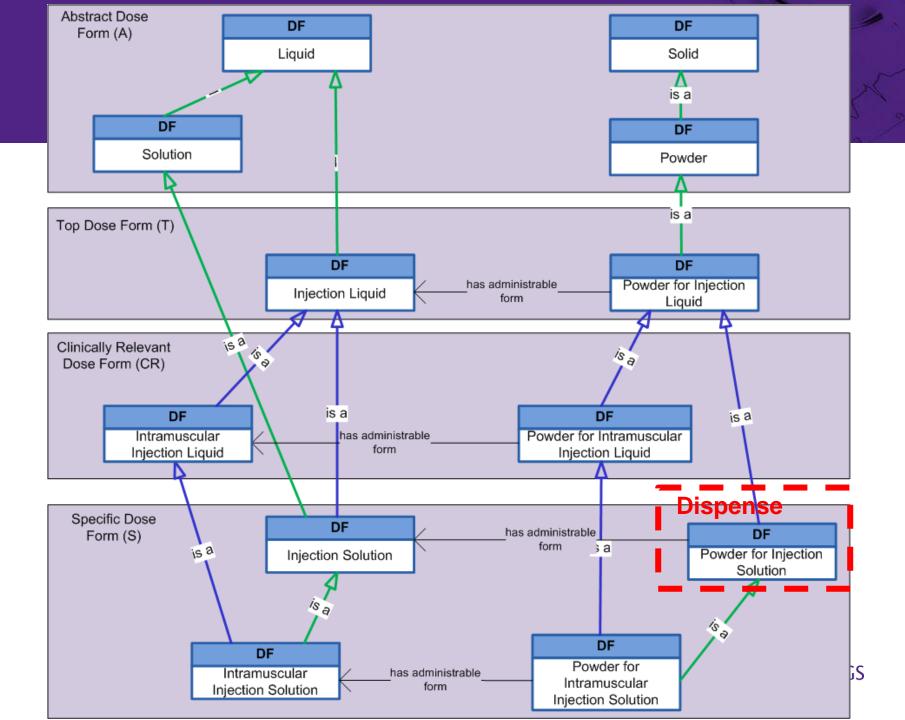
Fully Specified Name	Full Name	Preferred Term	Product Term	Short Name	
Oral Tablet dose form (qualifier value)	Oral Tablet	Oral Tablet	Tablet	Tab	
Ophthalmic Liquid: Drops dose form (qualifier value)	Ophthalmic Liquid: Drops	Ophthalmic Drops	Eye drops	Eye/d	
Liquid: For Intravenous Injection dose form (qualifier value)	Liquid: For Intravenous Injection	Intravenous Injection Liquid	Intravenous Injection	IV Inj	
Powder: For Reconstitution To Liquid: For Injection dose form (qualifier value)	Powder: For Reconstitution To Liquid: For Injection	Powder For Injection Liquid	Injection Powder	Inj Pwdr	
Oral Capsule: For Oral Inhaler dose form (qualifier value)	Oral Capsule: For Oral Inhaler	Oral Inhaler Capsule	Inhaler Capsule	INH Cap	





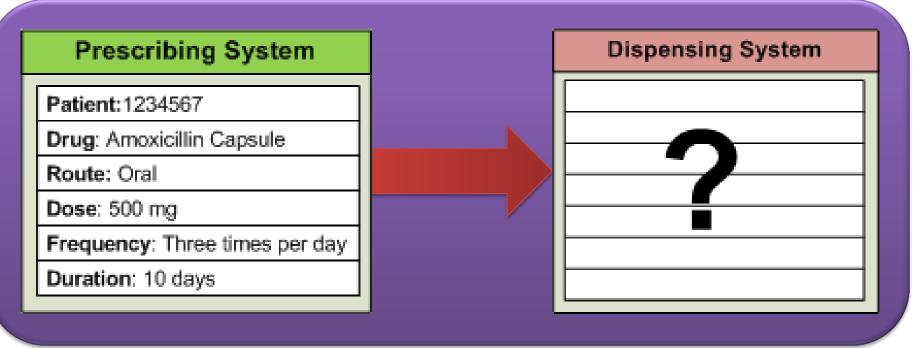






### Medication Use Cases

GDY





### Prescribing System

#### Patient:1234567

Drug: Amoxicillin Capsule

Route: Oral

Dose: 500 mg

Frequency: Three times per day

Duration: 10 days

#### **Dispensing System**

Patient: 1234567

Item: AMOXICAP [Amoxicillin] 500 mg Capsule

Quantity: 30 capsules

Route: Oral

Dose: 1 capsule

Frequency: Three times per day

Dose Duration: 10 days

#### **Dispensing System**

Patient: 1234567 Item: STRIMOX [Amoxicillin] 250 mg Capsule Quantity: 60 capsules Route:Oral

Dose: 2 capsules

Frequency: Three times per day

Prequency: miles and per da

Dose Duration: 10 days





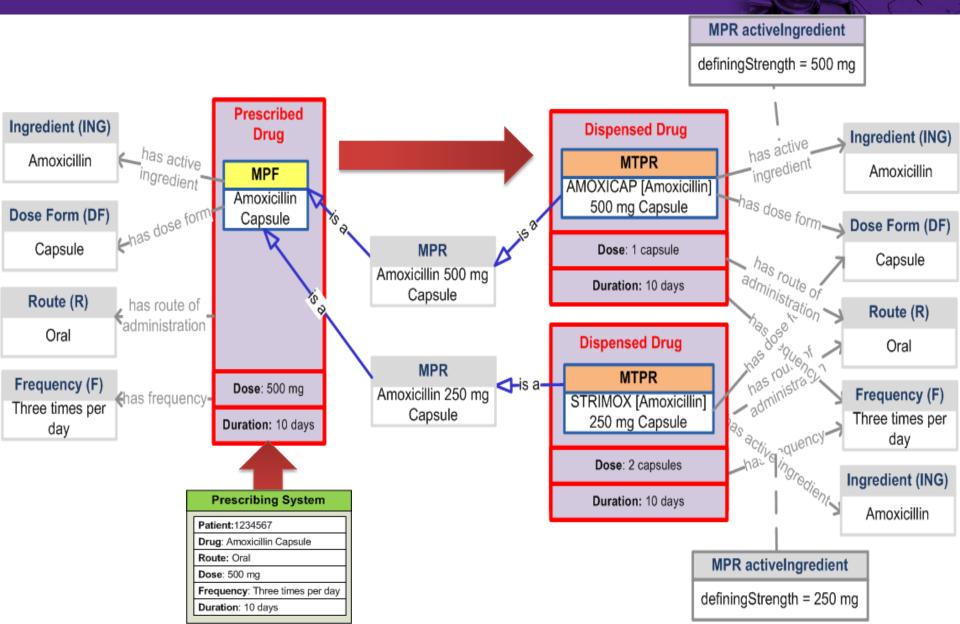
Dispensing

	Dispensing System
Prescribing System	Patient: 1234567
r reserining oystem	Item: AMOXICAP [Amoxicillin] 500 mg Capsule
	Quantity: 30 capsules
Patient:1234567	Route: Oral
	Dose: 1 capsule
Drug: Amoxicillin Capsule	Frequency: Three times per day
	Dose Duration: 10 days
Route: Oral	Dispensing System
Dose: 500 mg	Patient: 1234567
England Thursd Surger and days	Item: STRIMOX [Amoxicillin] 250 mg Capsule
Frequency: Three times per day	Quantity: 60 capsules
Duration: 10 days	Route:Oral
Duration: 10 days	Dose: 2 capsules
	Frequency: Three times per day
	Dose Duration: 10 days





### Dispensing



### Prescribing System

Patient: 1234567

Drug: Amoxicillin Capsule

Route: Oral

Dose: 500 mg

Frequency: Three times per day

Duration: 10 days

#### Dispensing System

Patient: 1234567

Item: AMOXICAP [Amoxicillin] 500 mg Capsule

Quantity: 30 capsules

Route: Oral

Dose: 1 tablet

Frequency: Three times per day

Dose Duration: 10 days





Dispensing

## Implementation and Tooling

GDI

### Implementation

Currently

- Agency for Integrated Care (AIC)
  - Step-down-care from hospitals to nursing homes
  - Used for documentation of medication lists
- Medication Advancement Fund (MAF)
  - Used for submission of subsidy data
- In Development
- National Electronic Health Record (NEHR)
  - Mapping from source systems to SDD for consistency
- General Practice System (CLEO)
  - SDD reference sets for prescribing, dispensing and inventory (+trans closure)
- Community Hospitals (CHCS)
  - SDD reference sets for prescribing, dispensing and inventory (+trans closure)
- Acute Care Use
  - Prescribing and dispensing reference sets (based on automated rules)
- Standard Drugs List (SDL)
  - To standardise descriptions for publishing list of subsidized drwgsh HOLDINGS
  - Analysis of data submitted by institutions will use SDD

# Tooling Journey (1 of 2)

- AT FIRST we:
  - Used Excel spreadsheets
  - For internal data development (e.g. dose forms)
  - NOT for producing releases (limited ability to safely create/maintain SNOMED CT extension ids)
- CURRENTLY we:
  - Use an internally developed Access database
  - Have developed processes to:
    - Create SDD concepts, relationships and descriptions
    - Perform dual-independent reviews
    - Map existing drug terms to SDD concepts
    - Create and maintain SNOMED CT extension ids
    - Support versioning of codes and releases
    - Perform quality checks on data prior to release
  - However, concepts, descriptions and relationships created manually NGS

## Tooling Journey (2 of 2)



- NEXT we will move to:
  - Import data from a number of sources (including regulatory data)
  - Allow source data for each product to be edited and cleaned
  - Automatically create/update hierarchies
  - Automatically create descriptions (e.g. FSN, FN, PT, SN)
  - Perform more sophisticated quality checks
  - Provide extended support for mapping of existing drug terms
  - Automatically generate use-case-specific reference sets
  - Automatically build transitive closures to link use-case-specific reference sets
  - Allow healthcare orgs to add local extemporaneous drugs



### Demonstration and Questions

GDT