**Discussion2:**

**Main post**

Post a brief summary of the clinical decision support (CDS) system highlighted in the article you selected, including the practice setting in which it can be or was used and the requirements and guidelines that influenced its design. Explain the benefits of the CDS system to the practice setting. Identify potential problems that could or did arise related to the CDS system.

**Article used**

Gorham, G., Abeyaratne, A., Heard, S., Moore, L., George, P., Kamler, P., Majoni, S. W., Chen, W., Balasubramanya, B., Talukder, M. R., Pascoe, S., Whitehead, A., Sajiv, C., Maple-Brown, L., Kangaharan, N., & Cass, A. (2024, March 28). Developing an integrated clinical decision support system for the early identification and management of kidney disease-building cross-sectoral partnerships - BMC Medical Informatics and decision making. BioMed Central. https://bmcmedinformdecismak.biomedcentral.com/articles/10.1186/s12911-024-02471-w

This paper aims to describe the collaborative process between research, government and non-government health services to develop an integrated clinical decision support system to improve patient care.

we developed a novel digital clinical decision support system for people at risk of developing kidney disease (due to hypertension, diabetes, cardiovascular disease) or with kidney disease.

A cross-organisational and multidisciplinary Steering Committee has overseen the design, development and implementation stages.

 Electronic Health Record (EHR) data, based on agreed criteria, is automatically and securely transferred from 15 existing EHR platforms. Through clinician-determined algorithms, the system assists clinicians to diagnose, monitor and provide guideline-based care for individuals, as well as service-level risk stratification and alerts for clinically significant events.

Australia’s primary care system provides only half of the guideline-recommended care for many chronic conditions

Despite significant funding allocated to support the planning, coordination and management of chronic conditions in primary care [[2](https://bmcmedinformdecismak.biomedcentral.com/articles/10.1186/s12911-024-02471-w#ref-CR2)], the number of potentially preventable hospital admissions across Australia remains high. Evidence suggests that sharing patient clinical information across health services can decrease preventable hospital admissions by improving communication and coordination between healthcare providers [[3](https://bmcmedinformdecismak.biomedcentral.com/articles/10.1186/s12911-024-02471-w#ref-CR3), [4](https://bmcmedinformdecismak.biomedcentral.com/articles/10.1186/s12911-024-02471-w#ref-CR4)].

The burden of chronic conditions is particularly high in the Northern Territory (NT) of Australia, where 30% of the population are First Nations Australians.

Moreover, the NT has the highest rates of severe or end-stage kidney disease in Australia, with a relentless increase in the numbers of patients requiring kidney replacement therapy (KRT) exceeding repeat demand projections made by NT Health

**Reference:**

Gorham, G., Abeyaratne, A., Heard, S., Moore, L., George, P., Kamler, P., Majoni, S. W., Chen, W., Balasubramanya, B., Talukder, M. R., Pascoe, S., Whitehead, A., Sajiv, C., Maple-Brown, L., Kangaharan, N., & Cass, A. (2024, March 28). Developing an integrated clinical decision support system for the early identification and management of kidney disease-building cross-sectoral partnerships - BMC Medical Informatics and decision making. BioMed Central.\_N V https://bmcmedinformdecismak.biomedcentral.com/articles/10.1186/s12911-024-02471-w