

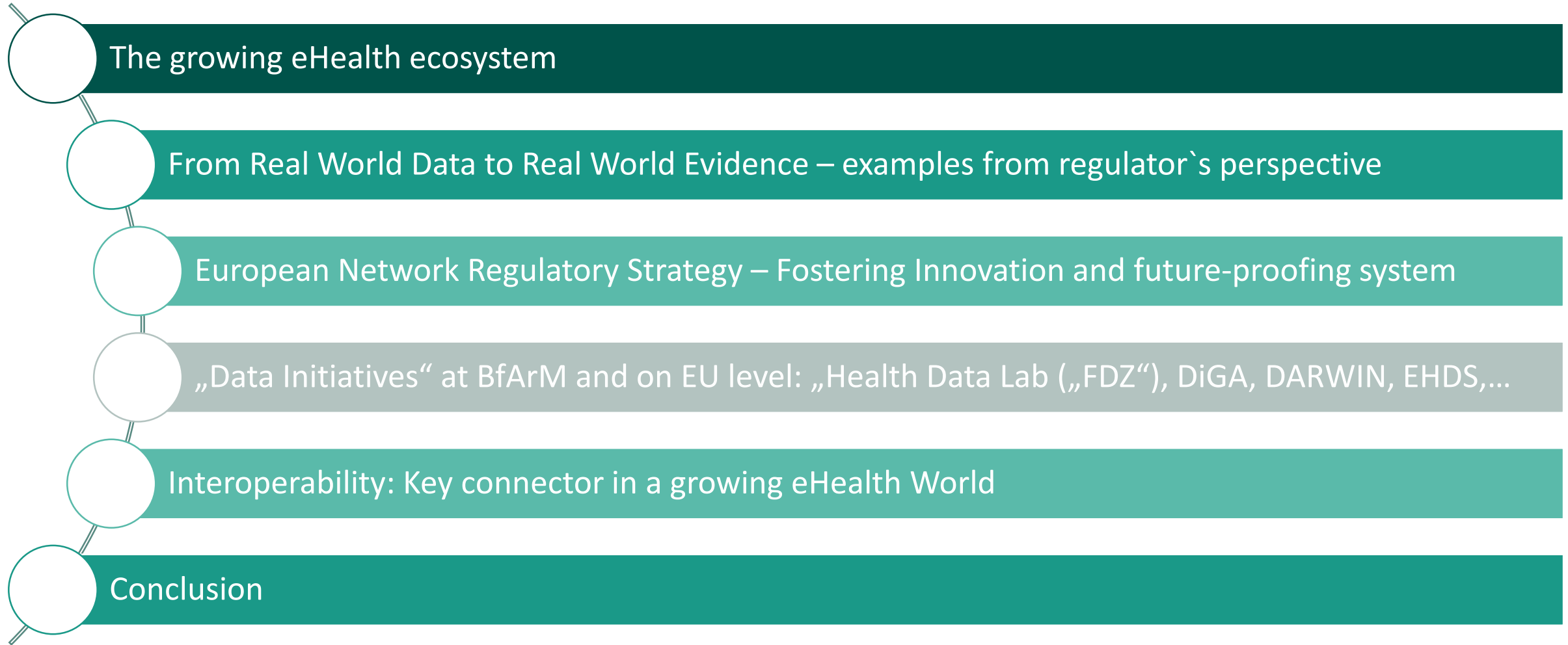
24th DGRA Annual Congress

The New Health Ecosystem: Medicinal Products, Devices and Big Data – are Regulators prepared?

Prof. Dr. Karl Broich, President BfArM
27th June 2022



Overview



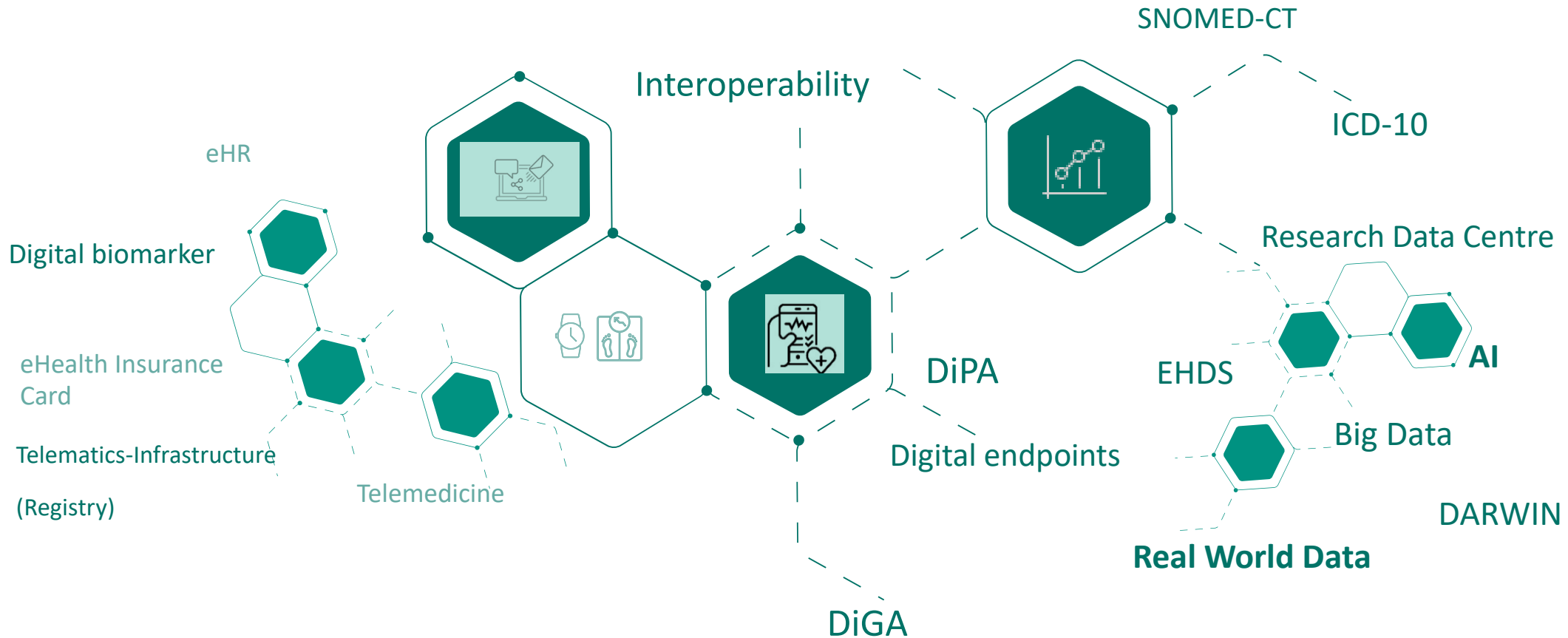
“Health care can become more resilient, agile and innovative by shifting to digitally enabled business models with data at the core”

- ❖ How do we use the data that is generated in safe and meaningful ways?
- ❖ What is the right data strategy to ensure that operations will be data and AI-driven, for predictive models of care?
- ❖ What opportunities exist for partnerships with technology players to build out the necessary technical capabilities for greater data tractability and to take advantage of enabling data sets?

clinical information

care workers, at the point of care

A world moving from „1 product – 1 indication“ to a growing connected **e-health ecosystem**

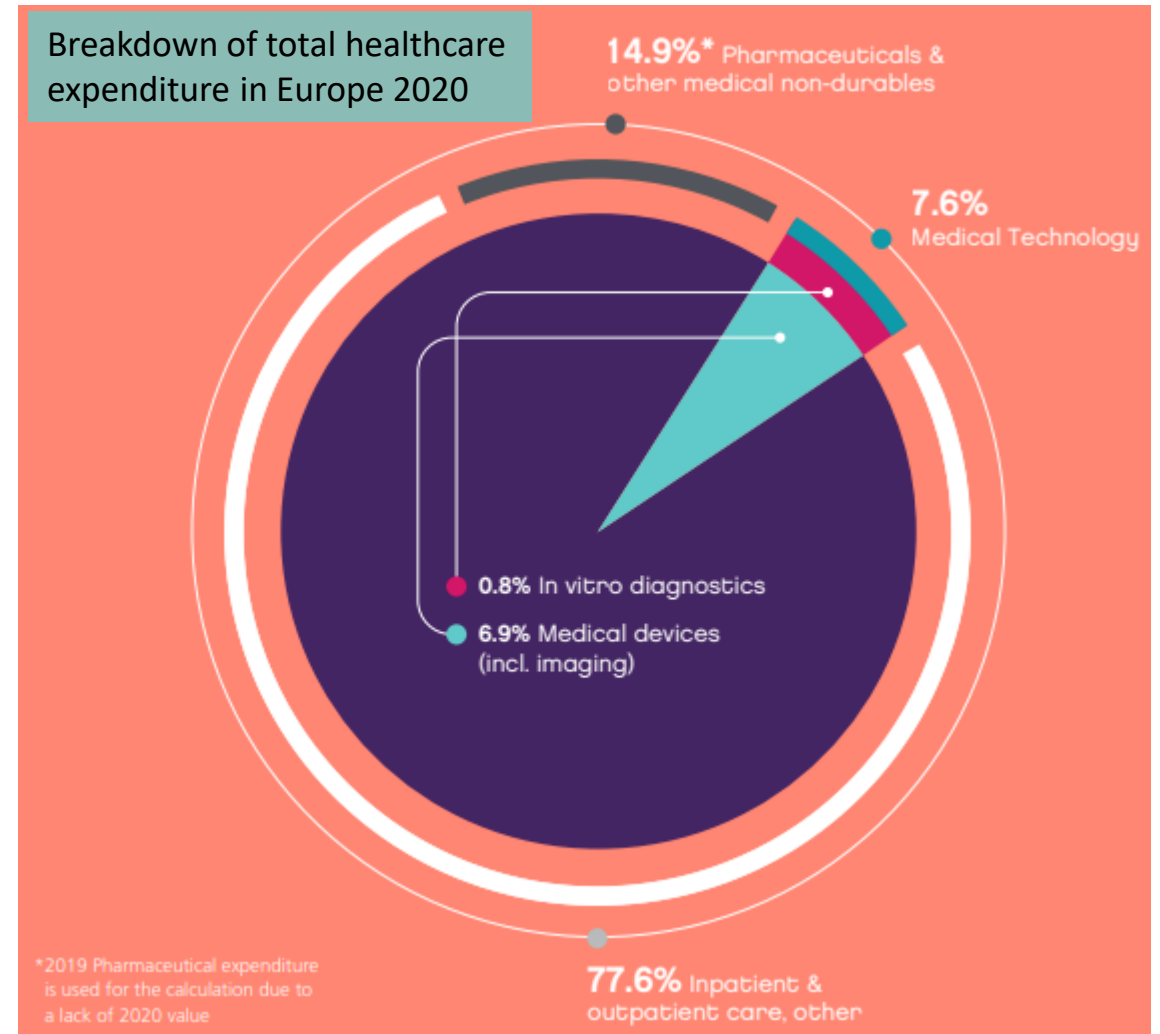


...with an increasing (digital) device market...

➤ New MDR/ IVDR in implementation

- Notified Bodies
- New Risk Classifications
- Certification of New Products
- Renewance of CE Mark

➤ Borderline Products



Real World Data (RWD) in Regulatory-decision making

(Inter)national collaboration

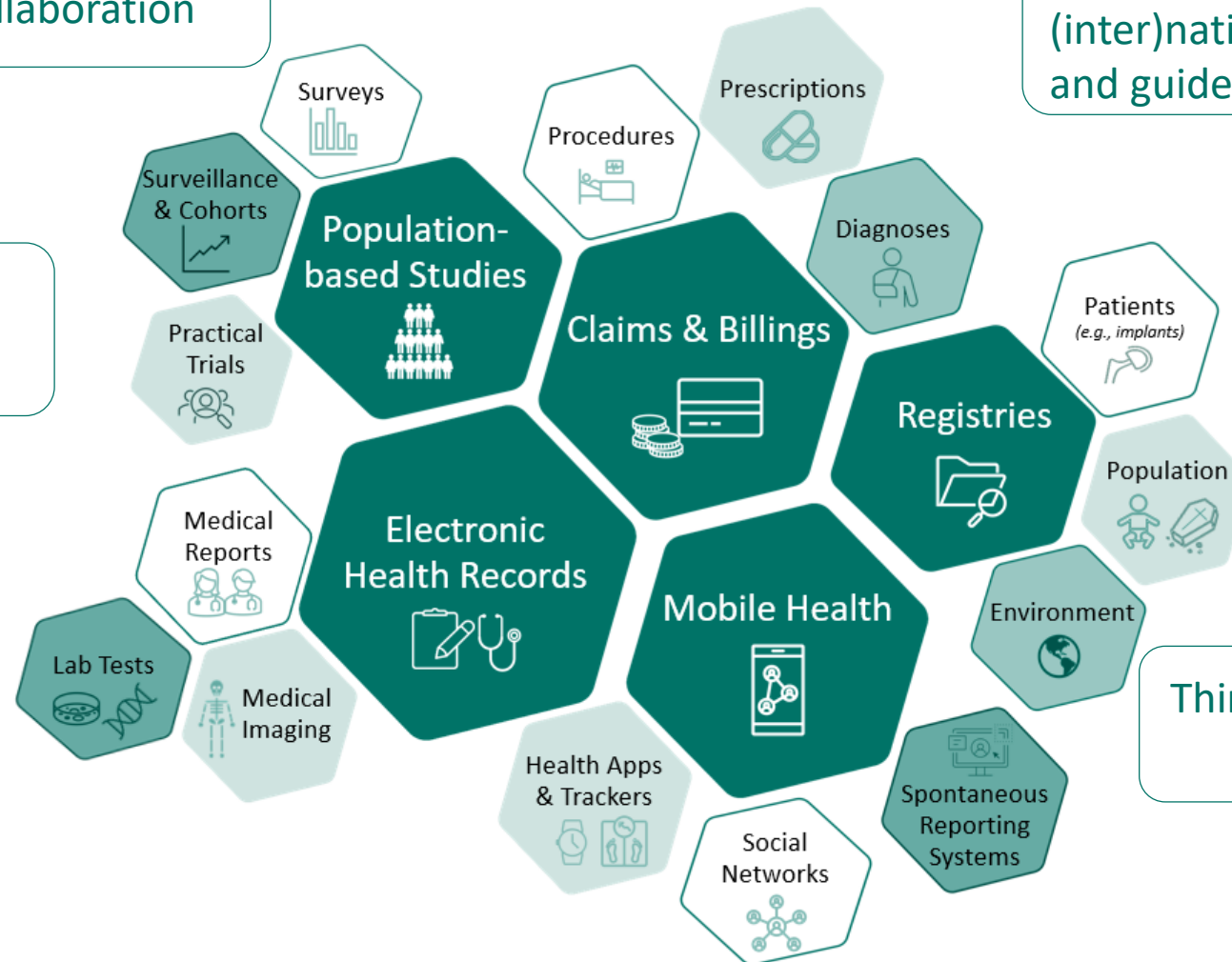
Involvement in (inter)national committees and guidelines

New methods for use of RWD

BfArM Workstream RWD

AI infrastructure at BfArM

Third-party funded projects



RWD/ RWE- Working definition by EMA and applications

- Real-World Data (RWD): “routinely collected data relating to patient health status or the delivery of health care from a variety of sources other than traditional clinical trials”
- Real-world evidence (RWE): “information derived from analysis of real-world data”
- Analysis of RWD can inform regulatory decision-making throughout the product lifecycle, including scientific advice, authorization, and effectiveness and safety, e.g. Project DARWIN EU®



Example: RWE can provide different benefits to CHMP depending on the nature of the regulatory procedures

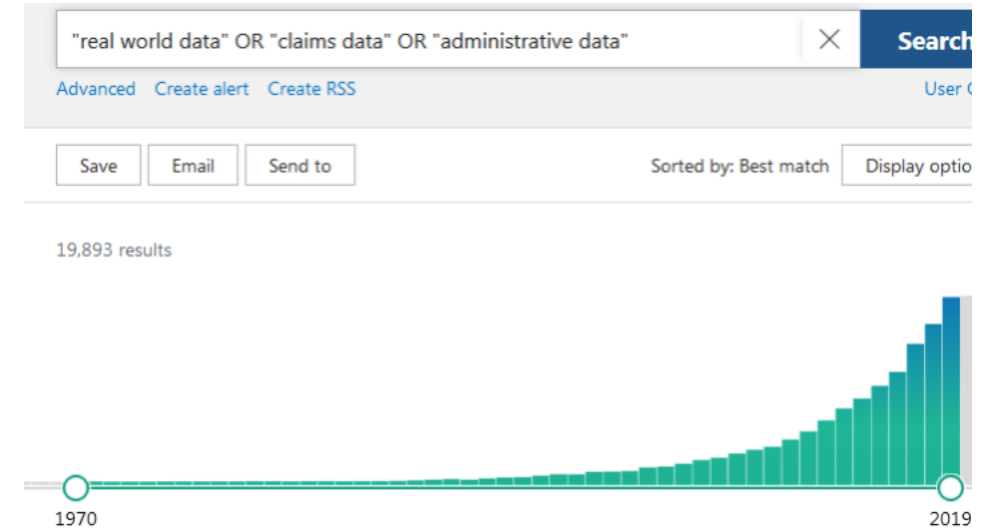
Committee	Procedure	High potential questions to be addressed	Example Use Case
<p style="text-align: center; font-weight: bold; font-size: 24px;">CHMP</p>	<p style="text-align: center; font-weight: bold; font-size: 24px;">Initial MAA</p>	<ul style="list-style-type: none"> • Disease epidemiology • Current clinical management • Support the planning & review of applicant studies 	<ul style="list-style-type: none"> • Standard of Care in Europe and more ambitiously an analyses of the prognoses with current standard of treatment • Natural history of disease • RWE could support the decision making around submitted and/or mandated post-approval studies.
	<p style="text-align: center; font-weight: bold; font-size: 24px;">Variations Type II Extension of Indications (90-days TT)</p>	<ul style="list-style-type: none"> • Disease epidemiology • Current clinical management 	<p>Generate evidence on the actual clinical standard of care in different populations</p> <ul style="list-style-type: none"> ○ How patients are diagnosed and treated ○ Treatment patterns ○ Characterisation of real-world drug use ○ Amount and duration of exposure ○ Changes over time and across Member States ○ Current indications and off-label use

RWD - from Public Health Insurance

- Population-based, administrative, longitudinal cohorts
- Information from different health care sectors
- Established code systems, e.g. ICD, ATC, OPS
- Information including,
 - Personal information (e.g. gender, date of birth/ death, insurance status, residence [PLZ])
 - Prescriptions (e.g. ATC, PZN, date)
 - Outpatient data (e.g. quarterly diagnoses [ICD, OPS], costs)
 - Inpatient data (e.g. daily diagnoses, admission/ discharge date, procedures, treatment, costs)
 - Further data (e.g. level of care, doctor ID, region)

Usability of Real World Data - e.g. data from health insurance

- As the **volume of data increases**, so does the scope and usability of secondary data
- **Strongly increasing** research with health insurance data
- **Increasing impact** of secondary data
- **Modern methods** allow data-driven insights



Article

Using gradient boosting with stability selection on health insurance claims data to identify disease trajectories in chronic obstructive pulmonary disease

Tina Ploner¹, Steffen Heß¹, Marcus Grum², Philipp Drewe-Boss³ and Jochen Walker¹

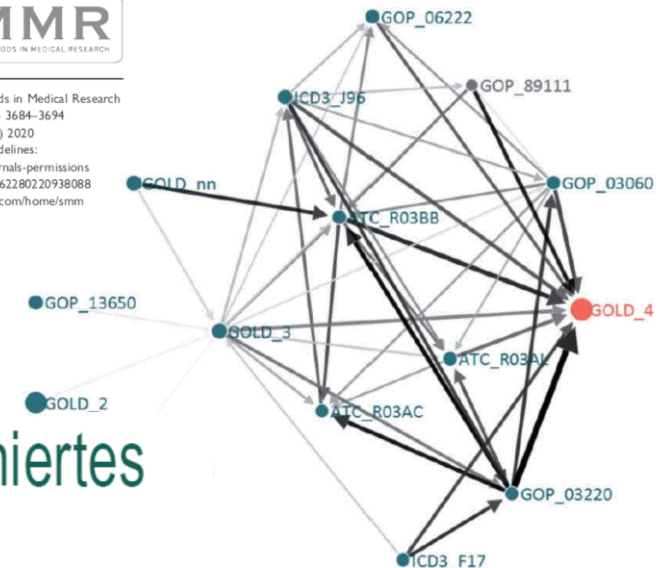
N-Nitrosodimethylamin-kontaminiertes Valsartan und Krebsrisiko

Eine longitudinale Kohortenstudie mit deutschen Krankenkassendaten

Willy Gomm, Christoph Röthlein, Katrin Schüssel, Gabriela Brückner, Helmut Schröder, Steffen Heß, Roland Frötschl, Karl Broich, Britta Haenisch

SMMR
STATISTICAL METHODS IN MEDICAL RESEARCH

Statistical Methods in Medical Research
2020, Vol. 29(12) 3684–3694
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Regulatory research with RWE – another example



Project Covid-risk

- Pharmacoepidemiological analyses on medication and morbidity-associated risk factors on the progression of COVID-19 (e.g. disease severity, duration of inpatient stay, mechanical ventilation, morbidity, mortality)
- Collaboration between BfArM + Techniker Krankenkasse, funding: BMG



***Insurants with COVID-19
without hospitalization***

Pre-existing conditions (ICD-10),
Medication (ATC)



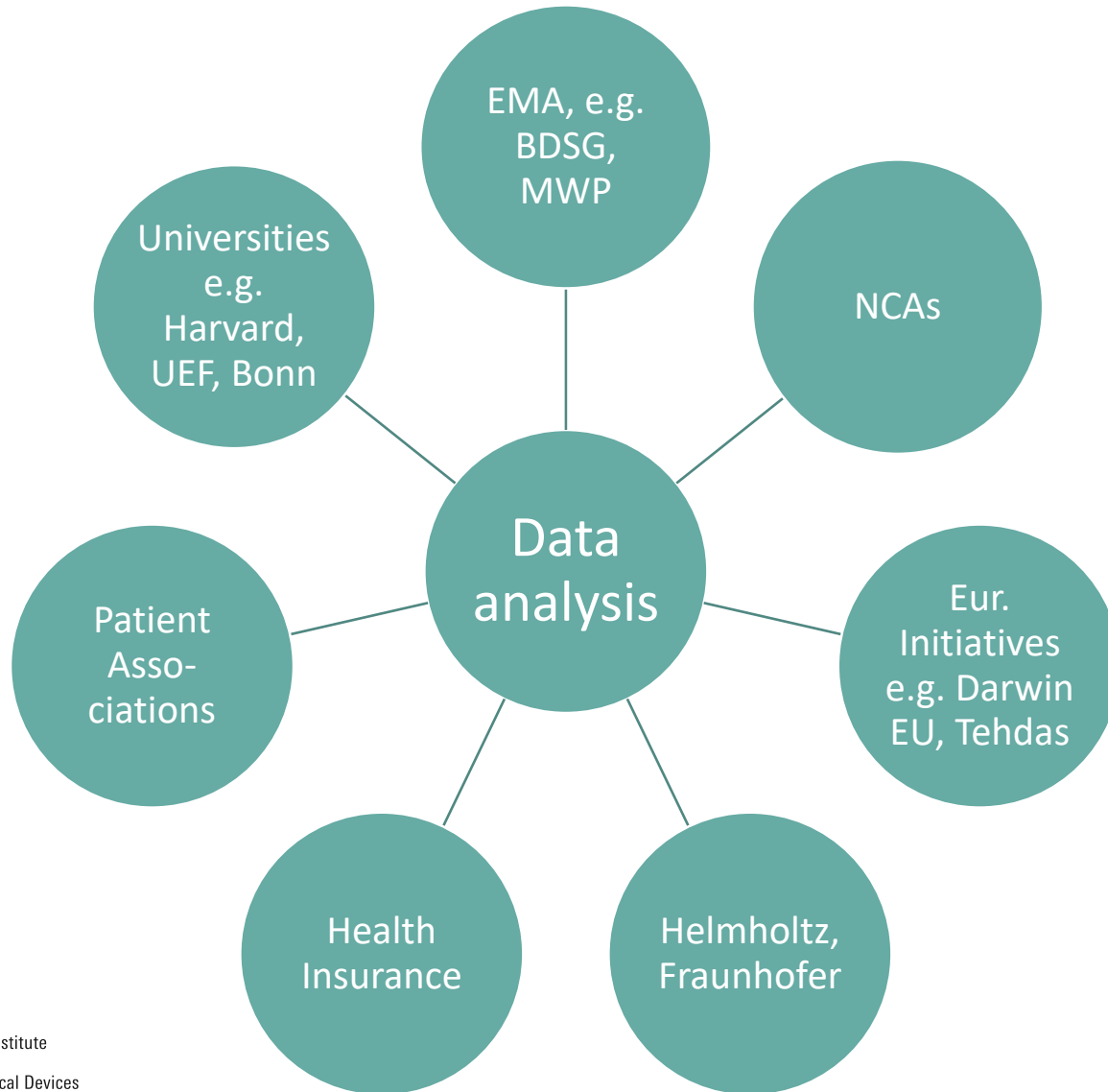
***Insurants with COVID-19
with hospitalization***

COVID-19 diagnosis, inpatient stay, mechanical
ventilation, mortality



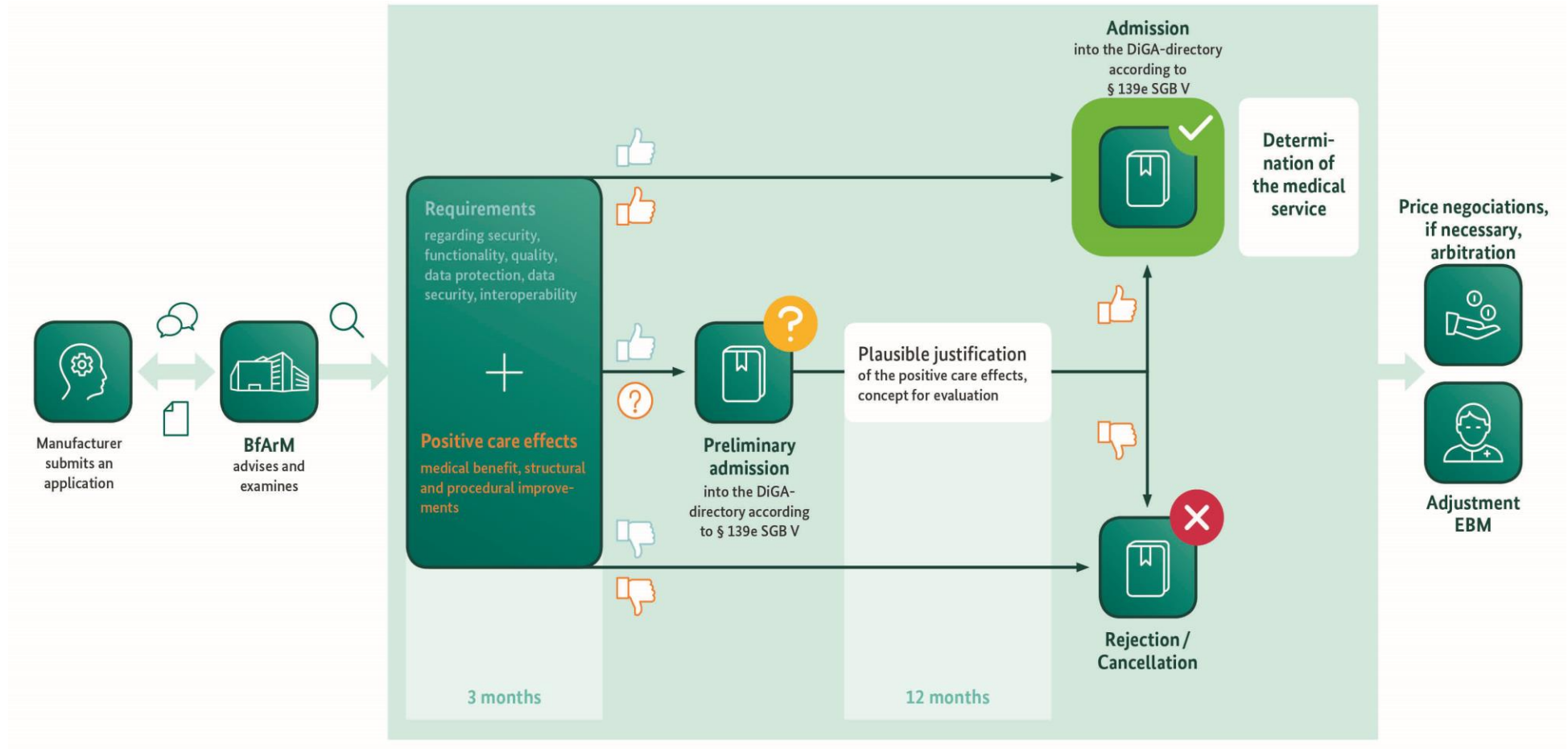
***Control group
(Insurants without COVID-19)***

External capabilities - Overview



The BfArM collaborates with numerous external national and international partners in the course of data analytics, including RWD analysis and AI methods development!

Usability of RWD (2) - Data from DiGA (and DiPA)



The DiGA-Directory: Transparency and Guidance for Users, Health Care Professionals, Statutory Health Insurances...



DiGA

Digital Health Applications

Tasks of the BfArM > Digital Health Applications (DiGA)

Here you will find all relevant information – advice regarding the connection with the procedure for listing in the directory of rein listing of a DiGA in that directory, information regarding prescribing documents and other webpages

- DiGA directory
- DiGA Guide
- Innovation office
- Interesting facts
- Contact
- Further information

https://www.bfarm.de/EN/MedicalDevices/DiGA/_node.html

Finden Sie die passende digitale Gesundheitsanwendung

Treffen Sie eine Auswahl aus digitalen Gesundheitsanwendungen (DiGA), die vom BfArM gemäß § 139e SGB V bewertet wurden.

- ✓ Erstattung durch die GKV
- ✓ Zertifizierte Medizinprodukte
- ✓ Transparent aufbereitet

DiGA-Verzeichnis

Geben Sie Ihren Suchbegriff ein... oder

Das DiGA-Verzeichnis

Antworten zur Nutzung von DiGA

Willkommen beim Verzeichnis für digitale Gesundheitsanwendungen (DiGA)!

<https://diga.bfarm.de/de>

velibra
GAIA AG, Deutschland

Plattformen

Webanwendung

Anzuwenden bei

F40.01 Agoraphobie: Mit Panikstörung
F40.1 Soziale Phobien
F41.0 Panikstörung [episodisch paroxysmale Angst]
F41.1 Generalisierte

Eigenschaften

Keine Zuzahlung
Keine Zusatzgeräte
Verfügbare Sprachen: Deutsch und 1 weitere

ESYSTA App & Portal – Digitales Diabetesmanagement

Emperra GmbH E-Health Technologies, Deutschland | www.emperra.com

Vorläufig aufgenommen

Informationen für Fachkreise

ESYSTA ist eine digitale Gesundheitsanwendung für insulinpflichtige Diabetikerinnen und Diabetiker. Durch automatischen Datenimport aus Blutzuckermessgeräten und Insulinpens in ein übersichtliches Tagebuch erleichtert ESYSTA die Kontrolle des Blutzuckerverlaufs und der Therapie. Eine kontinuierliche Datenauswertung erleichtert und verbessert das Diabetes-Selbstmanagement durch Feedback in Form einer nutzerfreundlichen Ampelfunktion und eines 7-Tage-Trends. Zudem unterstützt ESYSTA Ärztinnen und Ärzten, indem sie Behandlungsdaten jederzeit einsehen können, sofern ihre Patientinnen und Patienten dies wünschen. Anwendungsbeobachtungen belegen den medizinischen Nutzen von ESYSTA. Der HbA1c-Wert sank im Durchschnitt um 0,9 %. Die Verordnungsdauer von ESYSTA beträgt 90 Tage. Für nachhaltige Effekte ist eine dauerhafte Nutzung empfohlen.

Plattformen

Apple App Store
Google Play Store
Webanwendung

Mehr erfahren

Anzuwenden bei

E10 Diabetes mellitus, Typ 1
E11 Diabetes mellitus, Typ 2

Mehr erfahren

Eigenschaften

Informationsangebot des Herstellers

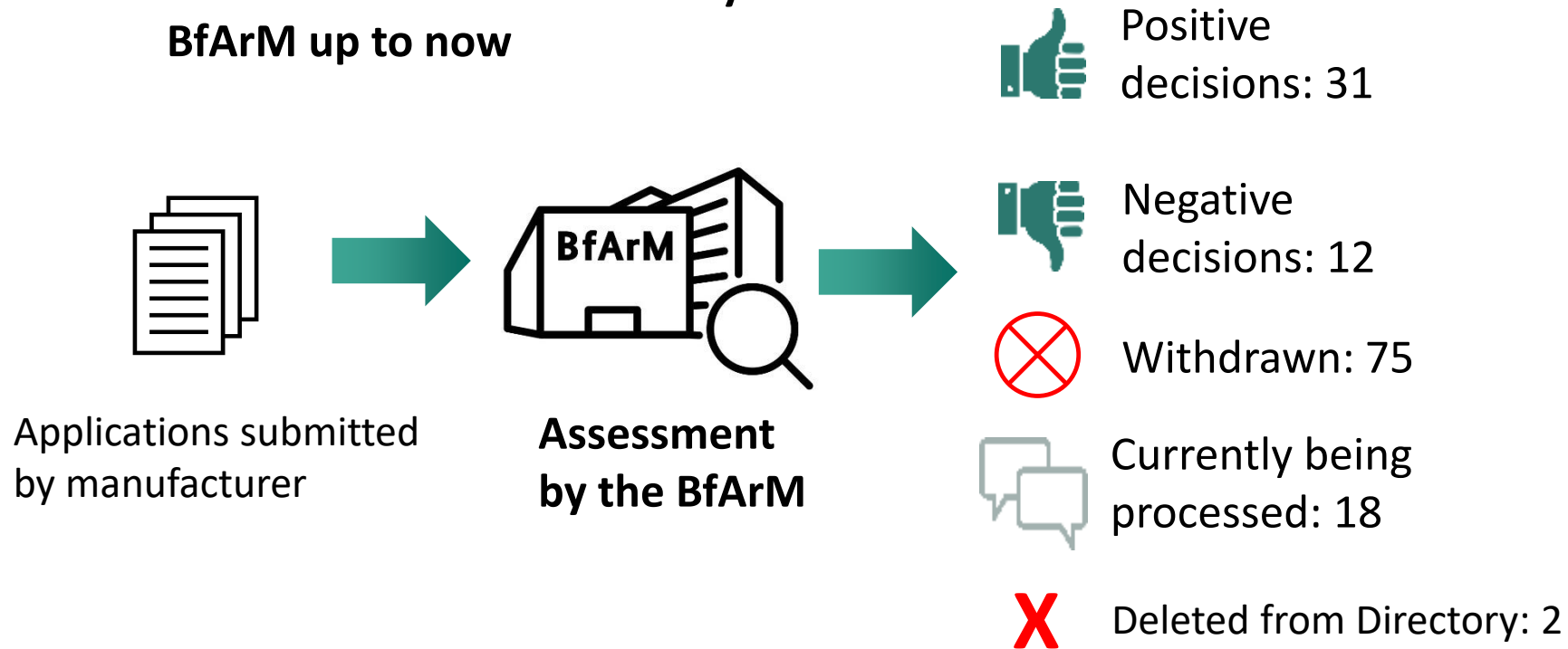
<https://diga.bfarm.de/de/verzeichnis/316>

Federal Institute for Drugs and Medical Devices

Prof. K. Broich - BfArM | 24th DGRA Annual Congress | 27.06.2022 | 14

Results of the assessment by the BfArM

Results of the assessment by the BfArM up to now

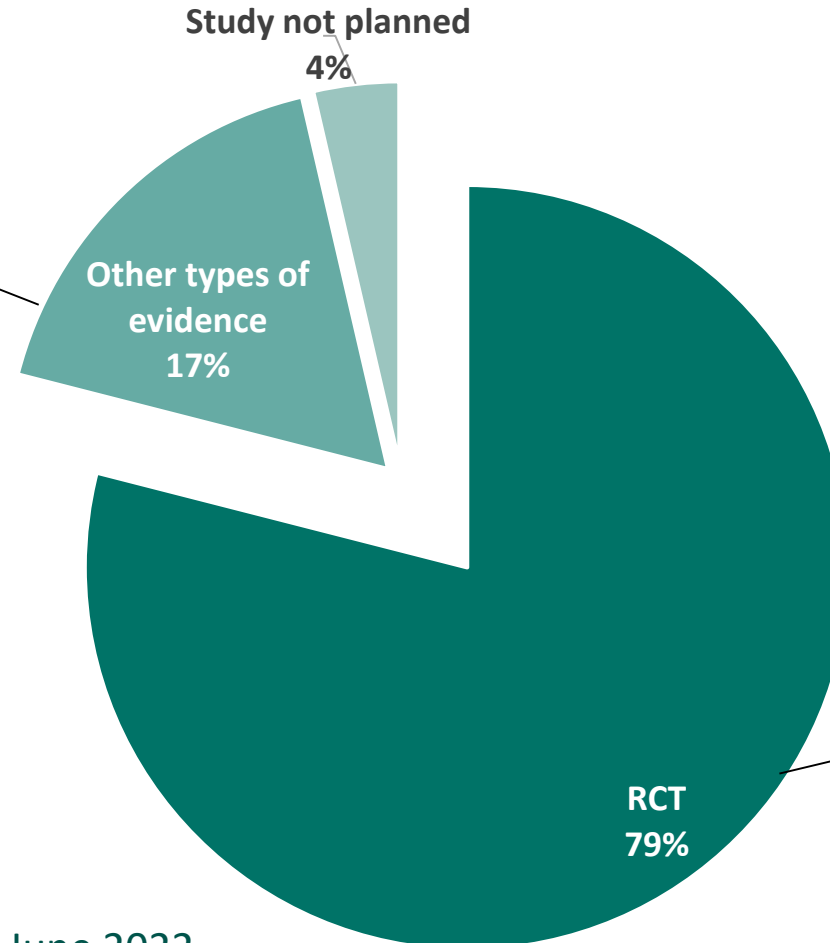


Overview evidence ("study types")

The type of the evidence of the 138 applications is as follows:

24 Applications with other forms of evidence

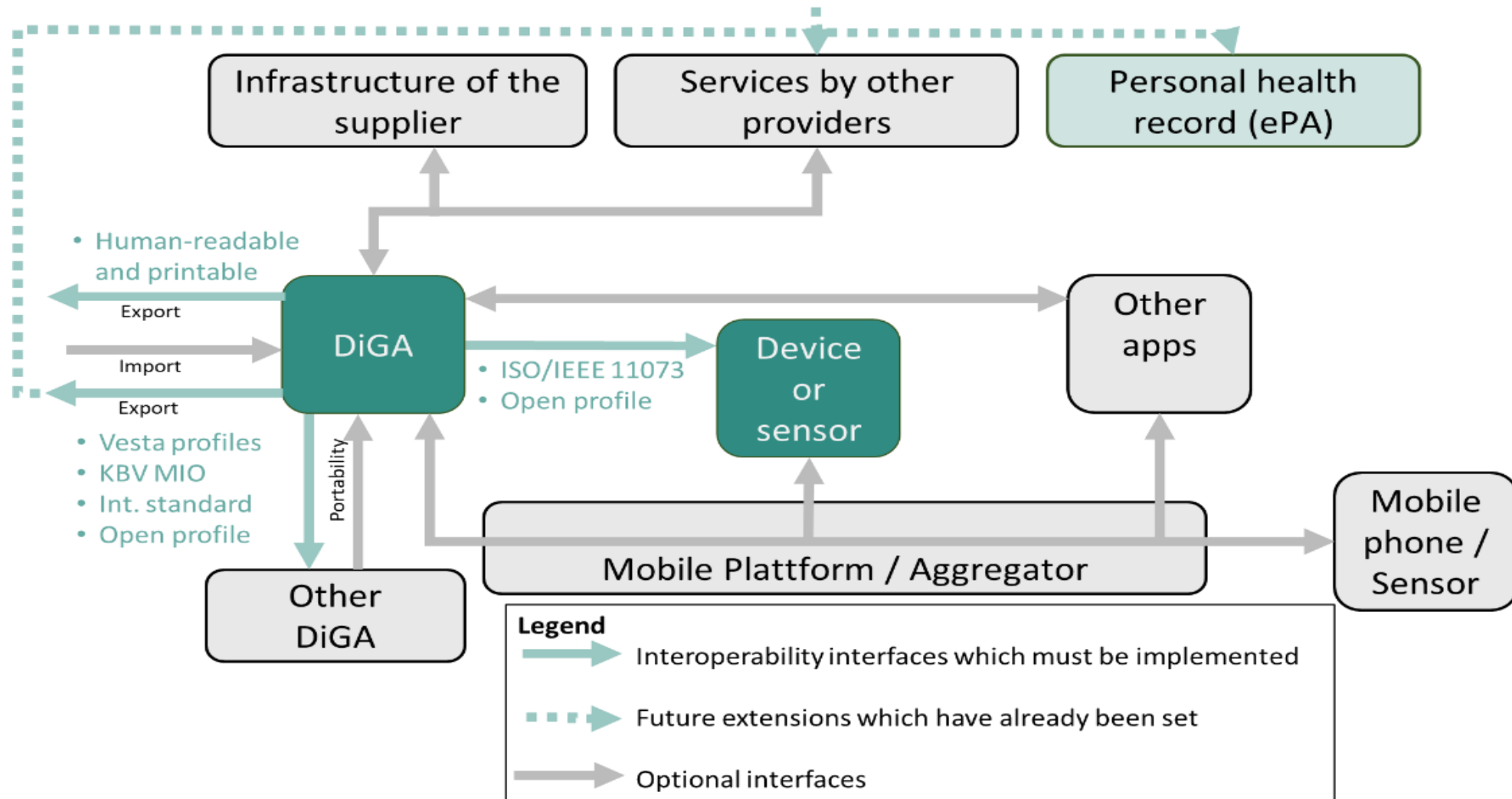
- Surveys
- Intraindividual comparisons
- Prospective controlled studies
- Retrospective comparative study
- Register study with propensity score matching



109 Applications with Randomized Controlled Trials (RCT)

- One RCT
- Multiple RCT
- Combinations of RCT and additional retrospective study
- Multiple RCT and meta-analysis

DiGA as Part of German e-Health Structure: **Interoperability**



Why do we need Interoperability?

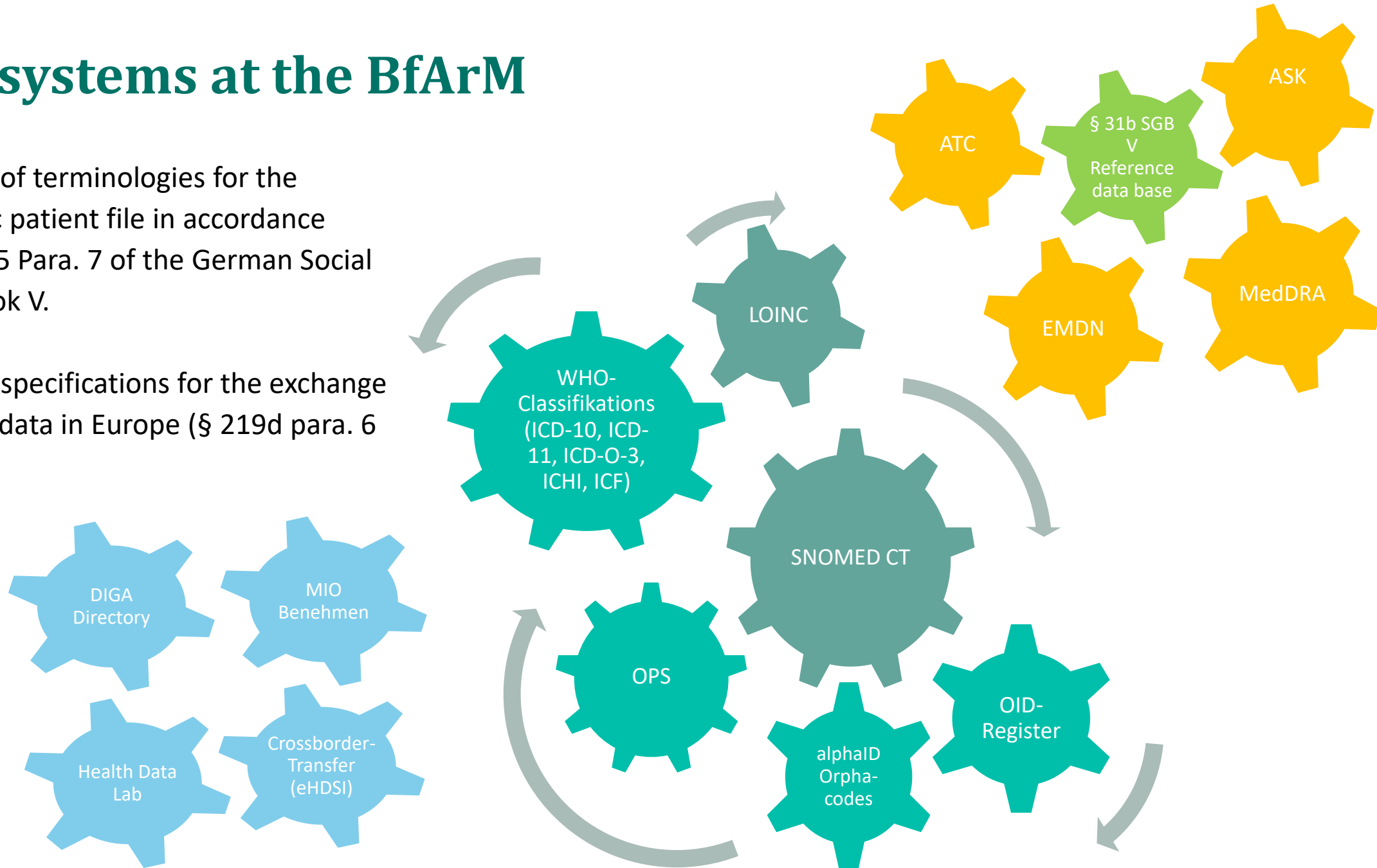


Prerequisite for efficient data exchange:

- Zero-loss communication of data
- Uniform interpretation of data across systems
- High-quality further processing of data

Coding systems at the BfArM

- Provision of terminologies for the electronic patient file in accordance with § 355 Para. 7 of the German Social Code, Book V.
- Semantic specifications for the exchange of health data in Europe (§ 219d para. 6 SGB V)



The Health Data Lab at the BfArM

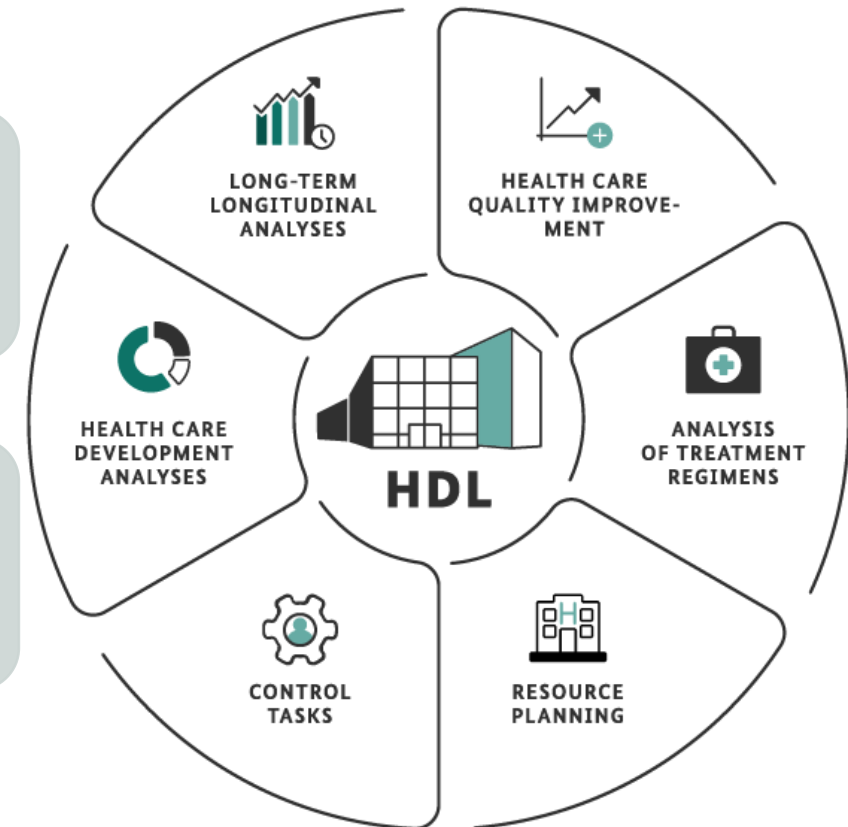
✓ Scope: The Health Data Lab (HDL) provides existing health data pursuing the following objectives:

Research orientation

- Facilitate access to health data
- Close collaboration with data users

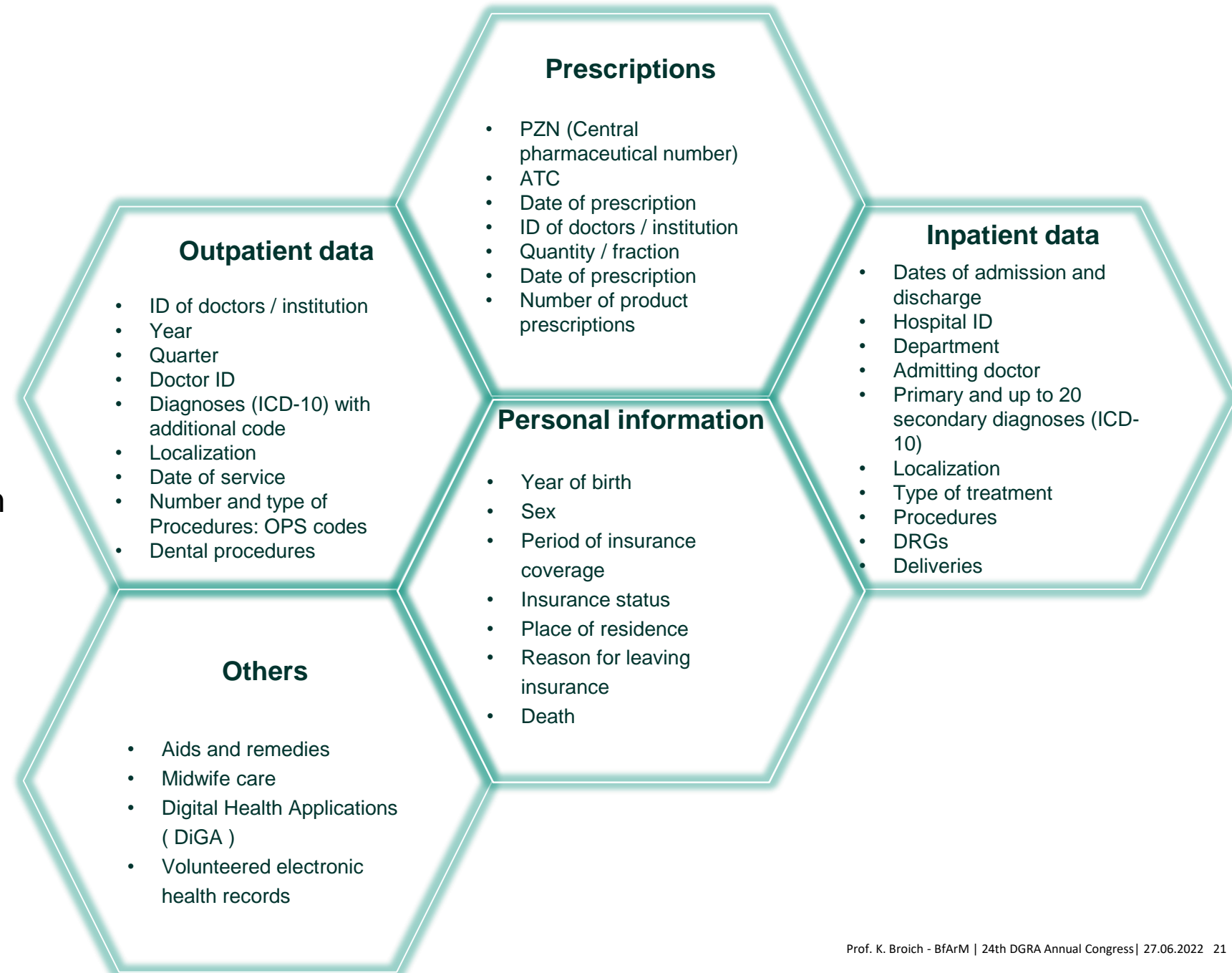
Security

- Consideration of data sensitivity
- Close collaboration with information security and data protection authorities (BSI, BfDI)



Types of data

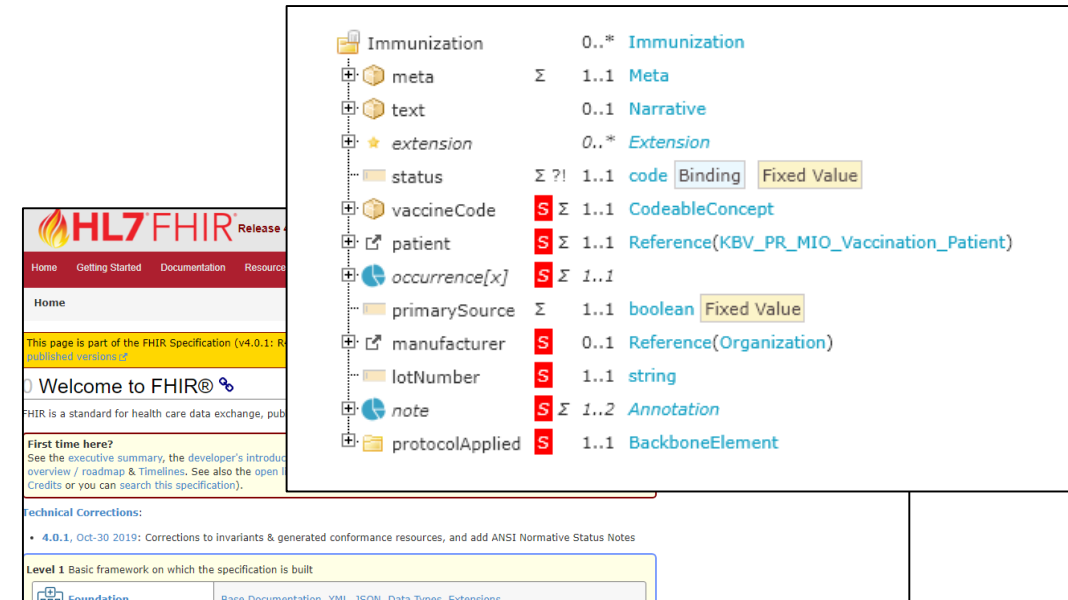
- 72 million people with statutory health insurance in Germany
- Information from all health care sectors linked on the individual level
- Longitudinal data starting from 2009
- Interoperability with established code systems (e.g. ICD10, ATC)



Electronic patient record (ePA)

Voluntarily shared electronic health records:

- 2023: Structured medical information objects (MIO) in HL7/FHIR®
 - e-certificate of vaccination
 - e-dental bonus booklet
 - e-maternity record
 - e-child examination booklet



The screenshot shows the HL7 FHIR Release website interface. On the left, there is a navigation menu with links for Home, Getting Started, Documentation, and Resources. The main content area displays the 'Immunization' resource structure. The structure is as follows:

Field	Cardinality	Reference	Notes
Immunization	0..*	Immunization	
meta	Σ	1..1 Meta	
text		0..1 Narrative	
extension		0..* Extension	
status	Σ ?!	1..1 code	Binding Fixed Value
vaccineCode	Σ	1..1 CodeableConcept	
patient	Σ	1..1 Reference(KBV_PR_MIO_Vaccination_Patient)	
occurrence[x]	Σ	1..1	
primarySource	Σ	1..1 boolean	Fixed Value
manufacturer	Σ	0..1 Reference(Organization)	
lotNumber	Σ	1..1 string	
note	Σ	1..2 Annotation	
protocolApplied	Σ	1..1 BackboneElement	

Below the structure, there is a 'Technical Corrections' section with a bullet point: '4.0.1, Oct-30 2019: Corrections to invariants & generated conformance resources, and add ANSI Normative Status Notes'. At the bottom, there is a 'Level 1 Basic framework on which the specification is built' section with a link to 'Foundation'.

Data users*

Health care provider organisations

Kassenärztlichen (Bundes-)Vereinigungen
Spitzenorganisationen der Leistungserbringer auf Bundesebene
Bundesärzte-, Bundeszahnärzte-, Bundespsychotherapeuten- und Bundesapothekerkammer
Deutsche Krankenhausgesellschaft



Patient organisations

Patientenbeauftragte des Bundes und der Länder
Deutscher Behindertenrat
Bundesarbeitsgemeinschaft der PatientInnenstellen
Deutsche Arbeitsgemeinschaft Selbsthilfegruppen e. V.
Verbraucherzentrale Bundesverband e. V.



Health insurance sector

Krankenkassen
Bundes- und Landesverbände
der Krankenkassen



Research institutions/universities

Hochschulen
Hochschulkliniken
Institutionen der Gesundheitsversorgungsforschung
Öffentlich geförderte außeruniversitäre Forschungseinrichtungen
Andere unabhängige Forschungseinrichtungen



Public institutions

Institutionen der Gesundheitsberichterstattung
des Bundes und der Länder
G-BA sowie IQWiG und IQTiG
Institut des Bewertungsausschusses
Institut für das Entgeltsystem im Krankenhaus



National agencies

Oberste Bundesbehörden, sowie Oberste Bundes- und Landesbehörden mit GKV-Zuständigkeit inkl. nachgeordneter Bereiche

* According to § 303e Abs. 2 SGB V

Fully digitalized data application process

The screenshot shows a web interface for submitting a new application. The header includes the logo of the Bundesinstitut für Arzneimittel und Medizinprodukte, the title 'Neuer Antrag', language options 'DE' and 'EN', and the acronym 'FDZ'. A left sidebar contains navigation links for 'Institution', 'Anträge', 'Profil', 'Datenschutz', and 'Abmelden'. The main content area features a progress indicator with six steps: 1. Start (checked), 2. Projektbeschreibung (selected), 3. Datenbeschreibung, 4. Beteiligte Personen, 5. Sonstiges, and 6. Rechtliches. The 'Projektbeschreibung' step is active, showing a form for 'Projekttitel' and 'Projektkürzel'. The 'Projekttitel' field is a large text area containing placeholder text, with a character count of 0. The 'Projektkürzel' field is a smaller text input, also containing placeholder text and a character count of 0. At the bottom of the form are 'Zurück' and 'Weiter' buttons. A small 'Antragsregister' button is visible in the top right of the form area.

Synthetic data and AI-readiness

Gefördert durch:



aufgrund eines Beschlusses
des Deutschen Bundestages



Aims

- Creating synthetic data with AI-methods and comparing them with „classically“ anonymised data
- Evaluation of AI-readiness
- European connectivity



Duration

November 2021 - December 2024



Partners

- InGef – Institute for Applied Health Research Berlin GmbH
- Berlin Institute of Health at Charité (BIH)
- Fraunhofer Institute for Digital Medicine MEVIS

Blog article: https://www.bfarm.de/EN/News/Blog/_docs/2022-03-10-forschungsdatenzentrum.html

AI Infrastructure at the BfArM

Technical specifications of the AI/HPC network

- 2x IBM POWER SYSTEM AC922 server (8335-GTH)
 - IBM FlashSystem 5100 NVMe Storage System
 - IBM WATSON MACHINE LEARNING ACCELERATOR
 - IBM Spectrum Virtualize Software
 - (8 NVIDIA V100 GPUs, 512 GB DDR4, 50 TB ext. Storage)
- NVLink 2.0 for fast bidirectional bandwidth between CPUs and GPUs
 - Network: 10 Gb Ethernet, I/O architectures: PCIe gen4
 - OpenPOWER Linux scale-out server (Red Hat Enterprise Linux operating system)
- System is especially designed for Deep Learning and AI, high-performance analytics, and high-performance computing
 - **Projects including machine learning approaches:** EMPAR, ANKA, Covid-19 Risk; projects in progress for monitoring, mitigating and avoiding shortages and falsifications of medicinal products



Power System AC922 internal components

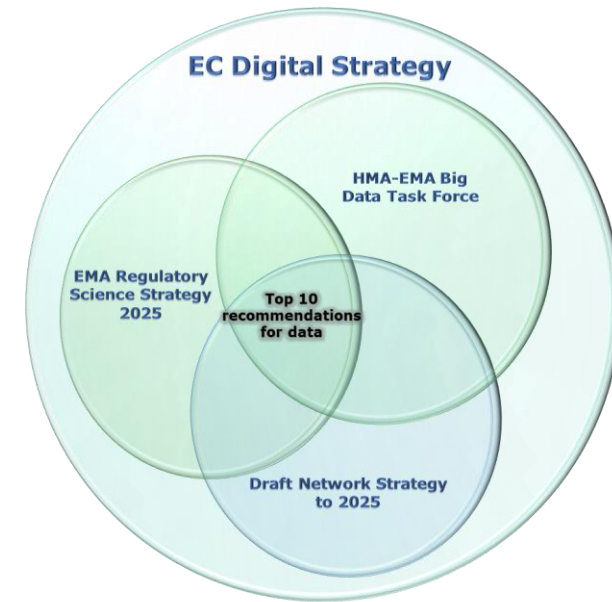
European Activities - BfArM Participation

EUROPEAN HEALTH DATA SPACE

#EUDigitalHealth

OBJECTIVES

- ✓ Empower individuals through better digital access to their personal health data; support free movement by ensuring that health data follow people;
- ✓ Unleash the data economy by fostering a genuine single market for digital health services and products;
- ✓ Set up strict rules for the use of individual's non-identifiable health data for research, innovation, policy-making and regulatory activities.



EC supporting digital "EU-Health Data Space"*
Pharmaceutical Strategy

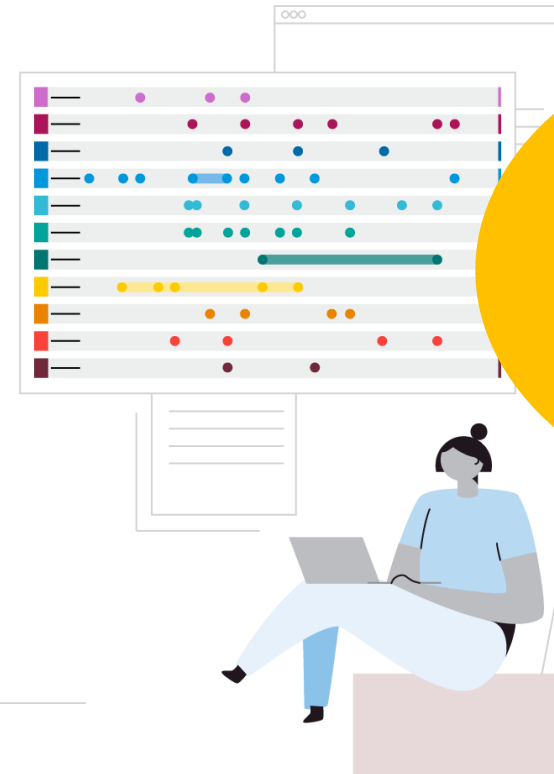
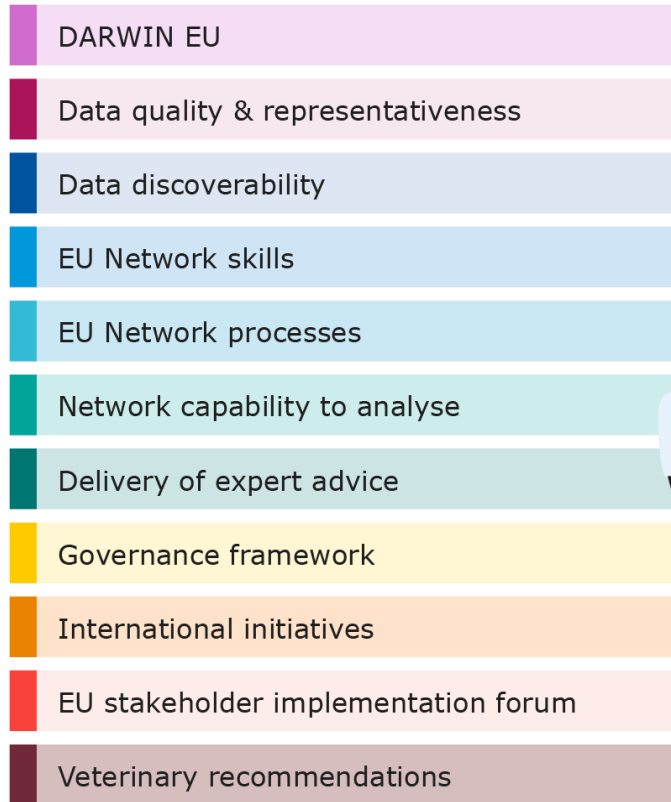
EU network strategy 2025 + DARWIN EU
EMA Regulatory Science Strategy 2025
From HMA-EMA Big Data Task Force to Big Data Steering Group
(Top-Ten-Recommendations for data)



* https://ec.europa.eu/health/ehealth-digital-health-and-care/european-health-data-space_en

HMA & EMA Network Strategy – Pillars Innovation & Digitization: Progress achieved

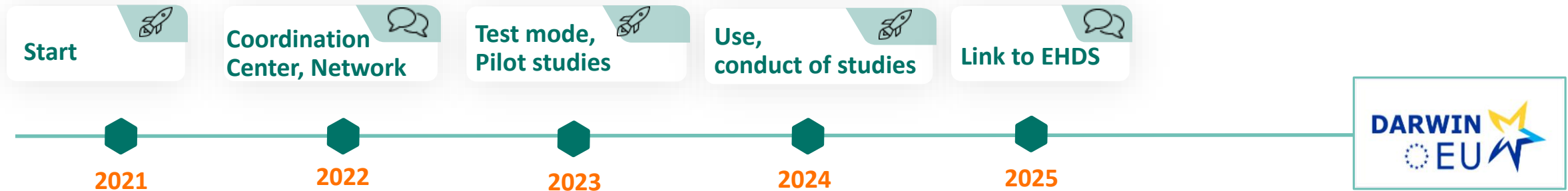
Data analytics,
digital tools and
digital transformation



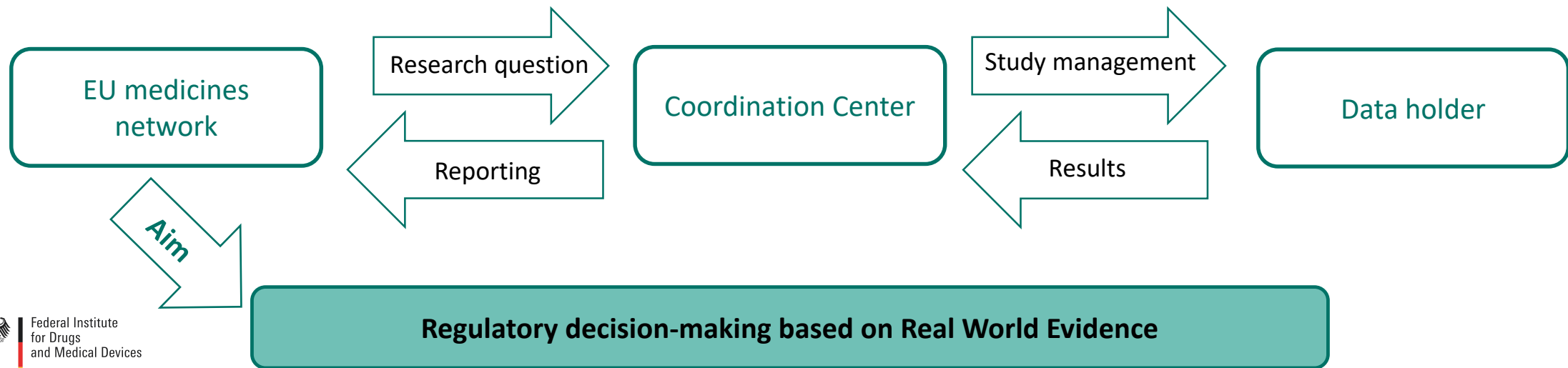
“By 2025 the use of Real-World Evidence will have been enabled and the value will have been established across the spectrum of regulatory use cases”

Big Data Steering Group; EU Telematics; EU Innovation Network, ...

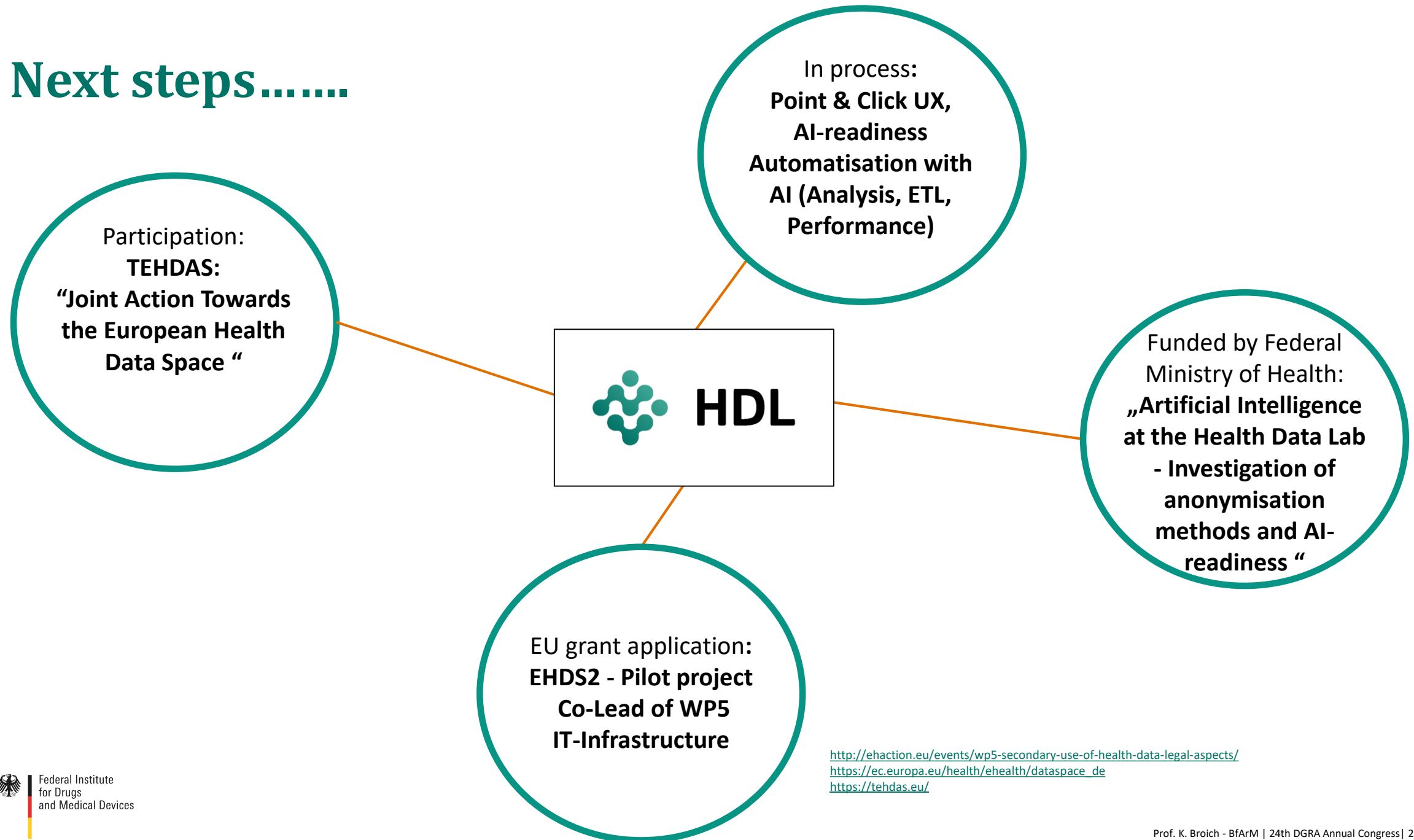
Data Analysis and Real-World Interrogation Network (DARWIN EU[®])



- Network of data, expertise and services
- Supported by an Advisory Board
- Close collaboration with: TEHDAS joint action, EMA-HMA Big Data Steering Group, European Health Data Space Pilot project



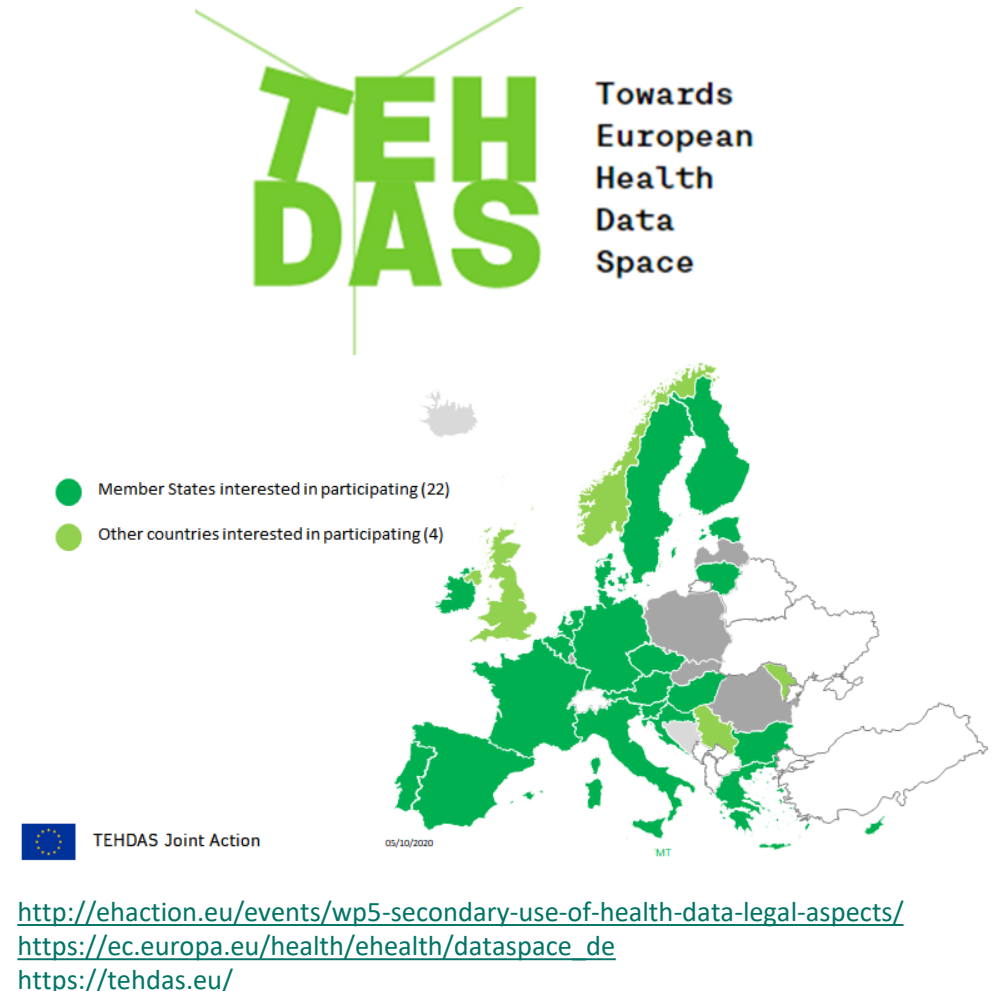
Next steps.....




EHDS Initiative TEHDAS

Joint Action **T**owards the **E**uropean
Health **D**ata **S**pace with the following pillars:

- Reliable data governance system and principles for cross-border data use
- Data quality
- Secure infrastructure und interoperability
- HDL supports TEHDAS as part of a delegation coordinated by Federal Ministry of Health



EHDS Initiative **TEHDAS**

- Co-funded by EU Commission
- Duration: 01/02/2021 – 01/08/2023
- Aims: Develop and promote concepts for the EHDS
- Coordination: Finnish Innovation Fund Sitra 
- Participants: Institutions from 25 European countries




The work is divided into eight work packages:

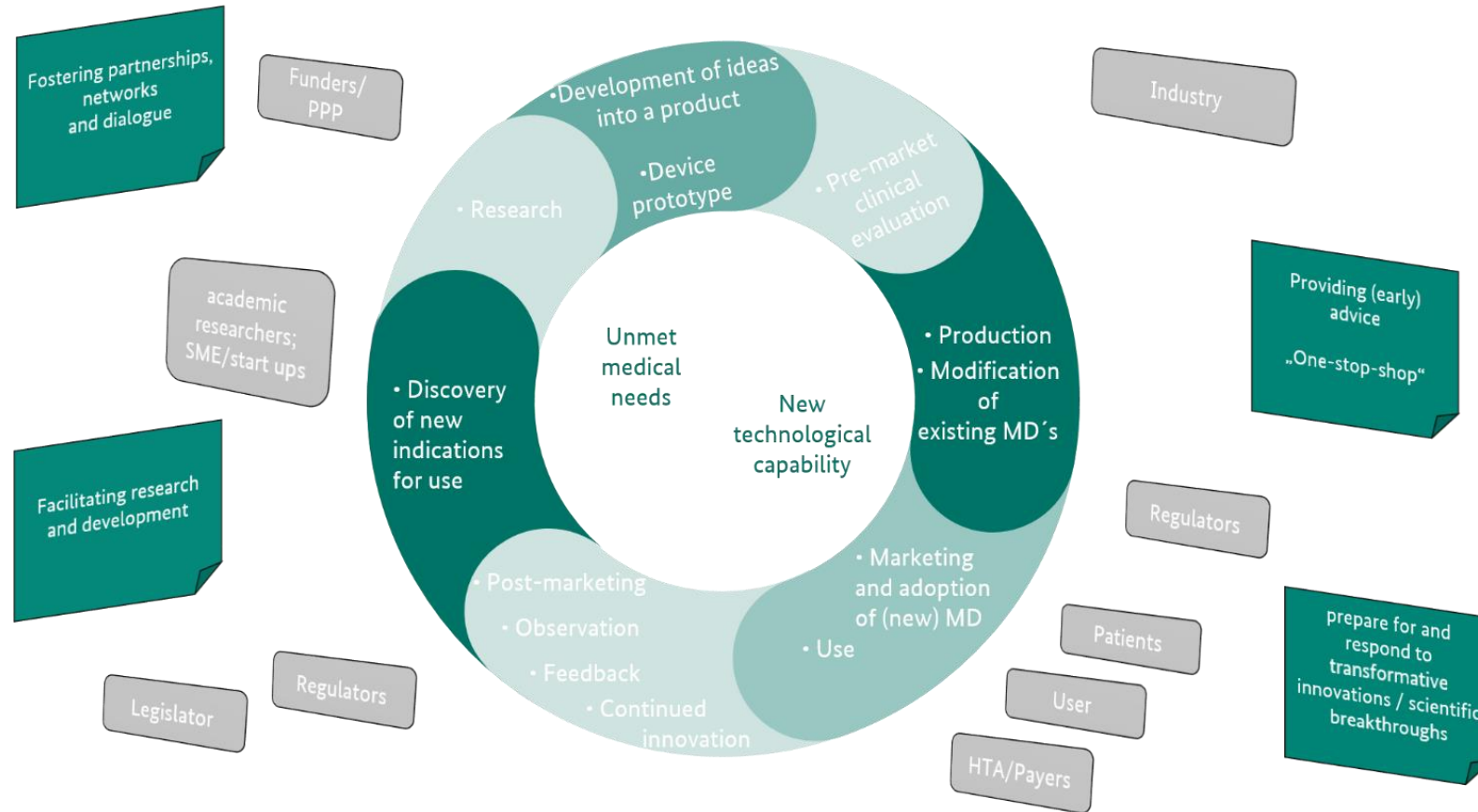


EHDS2 Pilot

Pilot for a European Health Data Space on secondary use of health data

- Funding application submitted (EU4Health Programme)
- Time scale: January → submission, June → decision, September → possible project start
- Planned duration: 24 months
- Aim: Setup of a first version of the EHDS and testing of medical use cases
- Coordination: Health Data Hub, France 
- Participants: 16 partners (national nodes, ERICs, European agencies and research institutions)

Regulators Perspective: Joint efforts to support innovation in a modern (e)Health ecosystem

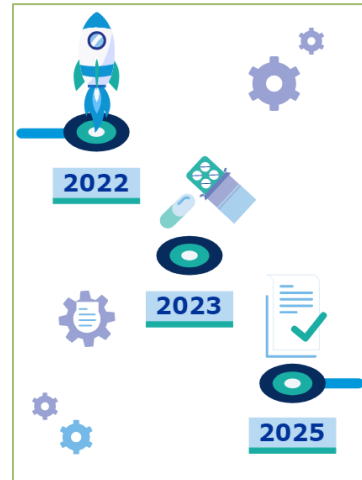


Fostering a new health era – European Initiatives by NCAs, EMA and EC

- ❖ broad initiative from the regulatory network, e.g. to transform the EU/EEA clinical trials environment in support of large clinical trials
- ❖ to the benefit of medical innovation and patients



... supporting innovation and digitalization in clinical trials...



Clinical Trials Information System



...Bridging the translational gap..



#ClinicalTrials

Are regulators prepared for the new Health Ecosystem of Medicinal Products, Devices and Big Data?

Future proofing the system for evolving technologies – on a good path through broad range of

Wo
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Are regulators prepared for the new Health Ecosystem of Medicinal Products, Medical Devices and Big Data Approaches?

Yes!

... however, continuous change management and partnering with stakeholders necessary!

Good governance for digital enablement

At the enterprise level, those in a governance role must have a digital fluency and an intimate understanding of the health sector. This includes understanding the economics of technologies disrupting the health industry business and production of care models. A deep knowledge is required of health IT trends and expertise in applications appropriate to the enterprise.



Thank you very much for your attention!



Contact

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D-53175 Bonn

www.bfarm.de

Phone +49 (0)228 99 307-3219



www.bfarm.de

www.bfarm.de/innovation

www.bfarm.de/diga

www.bfarm.de/digitalfuture

<https://www.forschungsdatenzentrum-gesundheit.de/>

