



Let the data flow – wie Real World Daten automatisiert vom Arzt zum Sponsor klinischer Studien fließen



Dr. Christian Müller

Head Data Generation

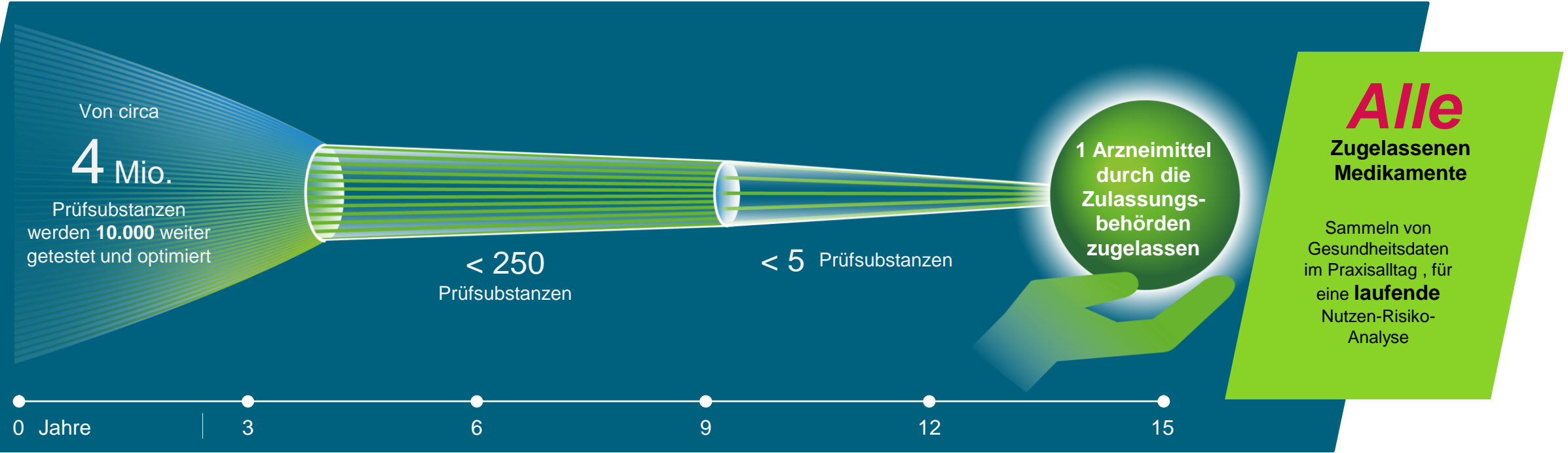
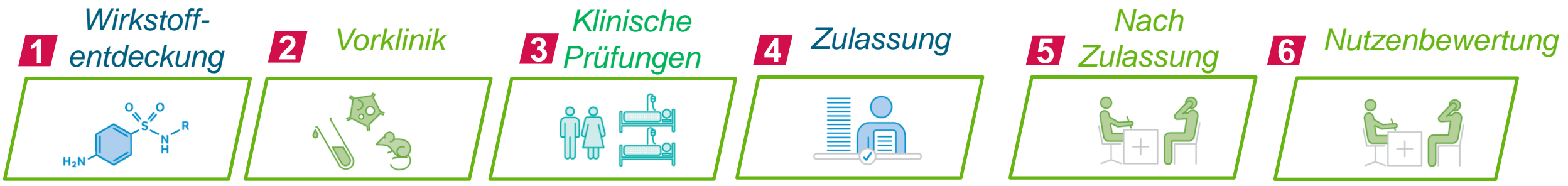
17th of September 2024

innovate.collaborate.act.





Vom Molekül zum Medikament: Der lange Weg der Arzneimittelforschung





Artificial set-up
Defined protocol
Inclusion & Exclusion criteria
Comparative
Randomized
Blinded

Efficacy, Safety, Quality



**From
Box-stop medicine
To
Real World Evidence**



Real World Data

electronic health records (EHRs),

claims and billing data,

data from product and disease registries,

patient-generated data including in home-use settings,

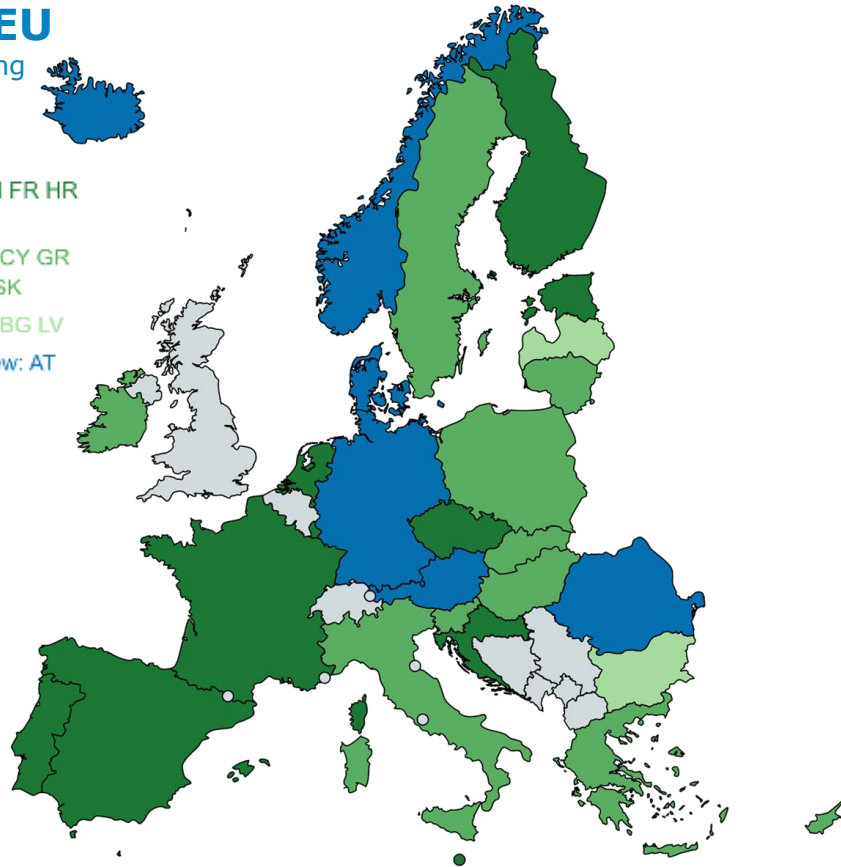
data gathered from other sources that can inform on health status, such as mobile devices

Für die EU-weite (=grenzüberschreitende) Datennutzung müssen neue digitale Infrastrukturen geschaffen werden

MyHealth@EU

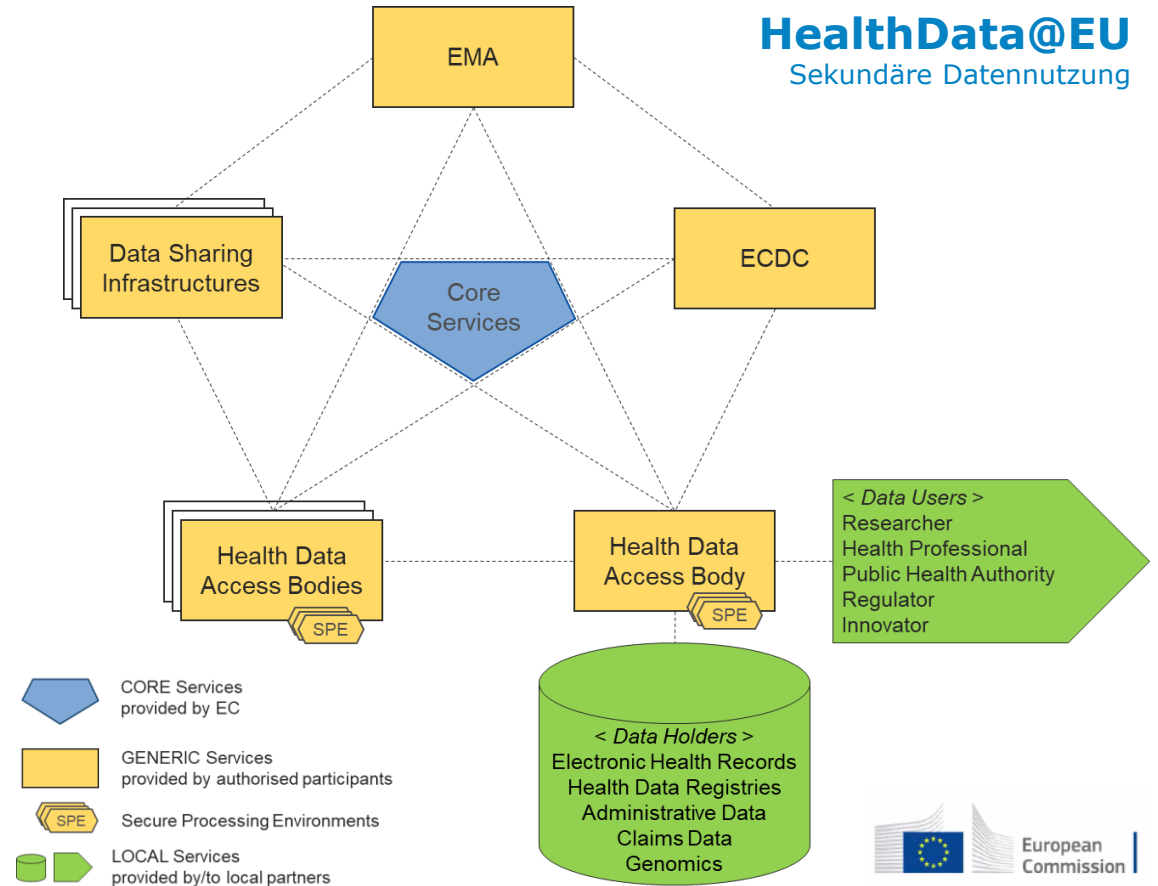
Primäre Datennutzung

- Live now: CZ EE ES FI FR HR
LU MT NL PT
- Go-live planned 2022: CY GR
HU IE IT LT PL SE SI SK
- Go-live planned 2023: BG LV
- Application under review: AT
DE DK IS NO RO



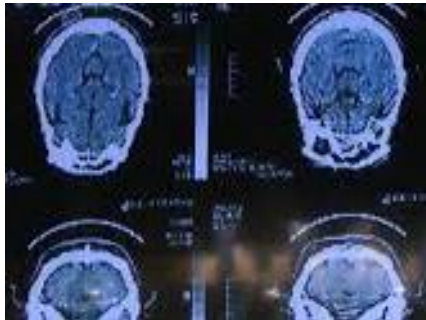
HealthData@EU

Sekundäre Datennutzung



P-Medicine and D-Tools

1. **Preventive medicine** is the practice of promoting preventive health care to improve patient well-being. The goal is to ultimately prevent disease, disability, and death.
2. **Predictive medicine** is a branch of medicine that aims to identify patients at risk of developing a disease, thereby enabling either prevention or early treatment of that disease.
3. **Precision medicine** looks at the genetics, environment, and lifestyle of a person in order to select treatment that could work best for them.



Diagnostic



Drugs



Devices

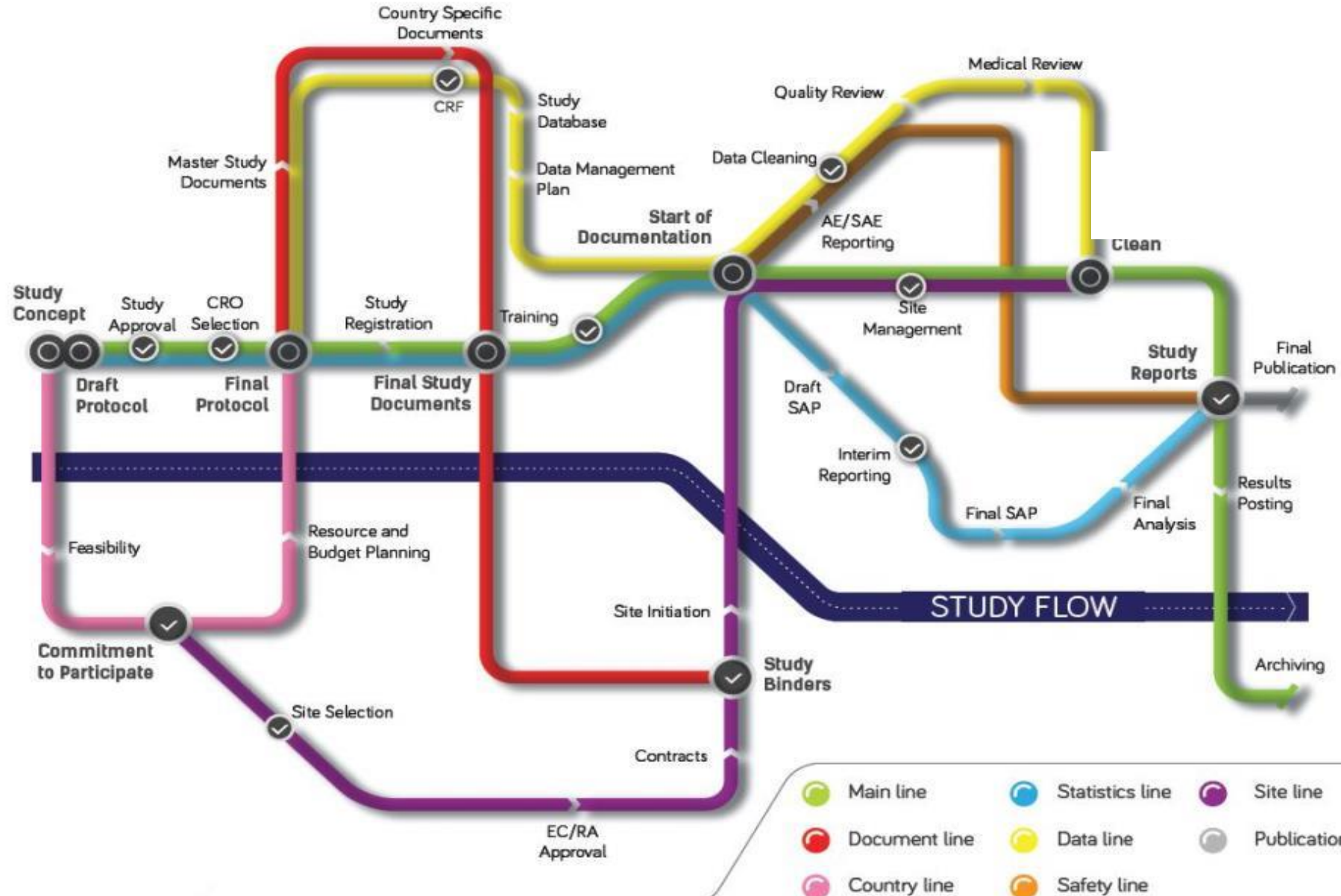


Data

1 <https://www.acpm.org/about-acpm/what-is-preventive-medicine/>
2 <https://www.nature.com/subjects/predictive-medicine#:~:text=Definition,future%20disposition%20to%20a%20disease.>
3 <https://medlineplus.gov/genetics/understanding/precisionmedicine/definition/>



NIS PROCESS MAP





I have a dream,

52 Ethikkommissionen

17 Datenschutzbehörden

2 Bundesoberbehörden

Eine Studie

Eine Ethik

Eine DP-Behörde

Eine Genehmigung



Gold standard of clinical study data capturing is manual data input

Copying data from EHR into EDC systems manually

Copy paste mistakes, waste of time for site staff and the necessity to review the entries during source data verification visits

Quality Review visits ensuring source data verification are time and cost intensive

Investigators are paid for time spent of documentation





I have another dream,

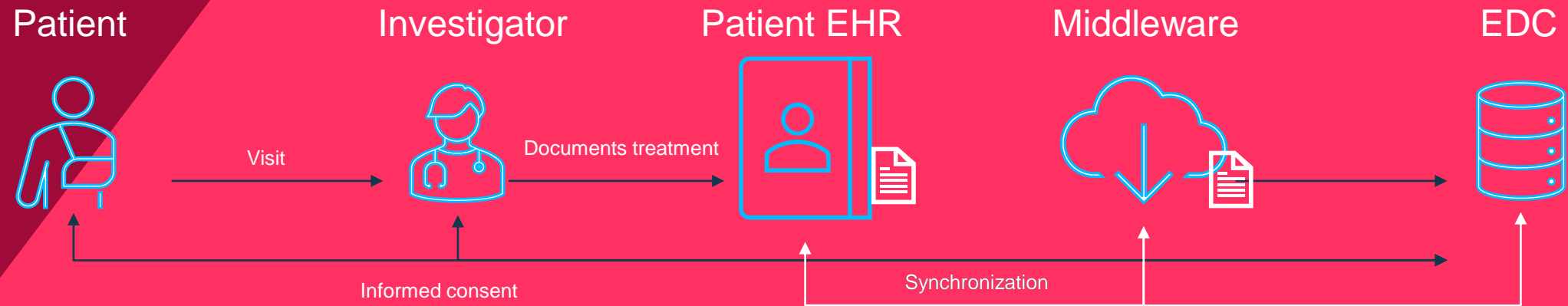
*that pseudonymized health data flow
automatically from point of care
to clinical research database
to authorities*



Let the data flow

Automatic Data Transfer in Clinical Studies (EHR2EDC)

FINE-Real Study a non-interventional study providing insights in a routine clinical setting



- // Lab values
- // Diagnoses
- // Medication (start, stop, dose, frequency)
- // Personal data (age, year of birth, weight, height, gender)

1) Mueller et al. 2023 Journal of Medical Internet Research - Automated Electronic Health Record to Electronic Data Capture Transfer in Clinical Studies in the German Health Care System: Feasibility Study and Gap Analysis



Beyond the idea of EHR2EDC there are multiple challenges for implementation



Prospective study design



EHR not interoperable with EDC



Variability of systems and lack of web connectivity



Regulatory requirements (ICD, 21 CFR part 11, CDISC)





Changing the status quo - benefits for investigators, sponsors and regulators



Addresses feasibility, connectivity, and compatibility

100%

compliance with the **GDPR** due to patient consent



Prospective primary data collection

1x1

high quality of the collected data



Reduce costs and improve study planning

15.000€

Savings per Patient due to 87,500 h in a 3.5 million-Data point study



Germany is moving forward in Digital Health – Political Framework

- // GDNG enabling secondary use of health data
- // Patients empowered to donate data to research data center (FDZ)
- // ePA to EDC





Consequences for investigators, sponsors & EHR provider



No double documentation is necessary



Prospective Research would be implemented into everyday life



Industry is aligning on standard data kit for research based on FHIR



No interoperability without standards



Involving authorities to align on standards, processes and data

SPHIN-X

One Data Space for Health

adesso

AICURA
MEDICAL

AstraZeneca

.B.A.

BAYER

BDI

bdr.

bitko

Boehringer
Ingelheim

BPI
Bundesverband der
Pharmazeutischen Industrie e.V.

BRAINLAB

C&C
managing

das Lab

Deloitte.

DIG IN
HEALTH

Fraun

GESUNDHEITS-
FOREN

inovex

IQVIA

janssen

kjur

Medtronic

MSD

Roche

ROTE
LISTE

T Systems

vfa. Die forschenden
Pharma-Unternehmen

zwei
electr
ideas

“Data-driven innovation in today's healthcare system requires the creation of an all-win situation, which is almost impossible under the current conditions.”

That's why we need to change the conditions.

sphinX will be a game changer in the data-driven healthcare sector

Why

Innovation is central for everyone.

It enables patients to live better and longer and companies to achieve financial success.

However, data-driven innovation is severely hampered by various factors such as data quality, data access, data protection and regulations.

It is necessary to break new ground.

What

sphinX pursues a multi-stakeholder approach.

As a data space, it creates an opportunity to develop common data standards and connect participants dynamically.

For a variety of use cases along the value chain.

From B2B to B2C to B2C2C.

How

Let's tackle the challenges together.

In a trustworthy, collaborative data environment.

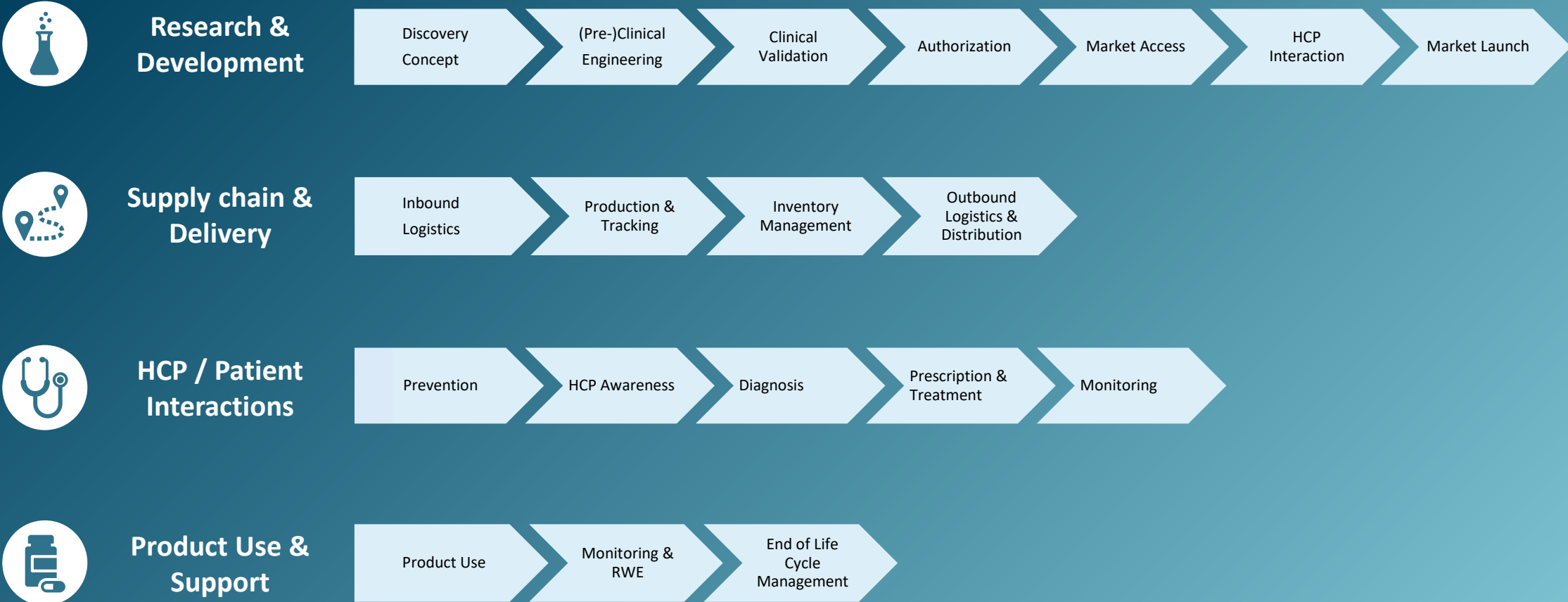
Simple and compliant. From data owner to innovator.

For all of us.

sphinX: Defragmentation of the healthcare system

sphinX is a new, collaborative data space for all stakeholders in the healthcare sector and enables targeted new connections and access. Broad agreement on standards will form the basis for data-driven innovation in 1:n instead of 1:1 use cases along the entire value chain.

As a new infrastructure, sphinx facilitates the establishment of various use cases (B2B and B2C)



Further ideas on how sphinX could improve data-driven innovation and thus patient care



Digit. twins / Synth. control arms

Optimisation of study protocols, identification of patients and improved study execution



Pharmacies service portal

Centralisation of access management for pharmacies and data exchange standards, similar to the boarding pass principle in the aerospace sector



Drug-drug interaction warning system

Central system for monitoring and alerting patients and/or HCPs with potential drug-drug interactions



Central Register of Rare Diseases

Central base for rare disease patients and synthetization to enable research on little patient data



Supply chain management

(Semi-)automated, standardised data exchange between wholesalers and BfArM, with monitoring algorithms in case of bottlenecks



Connection point new innovation

Agreement on central standard interfaces in HIS/PVS systems in order to be able to quickly integrate new innovations into the treatment process



Research Data Hub+

Standardised, interoperable, GDPR-compliant care data for proprietary and academic research, e.g. laboratory values, image data, etc.



Digital supply chain / Industry 4.0

Complete description of the supply chain and digitalisation of all processes and documents including standardised CO₂ footprint calculation



Centralised remote patient monitoring

Centre for remote patient monitoring to transfer suitable treatments to patients' homes and increase patient convenience



Master data management sphinX

Master data management of sphinX participants, for integration into automated systems (similar to Catena-X)



Standardised consent management & data donation portal

Standardisation of patient-determined consent management and the possibility of research donation



Central Patient Support Portal

Links to information and services of the respective pharmaceutical companies for patients with corresponding medication via packaging QR codes

... and many other use cases



Health for all Hunger for none

Dr. Christian Müller



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