

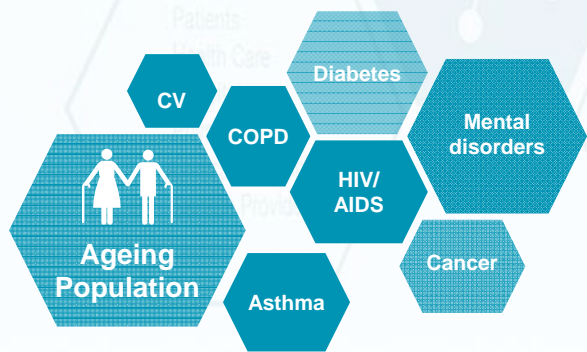


THE EHR4CR PLATFORM AND SERVICES

Brecht Claerhout
Custodix



Background



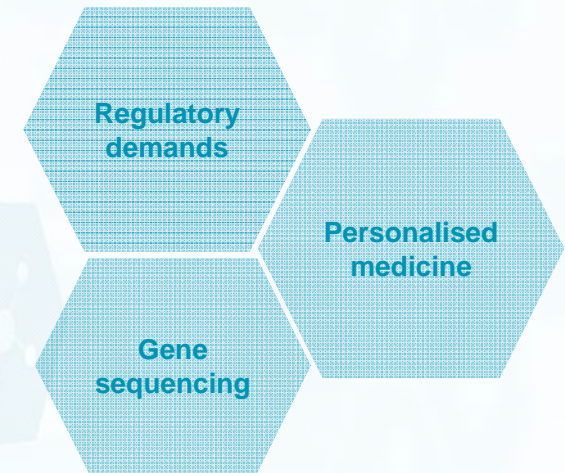
The need for new medicines is real...

1993 - 1997



Drug innovation is slowing down...

2008 - 2012



Trials become more complex

- R&D cost for new chemical / biological entity ~ €1.17 billion (2012)
- Research shifts away from Europe to Asia

Moving forward

Huge potential in the use of Real World Data



The percentage of studies that complete enrolment on time:

18% in Europe,
7% in the US



1/3 of protocol amendments are avoidable, at a cost of **\$0.5m**



Almost **half** of all trial delays caused by patient recruitment problems

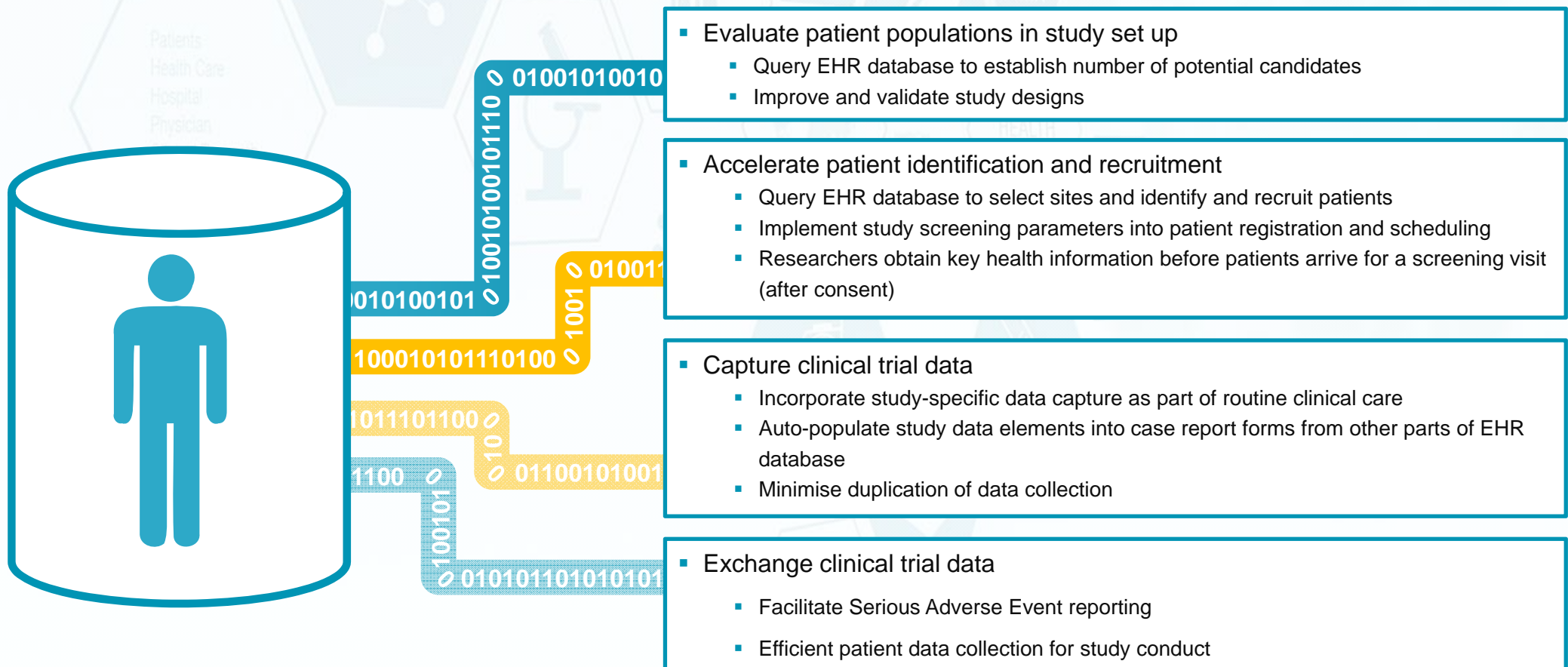


Only **1/3** of the sites engaged in a multicentre study manage to enrol the requisite number of patients



50% of today's clinical trials fail to achieve the target recruitment

Speeding up protocol design, patient recruitment, data capture & exchange



The EHR4CR platform – unlocking the EHR



- Service platform able to **unlock clinical information stored in EHRs** for improving clinical research
- Create a **trustworthy environment** connecting trial sponsors and data providers

The big challenges



▪ Connectivity & Interoperability

- Heterogeneity in technology
- Heterogeneity information models and terminology



▪ Security & Privacy

- Compliance across borders
- Trust



▪ Data Quality

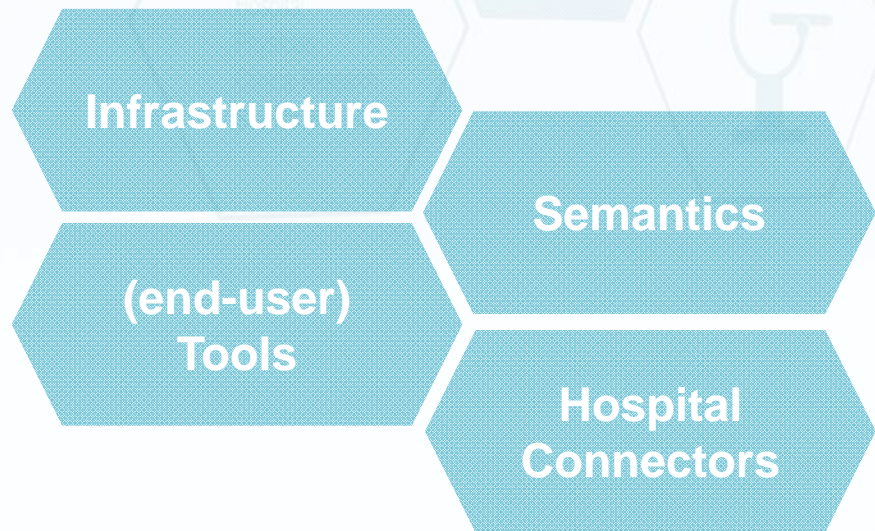
- Structured & unstructured data
- Completeness
- Trustworthiness



▪ Operations

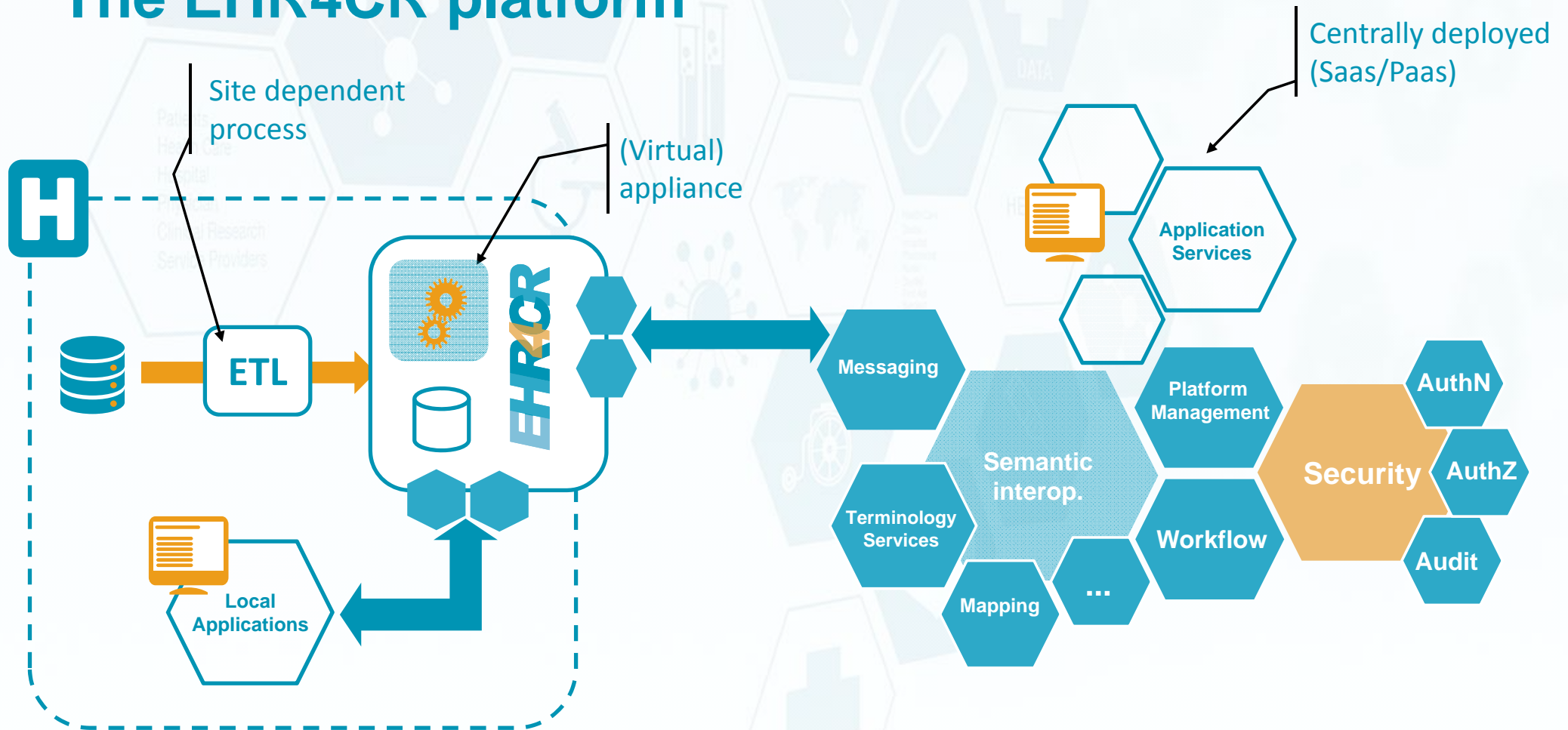
- Service level
- Operational procedures (intake, ...)
- Maintenance (technical & information modelling)

The EHR4CR platform – an open architecture



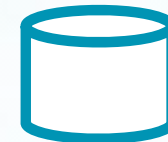
- Open platform
 - Service Oriented Architecture
 - Standards based
 - Maximal service decoupling
- Objectives
 - Avoid vendor lock-in
 - Stimulate alternative tool development
 - Open to different semantic interoperability approaches
 - Create added-value by enabling service re-use beyond EHR4CR

The EHR4CR platform

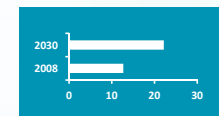


Protocol feasibility

Aggregate data



Models



Guesstimates



Where will we find sufficient numbers of the right patients?

How long will the trial take?

Will we be able to recruit the necessary volume of patients in order to collect data with sufficient statistical power?

Do the inclusion/exclusion criteria make sense?

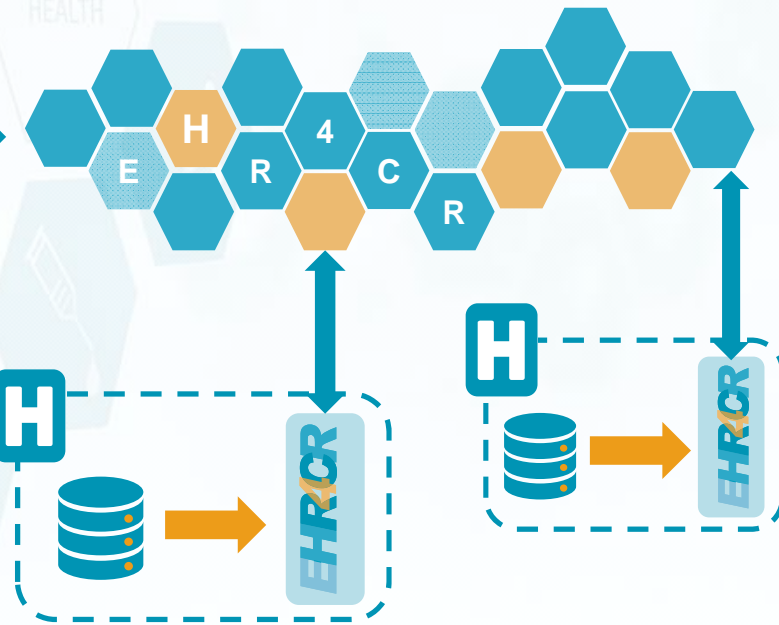
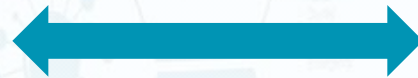


Protocol feasibility

Let's test this protocol with real world data in potential trial sites!



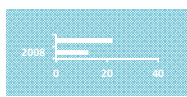
EHR4CR



Aggregate data



Models



Guesstimates



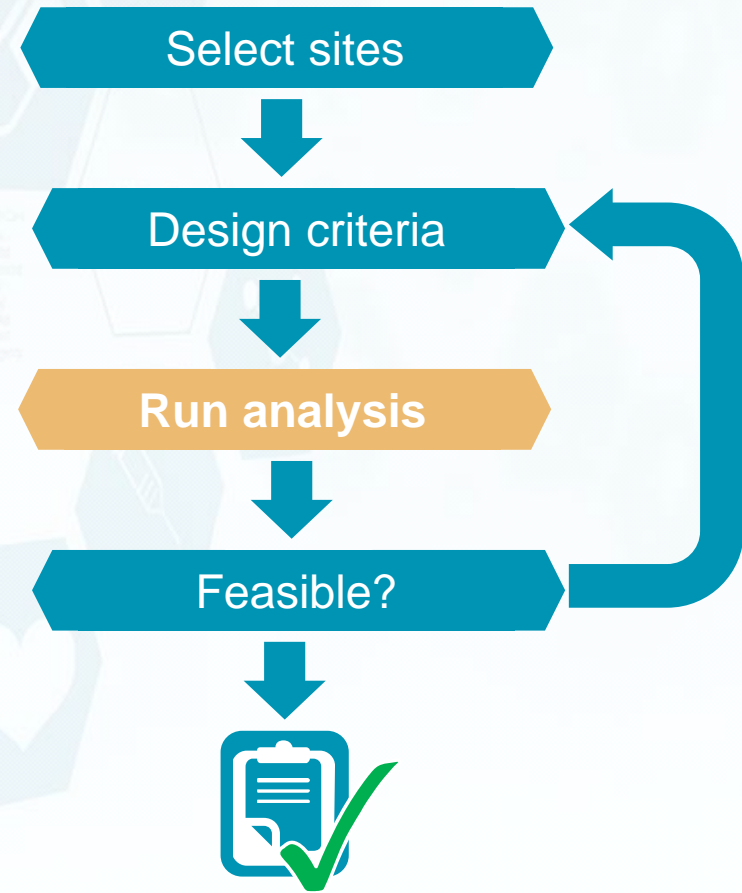
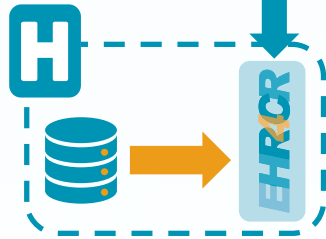
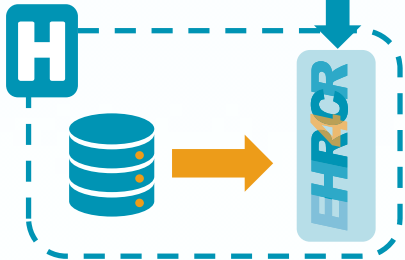
Protocol feasibility

How many patients can I expect in the trial with these criteria...



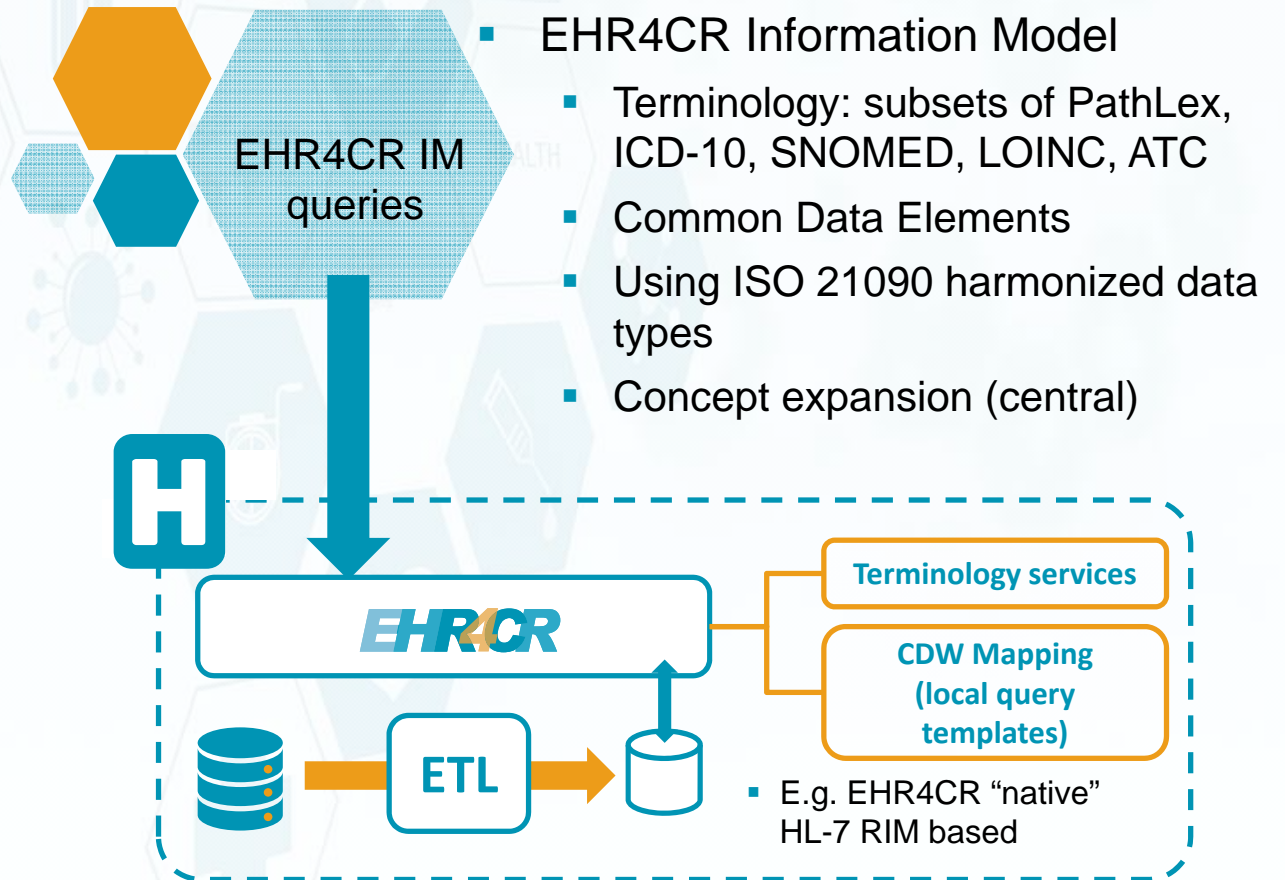
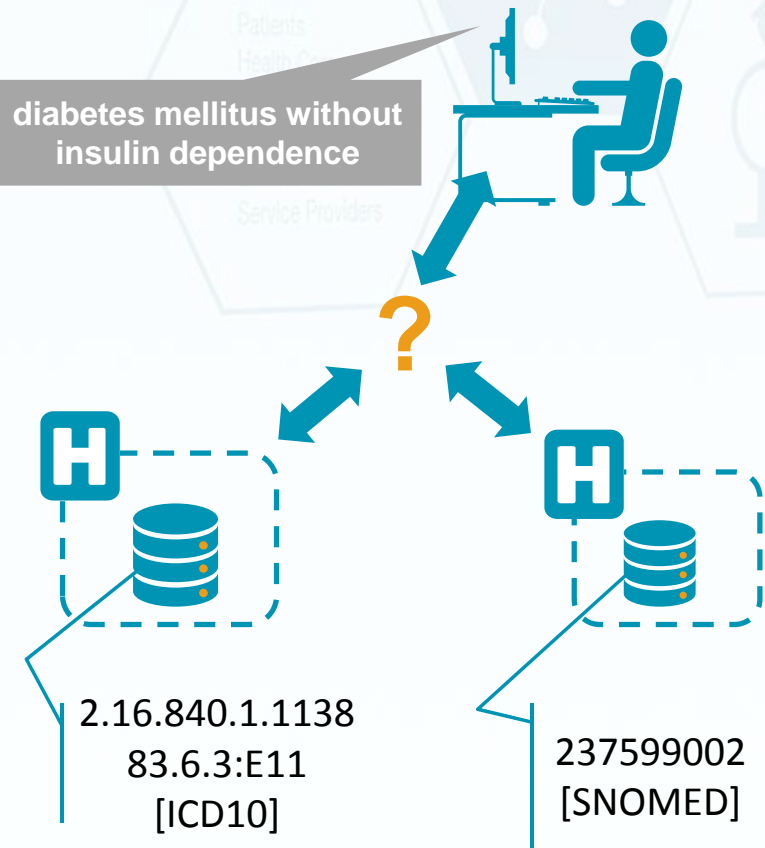
Hospital
Physician
Clinical Research
Service Providers

PFS
Service



Electronic Health Records for Clinical Research

Semantic integration



Semantic Integration - Querying

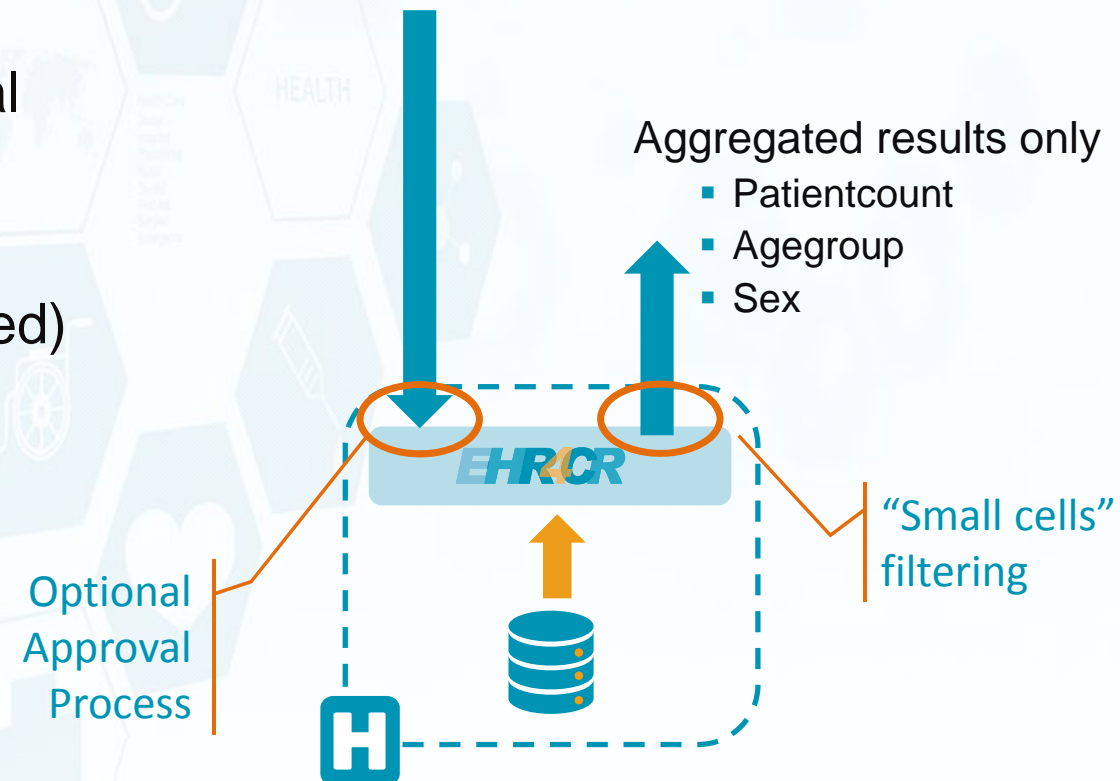
- Criteria more complex than “atomic” database queries
 - Cross-criterion temporal constraints
- “Blue Model”
 - Computable, site representation-independent model
 - General, extensible and expressive language
 - Coding-system agnostic
 - Clinician readable representation (**ECLECTIC**)

```
1 born() at least 18 year before now and
2 not deceased() and
3 last diagnosis([ICD10:E11,"Diabetes mellitus type 2"]) and
4 last result([LOINC:17856-6,"HBA1c"]) in range(>=6.5,<=10.0)
   unit([UCUM:%,"Percent"])
```

Security & Privacy

- Privacy by design
 - No patient data leaves the hospital
- Safeguards in workflows
 - Approval process (if locally required)
- Privacy protection monitoring
 - E.g. small cell filtering

Query "Patients with postoperative chemo started in the last year"

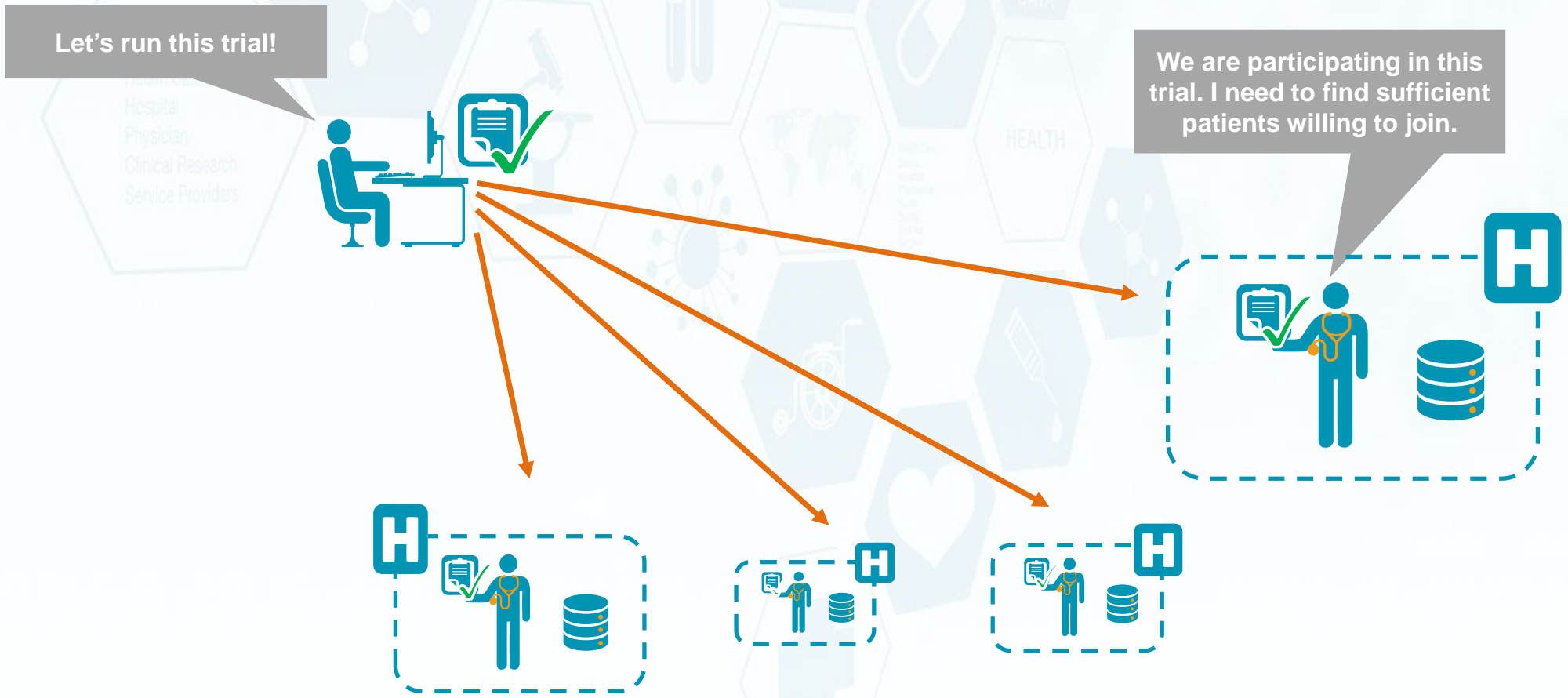


Security & Privacy

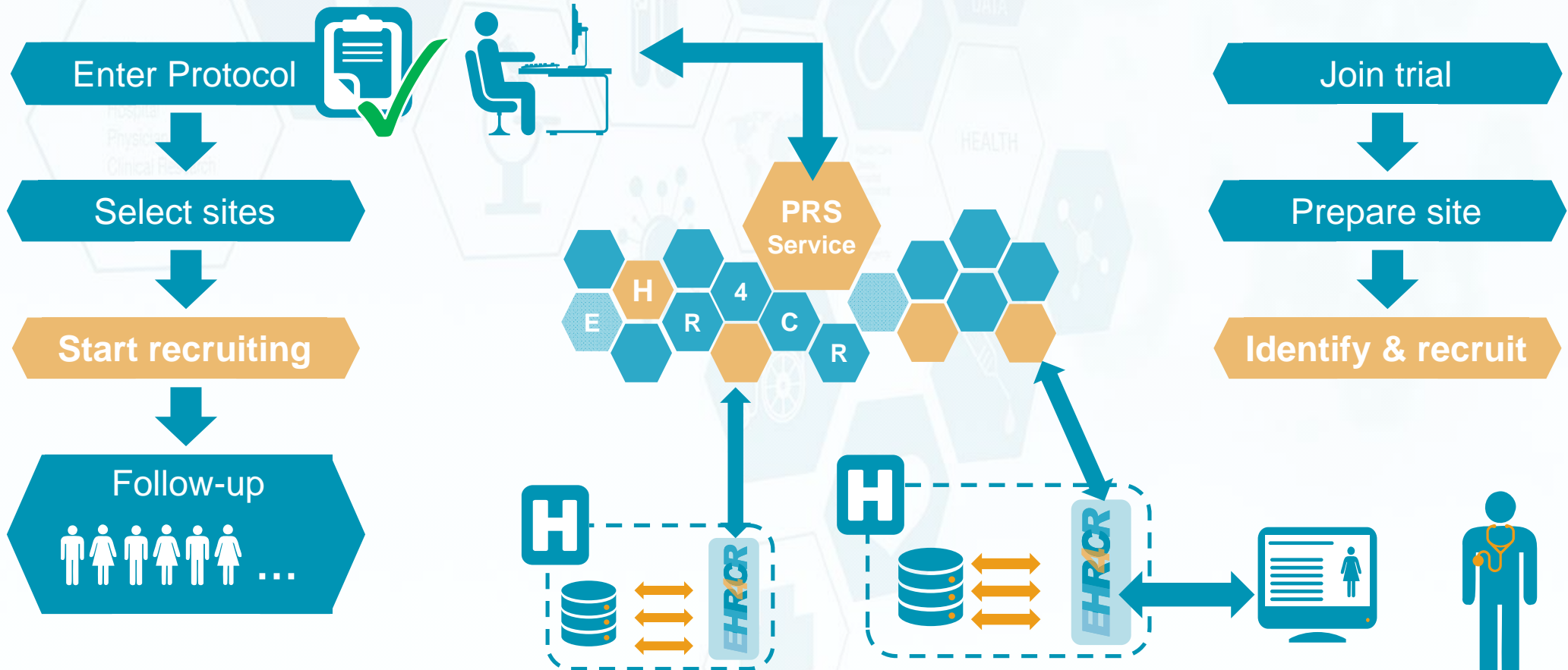
- EHR4CR Security Framework
 - Advanced SOA security framework (cross-organisation Web Services)
- Key points
 - All operations fully (end-user) authenticated through credential delegation
 - Seamless SSO between websites & services
 - Central Identity & Access Management (IAM)
 - Enforces platform-wide policies (e.g. contractual agreements)
 - Fully complementary to local access control (federates)
 - Unified platform audit trail



Patient identification & recruitment



Patient identification & recruitment



Workflow



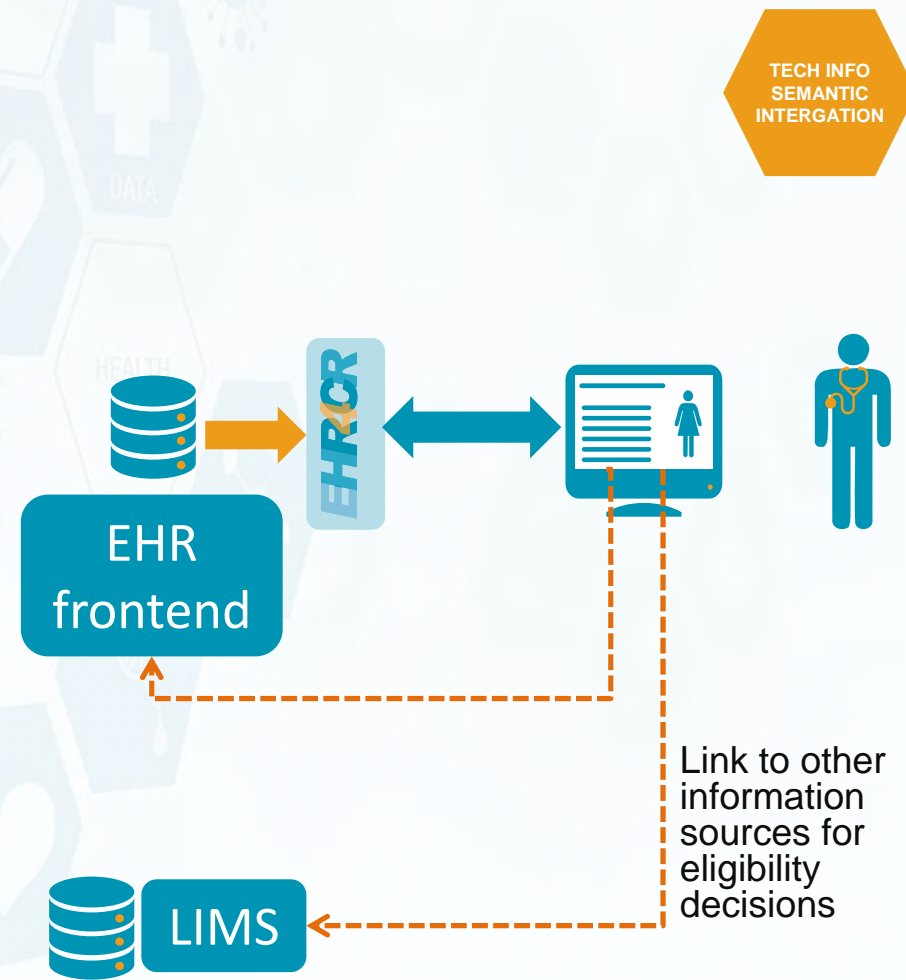
- EHR4CR supported workflows simplify clinical trial management process
- Workflows facilitate communication and streamline task assignment between actors
 - Intra- and cross-organisation



-
- Site data managers
 - (Principal) Investigators
 - Treating physicians
- The icon is a blue square with a white letter 'H' inside.

Computer aided recruitment

- EHR4CR based tools enable faster identification (automated filtering)
- Combine power of automated querying with manual lookup in local sources
- Open platform
 - Other recruitment tools can be integrated with the EHR4CR hospital connector



Join us!

Patients
Health Care
Hospital
Physician
Clinical Research
Service Providers

EHR4CR - IMI
research project



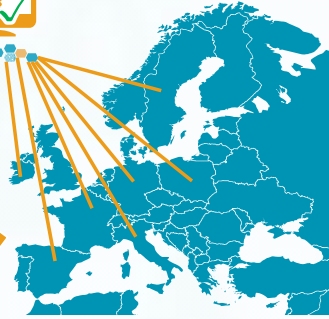
Innovative Medicines Initiative

- Project pilot hospitals


Project graduation

- Partner hospitals
 - Technology champions
 - EHR - structured data
 - Venture together into deployment, operations engineering

Operational pan-European platform



- Early adopters
 - EHR - structured data
 - Scaling up



Electronic Health Records for Clinical Research

Don't miss out on what's to come

- Moving towards sustainability in 2015
- Help shape the future of clinical trials
 - Share your visions and ideas!
 - Join the community as an early adopter!



Participate in more clinical research programmes, for benefit of the patient

Get access to data analysis tools

Improve data quality

Visit us at the booth for more information

For now... enjoy the demo