



# InteropEHRate

EHR in people's hands across Europe



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HEAD ICT AREA

MONASTERIO FOUNDATION RESEARCH HOSPITALS - FTGM

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 826106



### SCENARIO 3 - HEALTH RESEARCH STUDY RESEARCH ACCESS

Sharing/donate health data

A population of patients have a collection of clinical data related to their status and clinical condition.



• Support the effort spent for

patient selection and data

collection

A Research Organization defines a research protocol with an associated selection criteria and clinical dataset





# FINAL USERS - RESEARCHERS FOCUS GROUPS

• The researchers focus group was formed by professionals performing clinical research in different settings, such as pulmonology, cardiology, gynaecology,

### neurosurgery and cardiac surgery:

- GABRIELE MONASTERIO TUSCANY FOUNDATION (FTGM).
- BAGDASAR-ARSEN EMERGENCY CLINICAL HOSPITAL (SCUBA).
- ATHENS DIAGNOSTIC AND TREATMENT CENTERS (HYG).
- UNIVERSITY HOSPITAL CENTER OF LIEGE (CHU).
- 3 cycles 4 focus groups of (22+29+29) researchers
- Analyzed different types of health research, e.g.:
  - Epidemiological studies (Retrospective, Retrospective+Prospective)
  - Experimental trials of drugs/devices/etc., cohorts studies (Prospective, Retrospective+Prospective)





## **RESEARCHERS FOCUS GROUPS - REQUIREMENTS**

- Want the ability to reach a patient trough the smartphones or direct contact
  - send personal/general final results of the study
- Want to receive statistical information about the matching rate of

inclusion/exclusion criteria of studies and patient approval rate

- Also to evaluate cohorts sizes
- Want to manage Patient Localization (current or preferred)
  - Not necessary to know the location
- Want to maintain the reference of the author/producer (HCP, Hospital, patient, caregiver, etc) for collected data





# **RESEARCHERS FOCUS GROUP: RESPONSE**



- Most researchers like very much the idea of getting their data directly from patients.
  - especially if these data are certified by hospitals, avoiding manual data entry by the patients.
  - they fear that elderly patients would not adhere to this solution.
- They like the possibility of allowing patients to apply for a research study using a personal app
  - This represent an effective way of increasing, in a simple manner, the number of participants in the study.
- Some Epidemiological studies do not need to manage a local population
  - They work with large anonymous cohorts of patients
- Experimental trials need a population with a real follow-up
  - consider important to perform studies on a local population, suitable for performing instrumental control examinations at regular intervals with direct contacts with the patients





# **SCENARIO 3 - HEALTH RESEARCH STUDY**

### **Patients:**

- Get involved in studies related to their conditions
- Worried by potential data misuse associated with data sharing





### **Researchers:**

- Retrospective studies
- Prospective studies
- Cohort selection (criteria) and management
- Consent management
- Participation withdrawals
- Exit criteria





### **OPEN RESEARCH NETWORK**

- constituted by **patients** and a group of research organizations (Hospitals, Universities, Research Centres, Institutes) that exploit a common IT infrastructure, Data Protection policies, etc.
- allows the participating researchers to enrol citizens in their research studies (described by specific research protocols) and collect health data for the studies directly from the enrolled citizens.
- Researchers share a common set of vocabularies, specified in the InteropEHRate profiles, used to refer to any health data required by the research studies performed on the InteropEHRate Open Research Network





# DEMONSTRATOR: CLINICAL RESEARCH PROTOCOL

# INTERopehrate VALidation – INTERVAL Study: observational, pilot study on the feasibility and ease of use of the InteroEHRate (Interoperable EHRs at user edge) tools

• INTERVAL is a prospective, multicenter (cross border), observational study.

### Primary objective

- Patients who have installed and populated a S-EHR within the InteropEHRate project will be asked, via mobile app notification, to share some of their clinical data for the aims of the INTERVAL study.
- Among S-EHR app users, only those fulfilling pre-specified inclusion criteria will be contacted via mobile app and asked to sign the informed consent for participating in the study.

### <u>Secondary objectives</u>

• #1: The relative amount of patients with data available on arterial blood pressure and anti-hypertensive medications and possible side-effects (patient questionnaire) will be calculated. The prevalence of reported side-effects will be assessed and the association between each side-effect and disease/patients characteristics will be investigated.



 #2: Anonymized data collected by the investigators will be decrypted and compared to source data from patients S-EHR app. A pre-specified threshold of >99.5% for data consistency will be considered as indicative of adequate accuracy.

### Inclusion criteria

age > 18 years at the moment of recruitment
 history of hypertension and therapy with anti-hypertensive drugs
 Ability to understand study instructions
 ability to provide informed consent.

### • Exclusion criteria

1) Denial or inability to provide informed consent.

2) Diagnosis of dementia or cognitive decline that makes him/her unable to understand study information





• the following data were retrieved from patients' S-EHR

### app:

- age and gender;
- year of hypertension diagnosis;
- latest blood pressure measurement;
- latest creatinine value (last year max);
- latest echocardiogram, including left ventricular ejection fraction and interventricular septum thickness;
  - Report and DICOM file (anonimized)
- latest ECG
  - Report and DICOM/pdf file (anonimized)
- concurrent medications





Fondazione CNR/Regione Toscana per la <u>Ricerca</u> Medica e di <u>Sanità</u> <u>Pubblica</u> (L. R.T. n. 85/2009)

Version N°1.0 12/10/2020

Case Report Form

Patient ID: ITA\_907

#### Section 1: Patient general data

Surname, initial			Name, initial		
			Allergies		
Gender	0 M	0 F	Date of birth (DD/MM/YYYY)		

#### Section 2: Disease related data

patients were asked to fill a questionnaire focused on the perceived side effects of antihypertensive medications



#### Section 3: Questionnaire on side effects

Patient ID: ITA\_907\_ \_

(the patients selects the drug from the list of current/past antihypertensive drugs)

Repeat for each current/past antihypertensive drugs associated to adverse effects

Name of the DRUG				
	a. Cutaneous symptoms (please describe)			
	b. Nausea			
	c. Constipation			
	d. Palpitation			
	e. Cough			
1. Type of symptom(s)	f. Swollen feet or legs			
	g. Cold hands or feet			
	h. Cramps			
	i. Persistent dry cough			
	j. Frequent urination			
	k. Decreased sexual desire			
	I. Other (please specify)			
	< 1 day			
2. How long the adverse event	1 day to 1 week			
last?	1 week to 1 month			
	> 1 month			
3. Did you withdraw the drug?	Yes NO			
4. Did the adverse reaction require specific treatment?	Yes NO			



#### Section 4: Feasibility assessment

ent Code: ITA_907	Date: //
Preliminary Questions	
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ex:	
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	No studies
	Some School
	Postgraduate
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Strongly disagree	Disagree	□Agree	Strongly Agree
Has the INTEROPER care <u>Centres</u> ?	IRATE System	allowed	you to have more autonomy to access to hospitals or
Strongly disagree	Disagree	□Agree	Strongly Agree
Do you consider th nealthcare provider?	at INTEROPEH	IRATE sys	tem has a major role in communicating with foreign
□Strongly disagree	Disagree	□Agree	Strongly Agree
The INTEROPEHRAT	TE System has	s had a po	sitive impact in the way that you live with your disease.
	,		
□Strongly disagree	Disagree		
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- Research Definition Document, downloaded by each smartphone
- RDD contains an accurate and structured description of:
  - Study aim and description, represented in the Natural Language of the Patient
  - Selection criteria (inclusion and exclusion)
  - Exit criteria
  - Starting and ending dates
  - Requested data and anonimization/pseudonimization constraints
    - Patient questionnaires represented in the Natural Language of the Patient
  - Prinicipal investigator and reference reseach centres
    - Multiple research centres supported, selectable by the patient
  - Information document (consent) for the patient in different languages:
  - Enable the smartphone to show the proper version according to the patient's spoken language



• Powerful selection/exclusion criteria: capable to

include many diseases classified in different

vocabulary without specifying the whole list of codes

- ICD9: 401 Essential hypertension
  - Specific code 401.0 Malignant essential hypertension convert
  - Specific code 401.1 Benign essential hypertension convert
  - Specific code 401.9 Unspecified essential hypertension

### • ICD10:

- 110 Essential (primary) hypertension
- 115 Secondary hypertension
  - I15.0 Renovascular hypertension
  - I15.1 Hypertension secondary to other renal disorders
  - I15.2 Hypertension secondary to endocrine disorders
  - I15.8 Other secondary hypertension
  - I15.9 Secondary hypertension, unspecified

"extension": [{
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"display": "StartsWith"
]],
"system": " <u>http://hl7.org/fhir/sid/icd-9-cm</u> ",
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ر ﴿
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"display": "StartsWith"
}] <b>.</b>
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"display": "I10"
},



• Powerful data requirements description: includes

a range of drugs classified in multiple vocabulary

without specifying the whole list of codes

- ATC : ANTIHYPERTENSIVES C02\*
  - C02A Antiadrenergic agents, centrally acting
  - C02B Antiadrenergic agents, ganglion-blocking
  - C02C Antiadrenergic agents, peripherally acting
  - C02D Arteriolar smooth muscle, agents acting on
  - C02K Other antihypertensives
  - C02L Antihypertensives and diuretics in combination
  - C02N Combinations of antihypertensives in ATC gr. C02

### • C02\* +C03\* + C05\* + C09\* = 90 drug classes

```
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    "display": "Medications"
}]},
"valueCodeableConcept": {"coding": [
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        11.
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           "code": "startsWith",
            "display": "StartsWith"
        }],
    "system": "http://www.whocc.no/atc",
    "display": "C03"
```



- RDD specifies data selection and extraction from S-EHR: fulfil GDPR minimization principles, request and process only the minimum set of data to pursue the study objective
- Implement minimal data requirements with a HL7 FHIR extension
  - Date of birth and gender <u>extracted</u> from Person Resource
  - Any other Person data remains in the patient's phone

Name	Flags	Card.	Туре
Person	TU		DomainResource
- () identifier		0*	Identifier
- 🍅 name	Σ	0*	HumanName
- 🌍 telecom	Σ	0*	ContactPoint
💶 gender	Σ	01	code
- 🛄 birthDate	Σ	01	date
- () address		0*	Address
- 🥥 photo		01	Attachment
- 🗗 managingOrganization	Σ	01	Reference(Organization)
- 🛄 active	?!Σ	01	boolean
🖻 🛅 link		0*	BackboneElement
- 🗗 target		11	Reference(Patient   Practitioner   RelatedPerson   Person)
assurance		01	code







# Thank you!

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www.interopehrate.eu





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# **PILOT RESULTS**

- Activities: june 2022 september 2022
- Participants:
  - Patients/persons (& family informal Caregivers) : 32 people in experimental group + 6 people in control group (application of defined cohort selection criteria)
  - Indirect involvement (data production): Healthcare Professionals involved in data collection for Pilot 1 and 2
  - Researchers: 4 CHU researchers + 4 FTGM researchers (nurses and cardiologists) + 1 P.I. FTGM
- Collected images and signals











### **INTERVAL RESULTS - PATIENTS**

- Age: 42y to 88y
- Average value 62 y









### **INTERVAL RESULTS - DRUGS**

 23 different drugs and ATC codes



- Amlodipine
- apixaban (ATC substance)
- bisoprolol
- candesartan
- dexamethasone and antiinfectives
- Enalapril
- entresto
- fenoterol and ipratropium bromide
- Fosinopril
- ∎ furosemide
- furosemide and potassium-sparing agents
- hydrochlorothiazide
- levothyroxine sodium (ATC substance)
- Iosartan and diuretics (ATC substance)
- metformin (ATC substance)
- Perindopril
- perindopril and amlodipine (ATC substance)
- prestarium
- ramipril
- rosuvastatin
- sildenafil (ATC substance)
- telmisartan and amlodipine
- valsartan







No

Yes

1DayTo1Week

1WeekTo1Month

1Month

no AE

# **INTERVAL RESULTS – ADVERSE EVENT**

### **INTERVAL RESULTS**

- Used INTERVAL and PSSUQ questionnaires to collect users' feedbacks.
- Patients' feedback (INTERVAL questionnaire) : good response



### • Researchers' feedback (PSSUQ): good response



# CONCLUSIONS

- InteropEHRate represents an ambitious way to collect data directly from the patient and their smartphone, while preserving personal data protection, security and integrity
- Connected to dataspaces initiatives (personal dataspace)
  - EHDS European Health DataSpace secondary use (session 3+4 this afternoon)
- Real world evidences collected directly from the patient
  - Proof of concept









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