Gravitate-Health: putting ePI to work in the patient journey to drive better use of medicines

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Gravitate – Health

Empowering and Equipping Europeans with Health Information for Active, Personal Health Management and Adherence to Treatment

Anne Moen, University of Oslo, Coordinator





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The Gravitate-Health public-private partnership





60 months

11/20 - 10/25

ACADEMIA / **RESEARCH INSTITUTES** Universitet i Oslo (Coordinator)

Karolinska Institute (KI) Universidad Polytechnica de Madrid (UPM) Empirica (EMP) Norwegian Center for eHealth research (NSE) The European Institute for Innovation through Health Data (i-HD) Università Cattolica del Sacro Cuore (UCSC) University of Copenhagen (UCPH) Trinity College Dublin (Trinity)

REGULATORS and

PRODUCT INFORMATION PROVIDERS

Norwegian Medicines Agency (NoMA)

Spanish Drug Agency (AEMPS) Dutch Medicines Evaluation Board (CBG)

STANDARDIZATION and

OTHER STAKEHOLDERS

HL7 Europe

Open Evidence*

PATIENT ORGANISATIONS AND **CONSUMER GROUPS** Forum Européen des Patients (EPF)



DISSEMINATION & COMMUNICATION European Connected Health Alliance (ECHA) HIMSS Europe Mindview* The Synergist*



HEALTH CARE PROVIDERS AND PAYERS Akershus University Hospital (AHUS) Shared Services of Ministry of Health (SPMS) Servicio Madrileño de Salud (SERMAS) Beth-Israel Deaconess Medical Center (BIDMC) Karolinska Institute (KI)

DIGITAL TECHNICAL EXPERTISE
Datawizard SRL*
GuardTime*
Norsk e-Helse*
FrisQ*
Trifork

EFPIA and IMI2 Associated PARTNERS Pfizer Limited (Project Lead) Astra Zeneca Bayer Grünenthal Eli Lilly Medidata Viatris Novartis Roche **UCB Biopharma SRL** Datapharm

18.5 mill €



Legend: *SME (small and medium sized enterprises)

Gravitate-Health in a nutshell



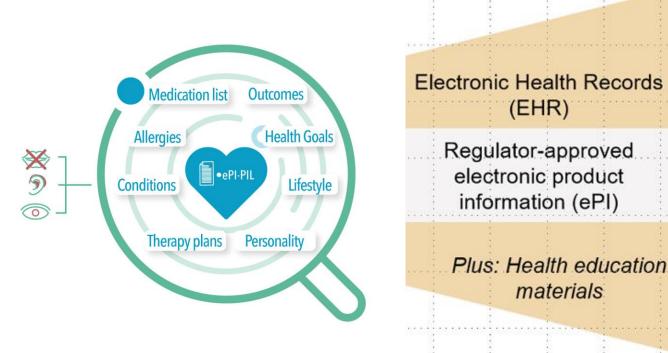
materials

Maria and her medicines





Picture: Hanne Bjertnes, UiO



Picture: Line H. Linstad, NSE

@gravitatehealth



How can we apply an Open Access Digital platform with trusted Digital Health Information to transform the way patients Access and Understand health information, and apply this in Personal Health for Adherence to treatment, Risk minimization and Quality of life?

www.gravitatehealth.eu



Project timeline and iterative development



Testing scenarios / test beds to pilot and evaluate \rightarrow towards sustainable outputs

- Provide requirements for focused information solutions for patients and their support network, according to their needs
- Enable "Patient Voice" and extensive stakeholder engagement

Technology development – Open Source Platform & G-lens \rightarrow towards innovation enablers

- Provide technological development and support,
- Suggest innovative digital solutions, architecture and interoperability capabilities
- Use trusted information Sources ePI, IPS/EHR– trusted health education material

Some our initial outcomes

- Requirements personas information resources for testing scenarios
- ePI / e-labeling project under the HL7 Accelerator VULCAN \rightarrow FHIR Connectathons for EU and global reach

Gravitate

A taste of our work (1) Defining the G-Lens design methodology - Personas

Health routines

Medication list

times to take it.

GP: 6x / year

Number of daily theraples

Hospital HCP: 2x / year

Lab work: 3-4x / year



Amália

Age: 77 years old, widow, I live with my daughter and her husband. I used to work in a supermarket, but now I'm retired.

Personality and Interests

I like to cook and embroider, and see soap operas, but lately my cyesight is getting worse.



⁴⁴ My eyesight is worsening, and I feel guilty for how much worry I give to my daughter. To handle the health can be alone already problematic, I don't understand why they need to change medications boxes.



Health Conditions

Type 2 Diabetes Meilitus Ocular cataract in both eyes Reduced mobility Minor hearing impairment Anaemia Hypertension Risk of diabetic foot related-issues.

Medication & Therapies

Prescribed by doctor – Long-acting and rapid-acting insulin and respective pen Vilvagiptine 50 mg (tablet) Folic acid 5 mg (tablet) Sertraline 100 mg (tablet) Perindopril 5 mg/indapamide 1.25 mg/amlodipine 10 mg (tablet) Permadoze 1g (tablet) Acetylsalicylic acid 100 mg (tablet) Mitazapine 15 mg (tablet) Eye drops

Glucometer and respective blood glucose strips

Additional (non prescribed) Glicose or snack (in case there is a hypoglicemic episode) Diabetic foot cream (for prevention).

Care Professional Concerns

Diabetes type 2 complications, such as retinopathy (eye problems), diabetic foot problems, slow healing process, kidney disease, neuropathy and blood vessels in general.

How I prefer to interact with Healthcare providers

I like to visit them in person, normally accompanied by my daughter.

I only use the phone to schedule appointment, otherwise I prefer to interact with my healthcare providers, doctors, nurses, pharmacists and so on, inperson. I find it easier to understand the information this way, and my audition is not as good as it used to be.

VERY UNWILLING

Sharing my health information

VERY WILLING

Pharmacy: 1x / month Blood glucose level: 3x /day

Most time consuming or difficult activities

Appointment Diabetic Foot: 2x / year

insuline if needed. Cream for feet 2 x /day.

Frequency of routines (daily, weekly, monthly)

Adjusting insuline intake according to the blood glucose values; what to do when having a hypoglycaemia episode, and eating 2 in 2 hours for my blood sugar level to be stable. Also, the different boxes that keeps changing.

I don't have a list; my pharmacist writes on my

medication boxes what the medication is for and the

5 medicines in the morning, 4 at night, and rapid-acting

My most trusted advisors

My family doctor, my diabetes doctor at the hospital and my local pharmacist. They are very knowledgeable and advice me and my daughter as needed.

No of HCP that I interact with: 4

Pain Points/Problems

Medical Eye sight, mobility, audition, risk of diabetic foot.

Social My eyesight makes it difficult to recognize my friends from distance.

Psychological Feeling the effect of some medication makes me feel less reative.

How I feel about these problems? I trouble my daughter with my difficulties. My eyesight has hindered my ability to embroider, I used to like to make gits to give to my family and friends, and

now it takes a lot of effort to complete one gift. Patient Health Engagement Model - Status



Impairment eyesight, mobility (cane), audition Self one Self management Mark VEW INDEPENDENT VEW DEPENDENT

Mental impediment X

Autonomy

Health Literacy

URBATE EUTERATE

MOBILE SOCIAL MEDIA X KI SUPPORT X CONNECTIVITY X

Support Network

My daughter helps to manage my medication and diet, due to the restictions my HCP recommended. I also have mobility issues, so my family helps me to go to my HCP.

In case of emergency

I carry my diabetes card. In case of emergency, my doctor has taught me and my family how to act in case of low or high blood glucose level; if too serious I need to call an ambulance.

Use of a personal health navigation tool

Not for me, but for my daughter that manages my medication.

VERY WILLING VERY UNWILLING

 A robust persona template has been defined in an iterative process

Gravitate

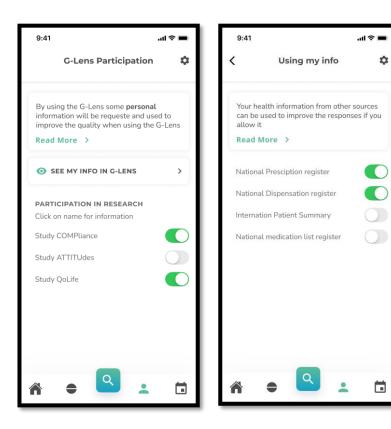
Health

- Tested with real data
- 6 different personas produced so far

Read more in the <u>IMI Newsroom</u> about our work to improve the patient information journey

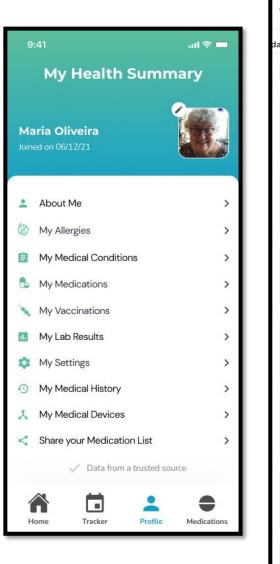
A taste of our work (2) User Experience – apps / service

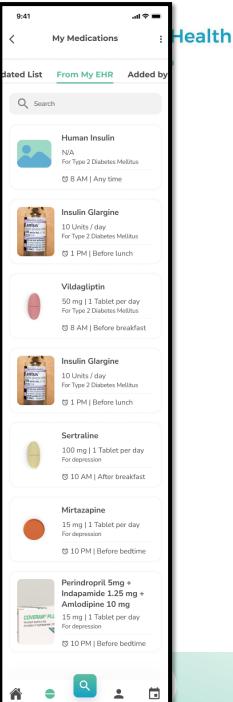
1. Patient gains access to G-lens via mobile device



2. Patient integrates the G-lens with their ePrescriptions and/ or Medication List from the IPS - EHR,

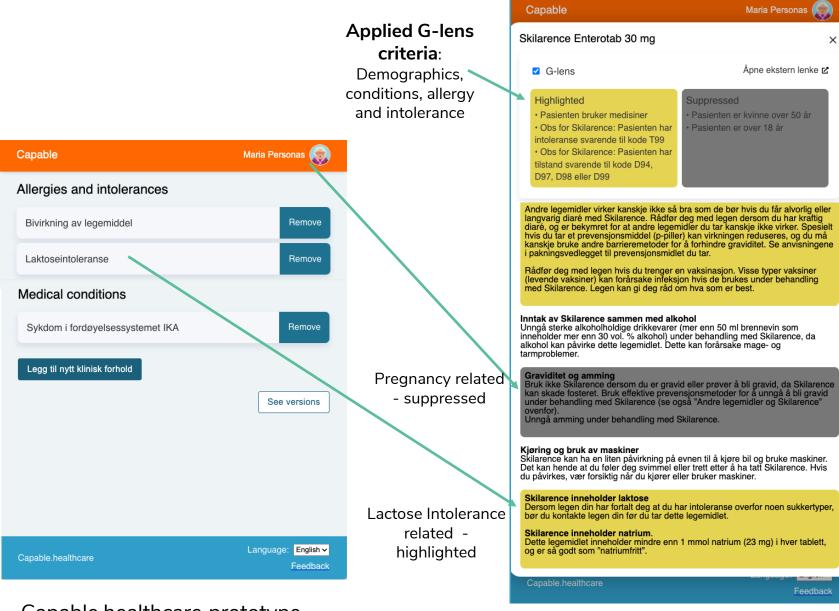
and with the PIL (from ePI) for each respective medicine on that list





A taste of our work (3)

- Connectathon – example of Basic G-lens focusing



ePl from Felleskatalogen

Case:

Highlight and suppress ePI sections based on patient information

Approach:

- Identifiable ePI sections
 from Felleskatalogen
- Manually extracted knowledge, coded by ICPC-2, linking sections, represented as *FHIR ClinicalUseIssue*
- Patient information, coded as ICPC-2, represented as FHIR AllergyIntolerance and Condiction resources
- Demographic information
- Software for highlighting and suppressing text

Prepared by Petter Hurlen, AHUS Knut Skifjeld, NeH Gunvald Harket, NeH

Capable.healthcare prototype

Thank you!

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