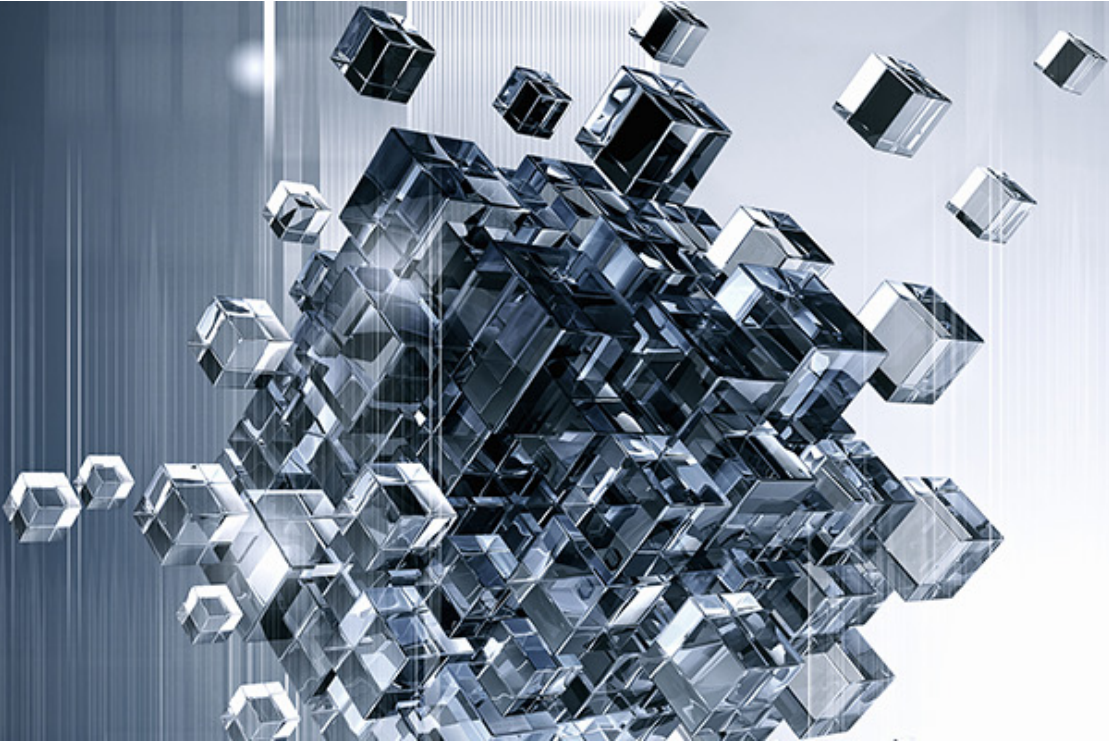


*Health data drives innovation*

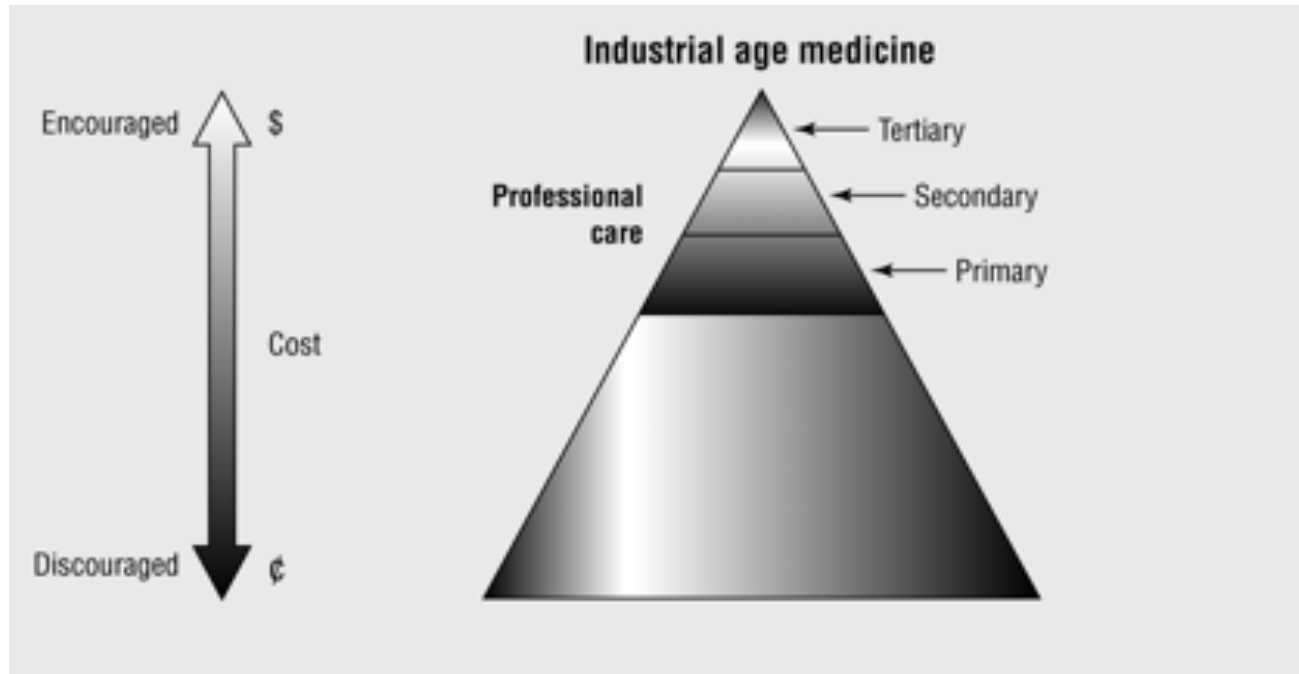
*MIE 2023  
Sharing is caring*



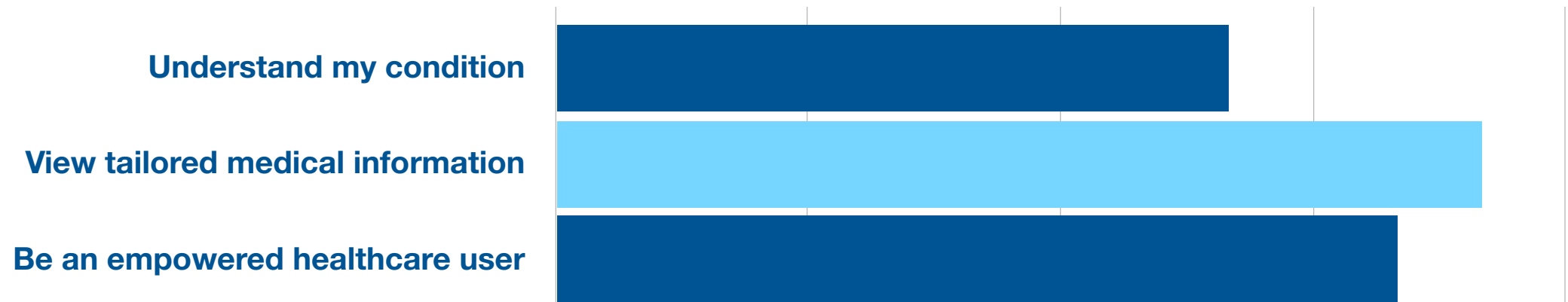
*Caring through data:  
scaling up the  
opportunities to learn  
how we can improve  
health and care*



*Professor Dipak Kalra  
President*



## I would like to...





**Wannover**  
**1077** **Perforator Digitalis 1011**  
**apilast**

Das Arzneimittel enthält Digitalisglykoside, die zur Behandlung von Herzschwäche eingesetzt werden. Es ist ein stark wirksames Mittel, das bei Herzschwäche, insbesondere bei Vorhofflimmern, eingesetzt wird. Die Wirkstoffe sind Digoxin und Digitoxin. Die Anwendung erfolgt in Form von Tabletten oder Tropfen. Die Dosis wird individuell angepasst. Bei Nieren- oder Lebererkrankungen ist Vorsicht geboten. Die Wirkung ist durch die Steigerung der Kontraktilität des Herzmuskels bedingt. Die Nebenwirkungen sind unter anderem Übelkeit, Erbrechen, Schwindel und Sehstörungen. Die Wirkung ist durch die Steigerung der Kontraktilität des Herzmuskels bedingt. Die Nebenwirkungen sind unter anderem Übelkeit, Erbrechen, Schwindel und Sehstörungen.

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# Gravitate-Health

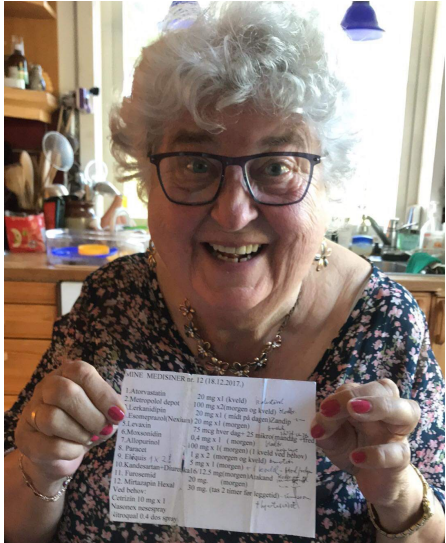
Empowering and Equipping Europeans with Health Information for Active, Personal Health Management and Adherence to Treatment



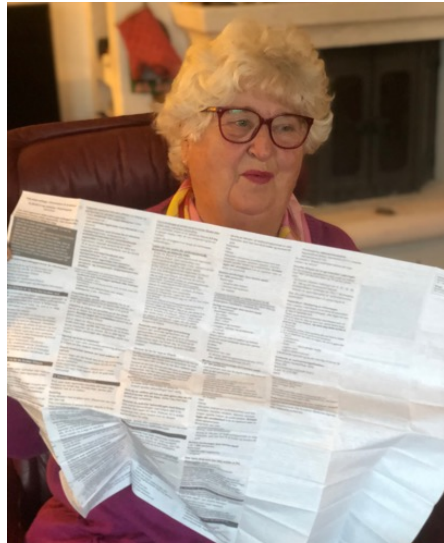
DISCLAIMER: The presentation reflects the authors view. IMI JU, European Union, EFPIA, or Datapharm Limited are not liable for any use that may be made of the information contained herein.

# Gravitate-Health public-private partnership

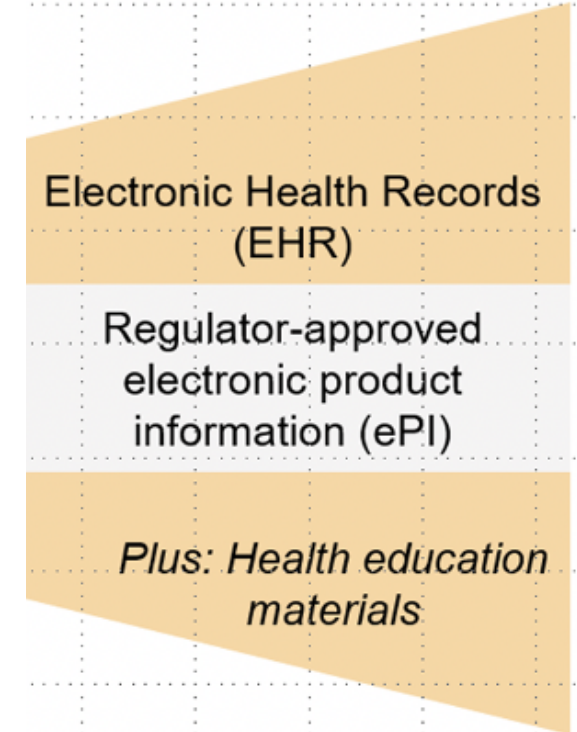
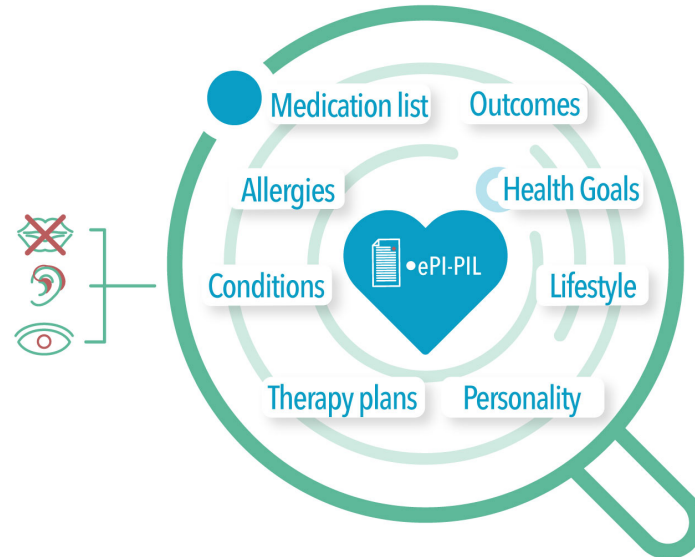
## Maria and her medicines



Picture: Line H. Linstad, NSE

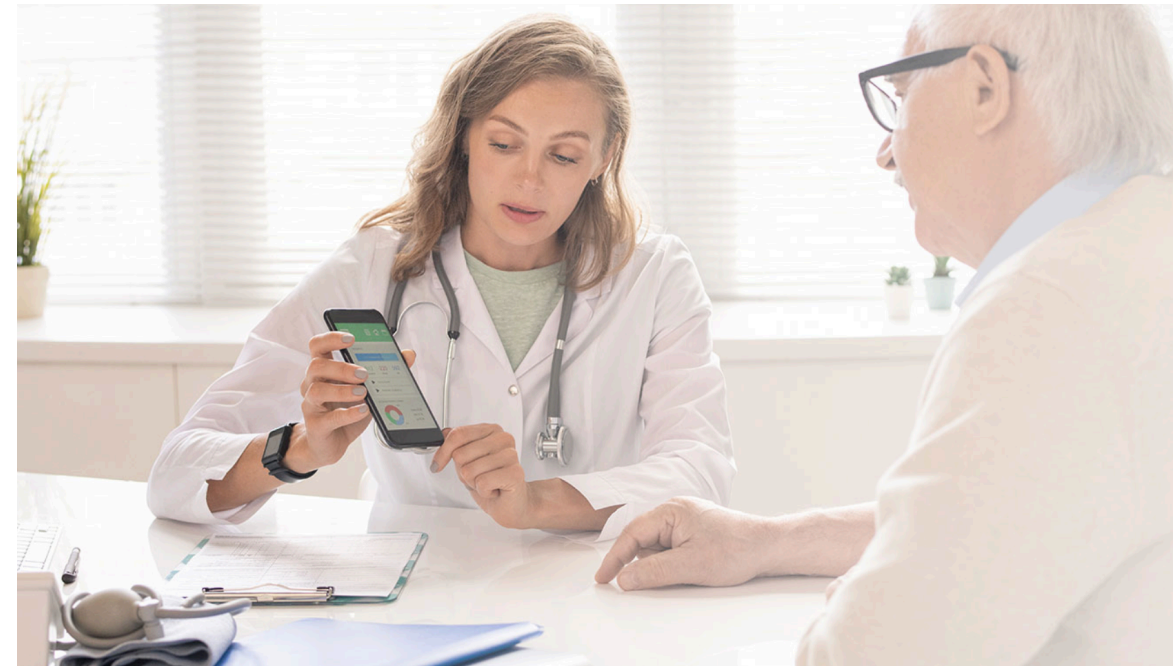


Picture: Hanne Bjertnes, UiO



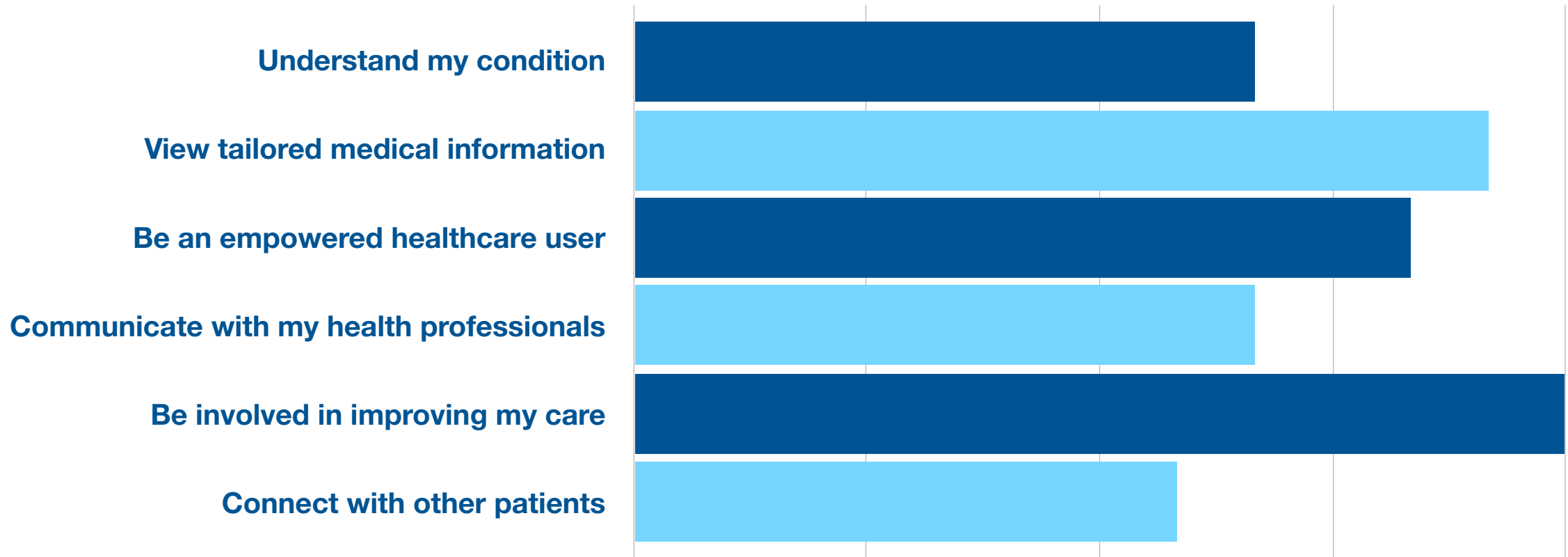
*How can we apply an open access digital platform with trusted Digital health Information to transform the way patients access and understand health information, and apply this in personal health for adherence to treatment, risk minimization and quality of life ?*

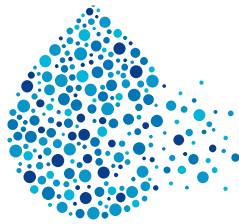
- Equip and empower citizens with digital information tools, the **Gravitate Lens (G-Lens)**
- offering trustworthy, up-to-date and personalised medicines information sourced from the ePI
- targeting
  - safe use of medicines
  - confident, active, and responsive in their patient journey
  - better health outcomes and quality of life





## I would like to...





**H<sub>2</sub>O**

HEALTH OUTCOMES  
OBSERVATORY



innovative  
medicines  
initiative

efpia



**Trial Nation**  
Clinical Trials Denmark

**JDRF** IMPROVING  
LIVES.  
CURING  
TYPE 1  
DIABETES.

# *H2O - The Health Outcomes Observatory: A Public Private Partnership*

This project has received funding from the Innovative Medicines Initiative 2 Joint Undertaking under grant agreement N° 945345-2.

This Joint Undertaking receives support from the European Union's Horizon 2020 research and innovation programme and EFPIA and Trial Nation and JDRF.

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To improve the quality of care for patients by creating '**health outcomes observatories**' that will collect standardised health data in an ethical and socially responsible way.

# Development of outcomes sets via Delphi, with patient engagement

Breast Cancer Research and Treatment (2023) 198:265–281  
<https://doi.org/10.1007/s10549-022-06827-6>

**EPIDEMIOLOGY**

**International development of a patient-  
 for assessing health-related quality of life  
 patients**

K. M. de Lig<sup>1</sup> · B. H. de Rooij<sup>2,3</sup> · E. Hedayati<sup>4,5</sup> · M. M. Karster<sup>6</sup>  
 L. Travado<sup>10</sup> · F. Cardoso<sup>10</sup> · E. Lopez<sup>11</sup> · N. Carney<sup>12</sup> · Y. Weng<sup>13</sup>  
 M. D. L. Sousa Fialho<sup>17</sup> · Y. Seidler<sup>18</sup> · T. A. Stamm<sup>18,19</sup> · L. B. K. K. K.  
 Innovative Medicines Initiative - Health Outcomes Observa

**Table 1** Relevance scores for each preliminary outcome per methodological round

Stakeholder group	Expert group meetings	Modified Delphi consensus procedure								Final consensus meeting
		Round 1				Round 2				
		% response 7-9 ('highly relevant')								
	EG	Patients	HCPs/ academics	Industry	HA/HR	Patients	HCPs/ academics	Industry	HA/HR	EG
Number of participants (n (%))	17 (100)	45 (100)	64 (100)	28 (100)	4 (100)	43 (96)	56 (88)	20 (71)	4 (100)	17 (100)
<b>Clinical variables: tumour and treatment characteristics of primary tumour*</b>										
Laterality	62 (included following discussion in EG)	46	33	65	33	44	32	56	50	Excluded
Mutation status predisposing BC	Rephrased to: Result of clinical genetic tests	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded
Date of diagnosis	92	61	66	82	66	70	71	78	50	Included
Type of breast cancer	92	80	90	92	66	93	95	95	50	Included
Tumour grade	85	82	78	90	66	97	91	95	50	Included
Clinical cancer stage	85	78	88	97	66	92	89	100	50	Included
Pathological cancer stage	75	76	87	90	66	90	87	94	50	Included
Size of tumour	69 (included following discussion in EG)	84	75	82	66	93	85	90	50	Included
Number of lymph nodes removed	31 (included following discussion in EG)	84	66	66	33	89	74	83	0	Included
Number of lymph nodes involved	62 (included following discussion in EG)	81	80	70	67	95	83	83	50	Included
Estrogen receptor status	100	89	89	92	50	95	91	95	0	Included
Progesteron receptor status	92	82	86	85	50	95	85	83	0	Included
HER-2-status	100	91	91	96	66	97	91	95	50	Included

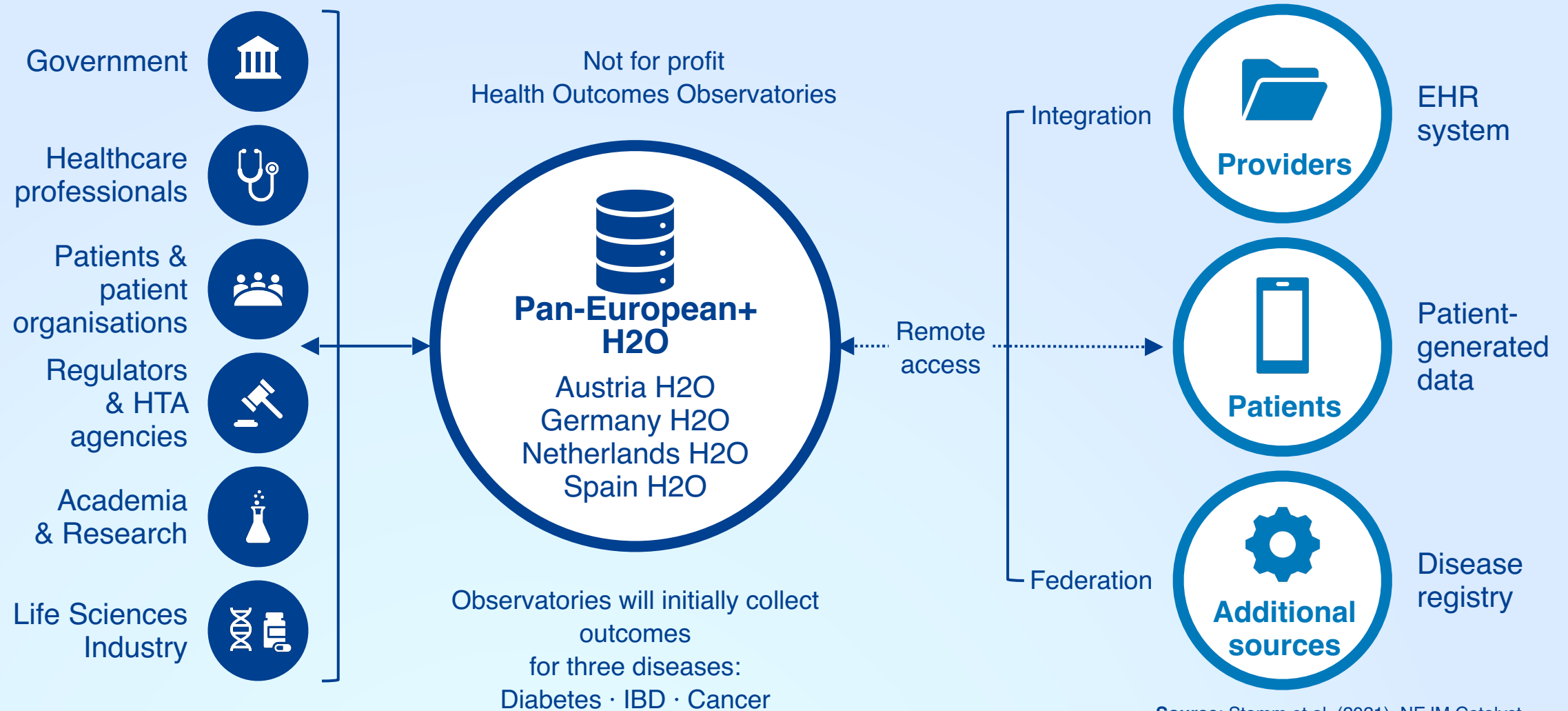
Final Delphi consensus = 101 variables





# H<sub>2</sub>O

## First European scale network for health outcomes data



# Patients often want to share!

Learn about health conditions, treatment options

Track health state

Compare with others

Set personal goals

Track progress towards targets

Track bodily function

Adjust dosage to fit lifestyle

Monitor symptoms

Prevention and wellbeing

Assess impact of treatment

Better able to share decision making

Activity, sleep, diet

Document side effects

Contribute their own collected data to research

Know what to discuss with clinical team

Allow their clinical data to be used for research

## Individual level health data

EHR systems, apps, sensors, genomics,  
Clinical Decision Support, AI

### Used for:

- Health status monitoring
- Continuity of care (including the patient and caregivers)
- Care pathway tracking, clinical workflow management
- Real-time feedback and guidance to patients and clinicians
- Personalised medicine
- Disease interception, prevention and wellness
- Healthcare provider reimbursement

## Population level health data

EHR systems, regional & national  
eHealth infrastructures

### Reused for:

- Healthcare provider performance and planning
- Quality and safety, care pathway optimisation
- Medical device and algorithm refinement
- Pharmacovigilance
- Public health surveillance
- Public health strategy
- Health services and resource planning

## Big health data

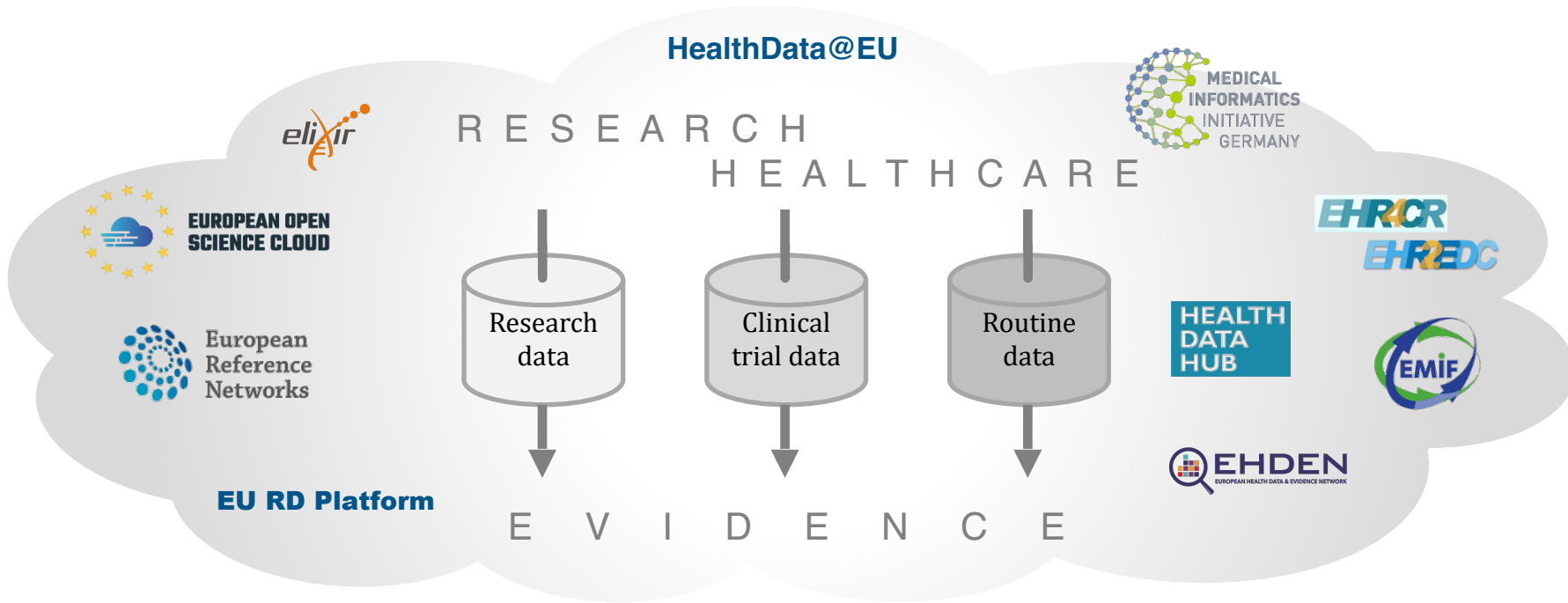
national & international research  
infrastructures,  
federated query platforms  
+ cross-sectoral services

### Reused for:

- Epidemiology
- Digital innovation: devices, sensors, apps
- AI development
- Personalised medicine and bio-marker research
- Diagnostics development
- Drug development
- Disease understanding and stratification

# Big health data sharing initiatives

- Myriad of initiatives to share health data across jurisdictional, institutional and domain borders:
  - Sharing data for cross-border care or for research
- Emerging paradigm for analysing personally-identifiable health data:
  - federated infrastructure model: network of repositories with an overarching governance and interoperability layer





# Proposal for a Regulation on the European Health Data Space

It sets out rules, common standards, infrastructures and a governance framework for the use of electronic health data for healthcare, research, innovation and policy making

Empower individuals to access and control their personal health data

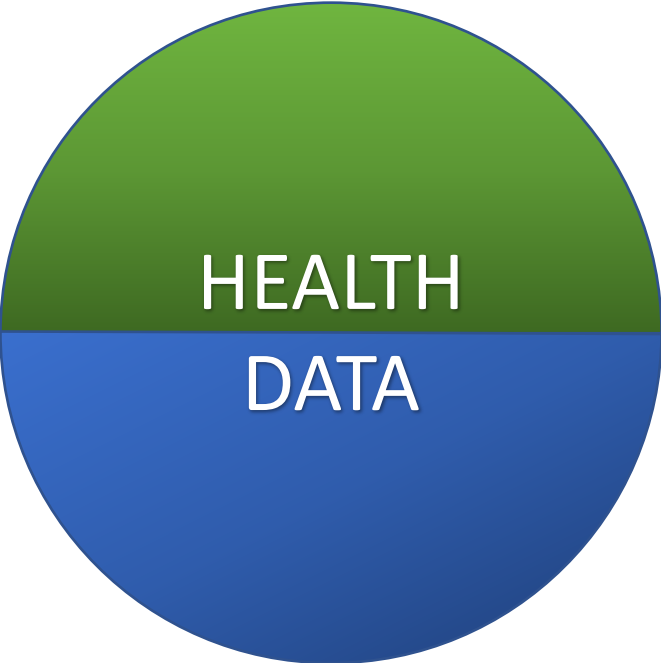


Ensure a consistent framework for the use of individuals' health data for research, innovation, policy-making and regulatory activities

Unleash the data economy by fostering a genuine single market for digital health services and products (EHR systems)

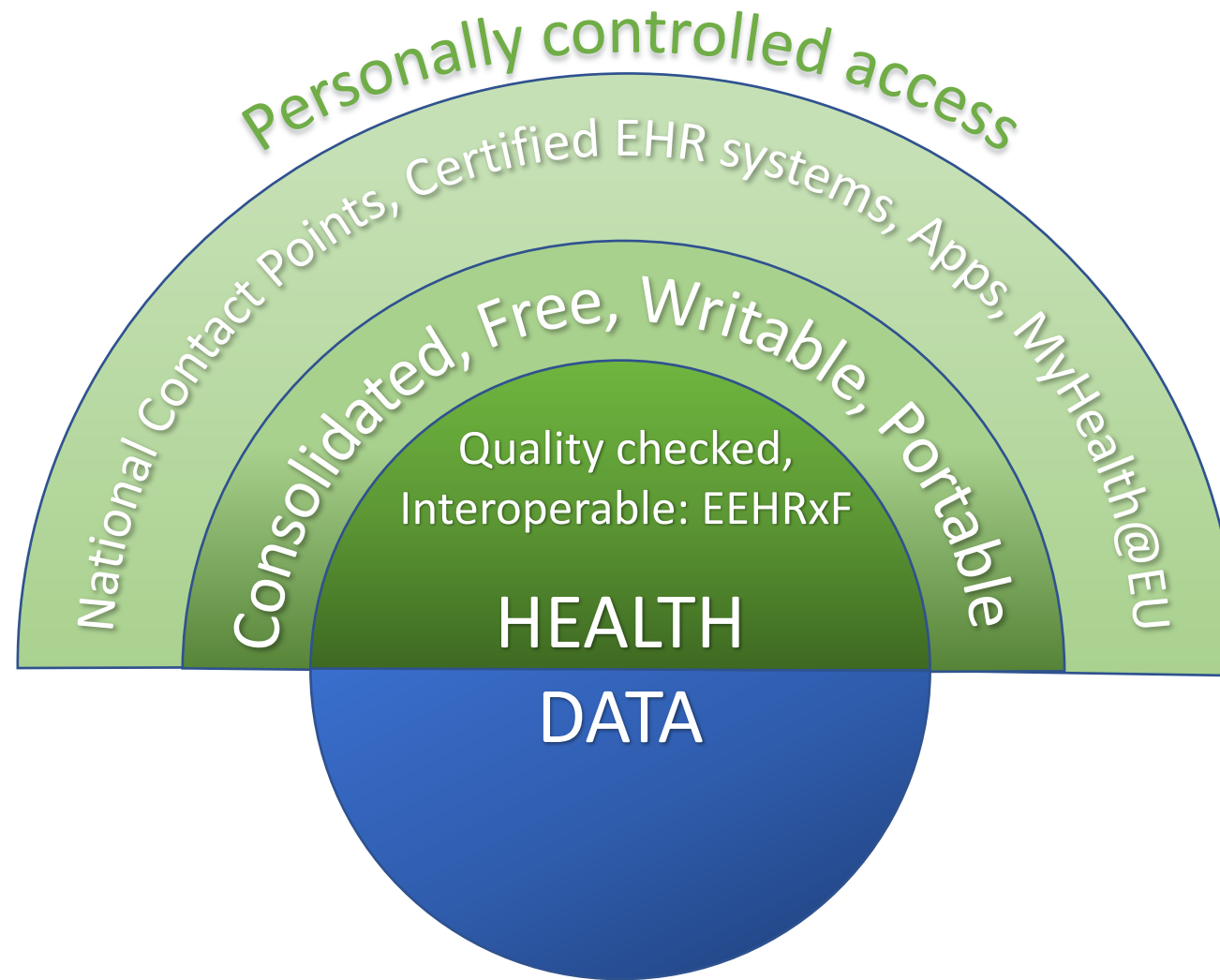


**Primary Use**  
For health, care, wellness



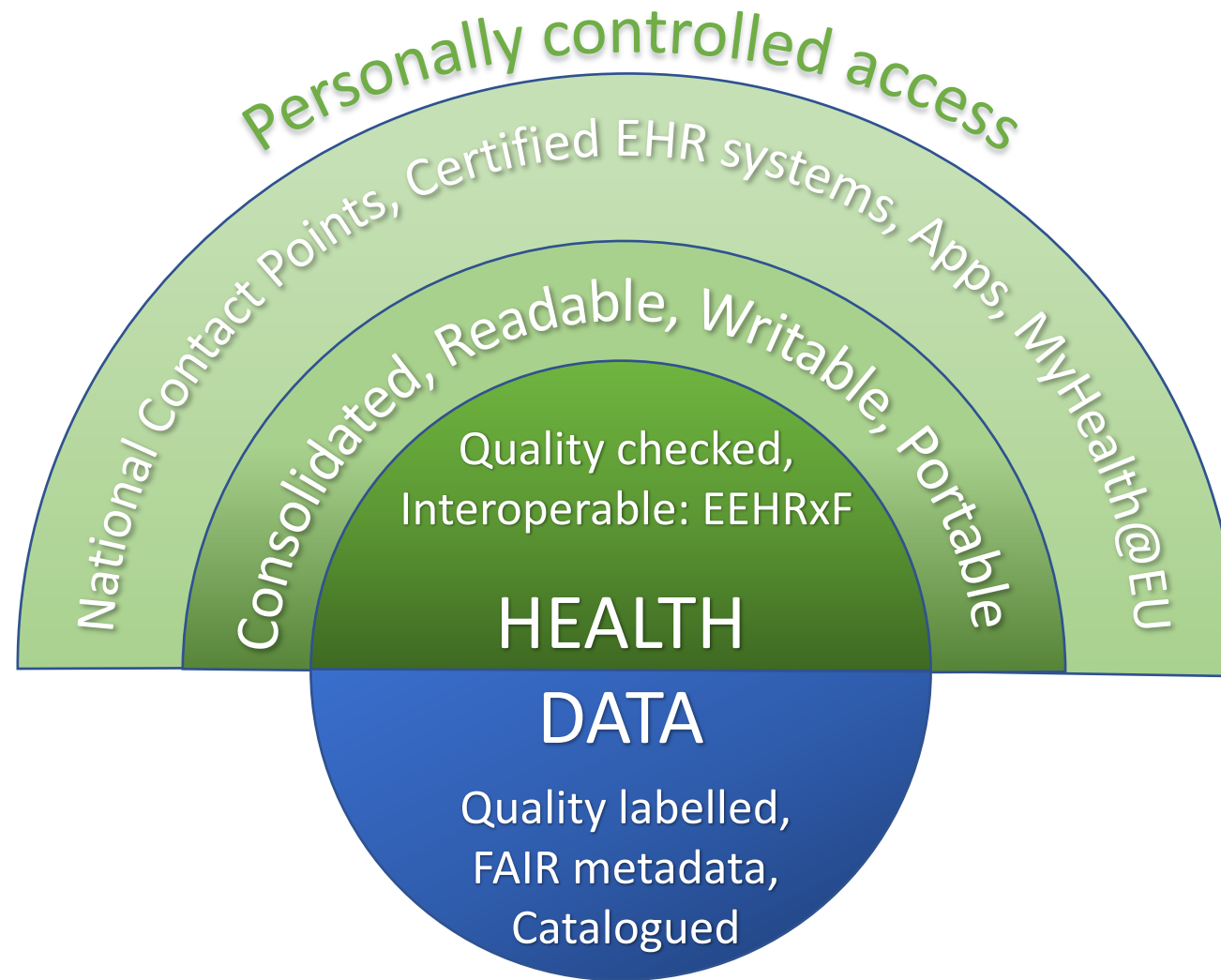
**Secondary Use**  
For research and strategy

**Primary Use**  
For health, care, wellness



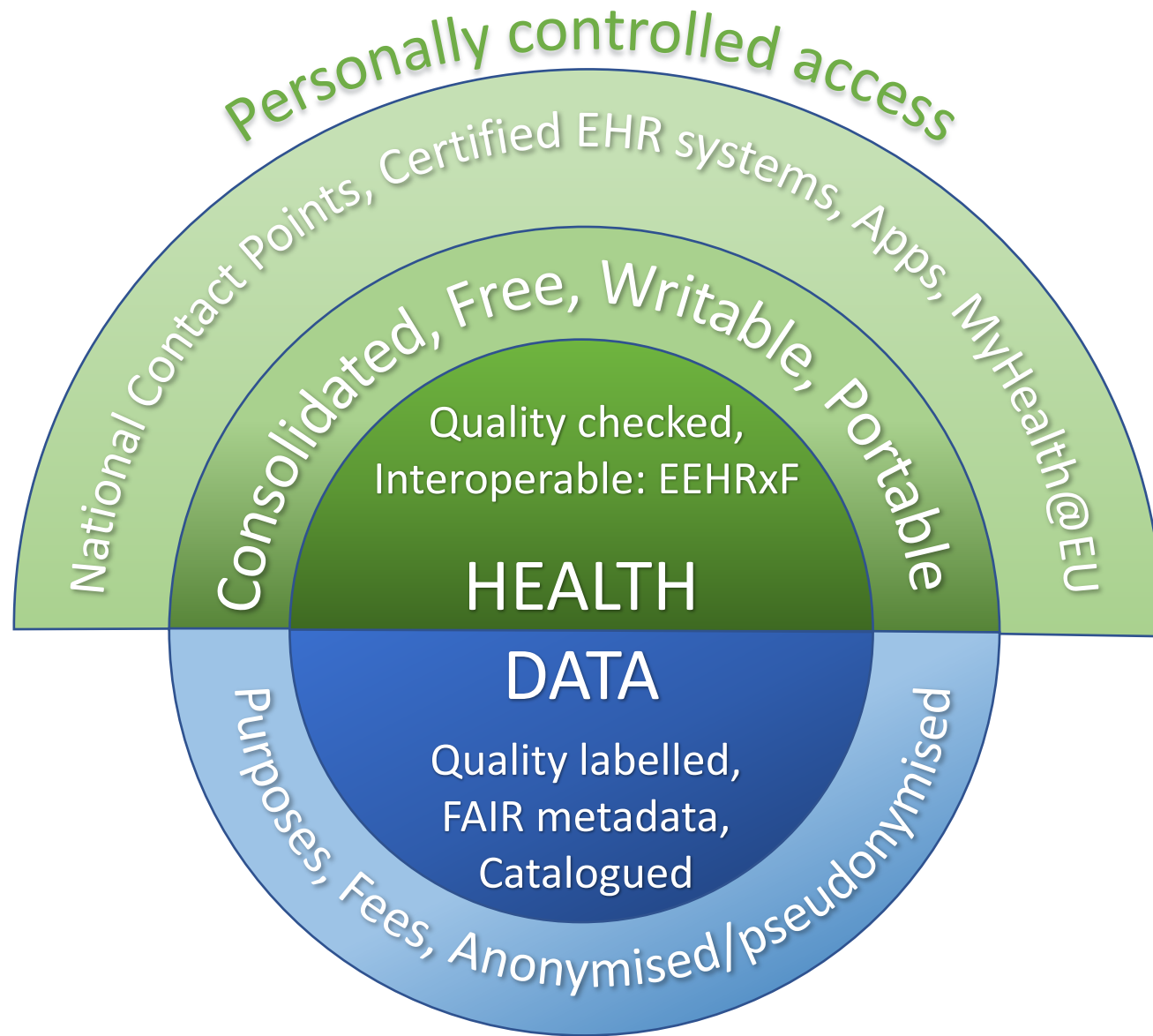
**Secondary Use**  
For research and strategy

**Primary Use**  
For health, care, wellness



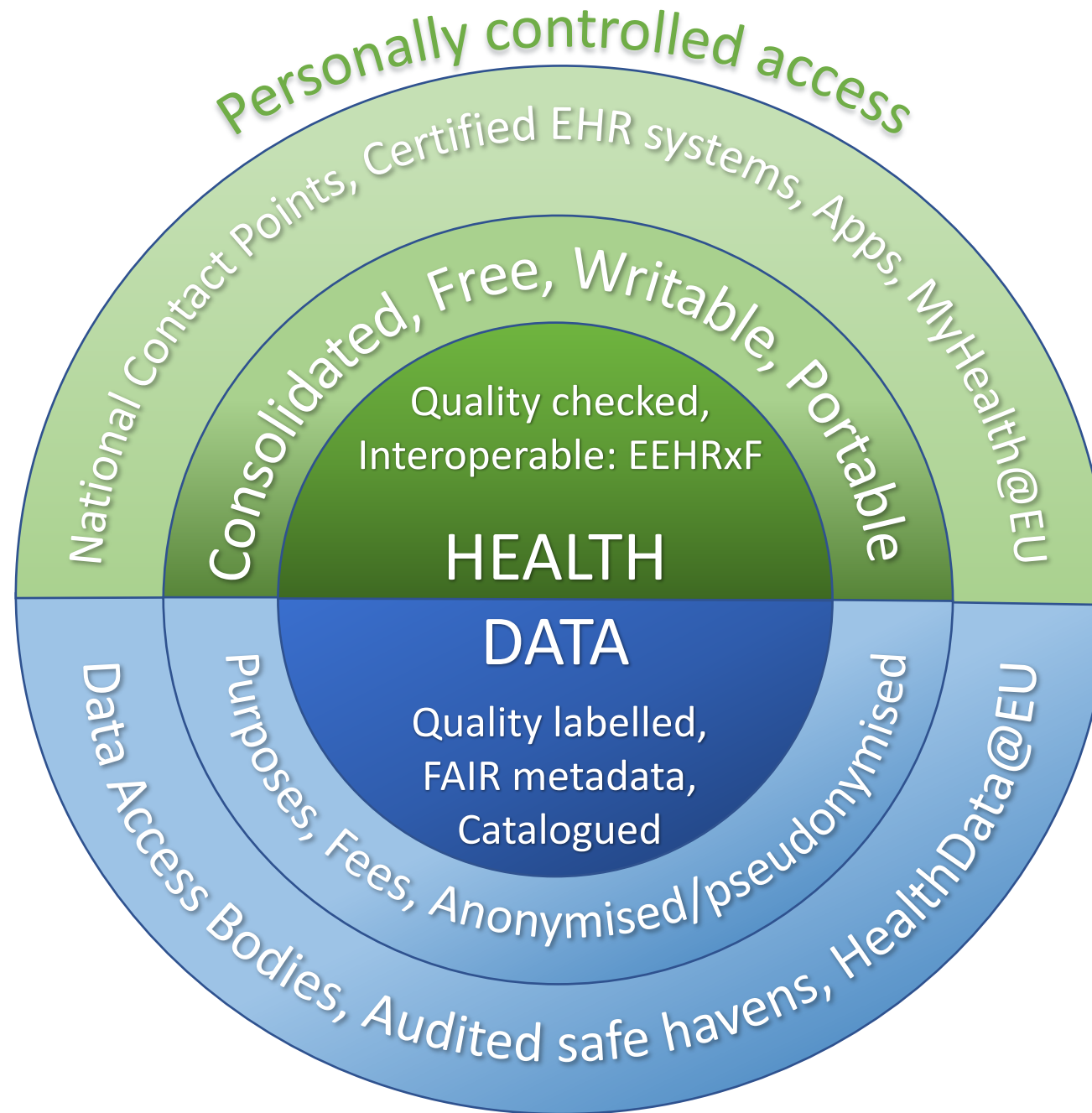
**Secondary Use**  
For research and strategy

**Primary Use**  
For health, care, wellness



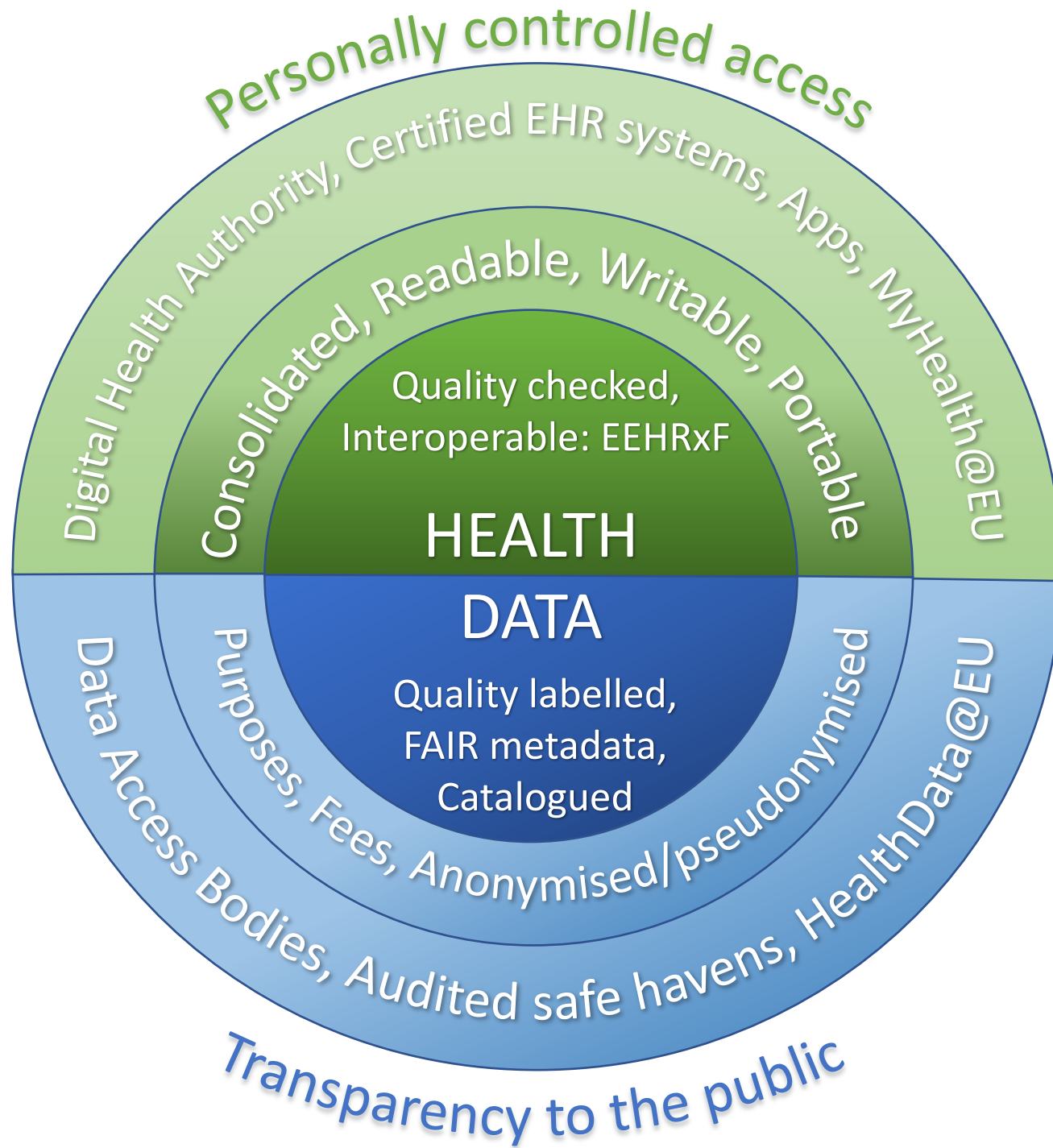
**Secondary Use**  
For research and strategy

**Primary Use**  
For health, care, wellness



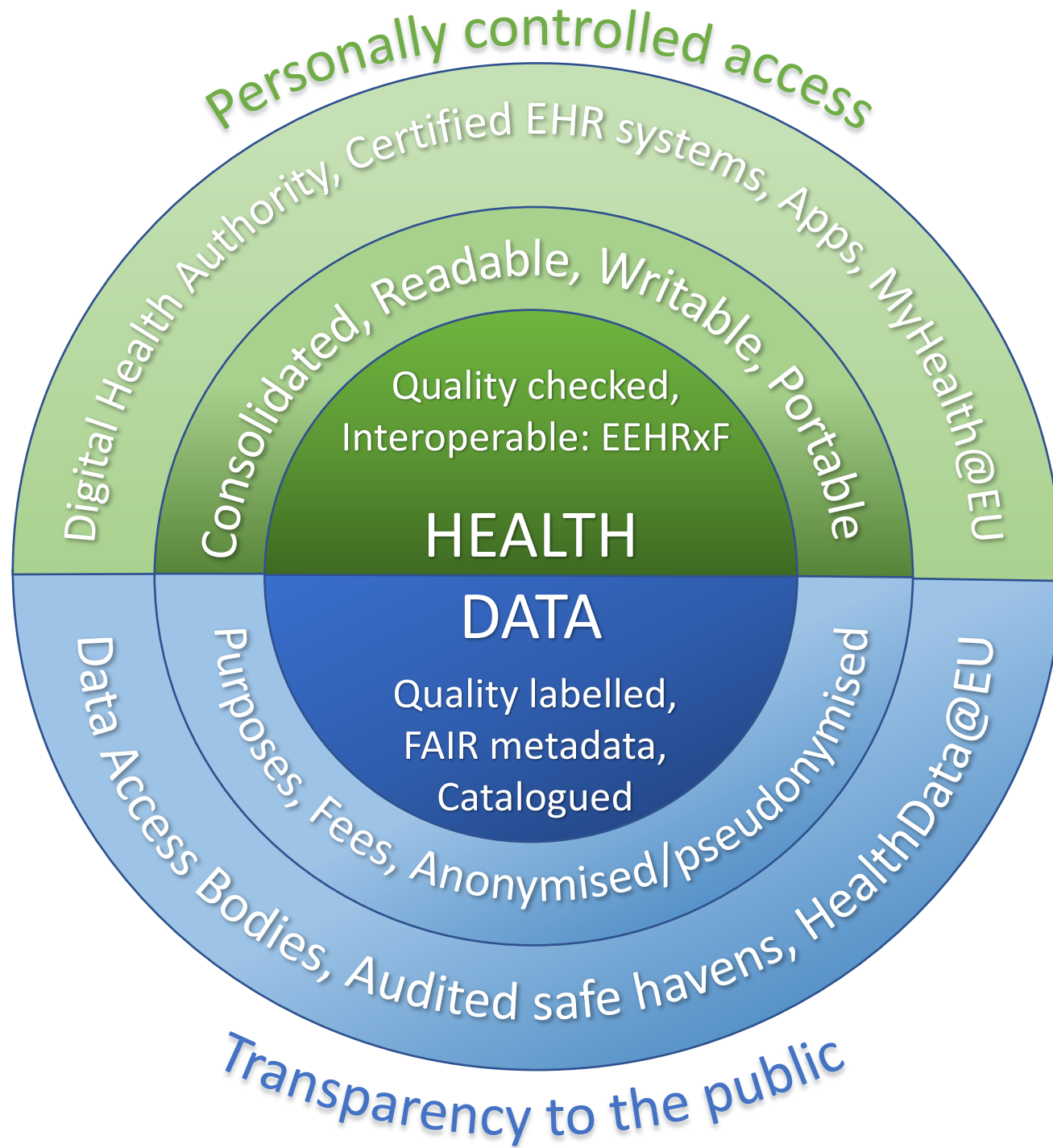
**Secondary Use**  
For research and strategy

Primary Use  
For health, care, wellness



Secondary Use  
For research and strategy

**Primary Use**  
For health, care, wellness



**Secondary Use**  
For research and strategy



# The challenge with trusting:

Individual level health data	Population level health data	Big health data
EHR systems, apps, sensors, genomics, Clinical Decision Support, AI guidance	EHR systems, regional & national eHealth infrastructures	national & international (federated) research infrastructures,
Used for direct care, provider level quality and reimbursement	Used for public health programmes, health system strategy	Used for drug development, AI and medical devices, unmet treatment needs

Decreasing public understanding of why and how data are used

Increasingly unfamiliar data users

Increasing time from data use to demonstrated value

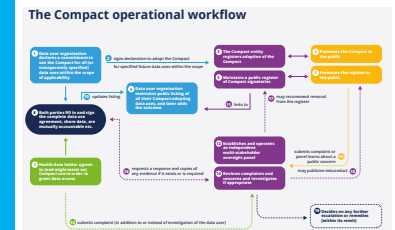
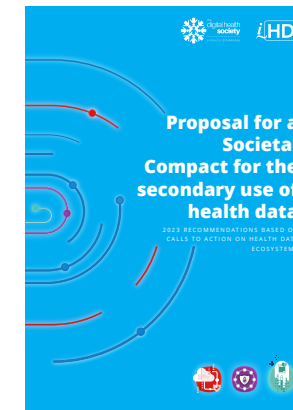
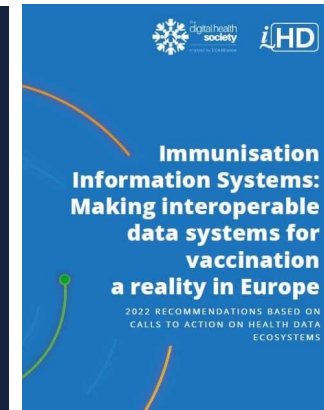
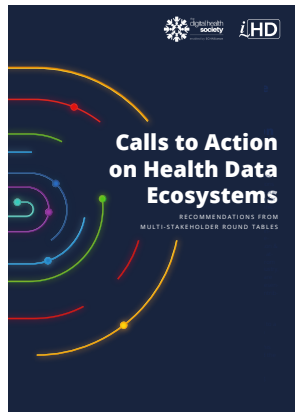
Increasing distance of data results from the patient

Perceived lessening choice and greater cybersecurity risk = harder to trust

# Consulting with stakeholders on success factors for the EHDS



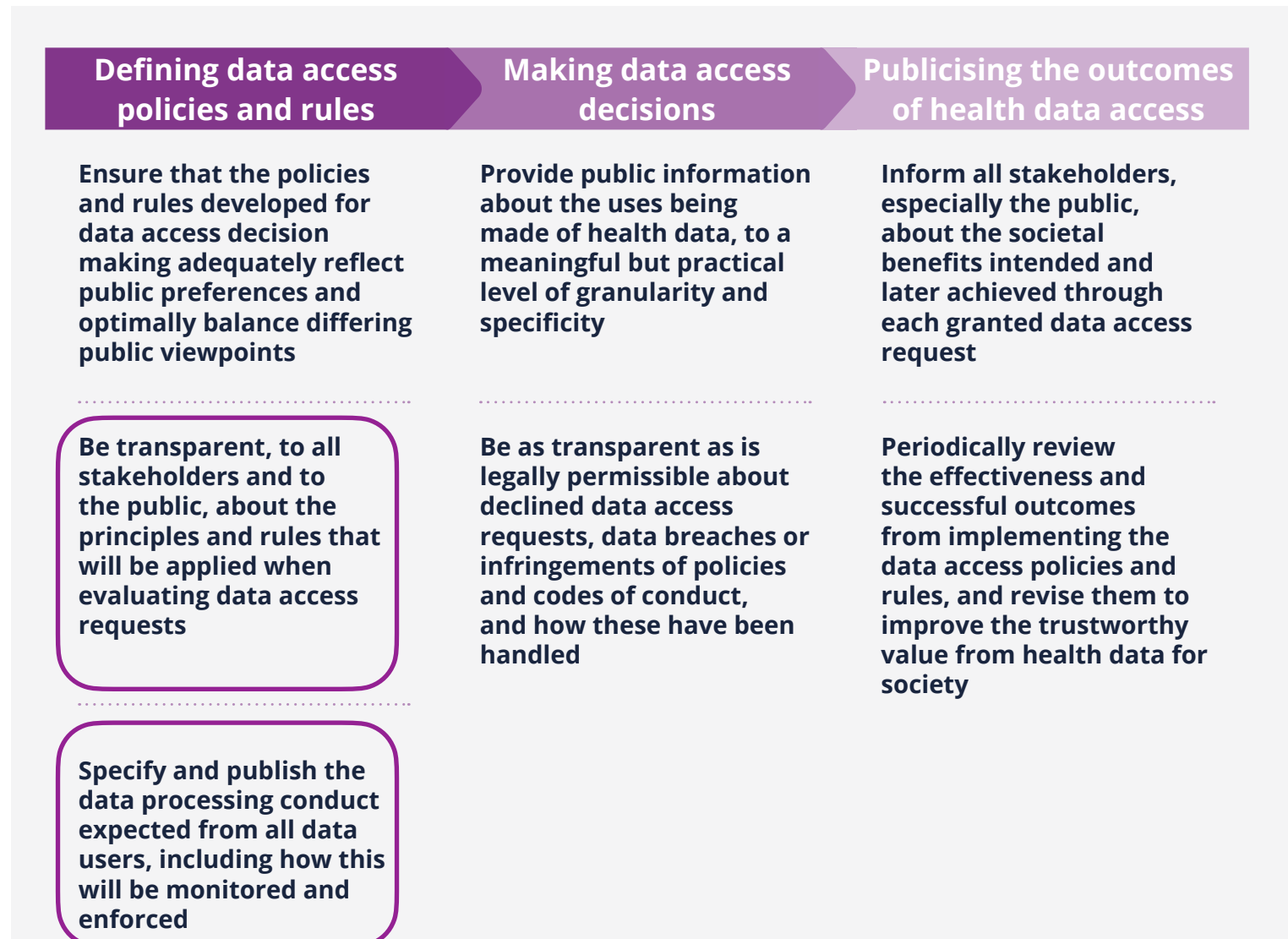
## DigitalHealth Europe project: EHDS: Policy White Paper, industry consultation, patient and citizen consultations



Multi-stakeholder consensus events and reports 2020-23, joint i~HD and DHS, sponsored by MS, J&J and MSD

# Recommendations to Data Access Bodies

## Proposal for a Societal Compact



# Proposal for a Societal Compact for the secondary use of health data

2023 RECOMMENDATIONS BASED ON  
CALLS TO ACTION ON HEALTH DATA  
ECOSYSTEMS



# A societal compact (or social contract)

- A voluntary agreement between a range of stakeholders
- who co-operate to achieve social benefits by granting access to and reuse of health data
- The Compact
  - aims to provide an assurance to all stakeholders in the health data ecosystem, especially the public
  - that organisations and individuals reuse health data in legal, ethical and secure ways
  - and in society's interests

# Ethical principles for health data reuse



1

Health and health related data must only be reused for purposes that aim to directly result in, or contribute to bringing, benefits to society in terms of improved opportunities for better health and care.



2

Health and health related data must never be reused for purposes that are unethical, violate human rights, will disadvantage or are very likely to disadvantage individuals or groups of individuals, or will exclusively further individual or organisational interests without bringing benefits to some parts of society.



3

The reuses of health and health related data must always safeguard the privacy of individuals whose data are being reused, by complying with all applicable data protection laws (such as the EU GDPR), by using aggregated or anonymised data whenever possible (but balanced against benefits which may be achieved by using identifiable or pseudonymised data) and by adopting robust information security measures.

# Ethical principles for health data reuse



4

The reuses of health data must be respectful to the holders of the data being used, and adhere to data use terms agreed with the data holders including the purposes for which their data may be reused.



5

The results from reusing health and health related data should be published, or shared in some other way unless the results are subject to commercial use for products and services, in which case those products and services should be available to all possible adopters on fair terms such as fair pricing.



6

Organisations that reuse health and health related data must make every effort to be as transparent as possible to the public about their use of health data and the outcomes of each data use.



7

Bodies that make decisions to permit data access must ensure that these principles are upheld when defining decision making rules and be transparent to the public about those rules, the data access decisions that they make and the societal benefits that those data reuses have enabled.

# Purposes for which EHDS will permit secondary health data use

- a) activities for reasons of **public interest in the area of public and occupational health**, such as protection against serious cross-border threats to health, public health surveillance or ensuring high levels of quality and safety of healthcare and of medicinal products or medical devices
- b) to support **public sector bodies** or Union institutions, agencies and bodies including regulatory authorities, in the health or care sector to carry out their tasks defined in their mandates
- c) to produce national, multi-national and Union level official **statistics related to health or care sectors**
- d) **education or teaching** activities in health or care sectors
- e) **scientific research** related to health or care sectors
- f) development and **innovation activities for products or services contributing to public health or social security**, or ensuring high levels of quality and safety of health care, of medicinal products or of medical devices
- g) **training, testing and evaluating of algorithms**, including in medical devices, AI systems and digital health applications, contributing to the public health or social security, or ensuring high levels of quality and safety of health care, of medicinal products or of medical devices
- h) **providing personalised healthcare** consisting in assessing, maintaining or restoring the state of health of natural persons, based on the health data of other natural persons

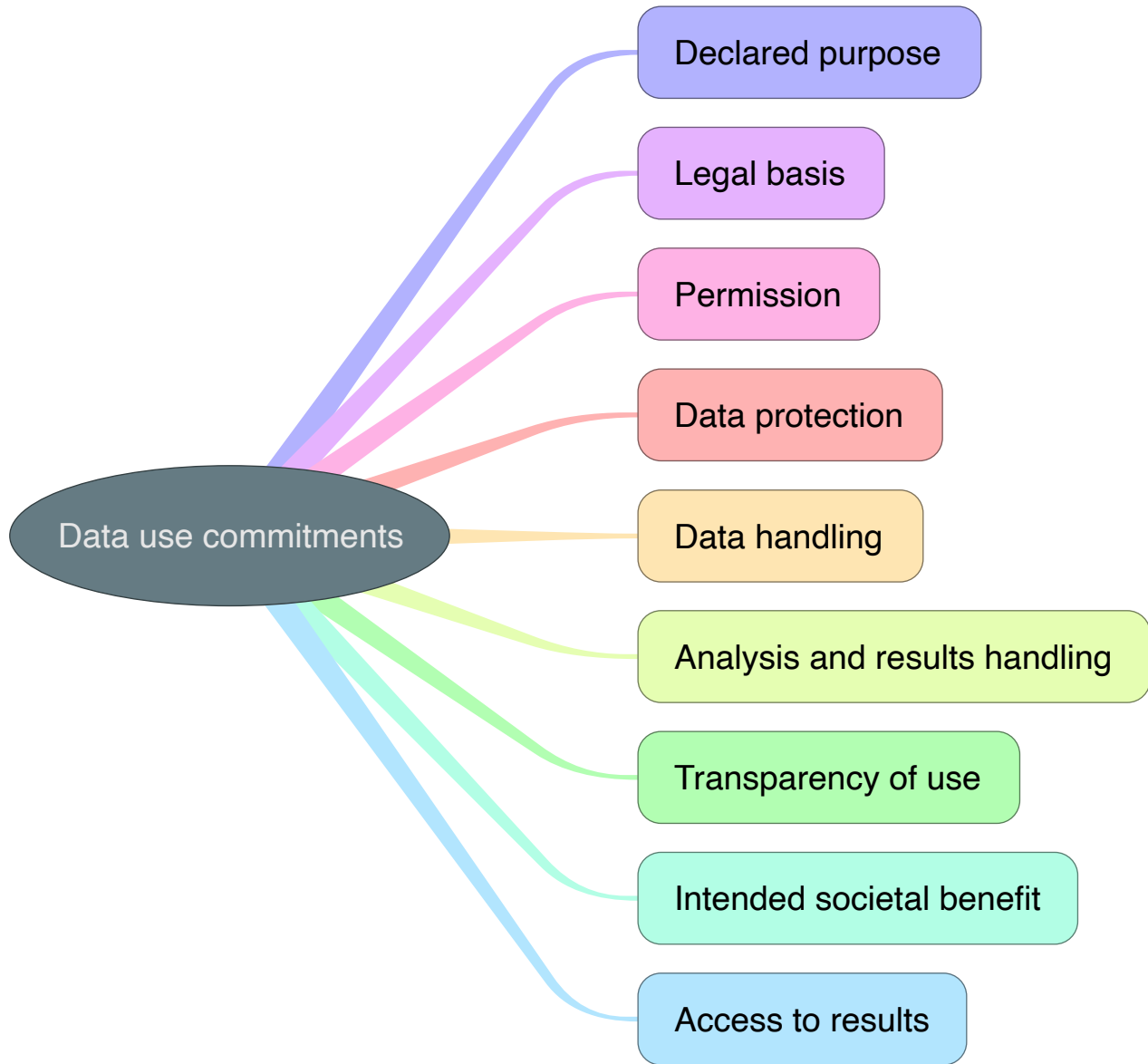
The Compact includes examples of research, to illustrate purpose e)



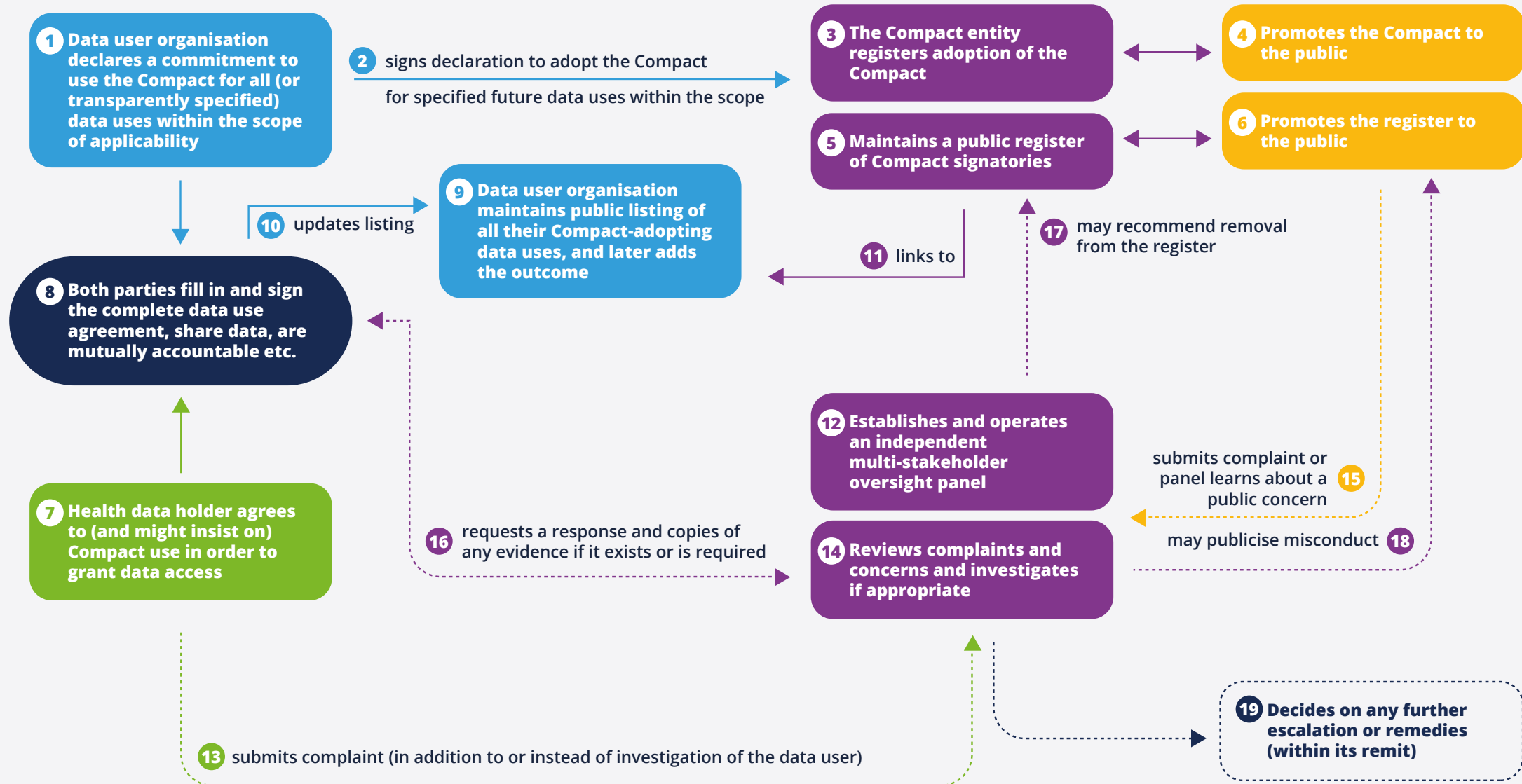
# Prohibited secondary uses of health data

- a) taking decisions detrimental to a natural person based on their electronic health data; in order to qualify as “decisions”, they must produce legal effects or similarly significantly affect those natural persons
- b) taking decisions in relation to a natural person or groups of natural persons to exclude them from the benefit of an insurance contract or to modify their contributions and insurance premiums
- c) advertising or marketing activities towards health professionals, organisations in health or natural persons
- d) providing access to, or otherwise making available, the electronic health data to third parties not mentioned in the data permit
- e) developing products or services that may harm individuals and societies at large, including, but not limited to illicit drugs, alcoholic beverages, tobacco products, or goods or services which are designed or modified in such a way that they contravene public order or morality

An organisation adopting this Compact additionally declares that it will not reuse health or health related data for purposes that would **violate the European Convention on Human Rights.**



# The Compact operational workflow



Sharing = caring = trusting

# Sharing = caring = trusting



dipak.kalra@i-hd.eu

## i~HD Annual Conference 2023 Building Trust in Health Data

29 November – 1 December  
2023

Ghent, Belgium

- Improving patient outcomes and medical research through **trusted health data spaces**
- Implementing measures to ensure **medicine safety for patients**
- Sharing **high-value data for care + research**
- Giving **patients the driving seat**

Explore the historic and charming city of Ghent



Health Data Quality



Trustworthy ICT Systems



Information Governance - GDPR



**Joining the Dots**

E.C.-funded R&D Projects