



Connecting Healthcare and Research

Electronic
Health Records
for Clinical
Research

EHR/CR – Functional Profile & HIMSS 2008 Update

Linda King, MT(ASCP)

Eli Lilly and Co.

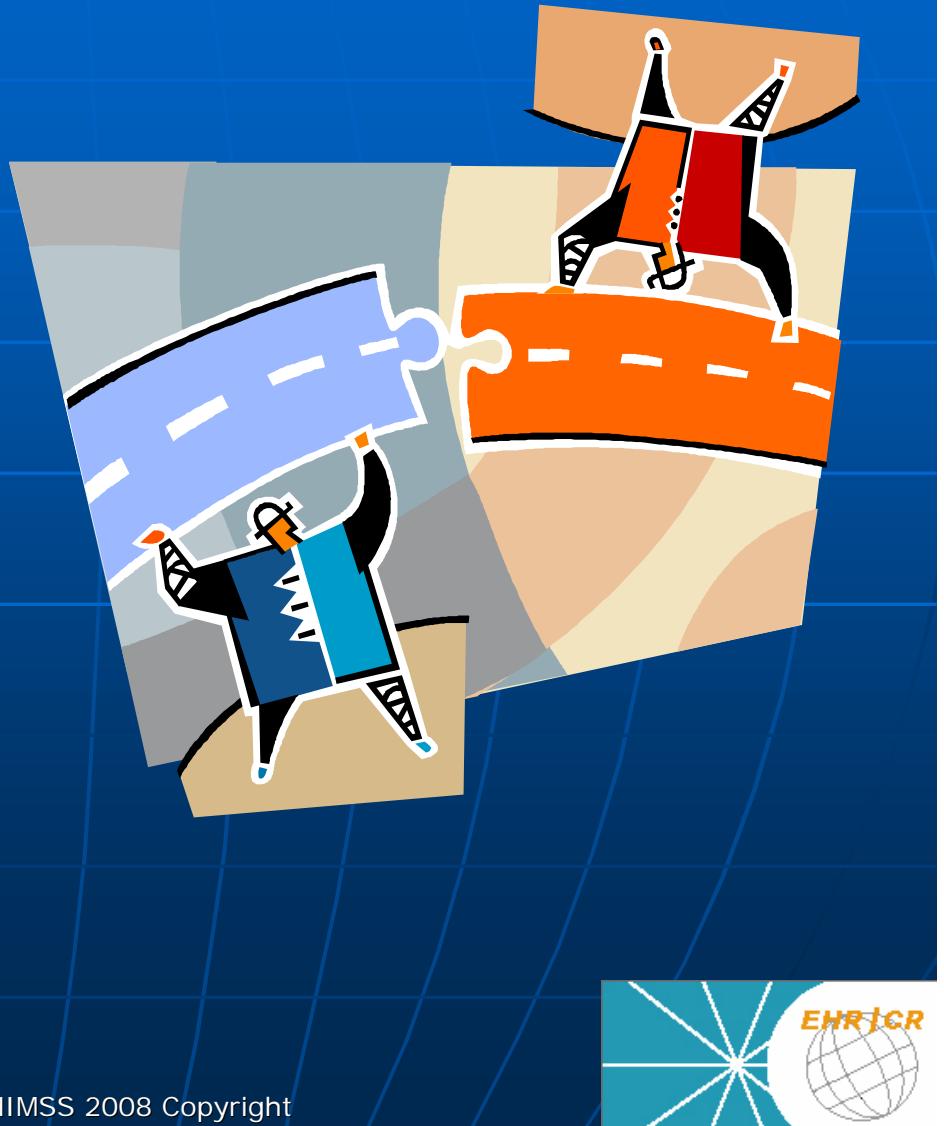
Representing eClinical Forum and PhRMA EDC/eSource Taskforce

March 18, 2008
Annual CDM DIA, Washington, D.C.



EHR-CR Project:

“Roadmap” to
Connecting
Healthcare
and Research



Project Sponsors & Participants

Sponsors:

eClinical Forum

PhRMA

Gold level partners:

Procter & Gamble

Pfizer

Eli Lilly & Company

In Cooperation With:

HL7 Technical Committee

EuroRec Q-Rec

Global Participants:

- Bayer
- Boehringer Ingelheim
- Bristol Myers Squib
- Cerner Corporation
- ClinPhone Inc.
- Eli Lilly and Company
- FDA
- Glaxo SmithKline
- Hoffman La Roche
- Lundbeck
- Millennium
- NIH: National Cancer Institute
- Northrop Grumman
- Novartis
- Nycomed
- Orion
- Pfizer
- Procter & Gamble

Agenda

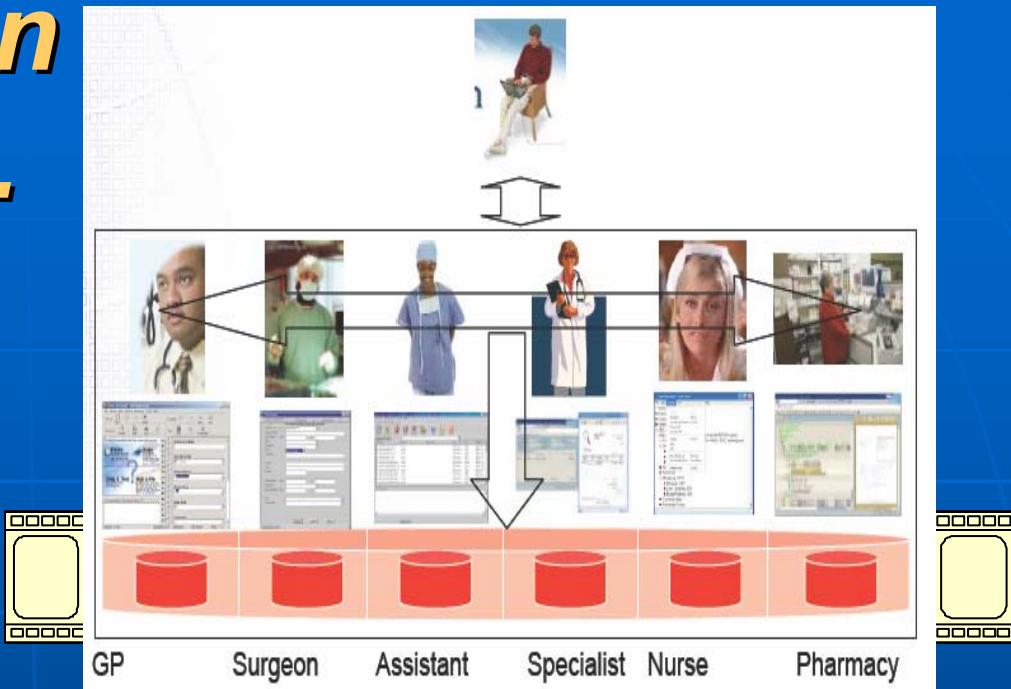
- eHealth
- Problem & Challenge to Clinical Research
- The Vision
- The Opportunity
- EHR/CR Functional Profile Project
- HL7 and EuroRec/Q-Rec EHR Conformance Criteria
- The Profile – aimed at Certification
- EHR/CR “Core” Requirements
- Tier 1 through Tier 3
- HIMSS 2008 Update

eHealth is Driven by the need to...

- *Enhance patient safety*
- *Improve quality of healthcare*
- *Reduce healthcare costs*

eHealth is About...

- *Bringing information and knowledge to the point of care*
- *Realizing this across national & state boundaries*
- *Moving from specialist-centric to patient-centric information*



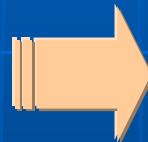
Problem ...

- National (EU and US) initiatives for Interoperable Electronic Health Records (eHealth) are causing more and more source data for clinical research to be redundantly collected, first in EHR and then printed and entered into Sponsor's Electronic Data Capture (EDC) systems
- **Potential Pharmaceutical Research benefits of the EHR were NOT initially considered:**
 - Better Patient Safety Monitoring
 - Elimination of Redundant Data Entry
 - Streamlined Healthcare and Clinical Research Workflow Processes
 - Enhanced Recruitment Potential
 - Lower Research Cost
 - Etc.

Business Realities of Drug Development

The Facts

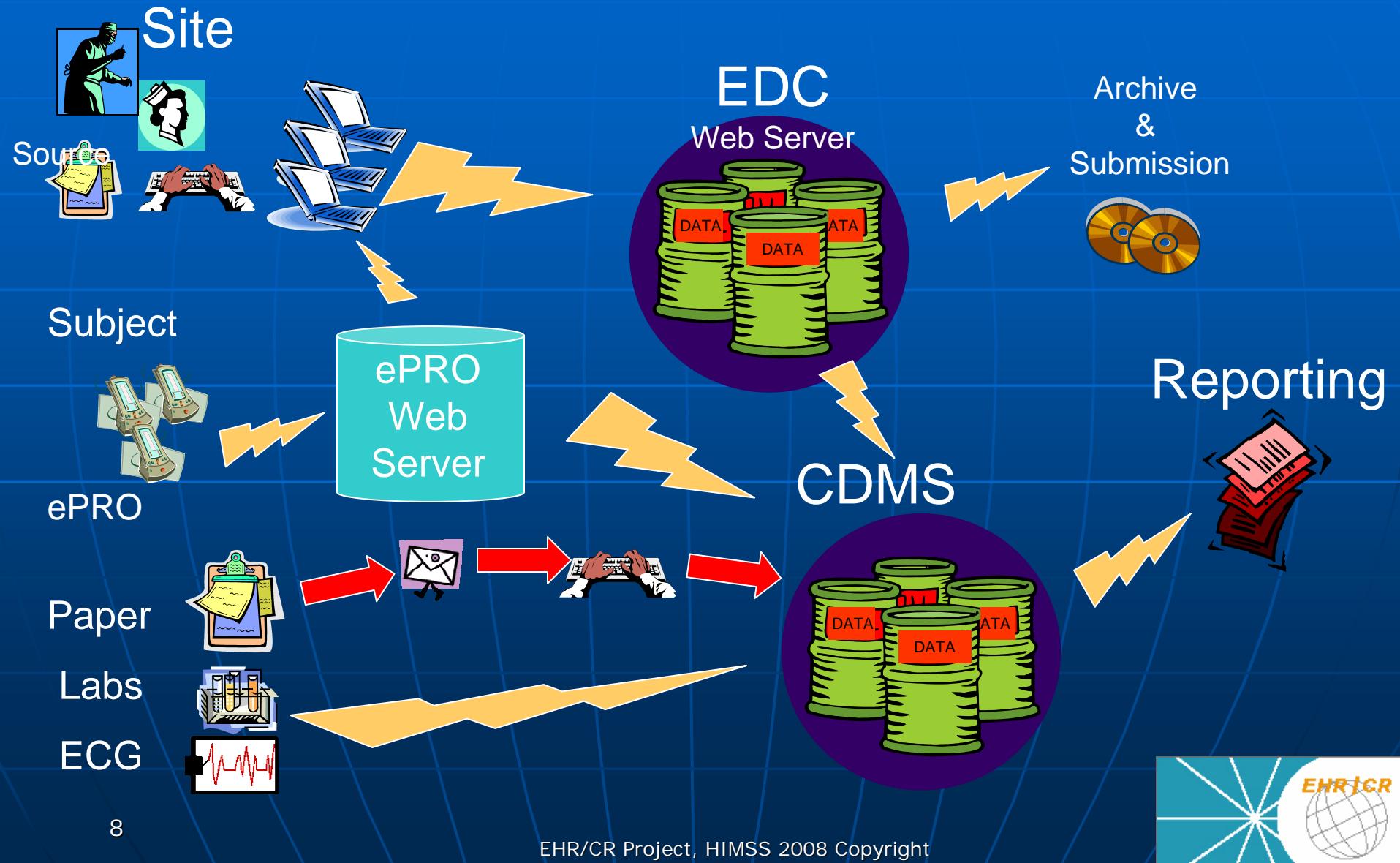
- Innovation of medicines is a high-risk business
Less than 9% of clinical candidates make it to patients
- The cost and timescale of innovative medicine has escalated
A new molecule can cost \$750M - \$1.0B and takes 11-15 years to develop
- Research \$ focused where there is a ROI



The Consequences

- Fewer new innovative medicines reaching the patients
- More expensive and late therapies
- Potential medicines not reaching the patient and niche markets of high medical needs not being explored

Electronic Data Capture (EDC)



The Challenge ...

Approaches To Clinical Trial Data Capture At Investigator Sites

Patient visit



Historical



Paper Medical Record



Paper CRF



Research Database



Healthcare

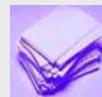


Emerging but Duplicative



EDC

Paper or Electronic Medical Record



Hosted Data



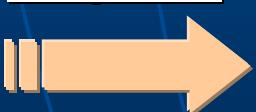
Electronic CRF, ePRO, Labs



Research Database



Future Integration



Electronic Health Record



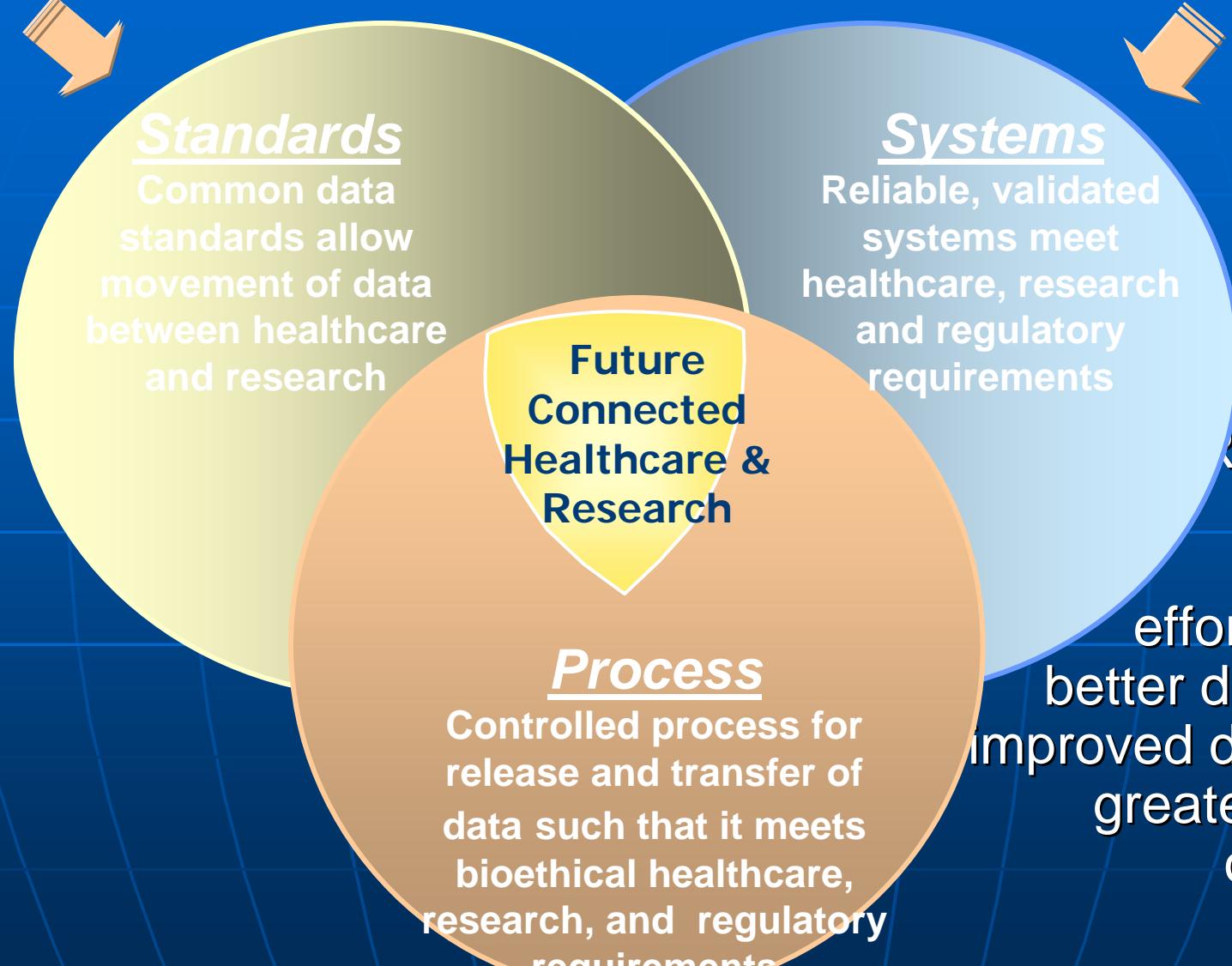
EHR-S

Trial Specific Data

Research Database



The Vision ...



... results In...

Minimized effort and cost, better data quality, improved drug safety, greater research opportunity

Opportunity to make a Difference

- Invited by HL7 TC (Lenel James) and Q-Rec (Georges DeMoor) to participate in an EHR certification activity to address Clinical Research needs
- Project initiated to develop a Clinical Research Functional Profile (EHR/CR-FP) that can be included in the EHR certification programs in both the US and EU in order to facilitate the inclusion of EHR source data in regulatory submissions

Project Objectives

Develop a Global EHR/Clinical Research Functional Profile (EHR/CR-FP):



- Identify critical capabilities (requirements) for clinical research utilizing EHR systems through:
 - HL7 EHR-S FM
 - Q-Rec (EuroRec) EHR Repository
 - + Clinical Research-specific requirements
- Submit to **HL7** for “standards” acceptance
- Submit to **CCHIT & EuroRec** for consideration in their certification process

Outcomes:

- EHR Vendors: provided with encouragement & requirements for incorporating clinical research functions into their systems
- Sponsors: provide basis for evaluating EHR systems as source data systems

EHR/CR Functional Profile

- Establishes requirements, non-redundant functions, and processes to use patient electronic medical data for clinical research.
- Ensures that data protection (patient privacy), regulatory, and research requirements are met.
- Endorses data standards (such as CDISC CDASH, HL7) for data collection, interpretation and exchange within the medical and research communities.
- Expands and adapts functions of EHR and the associated systems, networks, and processes such that they meet clinical research needs.

Developing an International Profile

- 2 current sources of functions/conformance criteria
 - US HL7 Functional Model
 - EU EuroRec/Q-Rec Certification Criteria Repository (a compilation of EU country criteria)
- Both are...
 - "Work in progress- EuroRec / First Release- HL7"
 - Define several hundred criteria
 - Have their own structure
- Work Plan...
 - Identify clinical research functional requirements: most can be defined from internationally recognized practice, guidelines, regulations
 - Map functional requirements to HL7 and EuroRec/Q-Rec criteria – our requirements provide a map between the two – this is Global!

Keep thinking Globally!

Certification

HL7 ← EHR/CR → EuroRec mapping

- HL7 – EHR/CR FP will establish conformance to HL7 EHR-S FM and provide an international “standard”
- EuroRec Q-Rec – EHR/CR FP will establish conformance to Q-Rec and provide basis for certification in the EU
- CCHIT – HL7 EHR/CR FP will provide basis for certification in the US

Project Phases

The project is planned in four phases:

- **Organization** – Participants, determination of scope, project plan
- Profile Release 1: Core “Essential Now” requirements definition
- Profile Release 2: Expands on Release 1 but further identifies all “Essential Future” requirements into functional tiers

Each profile release will include these phases:

- **Formalization** – Analysis of requirements, development of EHR/CR functions and conformance criteria, definition of priority timeframes (Release 1 complete).
- **Harmonization** – consolidation and alignment with HL7 and Q-Rec, draft functional profile, solicitation of input from other stakeholders (Release 1 w/ HL7 complete, Q-Rec in progress).
- **Finalization** – Conformance and preparation of packages for submission to EHR – TC and EuroRec/Q-Rec, for approval and external publication. (HL7 Ballot submitted Feb 2008, EuroRec/Q-Rec pending) Submission to CCHIT and Q-Rec for certification consideration (pending).

Profile Releases

Release 1: "Core" Requirements

- Ensure that patient data from an EHR system will meet clinical research regulatory requirements for data collection, management, extraction, security, and can be interpreted in a consistent manner (21 CFR Part 11, CSUCI, etc.)

Release 2: Future Requirements

- Functions needed to improve ease-of-use and performance
- Functions necessary to ultimately conduct all clinical research data capture and management through nation-wide health information networks and systems.
- Functions will be divided into levels along the evolution to this ultimate goal. None of the EF functions will be required to be present on "day 1" of using the EHR data for clinical research.

Profile – Essential Now

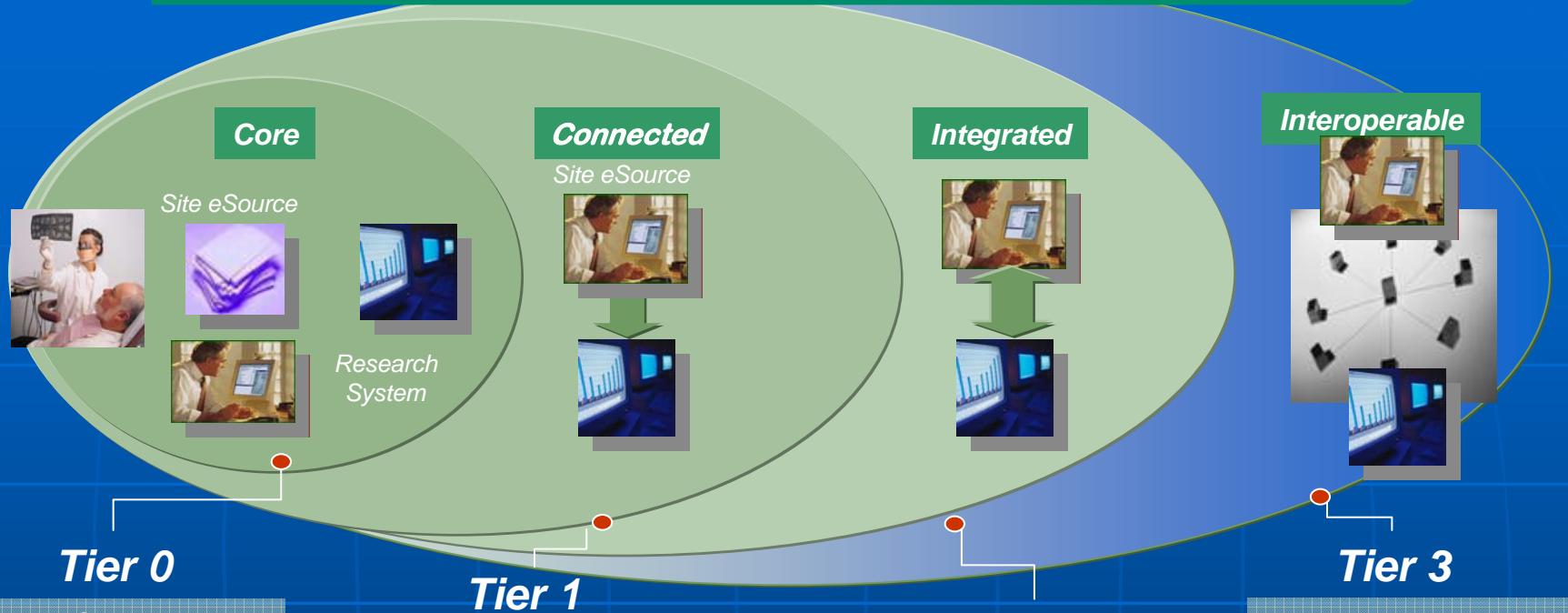
- Ensure that patient data from an EHR system will meet clinical research regulatory requirements for data collection, management, extraction, security, and can be interpreted in a consistent manner (21 CFR Part 11, CSUCI, etc.)
- Functions must be present to use EHR data for clinical research without redundant re-keying and verifying

Profile – Essential Future

- Functions needed to improve efficiency and performance
- Functions necessary to ultimately conduct all clinical research data capture and management through nation-wide health information networks and systems.
- Functions will be divided into levels along the evolution to this ultimate goal. None of the EF functions will be required to be present on “day 1” of using the EHR data for clinical research.

(Sponsors can provide work-arounds either through processes or sponsor-supplied electronic systems).

Emerging and Future EHR-Research Connectivity and Complexity



Core (Minimum Requirement)

- EHR systems holding some source data used in Clinical Research meet essential regulatory requirements
- Electronic data can be electronically extracted such that it can be transferred and loaded into a research system
- Research systems must still collect study-specific data

Connected (Emerging Future)

- Patient study data collected via EHR structured data elements and transferred from EHR via automatic/electronic industry standards
- No further duplication of EHR data
- Study-specific data and queries handled via Research system

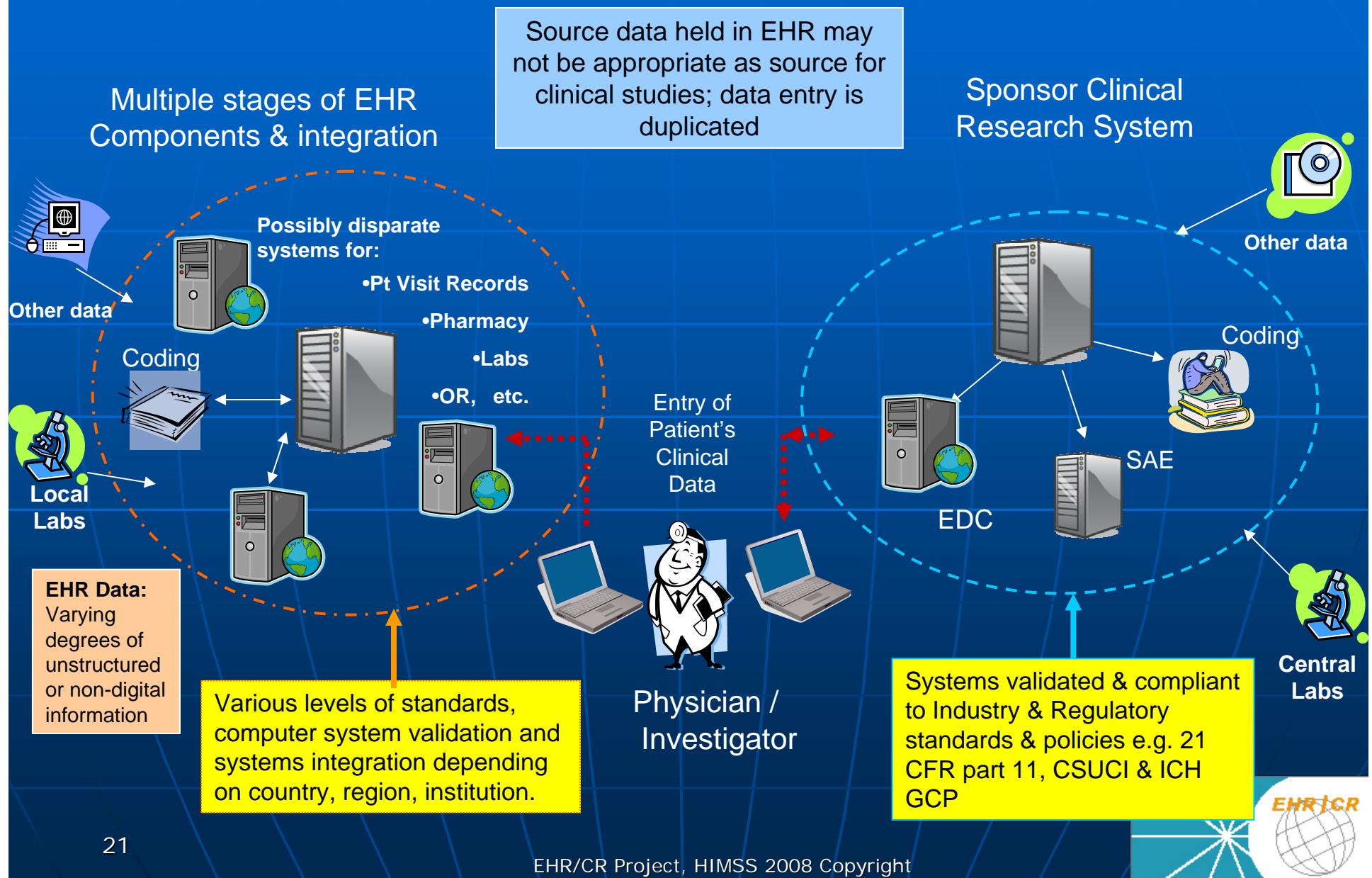
Integrated (Future Vision)

- Relevant data from EHR and Research System components are seamlessly transferred in both directions with no need for data transcription,
- EHR System can capture healthcare and study-specific data
- Study data not collected at site is transferred or available to view via EHR, Research holds no 'source' data.

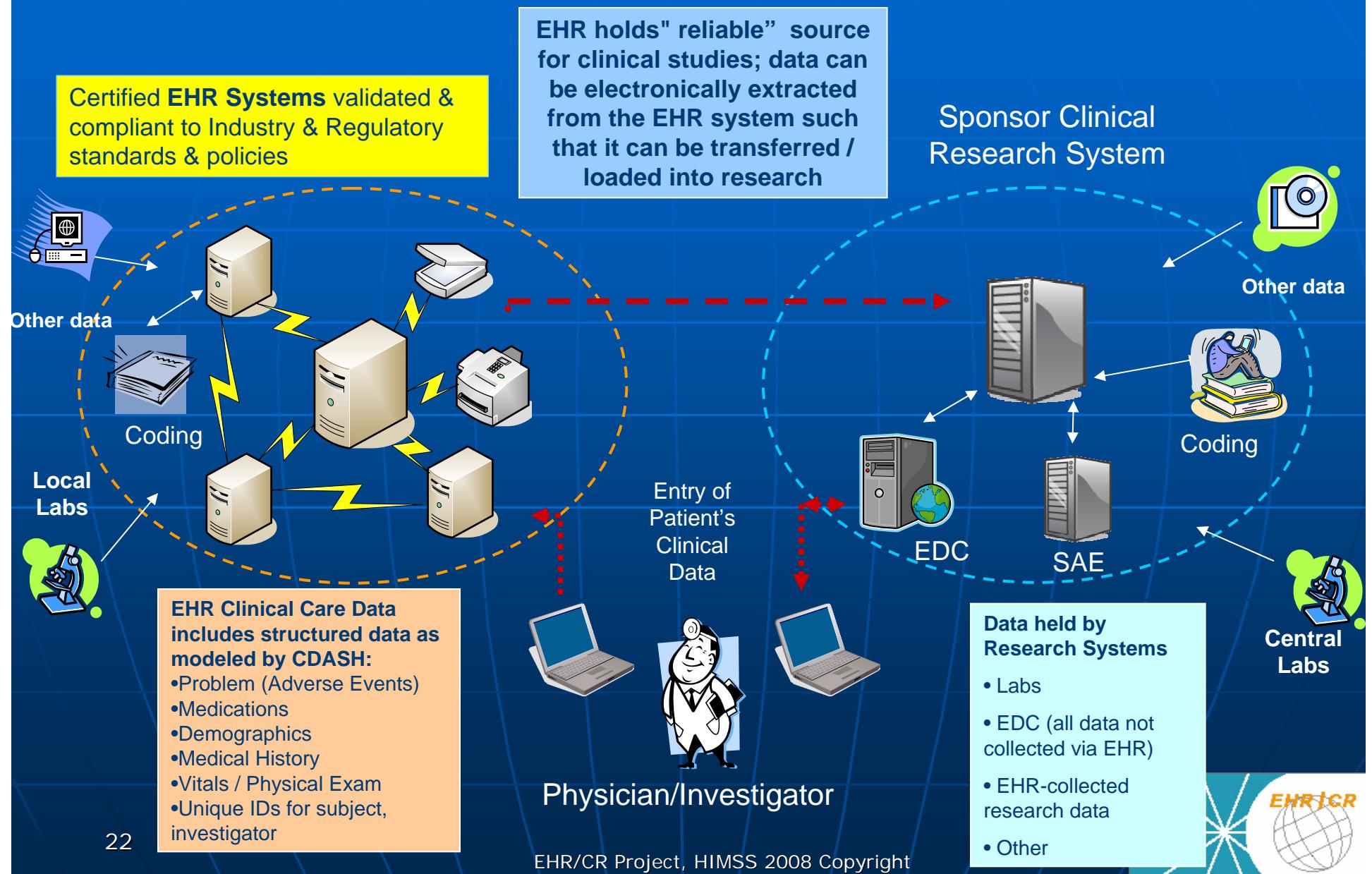
Interoperable (Future Ideal)

- EHR and Research systems work seamlessly together and sit on same international network.
- Data access & mining capabilities across healthcare & research.
- EHR System holds the complete patient medical record including all clinical study / research data

Current State of Electronic Records

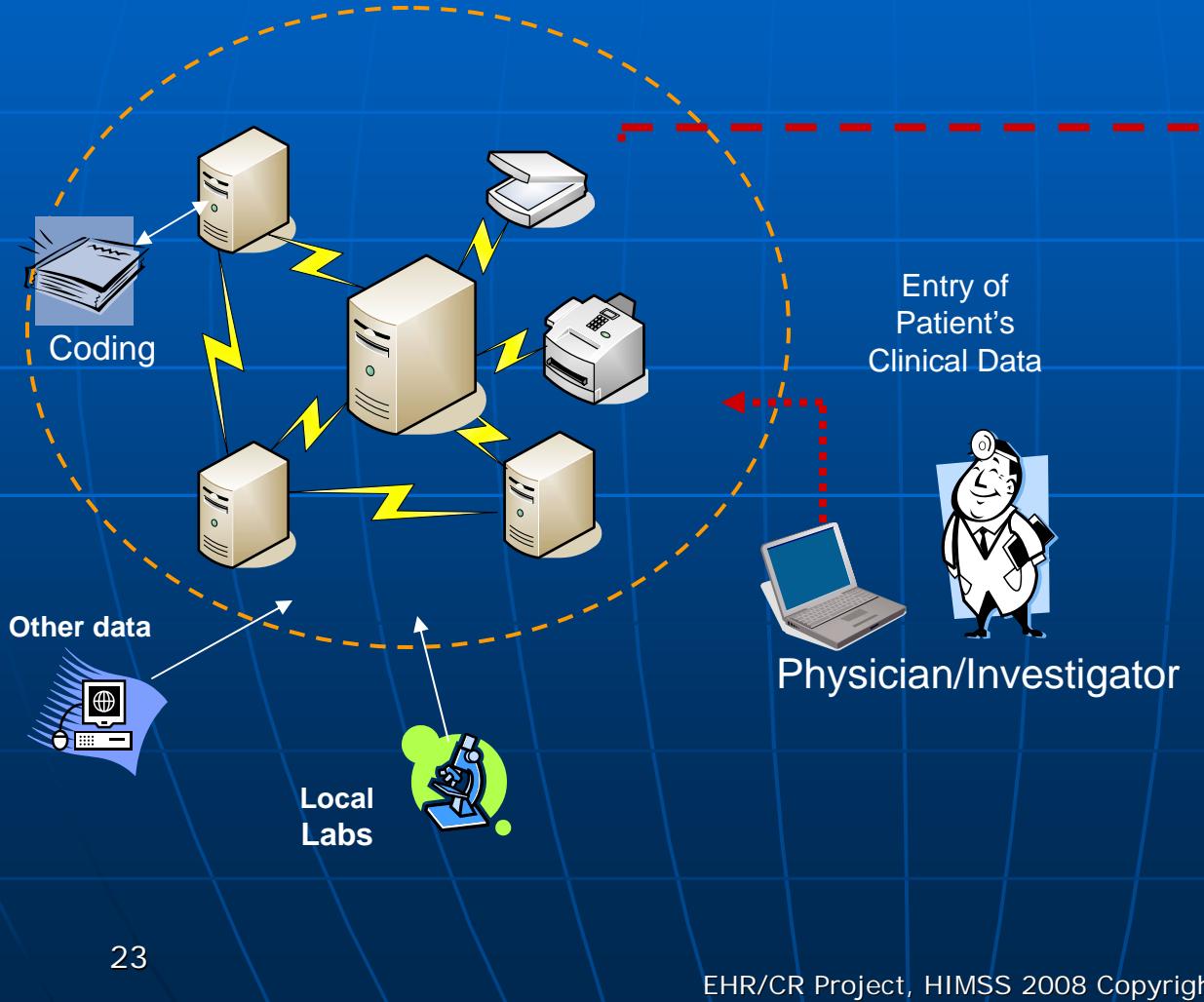


EHR/CR Core Level



Secondary Uses for Core Level EHR/CR Systems

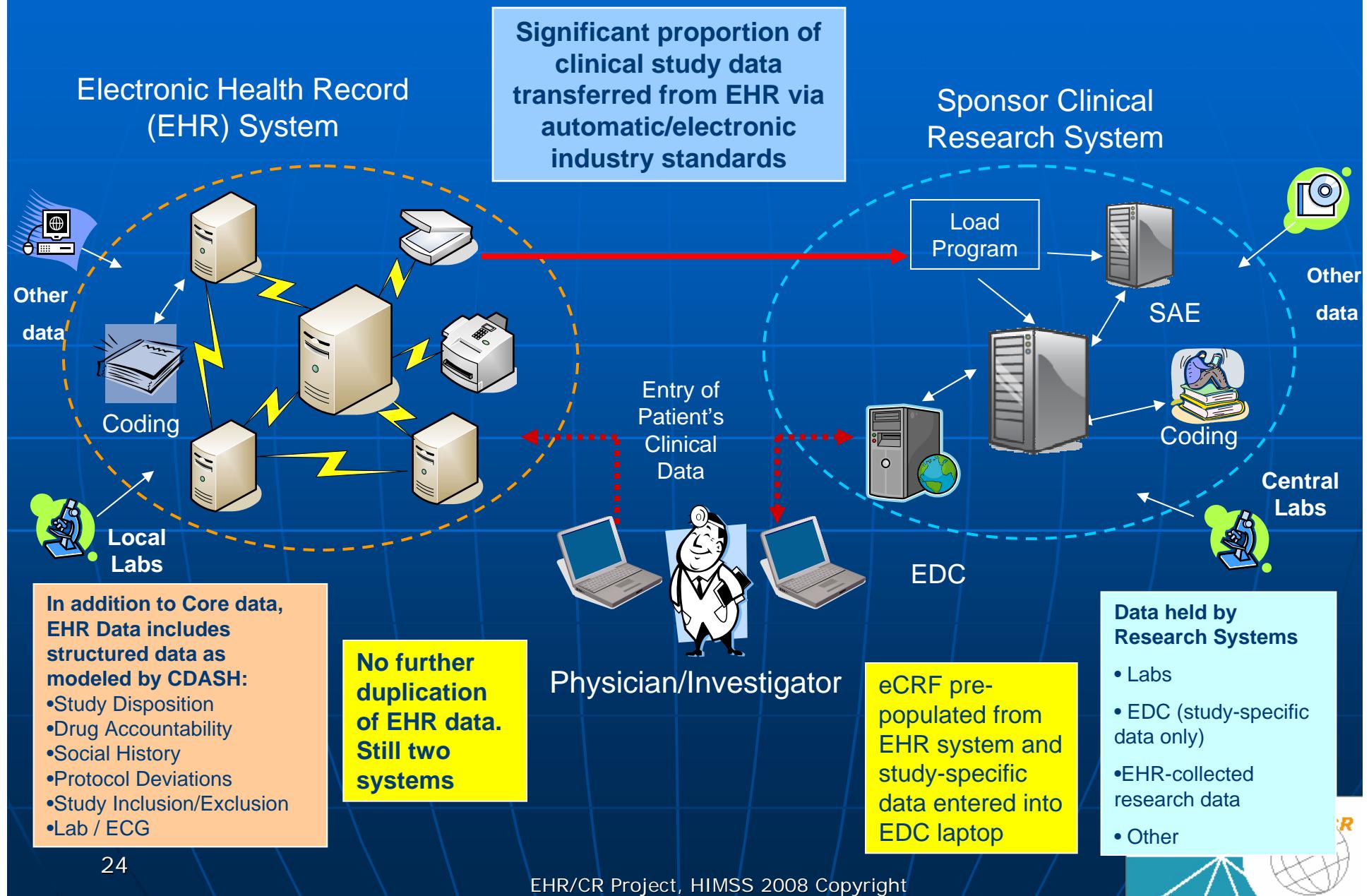
EHR for Healthcare certified to Core level



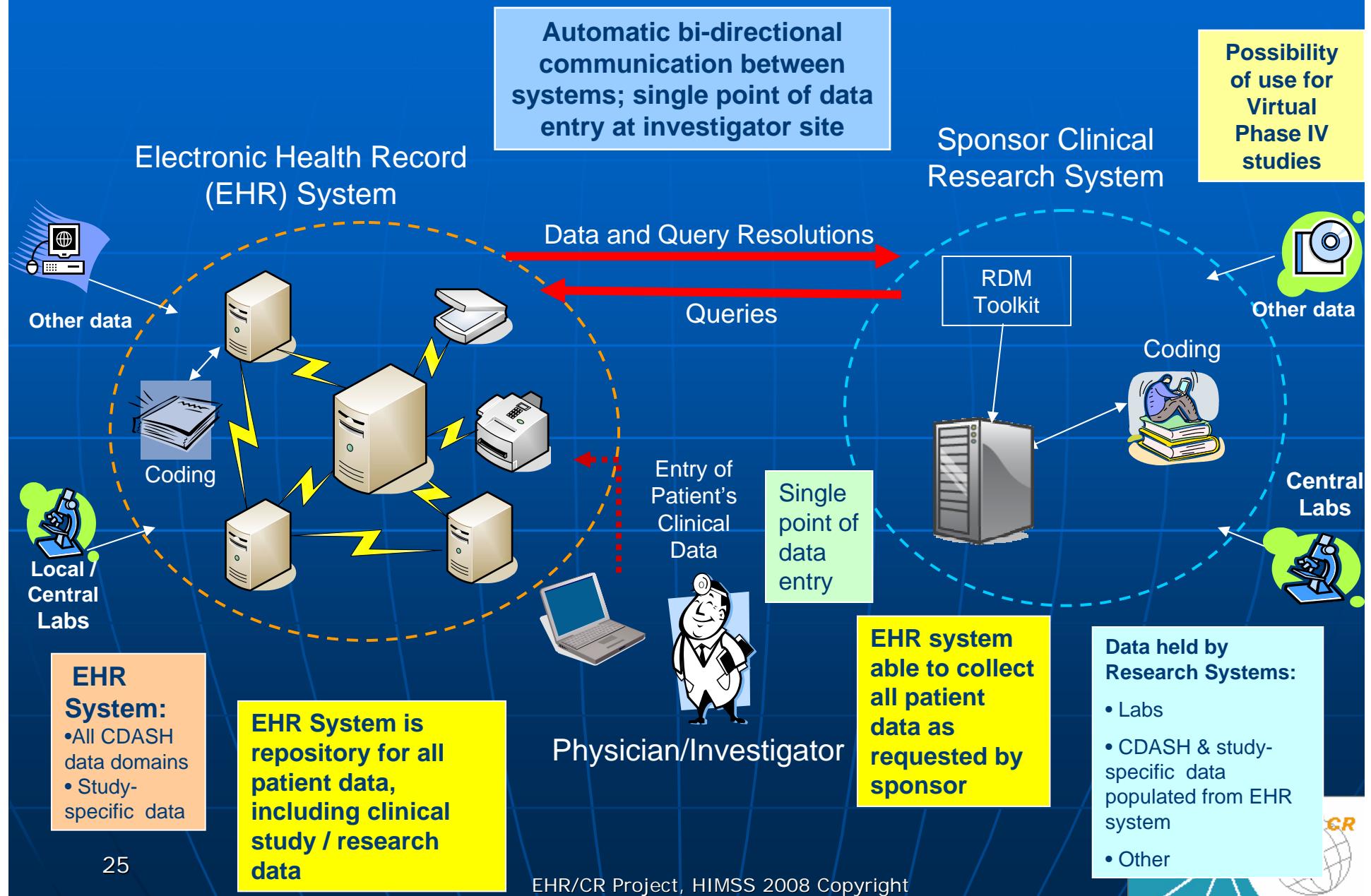
De-identified data from EHR Systems complying to EHR/CR Core level could be used for:

- Some standard Clinical study data capture
- Clinical study Recruitment
- Drug Safety Surveillance
- Document Management for Clinical studies
- Audit Medication Workflow
- Epidemiology
- Outcomes Research (e.g. Pharmaco-economics, Quality of Life)
- Protocol Feasibility
- Data Mining & analytics
- etc.

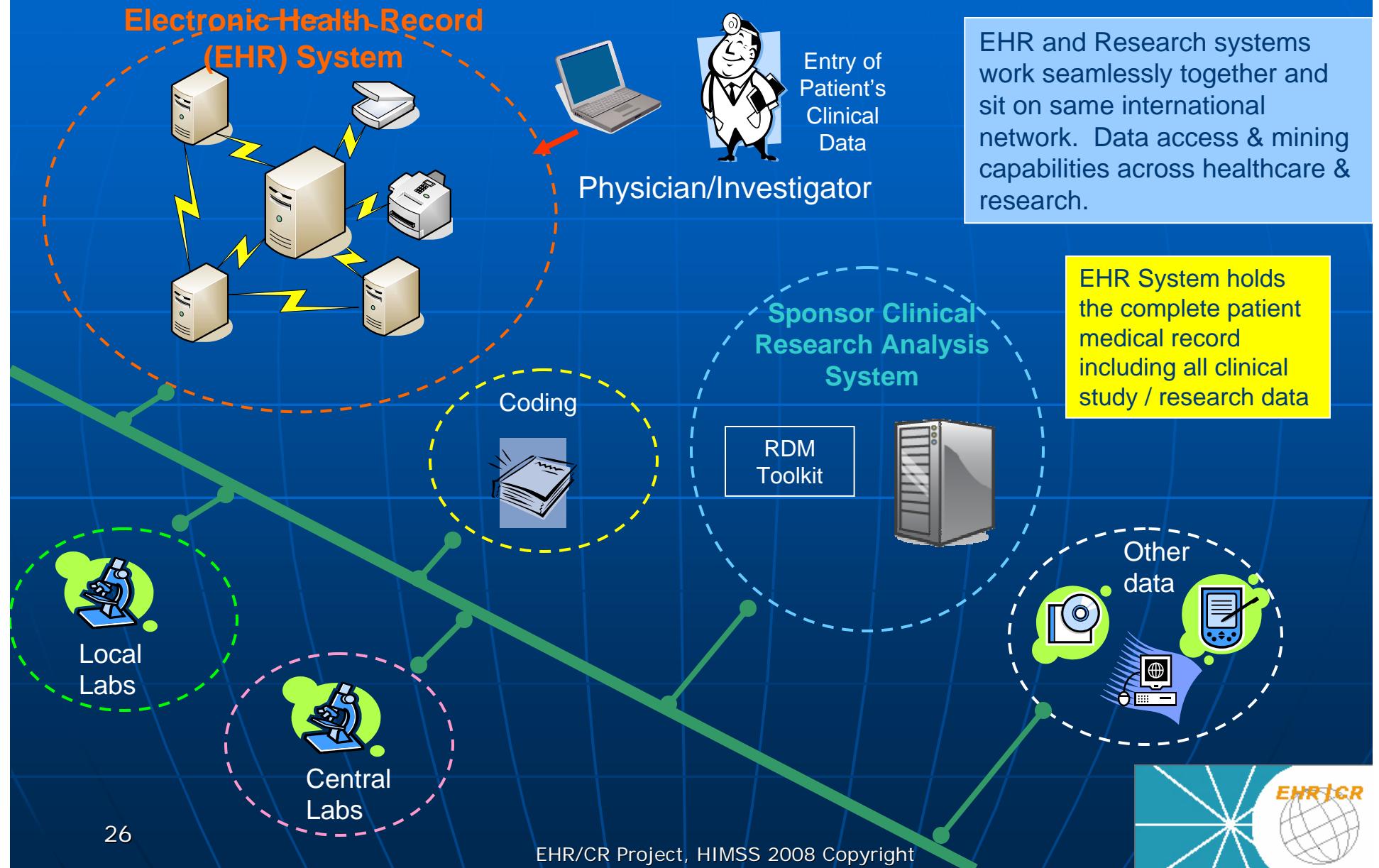
Tier 1 – Emerging Future



Tier 2 – Integrated (Future Vision)



Tier 3 – Interoperable (Future Ideal)



Summary and Next Steps

- Core User Requirements (URs) Document (including Supplement describing "The Vision") Released Jan '08 on ehrcr.org website
- Begin HL7 Ballot process (Submitted Feb '08, Feedback May '08)
- If positive HL7 Ballot, initiate discussions w/ CCHIT (3 Q '08)
- Map URs to EuroRec/Q-Rec (1 Q '08)

Contact us to discuss ways you can participate !

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Richard.Perkins@ehrcr.org

John.Mestler@ehrcr.org

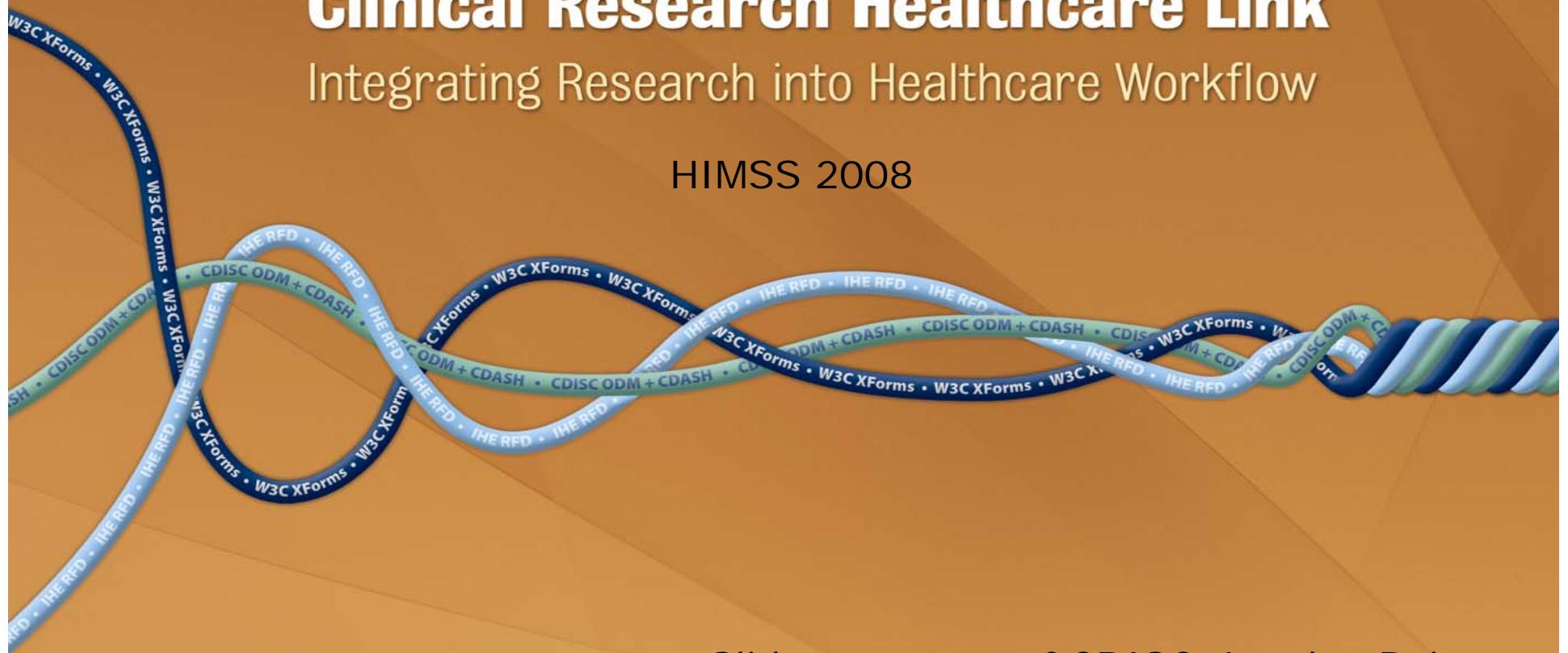
Catherine.Celingant@ehrcr.org



Clinical Research Healthcare Link

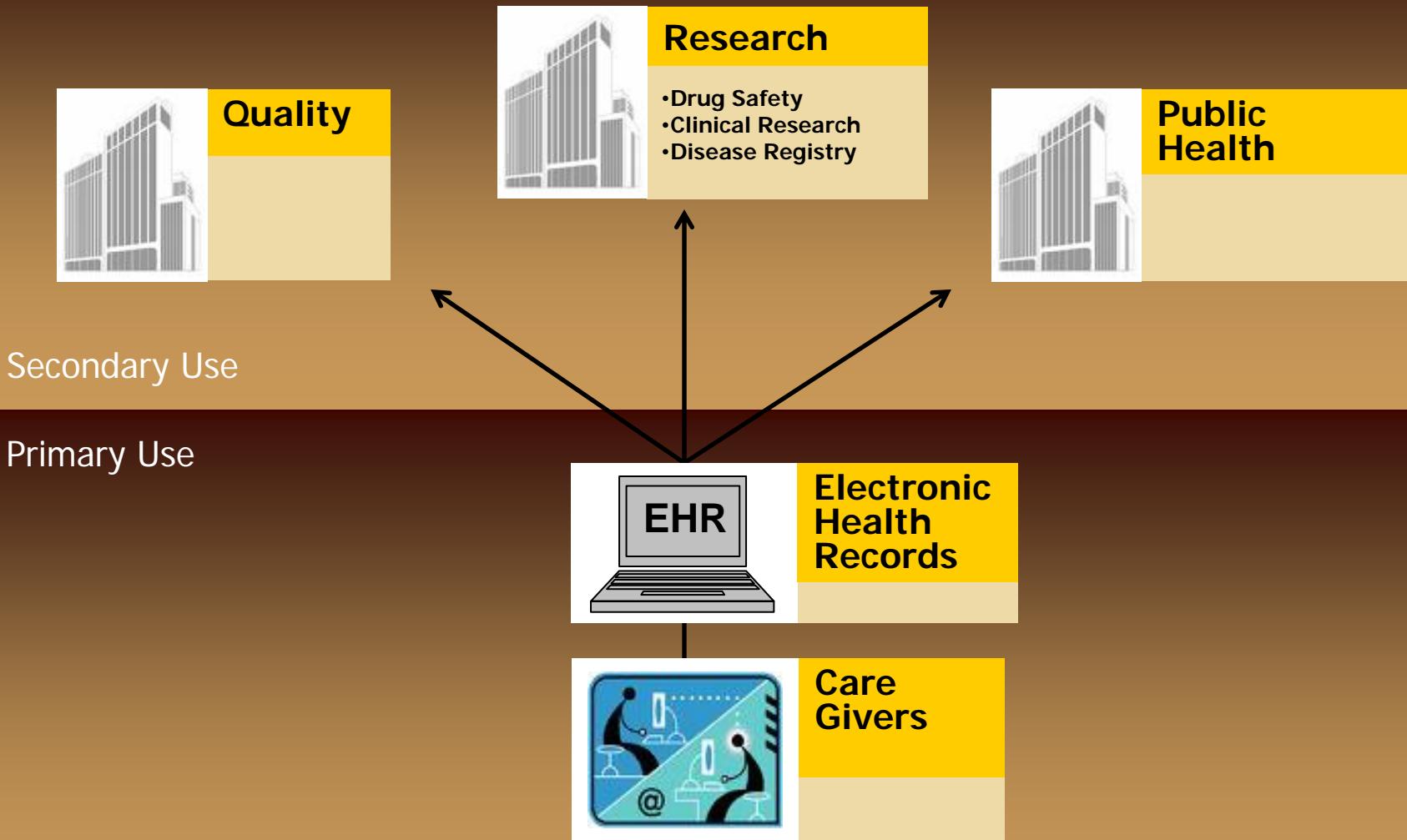
Integrating Research into Healthcare Workflow

HIMSS 2008



Slides courtesy of CDISC, Landen Bain

Secondary Use of EHR Data



Slides courtesy of CDISC, Landen Bain

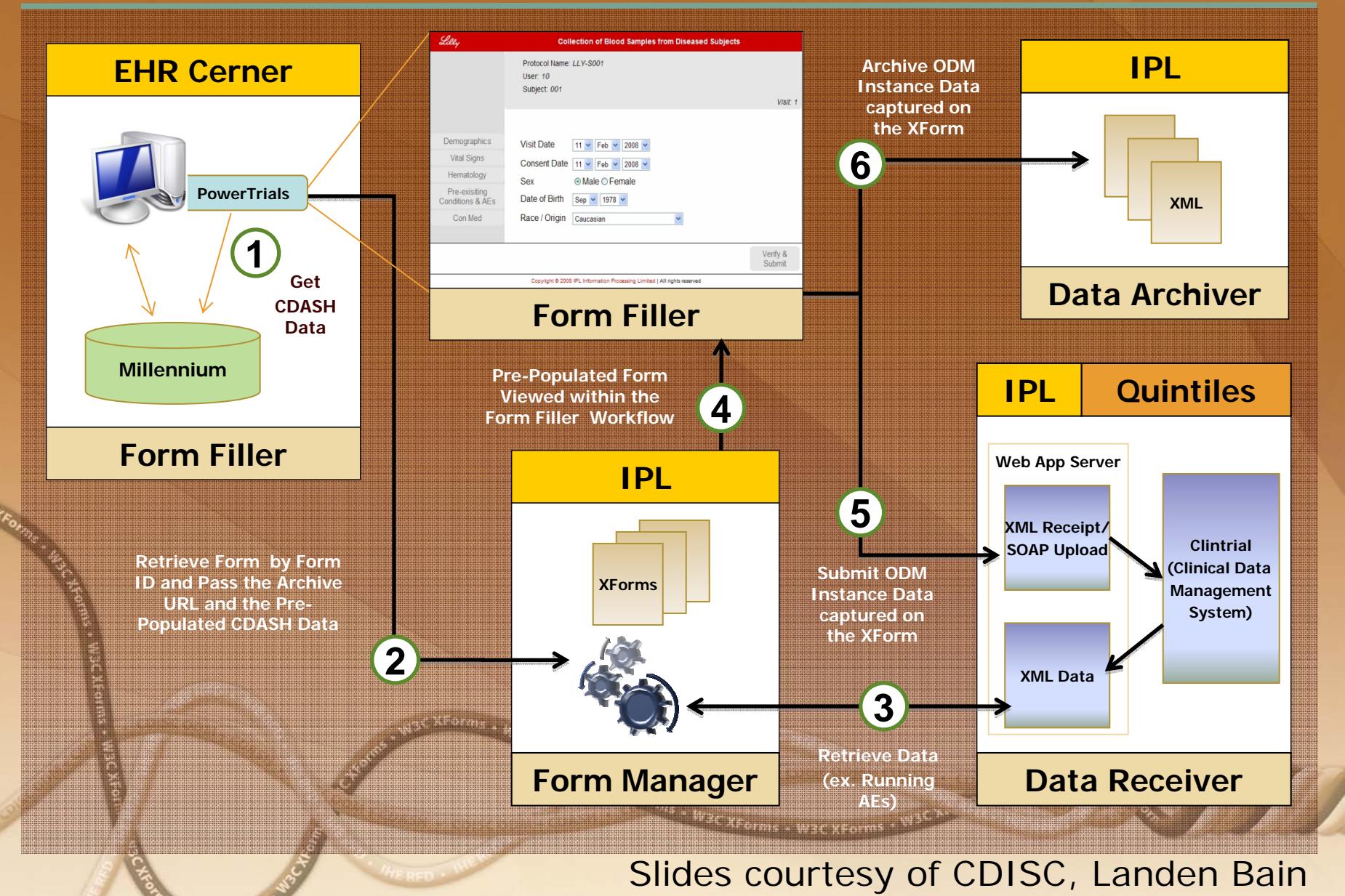
Clinical Trial Scenario



Slides courtesy of CDISC, Landen Bain

Clinical Trial Workflow

Lilly S001 Protocol



Cerner EHR System- Form Filler IPL- Form Manager

Chang, William T - BWMC 006-077 Opened by Horn , Andy

Task Edit View Patient Chart Links Notifications Prot Tree Help

PMLaunch Chart Request CDC Reporting Scheduling CDC Cerner American Dietetic Association PAL Patient List InBox Patient Assignment Home My Appointments Multi-Patient Task List

New Sticky Note View Sticky Notes Tear Off Attach Change Suspend Charges Charge Entry Exit Calculator AdHoc Medication Administration PM Conversation Temporary Location

Chang, William T X

Chang, William T

Age:72 years Sex:Male Location: Fin Number: 011647

DOB:3/3/1935 MRN:BWMC 006-077

Allergies: No Known Inpatient [1/22/2008 1]

Menu - All

Overview

Chart Review

24 Hr Summary

Dx/Problems

Results

Histories

Allergies + Add

Medications + Add

Orders + Add

MAR

MAR Summary

Flowsheet

Documentation

Notes

Activities

Health Maintenance

Immunizations

Growth Chart

Med Profile

Schedule

Demographics

Reference

Browser

Clinical Trials

Clinical Trials

Clinical Trial Enrollment History for Patient

Protocol Name	eCRF	On Study	Transfer	Off Treatment	Off Study	Contact Info
LLY-5001		1/23/2008				Griffin MD , Jane

Initial Protocol 1/23/2008

Potential Clinical Trials for Patient

Check for Potential Trials

Pre-Screening last run by: Pre-Screening last run on:

Protocol Name	Pre-Screened By	Pre-Screened Date	Pre-Screened Status

Potential Clinical Trials Referred/In Follow-up for Patient

Protocol Name	Pre-Screened By	Pre-Screened Date	Pre-Screened Status

Clinical Trial Interest

Patient is not interested in being screened for ANY Clinical Trials.

Chang, William T - BWMC 006-077 Opened by Horn , Andy

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Chang, William T X List

Chang, William T Age:72 years Sex:Male Location: Fin Number: 011647 Allergies: No Known Inpatient [1/22/2008 1:45:45 PM]

Clinical Trials

Clinical Trial Enrollment History for Patient

Protocol Name	eCRF	On Study	Transfer	Off Treatment	Off Study	Contact Info
LLY-S001		1/23/2008				Griffin MD, Jane
Initial Protocol 1/23/2008						

Form Selection

Form:

Description	Visit Number
No Form	1
Tiani Receiver	1
Tiani-Spirit Form	
V1 Lab Results	1
Visit01	1

Visit date:

OK Cancel

Potential Clinical Trials for Patient

Check for Potential Trials Pre-Screening last run by: Pre-Screening last run on:

Protocol Name	Pre-Screened By	Pre-Screened Date	Pre-Screened Status

Potential Clinical Trials Referred/In Follow-up for Patient

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- Overview
- Chart Review
- 24 Hr Summary
- Dx/Problems
- Results
- Histories
- Allergies
- Medications
- Orders
- MAR
- MAR Summary
- Flowsheet
- Documentation
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MAR Summary

Flowsheet

Documentation

Notes

Activities

Health Maintenance

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Med Profile

Schedule

Demographics

Reference

Browser

Clinical Trials

Lilly Clinical Trial - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Refresh Favorites Search Mail Print Window Address http://10.242.0.145/Form/Form.aspx?13760589-dea6-4fad-ac0e-3551e87e6c7d Go Links

Lilly Collection of Blood Samples from Subjects

Protocol Name: LLY-S001

User: 789058

Subject: 1012

Site: 100

Visit: 1

Demographics

Visit Date: 2/28/2008

Vital Signs

Consent Date: 1/23/2008

Hematology

Sex: Male Female

Pre-existing Conditions & AEs

Date of Birth: Mar 1935

Con Med

Race / Origin:

Verify & Submit

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Done Internet

Chang, Willam T - BWMC 006-077 Opened by Horn , Andy

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Protocol Name: LLY-S001

User: 789058

Subject: 1012

Site: 100

Visit: 1

Demographics Vital Signs Performed Yes No

Vital Signs Collection Date 2/28/2008

Hematology Collection Time 13:02

Pre-existing Conditions & AEs Heart Rate 72 BMP

Con Med Systolic 123 mmHg

Diastolic 80 mmHg

Subjects Position Sitting

Verify & Submit

Start downloading from site: http://10.242.0.145/Form/Form.aspx?13760589-dea6-4fad-ac0e-3551e87e6c7d

Internet

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Back [X](#) [Home](#) Search Favorites [W](#) [Print](#) [Links](#) Address <http://10.242.0.145/Form/Form.aspx?13760589-dea6-4fad-ac0e-3551e87e6c7d> Go

Lilly Collection of Blood Samples from Subjects

Protocol Name: LLY-S001
User: 789058
Subject: 1012
Site: 100
Visit: 1

Demographics Labs Performed ? Yes No
Vital Signs Collection Date 2/28/2008
Hematology Accession Number 8762355
Pre-existing Conditions & AEs
Con Med

Verify & Submit

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Done Internet

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Notes

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Reference

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Lilly Collection of Blood Samples from Subjects

Protocol Name: LLY-S001

User: 789058

Subject: 1012

Site: 100

Visit: 1

Demographics Adverse Event ID 01

Vital Signs

Hematology

Pre-existing Conditions & AEs

Event Description

Con Med

Severity 2 - moderate

Start Date 1/2/2008

Continuing Yes

Relationship

Action Taken

Done Internet

e-Screened Status

Chang, William T - BWMC 006-077 Opened by Horn , Andy

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- MAR
- MAR Summary
- Flowsheet
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- Demographics
- Reference
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User: 789058

Subject: 1012

Site: 100

Visit: 1

Demographics

Vital Signs

Hematology

Pre-existing Conditions & AEs

Con Med

Concomitant Medication Yes No

amphetamine-
dextroamphetamine
10 mg

Description

Indication for use

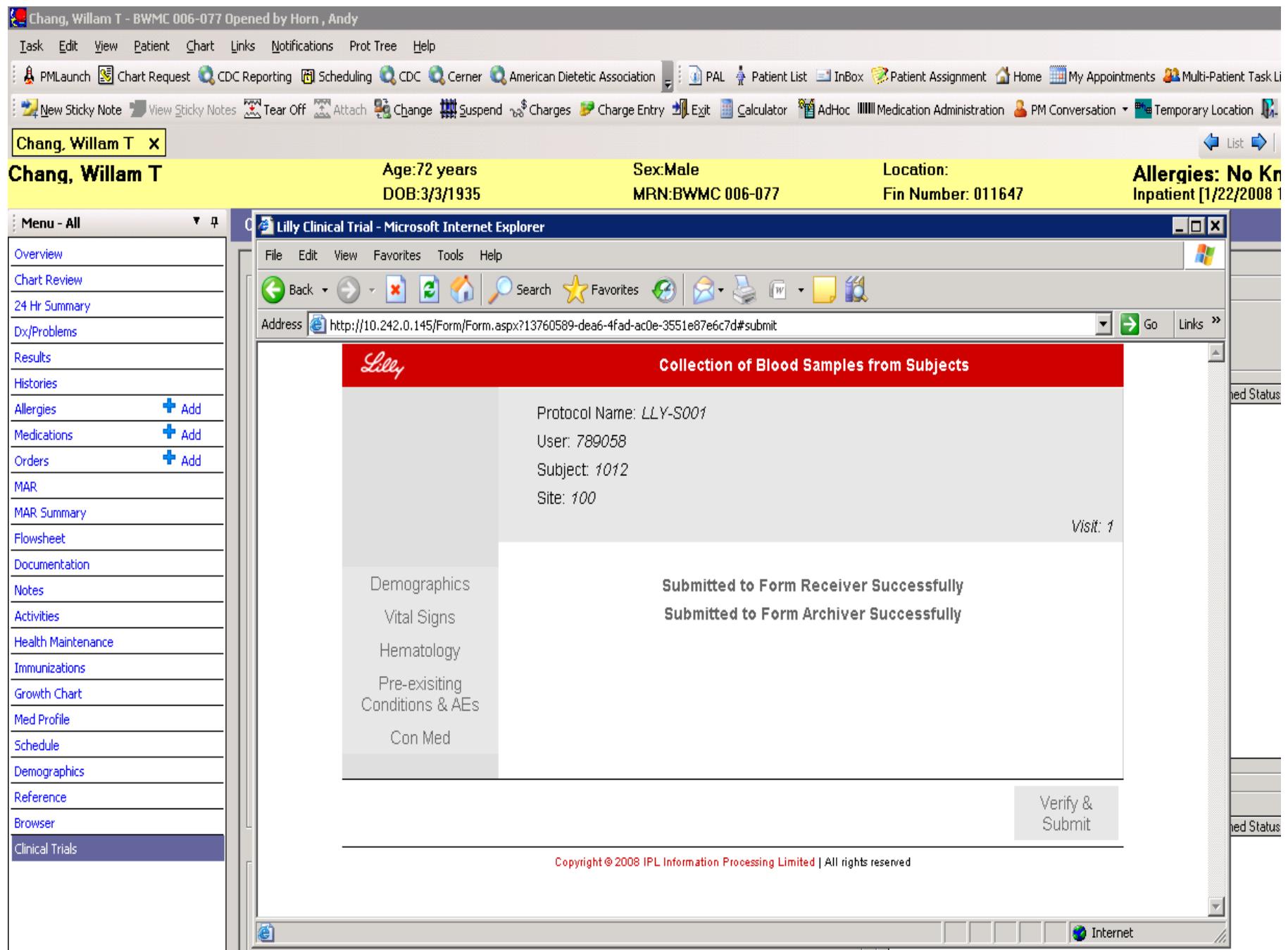
Start Date 2/11/2008

Continuing Yes No

Adverse Event ID

Add Remove

Done Internet



IPL Data Archiver (ODM)

IPL ODMView

File View Filters Running Mode Database Help

IPL ODMView

Time Loaded	Loaded	File Name	Time Stamp	Studies	Meta Data	Errors	Warnings	Export Errors
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02/28/08 13:10:01	<input checked="" type="checkbox"/>	eCrf00002.xml	28/02/2008 13:07:02	Collection of Blood Samples from Subjects	<input type="checkbox"/>	4	0	<input type="checkbox"/>
02/28/08 12:31:49	<input checked="" type="checkbox"/>	eCrf00001.xml	28/02/2008 12:22:41	Collection of Blood Samples from Subjects	<input type="checkbox"/>	3	0	<input type="checkbox"/>
02/28/08 10:32:31	<input checked="" type="checkbox"/>	CRF_CLl1.6.xml	15/08/2007 15:37:08	Collection of Blood Samples from Subjects	<input checked="" type="checkbox"/>	0	2	<input type="checkbox"/>

Filter's View Admin Data View Meta-data View Preference Data View Statistics

Errors List

10 Error(s) 2 Warning(s) ALL FILES

Description	File	Line	Column
Transaction Type present in parent node, AuditRecord expected.	eCrf00001.xml	4	6
Transaction Type present in parent node, Signature expected.	eCrf00001.xml	4	6
Time format incorrect should be hh:mm:ss(.n+)?((+ -)hh:mm)?.	eCrf00001.xml	76	14
Transaction Type present in parent node, AuditRecord expected.	eCrf00002.xml	4	6
Transaction Type present in parent node, Signature expected.	eCrf00002.xml	4	6
Time format incorrect should be hh:mm:ss(.n+)?((+ -)hh:mm)?.	eCrf00002.xml	76	14

Start C:\sandbox\HIMMSWork... IPL ODMView 16:31

IPL ODMView

File View Filters Running Mode Database Help

IPL ODMView

Filters View Admin Data View Metadata View Reference Data View Statistics

```

60      </LocationRef>
61      <SignatureRef SignatureOID="1">
62      </SignatureRef>
63      <DateTimeStamp>2008-02-28T13:16:19</DateTimeStamp>
64      </Signature>
65      <ItemGroupData ItemGroupOID="VS">
66          <ItemData ItemOID="VSSTAT" Value="Y">
67          </ItemData>
68          <ItemData ItemOID="HR" Value="72">
69          </ItemData>
70          <ItemData ItemOID="DIABP" Value="80">
71          </ItemData>
72          <ItemData ItemOID="SYSBP" Value="123">
73          </ItemData>
74          <ItemData ItemOID="VSDTC" Value="2008-02-28">
75          </ItemData>
76          <ItemData ItemOID="VST" Value="13:02">
77          </ItemData>
78          <ItemData ItemOID="VSP0S" Value="1">
79          </ItemData>
80      </ItemGroupData>
81  </FormData>
82  <FormData FormOID="HematologyForm">
83      <AuditRecord>
84          <UserRef UserID="789058">
85          </UserRef>
86          <LocationRef LocationOID="HIMMSDemoLocation">
87          </LocationRef>
88      <DateTimeStamp>2008-02-28T13:16:19</DateTimeStamp>

```

File View DDM View

Errors List

10 Error(s) 2 Warning(s) ALL FILES

Description	File	Line	Column
Time format incorrect should be hh:mm:ss(,n+)?((+ -)hh:mm)?.	eCrf00002.xml	76	14
No code list item defined for 0.	eCrf00002.xml	271	14
Transaction Type present in parent node, AuditRecord expected.	eCrf00003.xml	4	6
Transaction Type present in parent node, Signature expected.	eCrf00003.xml	4	6
Time format incorrect should be hh:mm:ss(,n+)?((+ -)hh:mm)?.	eCrf00003.xml	76	14
UnSupported tag: Presentation	CRF-CLI.v1.6.xml	1160	5

Start C:\sandbox\HIMMSWork... IPL ODMView 16:33

IPL ODMView

File View Filters Running Mode Database Help

Browser Collection of Blood Samples from Subjects

1012 1014

CLL Blood Sample Form

- AEForm
- ConMed
- AEForm
- Demographics
- Hematology
- Vital Signs

Vital Signs

Name	Value	Units	Timestamp	Metadata	Transaction			Errors
Collection Date	28 February 2008	Unknown	28/02/2008 12:22:41	Release 1	Insert			
Collection Date	10:02	Unknown	28/02/2008 12:22:41	Release 1	Insert			
Diastolic	80	Unknown	28/02/2008 12:22:41	Release 1	Insert			
Heart Rate	69	Unknown	28/02/2008 12:22:41	Release 1	Insert			
Subjects Position	Sitting	Unknown	28/02/2008 12:22:41	Release 1	Insert			
Systolic	118	Unknown	28/02/2008 12:22:41	Release 1	Insert			
Vital Signs Performed	Yes	Unknown	28/02/2008 12:22:41	Release 1	Insert			

Vital Signs Performed

Audit Data	Value	Timestamp	Name	Location	Reason	Transaction	Error
Yes	28/02/2008 12:22:41	Andy Horn	Orange County Convention Center	Visit 1 Submission	Insert		

1029

Study

Attributes

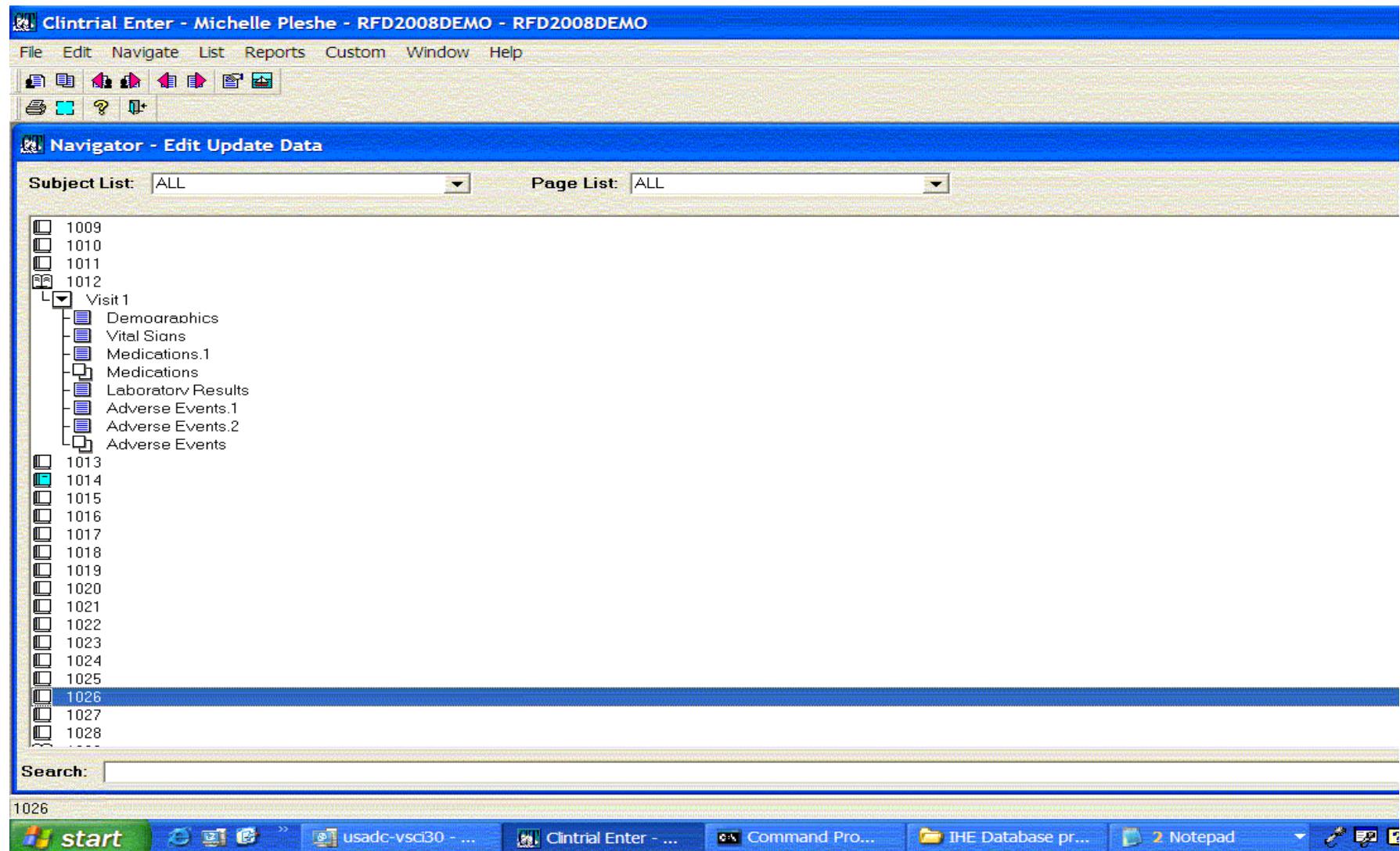
Subject Attributes

Attribute	Value
DateTimeStamp	28/02/2008 13:16:19
LocationOID	100
Metadata Name	Release 1
MetaDataTableVersionOID	001
SubjectKey	1012
Transaction Type	Insert

Filters View Admin Data View Metadata View Reference Data View Statistics

Start C:\sandbox\HIMSSWork... IPL ODMView 16:34

Lilly/Quintiles- Data Receiver





1012.Visit 1.Vital Signs (UPDATE)

Demo Protocol For HIMSS Conenctation

Subject: Visit Date: Visit:

Page: Repeat: Additional Page Number:

Vital Signs Taken:

Vital Signs Date:

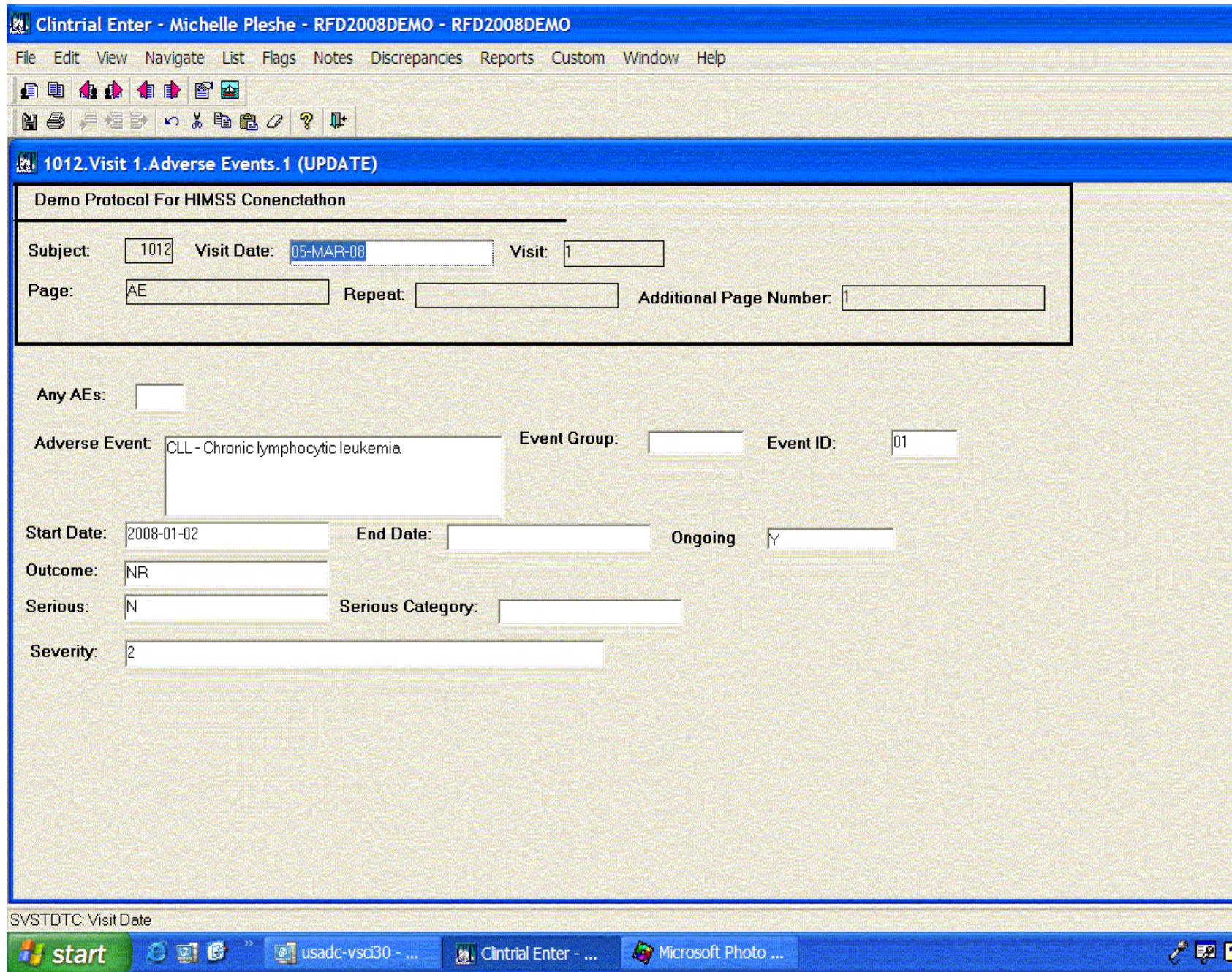
Position:

Heart Rate:

Diastolic Pressure:

Systolic Pressure:

VSSTAT: Vital Signs Taken



Next Steps

- Define roles and responsibilities for set-up and execution of RFD
- Document set-up requirements for site, sponsor, archiver
- Establish workflow processes at site
- Define operational definition of datalock
- Implement in ‘real-world’ setting



Questions?

For more information on
EHR/CR project...

www.EHRCR.org

On HIMSS 2008...

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