



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

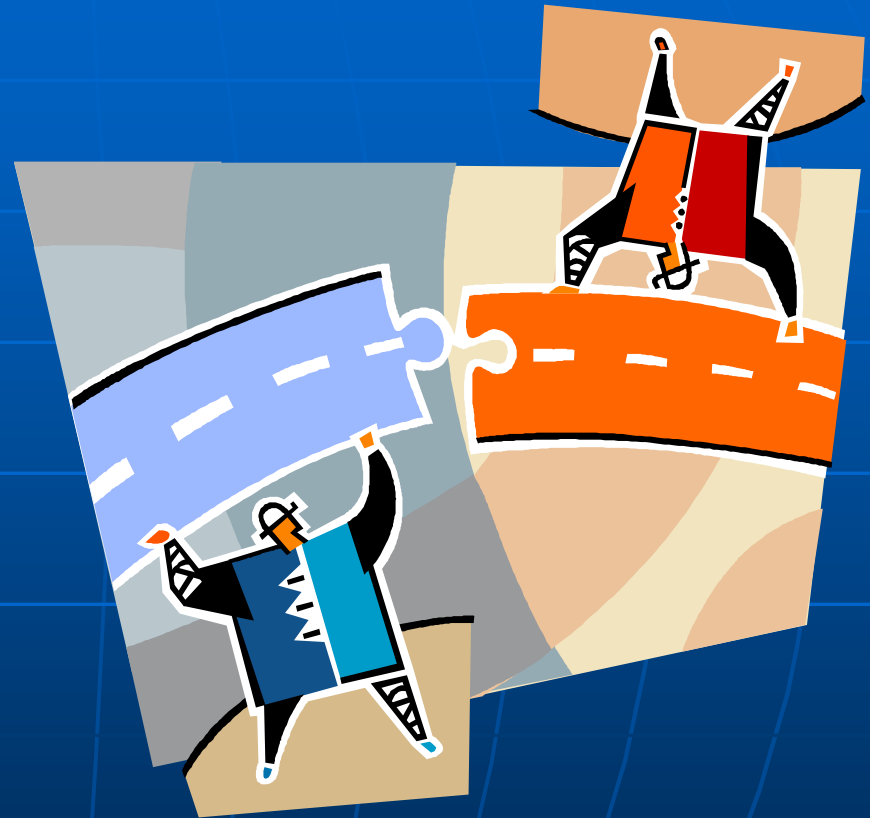
March 18, 2008

Annual CDM DIA, Washington, D.C.



EHR-CR Project:

“Roadmap” to
Connecting
Healthcare
and Research



Project Sponsors & Participants

Sponsors:

eClinical Forum



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 Squibb
- 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

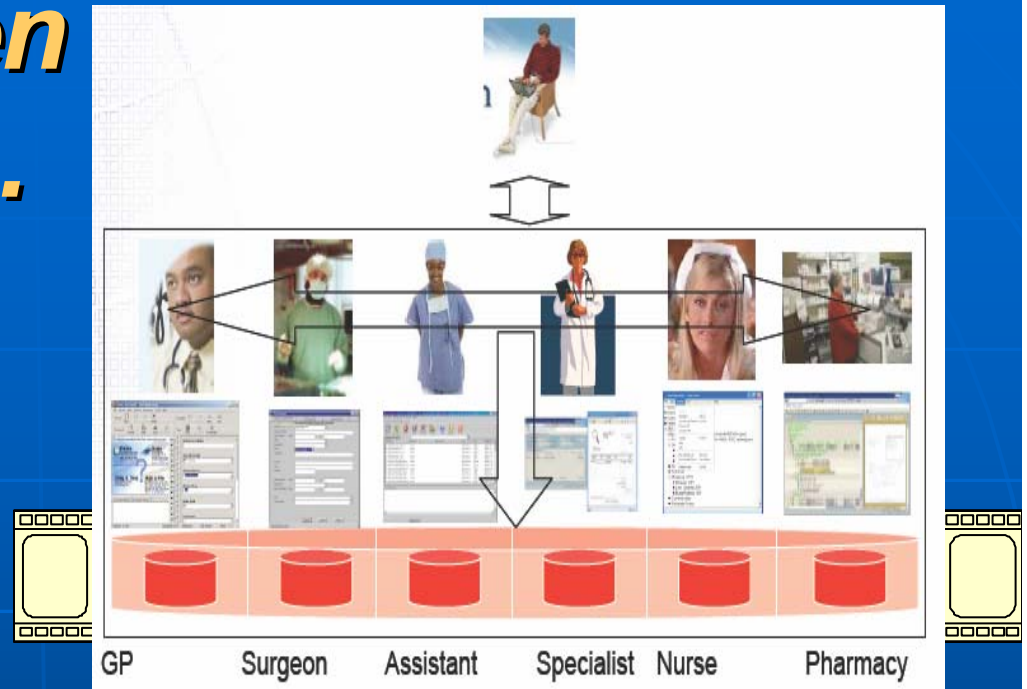


eHealth is Driven by the need to...

- *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

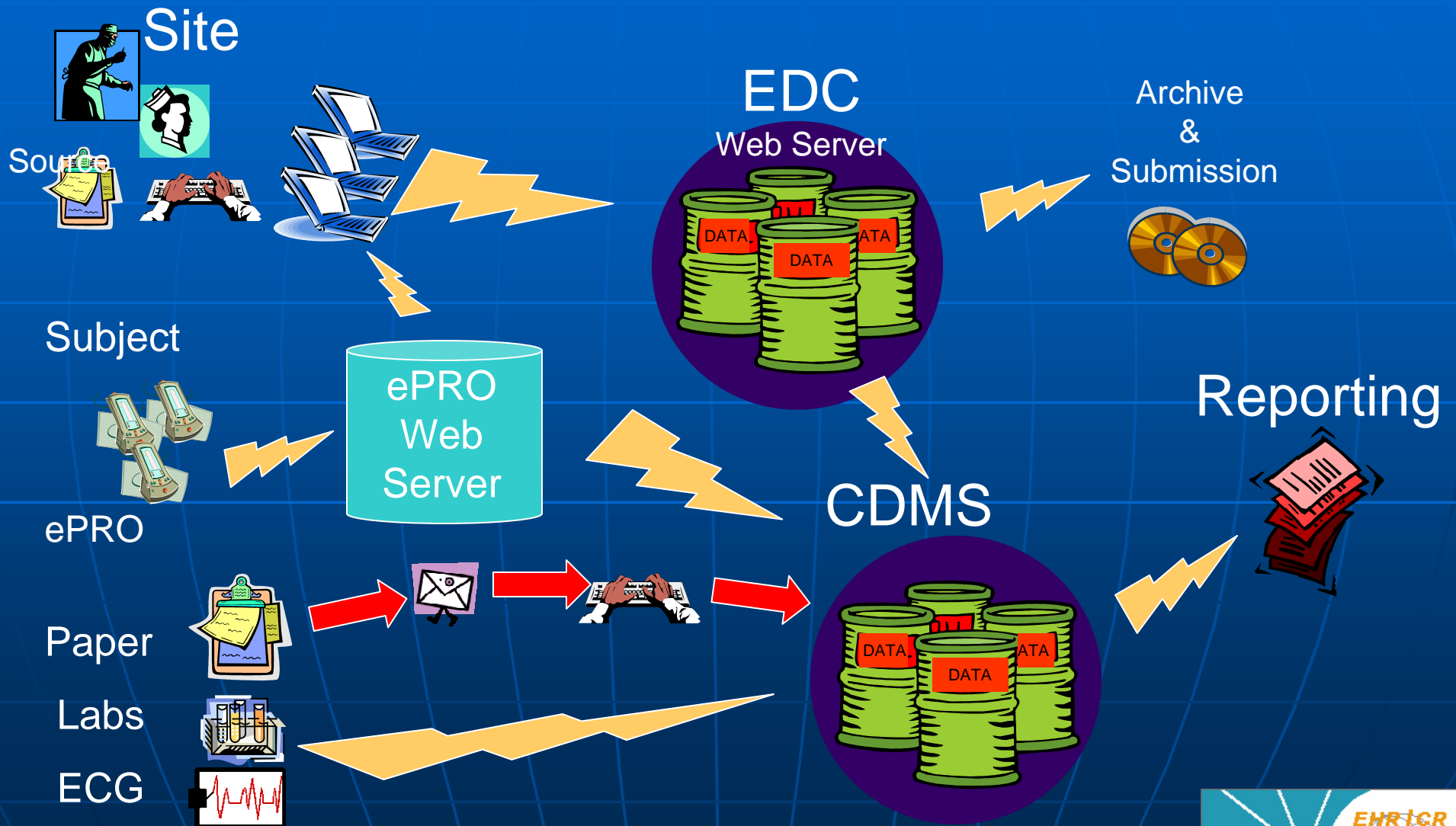


The Consequences

- 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



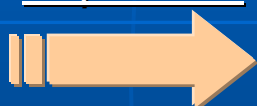
Research Database



Healthcare

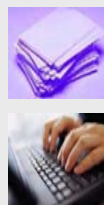
Research

Emerging but Duplicative



EDC

Paper or Electronic Medical Record



Electronic CRF, ePRO, Labs



Research Database



Hosted Data



Future Integration



Electronic Health Record



EHR-S

Trial



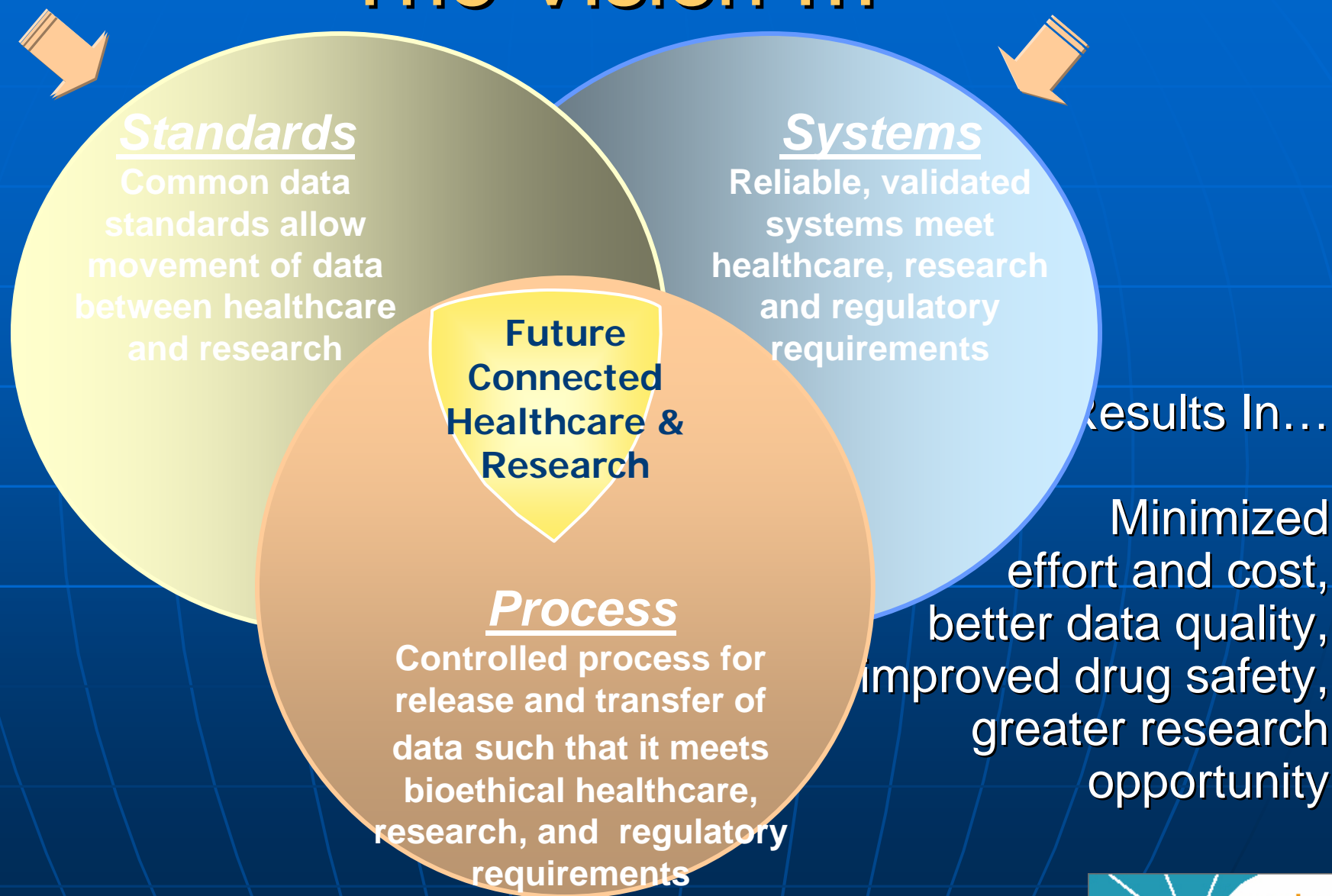
Trial Specific Data



Research Database



The Vision ...



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



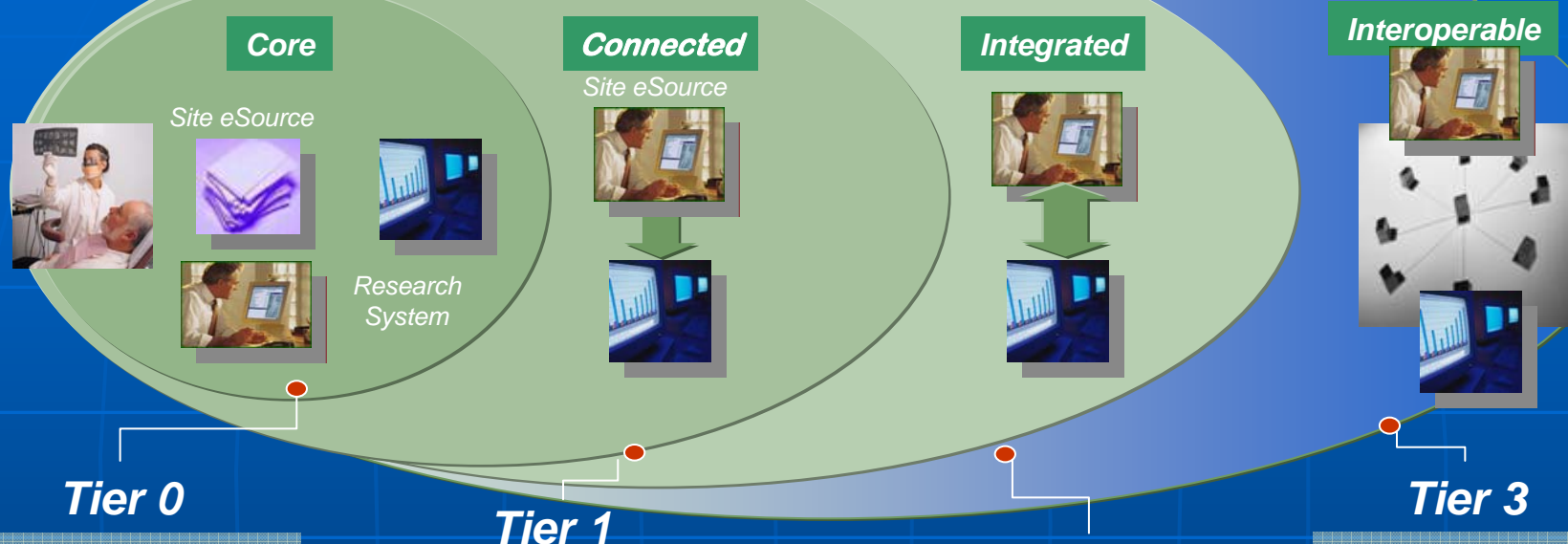
Profile – Essential Future

- 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



Tier 0

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

Tier 1

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

Tier 2

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.

Tier 3

Interoperable (Future Ideal)

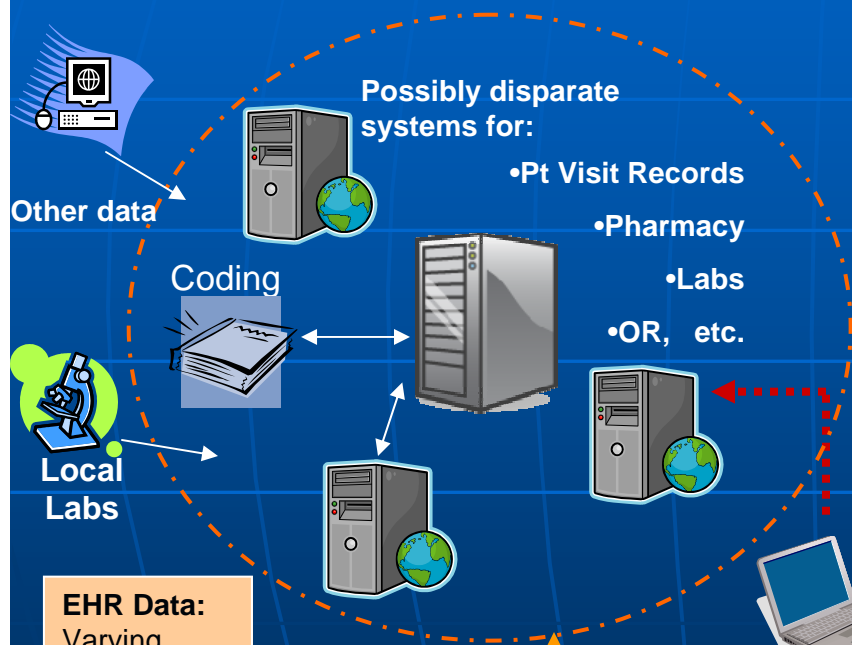
- EHR and Research systems work seamlessly together and sit on same international network.
- Data access & mining capabilities across healthcare & research.
- EHR System holds the complete patient medical record including all clinical study / research data



Current State of Electronic Records

Source data held in EHR may not be appropriate as source for clinical studies; data entry is duplicated

Multiple stages of EHR Components & integration

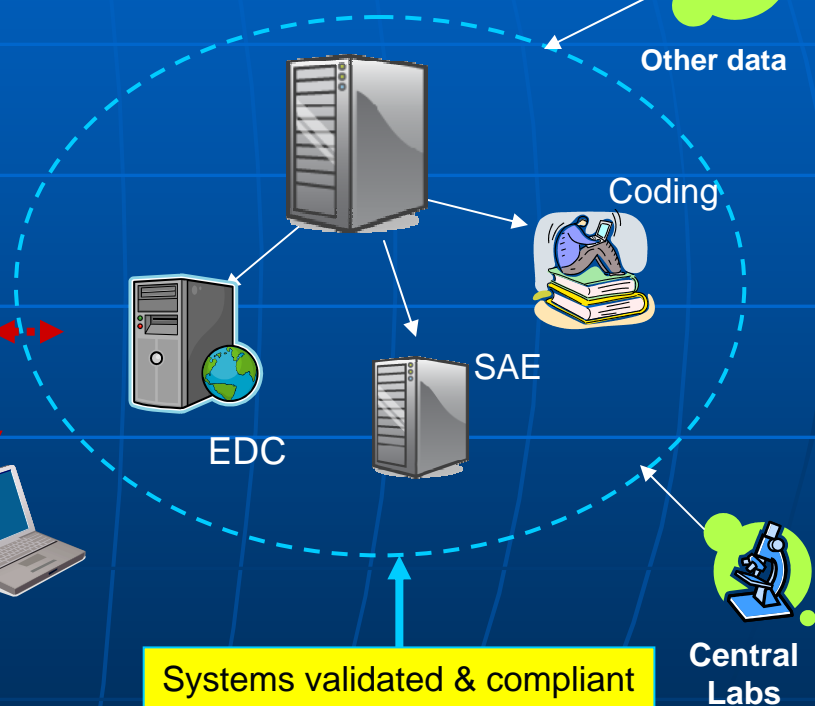


EHR Data:
Varying degrees of unstructured or non-digital information

Various levels of standards, computer system validation and systems integration depending on country, region, institution.

Sponsor Clinical Research System

Entry of Patient's Clinical Data



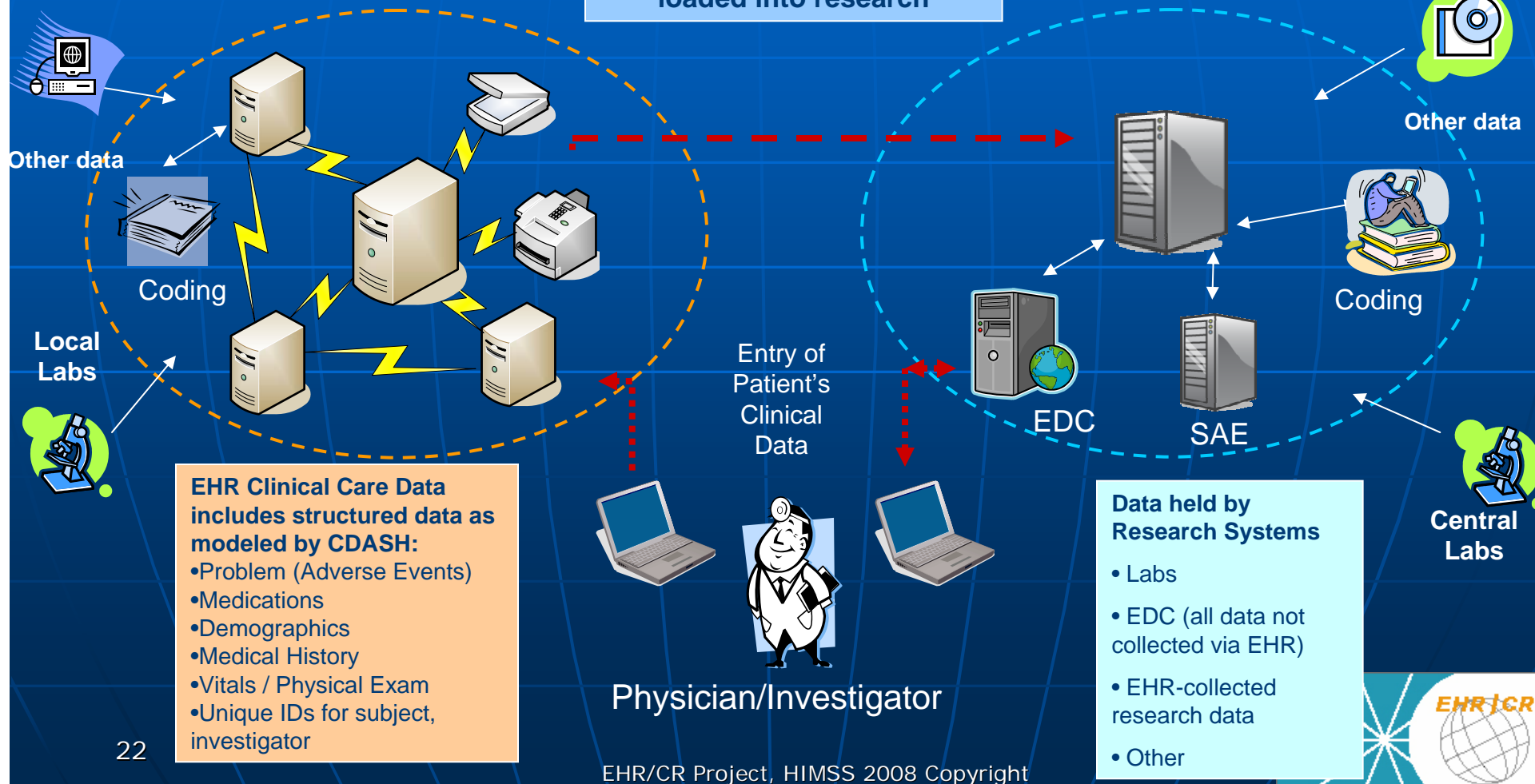
Systems validated & compliant to Industry & Regulatory standards & policies e.g. 21 CFR part 11, CSUCI & ICH GCP

EHR/CR Core Level

Certified **EHR Systems** validated & compliant to Industry & Regulatory standards & policies

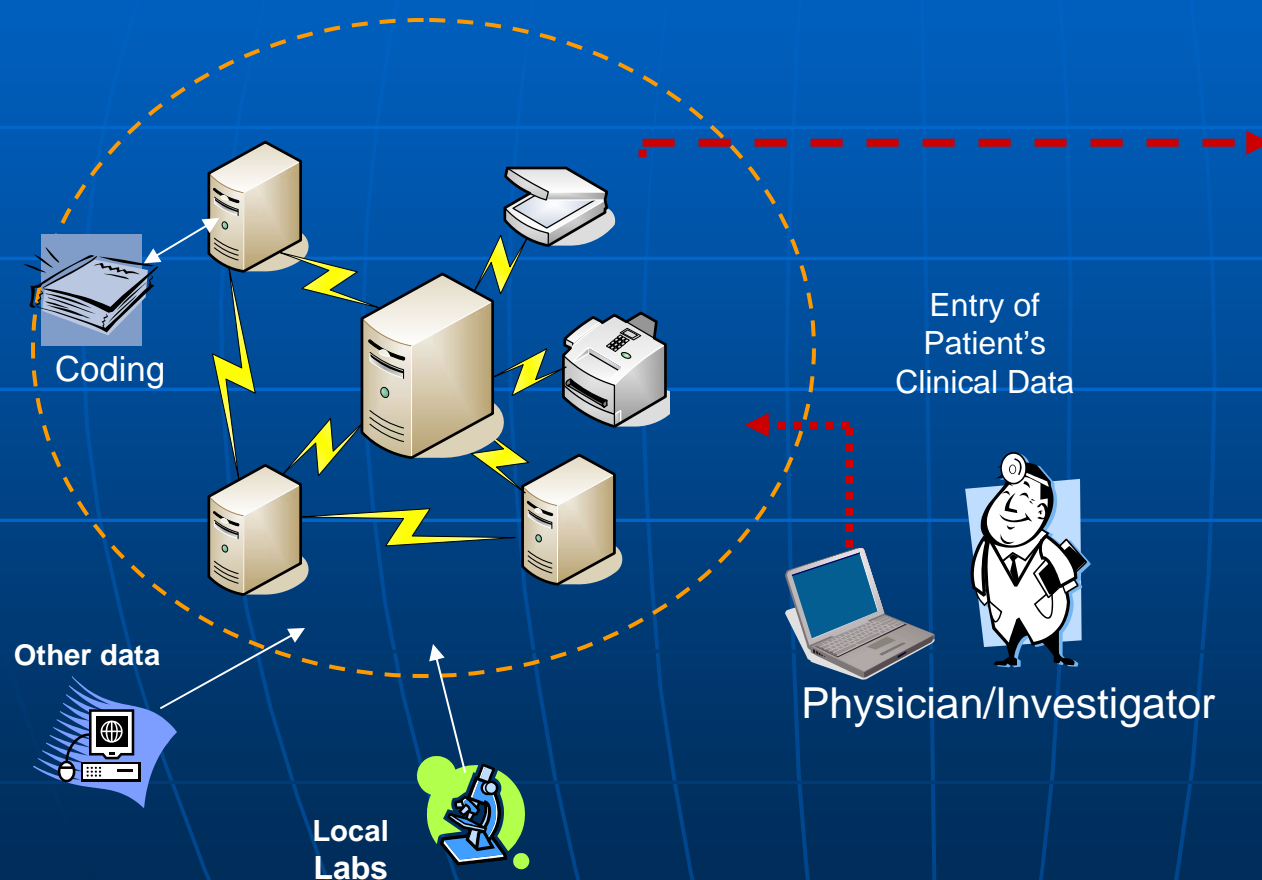
EHR holds "reliable" source for clinical studies; data can be electronically extracted from the EHR system such that it can be transferred / loaded into research

Sponsor Clinical Research System



Secondary Uses for Core Level EHR/CR Systems

EHR for Healthcare
certified to Core level

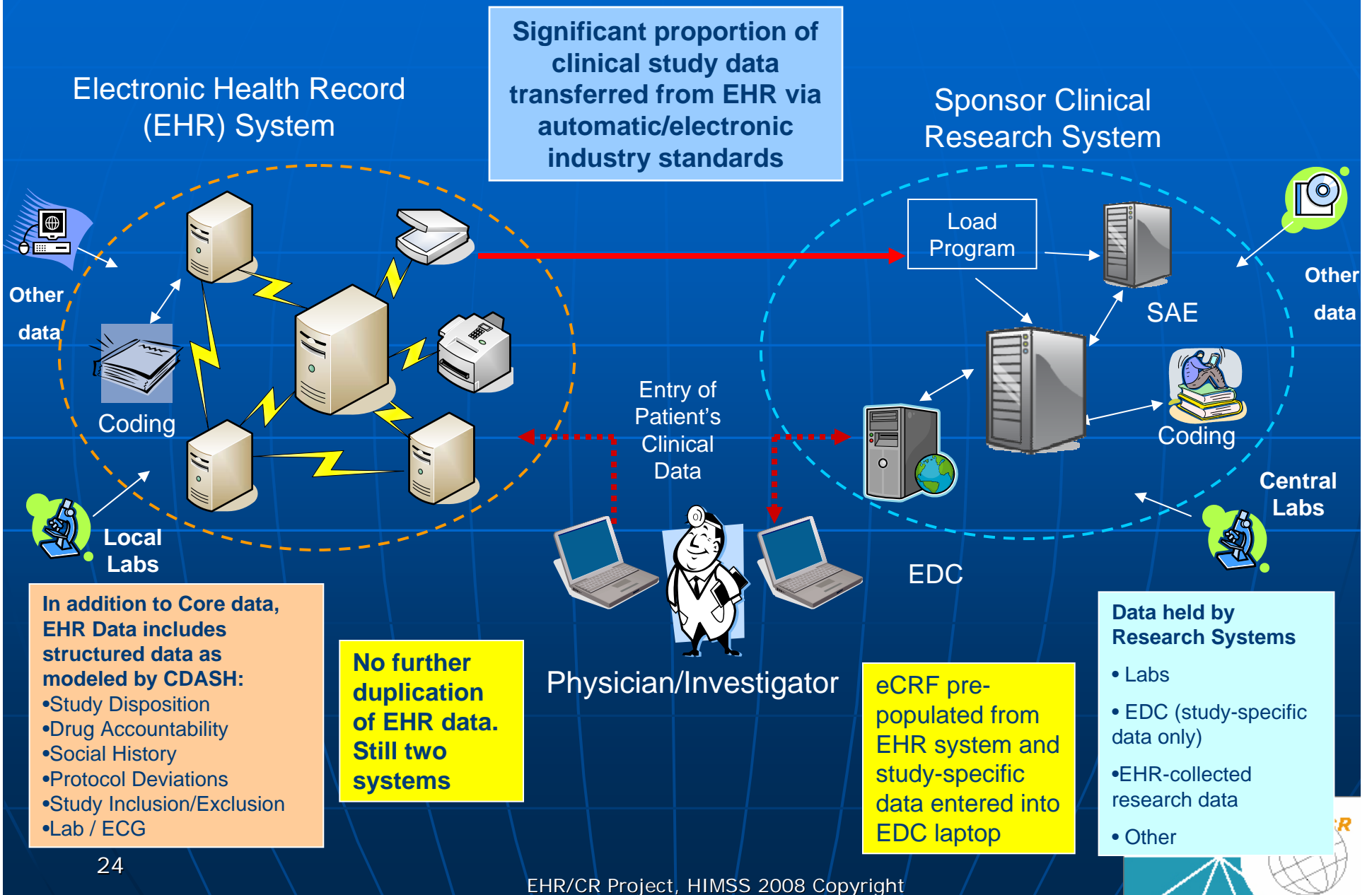


De-identified data from EHR Systems complying to EHR/CR Core level could be used for:

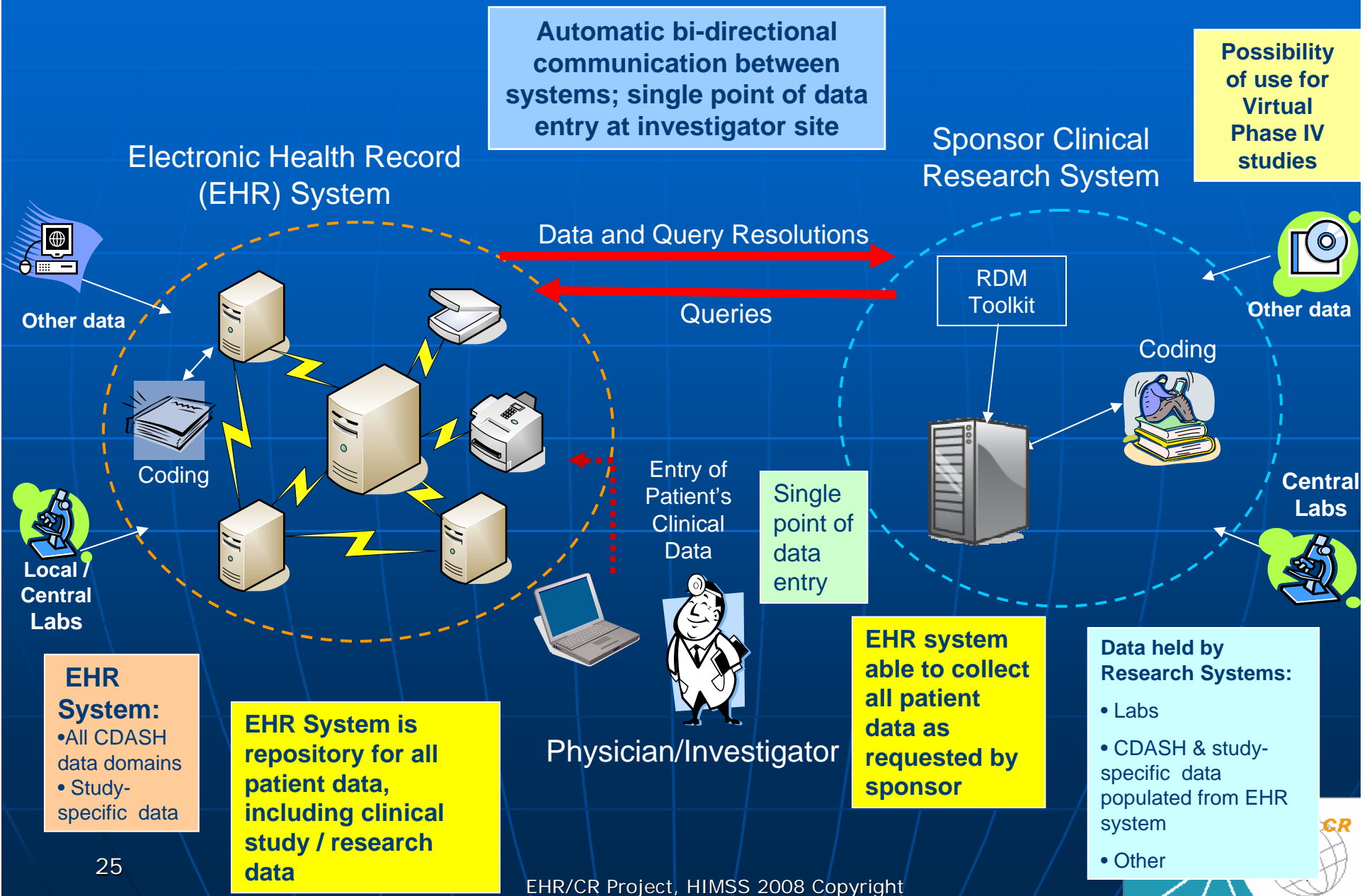
- Some standard Clinical study data capture
- Clinical study Recruitment
- Drug Safety Surveillance
- Document Management for Clinical studies
- Audit Medication Workflow
- Epidemiology
- Outcomes Research (e.g. Pharmaco-economics, Quality of Life)
- Protocol Feasibility
- Data Mining & analytics
- etc.



Tier 1 – Emerging Future

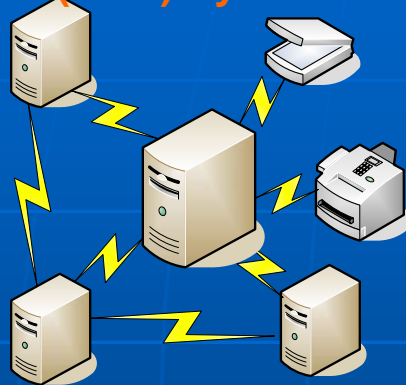


Tier 2 – Integrated (Future Vision)



Tier 3 – Interoperable (Future Ideal)

Electronic Health Record (EHR) System



Entry of
Patient's
Clinical
Data

Physician/Investigator

EHR and Research systems work seamlessly together and sit on same international network. Data access & mining capabilities across healthcare & research.

Sponsor Clinical Research Analysis System

RDM
Toolkit



EHR System holds the complete patient medical record including all clinical study / research data

Coding



Local
Labs



Central
Labs



Other
data



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 !

Suzanne.Bishop@ehrcr.org

Richard.Perkins@ehrcr.org

John.Mestler@ehrcr.org

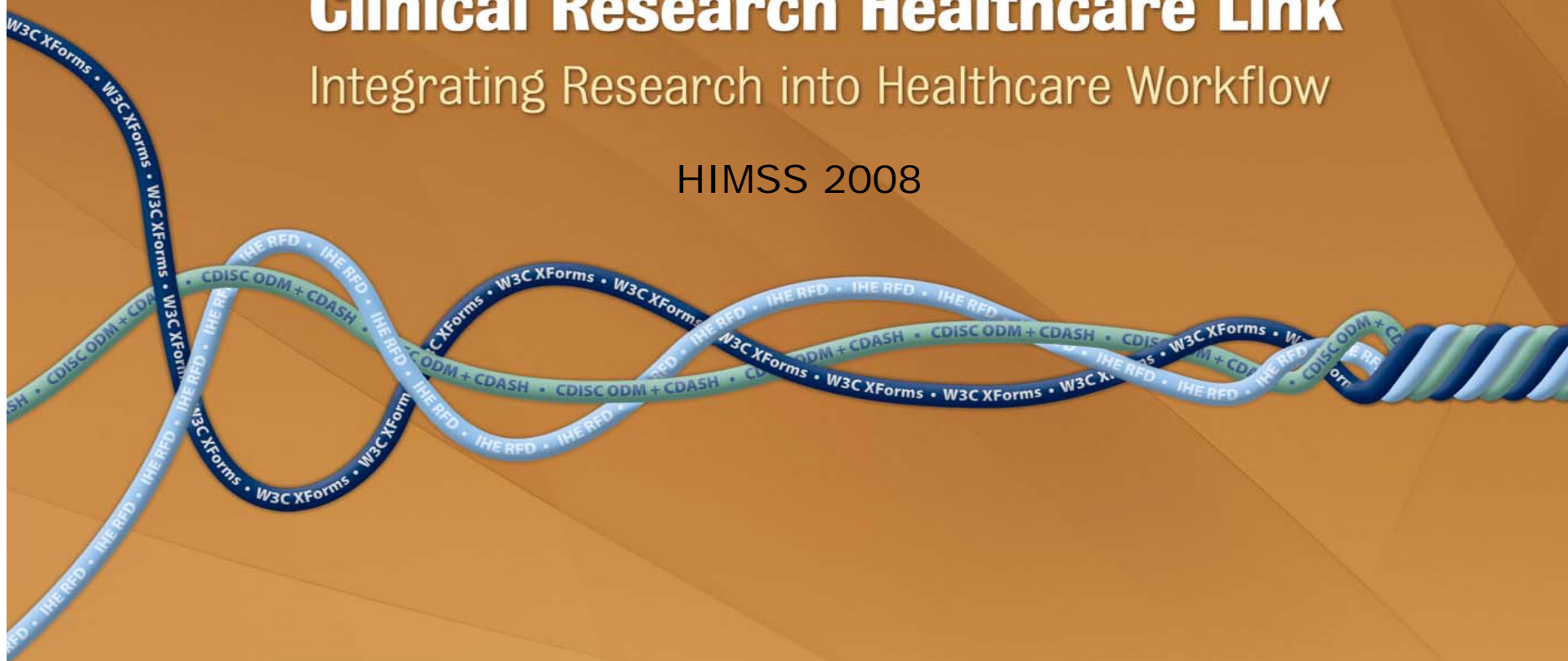
Catherine.Celingant@ehrcr.org



Clinical Research Healthcare Link

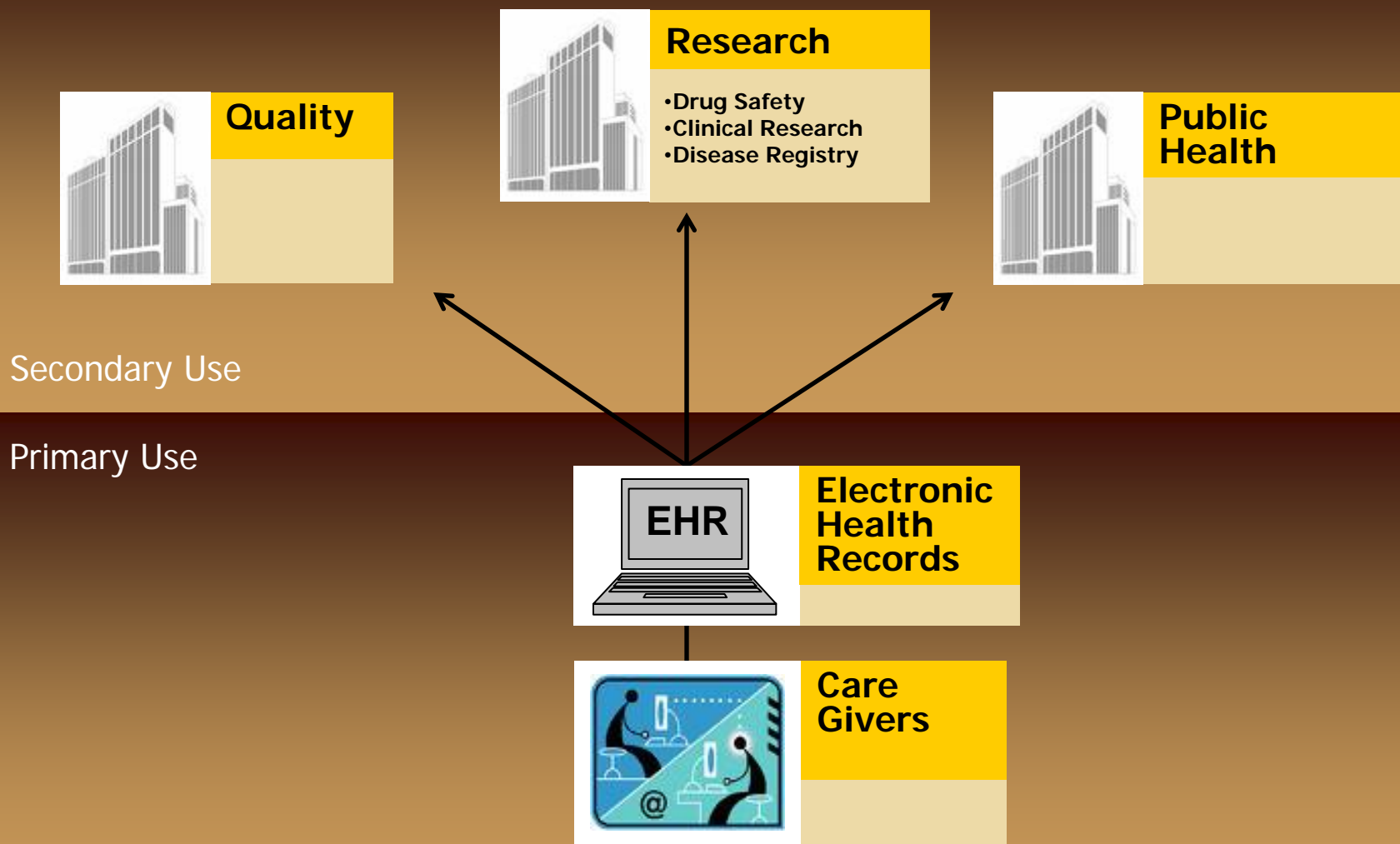
Integrating Research into Healthcare Workflow

HIMSS 2008



Slides courtesy of CDISC, Landen Bain

Secondary Use of EHR Data



Slides courtesy of CDISC, Landen Bain

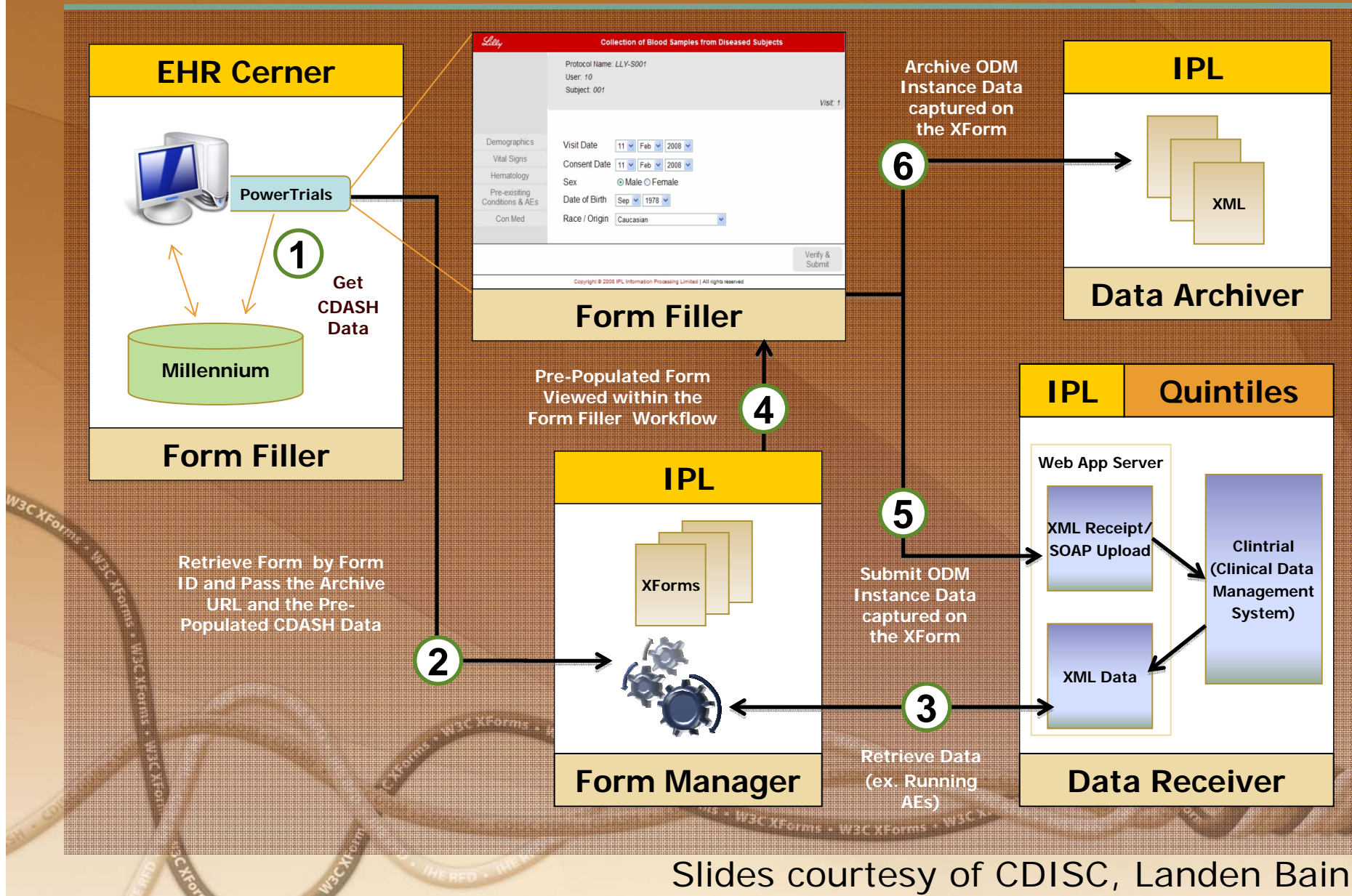
Clinical Trial Scenario

The Lilly logo, featuring the word "Lilly" in a red, cursive script font.The Cerner logo, featuring a blue stylized "C" icon to the left of the word "CERNER" in a bold, blue, sans-serif font, with the tagline "All Together™" in a smaller font below it.The Quintiles logo, featuring a red stylized "Q" icon above the word "QUINTILES" in a black, serif font.The IPL logo, featuring the letters "IPL" in a bold, blue, sans-serif font.

Slides courtesy of CDISC, Landen Bain

Clinical Trial Workflow

Lilly S001 Protocol



Slides courtesy of CDISC, Landen Bain

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 Li

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: Allergies: No Known
DOB: 3/3/1935 MRN: BWMC 006-077 Fin Number: 011647 Inpatient [1/22/2008 1

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- Clinical Trials

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				

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, Willam T

Age:72 years
DOB:3/3/1935

Sex:Male
MRN:BWMC 006-077

Location:
Fin Number: 011647

Allergies: No Kn
Inpatient [1/22/2008 1

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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
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Lilly Clinical Trial - Microsoft Internet Explorer

FileEditViewFavoritesToolsHelp

BackForwardStopHomeSearchFavoritesRefreshPrintWYLinks

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Lilly

Collection of Blood Samples from Subjects

Protocol Name: LLY-S001

User: 789058

Subject: 1012

Site: 100

Visit: 1

Demographics

Vital Signs

Hematology

Pre-existing Conditions & AEs

Con Med

Visit Date2/28/2008

Consent Date1/23/2008

SexMaleFemale

Date of BirthMar1935

Race / Origin

Verify & Submit

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DoneInternet

e-Screened Status

e-Screened Status

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File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Reload Print Mail W Y

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Lilly Collection of Blood Samples from Subjects

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

Demographics	Vital Signs Performed	<input checked="" type="radio"/> Yes <input type="radio"/> No
Vital Signs	Collection Date	<input checked="" type="checkbox"/> 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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Vital Signs
Hematology
Pre-existing Conditions & AEs
Con Med

Labs Performed ? ☒ Yes ☐ No
Collection Date ☒ 2/28/2008
Accession Number

Verify & Submit

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Done Internet

e-Screened Status

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Go Links



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Hematology

Pre-existing
Conditions & AEs

Con Med

Adverse Event ID

01

Event Description

CLL - Chronic
lymphocytic leukemia

Severity

2 - moderate

Start Date

1 / 2 / 2008

Continuing

☒ Yes ☐ No

Relationship

Action Taken

Done

Internet

e-Screened Status

e-Screened Status

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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

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

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Pre-existing
Conditions & AEs
Con Med

Submitted to Form Receiver Successfully
Submitted to Form Archiver Successfully

Verify & Submit

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Internet

IPL Data Archiver (ODM)

IPL ODMView

File View Filters Running Mode Database Help

IPL ODMView

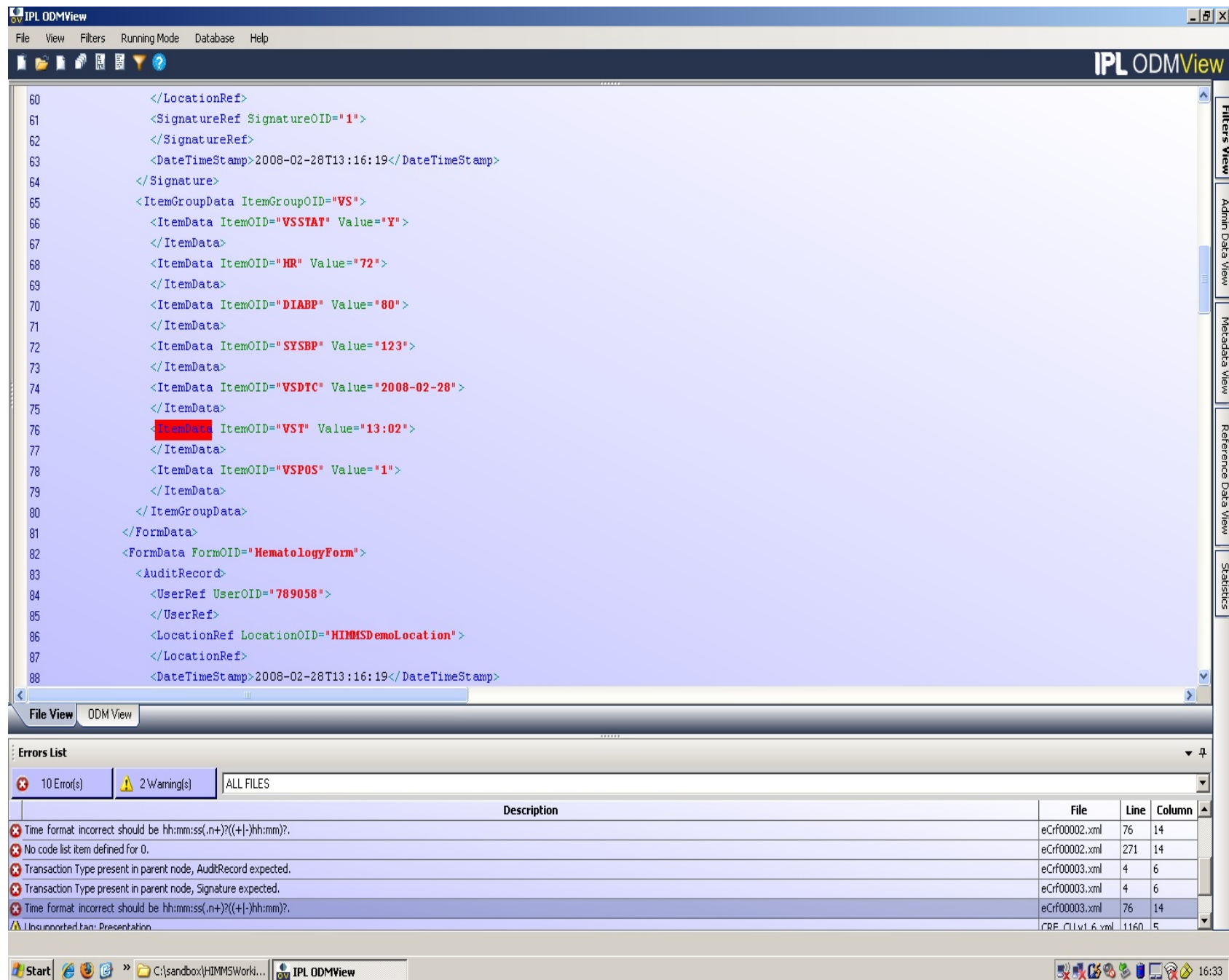
Time Loaded	Loaded	File Name	Time Stamp	Studies	Meta Data	Errors	Warnings	Export Errors
02/28/08 13:20:01	<input checked="" type="checkbox"/>	eCrf00003.xml	28/02/2008 13:16:19	Collection of Blood Samples from Subjects	<input type="checkbox"/>	3	0	
02/28/08 13:10:01	<input checked="" type="checkbox"/>	eCrf00002.xml	28/02/2008 13:07:02	Collection of Blood Samples from Subjects	<input type="checkbox"/>	4	0	
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	
02/28/08 10:32:31	<input checked="" type="checkbox"/>	CRF_QLLv1.6.xml	15/08/2007 15:37:08	Collection of Blood Samples from Subjects	<input checked="" type="checkbox"/>	0	2	

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

FileViewFiltersRunning ModeDatabaseHelp

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	

Study

Attributes

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

Filters View

Admin Data View

Metadata View

Reference Data View

Statistics

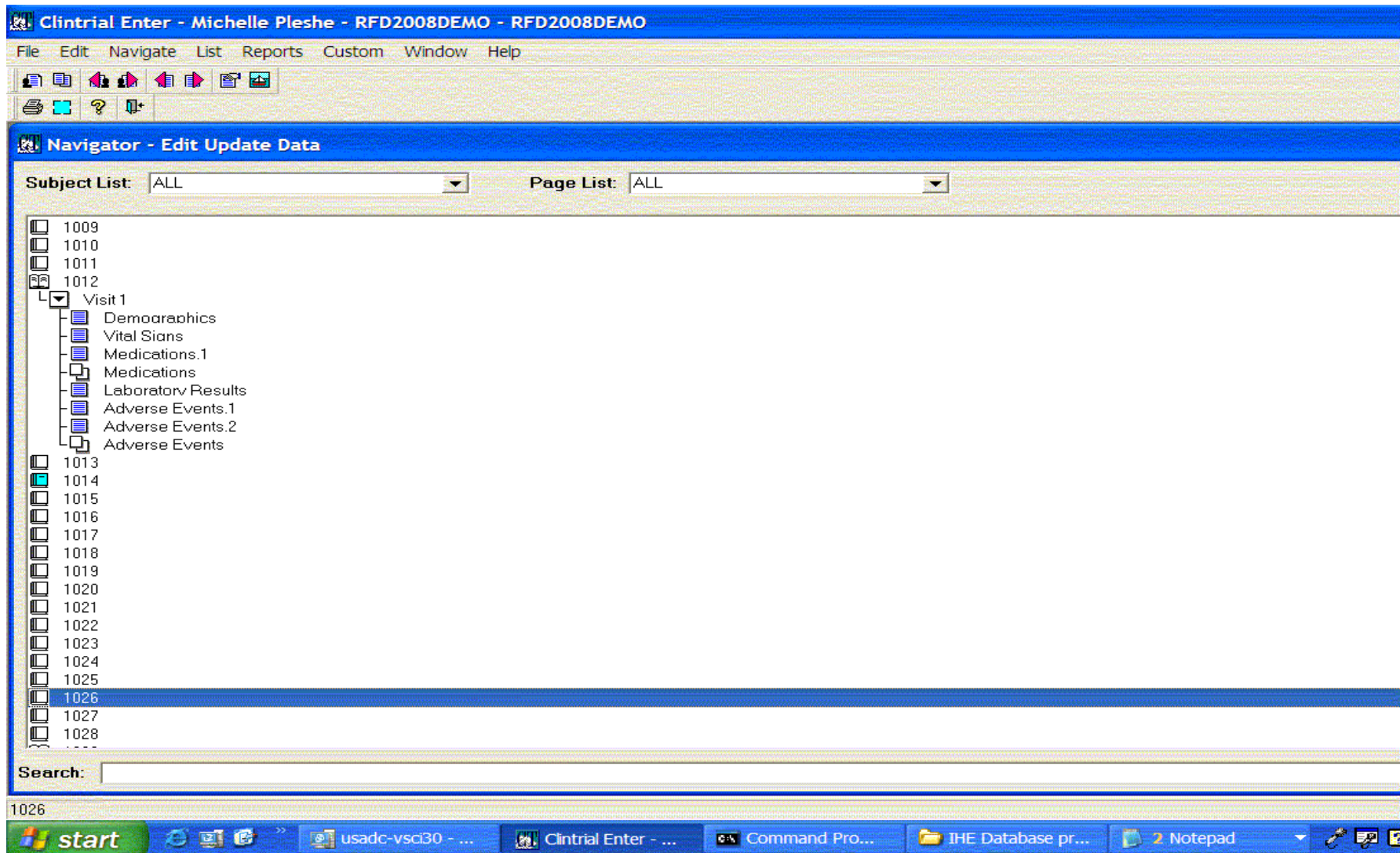
Start

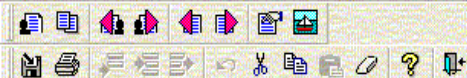
C:\sandbox\HIMMSWork...

IPL ODMView

16:34

Lilly/Quintiles- Data Receiver





1012. Visit 1. Vital Signs (UPDATE)

Demo Protocol For HIMSS Conenctathon

Subject: 1012 Visit Date: 05-MAR-08 Visit: 1

Page: VS Repeat: Additional Page Number:

Vital Signs Taken: ☒

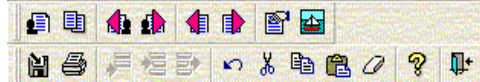
Vital Signs Date: 2008-02-28 Position: 1

Heart Rate: 72

Diastolic Pressure: 80

Systolic Pressure: 123

VSSTAT: Vital Signs Taken



1012.Visit 1.Adverse Events.1 (UPDATE)

Demo Protocol For HIMSS Conenctathon

Subject: 1012 Visit Date: 05-MAR-08 Visit: 1

Page: AE Repeat: Additional Page Number: 1

Any AEs:

Adverse Event: CLL - Chronic lymphocytic leukemia Event Group: Event ID: 01

Start Date: 2008-01-02 End Date: Ongoing Y

Outcome: NR

Serious: N Serious Category:

Severity: 2

SVSTDTC: Visit Date

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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