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18th January 2024
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Q2 Panel: Vulcan ePI/eLabeling Project, IDMP and EMA/SPOR: The Way Forward

Session Chair: Anne Moen, University of Oslo and Gravitare-Health

January 18, 2024



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Q2 Panel: Vulcan ePI/eLabeling Project, IDMP and EMA/SPOR: The Way Forward

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Panelists

1. ePI Pilot Project – Progress & Next Steps: *Elizabeth Scanlan, ePI pilot, European Medicines Agency*
2. Compendia ePI Pilot: *Bente By Jansen, Felleskatalogen AS, Norway*
3. Improving Package Leaflets: Summary of IATF Recommendations : *Kate Porch (online), Global Labeling, Johnson & Johnson*
4. PhPID operating model, GIDWG: *Magnus Wallberg, Uppsala Monitoring Centre*
5. UNICOM achievements and next steps from an NCA perspective: *Farah Diehl-Fahim, empirica, Christer Backman & Pelle Persson, Swedish Medical Products Agency*
6. Health Data and the Link to ePI : *Georgos Georgiannakis (online), DG SANTE - European Commission*
7. SPOR the way forward: *Isabel Chicharo (online), SPOR lead, European Medicines Agency*
8. Scaling IDMP for Global use cases: *Panagiotis Telonis, European Medicines Agency*

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Q2.1 ePI Pilot Project – Progress & Next Steps

Elizabeth Scanlan, ePI pilot, European Medicines Agency

January 18, 2024



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ePI Pilot Project – Progress & Next Steps



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EuroVulcan 2 European Meeting of the Vulcan Accelerator

Presented by Elizabeth Scanlan on 18 January 2024
ePI Product Owner, Public and Stakeholders Engagement Department

An agency of the European Union 

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ePI Definition

ePI is authorised, statutory product information for human medicines (i.e. summary of product characteristics, package leaflet and labelling) in a semi-structured format created using the **EU ePI Common Standard**. ePI is adapted for electronic handling and allows dissemination via the web, e-platforms and print.



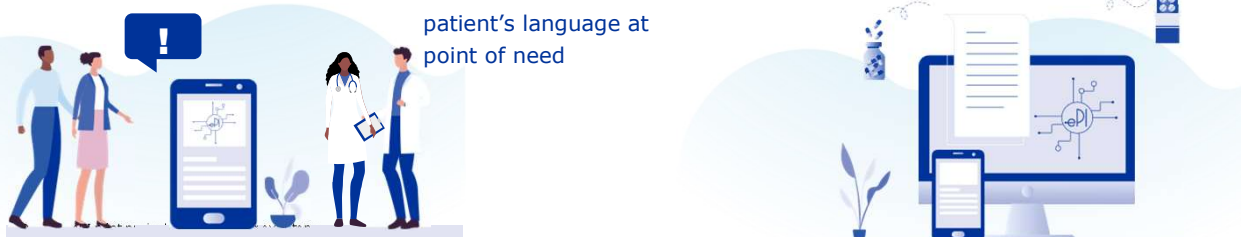
EU ePI common standard based on FHIR to support a harmonised ePI across the EU network



Adopted EU Common Standard for ePI
❖ Published on EMA GitHub
❖ Aligned with ePI type 1 in the Vulcan Accelerator / Gravitate ePI IG

Benefits for patients & healthcare professionals.. ..regulators & companies

- Patient apps
- Digital & Video content
- Accessibility features
- Update alerts
- Targeted searches
- Rapid updates
- Link to national language ePI
- Timely access to up-to-date information in patient's language at point of need
- Support mitigation of medicine shortages
- Optimise signal validation
- Administrative efficiencies



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ePI at Product Lifecycle Management Portal

<https://plm-portal.ema.europa.eu/>



Developed with funding by the European Union

10 ePI pilot project – progress & next steps

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- From the same portal, applicants can manage ePI, electronic application forms and product data. PLM portal ePI enables:
- ePI authoring & management
 - Rich-text editing
 - Repository & API

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Pilot ongoing

- 25 real-time procedures
- CAP (EMA) and NAP (Denmark, Netherlands, Spain, Sweden)
- Duration: July 2023 – July 2024
- First ePIs published: <https://plm-portal.ema.europa.eu/ePIAll/>

The screenshot displays a table of ePI procedures on the left and a detailed view of a specific procedure on the right. The table includes columns for ePI ID, Name of medicinal product, Procedure type, Administrative type, Reference name, Published on, and Country of origin. The detailed view on the right shows the 'Summary of Product Characteristics' for 'Sumatriptan 100 mg hard capsules', including sections for 'ANNEX II', 'Labelling', and 'PL'.

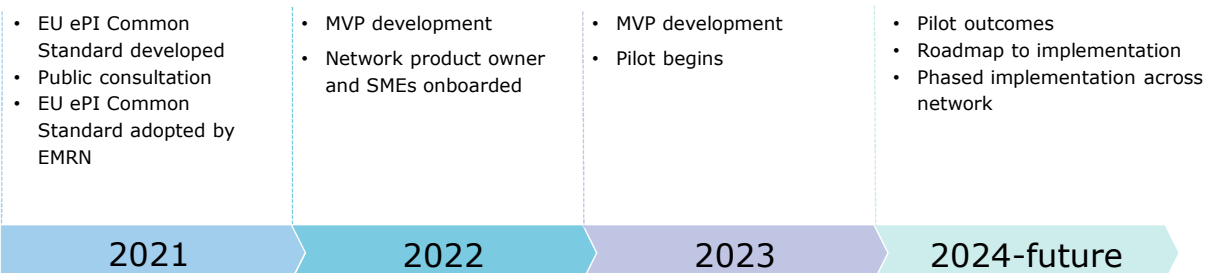
ePI pilot project – progress & next steps

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Next challenges

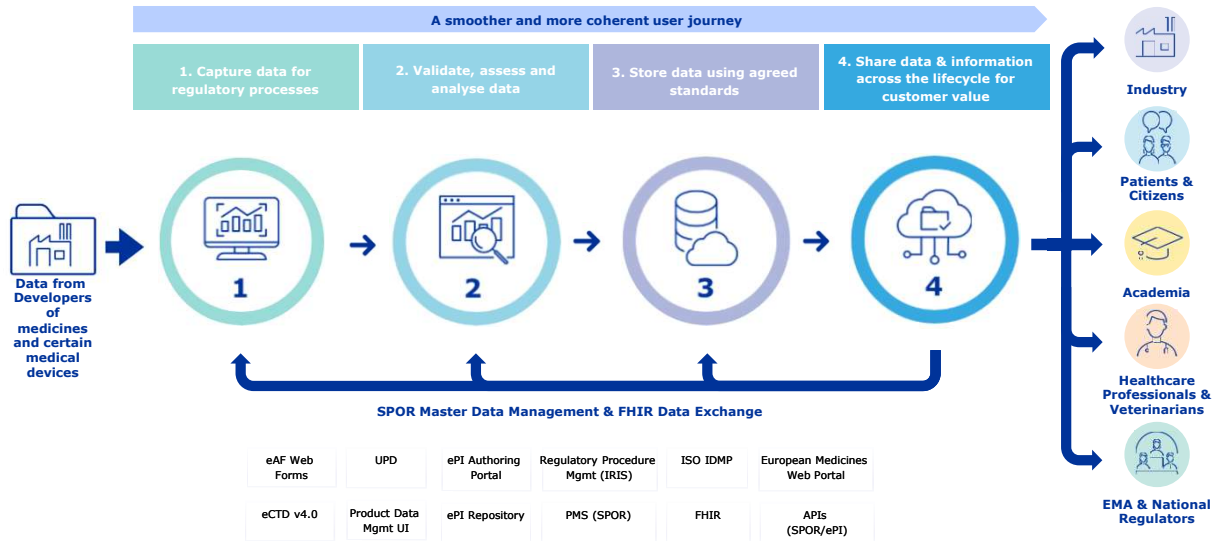
- Pilot outcomes on business process, guidance, and roadmap
- Essential functionalities for launch
- Coverage full suite regulatory procedures
- Translations and linguistic review
- Downstream: linking ePI to medicine package



ePI pilot project – progress & next steps

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Thank you for your attention

Further information

Contact us at ePI@ema.europa.eu

Next **system demo** live on YouTube and EMA website on 26th March

Official address Domenico Scarlattilaan 6 • 1083 HS Amsterdam • The Netherlands

Address for visits and deliveries Refer to www.ema.europa.eu/how-to-find-us

Send us a question Go to www.ema.europa.eu/contact **Telephone** +31 (0)88 781 6000

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Q2.2 Compendia ePI Pilot

Bente By Jansen, Felleskatalogen AS, Norway

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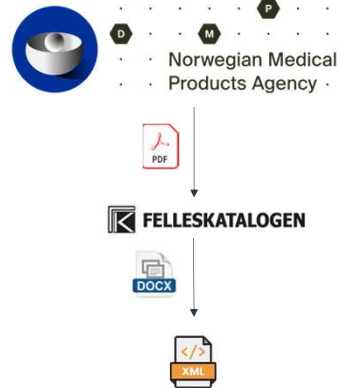


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The Nordic compendia are in a unique position, providing updated and structured package leaflets for all products on the Nordic market.



4+1 Compendia ePI Pilot

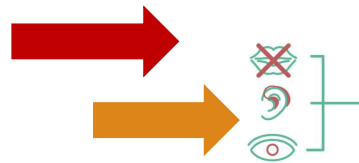
The Nordic compendia will use their common knowledge and experience to convert package leaflets from proprietary XML formats to the FHIR ePI standard - well aligned with the ePI provided by EMA in the future.

Template header	Element from FelleSkatalogen's structure
1. What X is and what it is used for	pil-indikasjon
2. What you need to know before you <take> <use> X	pil-forsiktighet
Do not <take> <use> X	pil-kontraindikasjon
Warnings and precautions	pil-advarsel
Children <and adolescents>	pil-barn-unge
Other medicines and X	pil-interaksjon

The Gravitate Lens (G-Lens) – Focusing



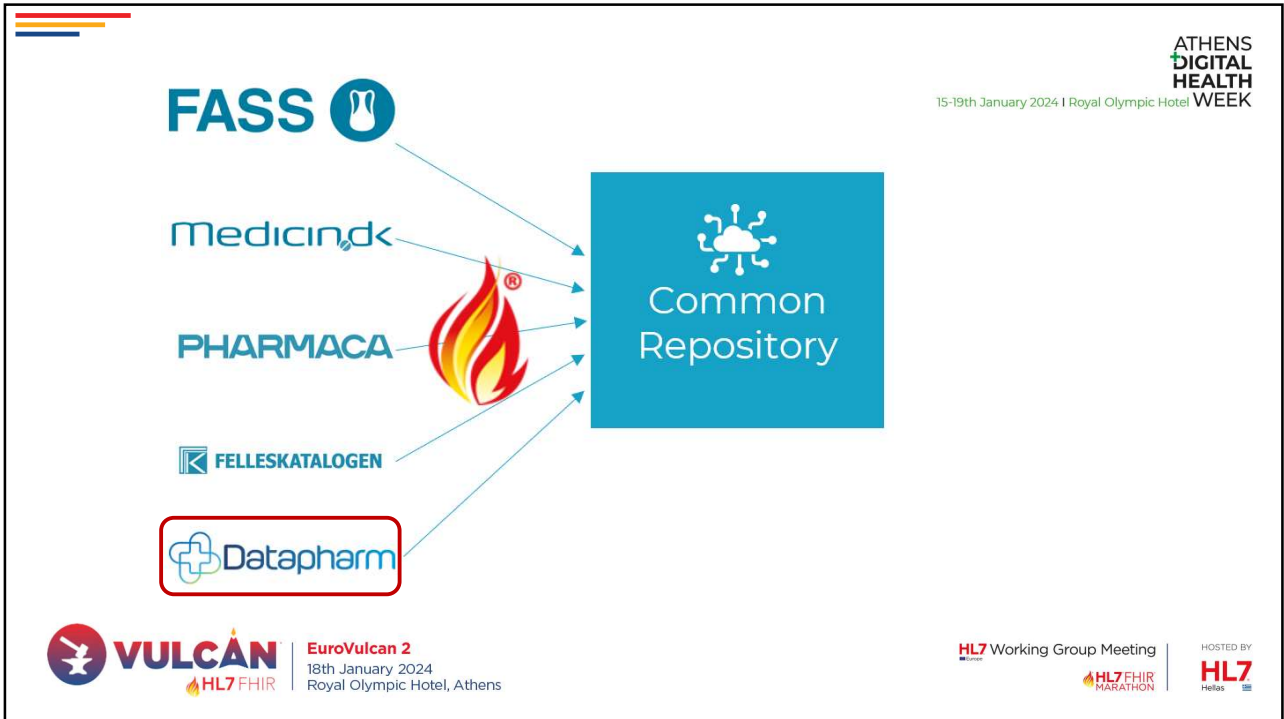
My Health, My data,
where I need them



- International Patient summary (IPS) as window to curated information about a person's health
 - Medications, allergies, vaccinations, problems and procedures,
 - Labs, diagnostic imaging, encounters, implantable devices
 - Advance directives
- For Gravitate-Health the IPS offers personal health information the lens to focus on the contents of the ePI

The goal of the 4+1 Compendia ePI Pilot is to..

- Support the Gravitate Health scenarios in Norway, Sweden and Denmark.
- Demonstrate cross-border functionality in a Nordic setting (+ UK) by investigating the use of a common, international identifier, like MPID or PhPID.
- Uncover potentially hurdles and needs for improvements in the FHIR ePI standard and SPOR, and by this ensure the best outcome of EMA's ePI project, a projects highly supported by the national competent authorities and the pharma companies all over Europe.
- Ensure the compendia's reediness for the FHIR ePI standard, for early adaption in the Nordic region.



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The Norwegian test scenario – Capable.healthcare

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Duodopa
AbbVie (AbbVie AS)
Antiparkinsonmiddel.
N04B A02 (Karbidopa, Levodopa)

Opplæringsmaterieil og veiledning ved bruk

Veiledning til helsepersonell
Duodopa retningslinjer for oppfølging, helsepersonell

Veiledning til pasient
Duodopa lommeguide, pasient

Film pasient
Ozempic ferdigfylt penn
Instruksjonsfilm for bruk av ferdigfylt penn 15.04.2019

4. Mulige bivirkninger
Som alle legemidler kan dette legemidlet forårsake bivirkninger, men ikke alle f...

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Status of the 4+1 Compendia ePI Pilot

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- Declared common structure with a profile on Composition - Building on the Vulcan Electronic Medicinal Product IG.
- Set up of common profiles for structured medicine resources.
- Set up of Implementation Guides, separately for profiles and content - Using GitHub and the HL7 IG Publisher.

- All Nordic compendia are in progress with document conversion and mapping of medicines in-scope for the test scenarios.
- Converted ~360 package leaflets.



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Main challenges identified during the pilot

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- Definition of medicines in-scope for each country. Mapping equivalent products across countries is work-intensive. Each compendium has unique identifiers for medicines, but not international identifiers such as PhPID or terminology like SNOMED (International Edition).
- Loose document structure – Package leaflets do not always conform to the section – Named/identified subsection hierarchy, according to SmPC template.



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Information campaign for ePI in Norway

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ONLINE



Q2.3 Improving Package Leaflets: Summary of IATF Recommendations

Kate Porph, Global Labeling, Johnson & Johnson

January 18, 2024



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Improving Package Leaflets: Summary of IATF Recommendations

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Inter-
Association
Task Force:
Who are we?

We represent the pharmaceutical industry main associations:

- EFPIA (Innovative medicines)
- Medicines for Europe (Generic medicines)
- AESGP (non-prescription medicines / self-care)
- **Dialogue with other Trade Associations too**
- **Since 2015, we've been working together on the topic of the content of the package leaflet.**



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Framework on package leaflet compilation

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- Package leaflet sections and order of content is set down in legislation
- QRD template includes standard statements for inclusion
- Requirements in the guidelines have to be followed
- User testing/consultation is required with lay people, for readability
- Updates are made to ensure the most current content



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Improving the Package Leaflet and the voice of the patient

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Package leaflets contain A LOT of information. How do patients interact with them, today and in the future? What is important to them?

- Shortcomings identified in NIVEL Reports (2015) & recommendation made by European Commission

To further explore, IATF conducted:

- 2 Workshops with patients and carers (DE and FR)
- User Testing Company interviews & Workshop ('22-'23)
- Shared proposals with a small no of patients (2023)

➤ **Goal:** To co-develop proposals for improved content, format and testing methodology for patient-centric package leaflets of the future

➤ **A clear, informative package leaflet that motivates people to read**

➤ **Proposals:** shared with European Medicine's Agency Quality Review of Documents Group in May 2023



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Proposals for improvements to the Package Leaflet

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Shortening the Length of the Package Leaflet

Omit opening paragraph, optional sections, avoid repetition & use signposting. Data supportive.



Focus on Patient Relevant Content

Benefits, therapy goals (e.g., prevention, alleviate symptoms), mode of action if a consequence (fact based, not promotional)



Improved clarity, structure including standardisation of terms

Definition of a contraindication vs. warning/precaution, frequencies of side effects and actions to take, dictionary



Note: Proposals where it is felt further exploration is required, User Testing Company colleagues are onboard to user test.



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IATF proposals for improvements

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Benefit

- Patients want benefits included
- Therapy goals: does the medicine treat, cure or prevent the condition?
- What is the risk of not being treated?
- Not promotional

Warnings

- Separate contraindications and warnings into 2 sections to be clear on the distinction, and to ease navigation
- Move any side effects linked to warnings to the side effects section, as this is where patients look for them – reserve for “class warnings”
- Pregnancy standard statements should be implemented, as we have for the SmPC.

Side effects

- Consider how frequency is described in the template. Current definitions are not well understood and generally overestimated by lay people. E.g., order according to body part or severity.
- Consider recommended actions – see Australian CMI example.
- Aim: readable and actionable for patients.



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Proposals for Indication Section

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Information on Benefit

Patients want to see the benefits explained to them

Most leaflets are perceived as too risk based – consider recommendation that information on benefits should also include the risk of not being treated. However, the emphasis on the risks involved in taking the medicine must not unsettle the patient in such a way that they do not take the medicine and thus exposes themselves to an even greater risk of not having their condition treated.

Therapy goals should be explained in patient friendly terms only. Examples are useful e.g., is it treatment of symptoms or prevention of recurrence of an underlying disease?

It should not be promotional.



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Current side effect frequencies

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Standard language in the QRD template

Within each section mentioned above, side effects should be arranged by frequency. The following frequency convention is recommended:

Very common: may affect more than 1 in 10 people

Common: may affect up to 1 in 10 people

Uncommon: may affect up to 1 in 100 people

Rare: may affect up to 1 in 1,000 people

Very rare: may affect up to 1 in 10,000 people

Not known: frequency cannot be estimated from the available data



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Australian CMI example of side effects presentation

Medicines that may reduce the effect of [medicine name] include:

- [List medicines as appropriate.]

Check with your doctor or pharmacist if you are not sure about what medicines, vitamins or supplements you are taking and if these affect [medicine name].

4. How do I use [medicine name]?

How much to take / use

- [Include relevant dosage information.]
- Follow the instructions provided and use [medicine name] until your doctor tells you to stop. (For antibiotics, replace with 'Follow the instructions provided when [medicine name] was prescribed, including the number of days it should be taken'.)

When to take / use [medicine name]

- [Medicine name] should be used [insert as relevant].

How to [insert appropriate verb] [medicine name] [insert for device]

- [Insert relevant step-by-step instructions / considerations for device use.]

Any external links to further sources (e.g. instructional videos) (insert for device use) should be highlighted for ease of access. This will also help in creating external links from internal document sections links.

If you forget to use [medicine name]

[Medicine name] should be used regularly at the same time each day (week or month). If you miss your dose at the usual time, [insert appropriate explanation].

If it is almost time for your next dose, skip the dose you missed and take your next dose when you are meant to. Do not take a double dose to make up for the dose you missed.

- [Include explanation of what 'almost time for your next dose' refers to for the specific medicine where possible, e.g. 'at the next opportunity'.]
- [Include any other medicine-specific action and advice about missed doses, as appropriate.]

If you use too much [medicine name]

If you think that you have used too much [medicine name], you may need urgent medical attention.

You should immediately:

- phone the Poisons Information Centre (by calling 13 11 26), or
- contact your doctor, or

[medicine name] 3

Getting rid of any unwanted medicine

If you no longer need [medicine name] or it is out of date, take it to any pharmacy for safe disposal. Do not use this medicine after the expiry date.

6. Are there any side effects?

All medicines can have side effects. If you do not notice any side effects, most of them are minor and temporary. However, some side effects may need medical attention. See the information below and, if you need to, ask your doctor or pharmacist if you have any further questions about side effects.

Less serious side effects

Less serious side effects	What to do
[Grouping 1 as per effect on body, e.g. bleeding related]	Speak to your doctor if you have any of these less serious side effects and they persist you. [Insert appropriate action]
[Grouping 2 as per effect on body]	[Insert appropriate action]
[Just as appropriate]	[Insert appropriate action]

Serious side effects

Serious side effects	What to do
[Grouping 1 as per effect on body, e.g. bleeding related]	Call your doctor straight away, go to hospital, to the Emergency Department, your nearest hospital or hospital if you notice any of these serious side effects.
[Grouping 2 as per effect on body]	[Insert appropriate action]
[Just as appropriate]	[Insert appropriate action]

Reporting side effects

After you have received medical advice for any side effects, you can report side effects to the Therapeutic Goods Administration online at www.tga.gov.au/reporting-problems. By reporting side effects, you can help provide more information on the safety of this medicine.

7. Product details

What [medicine name] contains

Active ingredients (insert ingredients) [insert]

Other ingredients (insert ingredients) [insert]

Personal allergies [insert]

Do not take this medicine if you are on these ingredients.

What [medicine name] does [insert (medicine name) (insert 000000)].

How to use [medicine name] [insert appropriate name and contact details].

This leaflet was prepared in [insert month and year].

[medicine name] 4

Less serious side effects	
Less serious side effects	What to do
<p>Nervous system related:</p> <ul style="list-style-type: none"> headache <p>Stomach and intestine related:</p> <ul style="list-style-type: none"> diarrhoea abdominal or stomach pain flatulence (stomach discomfort or fullness, relieved by passing wind) nausea (feeling sick) vomiting <p>Skin related:</p> <ul style="list-style-type: none"> mild skin rash 	<p>Speak to your doctor if you have any of these less serious side effects and they worry you.</p>
Serious side effects	
Serious side effects	What to do
<p>Nervous system related:</p> <ul style="list-style-type: none"> dizziness numbness, tingling or weakness of the arms and legs <p>Blood and lymph system related:</p> <ul style="list-style-type: none"> bruising easily, unusual bleeding (e.g. nosebleeds), signs of infection such as fever, chills, sore throat and mouth ulcers <p>Bone, muscle and tissue related:</p> <ul style="list-style-type: none"> muscle aches and pains painful or swollen joints <p>Stomach and intestine related:</p> <ul style="list-style-type: none"> severe upper stomach pain, nausea and vomiting 	<p>Call your doctor straight away, if you notice any of these serious side effects.</p>

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Proposals for improvements to the Package Leaflet - Summary

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Shortening the length of the package leaflet will help to declutter make leaflets more attractive and easy to navigate in appearance and content



Focus on patient relevant content – a well understood leaflet translated to the right behaviour



Improved clarity and structure – more navigatable by section



Based on research articles and interviews with patients and user testing companies, open to further exploration and discussion



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Thank You ...



Q2.4 PhPID operating model, GIDWG

Magnus Wallberg, Uppsala Monitoring Centre

January 18, 2024



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IDMP and PhPID

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Substance Strength Dose form

WHO UMC

PhPID level

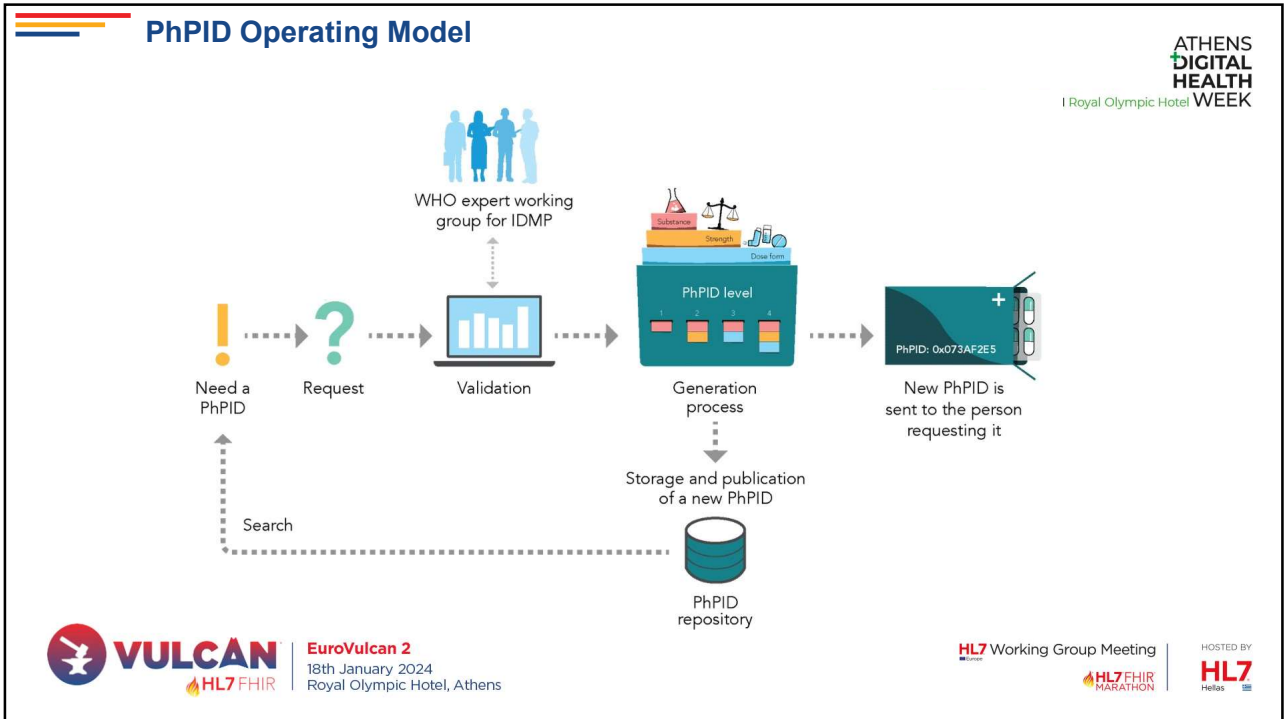
PhPID: 0x073AF2E5B92AE19E8867635AFFB3D6CA

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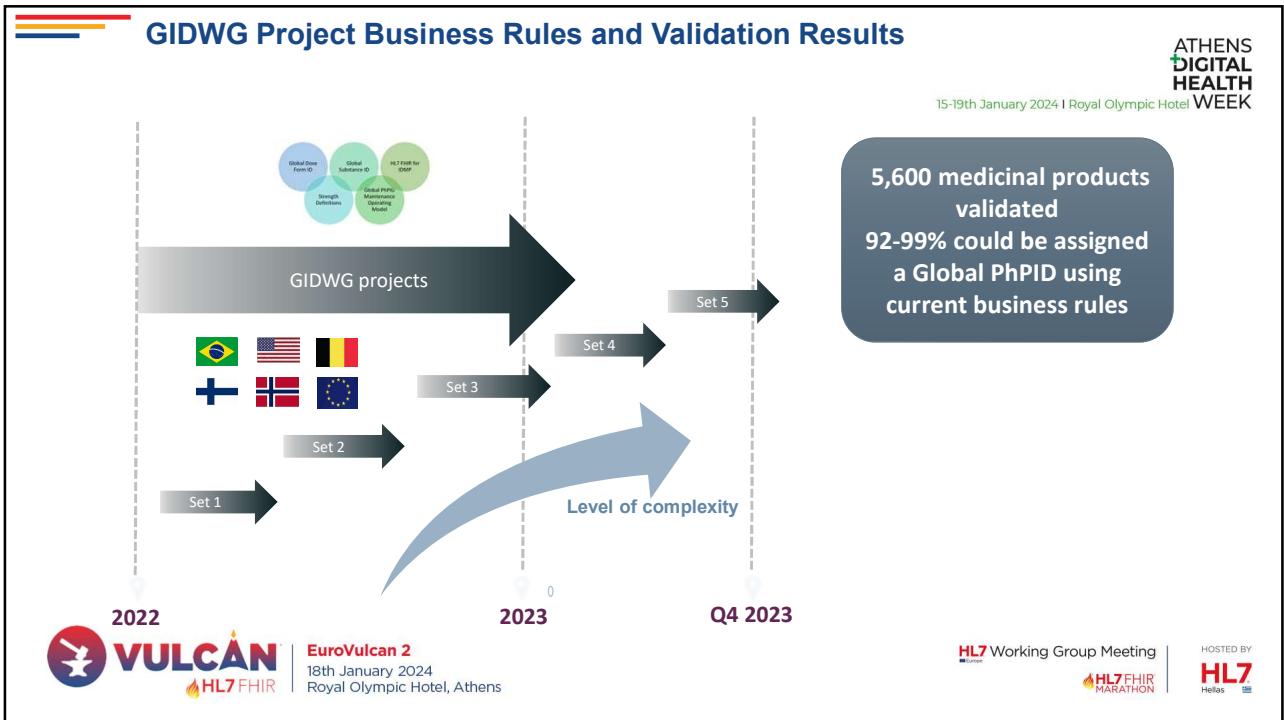
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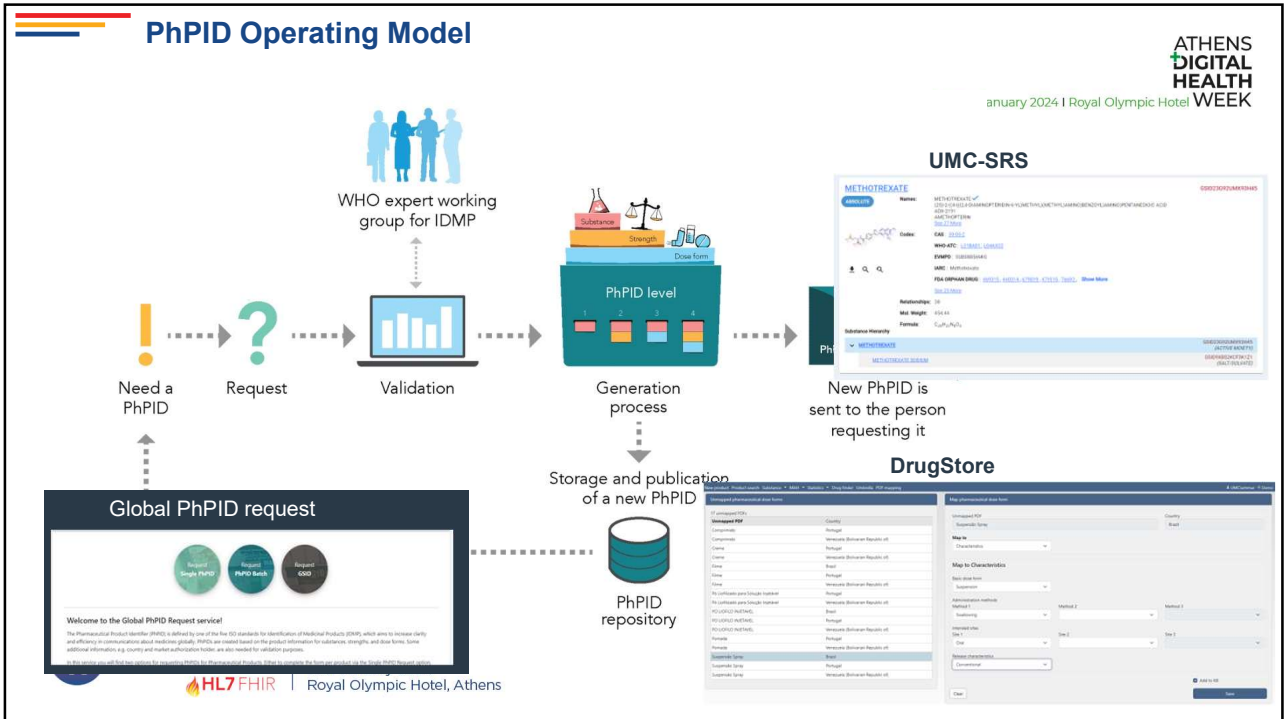
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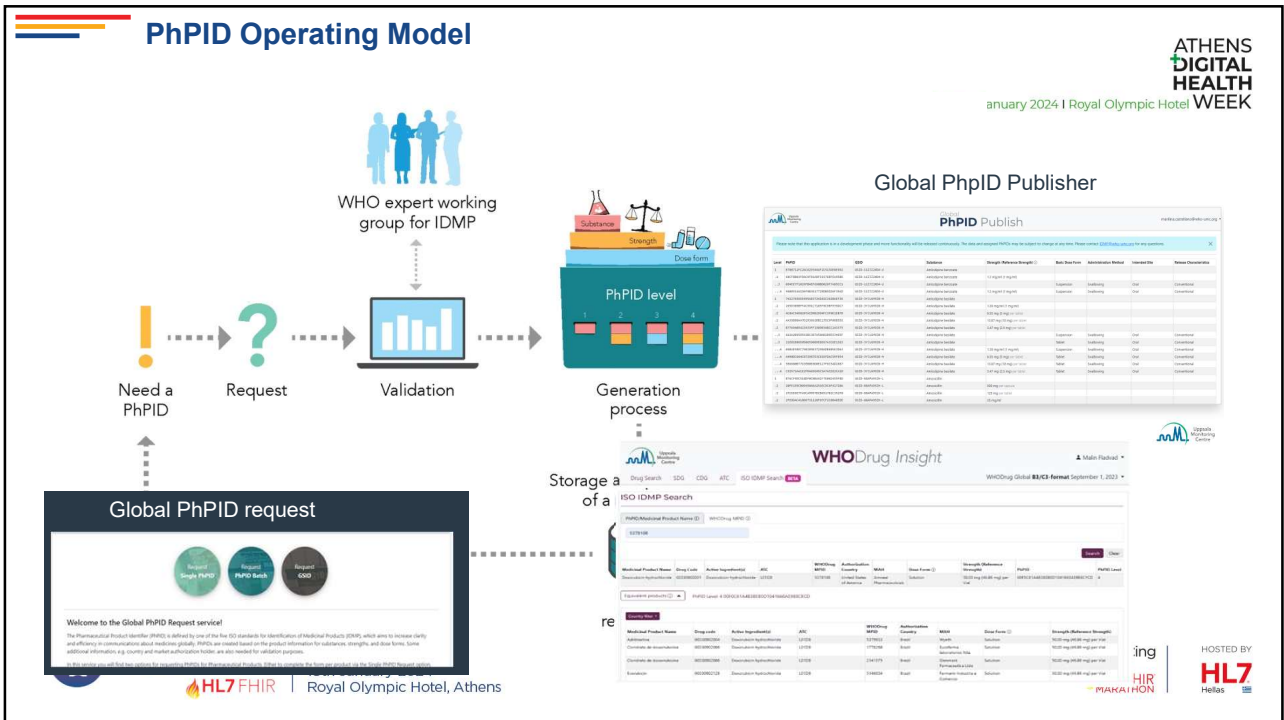
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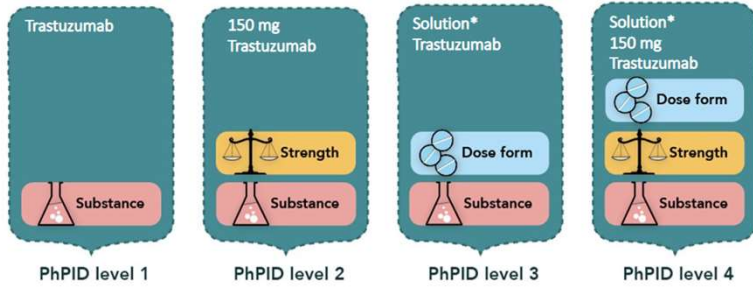
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ISO IDMP PhPID and WHODrug

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Pharmaceutical products



*Dose form characteristics: Solution, Injection, Parenteral, Conventional

Medicinal products



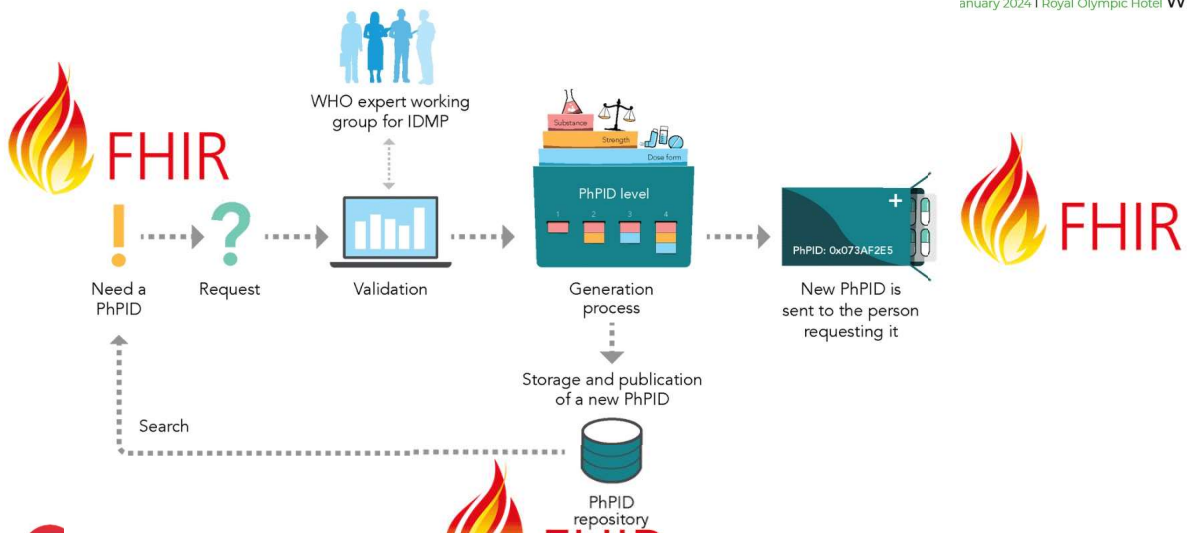
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PhPID Operating Model

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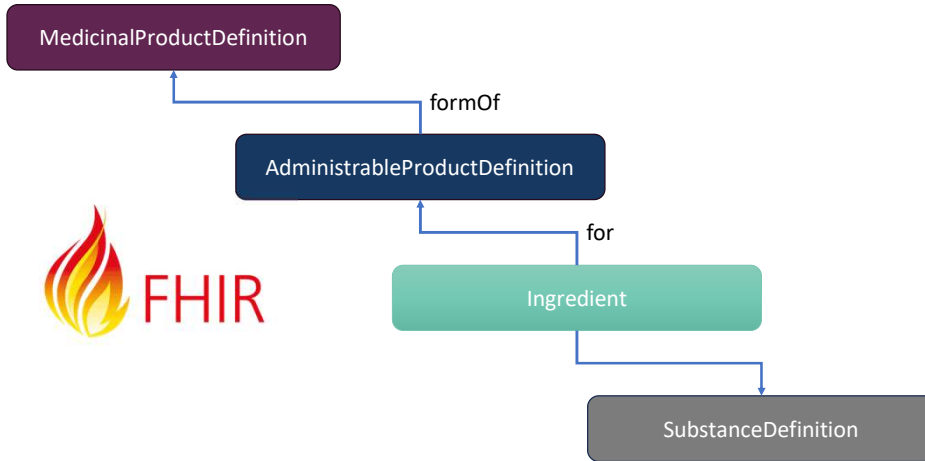
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FHIR resources used in the PhPID operating model

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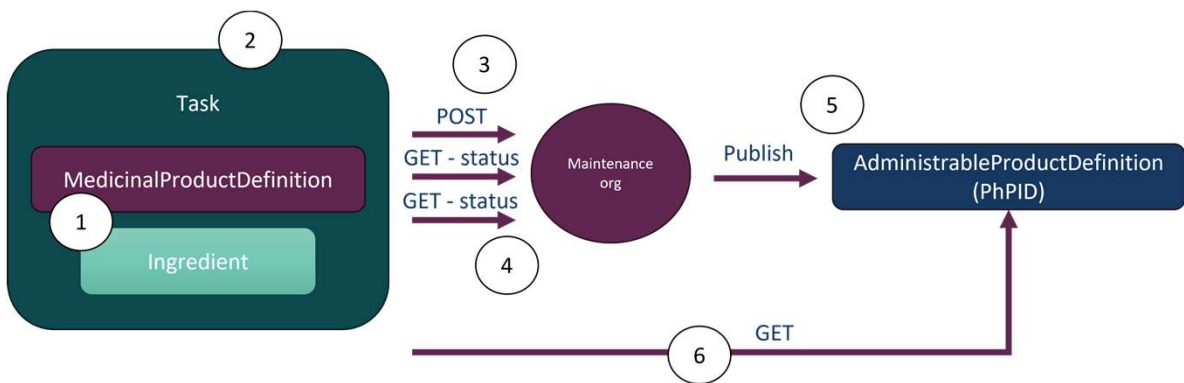


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Request and publishing using FHIR

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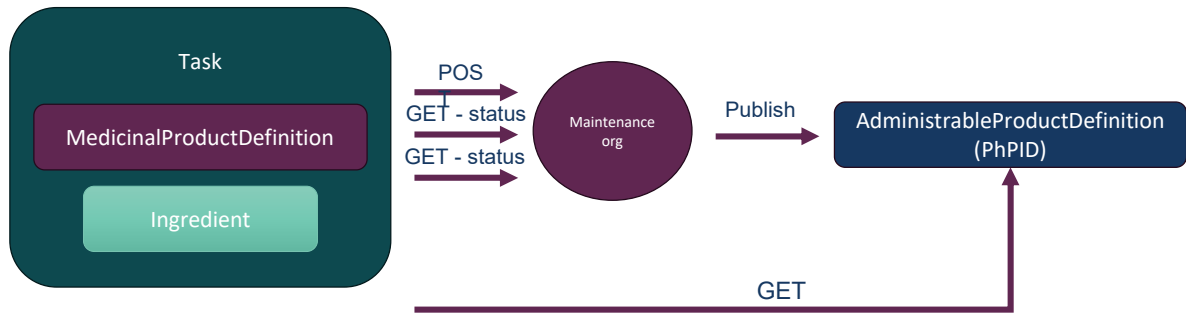
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```
Microsoft Visual Studio Debug Console
Calling https://umc-ext-dev-phponfhirdemo-preview-rg01-webapp.azurewebsites.net/task
Task created with id 199
```

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Implementation guide

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PHP on Fhir demo API
0.1.0 - CI Build

IG Home Background Table of Contents Specifications Artifact Index Support

Table of Contents Home Page

PHP on Fhir demo API, published by WHO UMC. This guide is not an authorized publication; it is the continuous build for version 0.1.0 built by the FHIR (HL7® FHIR® Standard) CI Build. This version is based on the current content of <https://github.com/gcangjoli/who-umc-poc/> and changes regularly. See the Directory of published versions!

1 Home Page

Official URL: http://who-umc.org/fhir/php/ImplementationGuide/who-umc.fhir.poc.php	Version: 0.1.0
Active as of 2024-01-10	Computable Name: whoUmCPhpProofOfConcept

Note
The specification herewith documented is for the time being a proof of concept specification, and may not be used for any implementation purposes. No liability can be inferred from the use or misuse of this specification, or its consequences.


- Scope
- Introduction
- Dependencies
- Cross Version Analysis
- Global Profiles
- IP statements
- Authors and Contributors

1.1 Scope

Document the WHO-UMC IDMP FHIR server.


1.2 Introduction

This implementation guide describes how the global PHPIDs and GSIDs are delivered through FHIR and how new global PHPIDs and GSIDs can be requested using asynchronous FHIR requests.



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Cross-border healthcare Use Case

Therapy Compliance and Health Concerns




Travel from Japan to USA

Drug Shortage Use case for Cisplatin

Cancer patient unable to start therapy




Healthcare demand outstrips MAH's cisplatin supply

PV Use case for routine signal detection of rare adverse events

Recoding to global standards is time consuming




Different terminologies used for signal analysis

PV Use Case: WHO Global Surveillance and Monitoring System for substandard & falsified (SF) medical products

VigiBase basics



VigiBase data mining



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Q2.5 UNICOM achievements and next steps from an NCA perspective

Farah Diehl-Fahim, empirica, Christer Backman & Pelle Persson, Swedish Medical Products Agency

January 18, 2024



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UNICOM: Up-scaling the global univocal identification of medicines / implementing ISO IDMP

Main Achievements of UNICOM

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Impact on Processes

- Gap Analysis of Existing and Need for New Standards and Profiles
- EU-SRS Implementation and going live
- DADI – Electronic application forms
- IDMP implementation on National level
- Contributions in eHDSI Waves 6 and 7 (2022-2024)
- IDMP Coding Principles and Guidance for ICSRs
- Implementation guidelines for use of IDMP within MPD

Resources and Assets

- IDMP in a capsule
- Minimum Attribute List and Pilot Product List (PPL)
- UNICOM FHIR IDMP server, UNICOM FHIR IG, and IDMP product browser for test and reuse
- Smart Substitution Component and Patient Facing App

Knowledge exchange

- Community of Expertise
- Trans-Atlantic exchange and workshops
- NCA Best Practice exchanges
- Contribution to Research papers

UNICOM – who are we?

H2020 Funded Project
11.2020 – 05.2024 (54 months)
21M € Total Budget
90 Deliverables (135 incl. versions)
41 partners, 19 countries

- 9 Standard Development Organisations
- 11 National Competent Authorities for Medicinal Products
- 10 National eHealth Competence Centers / National eHealth Contact Points
- 4 Industry partners (Health IT)
- 2 Research Organisations
- 2 Medicinal Database Providers
- 3 Non-profit organisations

Country / participating in UNICOM / eHDSI	NCA	eHealth Agency	eHDSI operation (Waves)			
			eHDSI A	eHDSI B	FB A	FB B
Austria	AGES	ELGA	7	7	-	-
Belgium	APRIS	-	-	7	7	7
Croatia	HALMED	HZZO	2	1	3	2
Czechia	ESGAM	TEKIC	1	1	5	5
Finland	FIMEA	KELA	1	1	6	7
Germany	BfArM	-	-	-	-	-
Greece	-	IDKA	6	6	6	6
Ireland	HPRA	BDPI	5	6	5	6
Italy	-	ARIA	6	6	6	6
Lombardia, Italy	-	REGLOMB	-	-	-	-
Netherlands	-	NCIZ	-	-	-	3
Norway	NOMA	SPMS	7/8	7/8	7/8	7/8
Portugal	INFARMED	-	2	2	2	2
Spain	AEMPS	SAS	6	6	5	5
Sweden	SE-IPKA	SEVA	6	6	-	-

In Operation
Next waves (5-6-7-8)

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WP2 and WP3 achievements

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WP2 – Implement EU-SRS

- Develop and deliver a scientific substance database EU- SRS
- Fill it with cleansed substance data
- System is live since Jan 24th, 2023 at EMA
- A great international achievement based on collaboration of UNICOM, HMA, EMA , FDA

WP3 - Introducing IDMP compliant application forms

- IDMP from the source!
- Adaptation of the application forms and required tools towards the ISO-IDMP / FHIR standards and to increase the usage of EMA's SPOR.
- Web-based application forms compatible with IDMP standards and relevant European Guidance (EMA IDMP EU IG)
- First Variation Application Form released in production April 11th, 2022 for centralised procedures



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WP4: IDMP implementation at National Drug Agencies

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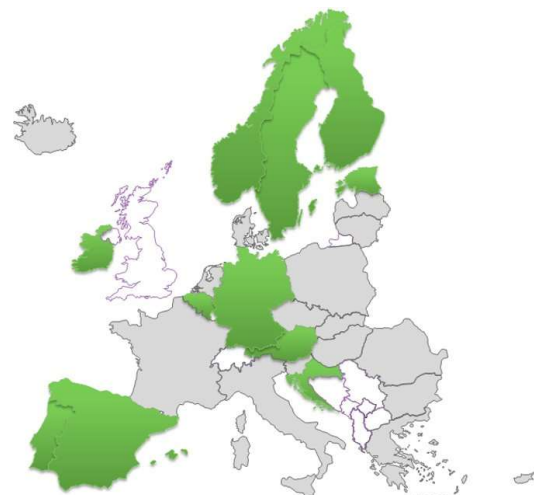
11 national implementation projects

Refactoring or building new databases/systems:

- Analysis and modelling
- Data mapping and transformation
- EMA SPOR* connection
- Prototype data feeds

*EMA SPOR - data management services

Delivering quality data management services for substances, products, organisations and referentials (SPOR) to power EU regulatory activities



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Achievements national implementation IDMP

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WP4 progress report period: Q3 2023	Spain AEMPS	Belgium AFMPS	Austria AGES	Germany BfArM	Estonia EESAM	Finland FIMEA	Croatia HALMED	Ireland HPRA	Portugal INFARMED	Norway NoMA	Sweden SE MPA
1. Analysis and modelling											
GAP-analysis between current data model and IDMP											
Datamodelling based on GAP-analysis											
2. Mapping and transformation											
Data-mapping to RMS dictionary											
Data-mapping to OMS dictionary											
Data-mapping to SMS dictionary											
Data-transformation											
3. SPOR-connection											
Referentials RMS-connection											
Organisations OMS-connection											
Products PMS-connection											
Substances SMS-connection											
4. Prototype data feeds											
Prototyping and piloting of data feeds											



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Not started, as planned	
In progress	
Done	
Risk to be mitigated	
Progress in danger	
Not applicable	

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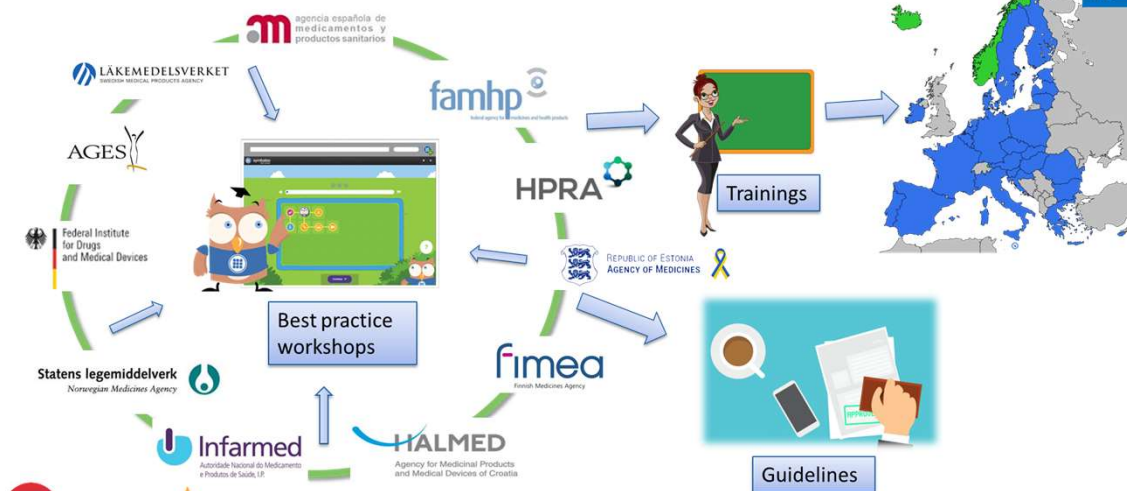
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It's all about knowledge sharing!

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ALL PUBLIC KNOWLEDGE TRANSFER WEBINARS - UNICOM (unicom-project.eu)



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Moving forward

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- Legislation in place
- Progress in NCAs
- 11 MSs out of 30 (EEA) in UNICOM
- Project ends 31 May 2024

- Next steps from a NCA perspective



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Moving forward

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UNICOM presented at the HMA meeting during the Swedish EU Presidency 2023

Non UNICOM NCAs were invited to the Ghent consortium meeting Nov 2023

- Total of 19 National Competent Authorities attended + EMA

Final consortium meeting in Brussels 25-26 April 2024

- All NCAs invited!



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Moving forward

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Build on experience in implementation

Strengthen connection between NCAs for medicines and e-Health

New project needed to onboard other NCAs

Close the gap until next initiative



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Q2.6 Health Data and the Link to ePI

Giorgos Georgiannakis, DG SANTE – European Commission

January 18, 2024



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Overview

- ePI
- Health data and the Health Data Space
 - Overview
 - myHealth of EU
 - healthData@EU
- Interoperability

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Introduction to ePI

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ePI : electronic Product Information

- authorised,
- statutory
- product information for human medicines (including summary of product characteristics, package leaflet and labelling)
- in electronic format using:
 - in a semi-structured format created using the EU ePI Common Standard.
- adapted for electronic handling and allows dissemination via the web, e-platforms and print



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Features

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ePI complements the paper package leaflet and offers advantages:

- greater accessibility to healthcare professionals and patients;
- fits into the EU's multilingual environment;
- support wider availability of medicines across Member States;
- can have positive effects on shortages, updating product information, translations;
- creates efficiency gains for regulatory systems



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State of play

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Most recent deliverable:

The creation and testing of ePIs in real regulatory procedures is being explored through a one-year pilot initiative by HMA, EMA and the EC to enable the transition to the electronic system for medicines evaluated both nationally and at European level.

The pilot started in July 2023.

Participating countries: Denmark, the Netherlands, Spain and Sweden.



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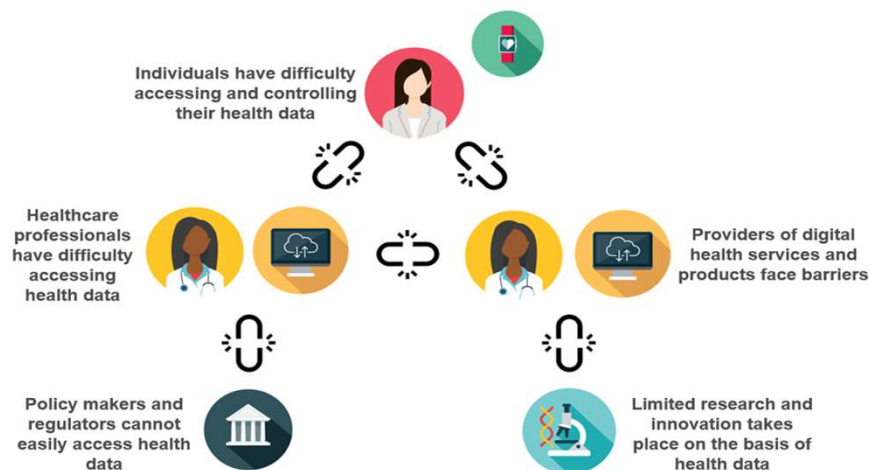


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Health data challenges

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User perspectives

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Empower citizens to have control over their health data

Assist policy makers and regulators in accessing relevant health data

Facilitate access to health data for innovators in industry

Grant access to health data for researchers

Enable healthcare professionals to have access to relevant health data

Better diagnosis and treatment, improved patient safety, continuity of care and improved healthcare efficiency

Better health policy, greater opportunities for research and innovation

Health data from apps and medical devices

Health data in registries

Electronic health records

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HL7 FHIR MARATHON | HL7 Hellas

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European Health Data Space (EHDS)

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Objectives

Effective use of health data

Commission IT SYSTEMS composing EHDS

Primary use of data	MyHealth@EU
	EU database for Electronic Health Record (EHR) systems and wellness applications
Secondary use of health data	HealthData@EU Central platform and infrastructure

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eHealth Digital Services infrastructure (myHealth@EU)

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What is the eHealth DSI?

Services and Infrastructure using ICTs that enable cross border Healthcare services.

Use Cases:

Patient Summary, provides access to health professional to verified key health data of a patient during an unplanned care encounter while abroad

ePrescription, enables patients to receive equivalent medication treatment while abroad to what they would receive in their home country

FHIR Laboratory results report: enables electronic exchange of laboratory exams

Hospital discharge report: enables electronic exchange of laboratory exams

Use of FHIR model where relevant and possible: interoperability



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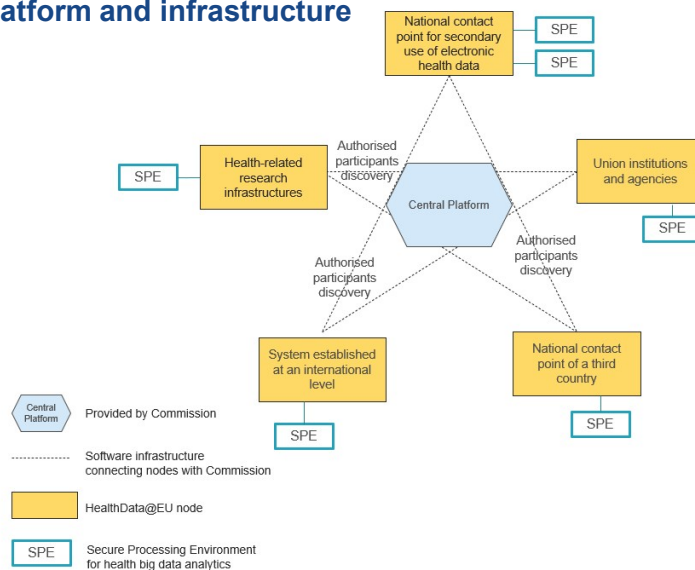


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HealthData@EU Central platform and infrastructure

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Interoperability

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SANTE supports and funds ePI work as an enabler for transparency, availability and electronic exchange on key information for human medicinal products

Key SANTE systems that benefit from ePI

Directly: **MyHealth@EU / HealthData@EU**

Indirectly : **eHR (future) / EUDAMED (?)**

Overall:

- Standards are key for interoperability, data sharing and future systems. They provide efficiencies and cost savings and increase quality, availability of information and time to address needs
- Alignment with common vocabularies / reference data is beneficial for policy making, academia and research and industry and practitioners
- SANTE embarks for interoperability and standards in SANTE systems and eHEALTH domain



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Useful links

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ePI

<https://ec.europa.eu/newsroom/sante/newsletter-archives/48809>

<https://www.ema.europa.eu/en/human-regulatory-overview/marketing-authorisation/product-information-requirements/electronic-product-information-epi#pilot-project-to-test-epi-section>

EHDS

Regulation on EHDS EUR-Lex - 52022PC0197 <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A52022PC0197>

Commission website on the European Health Data Space https://ec.europa.eu/health/ehealth-digital-health-and-care/european-health-data-space_en

Have Your Say entry on the European Health Data Space https://ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/12663-Digital-health-data-and-services-the-European-health-data-space_en

European Health Data Space 2 Pilot Home - EHDS2 Pilot - Official website

<https://ehds2pilot.eu/>



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Q2.7 SPOR the way forward

Isabel Chicharo, SPOR lead, European Medicines Agency

January 18, 2024



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SPOR the way forward

EuroVulcan 2 European Meeting of the Vulcan Accelerator



EuroVulcan 2

Presented by Isabel Chicharo on 18 January 2024
Head of Regulatory Data Management Service, EMA

An agency of the European Union 

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ISO IDMP, FHIR and SPOR

ISO IDMP standards



EMA is implementing the standards developed by the International Organization for Standardization (ISO) for the **identification of medicinal products (IDMP)**.

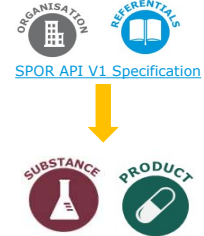
HL7 FHIR



The Fast Healthcare Interoperability Resources (**FHIR**) was endorsed as the basis for the **application programming interface (API)** for PMS.

FHIR will be the **data standard** that supports the **exchange of information** about medicinal products in the European Medicines Regulatory Network (EMRN).

SPOR



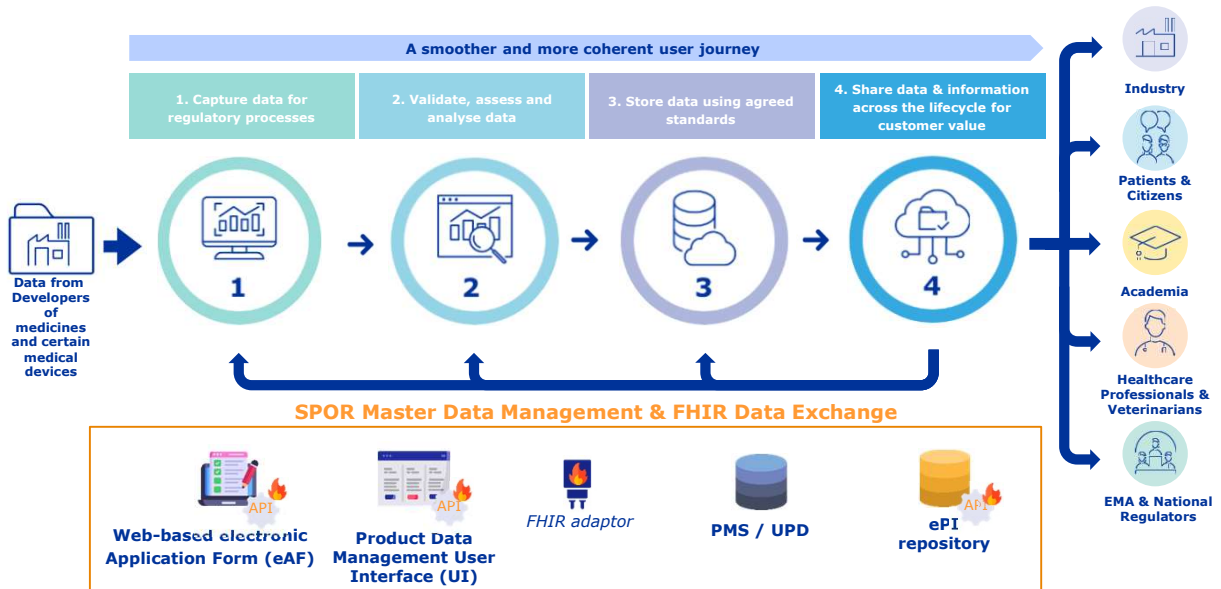
EMA is implementing the ISO IDMP standards based on four domains of **master data** : substance, product, organisation and referential (SPOR) master data.

[SPOR API V2 Specification](#)
[EU IDMP Implementation Guide](#)

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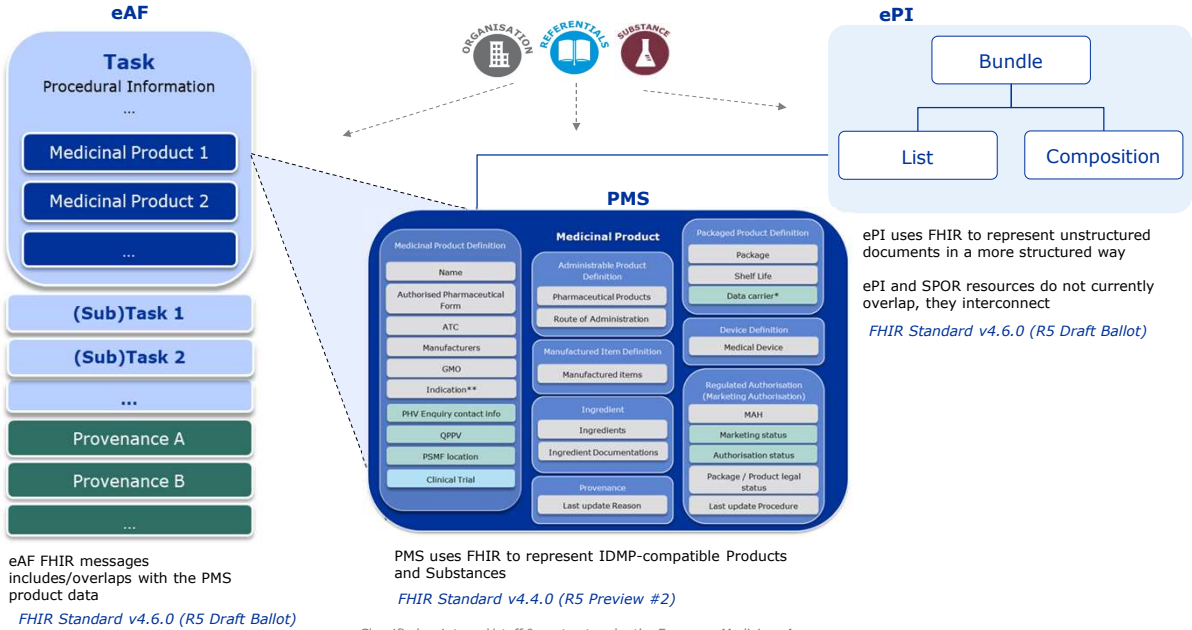
Interoperability and Product Lifecycle Management



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FHIR in European Medicines Regulatory Network (EMRN)



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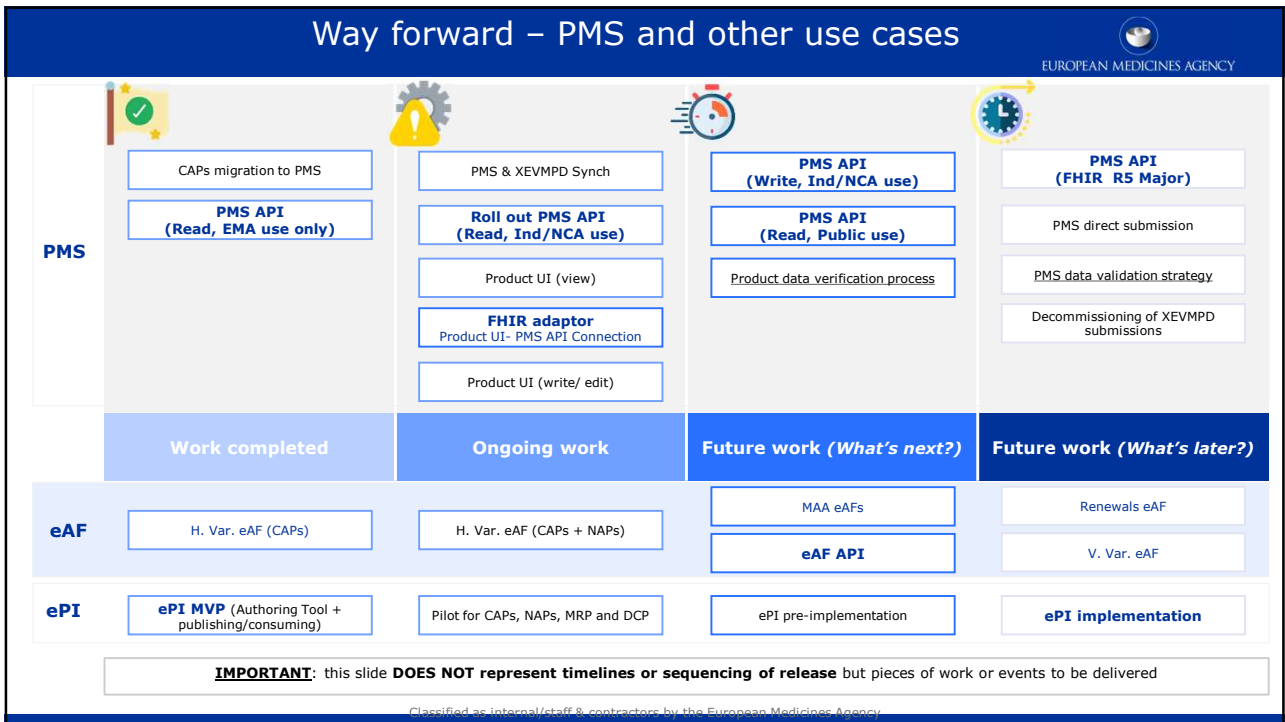
Way forward – OMS, RMS and SMS



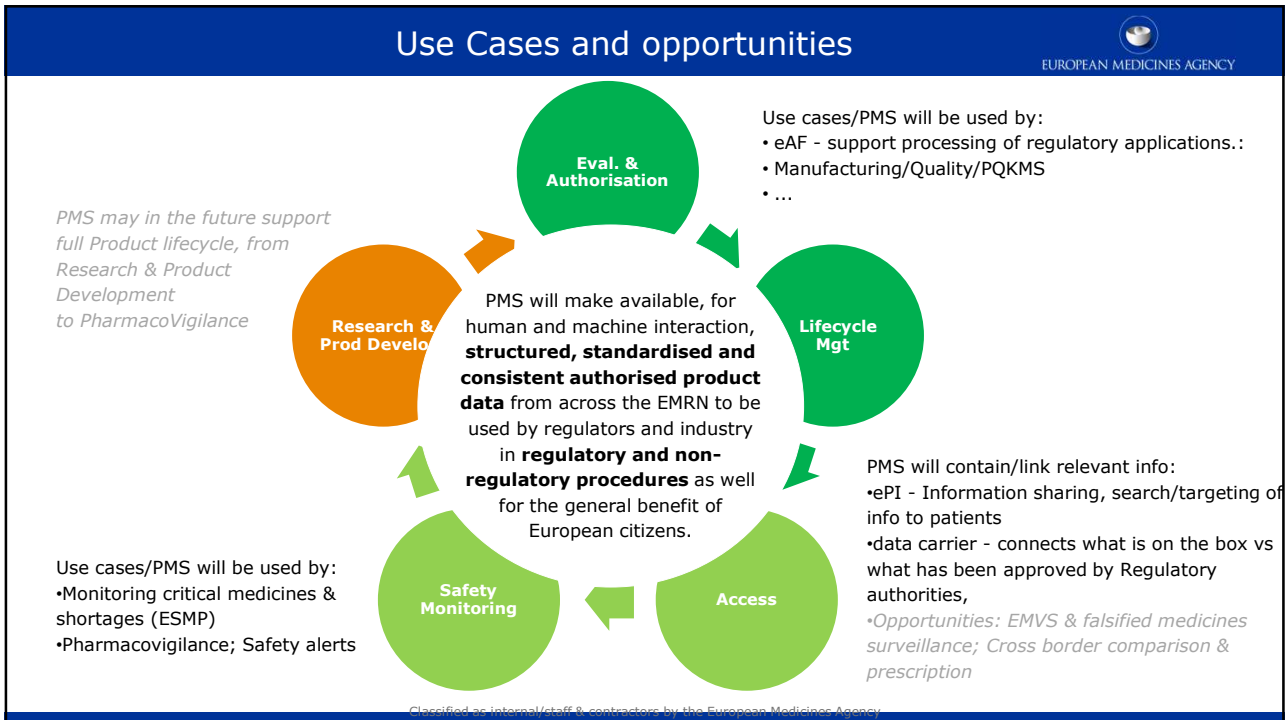
OMS	Performance & stability improvements	SPOR v1.1: extending OMS v1	Support Org/Loc needs in FHIR	
RMS			SPOR v1.2: extending RMS v1	Support RMS term needs in FHIR
SMS	SMS API (Read, EMA use only)	Roll out SMS API (Read, NCAs & Ind/Public use)	Expand Subst resources in FHIR (Min. data fields) EU-SRS & SMS integration	SMS API (FHIR R5 Major)
	Work completed	Ongoing work	Future work (What's next?)	Future work (What's later?)

IMPORTANT: this slide DOES NOT represent timelines or sequencing of release but pieces of work or events to be delivered

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Thank you for your attention

Further information

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Telephone +31 (0)88 781 6000

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Q2.8 Scaling IDMP for Global use cases

Panagiotis Telonis, European Medicines Agency

January 18, 2024



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Scaling IDMP for Global use cases

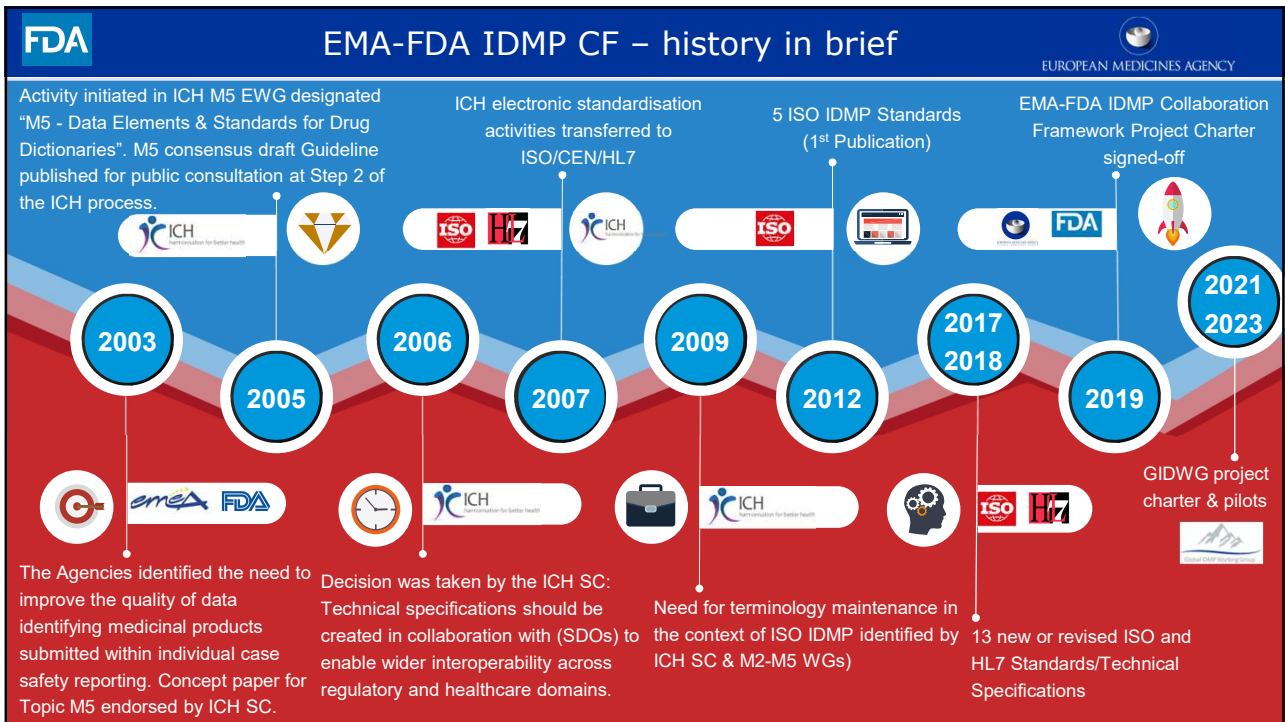
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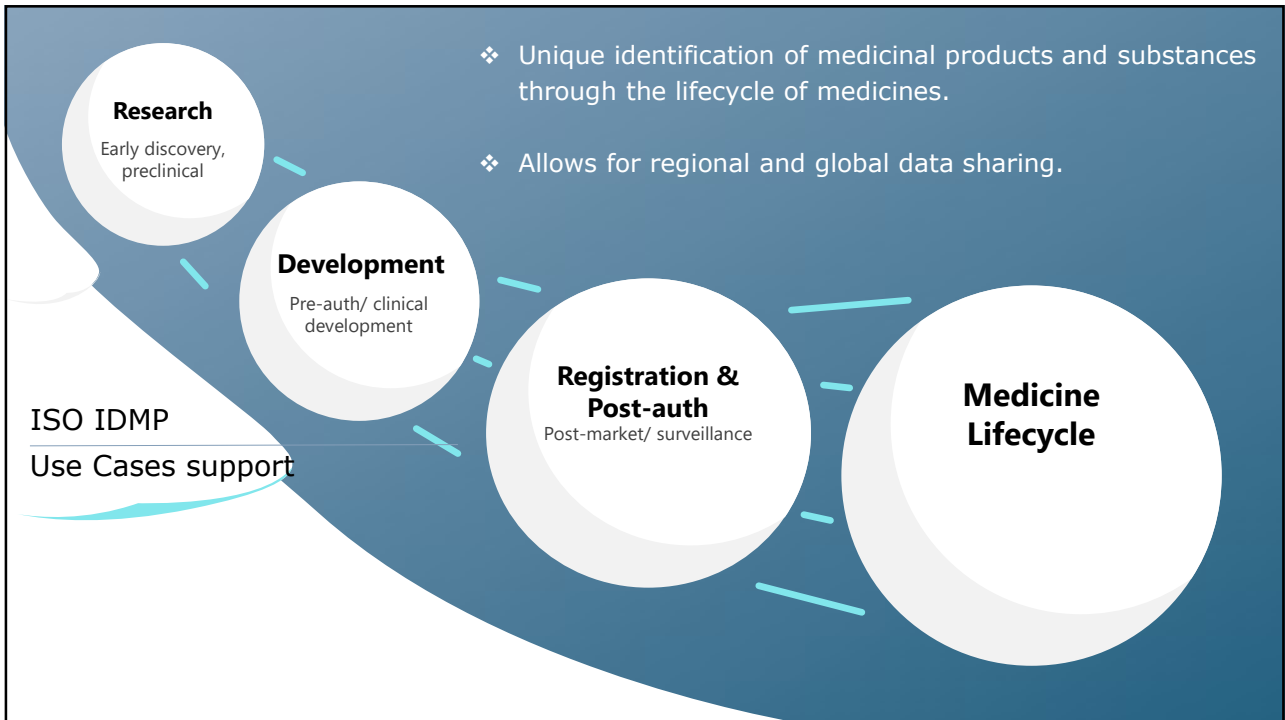
Panagiotis Telonis
Scientific Administrator, Chief Information Office

An agency of the European Union 

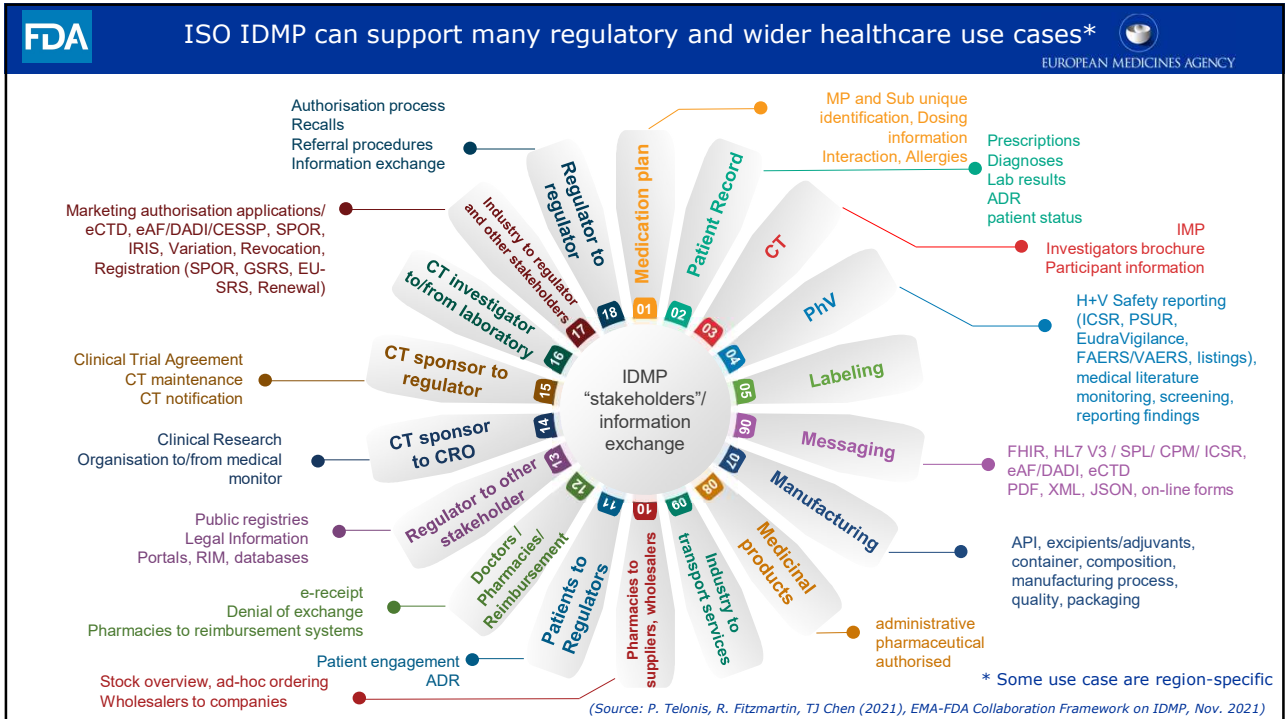
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ISO IDMP & related standards

	ISO 11615 MPID	ISO/TS 20443 MPID IG	ISO 11616 PhPID	ISO/TS 20451 PhPID IG	ISO 11238 SubID	ISO/TS 19844 SubIG IG
	ISO 11239 DF, UoP, RoA & Pack	ISO/TS 20440 DF IG	ISO/HL7 27953-1&2 ICSR	ISO 11240 UoM	ISO/TR 14872 Maintenance	ISO/DTS 5499 Indications Harmonisation
	ISO 27269 IPS	ISO/TS 19256 MPD	ISO 17523 eP	ISO/TS 19293 eD	ISO/DTS 6476 Logical Model (annex to the revised ISO 11615)	ISO/TS 16791 Machine readable coding for MP Pack IDs
	ISO 21090 Data Types	ISO/DTS IDMP Ontology	ISO/DTR 18728 Product and lot registration	ISO 22532 IDMP Core vocabulary	HL7 v3 SPL8/CPM4 	HL7 FHIR

94 *More in the pipeline...*

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Global Identification Working Group (GIDWG) in brief

- **GIDWG was chartered in 2021:**
 - as an outcome of the WHO IDMP Workshop in Geneva, Sep 2019
 - supported by the EMA-FDA IDMP collaboration framework.
- **Why was GIDWG established?**
 - There was no organization focused on demonstrating that the standards can be implemented globally.
- **Membership**
 - Founding members include **EMA, FDA,** and **WHO/UMC**; other regulators, e.g., Health Canada and Brazil ANVISA, SwissMedic, as well as, IFPMA has joined as an industry observer.
- **What is GIDWG focus?**
 - Develop and execute projects to demonstrate that the IDMP standards are "fit" for global implementation.
 - Develop a framework, including business rules, best practices and operating model, for the global IDMP implementation and maintenance of global identifiers for marketed products.

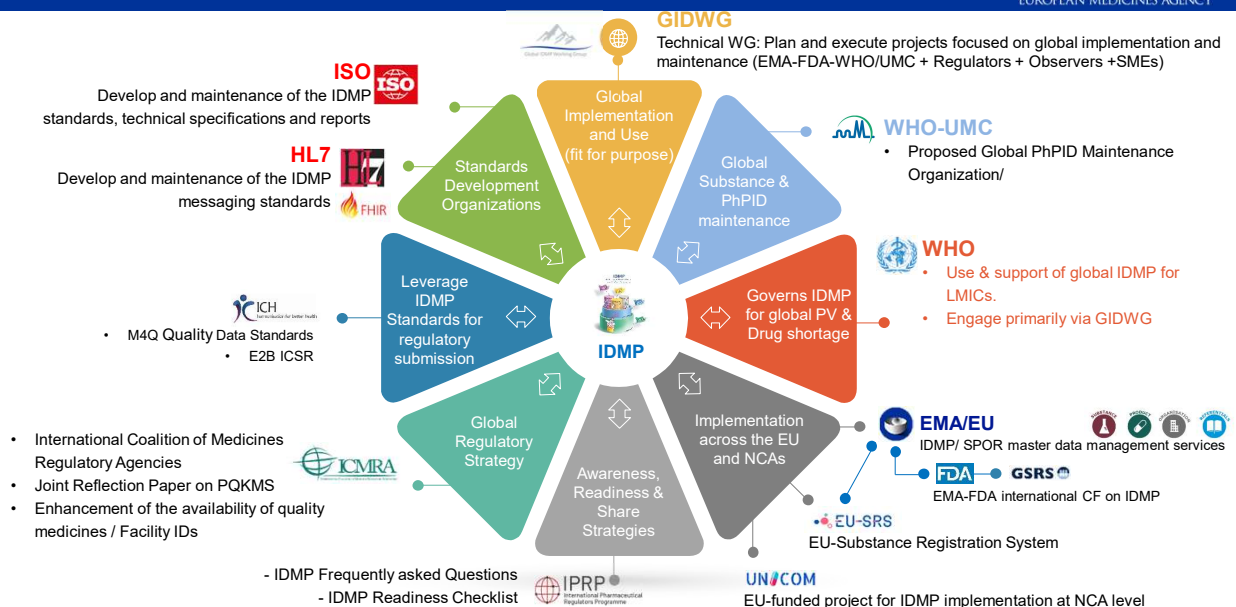
Global IDMP implementation is a collaborative project



GIDWG End-2-End Use cases (2024)

- Pharmacovigilance
- Shortages
- Cross-border healthcare
- HL7 FHIR

IDMP Groups Internationally



Source: EMA-FDA-WHO/UMC IDMP Collaboration Framework. Adapted from: Ron Fitzmartin (2022), IPRP IDMP report to ICH MC, Incheon, South Korea, Nov. 2022

GIDWG use cases in FHIR Connectathons

Connectathon 34, Track: 2023 - 09 Vulcan/Gravitate Health - ePI/IPS and SPL-FHIR

- FHIR demonstrated publicly that:
 - MP information can be exchanged to central Maintenance Organisation (MO).
 - PhPID can be generated centrally by Central MO using business rules and patterns defined by 4 GIDWG pilot projects (GSID, DFID, SDID, Operating Model)
 - PHPID can be distributed – as well as MP information

Connectathon 35, Track: 2024 - 01 Vulcan/Gravitate Health - ePI/IPS and UNICOM/GIDWG

Still on-going work today, early results will be presented during EuroVulcan 2, Panel 3 discussion

HL7 FHIR Connectathon 34 & HL7 WG meeting (9-15 Sep 2023)

Connectathon (What)

- HL7 FHIR Connectathons feature hands-on FHIR development and testing.
- Implementers and developers come together to hold technical discussions that advance the FHIR specification, develop FHIR-based solutions, and exchange data with other FHIR interfaces.
- Connectathons are a great opportunity to work directly with FHIR developers and senior members of the FHIR standards development team

Track Objective

- Scenarios to Test and gather feedback on the following:
 - Test scenario #1: Confirm how to make connections between the Vulcan ePI and SPL-FHIR by manually transforming an ePI to a SPL-FHIR.
 - Test scenario #2: A patient travels from Europe to US and has to find the similar US medicinal product to their European prescription.
 - Test scenario #3: A patient travels from Japan to US and has to find the similar US medicinal product to their Japanese prescription.
 - Test scenario #4: Incorporate ISO IDMP identifiers into the ePIs to facilitate international connections. Focus on the PhPID generation; lookup and usage; and matching identifiers cross-border to support the relevant test scenarios above.

[2023 - 09 Connectathon 34 - FHIR - Confluence \(hl7.org\)](https://www.hl7.org/fhir/2023-09-Connectathon-34-FHIR-Confluence.html)

[Connectathon 34 Report Out 9.25.23.docx \(live.com\)](https://www.hl7.org/fhir/2023-09-Connectathon-34-FHIR-Report-Out-9.25.23.docx)



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IDMP/Substances (public info) for supporting Global use cases Approaching Target Operating Models starting with min. data fields

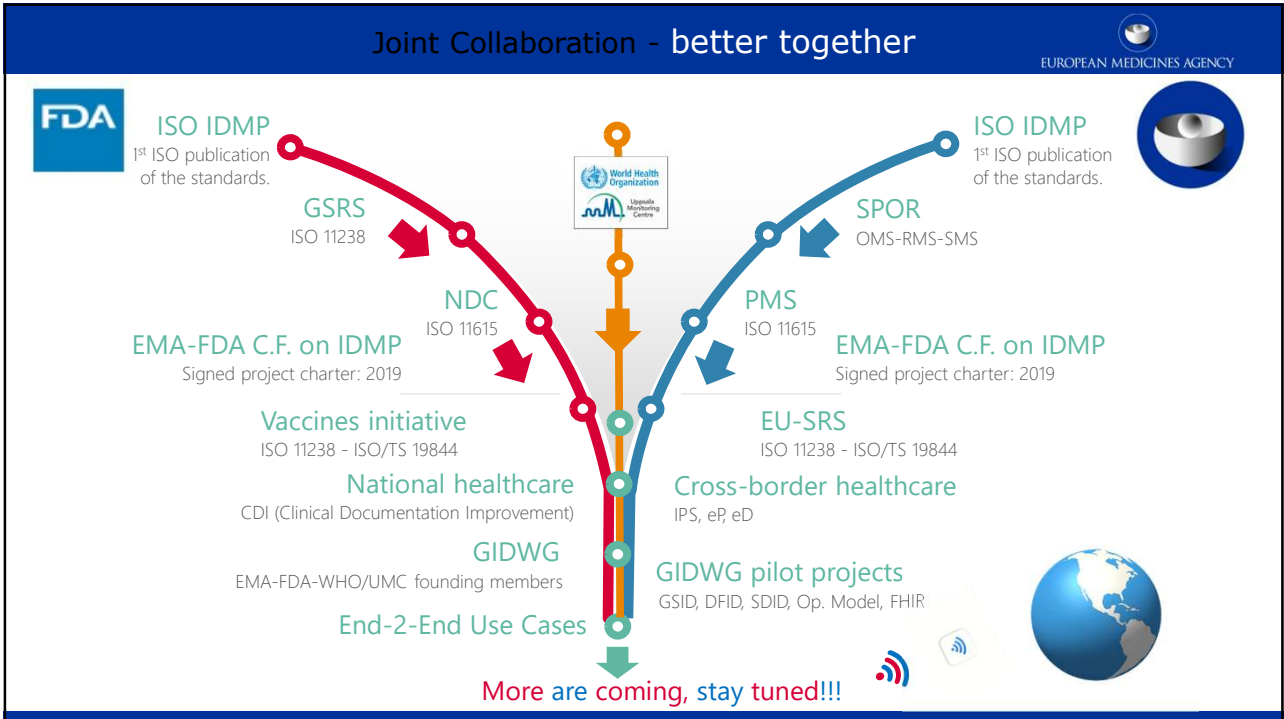
- Infrastructure, processes, and SLAs (as required) related to EU SMS/EU-SRS, FDA/ GSRS, WHO/UMC-SMS operational environments.
- EMA/EU, FDA and WHO/UMC “share one” global identifier according to ISO 11238 and ISO/TS 19844 definitions and agreed business rules for supporting global use cases).
- Complete the Medication Definition FHIR resources to include the complete ISO 11238/19844 tree and the latest substance developments. National/jurisdictional FHIR profiles/IGs - Connectathons
- Public substance data sharing and Global Substance IDs support.

Secure substance info and public data sharing (national and jurisdictional instances)



EMA/EU, FDA, WHO/UMC, CBG-MEB, BfARM, NCATS, USP, HC, SwissMedic, ...

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Accelerating the Vision

Develop a path to achieve critical mass (i.e., 80% of ePIs converted to FHIR) within two years.

Diverse attendance

- Structured Content Authoring (SCA) Providers
- Regulatory Information Management (RIM) Providers
- Software developers
- Medicinal Product Information Compendia
- Health Authorities

Topics

- ePI vision / FHIR
- Perspectives; Health Authority, Industry, Compendia
- EMA ePI Tool
- How SCA can support Product Information vision (vendor demos)
- Focusing

Opportunities and collaboration

- Disseminating the vision
- Creating ePI
- Developing the marketplace



GU0

JOIN THE COMMUNITY VIA 'CONTACT US': [Contact - Gravitate Health](#)

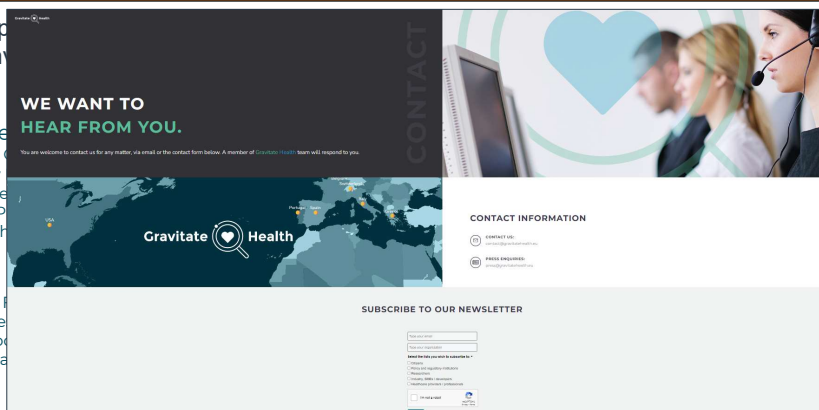
Develop a path to achieve critical mass of ePIs converted to FHIR)

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- ePI vision / FHIR
- Perspectives; Health Authority, Industry, Compendia
- EMA ePI Tool
- How SCA can support Product Information vision (vendor demos)
- Focusing



GUO @michael - can you change the background for the box from black to something else ? there is text hidden

Guest User, 2024-01-18T05:43:15.057

Q2 Panel: Vulcan ePI/eLabeling Project, IDMP and EMA/SPOR: The Way Forward

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Panelists

1. ePI Pilot Project – Progress & Next Steps: *Elizabeth Scanlan, ePI pilot, European Medicines Agency*
2. Compendia ePI Pilot: *Bente By Jansen, Felleskatalogen AS, Norway*
3. Improving Package Leaflets: Summary of IATF Recommendations : *Kate Porch (online), Global Labeling, Johnson & Johnson*
4. PhPID operating model, GIDWG: *Magnus Wallberg, Uppsala Monitoring Centre*
5. UNICOM achievements and next steps from an NCA perspective: *Farah Diehl-Fahim, empirica, Christer Backman & Pelle Persson, Swedish Medical Products Agency*
6. Health Data and the Link to ePI : *Georgos Georgiannakis (online), DG SANTE - European Commission*
7. SPOR the way forward: *Isabel Chicharo (online), SPOR lead, European Medicines Agency*
8. Scaling IDMP for Global use cases: *Panagiotis Telonis, European Medicines Agency*



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Lunch

12:30 – 13:45



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