

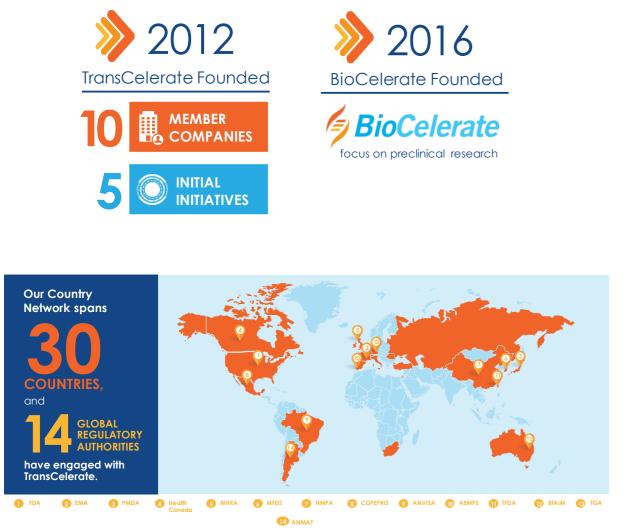
# TransCelerate eSource

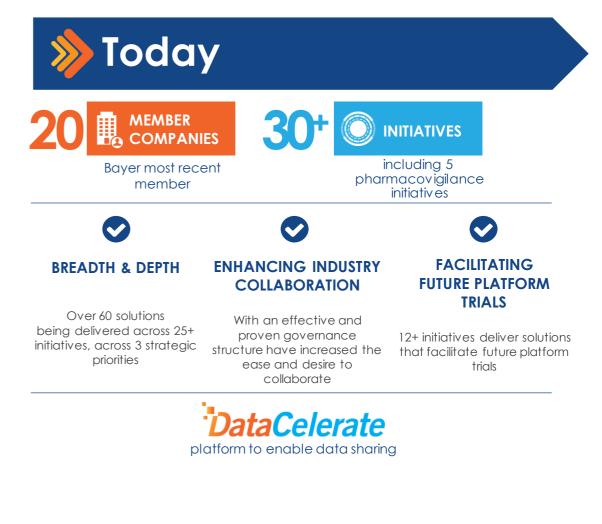
Workstream Overview

Rakesh Maniar, Novartis August 2020

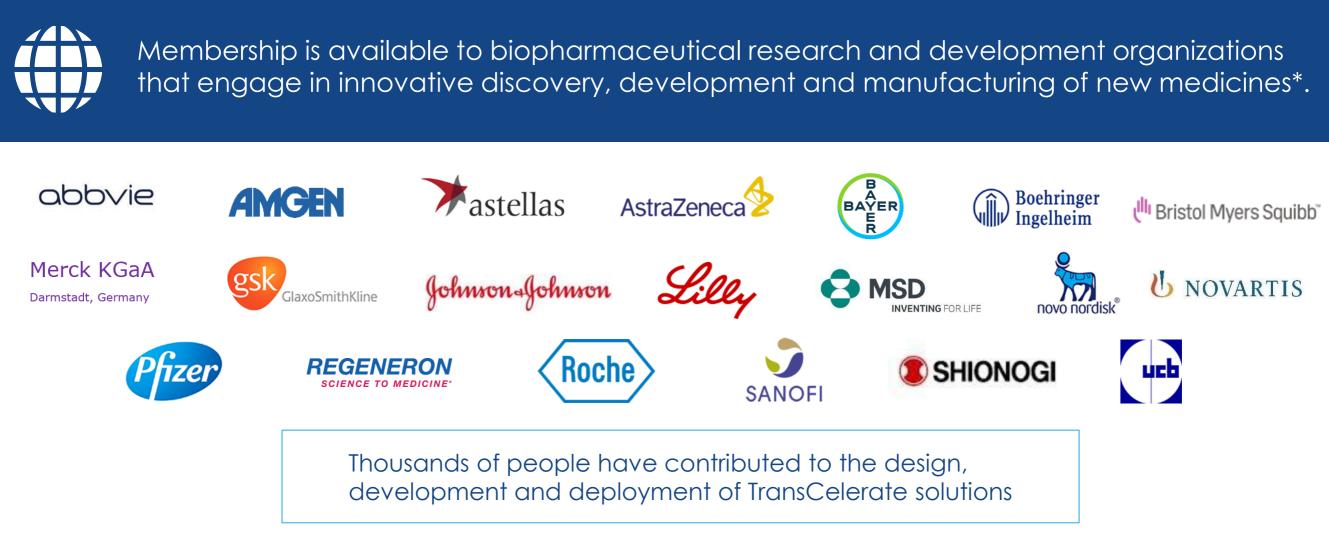
For presentation at the Learning Health Community eSource Symposium.

### **Current state of organization**





### The Reach of our Global Membership is Expanding



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# External Collaboration will continue to play a critical role in achieving our future state



\* Representative organizations, not exhaustive

### How TransCelerate is working to make the vision a reality Change how information is captured, structured and moves through its lifecycle

#### eSource

- Moving point of data digitization closer to the point of collection
- Enable capture of electronic source data to sponsor's database
- To get standards to start working across healthcare and clinical research
- HL7 Accelerator : Project Vulcan founded

#### Clinical Content and Reuse (CC&R)

- Encourages automated content reuse throughout the project lifecycle
- Transform document content into data

#### Digital Data Flow (DDF)

- Automating configuration and enabling flow of information
- Automate how systems are prepared and how information is moved

# TransCelerate describes eSource and its four different modalities as...

"Electronic source data are data initially recorded in electronic format."





The collection and transfer of electronic data from internal sponsor sources or external vendors into clinical research data repositories/warehouses without entering the data into a Case Report Form (CRF).



**Devices and Apps** The collection and management of clinical data from non-site personnel, wearables, and sensors.

DDC



The direct entry of clinical data by site staff into a mobile application or EDC system.



EHR

The collection and reuse of data for use in clinical research from site/patient electronic health record systems

\*The eSource team recognizes that some technologies cross these boundaries and that these categories will likely evolve over time due to technological advances

### TransCelerate eSource Workstream

The eSource Initiative works towards the advancement of the digitalization of clinical development for patients, sites, and sponsors

### **2015**

### Workstream founded

**2016** 

Understand and Align



**Uncovered** the common aspirations to modernize the data collection

**Identified** sponsors' priorities in adoption of eSource Modalities

## **Revealed** technology vendor willingness to engage with pharma

**Exposed primary barrier** to eSource advancement as a people and process issue

**Prompted** CDISC mapping to FHIR and EDC Vendors to participate in HL7 FHIR Connectathon work

Awareness and Action 2018

### **Focus and Initiate**

**Initiated** TransCelerate-directed mapping to FHIR

**Connected** Duke with Member Companies for EHR to EDC Pilot

Identified need of site training and understanding of eSource capabilities

**Proposed** pharma as a trusted entity in the exchange framework to enable scalable EHR

### Engage and Accelerate

Engage with global regulatory agencies

Accelerate the maturity of EHR as an eSource for Clinical Research to create a scalable solution

Publish Sponsor call to action for change

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2019

**Describe** pharma needs to vendors through Logical Architecture and Data flow Diagram in collaboration with Tech council

### Focus on Sites and Regulatory

**Engage** with Site Advocacy Groups

Collaborate with Standards Setting Organizations e.g. HL7) 2020



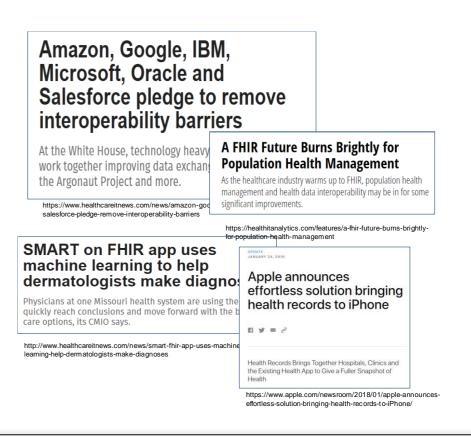
## Future State Interoperability: Explosion of FHIR

Pharma companies have yet to invest significate resources to solve the EHR interoperability issue

Changes in policy, emerging technologies, and advances in EHR data are transforming healthcare



These advances have the potential to provide great value to both patient care and Clinical Research



#### <u>Fast</u> <u>H</u>ealthcare <u>Interoperability</u> <u>R</u>esources

An HL7 data standard for exchanging healthcare information electronically amongst hospitals, caregivers, patients, etc. FHIR aims to simplify implementation without sacrificing information integrity

# TransCelerate eSource Initiative, to date and beyond

Various eSource Assets and Industry Resources can be found at the eSource Website (Link to eSource Assets Page)



Knowledge Insights

- eSource Sponsor Landscape (published)
- eSource Technical Landscape (published)
- Best Practices for non-CRF Data
- Roadmap to eSource Adoption: A TransCelerate Perspective (published)
- Technology Considerations for the Future State (published)



- eSource Site Capability Questionnaire
- CDISC Lab Semantics in FHIR Implementation Guide
- eSource Site Maturity Curve (published)
- Regulatory Landscape Assessment (pending)



- Collaborate with Standards Setting Organizations (e.g. HL7)
- Complete regulatory analysis, confirm findings
- Share and align information at industry events and conferences

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## TransCelerate eSource Regulatory Landscape Assessment

### Why?

• eSource has a huge potential for transforming clinical trials, with new ways of capturing data and improving on quality.

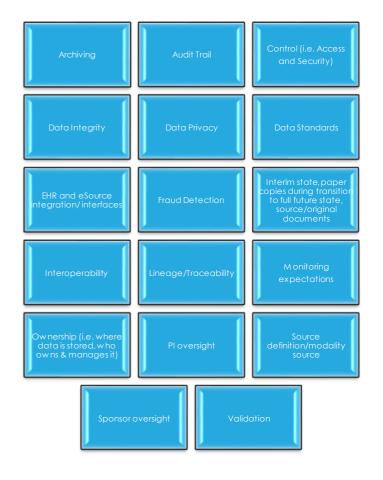
• New opportunities also come with new challenges

• We wanted to understand what expectations regulatory agencies and industry bodies have expressed in their 'guidance' documents on the use of new eSource technologies.

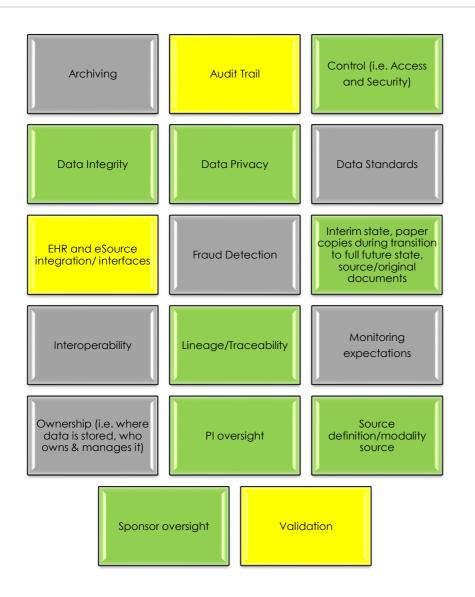
• How aligned are the guidelines for the purpose of doing global trials?

### What we did

- The team was expanded with operational data management experts to define key topics of relevance to eSource. The list is shown to the right
- The regulatory expert team identified the relevant sections in the guidelines covering the topics
- This was summarised and line referenced in a common spreadsheet
- Topics were assigned two reviewers each to review the summaries and amend as needed.
- Reviewers independently evaluated each topic, and highlighted where the available guidelines are:
  - In consensus
  - Have differences
  - Have gaps (topic was not covered or topic could benefit from more guidance)
- During a team meeting we conducted a deep-dive discussion and concluded on a final review summary for each topic



# Preliminary Results by Topic



Global State	Торіс	Note
Gap	Archiving	EDC centric Consensus. Technology gap for eSource
Differences	Audit Trail	EDC centric guidance, ambiguity for eSource
Consensus	Control	Clear ICH defined expectations
Consensus	Data Integrity	Differences in level of details
Consensus	Data Privacy	Governed by local laws
Gap	Data Standards	No guidance
Differences	EHR and eSource Integration	No common guidance around integration
Gap	Fraud Detection	No guidance around eSource fraud detection
Consensus	Interim State	Clear on certified copy; difference in level of detail
Gap	Interoperability	Interoperability is encouraged yet no guidance on expectations
Consensus	Lineage/Traceability	Sufficient guidance exists
Gap	Monitoring Expectations	Paper and EDC centric vs eSource data volume
Gap	Ownership	Technology gap around apps and devices
Consensus	PI Oversight	Clear ICH defined expectations
Consensus	Source Definition	Clear definitions; lacks clarity around 3rd party storage
Consensus	Sponsor Oversight	Increased expectations of data transfer oversight
Differences	Validation	Specific for EHR

# Preliminary Results – Examples

#### CONSENSUS

**Topic:** Control (access and security)

#### **Observations:**

 In general, all regions in alignment with ICH

#### DIFFERENCES

Topic: Validation

#### Observations:

- General consensus that validation of eSource systems is needed, and validation of data transfers is needed.
- There is distinct difference with FDA having ONC certification defined in: "FDA Use of Electronic Health Records Data in Clinical Investigations"
- Other regions do not have an equivalent.

#### GAP (TECHNOLOGY)

Topic: Archiving

#### **Observations:**

- Consensus across regions around archiving in general but there is a technology gap around archiving eSource data and subsequent retrieval of the data.
- This gap impacts both sponsor and sites to be inspection ready. Data is not suitable for PDF files as archive format.

## eSource Logical Architecture

