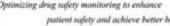
# Patient reporting in reality

Magnus Wallberg
Sten Olsson









# Monitoring Medicines

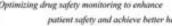
### Broad objectives

- Support and strengthen patient reporting
- Expand the role and scope of PV centres in analysing medication errors
- Promote better and broader use of existing PV data identifying dependence potential and substandard quality
- 4. Develop additional PV methods to complement spontaneous reporting systems for Public Health Programmes. (Targeted Spontaneous Reporting and Cohort Event Monitoring)
- 5. Develop a learning tool for ARV-adverse event management

### **Partners**

- Uppsala Monitoring Centre, Sweden
- World Health Organization
- Medical Products Agency, Sweden
- Lareb foundation, the Netherlands
- National Patient Safety Agency, UK
- National Antipoison & Pharmacovigilance Centre, Morocco
- Copenhagen HIV Centre, Denmark
- Elliot Brown Consulting Ltd, UK
- Zuellig Family Foundation, Philippines
- University of Ghana Medical School
- Pharmacy & Poisons Board, Kenya





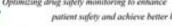




### **Activities**

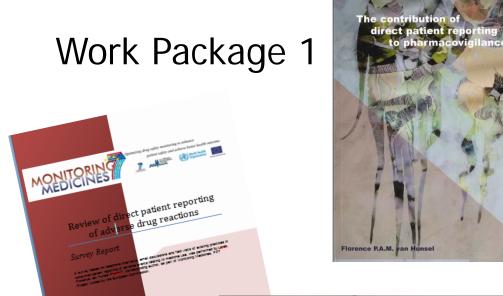
- Work Package 1 4
  - Develop guidelines and tools for direct patient reporting of drug related problems
  - Carry out training for patient organizations











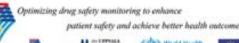


Florence van Hunsel, 1.2 Linda Härmark, 1.2 Shanthi Pal, 3 Sten Olsson<sup>4</sup> and Kees van Grootheest 1.2 Netherlands Pharmacovigilance Centre Lareb, 's-Hertogenbosch, the Netherlands Liniversity of Groningen, Department of Pharmacy, Pharmacotherapy and Pharmaceutical Care, Groningen, the Netherlands
Quality Assurance and Safety of Medicines, World Health Organization, Geneva, Switzerland
World Health Organization Collaborating Centre for International Drug Monitoring, Unusual, S Quality Assurance and Safety of Medicines, World Health Organization, Geneva, Switzerland
World Health Organization Collaborating Centre for International Drug Monitoring, Uppsala, Sweden Abstra

Background: Patients are important stakeholders in pharmacovigilance; how-



### Florence van Hunsel Lareb

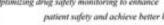


# Work Package 2 Reporting System for General Public

- Process started at national centres meeting in Uppsala, 2008
- First draft by Linda Härmark and Anne Kiuru
- Included as a deliverable in Monitoring Medicines
- Published by WHO, March 2012



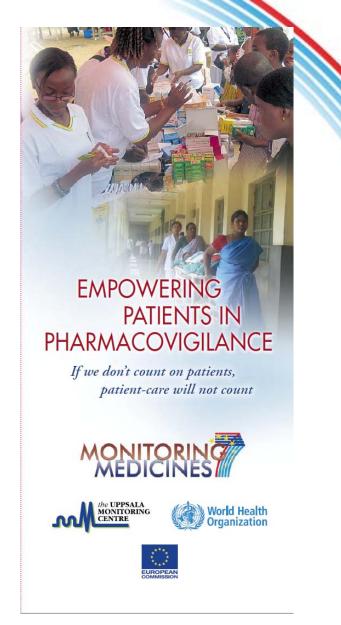




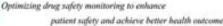




## Seminar at World Healh Assembly 65 24 May 2012

















### WHA 65





Optimizing drug safety monitoring to enhance patient safety and achieve better health outcome







### Time line

- Workshop in Uppsala, December 2010
- Original delivery date, November 2011
  - New legislation
  - 6 months prolonged delivery of the tool
- Training in Den Bosch, March 2012
- Final adjustments finalized and sent to pilot countries for translation, May 2012



### Time line cont.

- Most of the work done during autumn 2011
  - Four Virtual meetings
    - October: Flow of reports
    - November: Fields
    - December: Texts
    - January: Wrap up
- Home work after each meeting



### This presentation...

- In the rest of the presentation we will focus on the tool and the process around it, NOT the content.
  - General requirements
  - Layout
  - Adjustable functionality
  - Integration issues
  - "Work flow"

Throughout the presentation the abbreviation NCA will be used for National Competent Authority



### General requirements

- Challenge
  - Build a patient reporting system
  - Easy to operate for patients
    - Should <u>operate</u> on smart-phones but <u>not optimized</u> for it
  - Get enough data for analysis work at the NCA
  - International standard, E2b
  - Mandatory fields
  - Error checks

To improve quality but without making data entry more difficult

- Useable around the world
  - Easy translation and adjustable to varying requirements



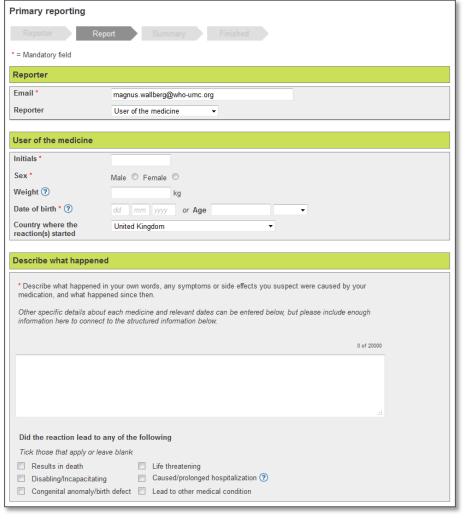
### Layout considerations

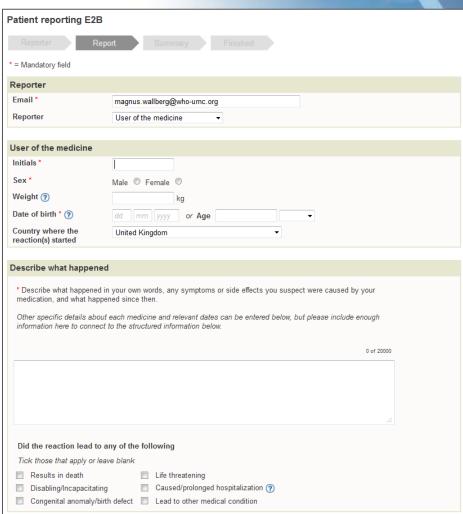
- The tool itself shall be as simple and straight forward as possible
  - Colour schemes, images, fonts and general appearance shall be possible to adjust to fit with the NCA using it.



### **Example**

### (different styles for different authorities)







## Layout considerations II

- Focus shall be on the data entry and common web-techniques shall be used
  - The tool shall be possible to host within another web site



# Example (integration in external system)

Unsere Kompetenz – für Ihr Vertrauen in Heilmittel This "frame" opens telinstitut the actual patient I Kontakt Suchen | Erweiterte Suche reporting system Zulassungen Bewilligungen Marktüberwachung Heilmitteldaten within VigiFlow Patient reporting E2B \* = Mandatory field Reporter Email \* magnus.wallberg@who-umc.org Reporter User of the medicine User of the medicine Initials \* Sex ' Male Female Weight (?) Date of birth \* (?) or Age dd mm yyyy Country where the United Kingdom reaction(s) started Describe what happened \* Describe what happened in your own words, any symptoms or side effects you suspect were caused by your medication, and what happened since then. Other specific details about each medicine and relevant dates can be entered below, but please include enough information here to connect to the structured information below. 0 of 20000



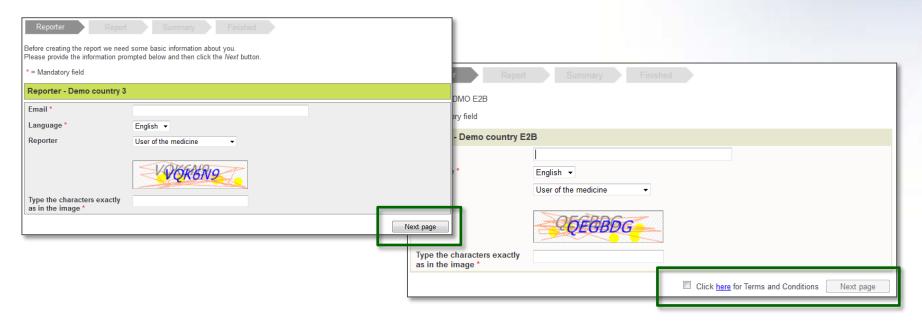
# Language considerations

- The tool shall be easy to translate to several languages
  - every NCA shall have a predefined default language
  - There should be a list of approved languages for each NCA.
- Certain texts shall be decided by each NCA like:
  - Introduction message
  - Caveat document
  - Thank you message and mail



### Adjustable functionality

 Some parts of the tool needs to be adjustable due to different demands by different NCAs (more about this later...)





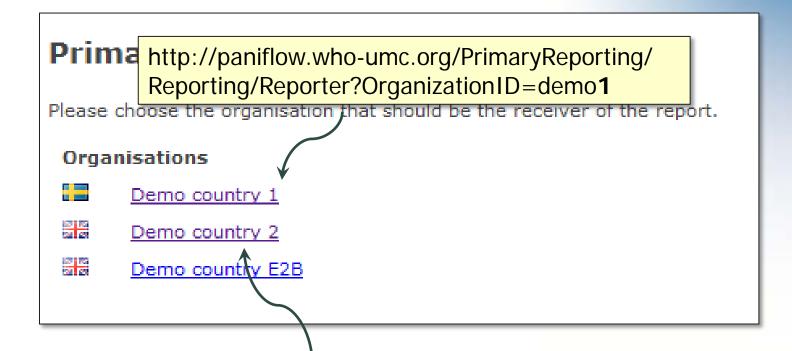
## Flow of functionality

 The flow of functionality in the tool is very straight forward and best described with the built in navigation help





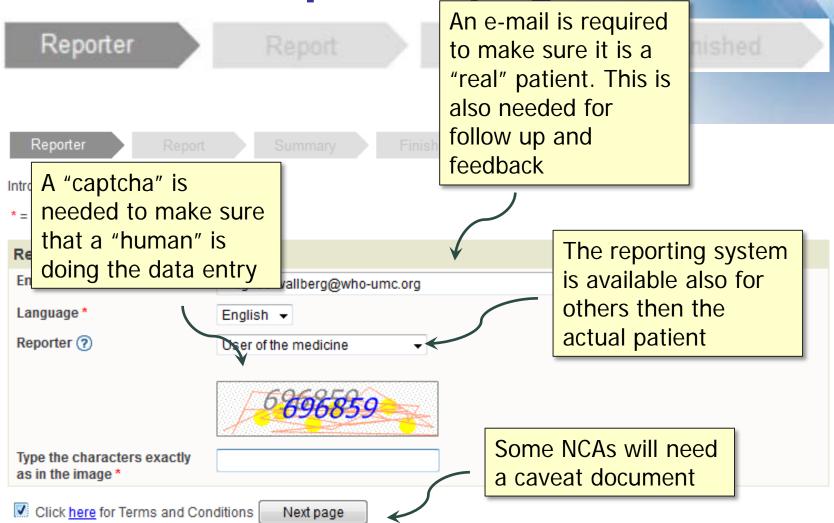
## This is NOT the first page



http://paniflow.who-umc.org/PrimaryReporting/ Reporting/Reporter?OrganizationID=demo2



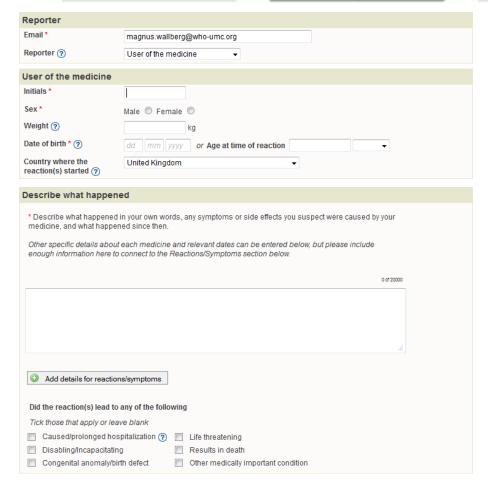
Reporter page





### Report page

### Report



#### Medicines

Enter the name and details for each medicine you were taking before the reaction occurred. Click on "Add another medicine" for each new medicine you need to describe. Please also describe any herbal preparations, recreational drugs or other alternative medicines you were taking.

1	Name on medicine * ?	Medicine producer ⑦  Probably causing the reaction	
	Strength ②	Dosage ③	
	Route	Place where medicine was obtained ?	
	Start date  Odd mm yyyyy	End date ⑦ Duration  dd mm yyyy or	•
	Reason for taking the me	ficine ⑦	0 of 250
	What else did you do? ②	oorso Action taken wit	
		.#	•
	Has the medicine caused a similar reaction before? Yes O No Unknown C Clear		
0	Add information on all medicines, one by one. Please do not forget about "over the counter" medicines, herbal preparations, recreational drugs or other alternative medicines.		
ddi	tional information		

Please give a short description of your medical history. This is important since some reactions only appear with a combination of previous or ongoing disease, special diets, recreational drugs, smoking habits, alcohol intake or allergies. You can also enter other comments you feel are important.

Current and previous illnesses 0 of 10000 Additional comments 0 of 500

Next page

# Summary page

Reporter

Report

Summary

Finished

This is the summary of your report. Please verify that the information is correct. If it's not, use the *Previous* button to change the information. To send the report, click the *Submit* button.

#### Reporter

Email magnus.wallberg@who-umc.org

Reporter User of the medicine

#### User of the medicine

Initials WW

Sex Male

Weight 80 kg

Date of birth

Age at time of reaction 30 Year

Country where the reaction(s) started

United Kingdom

#### Describe what happened

I suffered from...

#### Medicines

1 Name on medicine Medicine producer Probably causing the reaction

Alvedon Astra Zeneca Yes

Strength and Dosage

50 mg; 1 tablet 2 times/day



### Finished page

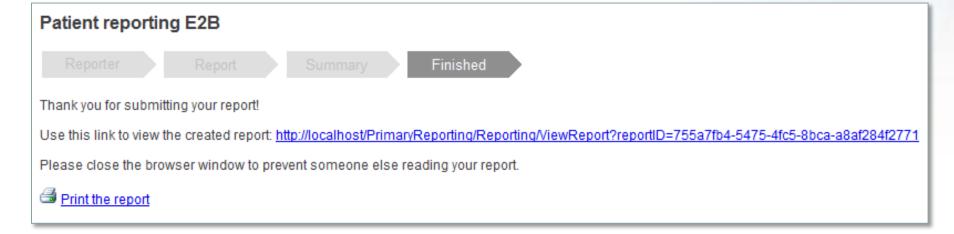
Reporter

Report

Summary

Finished

 The "Finished" page displays a "thank you" message and gives a final chance to print the report.



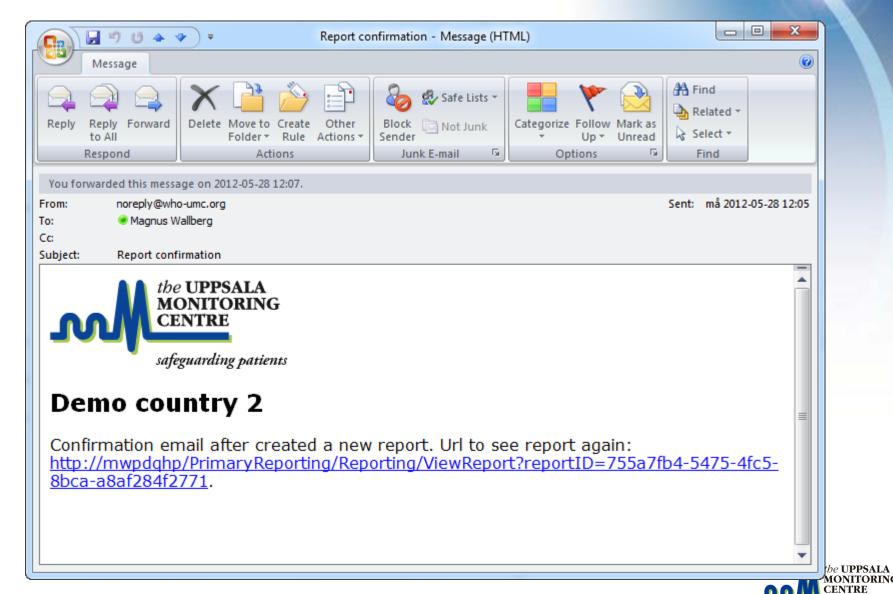


### **Confirmation e-mail**

- After finishing a report a mail is sent to the patient (reporter); the mail contains:
  - A standard message from the NCA
  - A direct link to the report that shows the report as in the summary page



### **Confirmation e-mail**

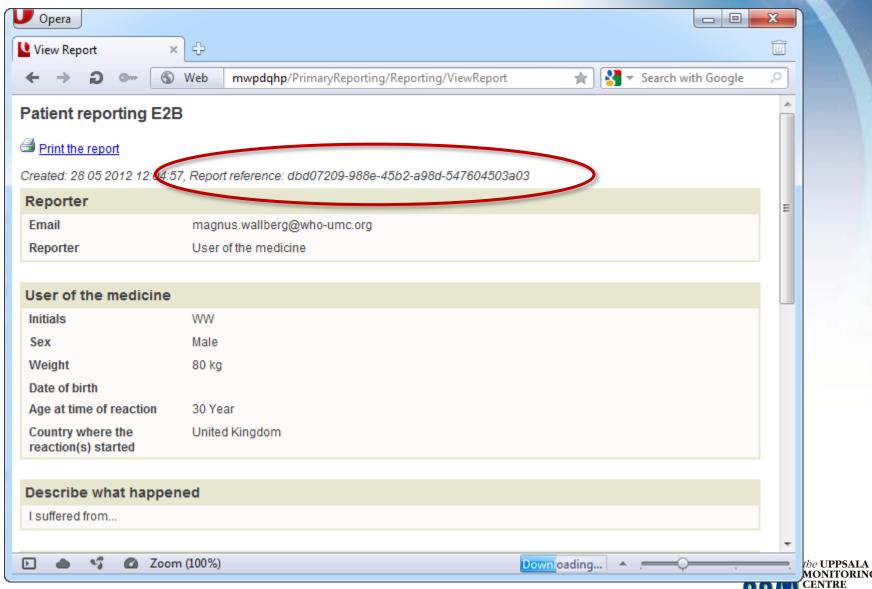


### **Confirmation e-mail**

- The link in the e-mail could also provide the opportunity to give follow up information and information about report status
- The mail is one of the reasons that we require a valid e-mail address
  - However... we do not check for fake mails as of yet... it might come though



# View previously sent report



# When the report has been completed

- When a report has been completed it should somehow be transferred to the responsible NCA
- Why?
  - UMC will NOT analyze the patient reports directly in the patient reporting system
  - The reports must go via the "NCA" for "decoding" and assessment
  - The report will re-appear at UMC as a "normal" report after assessment by the "NCA"



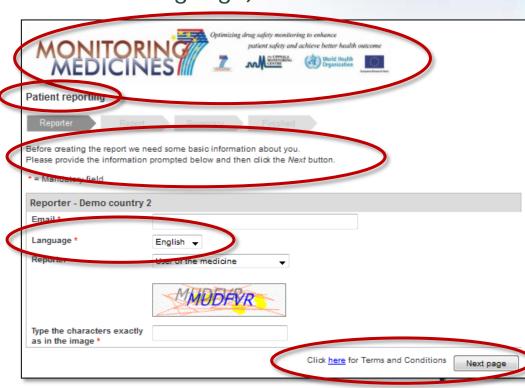
## Organizational settings

 Before continuing it is worth while to have a look at the settings available for an organization "NCA" in the patient reporting tool.

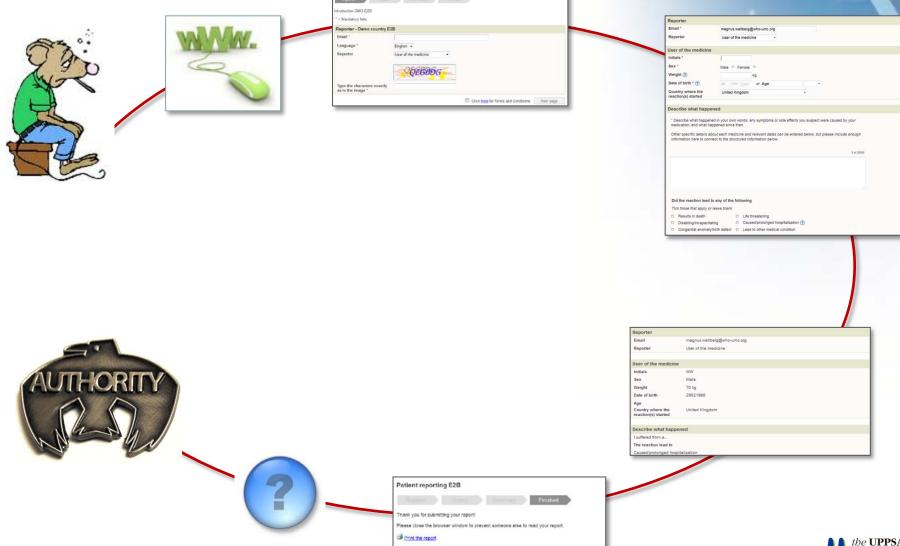


## Organizational settings

- The available settings (currently) are:
  - Name of organisation (NCA) and address details
  - Style sheet (look and feel)
  - Available languages (and default language)
  - Logo
  - Title
  - Introduction
  - Caveat
  - Delivery method
    - Will come to that...



# "Complete" report flow





## **Delivery method**

- The delivery method describe HOW the report is transferred from the patient reporting system to the NCA
- Methods can be:
  - FTP
  - Mail
  - Web services
  - **–** ...



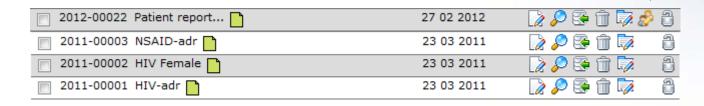
### What is there today

- Today the following process is in place:
  - The report is entered by the patient
  - The report data is extracted to an E2B-XML file
    - All files for one NCA are created in a NCA specific folder (reports from different NCAs are kept separate)
  - Depending on delivery method set up for each NCA the files are transferred to the right destination
    - For VigiFlow countries the reports can be sent directly to VigiFlow



# Integration with VigiFlow

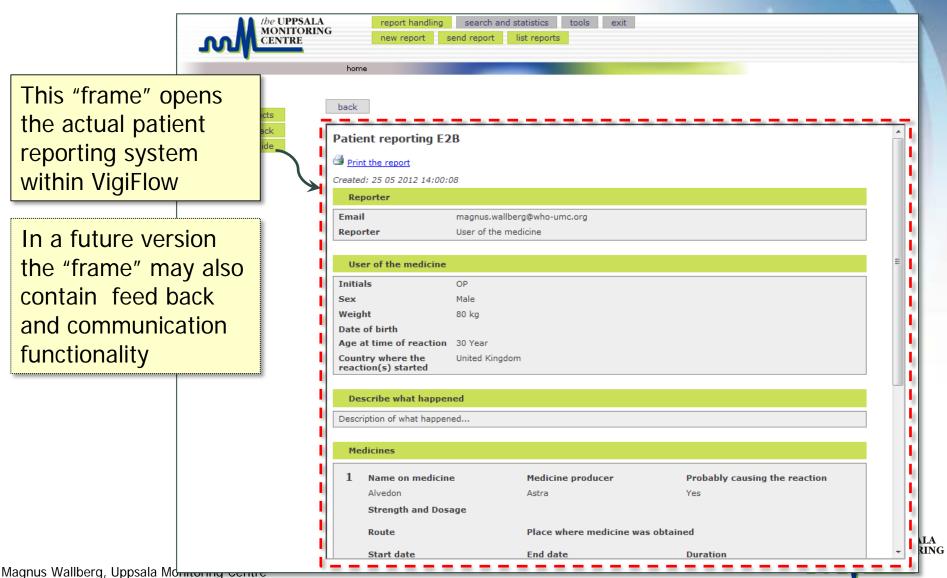
 As mentioned VigiFlow supports direct and automatic submission of reports from the patient reporting system by the use of a Web Service



- However... this functionality is not installed in production yet...
  - Will be included in VigiFlow version 5.0 planned for the autumn 2012



## View of the patient report in VigiFlow

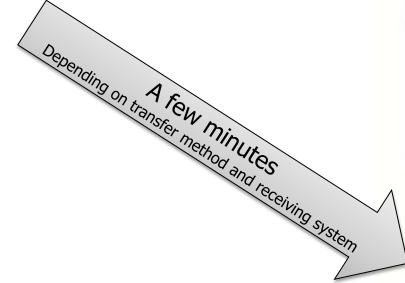


# Live demo (if time allows)





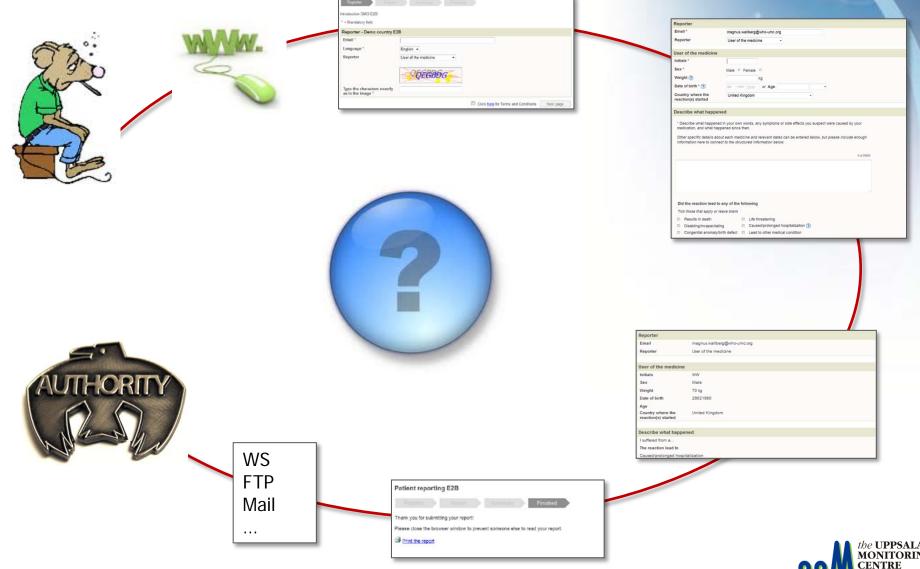






**THORITY** 

# What is missing in this picture





### Communication

- A communication module is important in order to simplify:
  - Feedback from NCA to patients
  - Follow up information from patients to NCA
  - The possibility for the NCA to ask for more information if important information is missing
- The basis for a communication module has been built already but was postponed to await feedback from the pilot phase



