

DECEMBER 7:00-8:00 PM UTC

WEBINAR What Must a CE Know Regarding Digital Health



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MSc ROSSANA RIVAS

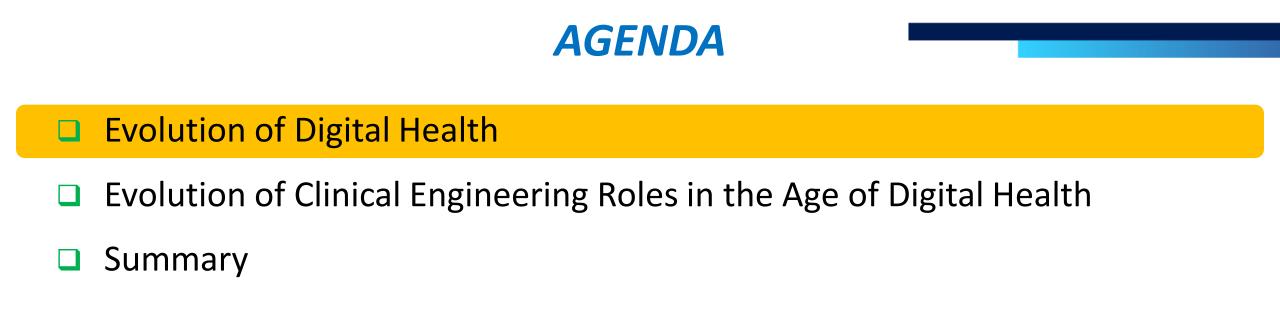
Moderator WHO Collaborating Center for HTM, UVM, US; Consultant



What Must A Clinical Engineer Know Regarding Digital Health?

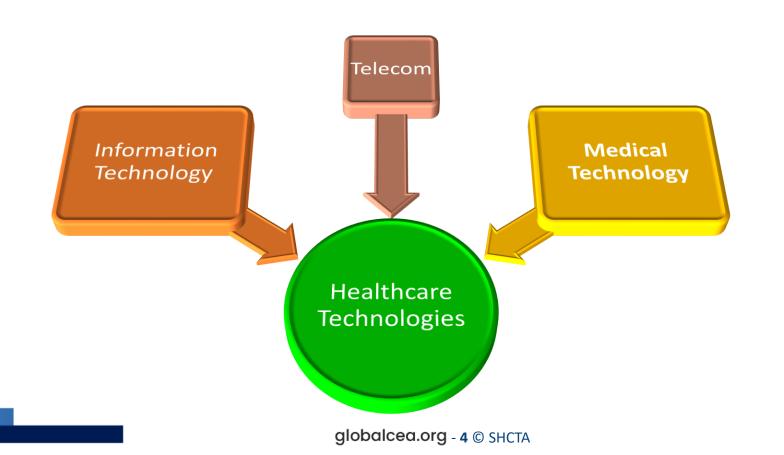
Stephen L Grimes, FACCE FAIMBE FHIMSS AAMIF Strategic Healthcare Technology

> Wednesday, December 8, 2021 07:00 pm Universal Time (UTC)



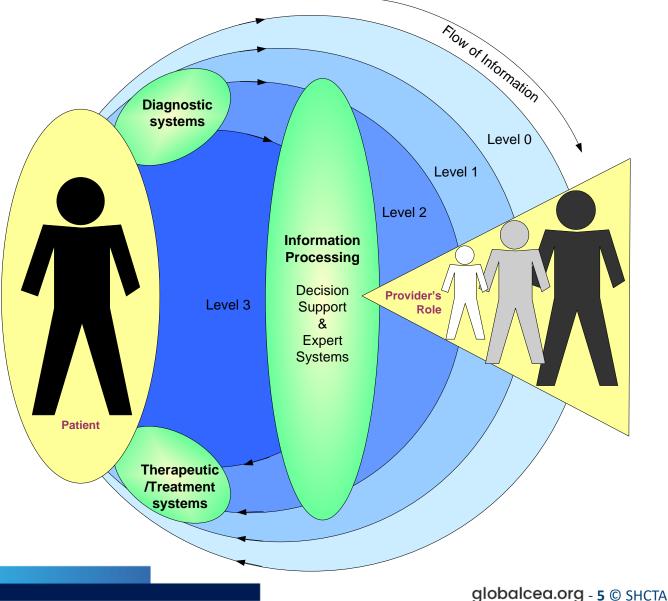


Since 2010 Convergence of Technologies has continued Growing Number of Hybrid (i.e., Medical-Information-Telecom) Digital Health Systems





Evolution of Digital Health and the Impact on Provider Roles

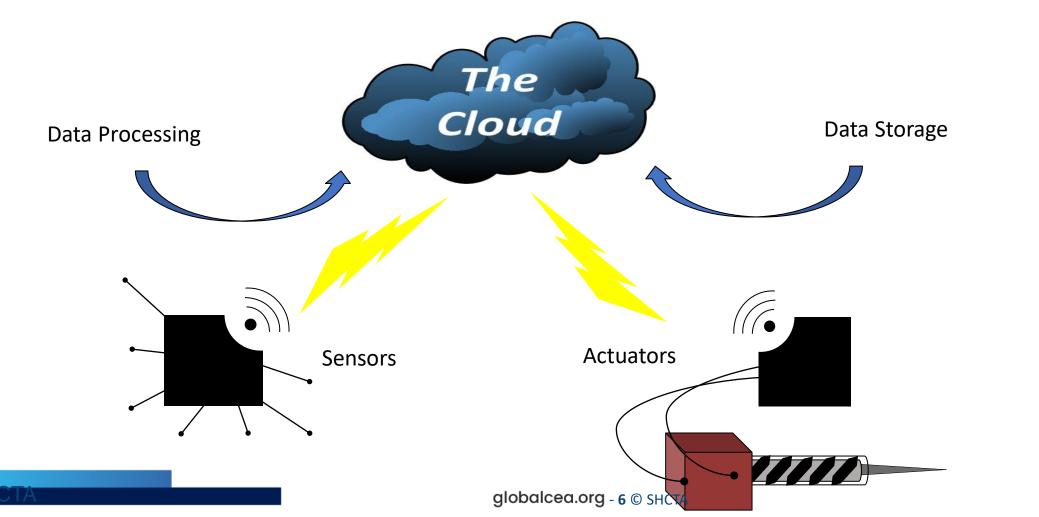


0) Clinician's direct observation and action in diagnosis and treatment

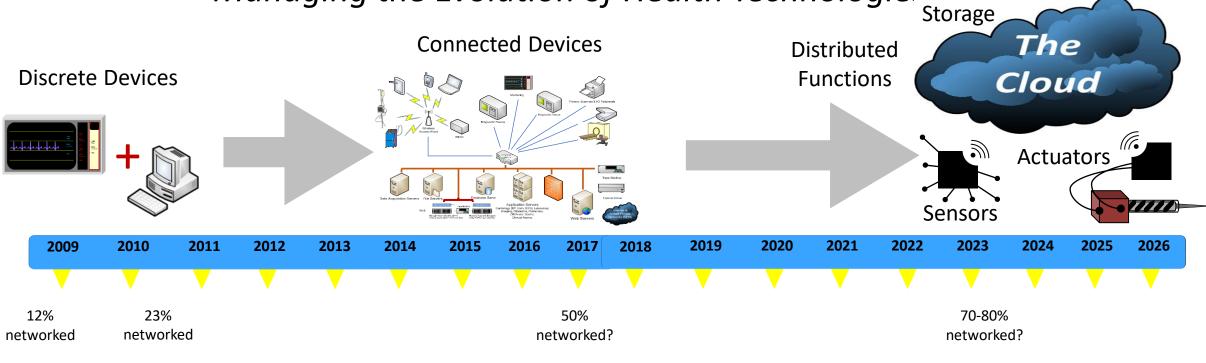
- 1) Diagnosis and treatment by clinician augmented by medical devices
- 2) Diagnosis and treatment by clinician further augmented by clinical decision support systems and medical devices
- 3) Diagnosis and treatment directly done by expert & clinical decision support systems and medical devices



Many traditional medical devices will be replaced by Software-based "Smart" Medical Devices Manufacturers are increasingly focused on software development



Managing the Evolution of Health Technologies



<u>BENEFITS</u>

- centrally managed
- increased capabilities (faster, more reliable diagnosis & treatment)
- self-diagnostic
- self configuring
- self repairing

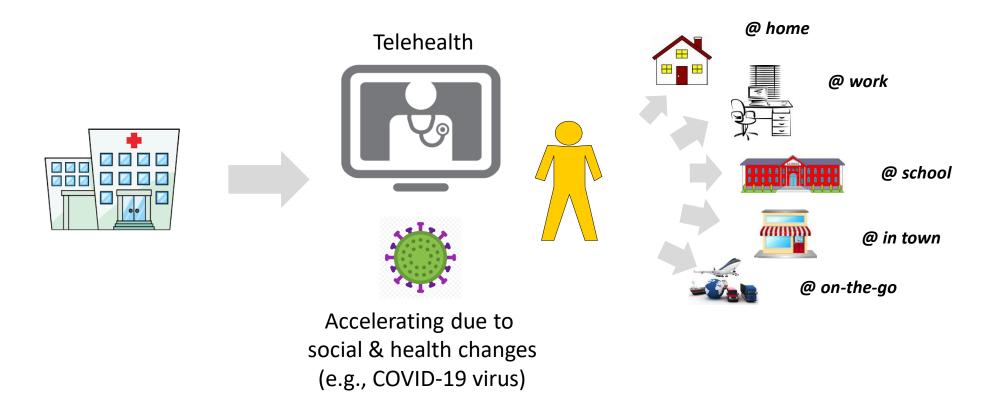
CHALLENGES

- increased complexity (requires systems support)
- multiple *single-points-of-failure* (SPoF)
- multiple vulnerabilities



The world of <u>healthcare technology</u>: : Changes (over most recent 30 years)

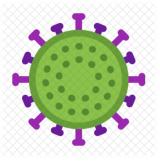
Increasingly Diverse Healthcare Delivery Modes & Venues





The changing world of <u>healthcare technology</u>

COVID-19 Has Accelerated Existing Trends



moving toward telemedicine (legal impediments largely have been removed)

- technical capabilities (ability to diagnose & treat patients) have increased and are experiencing more widespread use
 - improvements in remote monitoring & examination
 - improvements in home treatment using new technologies
 - improvements in robotics

Let technical capabilities for device management (e.g., update, monitor logs, troubleshoot)



Examples of technological advancements in healthcare

- robotics
- 3D imaging & printing
- telemedicine & remote monitoring
- micro- and nano- technologies
- individualized medicine (including use of genomics)
- connected, systems-of-systems, and cloud-based solutions (including IoMT, 5G)
- clinical decision support (CDS) & expert systems
- artificial intelligence (AI) & machine learning (ML)
- augmented reality (AR)

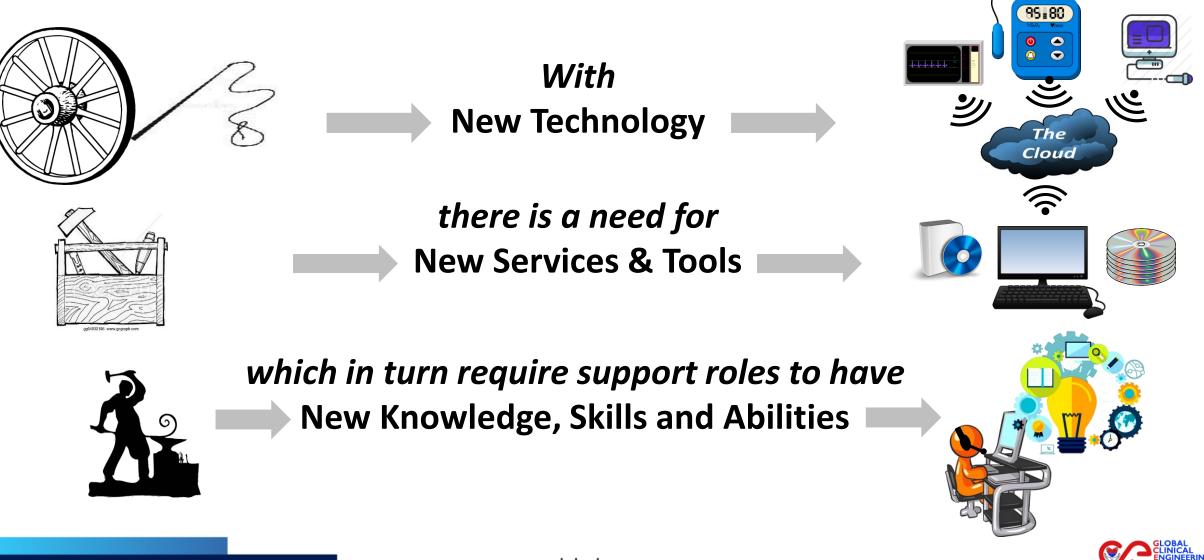


AGENDA

- Evolution of Digital Health
- Evolution of Clinical Engineering Roles in the Age of Digital Health
- Summary



Demands an Evolution of CE Roles



New Clinical Engineering (CE) Roles = f(New Technology)

Clinical Engineering Roles are defined by the support requirements of medical technology

New Technology \neq Old Technology \therefore New CE Roles \neq Old CE Roles

Points to make

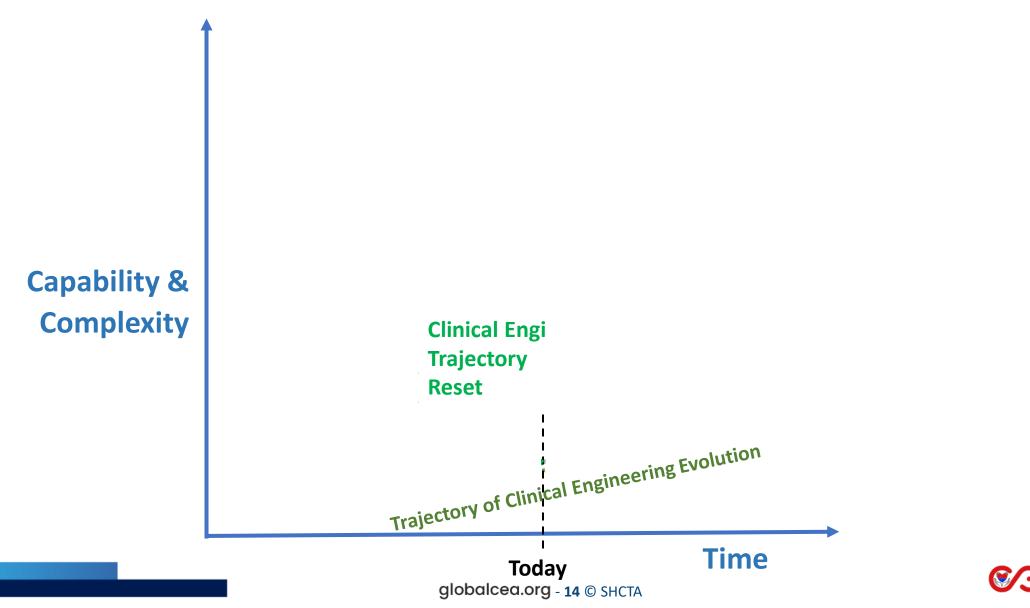
- Trends in technology
 - increasing convergence (i.e., medical, information & communications technologies)
 - increasing complexity ... growing number of Systems of Systems (SoS)
 - increasingly capable (smart & software-based)
- Need for Evolution of Clinical Engineering Roles ...
 - i.e., What is roles are necessary to support selection, deployment, and support
 - focus on changing roles

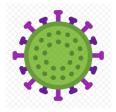
(not necessarily the same as historical roles because the needs are changing)

continuous education required



Challenges for Clinical Engineering based on Rapid Evolution of Digital Health



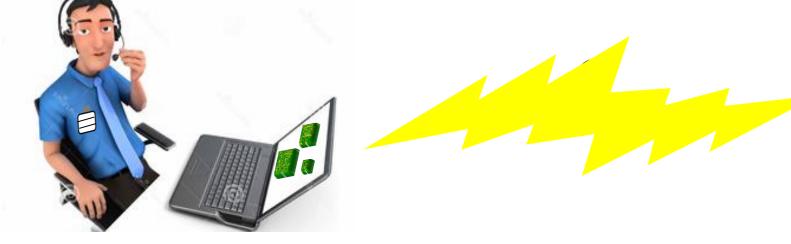


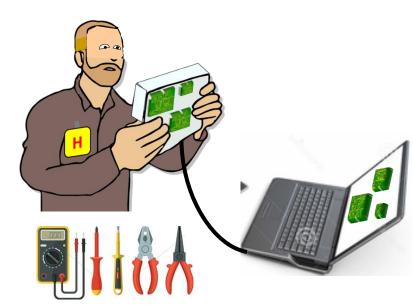
The changing world of <u>healthcare technology</u>

COVID-19 Has Accelerated Existing Trends



Expert Technical Support for On-Site Technicians





TeleServices via Internet

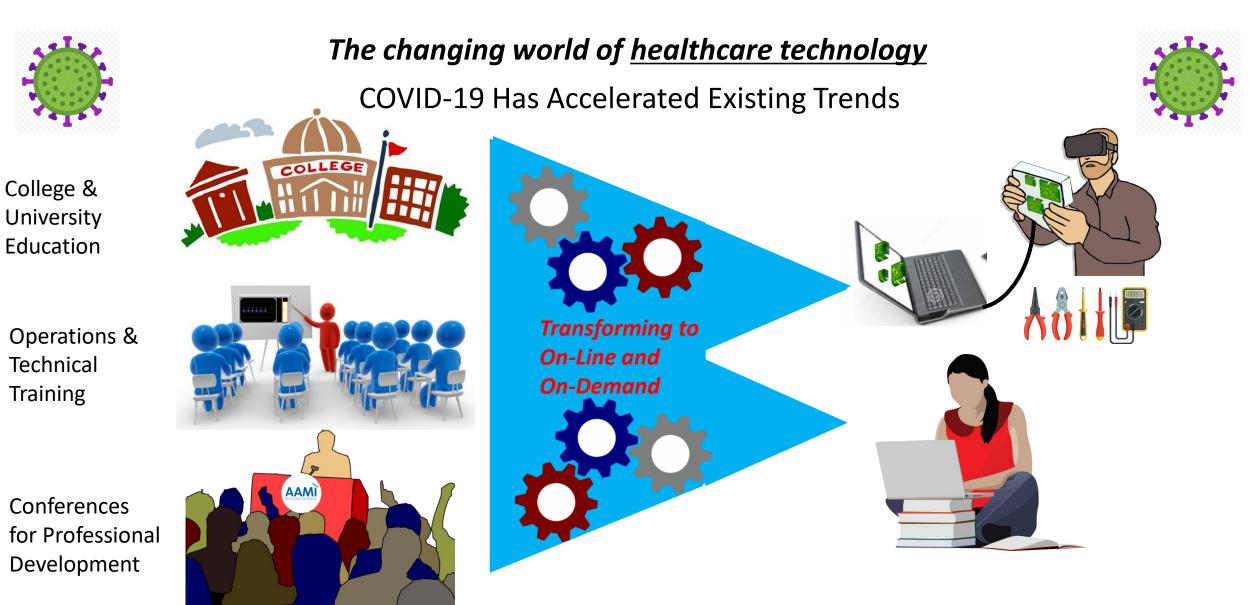
Remote Diagnostics / Troubleshooting

Software Updates via Remote Access

Advanced Technical Support with Augmented Reality (AR)



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AGENDA

- Evolution of Digital Health
- Evolution of Clinical Engineering Roles in the Age of Digital Health

Summary



Evolution of Digital Health Summing up - Other Challenges

- Medical and Information Technology will continue to evolve in ways that blur lines between our old ideas
 - ✓ when is a computer (or when is software) a medical device?
 - medical equipment manufacturers will primarily focus on software that will be hardware platform agnostic
 - ✓ future of clinical data analysis and storage is in cloud
 - Rapid technology innovations will place increasing burdens on
 - ✓ regulators who are challenged to regulate effectively without stifling innovation
 - healthcare organizations who are financially constrained but want new technology in order to effectively compete for patients
 - existing clinical engineering & information technology infrastructures that must collaborate, acquire new tools and learn to prioritize in order to address greatest risks if they hope to support new technologies (e.g., ITIL, vulnerability assessments, risk & security management)



Evolution of Digital Health Summing Up

- Clinical Engineering & Information Technology Services need to take steps necessary to modify their trajectory in a manner that better aligns and supports converging & evolving technologies
- redefine clinical engineering roles (originally defined decades ago) in a manner that reflects how best to apply CE education, skills and experience to meet both today's support needs and future support needs
- better define education, skill, experience and certification requirements for the clinical engineering professionals so the in position to fill new roles
- develop guides and standards that define clinical engineering & information technology roles & responsibilities in a manner that ensures seamless collaboration and support of increasingly integrated, hybrid systems
- identify key organizations (e.g., in U.S., it is ACCE, AAMI, HIMSS, CHIME) that have best potential to facilitate necessary changes to technology support including developing underlying stakeholder roles & relationships





Thank You!

Stephen Grimes Stephen.Grimes@SHCTA.com



Software as a Medical Device (SaMD): Impact in Clinical Engineering

Ricardo Silva, PhD, CCE

Acknowledgement

This presentation is based of "Software as a Medical Device (SaMD): Clinical Evaluation" by the International Medical Device Regulators Forum (2017).



INDRF International Medical Device Regulators Forum



Medical Purpose Software

- Software in a Medical Device (sometimes referred to as "embedded" or "part of");
- Software as a Medical Device (SaMD).
 - Software intended to be used for one or more medical purposes that perform these purposes without being part of a hardware medical device.
 - SaMD may be run on a server, a workstation, a mobile platform, or other general purpose hardware platform.





General Principles

 "utilizes an algorithm (logic, set of rules, or model) that operates on data input (digitized content) to produce an output that is intended for medical purposes"

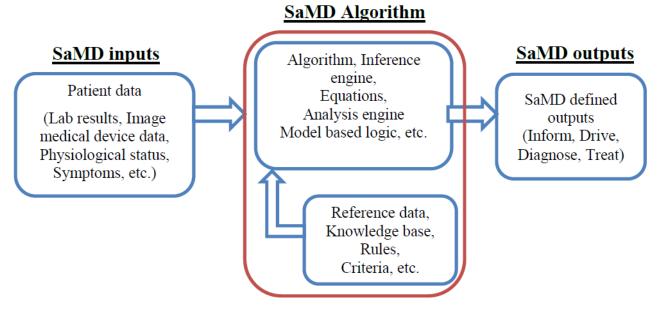


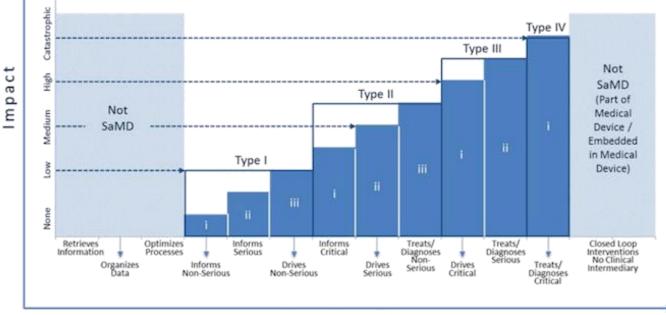
Figure 9 - SaMD Basic Programming Model



| State of Healthcare Situation or Condition | Treat or Diagnose | Drive Clinical Management | Inform Clinical Management |
|---|----------------------|------------------------------|-------------------------------|
| Critical | IV | III | II |
| Serious | III | II | I |
| Non-Serious | II | I. | I |

SaMD Category

SaMD Types Landscape / Scope



Functionality



Clinical Evaluation of SaMD

 "set of ongoing activities conducted in the assessment and analysis of a SaMD's clinical safety, effectiveness and performance as intended by the manufacturer"

| Valid Clinical Association | Analytical Validation | Clinical Validation |
|----------------------------|---|--|
| | Does your SaMD correctly process input data to generate accurate, reliable, and precise output data? | Does use of your SaMD's accurate, reliable, and precise output data achieve your intended purpose in your target population in the context of clinical care? |

Figure 4- Clinical Evaluation Process



Clinical Evaluation Processes • (Pre-Market) the manufacturer generates evidence of the product's accuracy, specificity, sensitivity, reliability, limitations, and scope of use in the intended use environment with the intended user and generates a SaMD definition statement.

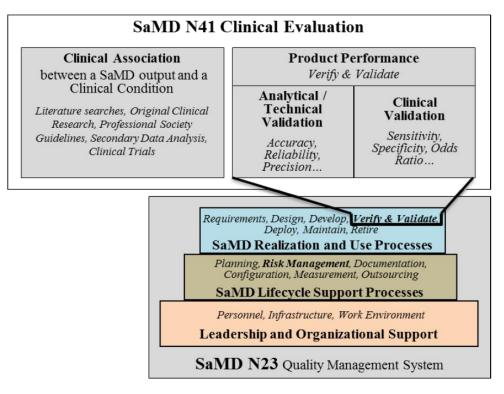


Figure 11 - SaMD Clinical Evaluation Landscape



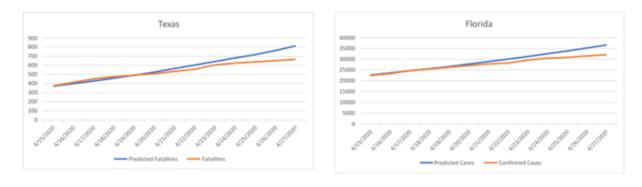
Valid Clinical Association

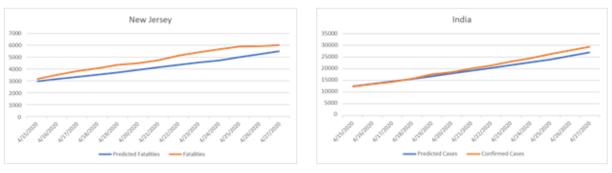
- Examples of existing evidence
 - Literature searches
 - Original clinical research
 - Professional society guidelines
- Examples of generating new evidence
 - Secondary data analysis
 - Perform clinical trials



Valid Clinical Association

- SaMD has been tested in your target population and for your intended use; and that
- Users can achieve clinically meaningful outcomes through predictable and reliable use.
- Covid-19 Prediction with eXtreme Gradient Boosting Regressor
- https://globalce.org/index.php/GlobalCE/issue/current







Analytical / Technical Validation

- Confirms and provides objective evidence that the software was correctly constructed
- Demonstrates that (a) the software meets its specifications and (b) the software specifications conform to user needs and intended uses.
- Análisis de Imágenes de Rayos X por Medio de Redes Neuronales Artificiales
- Ecuadorian Science Journal





Clinical Validation

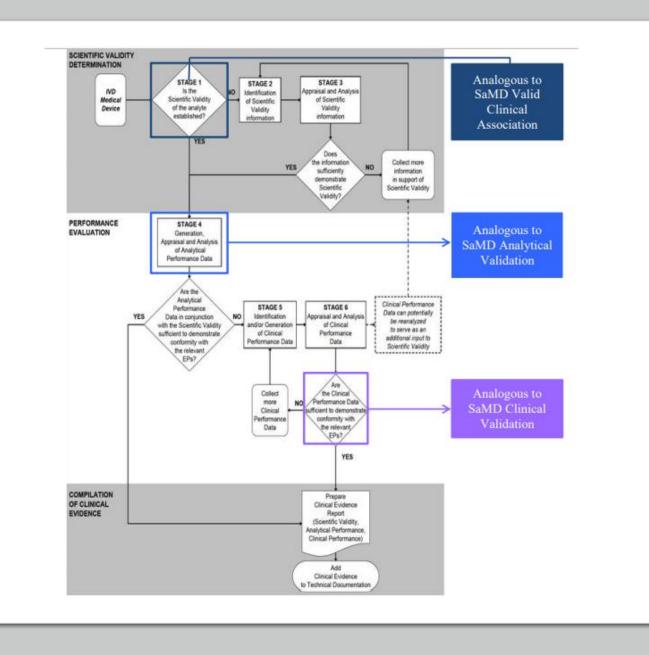
- SaMD has been tested in your target population and for your intended use; and that
- Users can achieve clinically meaningful outcomes through predictable and reliable use.

LFA SARS-CoV-2

| | Positive | Negative | Total | | |
|----------|----------|----------|---------|---------|-------------|
| Positive | 180 | 0 | 180 | 97.83% | SENSITIVITY |
| Negative | 4 | 487 | 491 | 100.00% | SPECIFICITY |
| Total | 184 | 487 | 671 | | |
| PPV | 100.00% | 95% CI | 100.00% | to | 100.00% |
| NPV | 99.19% | 95% CI | 98.41% | to | 99.96% |
| | | | | | |
| | | | | | |
| | | | | | |

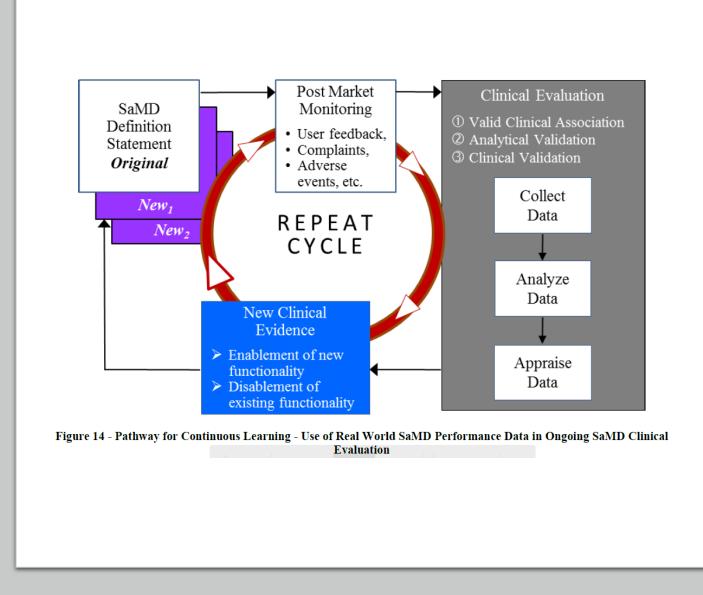
SaMD Clinical Evaluation Process

 Comparison of SaMD Clinical Evaluation Process to Process for Generating Clinical Evidence for IVD Medical Devices.

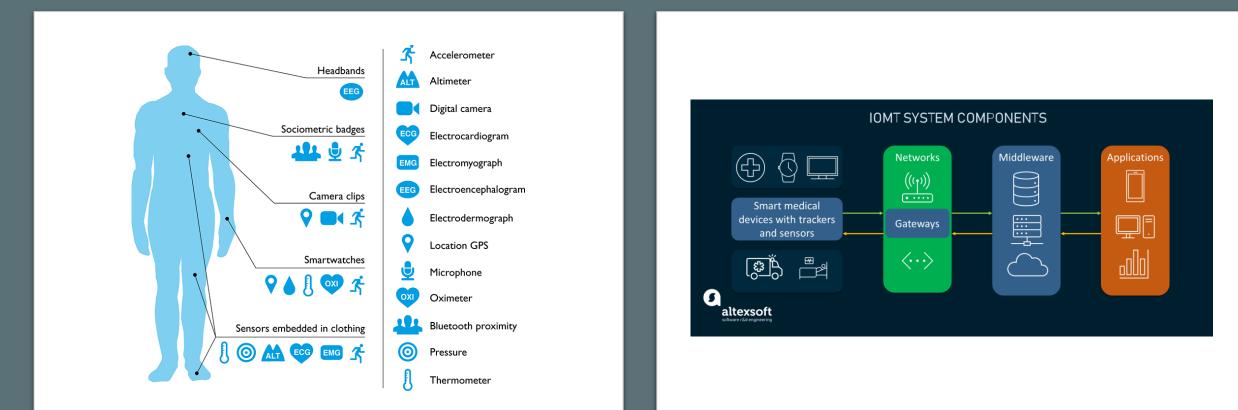


SaMD Lifecycle (post-market)

- Safety data,
- Performance studies,
- Clinical evidence generation,
- new research publications,
- SaMD output to a clinical condition,
- Direct end-user feedback,
- Performance of the SaMD.

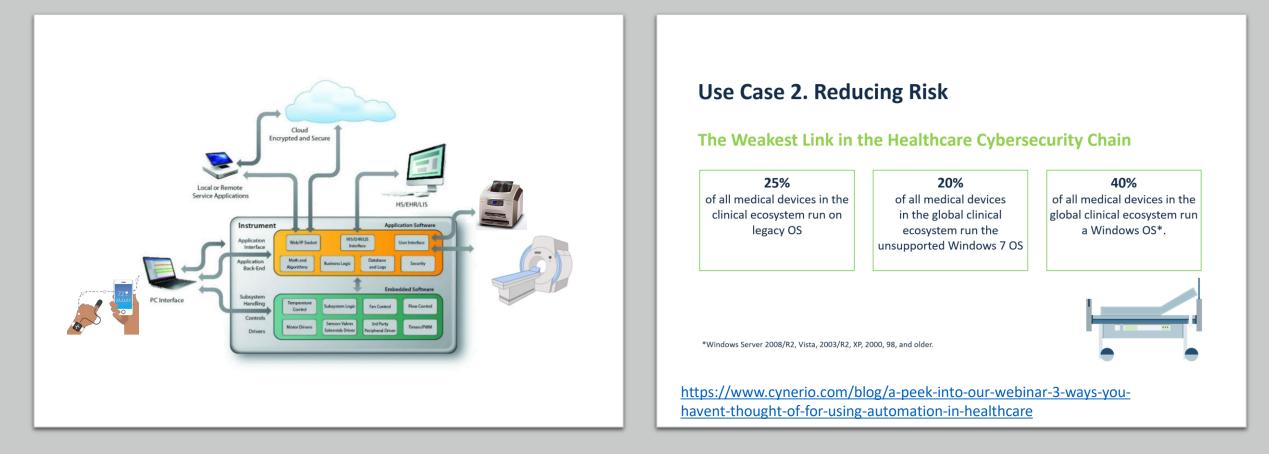


Wearable Devices & IoMT



Enabling Environment

• These devices often run unsupported operating systems, have multiple vulnerabilities, and high-risk scores.



Core Challenge: Keeping track of IoMT devices in real time.

- Inventory discovery
- Ongoing monitoring
- Device location
- Utilization and mitigating risk

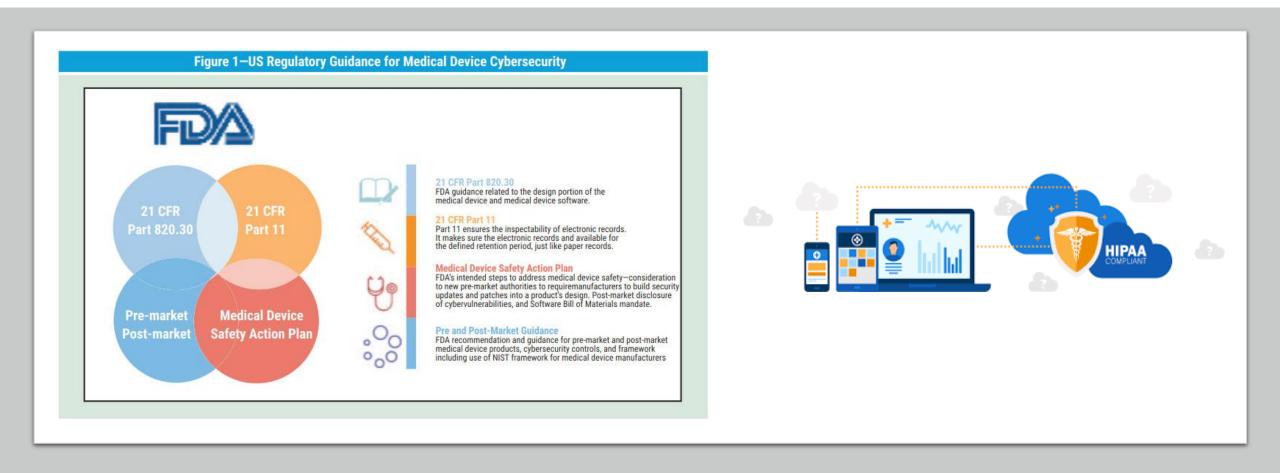
Use Case I. Actionable Visibility



https://www.cynerio.com/blog/a-peek-into-our-webinar-3-ways-youhavent-thought-of-for-using-automation-in-healthcare

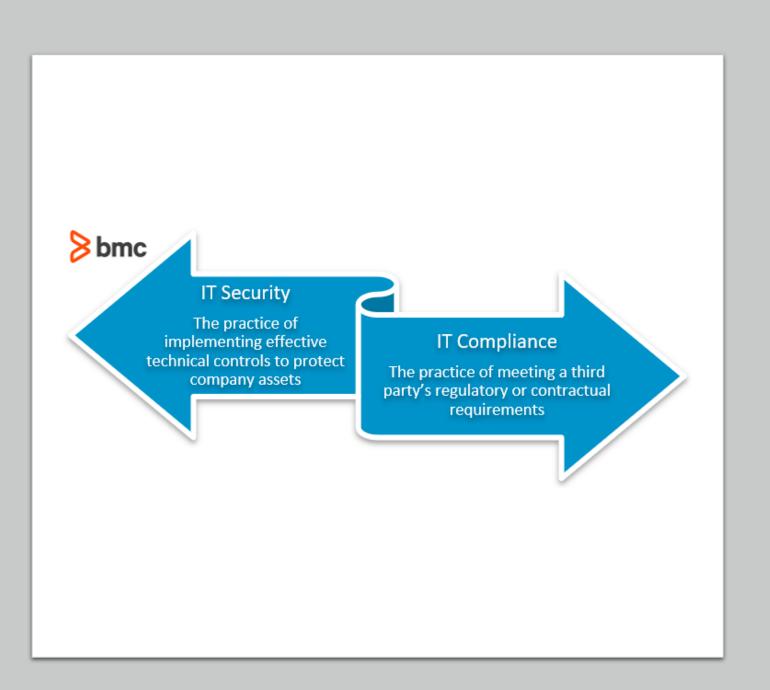
Security

FDA Guidance on Medical Device Accessories (December 30, 2016)



Regulatory Structure

- FDA medical devices
- FCC wireless spectrum
- OCR HIPAA/HITECH
- FTC Breach Notification Rule
- ONC standard development & coordination
- DEA no controlled substances without in-person exam
- Informed Consent
- Privacy & Security compliance



Thank you

<u>Rjsilvab@gmail.com</u>



"I am quickly becoming unemployable. I have been unemployed for two months and all these IT jobs ask for knowledge of software I never heard of."



Thank you!

Name: Ricardo Silva Email: Rjsilvab@gmail.com



"I am quickly becoming unemployable. I have been unemployed for two months and all these IT jobs ask for knowledge of software I never heard of."







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