

Health apps: regulation and quality control

Wednesday 19 November 2014, Academy of Medical Sciences

Developing the first CE-marked medical app: Mersey Burns

Rowan Pritchard Jones

Department of Burns and Plastic Surgery, Whiston Hospital

Available from: <https://prezi.com/boyb9fhskpno/academy-med-sci/>

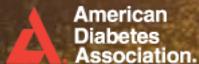


Diabetes Mobile
Prescription Therapy

The first Mobile Prescription Therapy

BlueStar is the only product FDA cleared for real-time patient coaching and clinical decision support.

**First-in-Class
Therapy**



**Clinical
Outcomes ***

↓ 2 POINT
A1C

**Reducing Costly
Hospital Visits**

↓ 58%

Prescribed



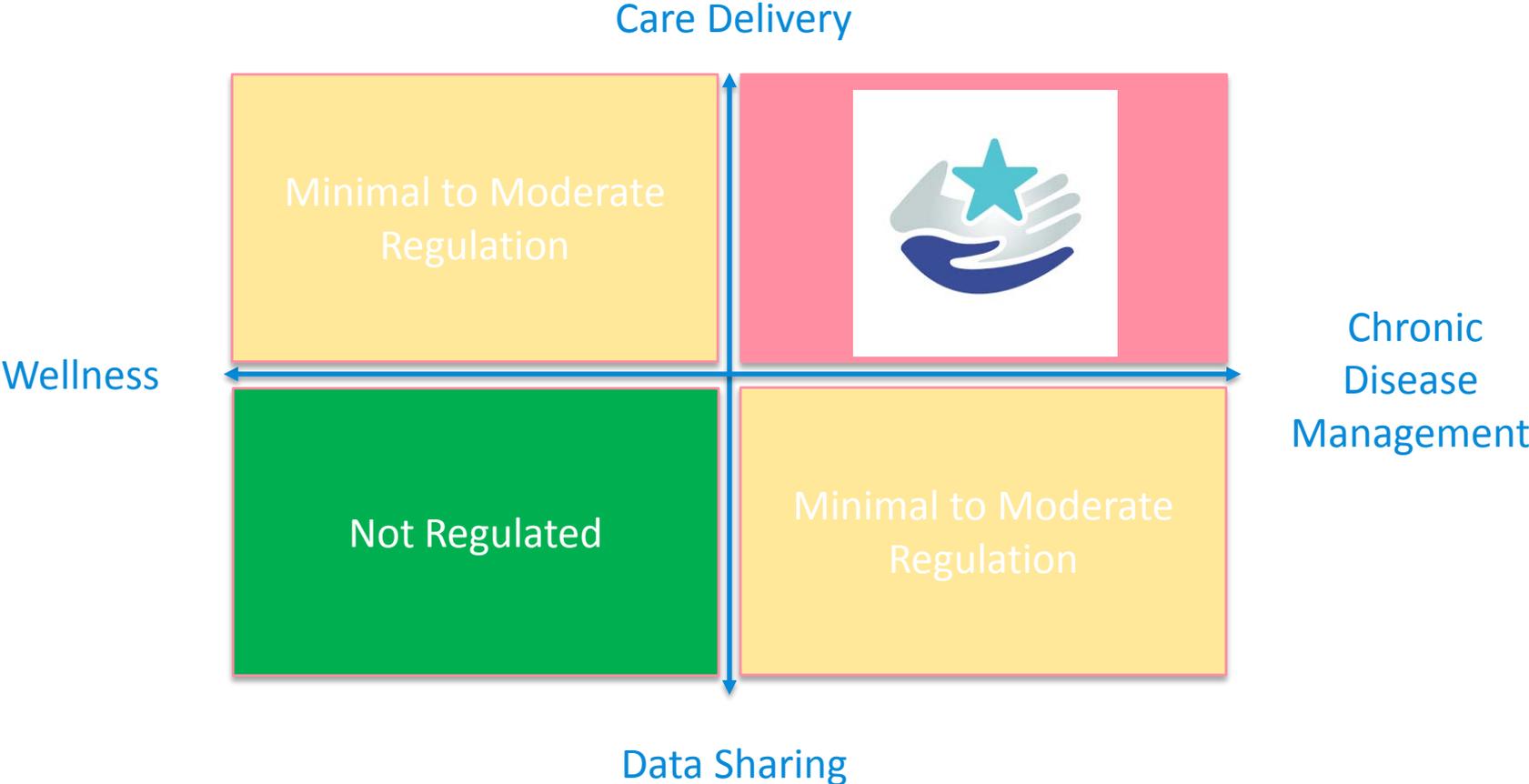
Reimbursed

NDC
#89129-0100-01
NCPDP Approved

Patented Clinical & Behavioral Engine

**In earlier versions of BlueStar*

Digital Health Landscape



Managing Chronic Disease Can Be Daunting

Healthcare

Four, 15-minute doctor visits a year

Therapeutics

Average of 9 prescriptions yearly

Self-Management

48 minutes a managing disease(s)

A Small Thing Called “Life”

8,766 hours a year balancing life
and a chronic disease



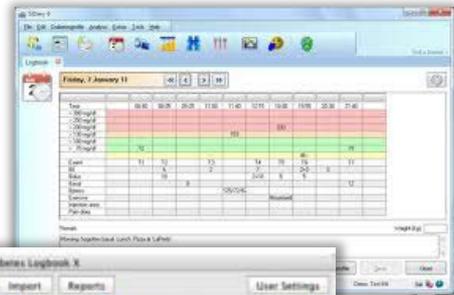
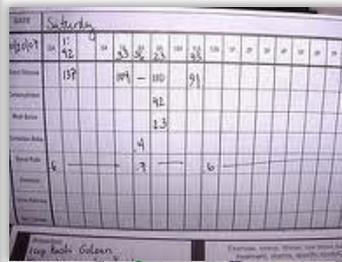
Raw Data Isn't Necessarily the Answer

Diabetes Pilot

Show: All Selected Records...

9/16	8:10A	Glucose	85 mg/dL
9/16	8:10A	Medication	2Humalog
9/16	8:10A	Food	60 Carbs
9/16	10:30A	Glucose	130 mg/dL
9/16	1:10P	Glucose	95 mg/dL
9/16	1:10P	Medication	7Bolus
9/16	1:20P	Food	92 Carbs
9/16	3:30P	Note	HbA1C: 6.8
9/16	4:00P	Exercise	30Running
9/16	4:35P	Food	14 Carbs
9/16	5:45P	Note	BP: 120/80
9/16	6:20P	Glucose	110 mg/dL
9/16	6:20P	Food	22 Carbs

New: Gluc Food Med Exer Note



Diary Log SAMPLE Week Starting 21st Sep 2007

	Breakfast	Lunch	Dinner	Insulin	Other	Note
21st	100g	110g	120g			
22nd	110g	100g		15U		1st insulin admin with same med tomorrow
23rd	120g	130g	120g			
24th	110g	120g	130g	15U		2nd insulin admin with same med tomorrow
25th	120g	130g	140g			Feeling better today
26th	130g	140g	150g			
27th	140g	150g	160g			Extra insulin made sugar go up
28th	150g	160g	170g			1st lunch with church



Diabetes Logbook X

Event details

Period: Before Dinner

Chosen test: 5.2 mmol/L

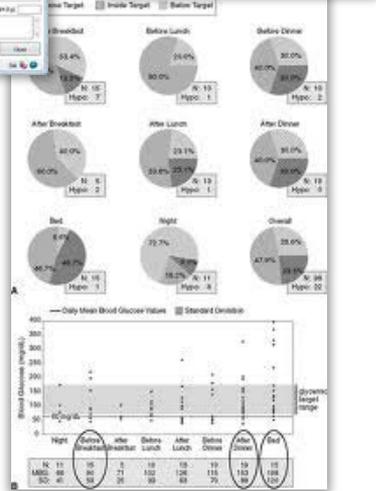
Administered: A: 5.0 units Novohorad, B: 5 units Levemir, C: 5 units Glucal

Carbohydrates eaten: 5.0 grams(es)/portion(s)

Sensors tested: No, +ve, -ve, units

Notes: Activity (30) Peppercorn at afternoon

Date/Time	Period	BG	Ins	Carbs	Ins-B	Note
19 Jul 08:30:00	Before Dinner					
19 Jul 08:31:00	Before Lunch	5.0	6.3	7.0		Sparks day 1.8
19 Jul 08:32:00	After Breakfast					HbA1c 6.8
19 Jul 08:37:00	Before Breakfast					
19 Jul 08:38:00	After Lunch	2.2	1.0	1.0		1.5mmol
19 Jul 17:00:00	Before Dinner	10.0	4.5	5.0		3.3 units carbs
19 Jul 18:00:00	After Lunch	8.1	1.0	1.0		Carbs 1mmol
19 Jul 18:10:00	After Lunch	5.7	1.0	4.0		Tasted by school
19 Jul 18:20:00	After Breakfast	2.8	4.0	5.0		Carbs 1mmol
19 Jul 18:30:00	Before Dinner	10.0	4.0	5.0		Corrected by 1
19 Jul 18:35:00	Before Dinner	10.0	5.0	4.0		Just had insulin
19 Jul 18:40:00	Before Lunch	14.0	3.0	3.0		Not had insulin
19 Jul 18:45:00	Before Dinner	5.9	1.0	1.0		Not had - not
19 Jul 18:50:00	Before Dinner	9.0	2.0	2.0		
19 Jul 18:55:00	Before Dinner	5.0	1.0	1.0		
19 Jul 19:00:00	After Lunch	5.0	4.0	5.0		Carbs 1mmol
19 Jul 19:05:00	After Breakfast	10.0	1.0	1.0		
19 Jul 19:10:00	After Breakfast	10.0	1.0	1.0		
19 Jul 19:15:00	After Breakfast	10.0	1.0	1.0		
19 Jul 19:20:00	After Breakfast	10.0	1.0	1.0		
19 Jul 19:25:00	After Breakfast	10.0	1.0	1.0		
19 Jul 19:30:00	After Breakfast	10.0	1.0	1.0		
19 Jul 19:35:00	After Breakfast	10.0	1.0	1.0		
19 Jul 19:40:00	After Breakfast	10.0	1.0	1.0		
19 Jul 19:45:00	After Breakfast	10.0	1.0	1.0		
19 Jul 19:50:00	After Breakfast	10.0	1.0	1.0		
19 Jul 19:55:00	After Breakfast	10.0	1.0	1.0		
19 Jul 20:00:00	After Breakfast	10.0	1.0	1.0		
19 Jul 20:05:00	After Breakfast	10.0	1.0	1.0		
19 Jul 20:10:00	After Breakfast	10.0	1.0	1.0		
19 Jul 20:15:00	After Breakfast	10.0	1.0	1.0		
19 Jul 20:20:00	After Breakfast	10.0	1.0	1.0		
19 Jul 20:25:00	After Breakfast	10.0	1.0	1.0		
19 Jul 20:30:00	After Breakfast	10.0	1.0	1.0		
19 Jul 20:35:00	After Breakfast	10.0	1.0	1.0		
19 Jul 20:40:00	After Breakfast	10.0	1.0	1.0		
19 Jul 20:45:00	After Breakfast	10.0	1.0	1.0		
19 Jul 20:50:00	After Breakfast	10.0	1.0	1.0		
19 Jul 20:55:00	After Breakfast	10.0	1.0	1.0		
19 Jul 21:00:00	After Breakfast	10.0	1.0	1.0		



What if We Could Transform the Data?

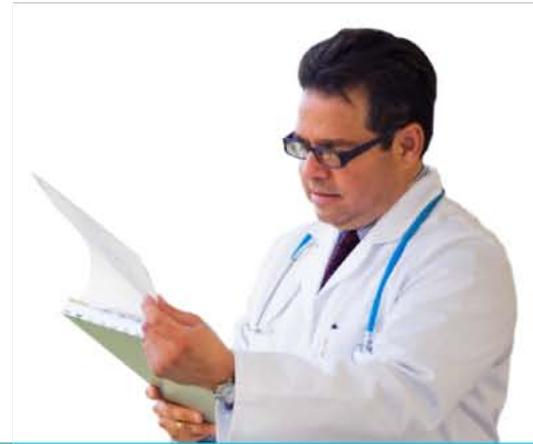
To Deliver Actionable Knowledge...





Diabetes Care, Anytime Anywhere

**24/7, automated, real-time
guidance and education.**



Optimizing Clinical Decisions

**Treatment and quality
recommendations based on
evidence-based guidelines
for healthcare providers.**

Seamless, End-to-end Deployment*



Provider In-Servicing

Face-to-face physician detailing.



Patient Training

Patients are trained face-to-face or remotely.



Customer Care

Product support for patients & providers.

Nationwide
Pharmacy
Dispensing

Rx only

NDC #89129-0100-01



ADA Recognized as New Type 2 Medication

www.diabetes.org/living-with-diabetes/treatment-and-care/medication/other-treatments/mobile-prescription-therapy.html

Are You At Risk? Diabetes Basics **Living with Diabetes** Food & Fitness

Mobile Prescription Therapy

Smartphones and tablet computers are a new way to deliver diabetes therapy. The FDA (FDA) calls this new type of therapy "mobile prescription therapy."

Mobile prescription therapy (MPT) products tell you what to do to take care of your diabetes on your smartphone or other device.

FDA Regulated

You need a prescription for MPT products, which are regulated by the FDA.

MPT products must show in clinical trials that they are safe and help people improve their health. MPT products must keep your health information private.

These products are not like the simple health apps you can get for your phone or tablet. They provide advice that regular apps aren't allowed to provide.

BlueStar

The first MPT product on the market is BlueStar by WellDoc. You cannot get it in all states.

BlueStar is designed for adults 21 or older with type 2 diabetes who are not on an insulin pump and are not pregnant.

Your doctor writes a prescription for the service. A pharmacy fills the prescription.

You have face-to-face training before you can use BlueStar. The trainer sets up the service on your mobile devices and computer. The trainer shows you how to use the system.

In this section

- Treatment and Care
 - Medication
 - Other Treatments
 - Mobile Prescription Therapy
 - Pneumonia Shots
 - Supplements and Medicines

Be TWICE as AWESOME!
Your donation can be DOUBLED during
the Matchbox Gift Challenge.

Source: ADA www.diabetes.org

Potential Regulatory Framework for mHealth

Layer 1: Users	Stakeholders who use the system throughout the solution's lifecycle
Layer 2: Application	The feature set and attributes of the software solution that is deployed
Layer 3: Environment	The physical, regulatory, and security elements of both the mobile and EHR software
Layer 4: Devices	The end user mobile Internet devices or hardware that are being used (e.g., cellphones, computers) to deliver the MIT solution and their unique attributes
Layer 5: Network connectivity	The properties of the interfaces that must be considered to ensure proper persistence, resilience, and availability to support integration
Layer 6: Services	Awareness, education, and training required to ensure maximum value to all users
Layer 7: Core integration	The data standards, data mapping, and application/systems/workflow integration
Layer 8: Operating model	The operating and business aspects of the project, including industry observations, cross-enterprise collaboration, and open innovation

Regulation and oversight for developing embedded medical software

Academy of Medical Sciences/Royal Academy of Engineering
Joint meeting on 'Health apps: regulation and quality control'

Dr Chris Elliott FREng

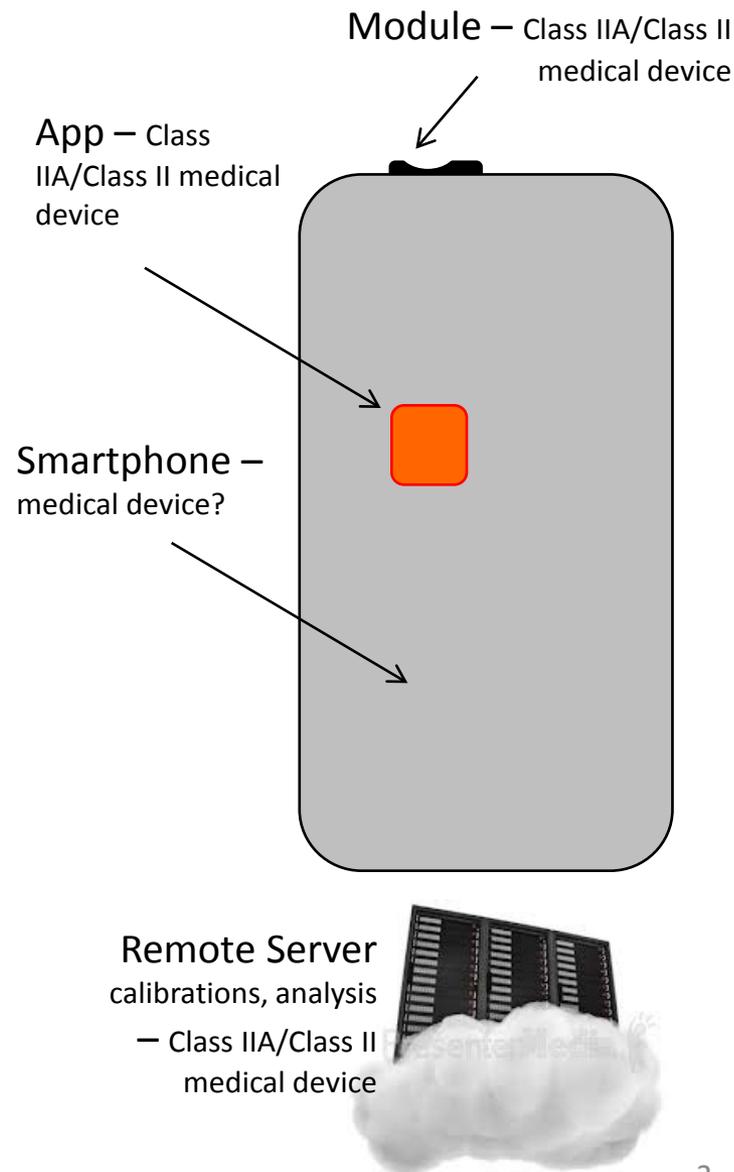
Leman Micro Devices SA

Mobile devices that sense Vital Signs

Case study

Smartphone Vital Signs System:

- Hardware is small enough and cheap enough to incorporate in a smartphone
- SVSS includes everything for medically accurate measurements of all 5 physiological “Vital Signs”
 - Blood pressure
 - Temperature
 - Respiration rate
 - Heart rate
 - Blood oxygen and also ECG
- System includes hardware, app and server
- We believe that our package of technological solutions means that the Smartphone is not a medical device



Issues for the app

- Classification
 - Class IIA in Europe
 - Class II in USA
- Safety
 - IEC Class B: Non-serious injury is possible
 - FDA “Moderate”: failure or latent design flaw could directly result in minor injury, including through incorrect or delayed information
- Design and development
 - risk-based
 - good software practice – planned, through life, structured design, traceable (inc SOUP and OS), verified, documented
 - evolutionary development within that framework
- Usability
 - key issue for consumer devices (and Regulators)
- Security
 - confidential health data

Issues for the system including app

- Security
 - how to avoid pirate app (key issue for Regulators)
 - how to deal with rooted 'phone
- Function
 - Smartphone must deliver as spec through life
 - software upgrades?
 - other apps? (legitimate 3rd party, pirate, interfering)
- Vigilance
 - fundamental requirement of medical device regulation - monitor performance in use and deal with “adverse events” (“arisings” in aerospace language)
 - easier with an internet-connected device and dedicated Remote Server

Some key relevant standards

- Safety
 - IEC60601-3 Section 14 – Programmable Electrical Medical Systems
 - IEC 62304
 - FDA Guidance May 11, 2005
- Usability
 - IEC 62366
 - FDA Guidance June 22, 2011
- Security
 - ISO 27001
 - FDA Guidance June 14, 2013
- Risk Assessment
 - ISO 14971
- Performance
 - ISO81060, ISO 80601-2-61, ISO 80601-2-56/ASTM 1965

All within a QMS framework of ISO13485

Conclusions

- It is possible to develop embedded software to satisfy medical device regulations within a Smartphone environment
 - At its heart, it's just good software engineering
- but
- Must take account of special circumstances:
 - users are consumers not experts
 - environment must be stable (pirates, hackers, upgrades ...)
 - objective evidence is needed to support claims for safety and efficacy to satisfy Regulators before sale



ADELARD



Health apps: regulation and quality control

A nuclear perspective

Professor Robin E Bloomfield FREng
19th Nov 2014

Background

- Trustworthiness of computer based system
 - Safety, security and socio-technical perspective
- Deep and broad experience in nuclear industry
 - Practitioner and researcher; Nusac
- In medical sector
 - Health foundation projects
 - Assessing devices
 - Safety, investment
 - Training manufacturers
 - Research liaison with FDA

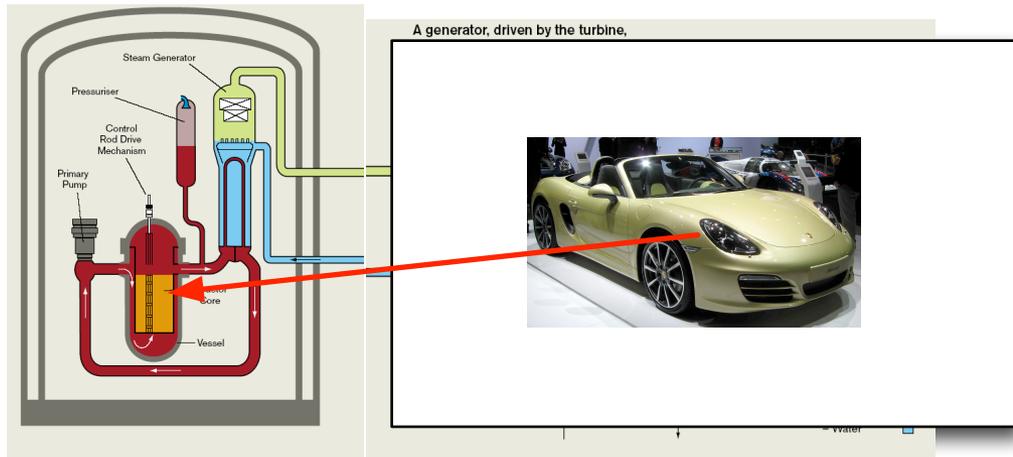


Background

- Review of 2005-09 Medical Device Reports (MDRs) found:
 - 56,000 MDRs related to infusion pumps, 710 deaths, 87 recalls
 - Several design problems (e.g. software, user interface) seen as “preventable”
 - FDA concluded that there are “numerous systemic problems with device design, manufacturing, and adverse event reporting”
- FDA decided to **proactively** and **systematically** address **the root causes** of infusion pump recalls



Nuclear power plant



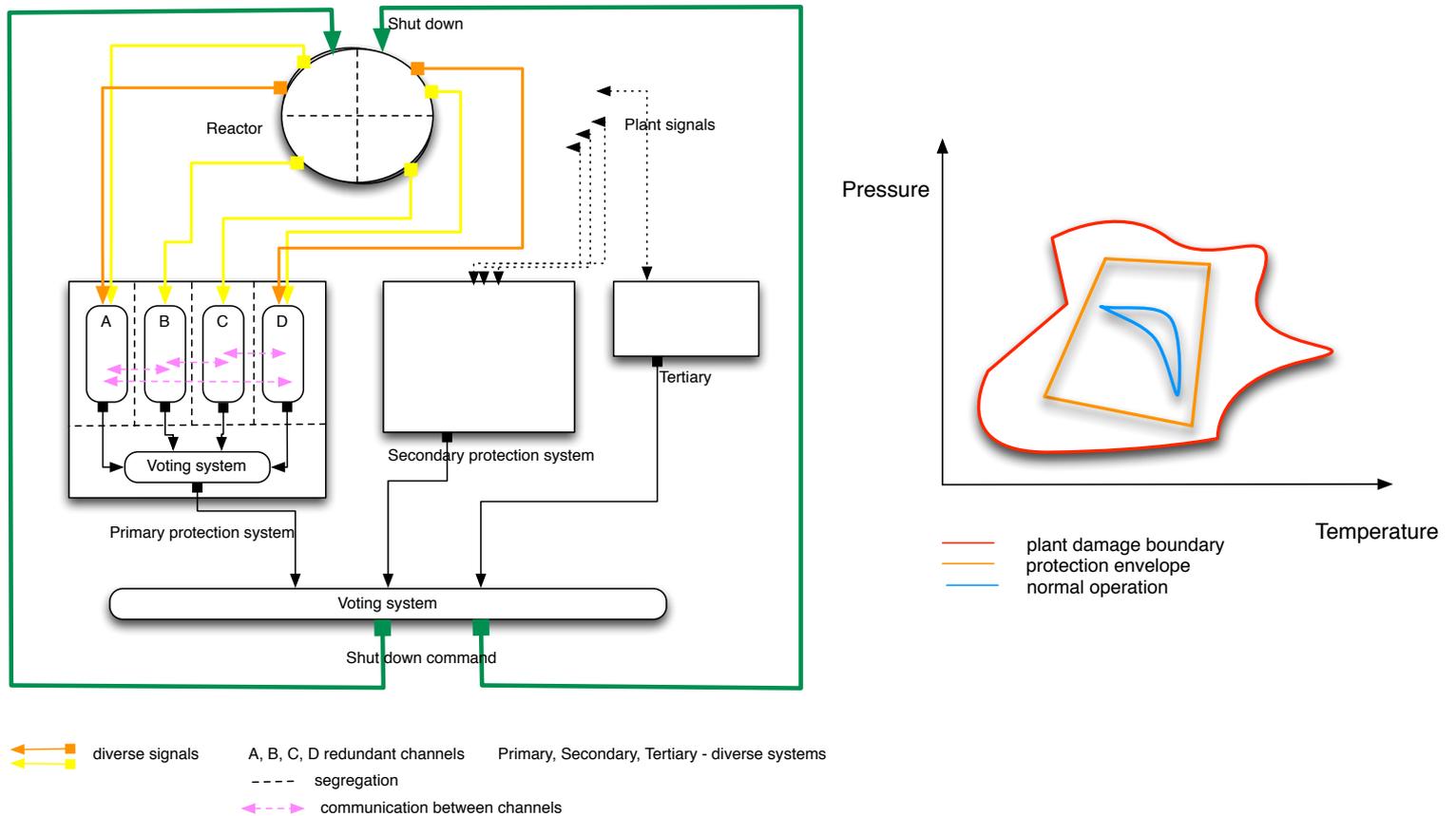
6 times the size of a Porsche 918, 8205 x power

Overview

- How critical are the systems
 - What are safety properties? hazards?
- What is framework for assurance
 - Safety Assessment Principles
 - Claims, Argument Evidence
- What is the approach
 - Understanding
 - Excellence of production
 - Compensation
 - Confidence Building
 - Statistical testing, static analysis



Protection systems



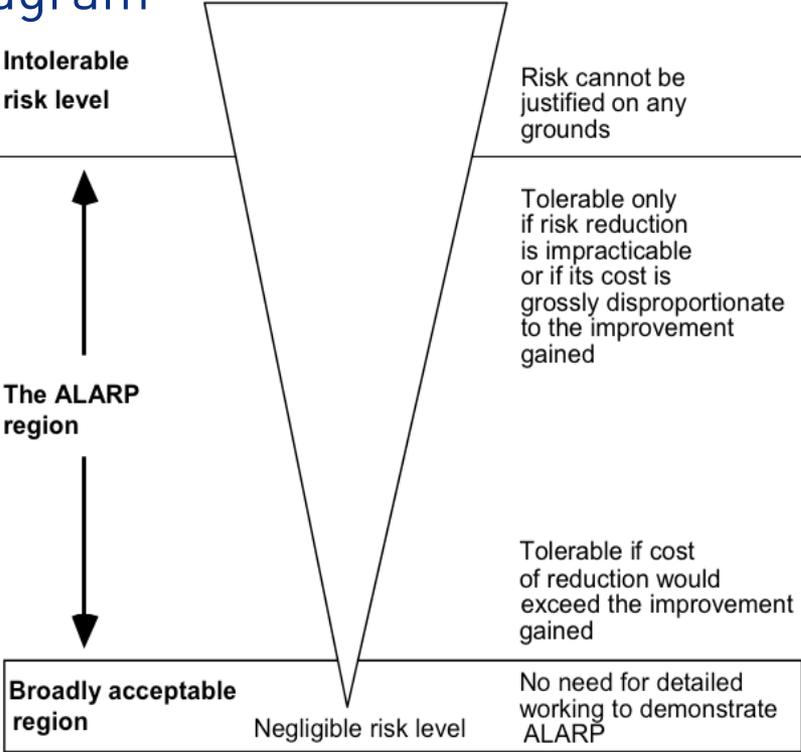
The need for trust in computer-based systems.

Computer systems play a key role in all layers of defence in depth

- Normal operation - control, control room information
- Limitation and warning systems
- Trip systems
- Post trip shut down
- Severe accident management

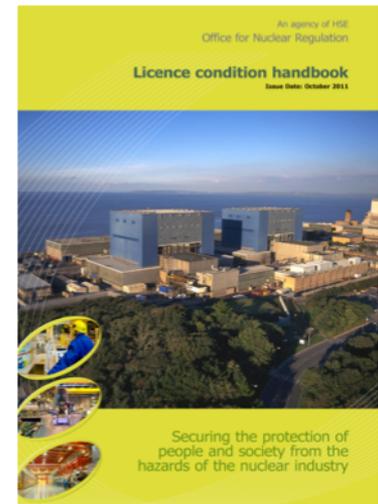


“Carrot” diagram



UK - Safety cases: regulatory obligation

- Safety cases are required by licence conditions.
- The Conditions are *non-prescriptive* and set goals that the *licensee is responsible* for meeting.
- A "safety case" is defined as
 - the document or documents produced by the licensee documentation to justify safety during the design, construction, manufacture, commissioning, operation and decommissioning phases of the installation.
- Safety Assessment Principles (SAPs) describe the safety case process and principles to be covered.



Safety Assessment Principles for Nuclear Facilities - 2006

Fundamental principles	Safety assessment	FP.4
The dutyholder must demonstrate effective understanding of the hazards and their control for a nuclear site or facility through a comprehensive and systematic process of safety assessment.		



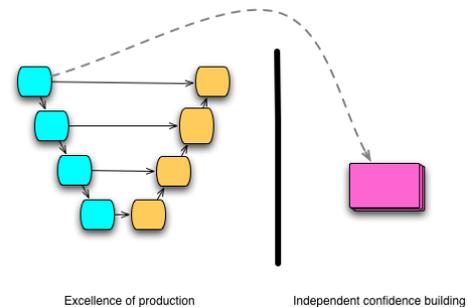
For software – ESS 27

Engineering principles: safety systems

Computer-based safety systems

ESS.27

Where the system reliability is significantly dependent upon the performance of computer software, the establishment of and compliance with appropriate standards and practices throughout the software development life-cycle should be made, commensurate with the level of reliability required, by a demonstration of 'production excellence' and 'confidence-building' measures.



Summary of principles

1. Effective understanding of the hazards and their control should be demonstrated
2. Intended and unintended behaviour of the technology should be understood
3. Multiple and complex interactions between the technical and human systems to create adverse consequences should be recognised.
4. Active challenge should be part of decision making throughout the organisation.
5. Lessons learned from internal and external sources should be incorporated
6. Justification should be logical, coherent , traceable, accessible, repeatable with a rigour commensurate with the degree of trust required of the system

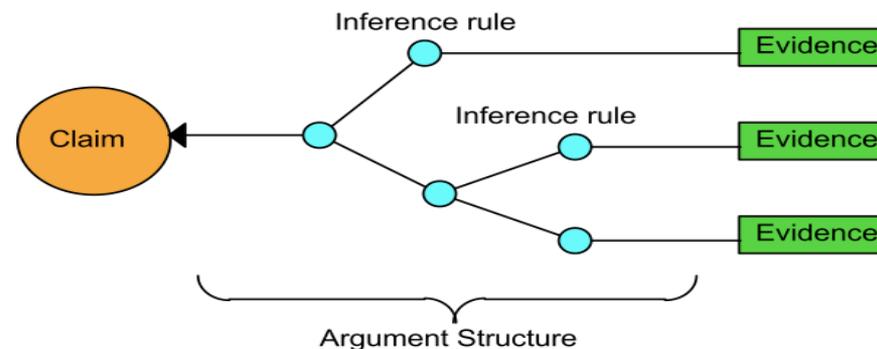
Derived from IAEA, UK Principles – EU Harmonics project

Defence in depth Wenra guidance

DiD level	Associated plant condition categories	Objective	Essential means
Level 1	Normal operation	Prevention of abnormal operation and failures	Conservative design and high quality in construction and operation, control of main plant parameters inside defined limits
Level 2	Anticipated operational occurrences	Control of abnormal operation and failures	Control and limiting systems and other surveillance features
Level 3.a	Postulated single initiating events	Control of accident to limit radiological releases and prevent escalation to core melt conditions	Reactor protection system, safety systems, accident procedures
Level 3.b	Postulated multiple failure events		Additional safety features, accident procedures
Level 4	Postulated core melt accidents (short and long term)	Control of accidents with core melt to limit off-site releases	Complementary safety features to mitigate core melt, Management of accidents with core melt (severe accidents)
Level 5	–	Mitigation of radiological consequences of significant releases of radioactive material	Off-site emergency response Intervention levels

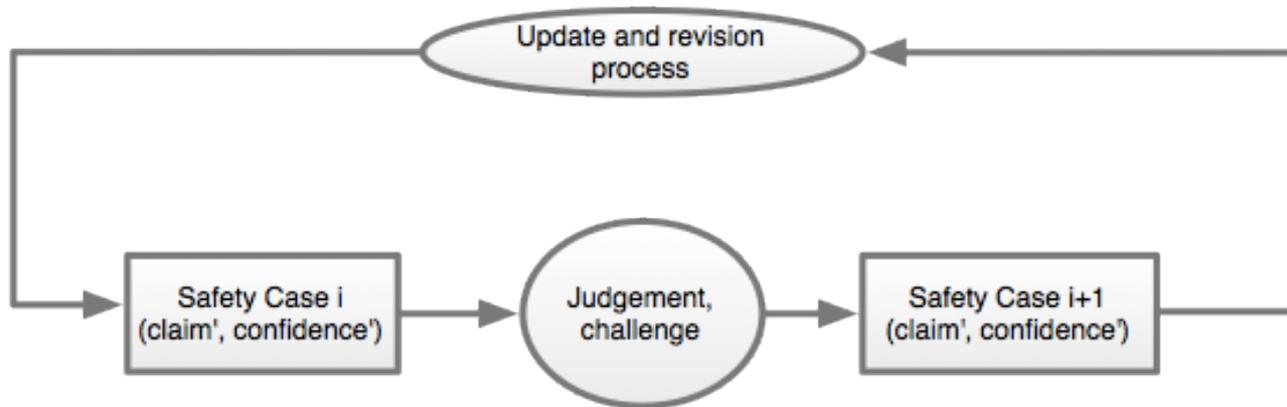
Product-based approaches

- Focus on directly showing the desired behaviour, property or reliability
- They can be applied even when standards compliance cannot be shown
- Linked with specific claims about the product or system
- May use claim-argument-evidence structure

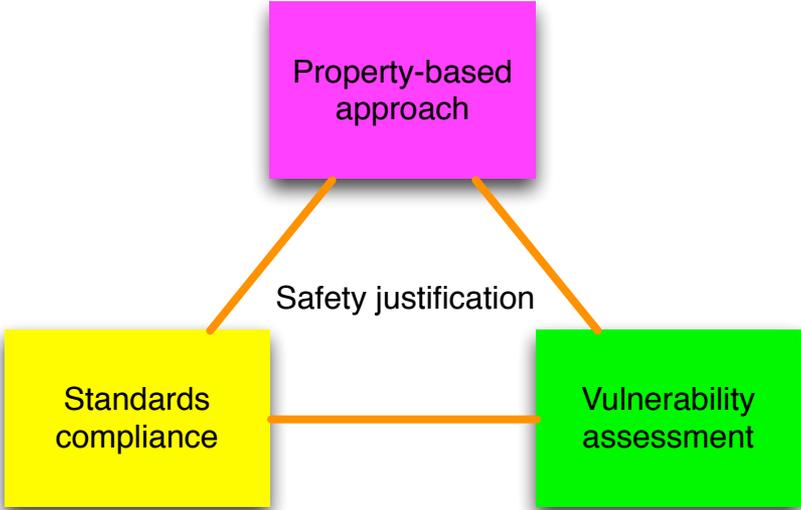


The role of CAE – communication and reasoning

- A method for reasoning about dependability (safety, security, reliability, resilience ...) properties of the system
- Communication is an essential function of the case, from this we can build confidence
 - boundary objects that record the shared understanding between the different stakeholders



Justification approaches – the strategy triangle



Techniques to address properties

PROPERTIES	ANALYSIS TECHNIQUES	TESTING TECHNIQUES
Functionality	Code review / walkthrough Traceability (requirements to code)	Regression testing Statistical testing Black box functional testing Negative testing
Time response	Design inspection Worst-case execution time analysis	Black box functional testing
Accuracy	Numerical analysis	Black box functional testing
Reliability	Analysis of field data	Statistical testing
Robustness		Negative testing Fault injection testing Stress testing
Failure integrity	Failure integrity analysis	Fault injection testing
Operability		Usability testing
Security	Security analysis	Security testing



Techniques to address vulnerabilities

VULNERABILITY	ANALYSIS TECHNIQUES	TESTING TECHNIQUES
Unintended inter-component interaction	Resource usage analysis	Black box functional testing
Incorrect inter-component interaction	Concurrency analysis	Black box functional testing
Application code errors	Coding standards compliance Control/data flow analysis Resource usage analysis Run-time exception analysis Abstract interpretation	Black box functional testing Unit testing Integration testing Random testing / fuzz testing
Unspecified functionality	Traceability (requirements to code)	Random testing / fuzz testing
Errors in embedded components		Black box functional testing



Conclusions

- How critical are the systems
 - What are safety properties? hazards?
- What is framework for assurance
 - Safety Assessment Principles
 - Claims, Argument Evidence
- What is the approach
 - Understanding – hazards, interactions
 - Excellence of production
 - Compensation
 - Confidence Building
 - Statistical testing, static analysis



Medical systems

- Tempo
- Heterogeneous systems
- Patient's own devices
- Accidental systems
- Ad hoc Apps
- Off label
- Local and global
- Multi-stakeholder

Health Foundation Report

Supplement G:
Safety case use within the medical devices industry

*Robin Bloomfield, Nick Chozos, George Cleland
Adelard LLP*

This is one of a series of supplements to the report: *Using safety cases in industry and healthcare: a pragmatic review of the use of safety cases in safety-critical industries – lessons and prerequisites for their application in healthcare*

To access the report and the other supplements, please visit www.health.org.uk/safetycasesreport

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USING SAFETY CASES IN INDUSTRY AND HEALTHCARE G1



ADELARD

Regulation and Oversight for Developing Automotive Software in Europe

Presented at Academy of Medical Sciences, Nov 2014

Dr Michael Ellims

[Sybernetic Ltd.](#)

Surprise!

There is *some*...

Type Approval

Production vehicles can be sold and driven if Type Approved.

Type approval has three parts

- Conformity of production

- Approval of test facilities

- Conformance to regulation

Type approval granted by vehicle certification authority e.g. VCA

Conformity of production

Evidence that a manufacturer can produce something that conforms *every time*.

Quality system – ISO 9001 or equivalent

Control plan

What, why, how, when and who,

Control plans **require approval**.

Regulation – a lots of it

UNECE (1958 agreement)

- 133 ...to date
- Numerous amendments and corrigendum
- Folded into regulations periodically...

UN GTR (1998 agreement)

- 15 ...to date

Regulation of Software

UNECE 13	Braking, categories M, N and O
UNECE 13-H	Braking, passenger cars
UNECE 79	Steering Equipment
UNGTR 8	Electronic stability control

Note UNECE 13-H also covers ESC !!!

Software Annexes

Special Requirements to be applied to the safety aspects of complex electronic vehicle control systems

UNECE R13 Annex 18

UNECE R13H Annex 8

UNECE R79 Annex 6

UNGTR 8 clause 132 (almost)

The Annex...

Clause	Regulation Covers	
3.1	Documentation	What is to be presented to certification authority
3.2	Description of functions	A description... all input and sensed data all output boundaries of functional operation
3.3	System layout	Inventory of components Functions of the units Interconnections Signal flow and priorities
3.4	Safety Concept	safe operation under non-fault conditions safe operation under fault conditions Software Safety Analysis
4.1.1	Verification of the system	Under non-fault conditions
4.1.2	Verification of the Safety Concept	Under fault conditions

IEC 61508

Under German law...

- IEC standards are automatically incorporated
 - Implies 61508 should be used for assessing Annexes
- But 61508 doesn't match automotive practice
 - e.g. prototypes not considered
- IEC 61508 “allows” derived standards

So the automotive industry created ISO 26262

...and ISO 26262

Clause	Regulation Covers	Clause	ISO 26262 Covers
3.1	Documentation		
3.2	Description of functions	3: 5.5	Item Definition
3.3	System layout	3: 5.5	Item Definition
3.4	Safety Concept	3: 7.5.2 3: 8.5.1	Safety Goals Functional Safety Concept
3.4.2	Software	-----	Part 6
3.4.4	Analysis (FMEA, FTA etc.)	7.5.1	Hazard analysis
4.1.1	Verification of the system		<i>missing</i>
4.1.2	Verification of the Safety Concept	3: 8.5.2	Functional safety concept Verification report

Software 3.1.1 Documentation

- (a) The formal documentation package for the approval, containing the material listed in Section 3
- (b) Additional material and analysis data of paragraph 3.4.4., which shall be retained by the manufacturer, but *made open for inspection at the time of type approval.*

Software 3.4.2.

In respect of software employed in "The System",

- the outline architecture...,
- the design methods and tools ... identified.

The manufacturer shall be prepared, *if required*, to show some evidence of ... realisation of the system logic,

Weaknesses

Type approval is in general “whole vehicle”

- tests of a vehicle on a test track
- tests as specified in the standard

Formally:

- regulations do not specify deep dives
- certifying authority does not *always* do deep-dives

The Annexes are to some extent “bolt-on”

Some Context...

Data2013 Fortune 500 and World Bank data

Rank	Entity	GDP/Rev	Rank	Entity	GDP/Rev
	Norway	\$512 billion	26	Ford Motor	\$147
1	Wal-Mart	\$476	27	General Electric	\$146
2	Royal Dutch Shell	\$459	61	Nissan Motor	\$104
8	Volkswagen	\$261	63	Tesco	\$103
9	Toyota Motor	\$256	68	BMW Group	\$101
	Portugal	\$220	68	Électricité de France	\$100
13	Samsung Electronics	\$208	90	Boeing	\$ 86
	New Zealand	\$185	103	Airbus group	\$ 78
15	Apple	\$170	155	Robert Bosch	\$ 61
20	Daimler	\$156		Uruguay	\$ 55
21	General Electric	\$156	181	Caterpillar	\$ 55

Financial Motivation

Minimum recall cost \$50 –

Ford Foci per year (approximate) - 1 million

Typical production run - 4-5 years

$\$50 * 1 \text{ million} * 5 \text{ years}$

\$250 million

Thank You!

Contact details:

Email: michael.ellims@tesco.net

Mobile: 075 44 68 58 94



ROYAL
ACADEMY OF
ENGINEERING



Software for Dependable Systems – *Sufficient Evidence?*

Martyn Thomas CBE FREng
Non-executive Director, Health and Safety Executive

Summary

Towards certifiably dependable software

The building blocks for a credible
dependability case

- Explicit Claims
- Evidence
- Expertise

Explicit Claims

No software can be equally dependable in all respects and under all conditions of use.

The dependability case should therefore be explicit about the properties that are being claimed, the assumptions that have been made about the environment, and the level of dependability being claimed.

Different properties may be assured to different levels of dependability

Evidence

Concrete and valid evidence should be provided that substantiates the dependability claims.

Evidence + Assumptions \Rightarrow Properties *the dependability argument*

Testing is essential, but can *almost never* provide adequate evidence on its own.

Evidence from **analysis** will be required.

Evidence of the development process is also needed, e.g. to show that the software in use is the same as that analysed and tested.

Expertise

To develop dependable software, engineers need expertise in software development, in the application domain, and in the broader system context.

Software is only part of the system. It must work dependably with other software, hardware *and the users*.

Producing adequate *evidence* is highly demanding and stretches best practice to the limit. Developers must know the best methods and tools and only deviate from them with good reasons (clearly documented).



The full report can be downloaded, free, from

http://sites.nationalacademies.org/cstb/CompletedProjects/CSTB_042247