Adjusting to IDMP

Access needs and business challenges of drug database providers

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VIDAL Group?

• European **Drug Information company** headquartered in Paris, France

• Providing reference Drug Information Systems (DIS) in **over 20 countries** (EMEA / LatAm)

• Over **200 staff** across Europe (France, Germany, Spain):
  – Scientific team (*pharmacists, physicians...*)
  – Technical team (*medical informatics & software engineers, architects...*)

• Partnerships with over **150 integrators** (EHR, Health IT...)
Significant Events in the DIS Landscape

- Development and maturity of the internet -> increasingly distributed collaboration and open-data
- Development and maturity of open-source software and open-source data → increased technology support
- Establishment of standards at different layers of the “interoperability” stack → increased interoperability
  - Semantic Web standards (W3C standards)
  - HL7
  - ISO IDMP, SNOMED, LOINC,
  - ISO/TS 19256 'Medicinal Product Dictionary': the link between IDMP and clinical health care

→ This creates opportunities for drug databases to focus on core business: contribute to proper use of health products on the point of care = drug information contextualisation, DSMs, and analytics
From trusted sources of information to end users: Each skill “layer” creates added value.

- Ministry of health, Drug agencies, Scientific Societies, experts
- Official drug formularies (list of drugs), SPCs, Guidelines, Pubmed ....
- Data Compilation, synthesis
  - Formatting & Structuring
    - (Physicians, pharmacist)
- API & Database production (IT)
- EHR & digital
- Health professionals Workflow integration
Integration in the HIS workflow thru APIs (Soap, Rest...), or digital products (mobile, web...)
## VIDAL content usages

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**Confidential and subject to NDA**
• **Standard terminologies** have been integrated at both the disease level (ICD10, ICD9, ICPC...) and the drug level (when available: INN*, ATC, EDQM standard terms, UCUM...)

• So far, Vidal has adapted the dm+d VMP** model as a backbone for **pharmaceutical products**

• **Medicinal products local ID** are used when available but more normalisation at this level will be a great step forward as global standards become available ...

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*INN: International Non-proprietary Names; **VMP: Virtual medicinal product*
The model supports both global/national document, structured information & DSMs

- Package (AMPP)
- AMP (MP)
- VMP (PhP) Code + Name

Local Documentation
- SPCs, Leaflet
- Medico economics
  - Data and DSMs
    - Strength,
      - unit of measure
      - Breakability
      - Price / Reimb
  - SPC based Therapeutics DSMs
- EBM Documentation
  - Therapeutics DSMs
    - Drug-drug
    - Drug-Health
    - Overdosage
    - Side effects ...

- Prescription
- Dispensation
- Administration
- Medico economic tools
- DRG tools

Interoperability
- Cross border
- Analytics

E.g. Usages
EHR integration use cases: multilingual DSMs based on global... and local data
Discussion / conclusion

• Mapping with local formularies (PhP<->MP<->packaging) is the “cornerstone” for usability in health informatics

• IDMP and article 57 database is a huge opportunity to fix it at a global level

• The major question for us is: will a unique set of MpID and PhPID be published as a global repository for all healthcare providers... and when?

• If the answer is yes, in the short/middle term, strong communication could motivate the market to be prepared to adopt one global repository in some years....and not promote new local or specific solutions
Thank you...

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