

Adjusting to IDMP

Access needs and business challenges
of drug database providers

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VIDAL Group ?

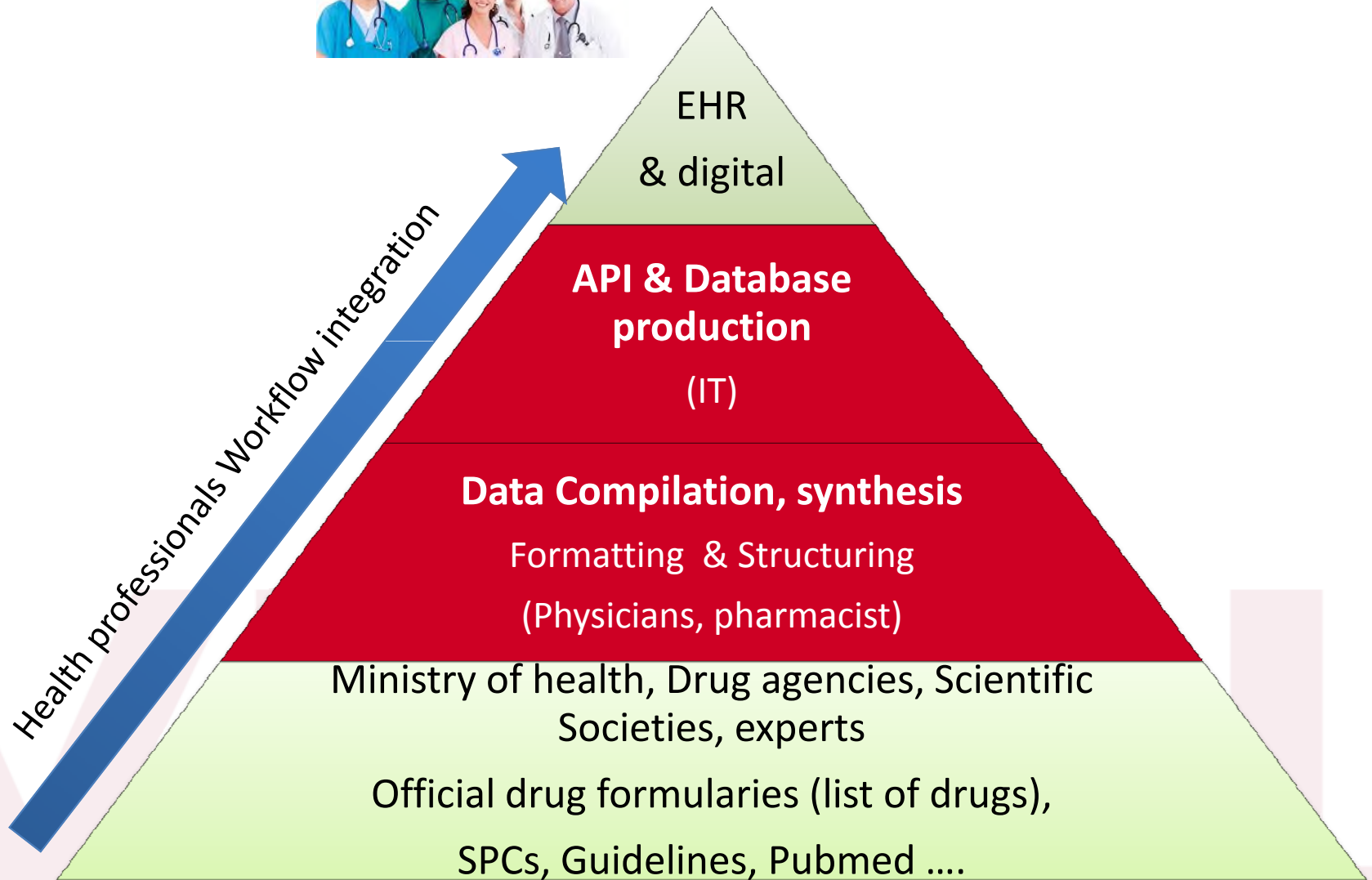
- European **Drug Information company** headquartered in Paris, France
- Providing reference Drug Information Systems (DIS) in **over 20 countries** (EMEA / LatAm)
- Over **200 staff** across Europe (France, Germany, Spain):
 - Scientific team (*pharmacists, physicians...*)
 - Technical team (*medical informatics & software engineers, architects...*)
- Partnerships with over **150 integrators** (EHR, Health IT...)

Significant Events in the DIS Landscape

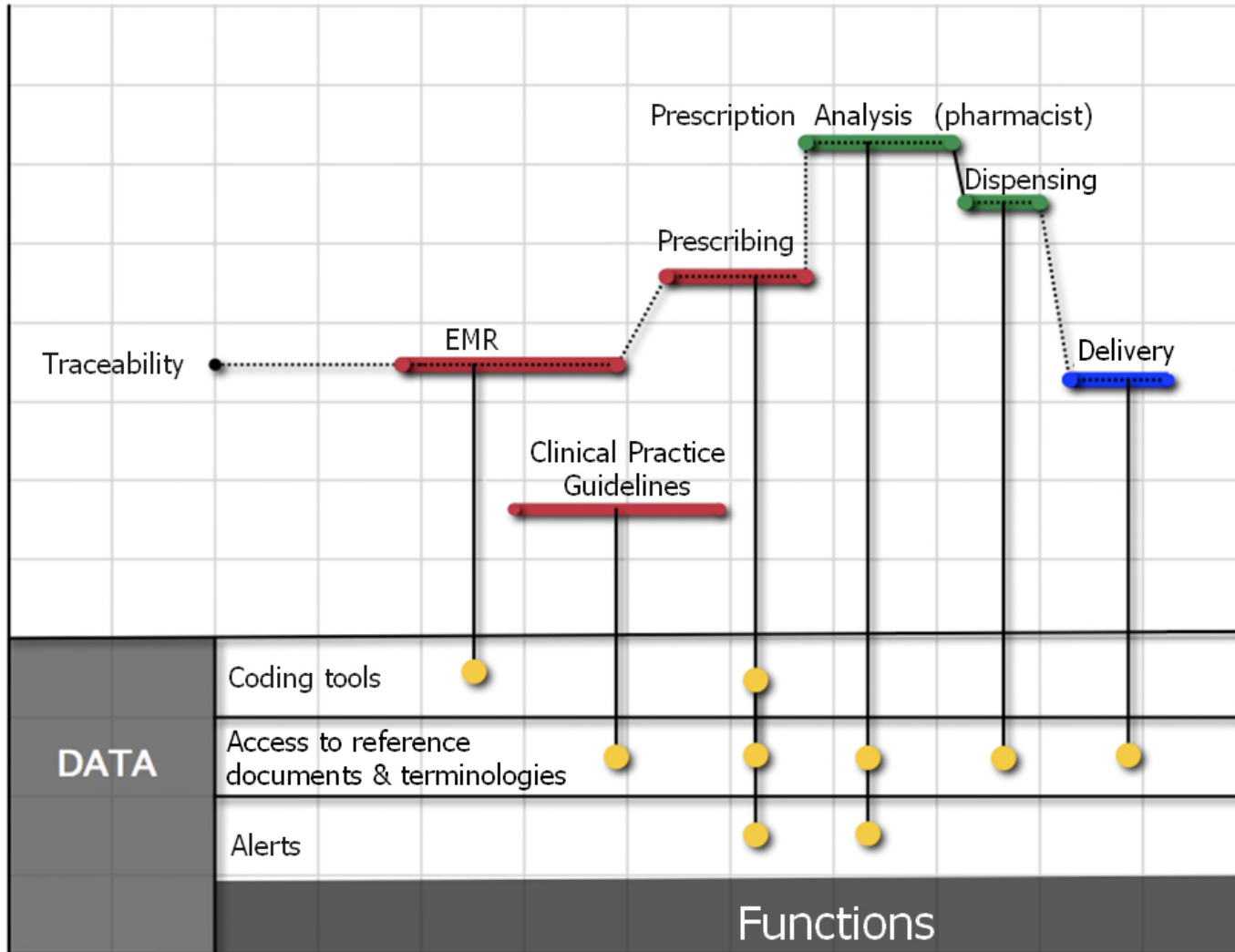
- Development and maturity of the internet -> increasingly distributed collaboration and open-data
- Development and maturity of open-source software and open-source data → increased technology support
- Establishment of standards at different layers of the “interoperability” stack → increased interoperability
 - 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



Integration in the HIS workflow thru APIs (Soap, Rest...), or digital products (mobile, web...)



VIDAL content usages

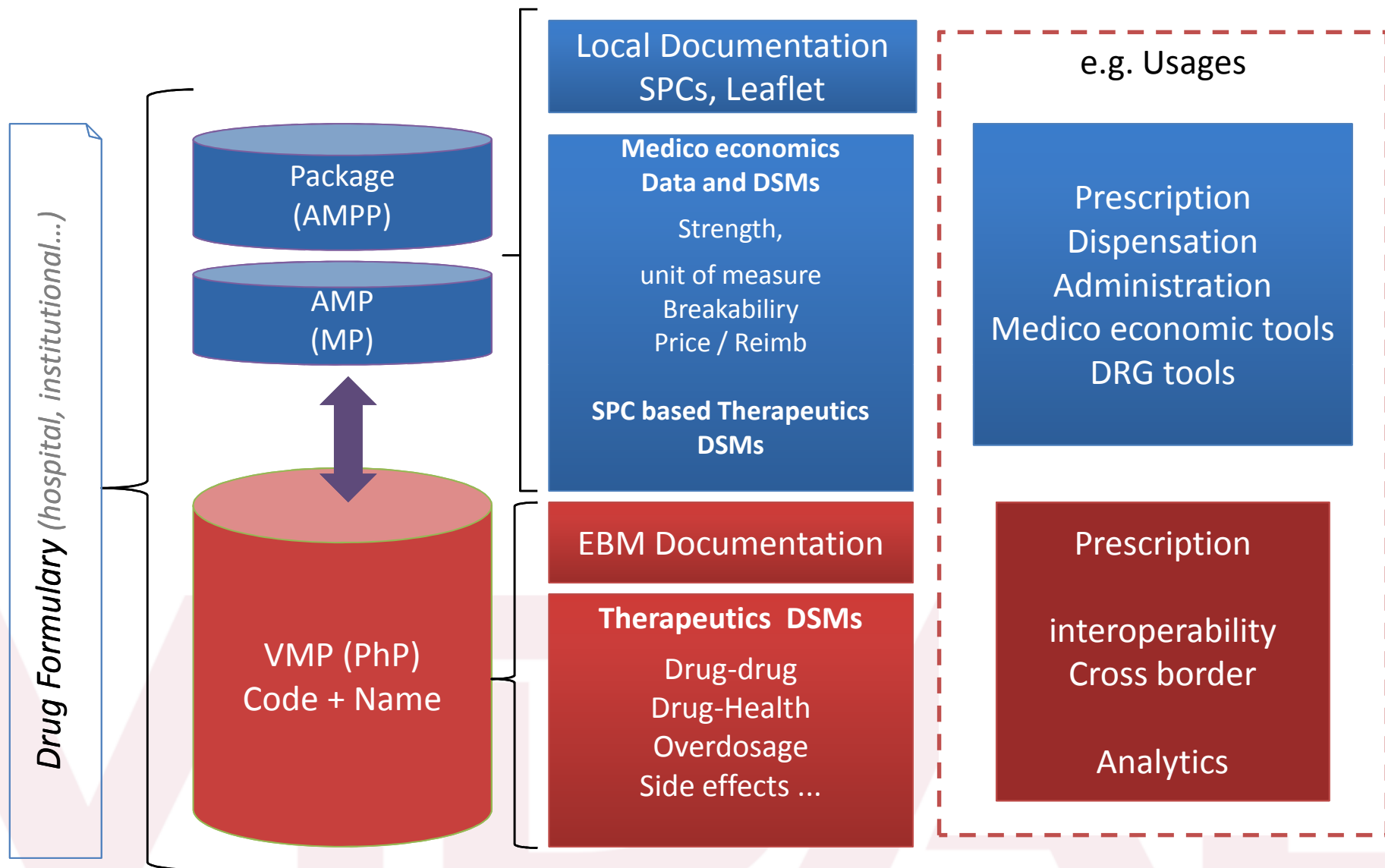
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Monographs 		X	X	X	X																					
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Economic <table border="1"> <thead> <tr> <th>Codes CIP</th> <th>Liste</th> <th>Base rem.</th> <th>Taux rem.</th> <th>Labo exploitant</th> </tr> </thead> <tbody> <tr> <td>3417172 3400934171727</td> <td>I</td> <td>4.18</td> <td>65%</td> <td>GlaxoSmithKline</td> </tr> <tr> <td>3319819 3400933198190</td> <td>I</td> <td>1.19</td> <td>65%</td> <td>GlaxoSmithKline</td> </tr> <tr> <td>3305496 3400933054960</td> <td>I</td> <td>1.84</td> <td>65%</td> <td>GlaxoSmithKline</td> </tr> </tbody> </table>	Codes CIP	Liste	Base rem.	Taux rem.	Labo exploitant	3417172 3400934171727	I	4.18	65%	GlaxoSmithKline	3319819 3400933198190	I	1.19	65%	GlaxoSmithKline	3305496 3400933054960	I	1.84	65%	GlaxoSmithKline			X		X	X
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Standards & Interoperability

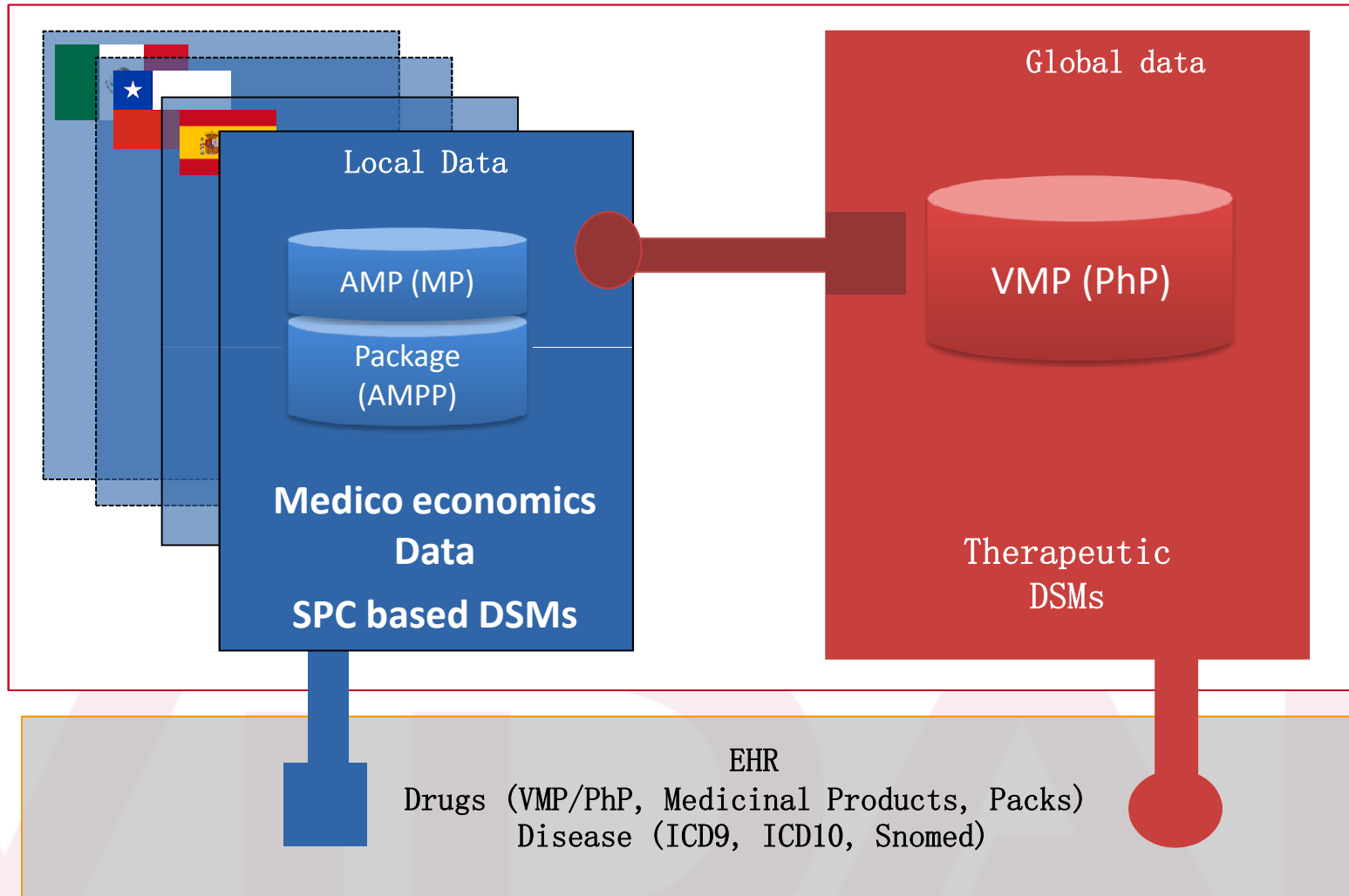
- **Standard terminologies** have been integrated at both the disease level (ICD10, ICD9, ICPC...) and the drug level (when available: INN*, ATC, EDQM standard terms, UCUM...)
- So far, Vidal has adapted the dm+d VMP** model as a backbone for **pharmaceutical products**
- **Medicinal products local ID** are used when available but more normalisation at this level will be a great step forward as global standards become available ...

*INN: International Non-proprietary Names; **VMP: Virtual medicinal product

The model supports both global / national document, structured information & DSMs



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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