

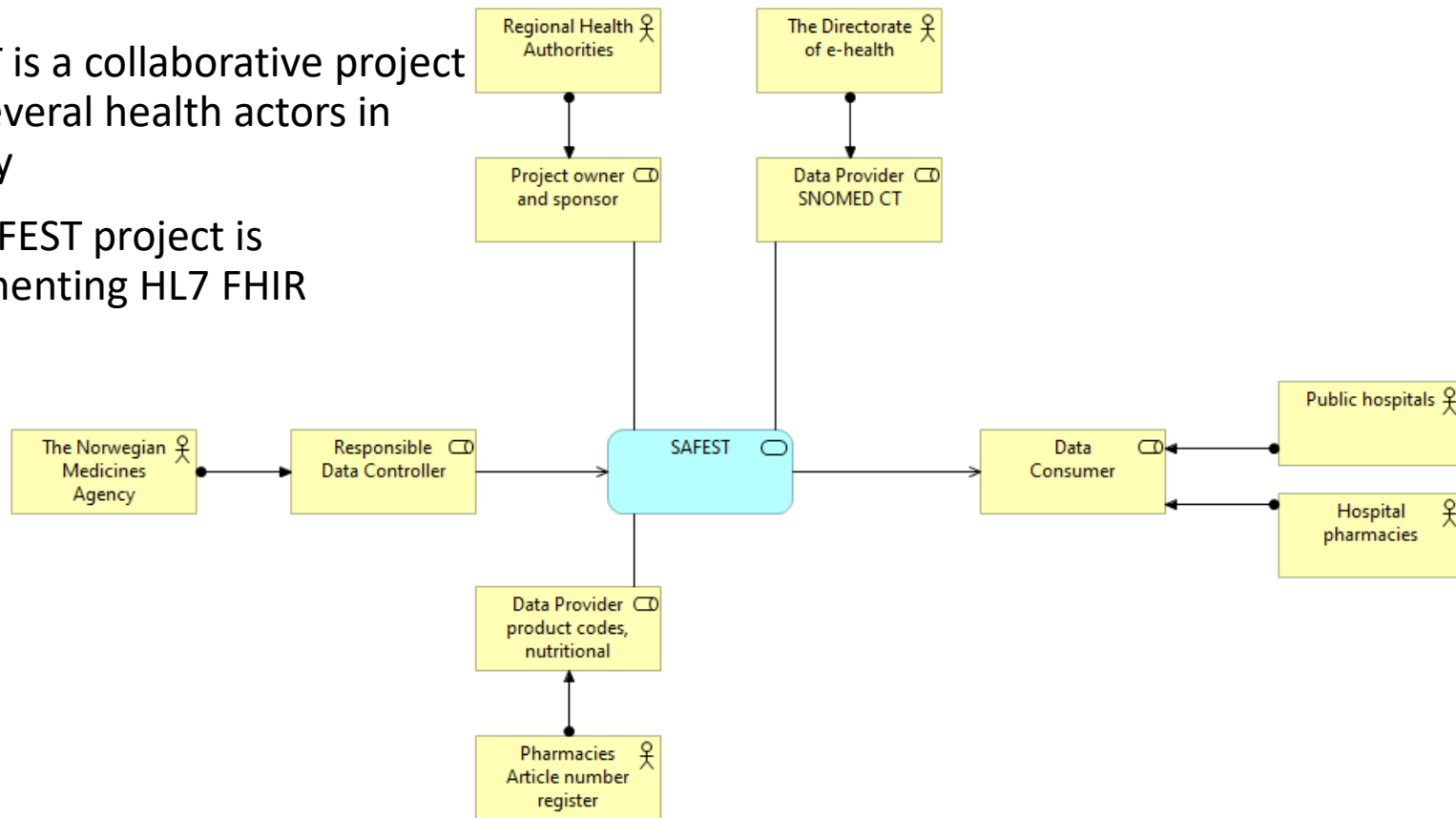
The Norwegian Medicines Agency's road towards ISO IDMP

- Implementation of the HL7 FHIR
- Implementation of ISO IDMP
- Connection to EMA's SPOR databases
- Download and upload of authorized medicinal products



Implementation of HL7 FHIR

- SAFEST is a collaborative project with several health actors in Norway
- The SAFEST project is implementing HL7 FHIR

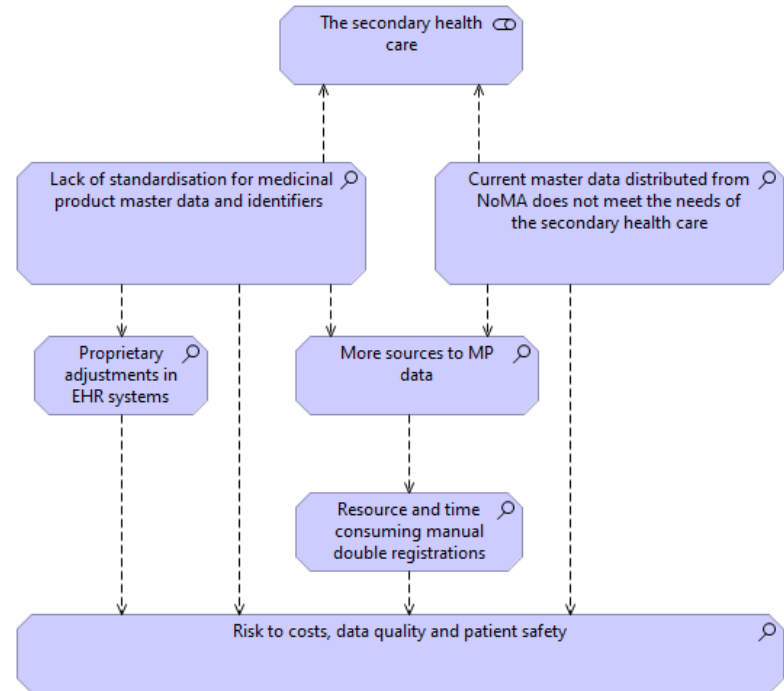


Background for SAFEST project

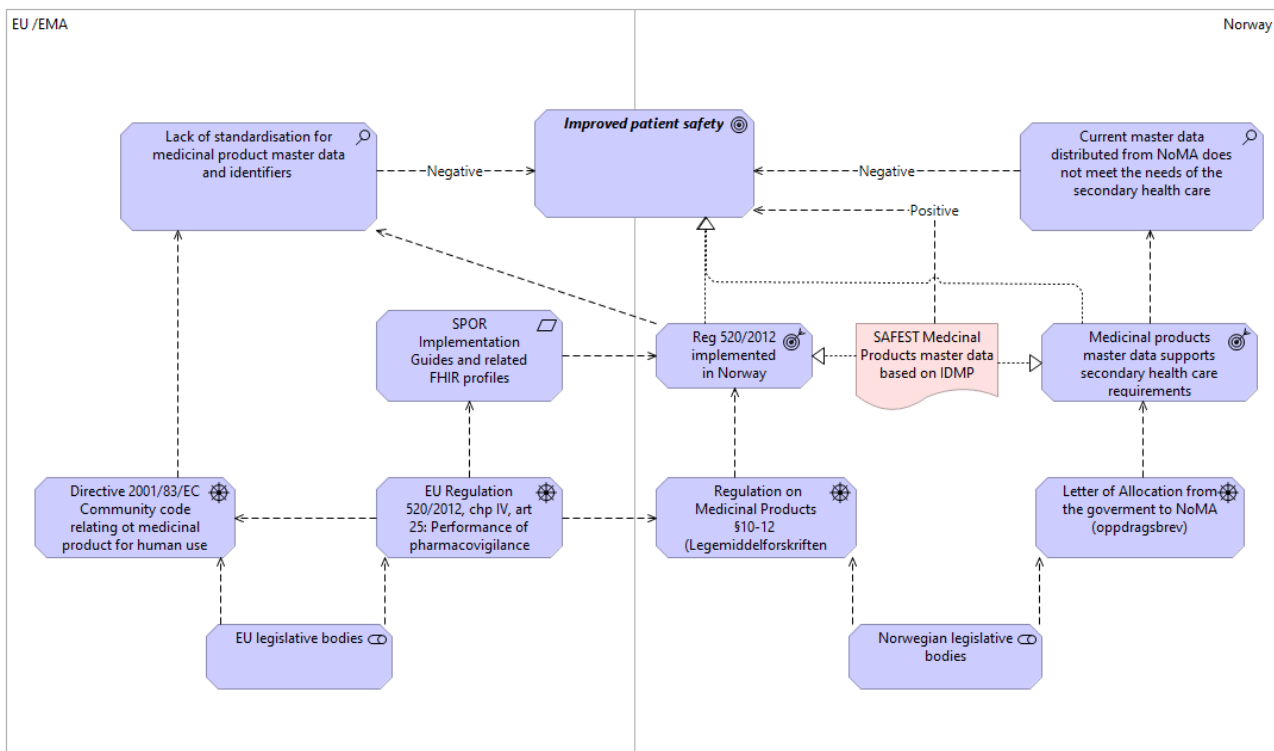
Today The Norwegian Medicines Agency (NoMA) is providing data about medicinal products through the FESF xml message.

Secondary health care needs

- Master data for exchange in clinical processes and IT-systems
- Data for ordination of active substance
- Package info, product codes and detailed data about, e.g., strength, dose form
- Data on nutritional products

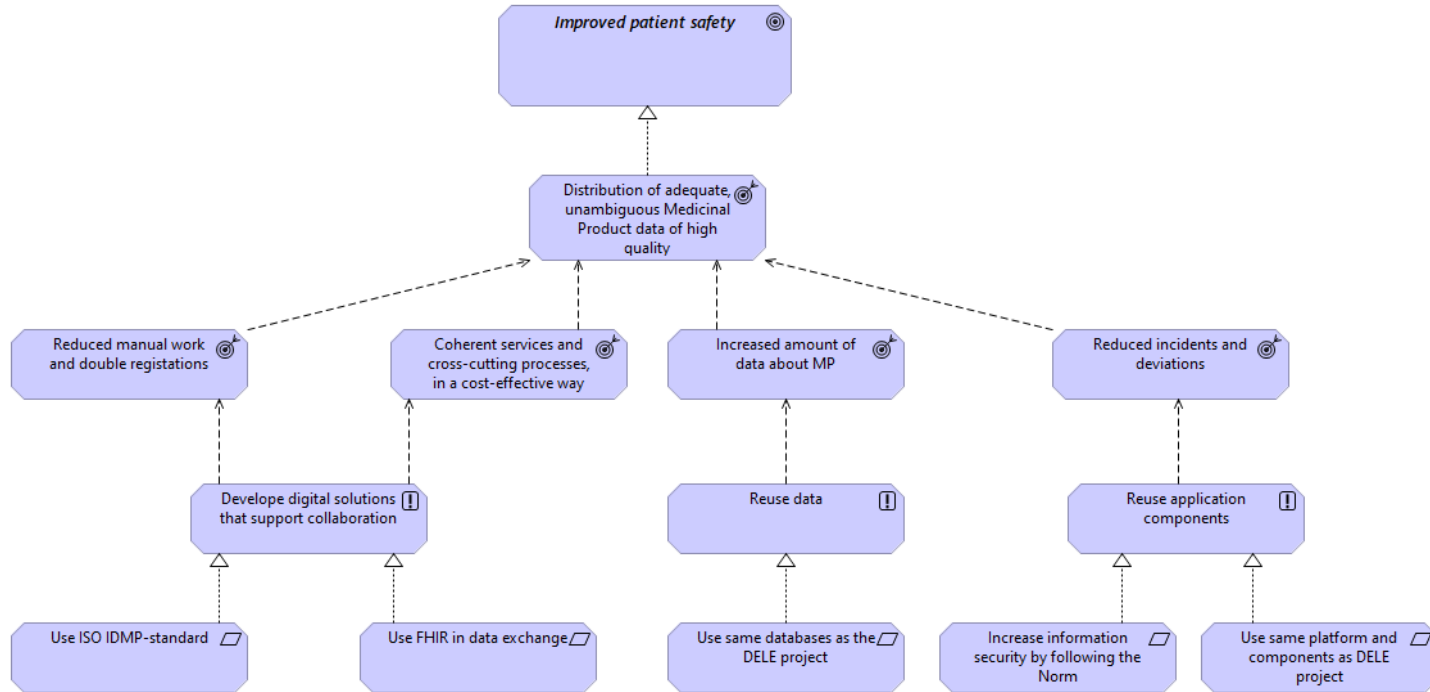


Motivational context for the SAFEST project



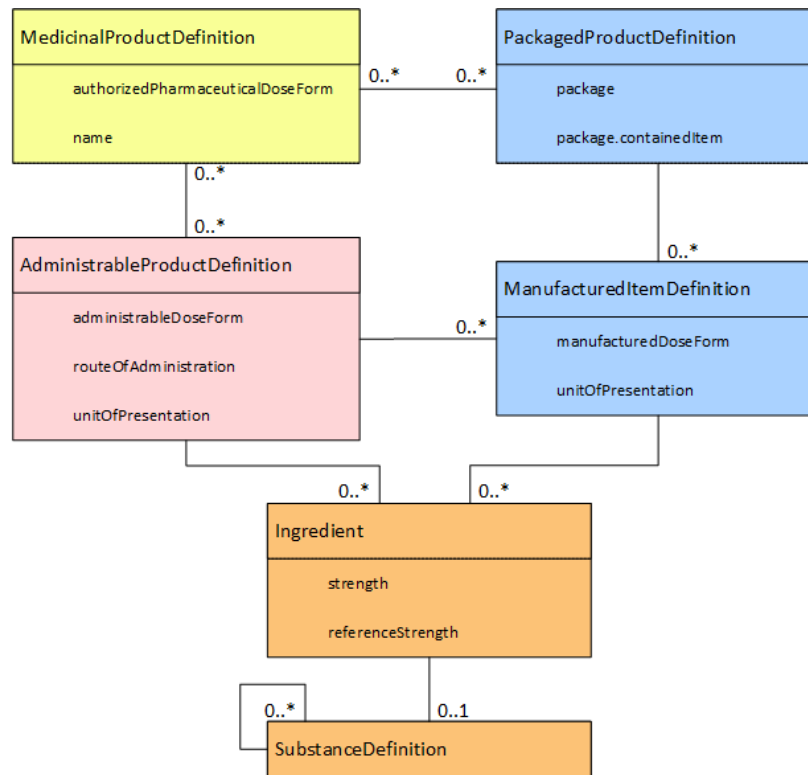
The vision is improved patient safety

by distribution of adequate, unambiguous, high-quality data about medicinal products



FHIR resources in SAFEST

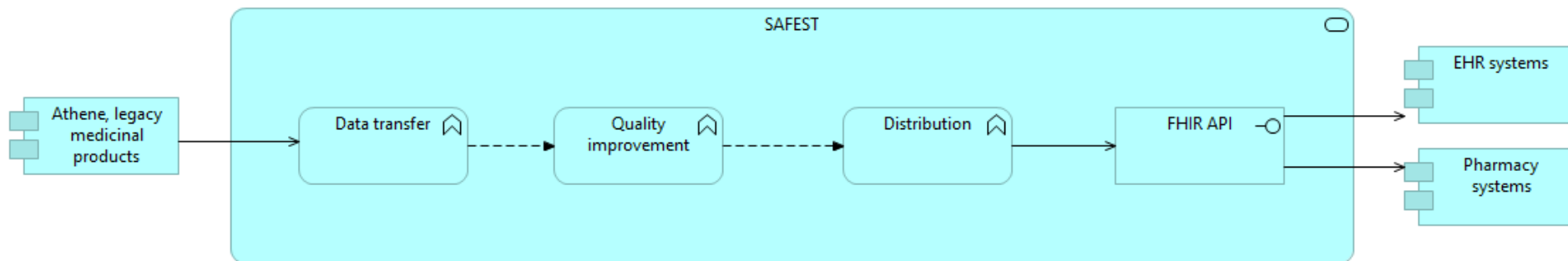
- SAFEST aims to provide legacy data about medicinal products transformed directly to FHIR
- The first release in SAFEST focuses on the two primary resources: MedicinalProductDefinition & PackagedProductDefinition
- Upcoming release will add Manufactured- & AdministrableProductDefinition as well as Ingredient & SubstanceDefinition



Functions in SAFEST

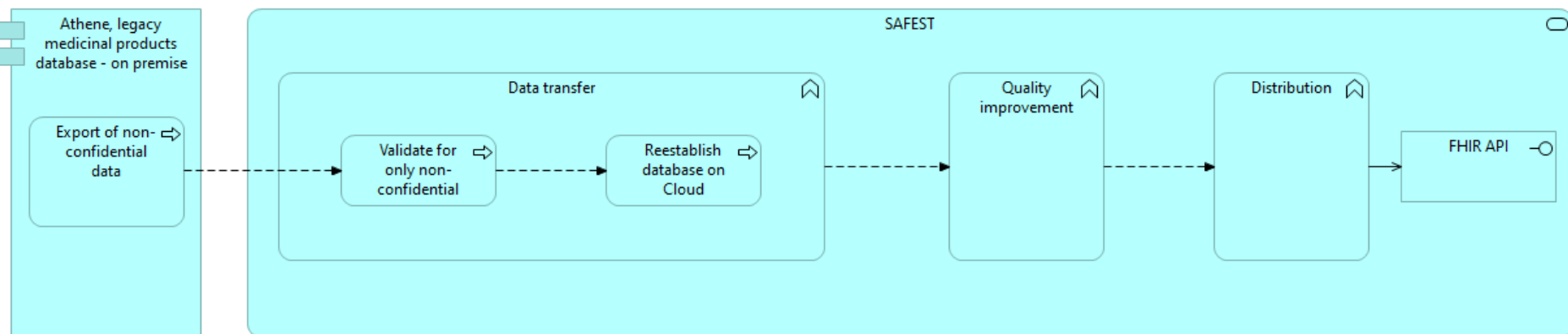
The SAFEST solution consists of three main functions/modules:

1. Data transfer
2. Quality improvement
3. Distribution



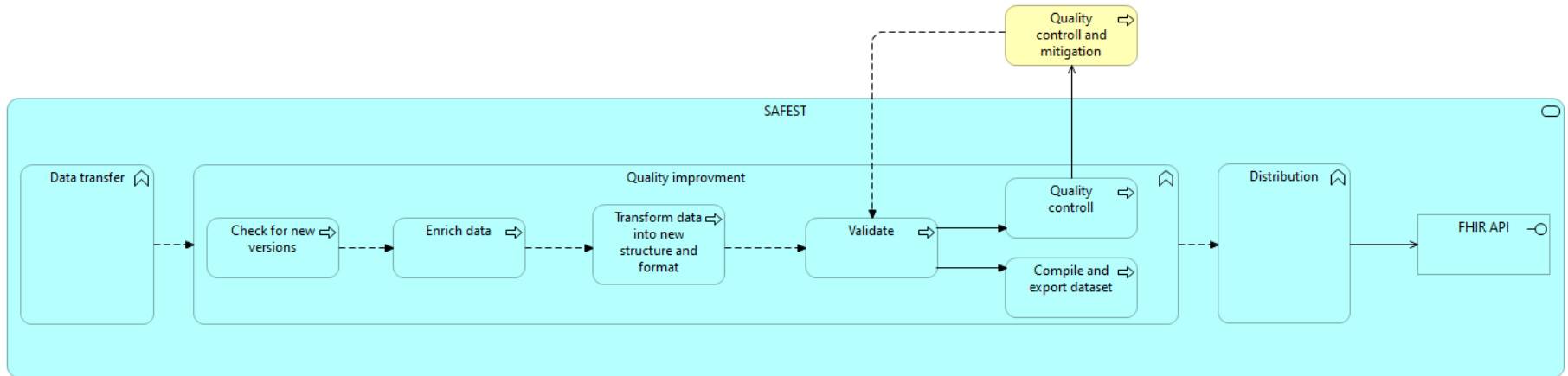
Transfer from on premise into cloud

1. The transfer function starts with an export of non-confidential data from the medicinal product database on premise
2. The data is validated for only non-confidential data
3. The database is re-established in the cloud



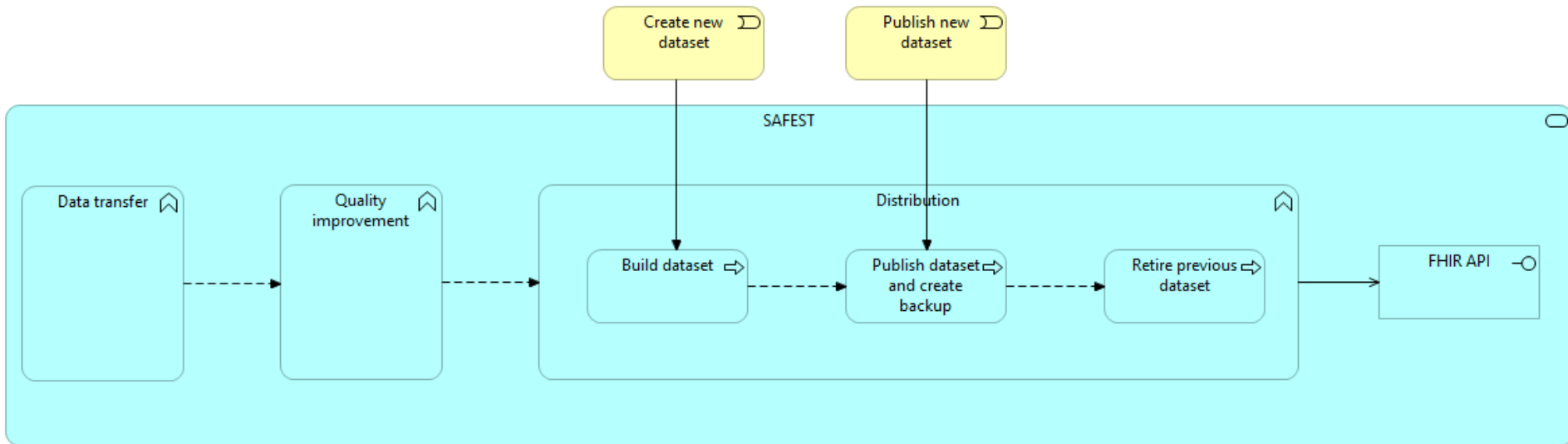
Quality improvement

1. The quality improvement starts with a check for new version
2. Data are being enriched with product codes and package level
3. Data are transformed into FHIR format and structure
4. Data are validated
 - a) If something is not according to the rules, the data is sent for manual quality control and mitigation
 - b) If everything are according to the rules, the data is compiled and exported for distribution



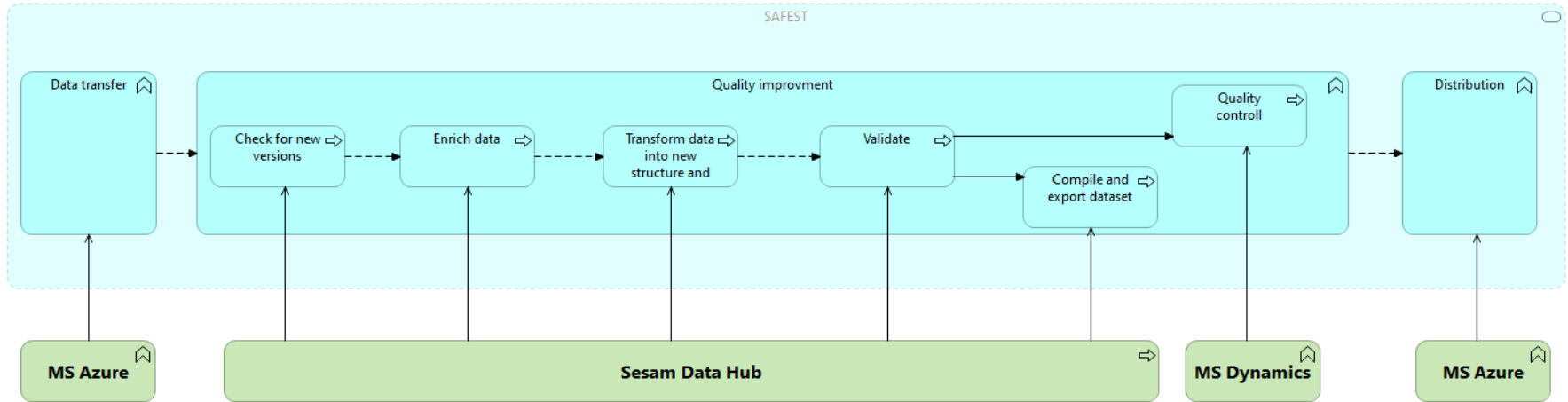
Distribution

1. The distribution starts with building the new dataset
2. The new dataset is published and back-uped
3. The previous dataset is retired



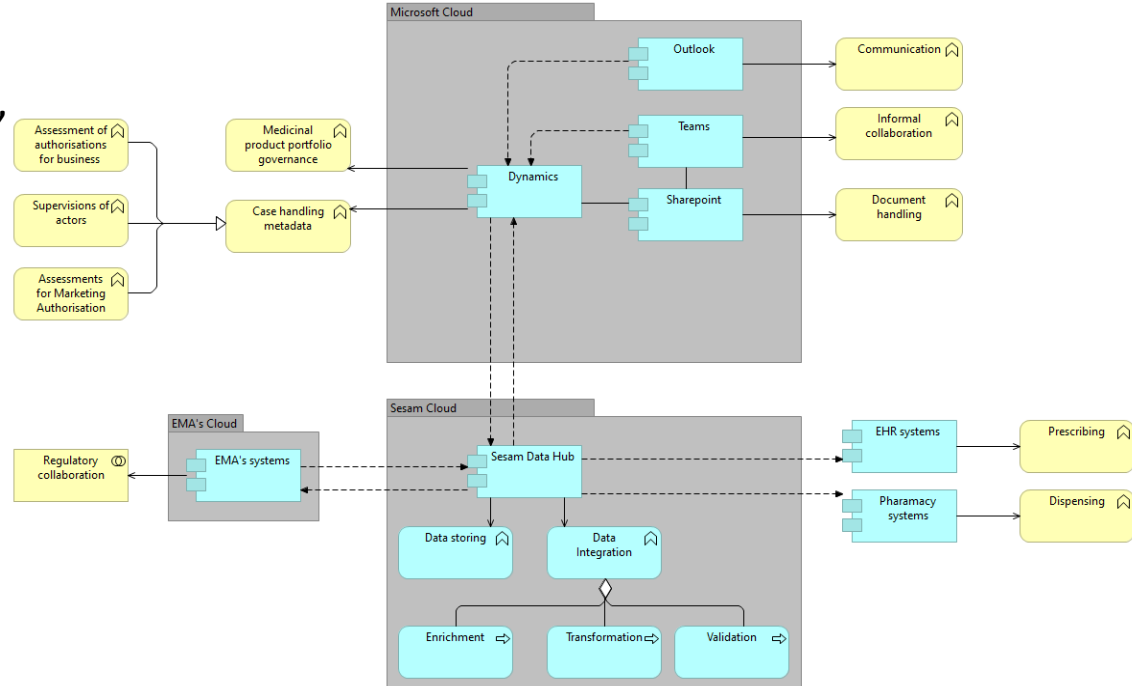
Technical platforms

- The Data Transfer module is served by MS Azure
- The Quality Improvement module with transformation to FHIR format and structure, is served by process pipelines in Sesam
- The Quality Control processes is handled through the GUI in MS Dynamics
- The Distribution module is served by MS Azure

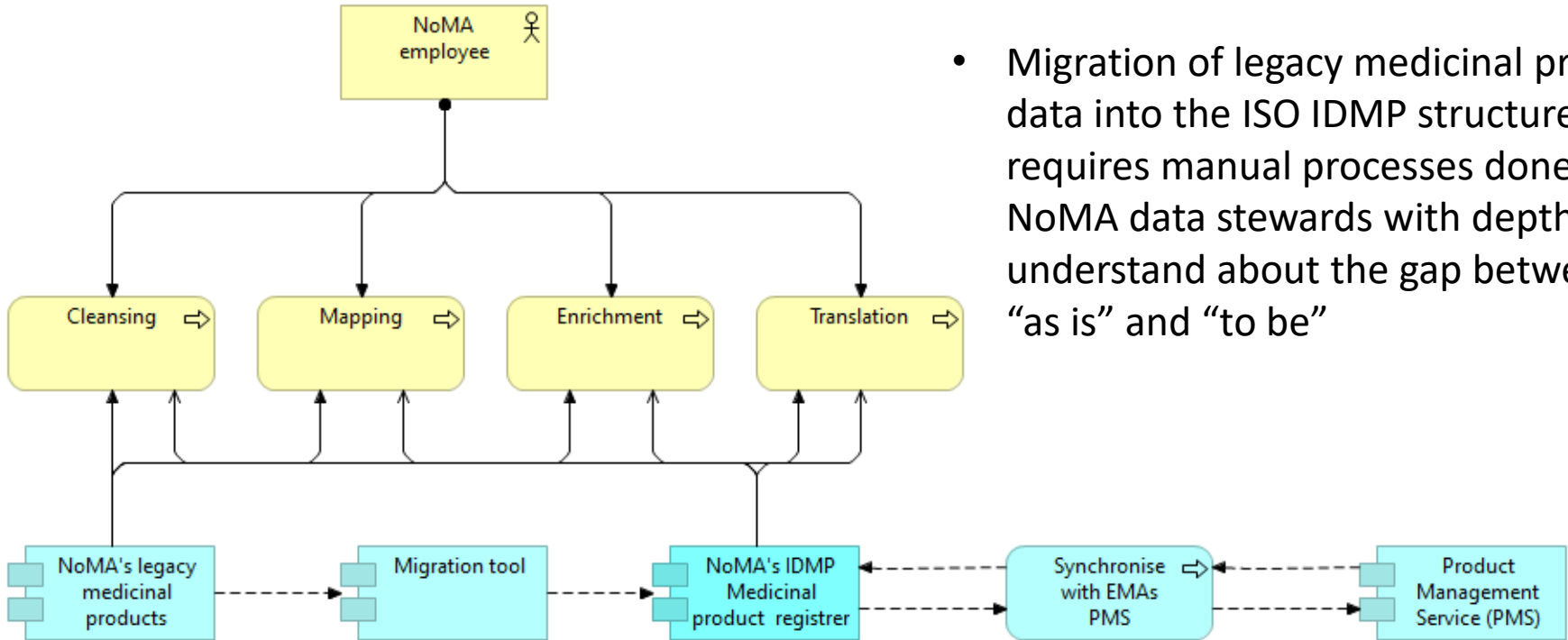


Implementation of the ISO IDMP standards

- NoMA's current on-premise application portfolio will be replaced by new developed applications for a Cloud solution, our project called DELE
- The Sesam data hub will serve the integration with EMA
- Governance of medicinal product's portfolio and case handling will be done in Dynamics and SharePoint
- Data about medicinal products will be distributed on FHIR through Sesam for clinical use



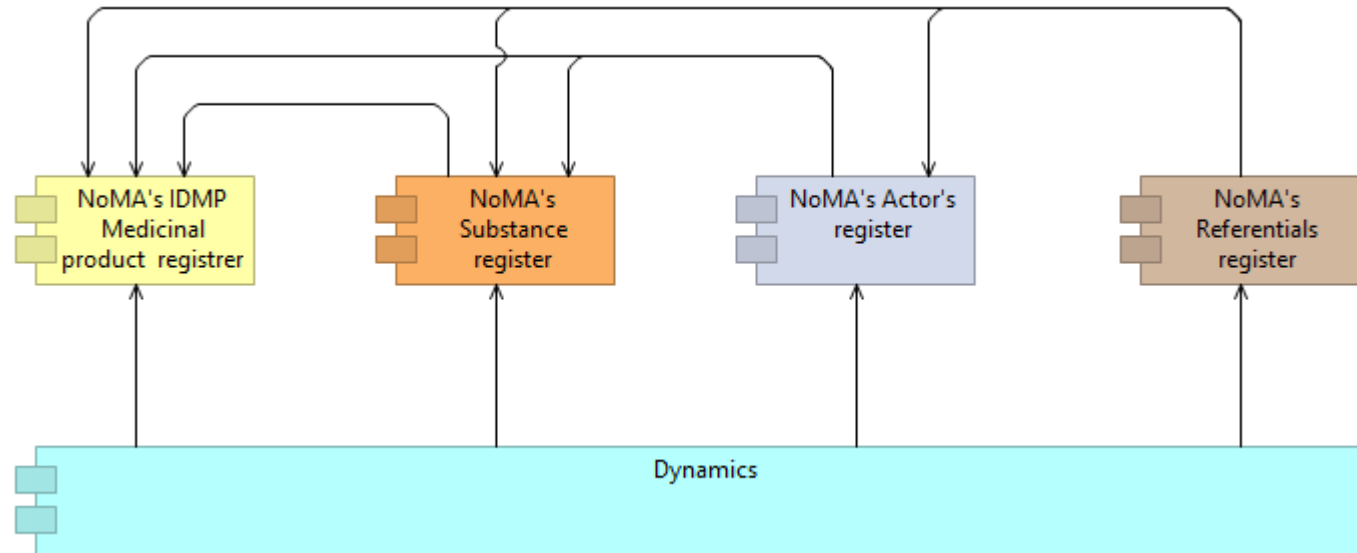
Migration of legacy data into IDMP structure



- Migration of legacy medicinal product data into the ISO IDMP structure requires manual processes done by NoMA data stewards with depth understand about the gap between “as is” and “to be”

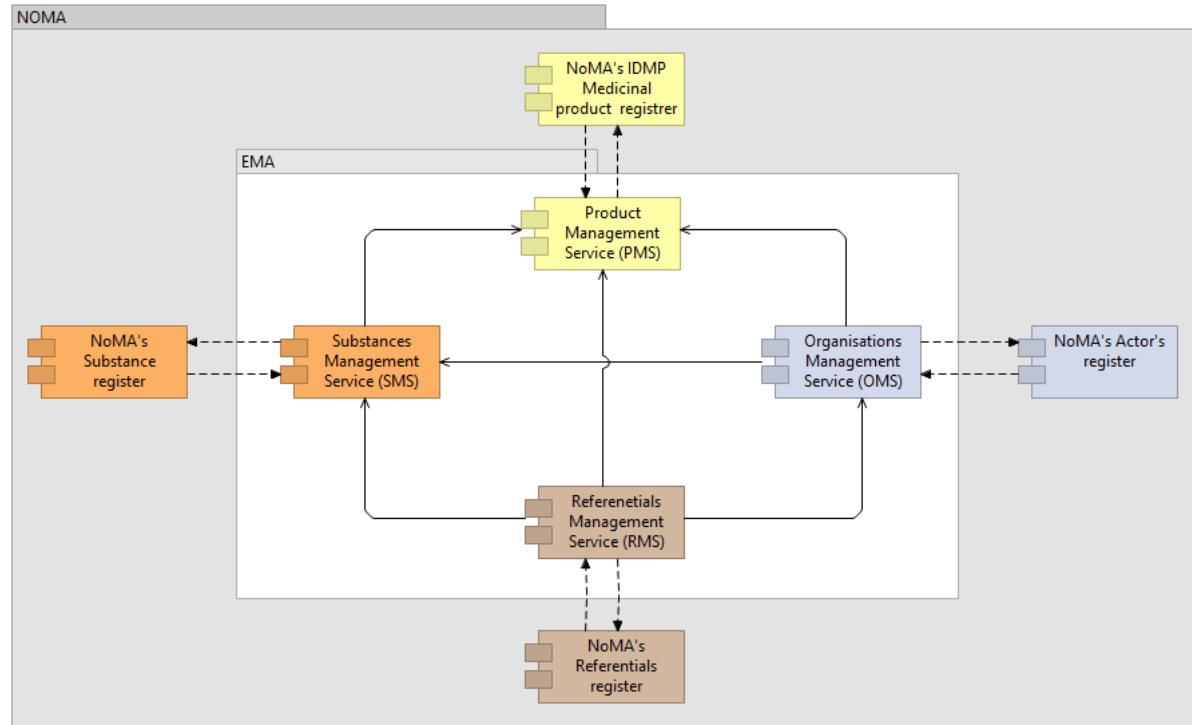
NoMA's national SPOR databases

NOMA will develop national databases for Substances, Products, Organisations, Referentials (national SPOR). The national SPOR will be served by the Dynamics platform.

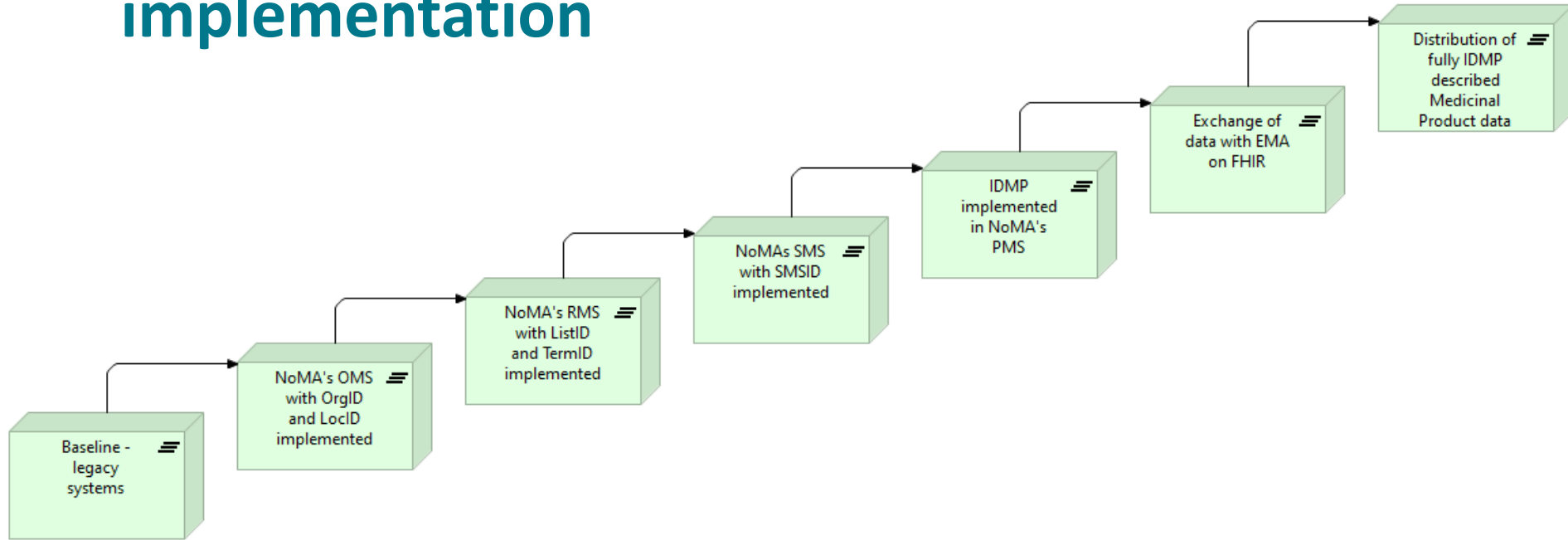


Use of EMA's SPOR data management services

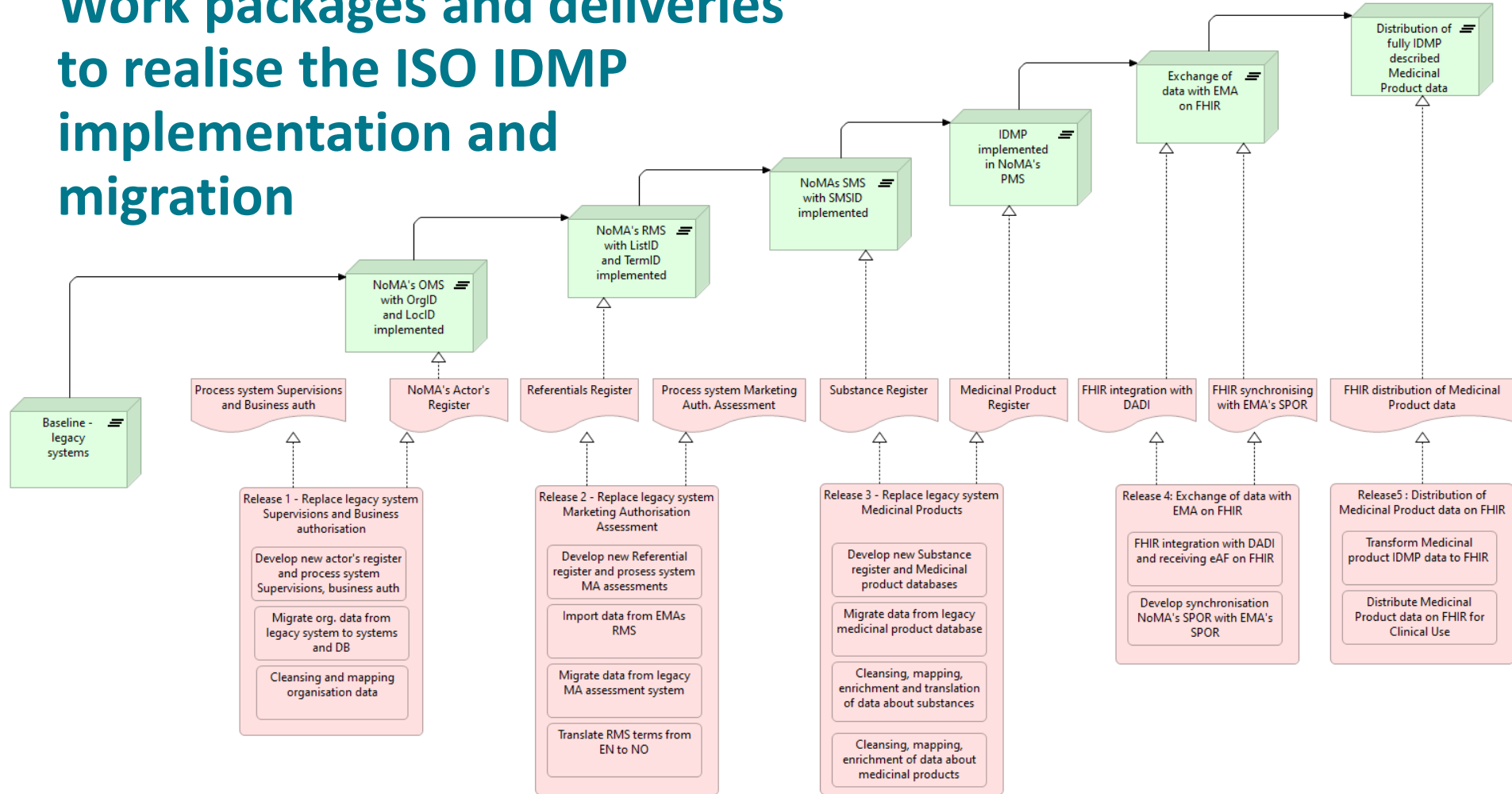
- NoMA's national SPOR databases will synchronise with EMA's
- Data will be exchanged through FHIR
- Synchronising details will be decided later



The steps towards a full ISO IDMP implementation



Work packages and deliveries to realise the ISO IDMP implementation and migration



References

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