

Multi-Stakeholder Workshop on



Data Quality of Health Wearables

Is Wearable Data Reliable for Use in Clinical Care?



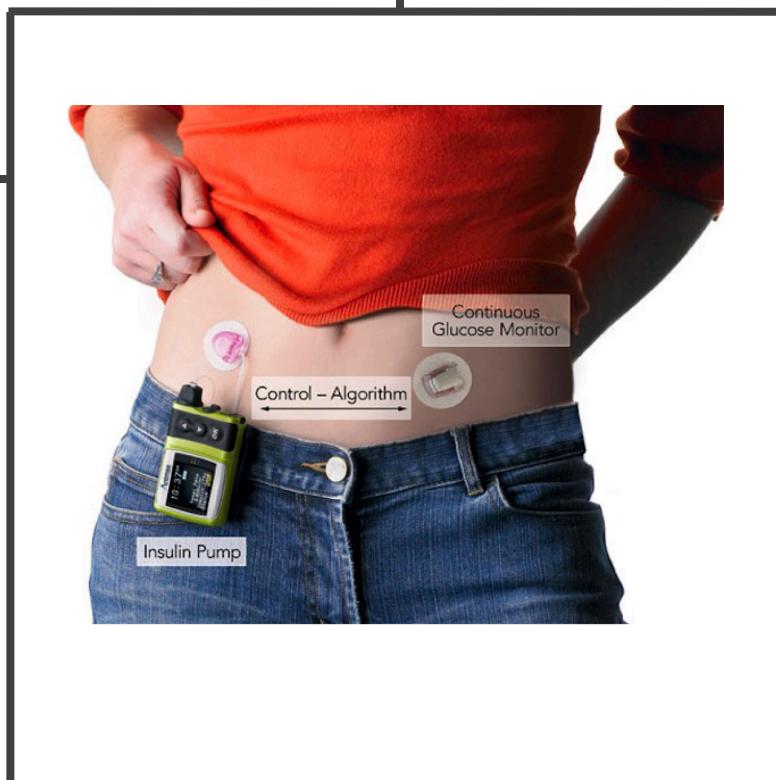
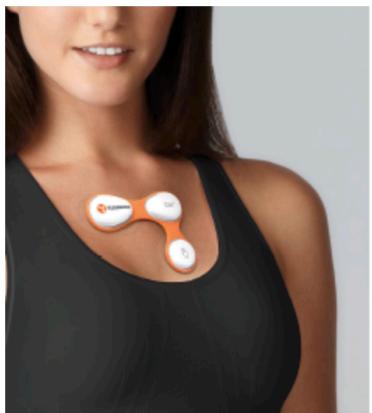
Agenda

- **Section 1: Welcome & Introduction**
- **Section 2: Presentation**
- **Section 3: Networking & Break**
- **Section 4: Group Discussion 1**
- **Section 5: Networking and Break**
- **Section 6: Group Discussion 2**
- **Section 7: Conclusion**

- Section 1: Welcome & Introduction
- **Section 2: Presentation**
- Section 3: Networking & Break
- Section 4: Group Discussion 1
- Section 5: Networking and Break
- Section 6: Group Discussion 2
- Section 7: Conclusion

REMOTE PATIENT MONITORING





PATIENT GENERATED HEALTH DATA (PGHD)

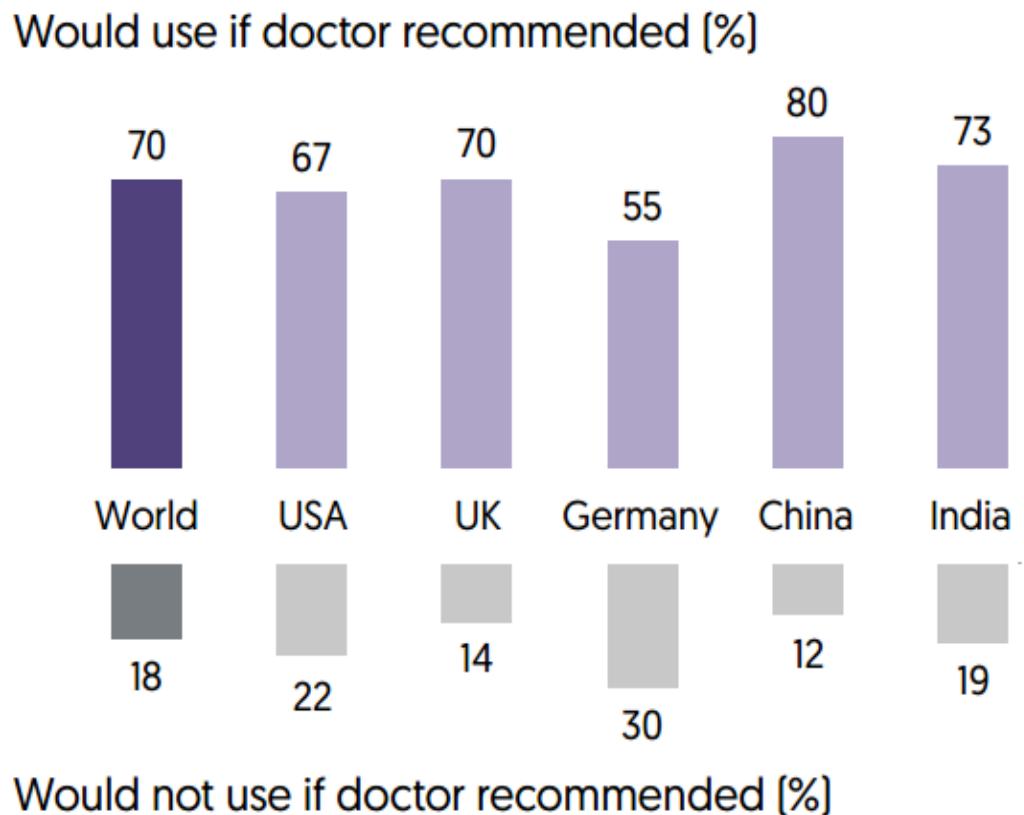
- Patients, not clinicians, are primarily responsible for capturing or recording these data
- Data are collected outside the clinical setting
- Patients may choose how and with whom they can share their health data



Why are we not using wearables data routinely in clinical care?



Health consumers would use wearables and collect PGHD if recommended by the clinician



Source: Ipsos Global Connected Health Trends 2018

Base: 23,249 online adults aged 16-64 across 28 countries May 25 – June 8, 2018

Clinicians want wearables and PGHD in the care delivery continuum

79% said they want more data

72% agreed they need PGHD to make good decisions



Source: HIMSS Media 2018

Base: 101 online responses from IT decision makers, business/administrative decision makers and healthcare professionals at hospitals and health systems.

The Missing Link Between Wearables and Healthcare



DATA QUALITY ASSURANCE

Who is responsible for data quality assurance?



Our aim = data quality assurance for PGHD no matter the device, no matter the disease

Diabetes Care Volume 40, December 2017

1631



International Consensus on Use of Continuous Glucose Monitoring

Diabetes Care 2017;40:1631–1640 | <https://doi.org/10.2337/dc17-1600>

Measurement of glycated hemoglobin (HbA_{1c}) has been the traditional method for assessing glycemic control. However, it does not reflect intra- and interday glycemic excursions that may lead to acute events (such as hypoglycemia) or postprandial hyperglycemia, which have been linked to both microvascular and macrovascular complications. Continuous glucose monitoring (CGM), either from real-time use (rtCGM) or intermittently viewed (iCGM), addresses many of the limitations inherent in HbA_{1c} testing and self-monitoring of blood glucose. Although both provide the means to move beyond the HbA_{1c} measurement as the sole marker of glycemic control, standardized metrics for analyzing CGM data are lacking. Moreover, clear criteria for matching people with diabetes to the most appropriate glucose monitoring methodologies, as well as standardized advice about how best to use the new information they provide, have yet to be established. In February 2017, the Advanced Technologies & Treatments for Diabetes (ATTD) Congress convened an international panel of physicians, researchers, and individuals with diabetes who are expert in CGM technologies to address these issues. This article summarizes the ATTD consensus recommendations and represents the current understanding of how CGM results can affect outcomes.

Glucose measurements are critical to effective diabetes management. Although measurement of glycated hemoglobin (HbA_{1c}) has been the traditional method for assessing glycemic control, it does not reflect intra- and interday glycemic excursions that may lead to acute events (such as hypoglycemia) or postprandial hyperglycemia, which have been linked to both microvascular and macrovascular complications. Moreover, although self-monitoring of blood glucose (SMBG) has been shown to improve glyce-

Thomas Danne,¹ Revital Nimri,²
Tadej Battelino,³ Richard M. Bergenfelz,⁴
Kelly L. Close,⁵ J. Hans DeVries,⁶
Satish Garg,⁷ Lutz Heinemann,⁸ Irl Hirsch,⁹
Stephanie A. Amiel,¹⁰ Roy Beck,¹¹
Emanuele Bosi,¹² Bruce Buckingham,¹³
Claudio Cobelli,¹⁴ Eyal Dassau,¹⁵
Francis J. Doyle III,¹⁵ Simon Heller,¹⁶
Roman Hovorka,¹⁷ Weiping Jia,¹⁸
Tim Jones,¹⁹ Olga Kordonouri,¹
Boris Kovatchev,²⁰ Aaron Kowalski,²¹
Lori Laffel,²² David Maahs,¹³
Helen R. Murphy,²³ Kirsten Nergaard,²⁴
Christopher G. Parkin,²⁵ Eric Renard,²⁶
Barishi Saboo,²⁷ Mauro Scharf,²⁸
William V. Tamborlane,²⁹
Stuart A. Weinzimer,²⁹ and Moshe Phillip²

¹Diabetes Centre for Children and Adolescents, Children's and Youth Hospital "Auf Der Bult," Hannover, Germany

²The Myrtle and Henry Hirsch National Center for Childhood Diabetes, The Jesse and Sara Lee Shifer Institute of Endocrinology and Diabetes, Schneider Children's Medical Center of Israel, Petah Tikva, Israel

³Department of Pediatric Endocrinology, Diabetes and Metabolic Diseases, University Children's Hospital, Ljubljana University Medical Centre, and Faculty of Medicine, University of Ljubljana, Ljubljana, Slovenia

⁴International Diabetes Center at Park Nicollet, Minneapolis, MN

⁵Close Concerns, San Francisco, CA

⁶Academic Medical Center, University of Amsterdam, Amsterdam, the Netherlands

⁷University of Colorado Denver and Barbara Davis Center for Diabetes, Aurora, CO

⁸Science & Co, Düsseldorf, Germany

⁹Division of Metabolism, Endocrinology and



HRS Expert Consensus Statement on remote interrogation and monitoring for cardiovascular implantable electronic devices

David Slotwiner, MD, FHRS, FACC (Chair), ^{1#} Niraj Varma, MD, PhD, FRCP (Co-chair), ^{2#} Joseph G. Akar, MD, PhD, ³ George Annas, JD, MPH, ⁴ Marianne Beardsall, MN/NP, CCDS, FHRS, ⁵ Richard I. Fogel, MD, FHRS, ⁶ Nestor O. Galitzio, MD, ^{7*} Taya V. Glotzer, MD, FHRS, FACC, ⁸ Robin A. Leahy, RN, BSN, CCDS, FHRS, ⁹ Charles J. Love, MD, CCDS, FHRS, FACC, FAHA, ¹⁰ Rhondalyn C. McLean, MD, ^{11†} Suneet Mittal, MD, FHRS, ¹² Loredana Morichelli, RN, MSN, ¹³ Kristen K. Patton, MD, ^{14‡} Merritt H. Raitt, MD, FHRS, ¹⁵ Renato Pietro Ricci, MD, ^{13§} John Rickard, MD, MPH, ¹⁶ Mark H. Schoenfeld, MD, CCDS, FHRS, FACC, FAHA, ¹⁷ Gerald A. Serwer, MD, FHRS, FACC, ^{18||} Julie Shea, MS, RNCS, FHRS, CCDS, ¹⁹ Paul Varosy, MD, FHRS, FACC, FAHA, ²⁰ Atul Verma, MD, FHRS, FRCPC, ⁵ Cheuk-Man Yu, MD, FACC, FRCP, FRACP, ^{21¶}

From the ¹Hofstra School of Medicine, North Shore - Long Island Jewish Health System, New Hyde Park, New York, ²Cleveland Clinic, Cleveland, Ohio, ³Yale University School of Medicine, New Haven, Connecticut, ⁴Boston University School of Public Health, Boston, Massachusetts, ⁵Southlake Regional Health Centre, Newmarket, Ontario, Canada, ⁶St. Vincent Medical Group, Indianapolis, Indiana, ⁷Favaloro Foundation University Hospital, Buenos Aires, Argentina, ⁸Hackensack University Medical Center, Hackensack, New Jersey, ⁹Sanger Heart & Vascular Institute, Carolinas HealthCare System, Charlotte, North Carolina,

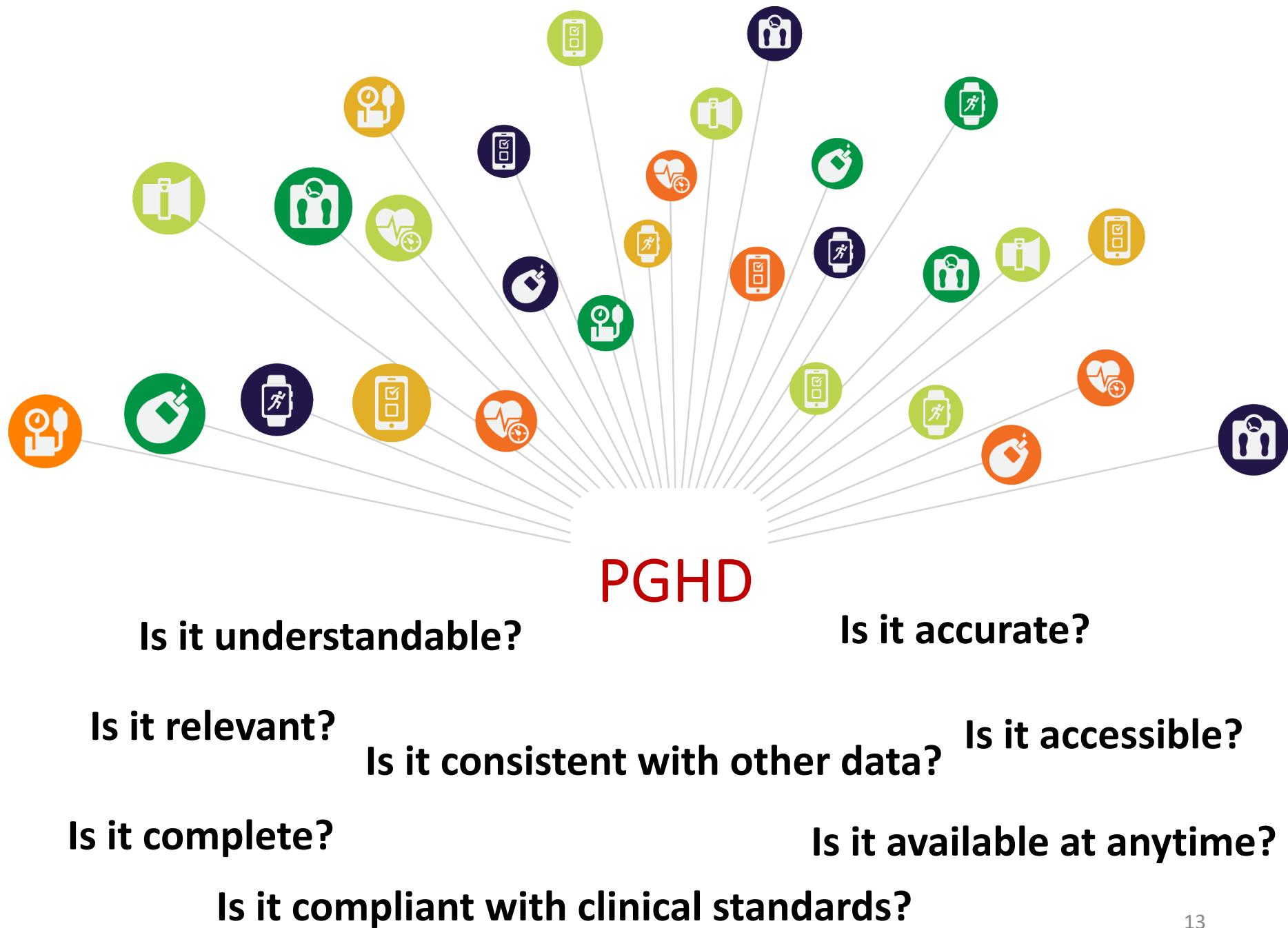
, ¹⁰New York University Langone Medical Center, New York City, New York, ¹¹University of Pennsylvania Health System, Philadelphia, Pennsylvania, ¹²The Arrhythmia Institute at Valley Hospital, New York, New York, ¹³Department of Cardiovascular Diseases, San Filippo Neri Hospital, Rome, Italy, ¹⁴University of Washington, Seattle, Washington, ¹⁵VA Portland Health Care System, Oregon Health & Science University, Knight Cardiovascular Institute, Portland, Oregon, ¹⁶Johns Hopkins University, Baltimore, Maryland,

, ¹⁷Yale University School of Medicine, Yale-New Haven Hospital Saint Raphael Campus, New Haven, Connecticut, ¹⁸University of Michigan Congenital Heart Center, University of Michigan Health Center, Ann Arbor, Michigan, ¹⁹Brigham and Women's Hospital, Boston, Massachusetts, ²⁰Veterans Affairs Eastern Colorado Health Care System, University of Colorado, Denver, Colorado, and ²¹Department of Medicine and Therapeutics, Prince of Wales Hospital, The Chinese University of Hong Kong, Hong Kong, China.

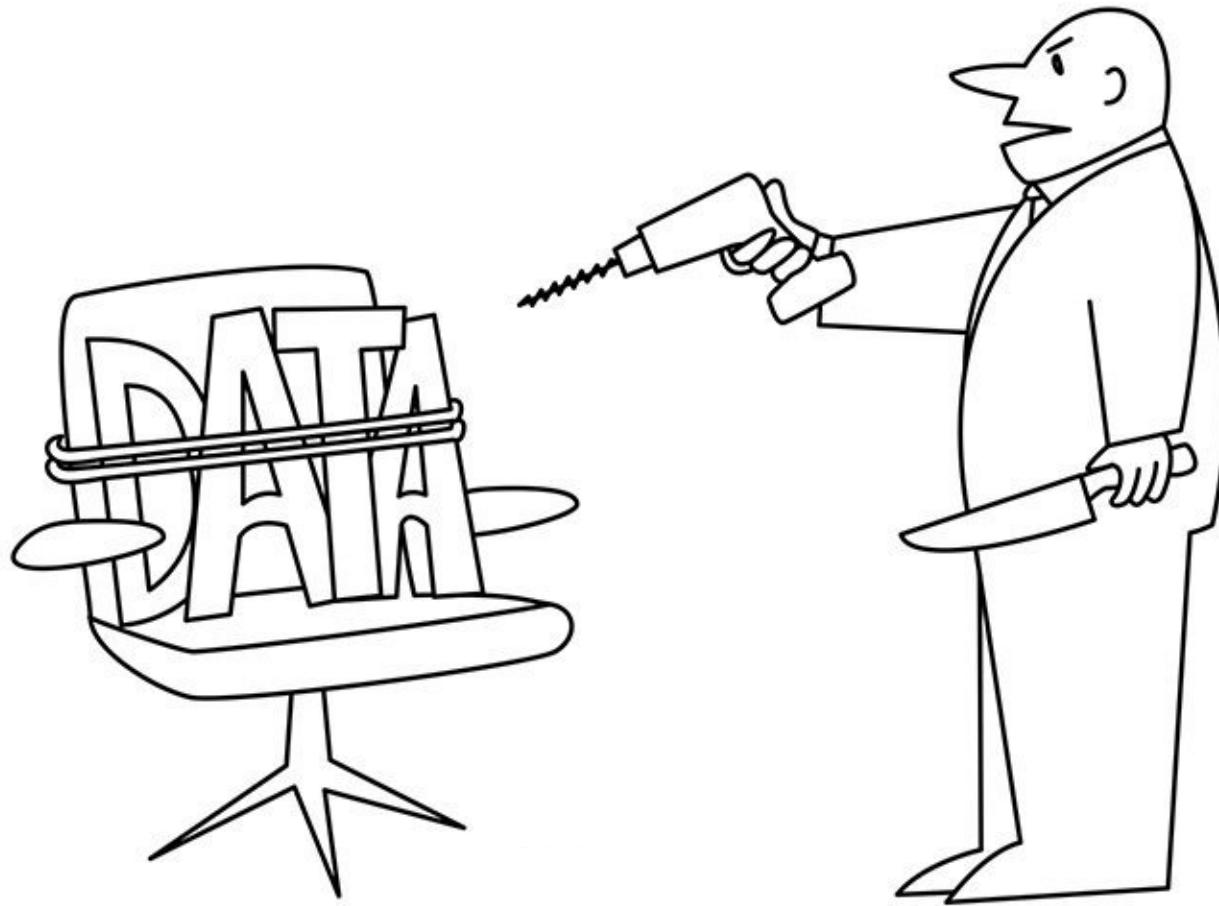
#These authors contributed equally to this work. *Representative for the Latin American Society of Cardiac Pacing and Electrophysiology (Sociedad Latinoamericana de Estimulación Cardíaca y Electrofisiología [SOLAECE]); †Representative for the American Heart Association (AHA);

TABLE OF CONTENTS

Introduction	e70
Remote Interrogation vs Remote Monitoring	e70

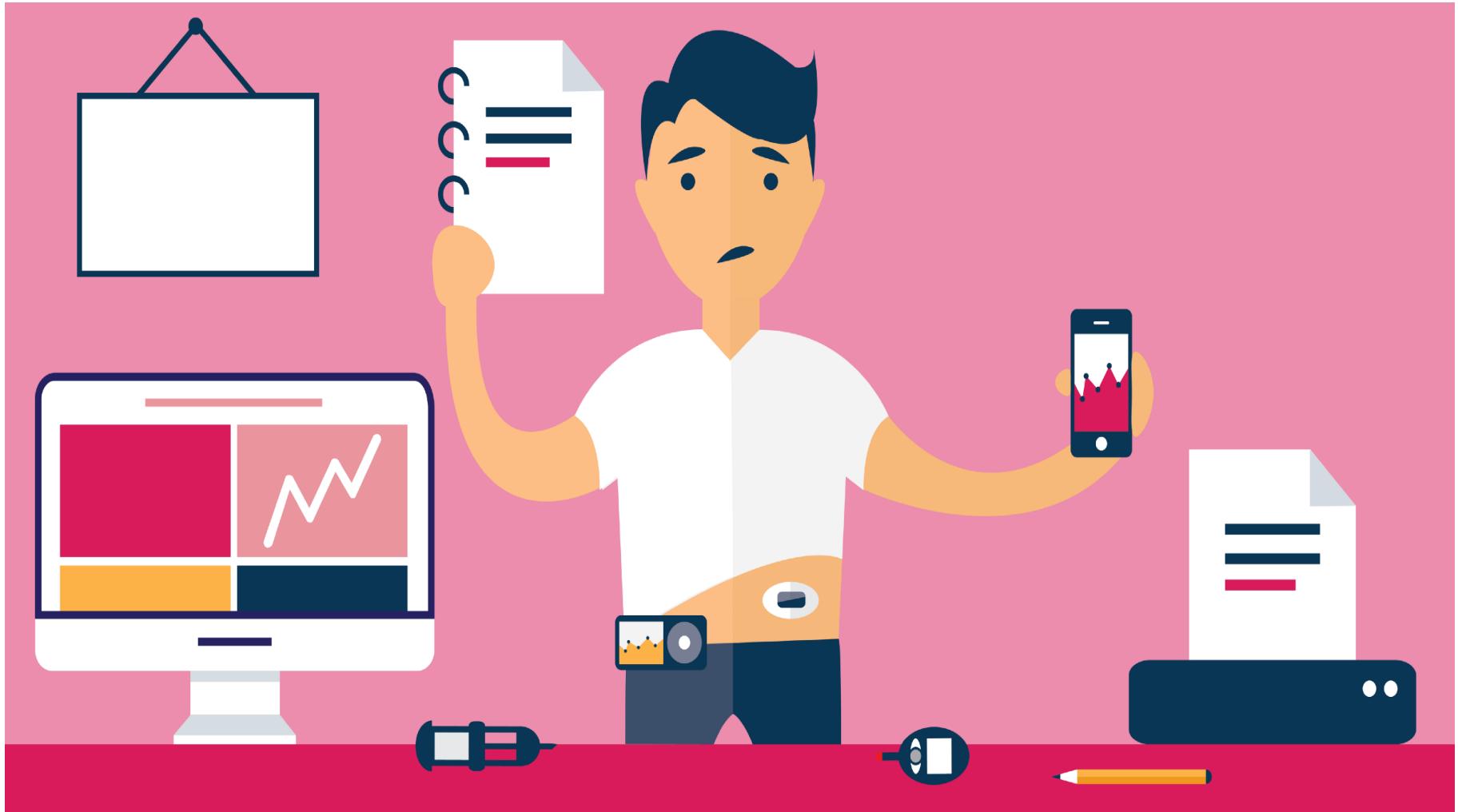


Why Should We Care about Data Quality?



“If you don't reveal some insights soon, I'm going to be forced to slice, dice, and drill!”

This is Steve, 35 years old, diabetic type 1



1

Data Accessibility

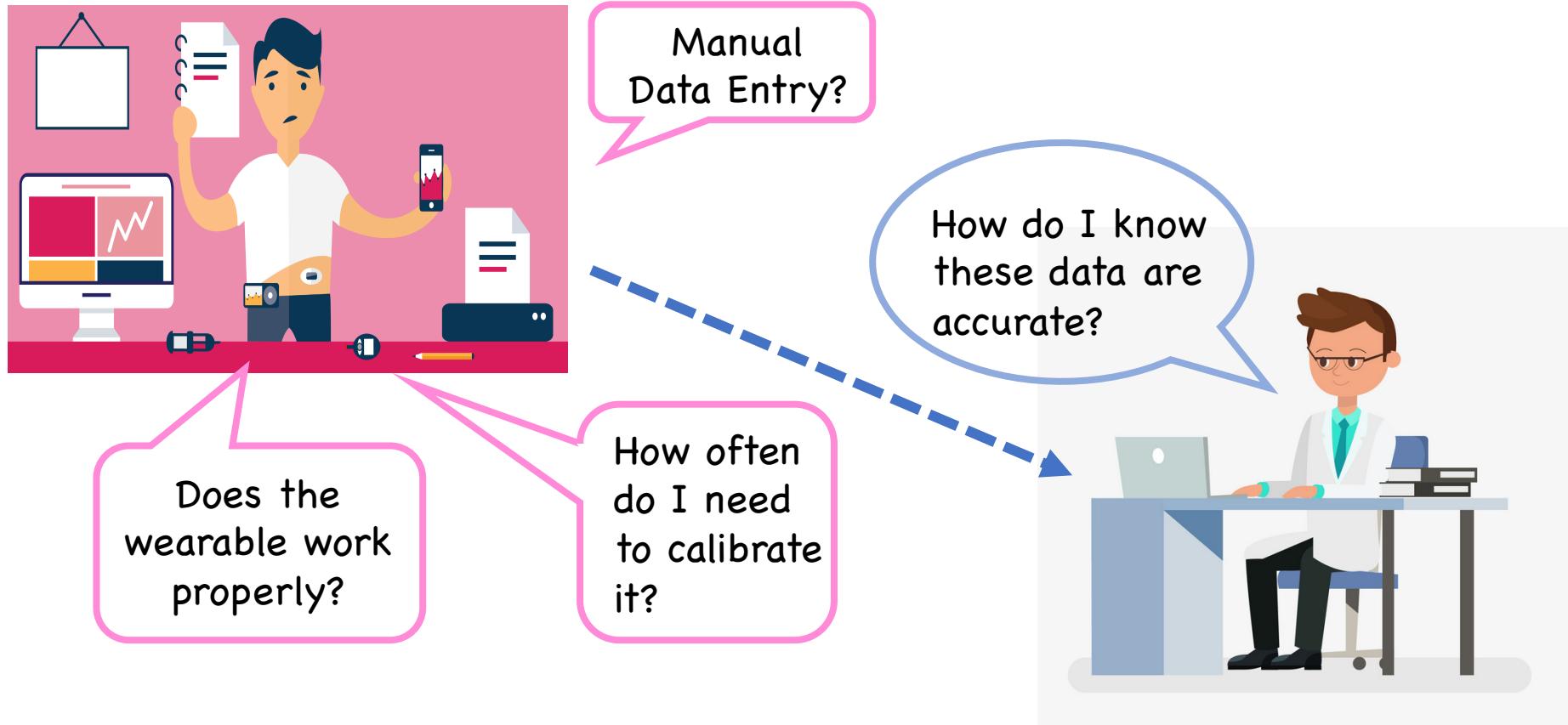
“authorised users (and no one else) can access data”



2

Data Accuracy

“Data are free from errors”



3 Data Completeness

“There are no data missing”



This report is incomplete! Use the wearable for another two weeks!



4

Data Consistency

“Data from different devices, convey the same meaning”



5 Data Interpretability

“The data presentation highlights the key message”



6

Data Relevancy

“The data being collected are pertinent to the standard of care”



These data looks nice,
but they are out of
the standard of care.



7

Data Timeliness

“Up-to-date data are available when needed”



I wish I could have received these data yesterday...



- Section 1: Introduction
- Section 2: Presentation
- **Section 3: Networking & Break**
- Section 4: Group Discussion 1
- Section 5: Networking and Break
- Section 6: Group Discussion 2
- Section 7: Conclusion

- Section 1: Introduction
- Section 2: Presentation
- Section 3: Networking & Break
- **Section 4: Group Discussion 1**
- Section 5: Networking and Break
- Section 6: Group Discussion 2
- Section 7: Conclusion

PGHD Quality in Remote Patient Monitoring Problems and Ideas



- Section 1: Introduction
- Section 2: Presentation
- Section 3: Networking & Break
- Section 4: Group Discussion 1
- **Section 5: Networking and Break**
- Section 6: Group Discussion 2
- Section 7: Conclusion

- Section 1: Introduction
- Section 2: Presentation
- Section 3: Networking & Break
- Section 4: Group Discussion 1
- Section 5: Networking and Break
- **Section 6: Group Discussion 2**
- Section 7: Conclusion

Stakeholders' Expectations about PGHD Quality Assurance



Health Consumers Group



Healthcare Providers Group



Health Information Professionals Group



**Wearable Vendors/Data Integration
Service Providers Group**

- Section 1: Introduction
- Section 2: Presentation
- Section 3: Networking & Break
- Section 4: Group Discussion 1
- Section 5: Networking and Break
- Section 6: Group Discussion 2
- **Section 7: Conclusion**

Thank

Y U!



rabdolkhani@student.unimelb.edu.au

Google Scholar, LinkedIn: Robab Abdolkhani

Twitter: @HABIC_UOM