Improving the clinical perception of the efficacy of medical apps

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Why?

• Medical apps offer a huge potential to benefit care provision:
  – Remote patient monitoring
  – Medication adherence & improving dosage accuracy
  – Encouraging beneficial behaviour change
  – Treatment of some conditions eg pain relief, anxiety, depression
  – Providing education & training to clinicians
  – Eliciting patient feedback
  – Helping manage adverse reactions

• Even a small improvement likely to be cost effective
The research

- Funded by Technology Strategy Board/ dallas
- Conducted over three months in late 2013
- Consulted large cos, SMEs, developers, GP, consultants, patient reps, industry bodies
- Little dissention on main causes
Principal conclusions

• Much fear uncertainty & doubt esp re
  – Medical Devices Directive
  – Information Governance
  – Consumer Protection
• More work needed on continuing monitoring
• Much reinvention of wheels
• No objective measure of benefit vs cost
Cost effectiveness

- No cost effectiveness data comparable with drugs
- In spite of overwhelming feeling benefit/cost is high, very little rigorous research completed
  - RCTs seen as inappropriate for fast pace of change
  - Much misunderstanding about statistical power, level of evidence required
  - Urgent need for more work in this area
- Very little policing of bad or bogus apps
- (Not unique to UK)
Current situation results in

- Preference for continued drug use
- Inability to:
  - Promote apps through benefits;
  - Enable clinicians to recommend
  - Encourage CCGs/trusts to procure
- Damaged reputation of apps
- …so serious app deployment is constrained
- …holding back many health & care advances
Continuing monitoring

• Unlike drugs, apps can change frequently
  – Operating systems are upgraded
  – Apps enhanced

• Therefore need to ensure
  – App checks operating system is appropriate
  – Continual safety monitoring
  – Apps are withdrawn when no longer supported
Developers especially also have:

- Considerable fear, uncertainty, and doubt about:
  - Process for securing a CE mark/NHS approval
  - Evidential requirements to prove safety/benefits
  - Information governance/data interchange requirements
  - Consumer protection requirements, notably re promotion
  - How to market via the NHS

- Need for support esp for SMEs

- (New EU IG Regulation likely to be especially challenging)
Proposal

• Identify body to evaluate cost competitiveness of medical apps
  – Advise on evidence requirements
  – Approve processes, not single apps

• Improve supervision of apps

• Need to agree:
  – Role of individual organisations
  – Process for approving medical apps

• Help SMEs (in partnership)
Thank you

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