Meeting to discuss app from Munster (My Patient Data)

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<th>Attendees</th>
<th>Hippocrates</th>
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Date: 23/04/2020

The meeting was organised to gain insight on an app from Munster (My Patient Data, by Hippocrates) conceived to facilitate the information exchange in the clinical context. With the COVID-19 crisis, many testing facilities and healthcare clinics are saturated by the large number of patients. The app was developed to speed up testing through saving time of GPs in the medical history taking.

The app is based on a questionnaire filled in by the patient on the app before going to the appointment with the doctor.

- The questionnaire contains questions on the symptoms, contacts made the previous days, their contact details, etc. Upon completion of the questionnaire, the app generates a 2D QR code that encodes the data inputted by the patient in the questionnaire.
- The information is stored in the QR code itself, so the image is used as a self-supported means of communication.
- The QR code is readable by standard QR code readers, which translate the code to readable text. The QR code reading is equivalent to the typing on a keyboard. The QR code is the interface (no data sent through the internet). This is where the time saving happens.
- The GP or the staff in the healthcare facilitate that directly copy and paste the information on the EHR of the patient, in a free text field. No software installation required. It is compatible with any clinical software, but a QR code reader is needed. The app is free and has no advertisement.
- A use of the app is the rapid exchange of medical information for quarantined patients, i.e. the technology can be combined with telemedicine solutions, contact tracing apps, etc.

The app is not a medical device, and is GDPR-compliant.

- [Redacted] explained that his team works on medical devices and that they work closely with the German certification body. The app is not classified as medical device, as it has a documentation purpose. It does not have a medical purpose. The medical considerations on the data happens outside the app, and are done by the medical professional or any other system.
- The patient is the data controller, subject and data processor as he decides on how/when the data will be shared, and this is meant to happen in the clinical context (patient-doctor relationship).
- It is important to note that the transfer to the EHR or any other healthcare IT system happens manually, as free text. Since the data follows a certain data model, in principle it would be possible to translate it to other data models/formats (e.g. OMOP, FHIR).

[Redacted] would like to do a pilot test, and would like help to distribute among clinical doctors.
- He has been in contact with the [Redacted] Outpatients Doctors Association in Germany.
- This initiative is not linked to contact tracing apps. The contact details are inputted manually by the user (no automatic registering).
- It would be possible to share this with the ERN community.

is knowledge of tracing technology.
- He notes that GPS data may not be sufficiently reliable, and that many different standards are used for Bluetooth.
- He suggests to be cautious: Do field testing of solutions and different devices to test compatibility.
- Apple-Google initiative is welcome, but the technical feasibility needs to be demonstrated.
- Evidence about the medical value is needed, particularly knowing that coverage may be limited (e.g. digitally-excluded are not covered).
- Security and privacy must be proven for maximum uptake (auditing and independent testing are important).

Takeaways:
- This is an interesting application of QR code technologies to encode medical data.
- The data is not interoperable and it is read as plain text.
- The technological approach useful when healthcare systems are heavily overloaded, as the time saving comes in the medical history taking.
- Regarding contact tracing, he confirms the need to prove the interoperability on the frontend and to take a cautious approach to ensure security and privacy.