

BTO Meeting CAB - Eli Lilly, 6 September 2018

BTO notes from meeting with Eli Lilly, BERL 09/67, 6 September 2018, 14:00 - 14:45

Commission representatives: Manuel MATEO GOYET (MMG) [REDACTED]

personal data

Visitors

- David A. Ricks, Chairman, President, and Chief Executive Officer
- [REDACTED]

personal data

Purpose of the meeting

Lilly wanted to exchange views on the policy choices that will impact healthcare innovation in Europe and their possible contribution to the discussions on digital health here in Europe

[REDACTED] commercial interest

Lilly's priorities and positions

Mr Ricks presented Lilly's priorities, main products (mainly around insulin) and R&D on new products and services:

Focus is on diabetes.

They have invested in connected care systems:

1) Open loop concept:

App and dose management dependent on patient data, own current situation but also considering other patients with similar patterns

Inputs include anxiety level and subjective condition, behavioural data.

It can provide simplified information to patients on adjusting their dose, based on algorithms and machine learning.

2) Closed loop:

Wearing a device, with a pump, feeding not only the input but also the output with automatic updates.

Other projects include:

Connected care

Different devices

Different payment models

Connecting to an information ecosystems for self-care

Next question: What to do with all the data that is generated?

Alliances with companies [REDACTED]

commercial interest

Early detection is most interesting for them, not necessarily prevention

Interest in pattern detection in everyday data

But pattern detection is often not validated. Lilly have started introducing them into clinical trials now.

40k Dollar p.a. for a person in a clinical trial; this cost could come down with applications from non-care data, sensing mechanisms

Medical devices quite different between US and Europe

They support the Commission's actions on Health Technology Assessment but it remains difficult/fragmented in Europe in comparison to US where FDA does everything.

Lilly has created a Digital Taskforce

Needs

You need a method to share the data, use the collective information

How to get a "medical license", product liability

Concerns

Interoperability

Data records - value could be in projecting data back to the regional health system

Cybersecurity

Systems could easily be used to killed someone

Where to build new systems? Europe is an option. [REDACTED]

commercial interest

Pricing systems - upfront or based on value/outcome

Commission response

Commission presented priorities from the Communication on Digital Health and Care and current developments, next steps (electronic health record exchange format, Genomics declaration...)
Also introduced latest on the free flow of non-personal data and supercomputing

Follow-Up

- Lilly will be invited to Commission Roundtable on HealthTech