

## **DIGITAL HEALTH: FDA ACTIVITIES**

ONGOING REGULATORY CLARITY MAY 3, 2018

# Digitization Across the Health Care Continuum





**Healthy living** 

**Prevention** 

**Diagnosis** 

**Treatment** 

Recovery

Home care

Moving health care from the clinic to the patient.

Understanding patient's behavior and physiology *"in the wild."* 

Focusing on prevention for early/smaller interventions.

Leveraging computing power, sensors, connectivity, and software.

## World of SaMD and Artificial Intelligence



### **Artificial Intelligence (AI)**

Programming computers to perform tasks to mimic human capabilities- such as understanding language, recognizing objects and sounds, learning, and problem solving – by using logic, decision trees, machine learning, or Deep Learning

### **Machine Learning (ML)**

Subset of AI that gives "Computers the ability to learn without being explicitly programmed" (Arthur Samuel 1959)

### **Supervised Learning**

**Unsupervised Learning** 

(labeled data)

### **Deep Learning**

Subset of ML - enable computer to teach itself by exposing it to vast amount of data

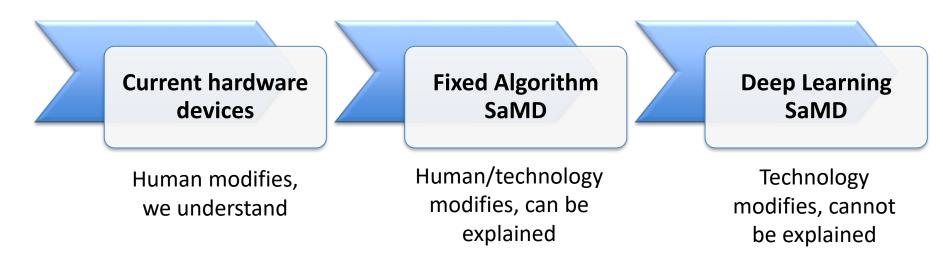
**Semi-supervised Learning** 

**Reinforcement Learning** 

# Challenges



## **Evaluation of safety and effectiveness:**



## **Open questions:**

- Continuous learning while ensuring safety and effectiveness
- Availability for large and robust datasets with representable clinical variability
- Continuous Algorithm updates
- Interpretability and explain-ability of the "basis of the recommendation"

# The rapidly evolving nature of digital health is sparking a paradigm shift



**Current Regulatory Paradigm** 

Premarket timeline suited for hardware based products

Deterministic risks, known responsibilities, physical products

Stable program volume: ~3,500 510(k) submissions / 2200 pre-submissions

**Digital Health Paradigm Shift** 

**Software** development timelines, software development practices + rapid iterations

**Evolving issues**: cybersecurity; distributed responsibilities, non-physical products

Potential for **exponential** increase in volume of submissions





## FDA Pre-Cert Program

An organization-based streamlined regulatory approach

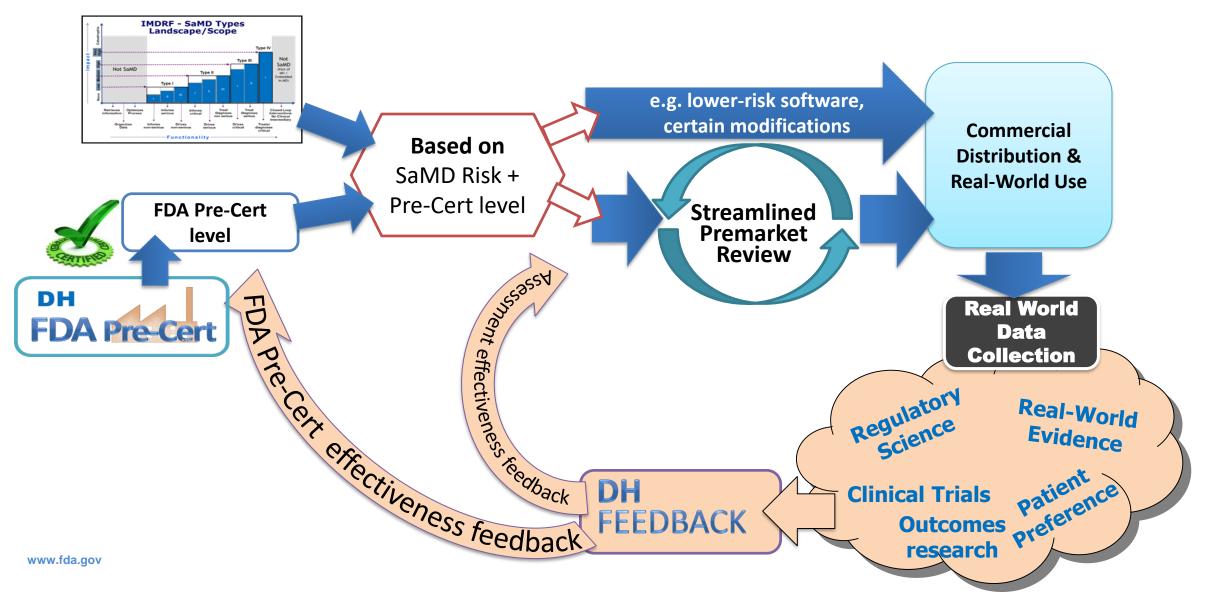
for *Software as a Medical Device* 

that relies on a demonstrated

Culture of Quality and Organizational Excellence

# Concept: A reimagined approach using FDA Pre-Cert





# Program Update





# Developing a Software Precertification Program: *A Working Model*

(v0.1- April 2018)

### Introduction

The Software Precertification Program is er regulatory model more tailored than the cur effectiveness of software technologies with The program is envisioned to provide a more software-based medical devices from manufulational organizational excellence (CQO performance. The current vision for this regulatory sets out challenge questions for public

Software Precertification Pilot Program: Next Steps towards a Pre-Cert 1.0 The FDA anticipates public comment on the regular updates we issue.

andle product

ety and efficacy of

collected and made

lements to support clinical

world performance data

ers for modifications to



Update

Launch

Pre-Cert 1.0

(First version of

the program)

2018	Late April	Late May / Early June	Mid July
Pre-Cert Components	Working model - Initial	Update	Update
Excellence Appraisal	Excellence Principles — Objective indicators that demonstrate company-level commitment to creating safe and effective software as a medical device (SaMD)     Evaluation Method — How activities are evaluated for sufficiency     Success Criteria — How companies pass, fail, lose, and retain Pre-Cert status     Program Acceptance — How companies qualify for and initiate evaluation, including precertification levels		
Review Determination	<ul> <li>SaMD Risk Categorization – How the Pre-Cert program treats SaMD risk categories, including alignment to other frameworks such as IMDRF Review Proces – How FDA determines categorization, how categorization may change, triggers for re-evaluation, etc.</li> </ul>		

Scenario Testing: Reveal the degree to which program objectives are achieved, as well as lessons learned, in order to iteratively improve the components and the whole

a cohesive set of deliverables

Integrate - Simulate - Pre-launch

Update

Finalize Pre-Cert 1.0: Integrate stakeholder feedback, lessons learned, and other input, into



### Challenge Questions

#### Software Precertification Program

FDA proposes the following challenge questions for public input.

- 0.1 FDA recognizes stakeholder perspectives and priorities as important inputs into the development of the Precertification Program. How should anticipated stakeholder benefits in Table 1 in the program Working Model be revised, and what additional stakeholder perspectives should be included?
- 0.2 As a stakeholder, what would you want to know about the organizations that have been precertified and about the SaMD products that they manufacture?

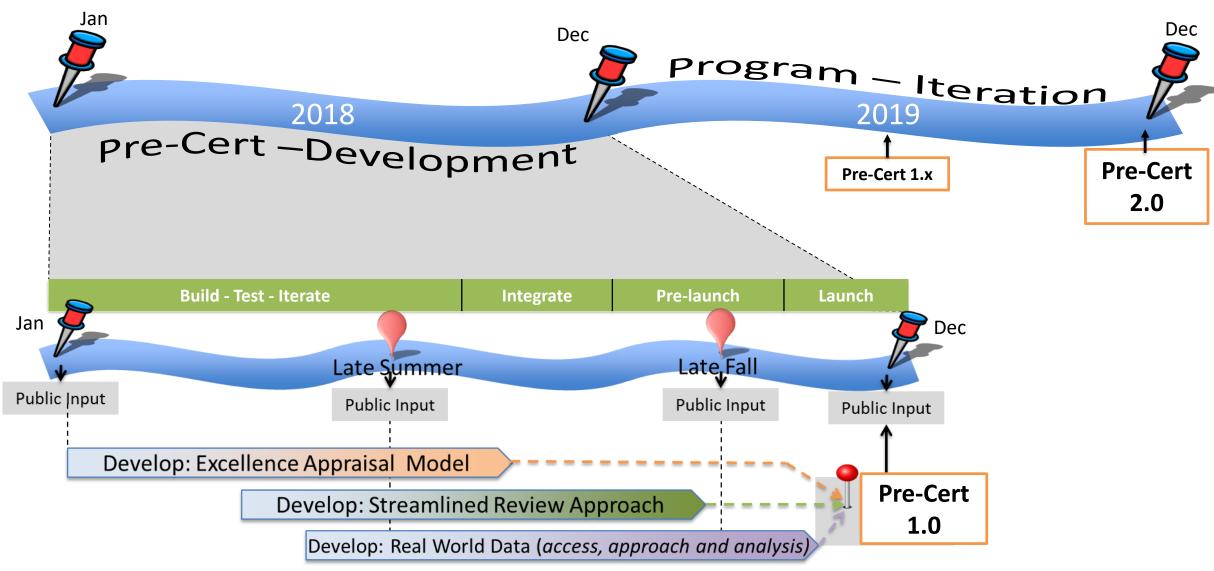
#### **Excellence Appraisal**

FDA proposes the following challenge questions for public input. Although these questions are specific to excellence appraisal models and precertification status, they should be considered in

evaluate the program model to inform how we establish the Precertification Program. Once we determine the elements are mechanisms for establishing the program, including FDA's current statutory and regulatory authorities.

# Pre-Cert Program Roadmap











bit.ly/Precertupdates

Look for ongoing Program updates

FDAPre-CertPilot@fda.hhs.gov

Ask Questions about the Program

bit.ly/docketjan18

Provide ongoing input through the Public Docket