

Adopting CEN-ISO/TS 82304-2 and a trusted EU mHealth label for a single market that enables patients, citizens, health professionals, systems and authorities to benefit from a healthy supply of useful apps.

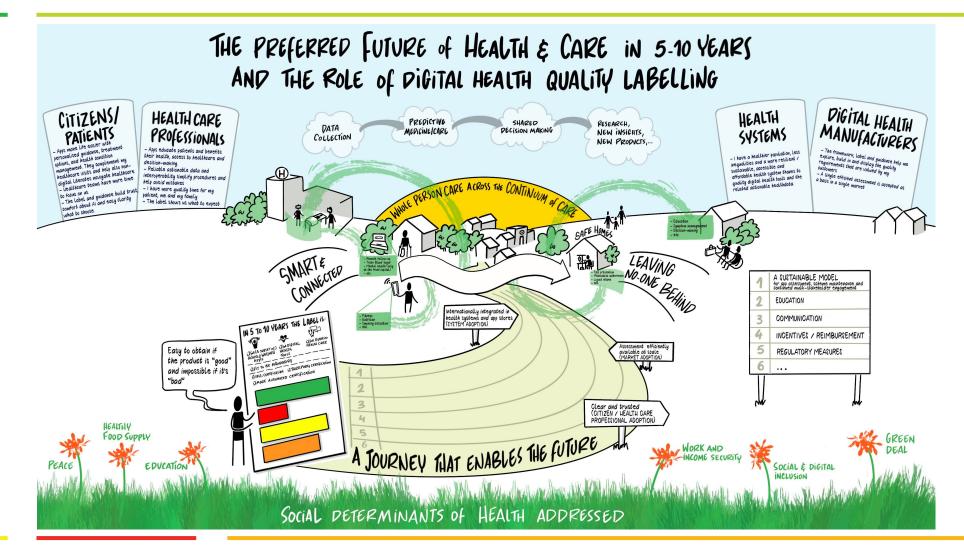
Presenting Label2Enable and CEN-ISO/TS 82304-2

1st Label2Enable Roundtable on reimbursement of health apps



Funded by the European Union

LABEL2 W multi-stakeholder potential and need health apps

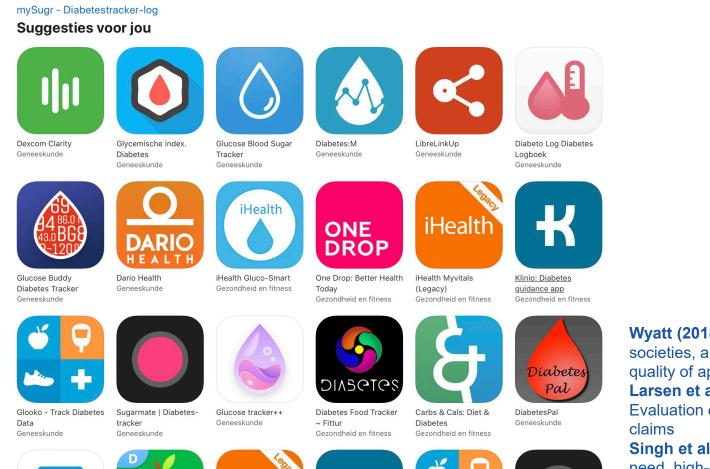




September 26, 2023

LABEL2 W how to distinguish a 'good' health app?

App Store Preview



Wyatt (2018) How can clinicians, specialty societies, and others evaluate and improve the quality of apps for patient use?
Larsen et al (2019) Using science to sell apps: Evaluation of mental health app store quality claims

Singh et al (2016) Many health apps target highneed, high-cost populations, but gaps remain

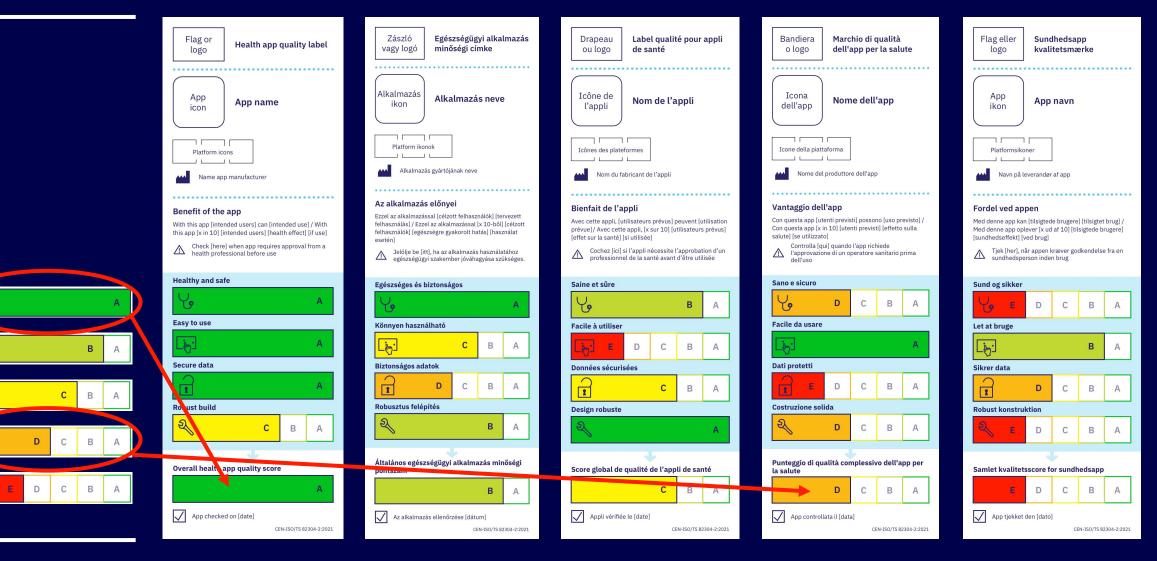


EVABLE EU policy context

- The Green Paper on mobile health (2014) addresses the potential benefits and risks of health apps, questioning how to verify or ensure the efficacy of health apps (e.g. certification schemes) and how to better inform users on the quality and safety of these apps
- The Communication on enabling the digital transformation of health and care in the Digital Single Market (2018) highlights "digital tools and data for citizen empowerment and person-centred care" as a key priority and proposes common principles and certification to facilitate supply of these tools, also by Small and Medium-sized Enterprises
- CEN-ISO/TS 82304-2:2021 (health and wellness apps quality and reliability), an assignment from the European Commission to the European Committee for Standardization (CEN), International Organization for Standardization (ISO) and the International Electrotechnical Commission (IEC), delivers a common health app assessment framework and label
- The Proposal for a Regulation on the European Health Data Space (2022) calls for voluntary labelling of wellness apps (Article 31) and a cascading effect in medical devices that aim to be interoperable with Electronic Health Record systems
- Horizon Europe project Label2Enable creates ISO 17067 EU certification scheme for CEN-ISO/TS 82304-2 aligned with EU values and EU legislation, enabling accredited app assessors (third party assessment) to issue trusted CEN-ISO/TS 82304-2 health app quality labels, scores and reports



LABEL2 U 'the EU energy label but then for health apps'



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LABEL2 U the EU energy score



******** (91) Siemens WM14N295NL iQ300 extraKlasse wasmachine





★★★★★ (1)
Whirlpool FFDBE 9638
BCEV F wasmachine

497,- Adviesprijs 629,- ✓ **Op voorraad**

A D

- Energieklasse D
- Vulgewicht 9 kg
- max. 1600 toeren
- 85 dB centrifugeren

Vergelijk product



AEG L8FEN96CAD OKOMix AutoDose wasmachine

- 866,- Adviesprijs 1.329,-✓ Op voorraad
- Atg A
- Energieklasse A
- Vulgewicht 9 kg
- max. 1600 toeren76 dB centrifugeren
- Vergelijk product



Miele WED 174 WPS wasmachine

1.379,- ✓ Op voorraad



- Energieklasse A
- Vulgewicht 9 kg
- max. 1400 toeren
- 70 dB centrifugeren

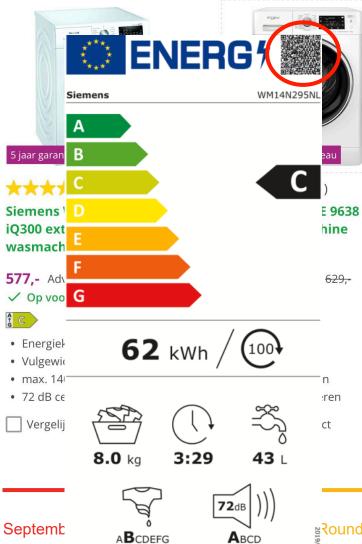
📃 Vergelijk product



LABEL2 U the EU energy label

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- 70 dB centrifugeren

🗌 Vergelijk product

¿Roundtable on reimbursement of health apps

LABEL2 U the EU energy product information sheet

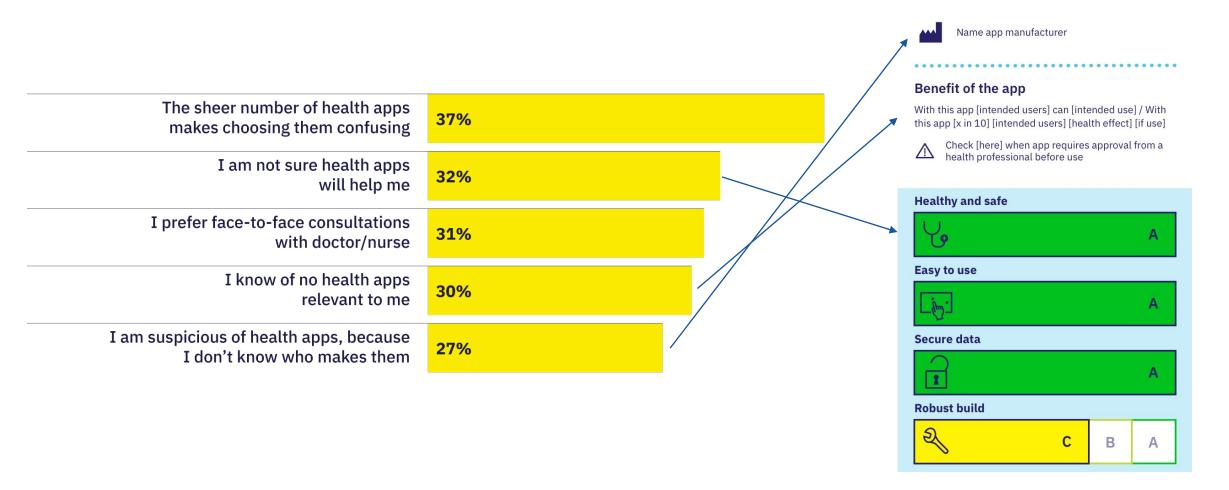
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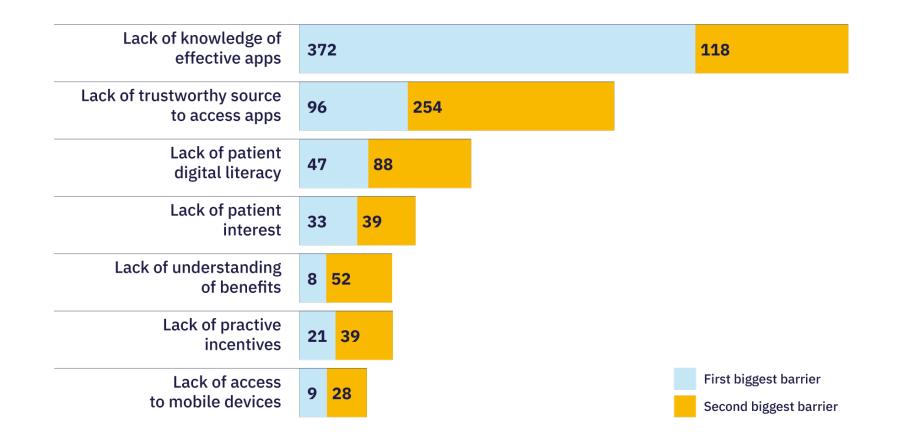
<u>а</u> А

LABEL2 C choosing a 'good' health app is difficult



Get-ehealth.eu (2015) What do patients and carers need in health apps - but are not getting? Global survey of 1,120 patients and carers

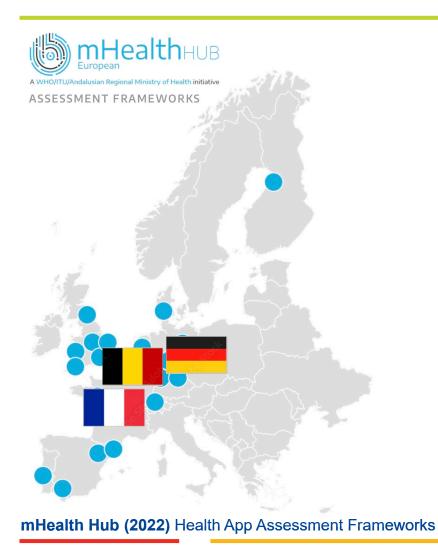
LABEL2 C choosing a 'good' health app is difficult



Byambasuren et al (2019) Current knowledge and adoption of mobile health apps among Australian General Practitioners: Survey study



delivering a 'good' health app is difficult



Federal Institute for Drugs and Medical Devices

The Fast-Track Process for Digital Health Applications (DiGA) according to Section 139e SGB V





MH ealth I have fully proven my social-economi and I am definitely financed by NIHDI n in the process of proving my social-ve and I am temporarily financed by № am safely connecte I am a CE certified medical device

Early access to reimbursement for digital devices (PECAN)



LABEL2 V reviewing a 'good' health app is difficult too

- **npj** | digital medicine Health app policy:
- Belgium
- Denmark
- England
- Germany
- Netherlands
- Norway
- Sweden
- Singapore
- United States

"There is great interest in the use of apps in all the countries evaluated, but even Belgium, Germany and the UK, which are relatively far along in their operationalization of frameworks, are struggling with efficient implementation.

Cross-national efforts are needed around regulation and for countries to realize the benefits of these technologies."

Essén et al (2022) Health app policy: international comparison of nine countries' approaches



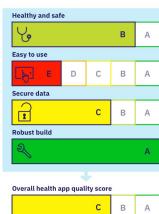
LABEL2 CEN-ISO/TS 82304-2:2021 helps choose apps

Flag or logo	Health app quality label
App icon	App name
Platform icc	ns Domanufacturer

Benefit of the app

With this app [intended users] can [intended use] / With this app [x in 10] [intended users] [health effect] [if use] Check [here] when app requires approval from a

health professional before use



App checked on [date]

Comprehensive For wellness and medical device apps, not duplicating the work of notified bodies

Evidence-informed Inspired by the EU energy label: used by 85% EU consumers and in 59 non-EU countries

Label tested with people with low health literacy

Score, label and report communicate quality in a glance to the needed detail

At most 81 questions, of which at most 67 score-impacting yes/no questions

Yes-answers require evidence to be assessed by accredited app assessors

Assessment framework founded in a Delphi study with 83 experts from 8 stakeholder groups



European Commission (2019) New energy efficiency labels explained



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September 26, 2023

Inclusive

Testable

Relevant

Maintained

Informative

Proportionate

1st Label2Enable Roundtable on reimbursement of health apps

LABEL2 CEN-ISO/TS 82304-2:2021 content



Benefit of the app

health professional before use

Easy to use (15%)

Healthy and safe (50%)

Secure data (25%)

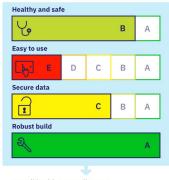
Robust build (10%)

Health requirements, Health risks, Ethics, Health benefit, Societal benefit

Accessibility, Usability

Privacy, Security

Technical robustness, Interoperability



With this app [intended users] can [intended use] / With this app [x in 10] [intended users] [health effect] [if use] Check [here] when app requires approval from a

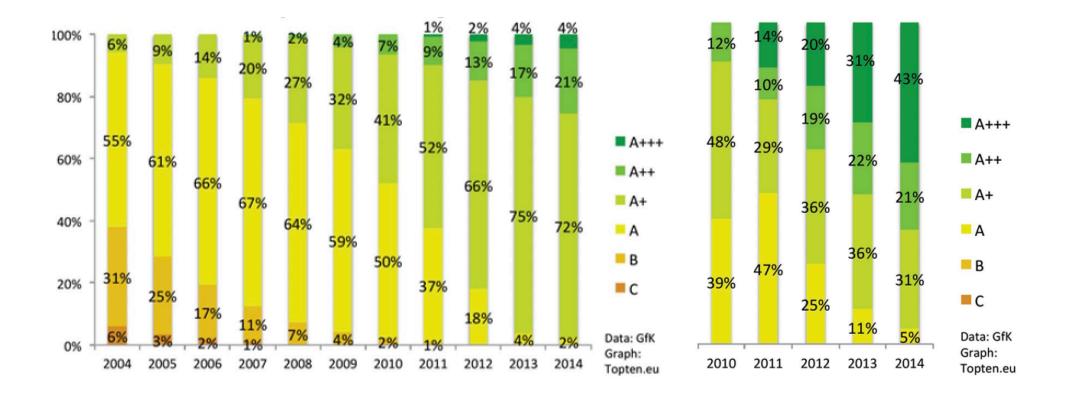


CEN-ISO/TS 82304-2:2021



Union September 26, 2023

LABEL2 U EU Energy label: refrigerator & washing machine sales



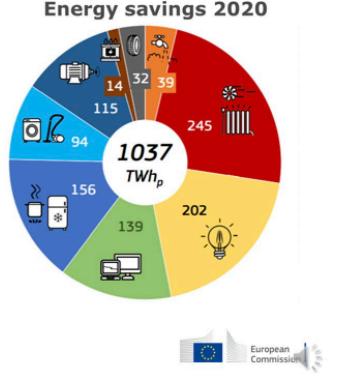


EU Energy label: impacts estimates ENABLE

Impacts estimates (2020 vs BaU)

- primary energy demand
- EU wind production
- €60 billion/y in consumer expenditure (€ 210/household) based on pre-2021 energy price estimates
- Additional business revenue 21 billion euros and related jobs increase by 324 thousand

Source: Ecodesign Impact Accounting 2020





the consortium: intentionally multi-stakeholder ENABLE

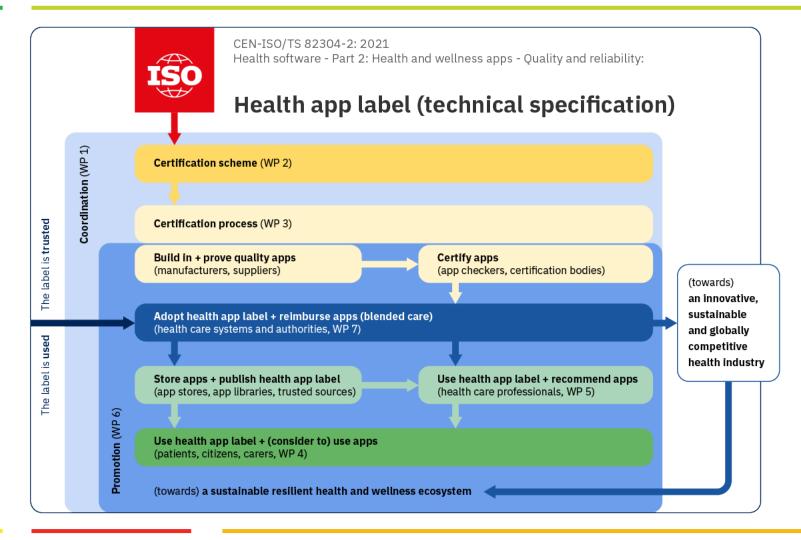
- Title
- Duration
- Instrument
- Туре
- **Grant Agreement number**
- Partners

Adopting CEN-ISO/TS 82304-2 and a trusted EU mHealth label for a single market that enables patients, citizens, health professionals, systems and authorities to benefit from a healthy supply of useful apps.

- June 2022 May 2024
- Horizon Europe
 - **Coordination and Support Action**
- 101057522

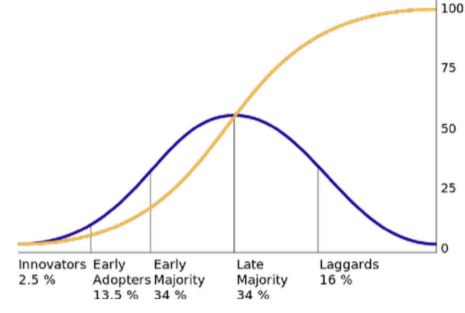


LABEL2 U our aim: multi-stakeholder trust, use and adoption





Rogers' diffusion of innovation theory NABLE



how people, over time, adopt a new idea, behavior, or product

5 main factors that influence adoption:

relative advantage

the degree to which an innovation is seen as better than the current idea or solution

compatibility

Market share the consistency of the innovation with the values, 2 experiences and needs of potential adopters

complexity

how difficult the innovation is to understand and/or use

trialability

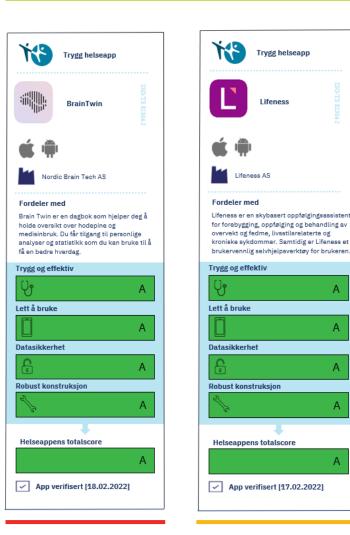
the extent to which the innovation can be tested or experimented with before a commitment to adopt is made

observability

the extent to which the innovation provides tangible results



LABEL2 early adopters



11. Digital applications

Health data generated by wellness applications and other digital health applications do not have the same data quality requirements and characteristics of those generated by medical devices.¹¹ Only certified digital applications which comply with ISO standards (e.g., ISO/TS 82304-2 on Health and wellness apps – Quality and reliability) and are CE approved can be integrated into the EHR systems. That data from certified digital apps should only be added to the EHR with agreement of the treating physician.

For secondary use, the integration of health data from wellness apps in EHR systems should only be included if medically provided.

The use of health data for secondary purposes generated by these applications must only be done with prior consent within the meaning of the GDPR regarding natural persons.¹² Wellness applications must not be able to access data in the EHR.

Helsedirektoratet (2022) Tryggere helseapper
The Standing Committee of European Doctors (2022) Position on the
European Health Data Space
Van der Storm et al (2023) Apps in healthcare and medical research European
legislation and practical tips every healthcare provider should know



LABEL2 U beyond the EU: globally competitive

Figure. Example of a Possible Health App Grading Label

Health App Grading

Weight Loss Coach

Information app designed to provide guidance on diet and exercise to lose weight

Time commitment: 3 minutes, 4 times a day

Known health benefits: 3-lb weight loss in 4 weeks

Warning: do not use with weight loss medication

	Score (out of 5)	Grade	
Honesty ^a	3.2	С	
Health information	2.1	D	
Technical information ^b	2.2	D	
Security and privacy	5.0	Α	
Ease of use	4.4	В	
Popular rating	4.8	Α	

Special features: weight tracking with digital scale, send weight data to medical record, game-based encouragement, English- and Spanish-language options

^aAccuracy of claims including cost, consent, and the accuracy of the app store definition. ^bSoftware performance, stability, interoperability, bandwidth, and application size.



David W. Bates, M.D., M.Sc.

Chief, Division of General Internal Medicine, Brigham and Women's Hospital Medical Director, Clinical and Quality Analysis, Mass General Brigham Professor of Medicine, Harvard Medical School Professor of Health Policy and Management, Harvard T.H. Chan School of Public Health

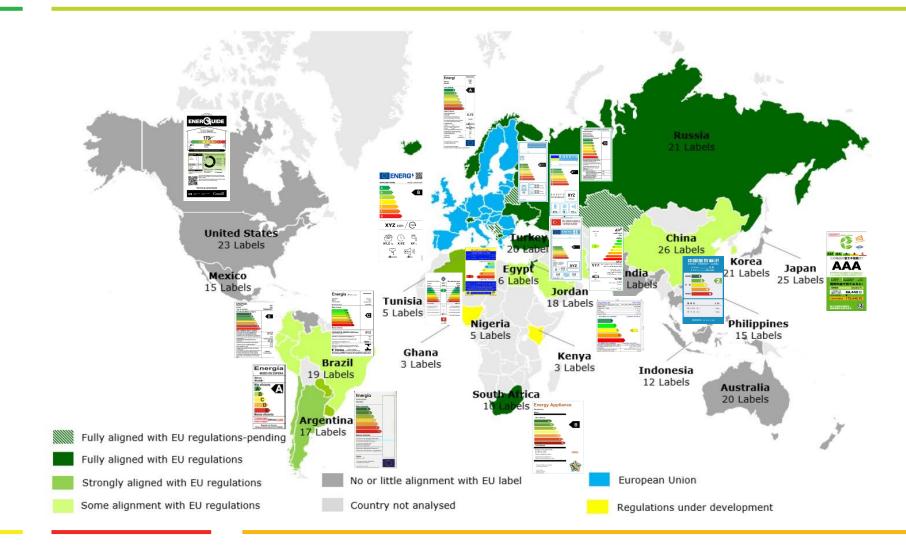
Dr. Bates served as the chair of the Food and Drug Administration Safety and Innovation Act (FDASIA) workgroup which advised the FCC, FDA, and Office of the National Coordinator about issues around regulation of health information technology.

new US initiative: "please feel free to mention that we are eager to collaborate and minimize reinvention of great work across the globe"

Bates et al (2018) Health Apps and Health Policy – What Is Needed?



LABEL2 beyond the EU: the EU energy label





September 26, 2023



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Societal benefits and implementation stages

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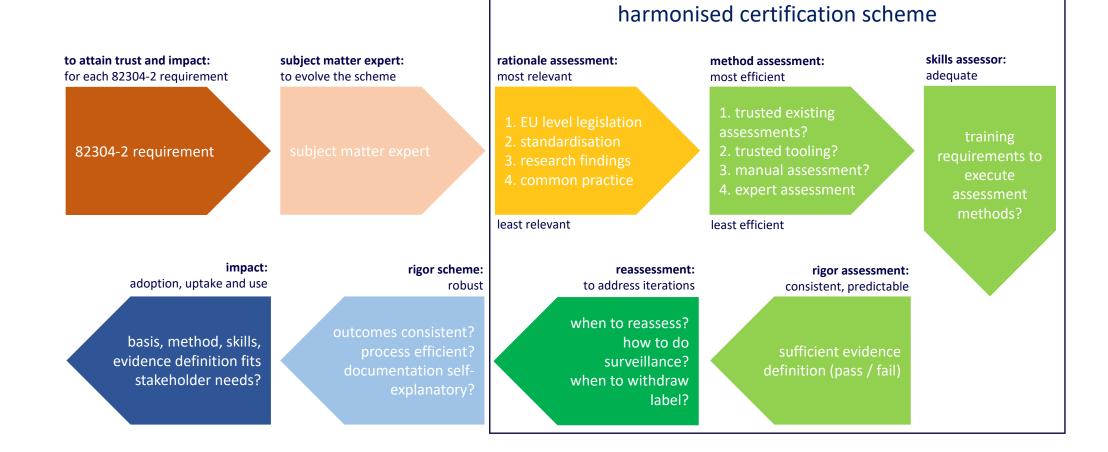
LABEL2 Survey – implementation stages

as far as I know in my country (region): multiple options possible:

- health app policy is considered
- health app policy is available
- health apps are quality assessed / certified
- health apps are reimbursed / paid for
- health care professionals prescribe health apps
- health apps are in clinical guidelines
- health apps are in care pathways
- health care professionals use patient data from health apps
- health care professionals get health app education / support
- citizens get health app education / support
- none of the above

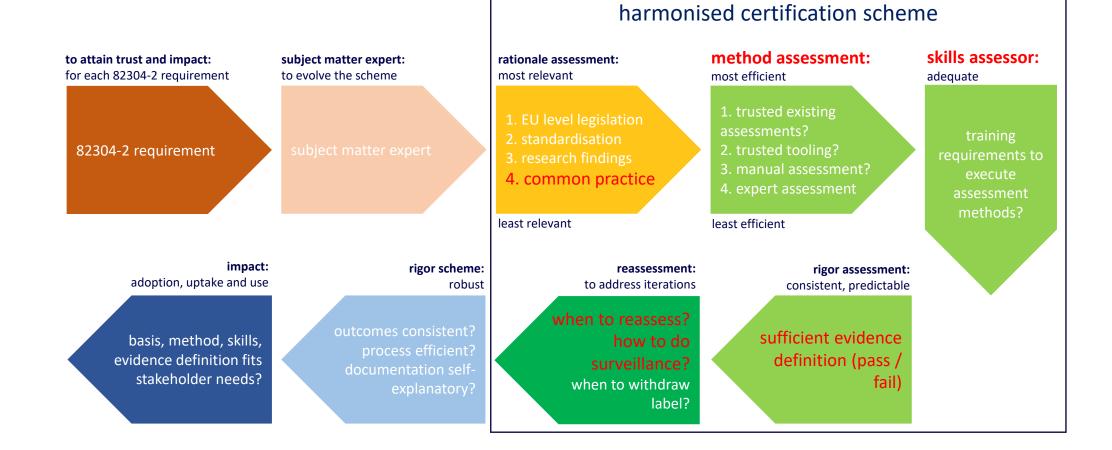


LABEL2 U trusted certification scheme





LABEL2 U trusted certification scheme: common practice







5.2.5.1 Is evidence available of a societal benefit of using the app?

EVIDENCE: Societal benefit evidence. Where many resources are available, provide the most important 5 to 10. Evidence can include evidence relating to non-digital versions of the health intervention and evidence of demonstrably equivalent health apps. Societal benefit can refer to Reference [55]:

— **Information**, which includes a positive effect on lack of population denominator, delayed reporting of events, lack of reliable data, communication roadblocks, lack of access to information or data, insufficient utilization of data and information and lack of unique identifiers;

— **Availability**, which includes a positive effect on insufficient supply of commodities, services, equipment and/or qualified health professionals;

— **Quality**, which includes a positive effect on poor experiences for persons with health needs, health issues, at risk for health issues or informal carers, insufficient health professional competence, low quality health commodities, low health professional motivation, insufficient continuity of care, inadequate supportive supervision and poor adherence to guidelines;

— Acceptability, which includes a positive effect on lack of alignment with local norms and programs which do not address individual beliefs and practices;

— **Utilization**, which includes a positive effect on low demand for services, geographic inaccessibility, low adherence to treatments and loss to follow up;

— **Efficiency**, which includes a positive effect on inadequate workflow management, lack of or inappropriate referrals, poor planning and coordination, delayed provision of care and inadequate access to transportation;

— **Cost**, which includes a positive effect on high cost of manual processes, lack of effective resource allocation, expenses of persons with health needs, health issues, at risk for health issues or informal carers and lack of a coordinated payer mechanism;

— Accountability, which includes a positive effect on insufficient engagement of persons with health needs, health issues, at risk for health issues or informal carers, unawareness of service entitlement, absence of community feedback mechanisms, lack of transparency in commodity transactions, poor accountability between the levels of the health sector, and inadequate understanding of the beneficiary populations.

[55] WHO 2018. Classification of digital health interventions v1.0 (WHO/RHR/19.06).

https://www.who.int/reproductivehealth/publications/mhealth/classification-digital-health-interventions/en/



LABEL2 J for the 2° round table: your perspectives

- what types of societal evidence do you distinguish for a health app?
 - examples: list WHO and DiGA
- what do/would you consider sufficient evidence for (these types of) societal evidence?
- what are your thoughts, if any, on:
 - the assessment method for societal evidence?
 - the skills assessors need to assess societal evidence?
 - when to reassess societal evidence?
 - surveillance of societal evidence?





Open your smartphone browser and go to live.voxvote.com enter the following numbers PIN: 25785 Voting is appropuls

Voting is **anonymous**. Screen name or **(nick)name** is optional.





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