

CDRH's Digital Health Center of Excellence

Empowering digital health stakeholders to advance public health

FDA



FDA APPROACH TO CLINICAL DECISION SUPPORT (CDS) SOFTWARE

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Today's discussion

Overview of CDRH
Digital Health Center
of Excellence

Use of Digital Health
Technologies in
Clinical Investigations

What Clinical Decision
Support Software is a
Medical Device

CDRH's Digital Health Center of Excellence (DHCoE)

is advancing health care by fostering responsible and high-quality digital health innovation.

Digital Health Technologies perform an increasingly important role in health care, including:



Measuring and guiding people's behaviors



Analyzing medical images to aid in diagnosis



Helping to manage diseases like diabetes



Monitoring conditions like arrhythmias



Enabling patients to more easily report their experience



Digital health technologies are essential for bringing quality healthcare to underserved populations and communities by helping to **move healthcare to the home setting.**

FDA has authorized more than 500 Artificial Intelligence/Machine Learning-enabled devices.

FDA is continuously looking at new ways to evolve regulatory approaches to enable fast moving innovation.

Promoting a Patient-Centered Approach With a Focus on Health Equity



We foster digital health collaborations that advance public health.



FDA's Centers of Excellence in Regulatory Science and Innovation

Collaborations between FDA and academic institutions through innovative research, training, and scientific exchanges.



Collaborative Communities

Continuing forums in which private- and public-sector members work together on medical device challenges. These groups can invite CDRH to participate.



Public-Private Partnerships

Initiatives that promote the development of new tools, methods, and approaches to foster innovation and efficiency into FDA regulated product development.



FDA Network of Digital Health Experts

A pool of vetted experts who share knowledge and experience regarding digital health issues with FDA staff on an as-needed basis.



FDA Digital Health Inbox

Help navigating the FDA's current policies on digital health products and providing informal feedback.

Performing and Supporting Leading Regulatory Science Research

Spotlight: Digital Health Regulatory Science Research Opportunities

Issued in October 2022

The Spotlight highlights important scientific research areas in digital health aimed at:

- Advancing patient engagement
- Leveraging connectivity
- Improving health care through software



Research Areas

Advanced Manufacturing Technologies, Artificial Intelligence/Machine Learning, Cybersecurity, Digital Imaging, Interoperability, Medical Extended Reality, Patient Generated Health Data, and Wireless Connectivity

Providing Regulatory Clarity and Predictability



We issue guidance on the broad set of Digital Health applications.

<p>GUIDANCE DOCUMENT</p> <p>Cybersecurity in Medical Devices: Quality System Considerations and Content of Premarket Submissions</p> <p><i>Draft Guidance for Industry and Food and Drug Administration Staff</i></p>	<p>GUIDANCE DOCUMENT</p> <p>Content of Premarket Submissions for Device Software Functions</p> <p><i>Draft Guidance for Industry and Food and Drug Administration Staff</i></p>	<p>GUIDANCE DOCUMENT</p> <p>Digital Health Technologies for Remote Data Acquisition in Clinical Investigations</p> <p><i>Draft Guidance for Industry, Investigators, and Other Stakeholders</i></p>
<p>GUIDANCE DOCUMENT</p> <p>Multiple Function Device Products: Policy and Considerations</p>	<p>GUIDANCE DOCUMENT</p> <p>Clinical Decision Support Software</p> <p><i>Guidance for Industry and Food and Drug Administration Staff</i></p>	<p>GUIDANCE DOCUMENT</p> <p>Software as a Medical Device (SAMD): Clinical Evaluation</p>
<p>GUIDANCE DOCUMENT</p> <p>Changes to Existing Medical Software Policies Resulting from Section 3060 of the 21st Century Cures Act</p>	<p>GUIDANCE DOCUMENT</p> <p>Off-The-Shelf Software Use in Medical Devices</p>	<p>GUIDANCE DOCUMENT</p> <p>Medical Device Accessories - Describing Accessories and Classification Pathways</p>
<p>GUIDANCE DOCUMENT</p> <p>Policy for Device Software Functions and Mobile Medical Applications</p>	<p>GUIDANCE DOCUMENT</p> <p>Medical Device Data Systems, Medical Image Storage Devices, and Medical Image Communications Devices</p>	<p>GUIDANCE DOCUMENT</p> <p>Deciding When to Submit a 510(k) for a Software Change to an Existing Device</p>
	<p>GUIDANCE DOCUMENT</p> <p>General Wellness: Policy for Low Risk Devices</p>	

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Digital health technologies can transform how we study medical products



Enable Remote Data Collection in Decentralized Clinical Investigation

- More frequent or continuous monitoring compared to traditional methods
- Longitudinal view of participant's health status
- Improved recruitment and retention of participants leading to less missing data



Improve Access to Clinical Investigations

- Meet a participant where they are at for a clinical investigation
- Fewer visits to a study site places less burden on participants
- Reach a more diverse population, advancing health equity



Facilitate Innovative Clinical Investigation Endpoints

- New types of data to inform novel endpoints
- Complementary to other forms of data used to support a regulatory submission



Capture Real-World Data (RWD) and Patient-Generated Health Data (PGHD)

- Data reflects a participant's daily life
- Remote and longitudinal follow-up with participants beyond the clinical investigation
- More detailed picture of the impact of a medical product on a participant



Providing Regulatory Clarity and Predictability



Digital Health Technologies for Remote Data Acquisition in Clinical Investigations

Guidance for Industry, Investigators,
and Other Stakeholders

DRAFT GUIDANCE

- The [draft guidance](#) (Dec 2021) provides recommendations to facilitate the use of DHTs in clinical investigations
- Designed to help bring new innovations and advances to patients while accelerating and modernizing medical product development
- Builds on the launch of the Digital Health Center of Excellence to empower digital health stakeholders and provide regulatory clarity and collaboration across FDA



Supporting a Least Burdensome Approach



We encourage the use of device and non-device DHTs in clinical investigations.

Some DHTs meet the definition of a medical device* while others do not.

*A device is defined by the Federal Food, Drug, & Cosmetic Act Section 201(h):

an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including a component part, or accessory which is:

- intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease, in man or other animals, or
- intended to affect the structure or any function of the body of man or other animals, and which does not achieve its primary intended purposes through chemical action within or on the body of man or other animals...



Ensuring Technologies are Fit-For-Purpose for Clinical Applications



We focus on whether a DHT in a clinical trial is Fit-For-Purpose.

Fit-For-Purpose: a conclusion that the level of validation associated with a DHT is sufficient to support its proposed use in the clinical investigation

Some Questions to Consider:

- What is the clinical event or characteristic of interest, and is it meaningful?
- Can the DHT reliably measure that clinical event or characteristic?
- What is the population of interest -- including age, socio-economic background, technical aptitude, etc?
- What are other design and operation-related considerations for the DHT (for example: wearability, power charging needs, alerts, if applicable)?

Applies regardless of whether the participant is bringing their own technology



Supporting a Least Burdensome Approach



Question: Is premarket clearance or approval required to use a device in a clinical investigation?

Answer: Devices intended only for use in clinical investigations are typically exempt from many requirements applicable to devices – including premarket clearance or approval – as long as the investigation complies with applicable requirements under 21 CFR part 812 (IDE Regulations)

Other Good Clinical Practice (GCP) Regulations also apply, including those related to Institutional Review Boards and Protection of Human Subjects.



Supporting a Least Burdensome Approach



Question: When is an Investigational Device Exemption (IDE) application to FDA required?

Answer: For DHTs that are Devices,

- ***For a Non-Significant Risk Device***, an IDE application to FDA is generally not required.
- ***For a Significant Risk Device***, when all information required in an IDE application under 21 CFR 812.20 is also contained in an IND, FDA generally does not expect sponsors to submit a separate IDE for these clinical investigations.
- ***For a Device used in accordance with its authorized intended use***, an IDE application to FDA is generally not required.



Other Good Clinical Practice (GCP) Regulations also apply, including those related to Institutional Review Boards and Protection of Human Subjects.

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What Clinical Decision
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“CDS” is a broad term, and FDA’s oversight is focused only on medical devices

Clinical Decision Support (CDS) is a tool that provides health care professionals and patients with knowledge and person-specific information, intelligently filtered or presented at appropriate times, to enhance health and health care.¹

CDS includes:²

- computerized alerts and reminders for providers and patients;
- clinical guidelines;
- condition-specific order sets;
- focused patient data reports and summaries;
- documentation templates;
- diagnostic support;
- contextually relevant reference information.



¹ See Office of the National Coordinator for Health Information Technology, “What is Clinical Decision Support (CDS)?” at www.healthit.gov/topic/safety/clinical-decision-support

² FDASIA Health IT Report, April 2014, available at www.fda.gov/about-fda/cdrh-reports/fdasia-health-it-report

FDA software regulation is function-specific and risk-based



Guidance Document: Policy for Device Software Functions and Mobile Medical Applications

GUIDANCE HIGHLIGHTS

Policies described in this guidance are independent of the platform on which they might run, are function-specific, and apply across platforms

Regulatory oversight focused on those software functions that are medical devices and whose functionality could pose a risk to a patient’s safety if the device were to not function as intended

The guidance includes examples of software functions:

- (1) that are NOT medical devices
- (2) for which the FDA intends to exercise enforcement discretion
- (3) that are the focus of FDA’s regulatory oversight

EXAMPLES



Example - Not a medical device

Software functions that provide patients with simple tools to organize and track their health information



Example - FDA intends to exercise enforcement discretion

Software functions that guide a user through a questionnaire of signs and symptoms to provide a recommendation for the type of health care facility most appropriate to their needs



Example - Focus of FDA’s regulatory oversight

Software functions that connect to an existing device type for purposes of controlling its operation, function, or energy source

21st Century Cures Act built on FDA's policies

On December 13, 2016, the 21st Century Cures Act amended the definition of “device” in the Federal Food, Drug, and Cosmetic Act (FD&C Act) to **exclude certain software functions** defined in section 520(o) of the FD&C Act. Specifically, 520(o) of the FD&C Act excludes software functions intended for:

Administrative support of a health care facility;

520(o)(1)(A)

Maintaining or encouraging a healthy lifestyle with no reference to any disease or condition;

520(o)(1)(B)

Electronic patient records;

520(o)(1)(C)

Transferring, storing, converting formats, or displaying data and results;

520(o)(1)(D)

Clinical decision support.

520(o)(1)(E)

Guidance: Changes to Existing Medical Software Policies Resulting from Section 3060 of the 21st Century Cures Act

21st Century Cures Act Criteria for Non-Device Clinical Decision Support (CDS)

The Cures Act excludes certain software functions from device definition if all four of these Criteria are met:

- 1) NOT intended to acquire, process, or analyze a medical image or a signal from an in vitro diagnostic device or a pattern or signal from a signal acquisition system;
- 2) intended for the purpose of displaying, analyzing, or printing medical information about a patient or other medical information (such as peer-reviewed clinical studies and clinical practice guidelines);
- 3) intended for the purpose of supporting or providing recommendations to a health care professional about prevention, diagnosis, or treatment of a disease or condition; and
- 4) intended for the purpose of enabling a health care professional to independently review the basis for such recommendations that such software presents so that it is not the intent that such health care professional rely primarily on any of such recommendations to make a clinical diagnosis or treatment decision regarding an individual patient.

The final CDS guidance explains what's “out” of FDA’s purview (and how to be “out”)



This guidance presents the agency’s current thinking on which CDS software functions are excluded from the definition of device by the criteria in section 520(o)(1)(E) of the FD&C Act.

Contains Nonbinding Recommendations

Clinical Decision Support Software

Guidance for Industry and Food and Drug Administration Staff

Document issued on September 28, 2022.

The draft of this document was issued on September 27, 2019.

- Guidance describes CDS that does not meet the definition of a device (Non-Device CDS) including certain CDS software functions intended for HCPs.
- Guidance does not address:
 - which FDA statutory or regulatory requirements apply to device software functions;
 - which regulatory requirements may apply to a device software function that is part of a combination product;
 - labeling requirements for decision support software disseminated by or on behalf of a drug or biological product sponsor.

Criterion (1): Acquire, Process, Analyze

520(o)(1)(E)

Not intended to acquire, process, or analyze a medical image or a signal from an in vitro diagnostic device or a pattern or signal from a signal acquisition system

CDS Guidance

If the type of data described in Criterion 1 (i.e., **medical image** or a **signal** from an IVD or a **pattern/signal** from a signal acquisition system) is **acquired, processed, or analyzed** (used as an input), then the software function **remains a device** within the meaning of section 201(h). Such products **have been regulated** as devices for many years.

Criterion (2): Medical Information

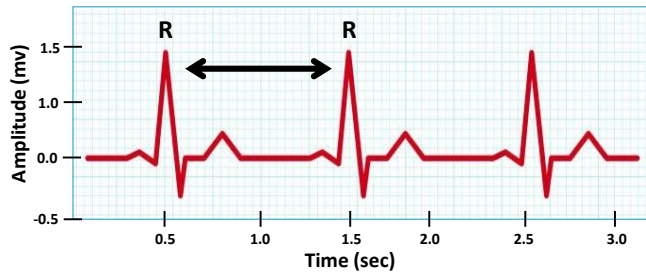
520(o)(1)(E)(i)

Intended for the purpose of displaying, analyzing, or printing medical information about a patient or other medical information (such as peer-reviewed clinical studies and clinical practice guidelines)

CDS Guidance

- Non-device CDS are intended to display, analyze, or print **medical information about a patient or other medical information**.
- What is medical information?
 - demographic information, symptoms,
 - test results, certain medical device outputs (such as a heart rate or blood pressure reading),
 - patient discharge summaries,
 - other medical information, such as clinical practice guidelines, peer-reviewed clinical studies, textbooks, approved drug or medical device labeling, and government agency recommendations

Criterion (2): What is Medical Information?



CDS Guidance

- The kind of information used by the intended user to make decisions about prevention, diagnosis, or treatment of a disease or condition for an individual patient.
 - Normally is, and generally can be, communicated between HCPs or HCPs/patients
- FDA interprets medical information about a patient to be information whose relevance to a clinical decision is well understood and accepted in the practice of medicine.
- Sampling frequency is also an important consideration:
 - A single, discrete test or measurement result that is clinically meaningful (e.g., a blood glucose lab test result) = *medical information*
 - More continuous sampling of the same information (e.g., continuous glucose monitor readings) = a pattern/signal.

Criterion (3): Supporting/Providing Recommendations to Healthcare Professionals



CDS Guidance

FDA interprets Criterion 3 to refer to software that:

- provides condition-, disease-, and/or patient-specific information and options to an HCP to enhance, inform and/or influence a health care decision;
- does not provide a specific preventive, diagnostic or treatment output or directive;
- is not intended to support time-critical decision-making; and
- is not intended to replace the HCP's judgment.

Criterion (4): Enabling Independent Review



CDS Guidance

Non-Device CDS are intended to enable HCPs to **independently review the basis for the recommendations** presented by the software so that they do not rely primarily on such recommendations, but rather on their own judgment, to make clinical decisions for individual patients.

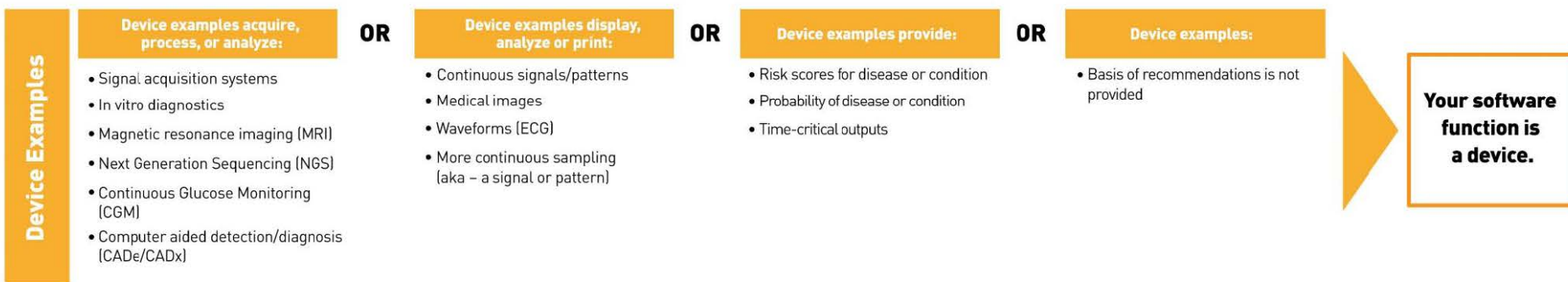
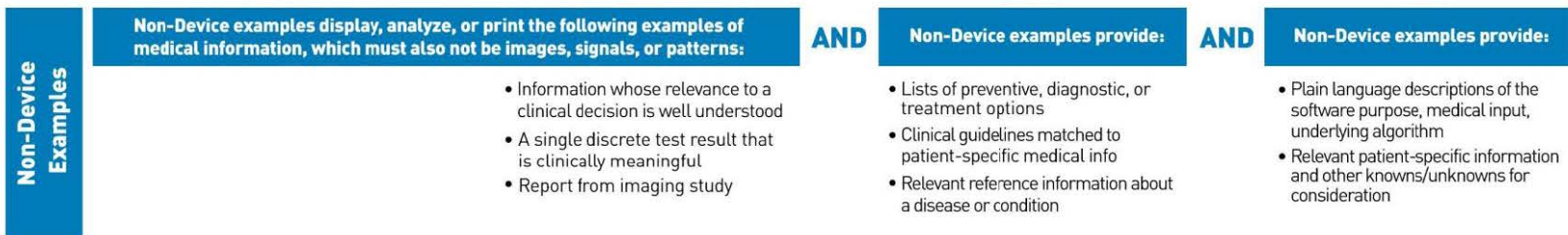
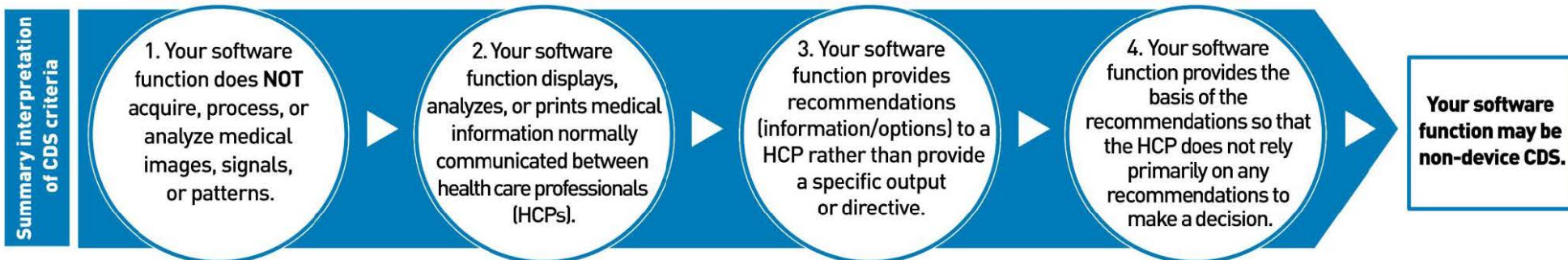
In order to satisfy Criterion 4, FDA recommends that:

- a) The software or labeling include the purpose or intended use of the product, including the intended HCP user [can't be time-critical]
- b) The software or labeling identify the required input medical information
- c) The software or labeling provide a plain language description of the underlying algorithm development and validation that forms the basis for the CDS implementation
 - i. Summary of the logic or methods (e.g., AI/ML techniques)
 - ii. Description of the data relied upon
 - iii. Description of results from clinical validation studies
- d) The software output provide relevant patient-specific information and other knowns/unknowns for consideration

Your Clinical Decision Support Software: Is It a Device?

The FDA issued a guidance, Clinical Decision Support Software, to describe the FDA's regulatory approach to Clinical Decision Support (CDS) software functions. This graphic gives a general and summary overview of the guidance and is for illustrative purposes only. Consult the guidance for the complete discussion and examples. Other software functions that are not listed may also be device software functions. *

Your software function must meet all four criteria to be Non-Device CDS.



*Disclaimer: This graphic gives a general overview of Section IV of the guidance (“Interpretation of Criteria in Section 520(o)(1)(E) of the FD&C Act”). Consult the guidance for the complete discussion. The device examples identified in this graphic are illustrative only and are not an exhaustive list. Other software functions that are not listed may also be device software functions.

Many products are “out” for reasons other than the final CDS guidance

The Digital Health Policy Navigator helps product developers consider whether a software function is potentially subject to or the focus of FDA's regulatory oversight as a device.



Interactive questions guide product developers to one of four different outcomes, reflecting policies described in relevant digital health guidances.

Interactive Questions

- Step 1:** Intended for a medical purpose?
- Step 2:** Intended for administrative support of a health care facility?
- Step 3:** Intended for maintaining or encouraging a healthy lifestyle?
- Step 4:** Intended to serve as electronic patient records?
- Step 5:** Intended for transferring, storing, converting formats, or displaying data and results?
- Step 6:** Intended to provide clinical decision support?
- Step 7:** Does the Device Software Function and Mobile Medical Application Guidance apply?

Navigator Outcomes

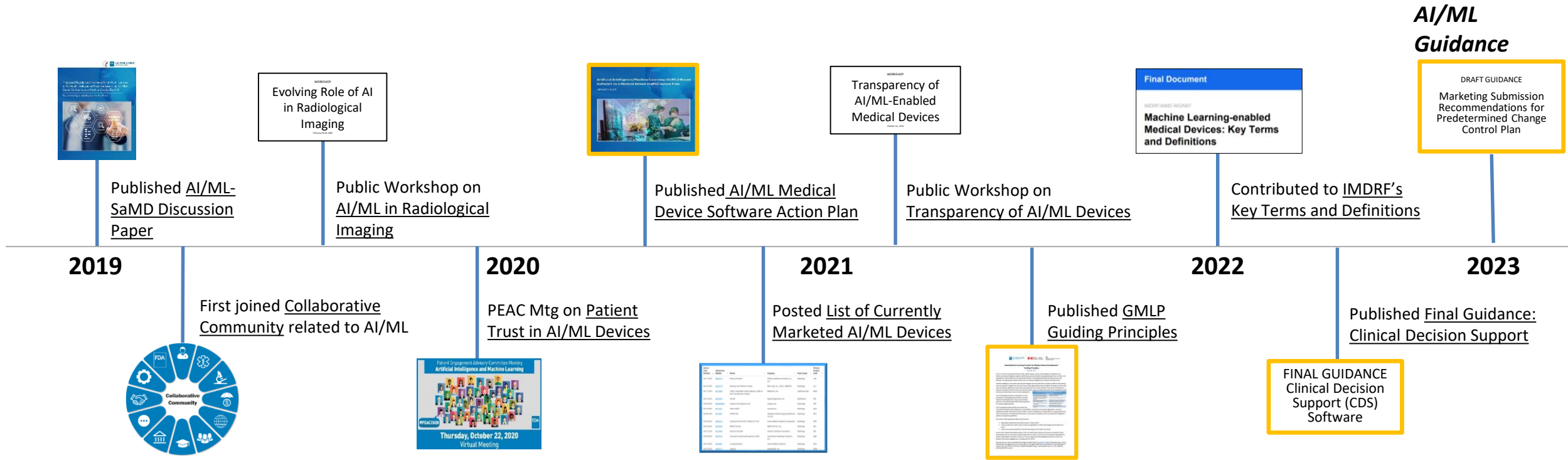
Icon	Outcome
	LIKELY NOT A MEDICAL DEVICE
	LIKELY FDA INTENDS TO EXERCISE ENFORCEMENT DISCRETION
	LIKELY THE FOCUS OF FDA'S REGULATORY OVERSIGHT
	Your product may be a device. Go to Step #.

What are the FDA considerations to investigate or use CDS software in a clinical study?

It depends....

- Device CDS software *is subject to IDE requirements and applicable GCPs*
 - If the device CDS software is cleared/approved, and is **NOT** being used consistently with its authorized intended use, *the CDS software is subject to IDE requirements and applicable GCPs*
 - If the device CDS software does not pose a significant risk to human subjects, no IDE application is required. (The study only requires IRB approval prior to initiation.)
- Sponsors should evaluate and address the impact of the CDS software on the interpretation of the study results and intended use of the medical product

FDA's Collaborative Patient-Centered Approach to AI/ML-Enabled Devices



We're working collaboratively with stakeholders to build a proactive, patient-centered approach to AI/ML-enabled devices that promotes health equity.

Internationally Harmonized GMLP Guiding Principles

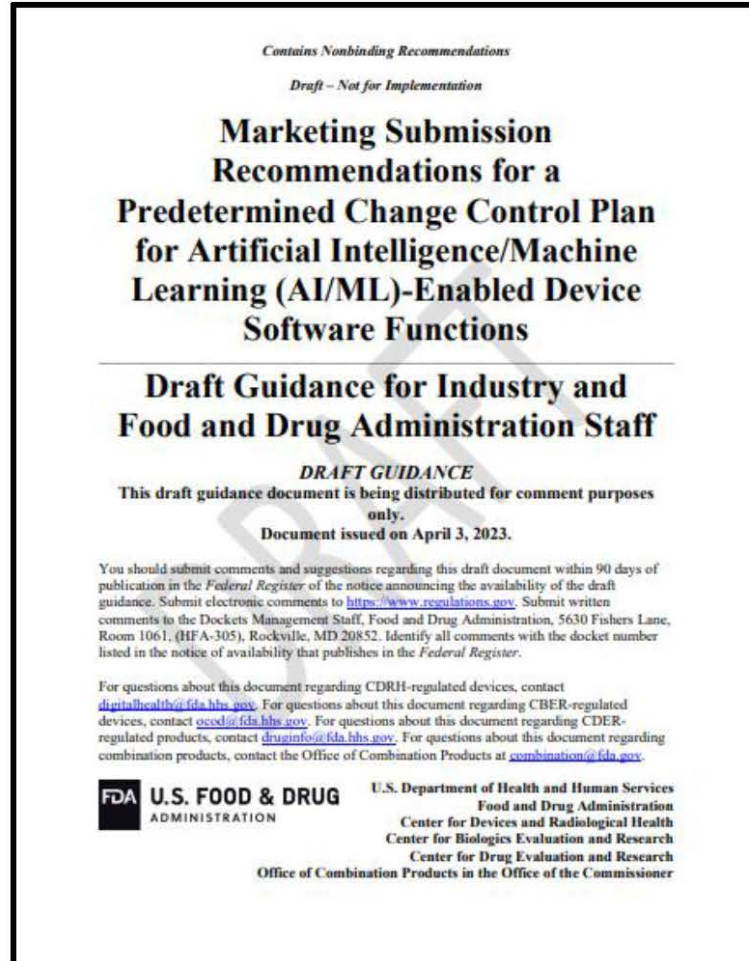


- **Good Machine Learning Practice (GMLP)** are accepted practices in AI/ML algorithm design, development, training, and testing
- GMLP facilitate the development and assessment of high quality AI/ML-enabled technologies
- US FDA, MHRA (UK) and Health Canada issued 10 Guiding Principles to help inform the development of GMLP
- These 10 principles are intended to promote global harmonization and encourage broad stakeholder engagement



Good Machine Learning Practice for Medical Device Development: Guiding Principles	
Multi-Disciplinary Expertise are Leveraged Throughout the Total Product Life Cycle	Good Software Engineering and Security Practices are Implemented
Clinical Study Participants and Data Sets are Representative of the Intended Population	Training Data Sets are Independent of Test Sets
Selected Reference Datasets are Based Upon Best Available Methods	Model Design is Tailored to the Available Data and Reflects the Intended Use of the Device
Focus is Placed on the Performance of the Human-AI Team	Testing Demonstrates Device Performance during Clinically Relevant Conditions
Users are Provided Clear, Essential Information	Deployed Models are Monitored for Performance and Re-training Risks are Managed

Promoting Development of Safe and Effective AI/ML-Enabled Devices



The draft guidance:

- Proposes a science-based approach to put safe and effective advancements in hands of health care providers and users faster. The Predetermined Change Control Plan (PCCP):
 - Helps to enable more personalized medicine and increase pace of medical device innovation
 - Is informed by FDA’s experience in regulating AI/ML-enabled devices

Additional Resources

- *Digital Health Center of Excellence website: www.fda.gov/digitalhealth*
- *Clinical Decision Support Guidance Webinar:*
<https://www.fda.gov/medical-devices/workshops-conferences-medical-devices/webinar-clinical-decision-support-software-final-guidance-10182022>
- *DHTs for Remote Data Acquisition in Clinical Investigations Guidance Webinar:*
<https://www.fda.gov/drugs/news-events-human-drugs/digital-health-technologies-dhts-remote-data-acquisition-draft-guidance-02102022>
- *AI/ML Change Control Plan Draft Guidance Webinar – **draft open for comment***
<https://www.fda.gov/medical-devices/workshops-conferences-medical-devices/webinar-marketing-submission-recommendations-predetermined-change-control-plan-artificial>
- *Draft Guidance: Decentralized Clinical Trials for Drugs, Biological Products, and Devices – **draft open for comment***
<https://www.fda.gov/regulatory-information/search-fda-guidance-documents/decentralized-clinical-trials-drugs-biological-products-and-devices>



Providing Regulatory Clarity and Predictability



We encourage you to engage with the Agency early and often.

Medical Product
Development Tool
Programs (e.g., MDDT,
DDT, IStand)

Public-Private
Partnerships

Digital Health Center of
Excellence

Engage early with the Center responsible for the medical product being studied, to discuss use of DHTs in a specific clinical investigation.

Further Questions or Feedback



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