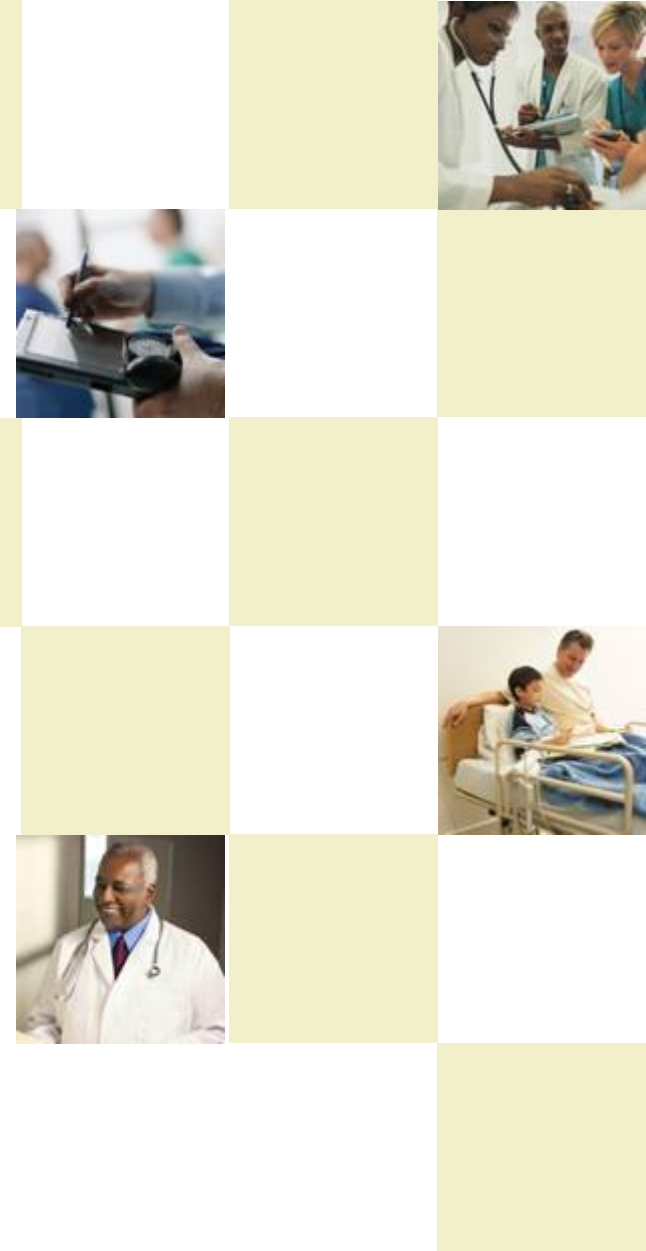




# Accelerating Drug Development Via Interoperable Digital Identities, Signatures and Cloud Computing

**Dr. Peter Alterman**  
**November 6<sup>th</sup>, 2012**  
**ISE**



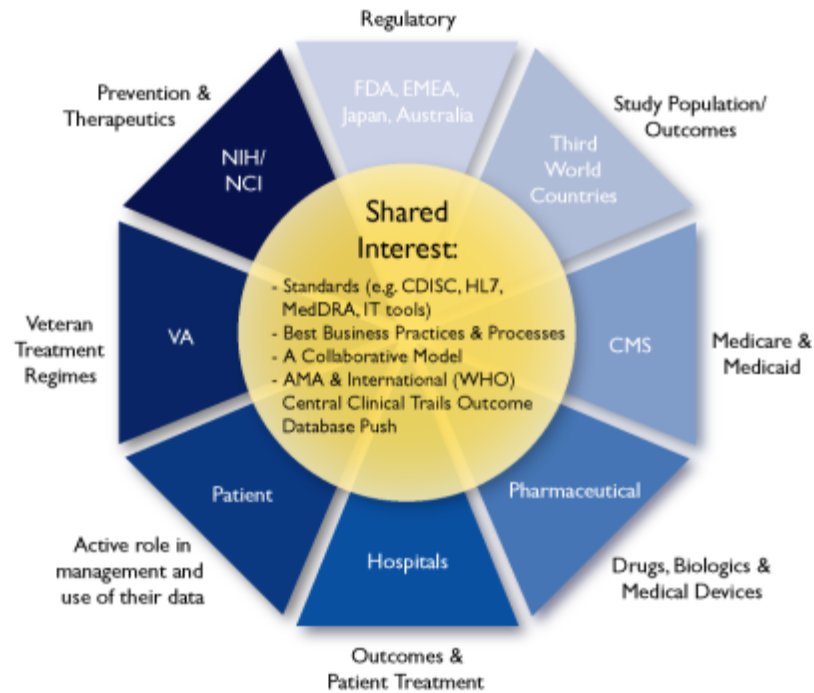
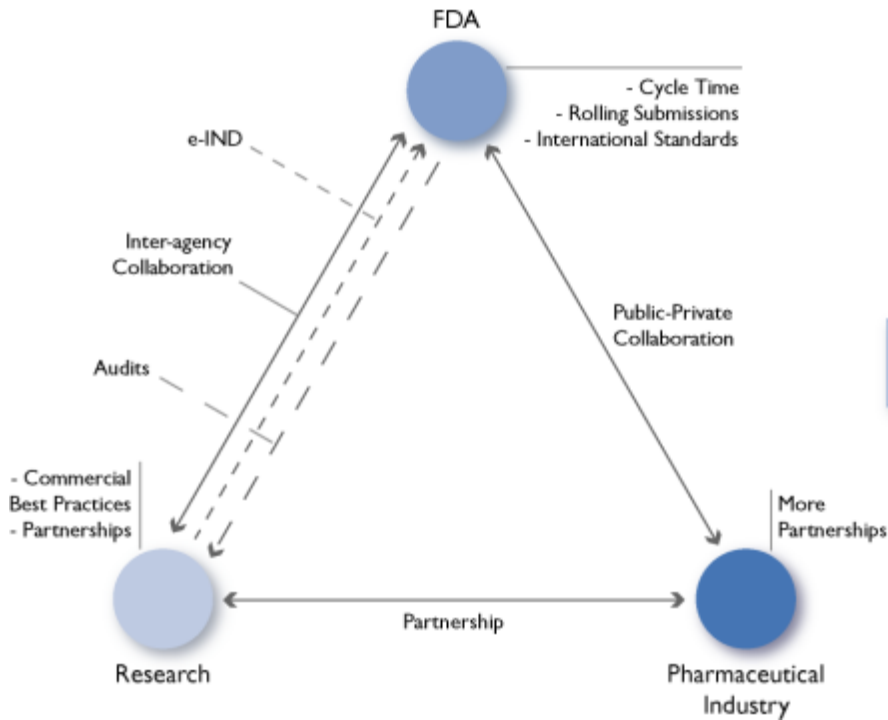
# The Environment

- ▶ **Everything about the biopharmaceutical business model changing dramatically**
  - Pharma deals with many, many external partners
  - Urgent need to reduce R&D cycle times and costs
- ▶ **Regulatory agencies moving to fully electronic**
- ▶ **Health information technology**
  - USG payments and mandates: ePrescribing (DEA), eHealth Records
  - New HIPAA requirements and penalties re Personal Health Information
- ▶ **Security and privacy issues in moving to the cloud**

**Identity trust and legally enforceable signatures fundamental to business and regulatory transactions in the cloud**

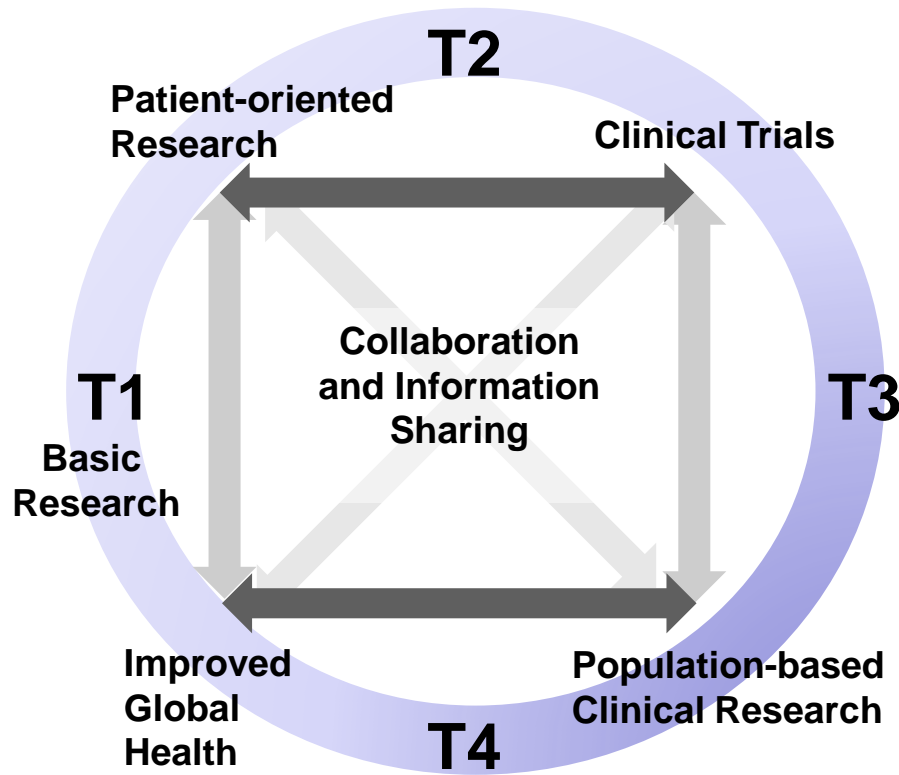
# The R&D Landscape is Changing

The emerging new model is ‘community focused’ as government, academia, industry and patients collaborate to find a cure.



# The Way We Do Business is Changing

**We need to work with a greater and more diverse set of players. We also need lots of coordination at each juncture through discovery, development and delivery, from bench to bedside and back.**

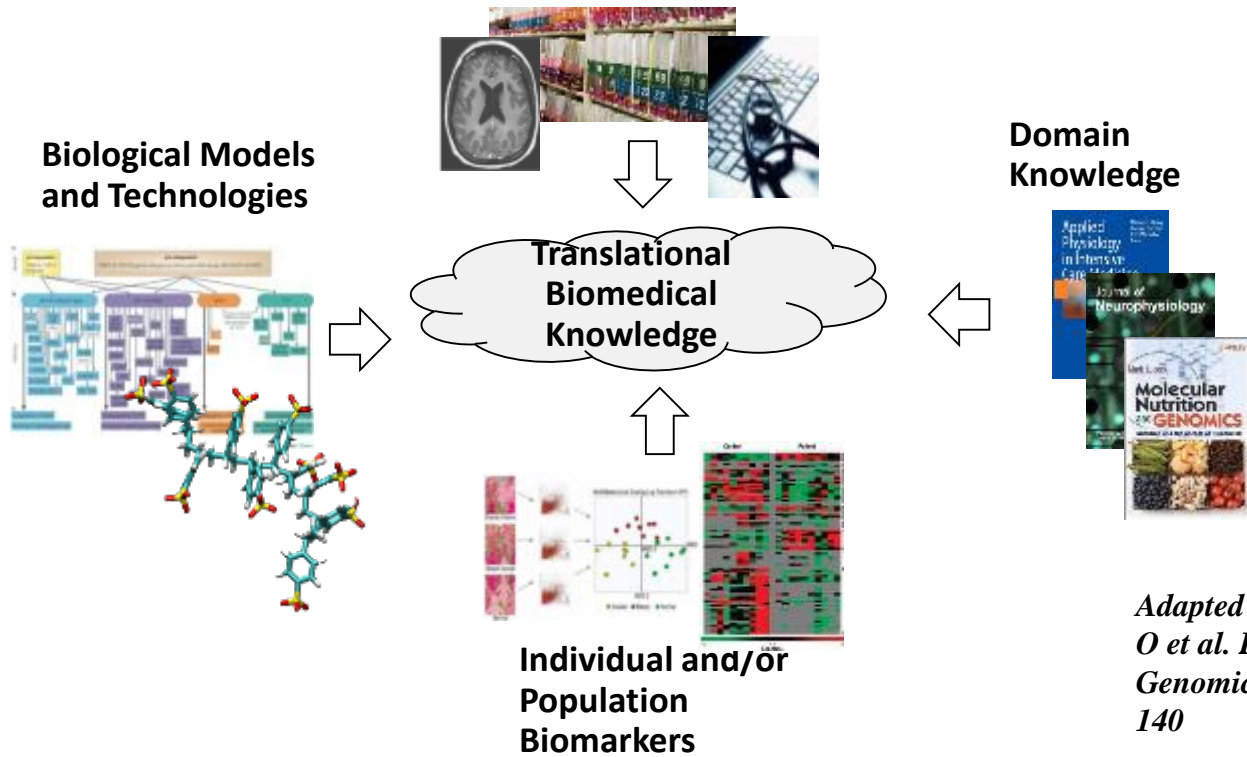


*Source: Dubman, et. al.,  
“Enabling Translational  
Medicine with Informatics”, 2011*

# Data Management Needs are Changing

**We need the ability to share a diverse and growing volume of information easily and securely.**

Individual and/or Population Phenotypes  
(includes Clinical trials, PHR and EHR data)



*Adapted from Payne P R  
O et al. Physiol.  
Genomics 2009;39:131-  
140*



# Current Identity Management Approach

## ▶ **Gartner:**

- Industrial age approach – borders stop at enterprise
- On-line identities – user name/password issuance and resets --- very costly, redundant
- Doesn't map to how companies interact in real world
- Risks honeypots of Personally Identifiable Information

## ▶ **Proprietary solutions**

## ▶ **May or may not have identity proofing**

## ▶ **May or may not link identities to signatures**

## ▶ **Tower of Babel**



# Why an Interoperable Digital Identity Standard?

- ▶ **Simplify identity management**
- ▶ **Standardize trust**
- ▶ **Speed provisioning of identities**
- ▶ **improve security**
- ▶ **Safeguard privacy**
- ▶ **Provide risk mitigation**
- ▶ **Legal enforceability**
- ▶ **Regulatory compliance – USFDA, European Meds Agency**
- ▶ **Single identity that can be used across all life science/healthcare community**

# The SAFE-BioPharma Standard

- ▶ **SAFE-BioPharma is a trust authority focused on the life sciences and healthcare sectors (established 2005)**
- ▶ **SAFE-BioPharma maintains two trust standards and certifies identity providers to those standards (PKI and non-PKI)**
- ▶ **PKI – Federal Bridge CA compliant**
  - Strong identity trust through standardized identity proofing process (LOA3)
  - High-level assurance binding identity to a digital signature
  - Utilizing NIST and Federal government technical standards
  - Contract-based governance, legal and risk mitigation framework
  - Mapped to laws at US state and Federal levels, EU and MS levels
  - Interoperable identity across all USG and linked cyber-communities
  - Meets Food & Drug Administration, European Medicines Agency, and Drug Enforcement Administration requirements





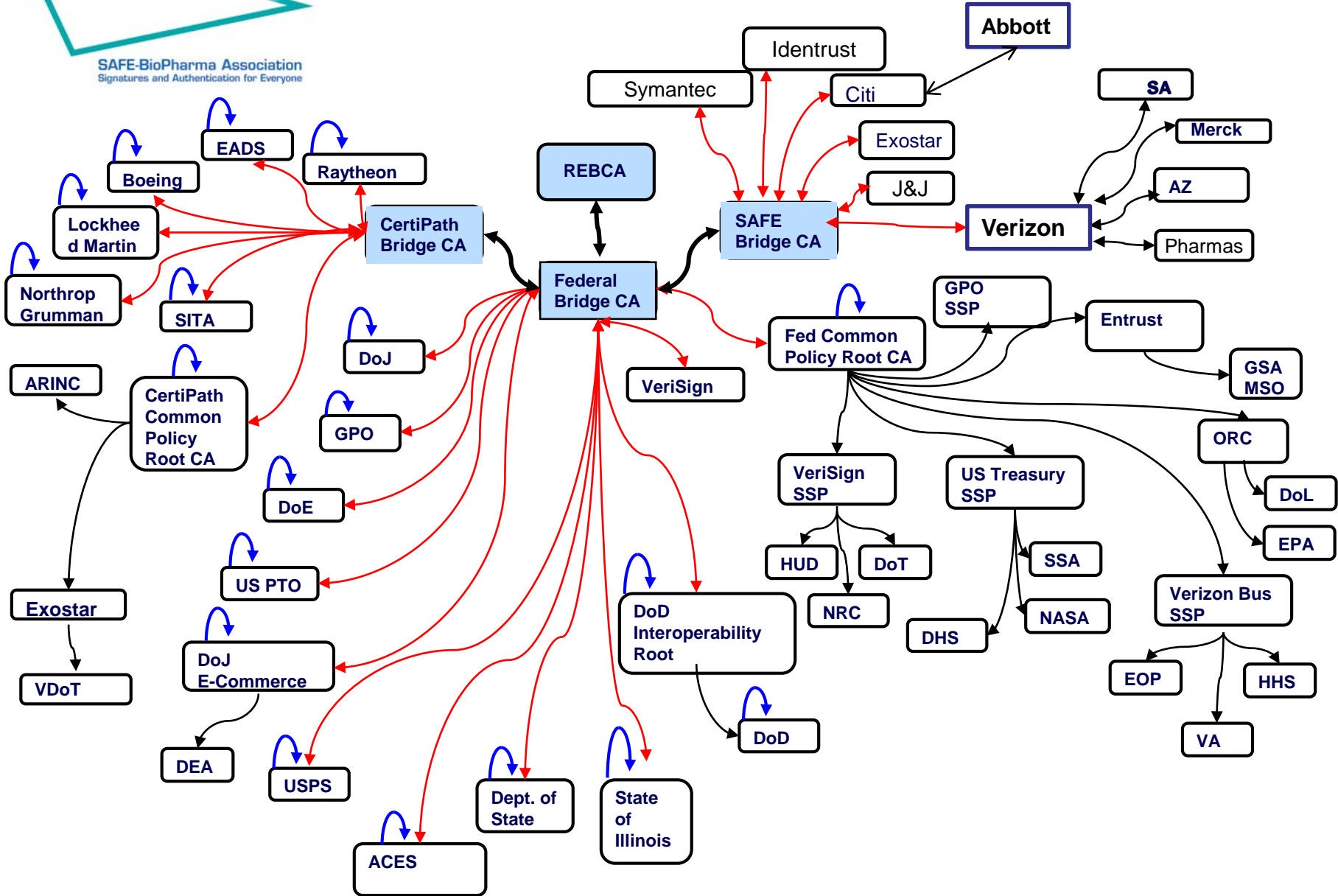
# The SAFE-BioPharma Standard

- ▶ **Non-PKI – SAFE-BioPharma is a Federal Identity Credentialing and Access Management (FICAM) Trust Framework Provider**
  - SAFE-BioPharma certifies Identity Providers at NIST LOAs 2 and 3
  - Provides identity trust through standardized identity proofing process
  - Utilizing NIST and Federal government standards
  - Contract-based governance, legal and risk mitigation framework
  - Mapped to laws at US state and Federal levels, EU and MS levels
  - Interoperable identity across all USG and linked cyber-communities
  - LOA3 meets DEA requirements for Electronic Prescribing of Controlled Substances

# 4BF – Issuers and Trust Relationships



SAFE-BioPharma Association  
Signatures and Authentication for Everyone





# National Cancer Institute Business Case

- FDA moving to electronic submissions
- Operational Efficiency Working Group (OEWG)
- Budget constraints
- Complexity of interactions among many partners
- Go-green initiatives
- IT security measures



# Why Clinical Trials Evaluation

- The mission of the Cancer Therapy Evaluation Program (CTEP) is to improve the lives of cancer patients by finding better ways to treat, control and cure cancer.
- CTEP sponsors clinical trials to test promising new investigational agents. One mechanism is through the cooperative groups which lead randomized phase 2 and phase 3 trials.



# CTEP by the Numbers

- Currently sponsors over **100** Investigational New Drug Applications (INDs) with the FDA
- Over **700** active clinical trial protocols testing new investigational agents
- Activate **130** new protocols/year
- Approx. **33,000** patients accrued/year to NCI supported trials
- Over **80** clinical collaborative agreements with pharmaceutical partners
- An average of **80** MTAs executed per year



# Protocol Process

- Group submits a concept/ LOI for CTEP review and approval
- Signed acknowledgement letter goes back to the Group upon receipt
- Signed letter goes back to Group after CTEP review (consensus review of changes)
- Signed drug approval letter must be submitted by collaborating pharmaceutical partner
- Protocol submitted and reviewed; signed comment letter goes back to site
- Revised protocol resubmitted
- CTEP approval via signed letter
- Amendments follow last few steps also



## CTEP's Agreement Coordination Group (ACG) - Phase II of Pilot

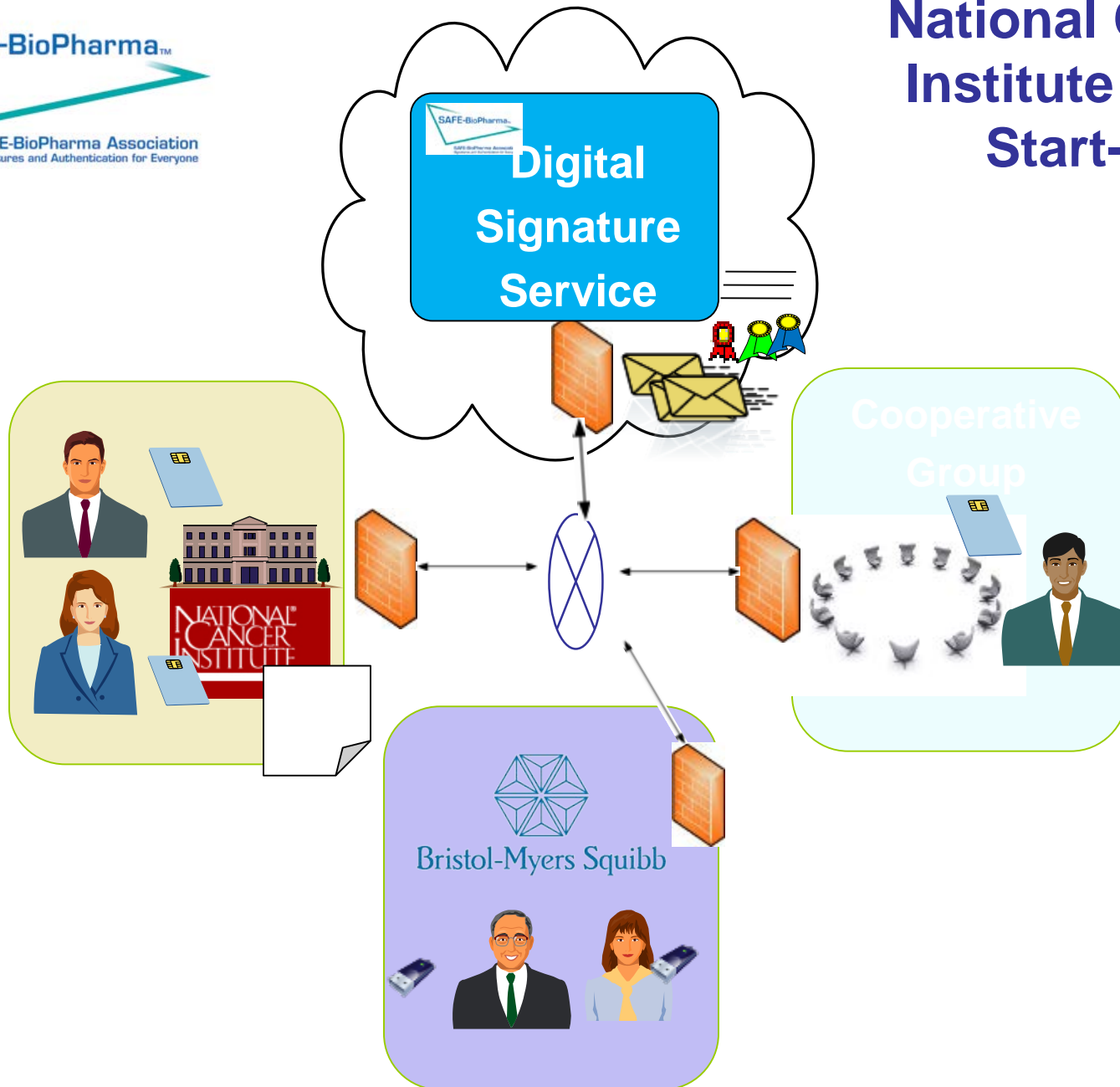
- CTEP/DCTD as IND holder negotiates with pharmaceutical collaborators
- Results in various documents – MTA, CRADA, CTA, CDA, Correspondence and Forms
- Expansion of pilot to cover generation of these documents
- Critical to speeding up process
- Meets OEWG recommendations
- Strives to help meet drive towards automation
- Goes beyond CTEP-ESYS documents
- **Leverages interoperable digital identities/signatures – Federal Government and SAFE-BioPharma**

# A Comparison of Electronic and Digital Signature Features

| Feature  | Electronic Signatures | Digital Signatures |
|--|-----------------------|--------------------|
| Tight binding to the individual through face to face or other strong identity verification | No                    | Yes                |
| Legally enforceable  | Maybe                 | Yes                |
| Supports strong non-repudiation  | No                    | Yes                |
| Maintains persistence, can be verified after certificate expires                           | N/A                   | Yes                |
| Legal equivalent of hand written signature   | Yes                   | Yes                |
| Scalable   | Yes                   | Yes                |
| Tight binding to document signed (prevent “forgery”)                                       | No                    | Yes                |
| Detect document tampering  | No                    | Yes                |



# National Cancer Institute Study Start-Up





# CTEP's Agreement Coordination

- Successful use of NIH/NCI PKI credentials and PIV card readers to login and sign agreements
- Successful integration of digital signing service into existing ACG workflows
- Successful use of digital signing service document management and tracking options
- Monitored, reported, and resolved user and digital signing service system errors
- **143** Official Correspondences signed and 100 MTAs and 14 CDAs partially-executed through digital hosting service
- Digital signing service utilized by ACG, on average, 3-4 times per week
- Use of digital signing service represents a time savings of 1 business day per Official Correspondence and 3-5 business days per MTA
- Use of digital signing service represents a cost savings of \$800 per year for MTAs (avg. 7 MTAs per month)
- Time savings of 2.2 hours for each wet signature replaced by digital signature



# CTEP's Agreement Coordination

- ACG future plans for Phase II of Pilot
  - Expand digital signing service use to other **document** and agreement types
  - Upward expansion of digital signing usage to the division and institute level
  - Inclusion of CTEP pharmaceutical collaborators into the digital signing service pilot
  - Continue to monitor digital signing service errors, usage, time and cost savings, and system integrity and reliability



## Examples of Use of SAFE-BioPharma Standard

| Use Case                                  | Company  |
|---|--|
| ELNs – basic research                     | Abbott (including China), BMS, GSK, Pfizer, Sanofi, Aventis Pasteur (vaccines) |
| Contracts, SOWs                           | J&J, GSK, Premier, Oxford, MWB Consulting, IPS, Allergy & Asthma Inst.         |
| Physician Signatures, eSampling           | SNAP Diagnostics, AZ, Novartis   |
| ePrescribing (authentication and dig sig) | Allscripts, Omnicare   |
| Purchasing                                | Premier  |
| Clinical Research                         | Sanofi-Aventis, BMS, National Cancer Inst., Forest                             |
| Research Collaboration                    | BMS, National Cancer Institute, Sanofi-Aventis                                 |
| Alliance Management                       | BMS, GSK   |
| Regulatory Submissions                    | AZ, BMS, GSK, SA, Eli Lilly, Forest, J&J, Alkermes                             |
| Document management system                | McDougall Scientific   |
| Legal signatures                          | Veroha   |
| Paperless business/regulatory environment | Amarin, MWB Consulting, SAFE-BioPharma   |

# Game Changers

- ▶ **Intense pressure on firms to reduce costs, speed research.**
- ▶ **Collaboration, collaboration, collaboration**
  - Movement to cloud to improve efficiencies and reduce costs
- ▶ **Improved identity proofing processes; flexible, mobile use; rapidly declining costs**
- ▶ **Federal government payments to doctors and hospitals for HIT; criminal penalties for HIPAA violations; 2014 interoperability requirements**
- ▶ **Governments and standards bodies focused on trust**
- ▶ **400,000 prescribers receiving SAFE-BioPharma credentials which can be leveraged by entire SAFE community**
- ▶ **Disruptive business model for identity providers. Not identity provisioning that is the core business but leveraging those identities with value added services**



# SAFE-BioPharma Digital Signatures: Enjoy the Benefits

- ▶ **Legal Enforceability:** SAFE-BioPharma signatures meet 3 key legal criteria.
  - **authentication**, you are sure of the identity of the person who provided the signature.
  - **integrity**, you are sure the document has not been altered since it was signed.
  - **non-repudiation**, you are sure that the sender cannot deny signing the document.
  
- ▶ **Regulatory compliance.**
  - The SAFE-BioPharma standard meets or exceeds regulatory guidelines for 21 CFR Part 11 and HIPAA;
  - the standard meets similar international guidelines, including the Directive 1999/93/EC of the European Parliament and of the Council, and ensures that new versions comply with emerging regulations
  
- ▶ **Strong Security.** The standard ensures security and data integrity. With two-factor authentication, the standard uses public key infrastructure (PKI) to apply digital signatures to documents and to assure the integrity of their content.
  
- ▶ **Global.** SAFE members are global companies and require a global standard, both for internal and external use.



- ✓ *Please visit the SAFE-BioPharma website: <http://safe-biopharma.org/>*
- ✓ *Please visit the 4BF website: <http://www.the4bf.com/>*
- ✓ *Watch the SAFE-BioPharma introductory video: <http://www.safe-biopharma.org/video.htm>*