

Challenges of software certification for startups in the medical technology industry

Ilian Boyadjiev, 18.07.2022, Bachelor Thesis Final Presentation

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3. Methodology
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 - Identified Challenges for Start-ups
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- Medical devices are a fundamental component of every health care system
- To avoid failures the need for standardization is raised
- MDR replaces a previous directive with the main goal of introducing industry standards
- MDR calls for urgent business transformations

- Effective since May 2021

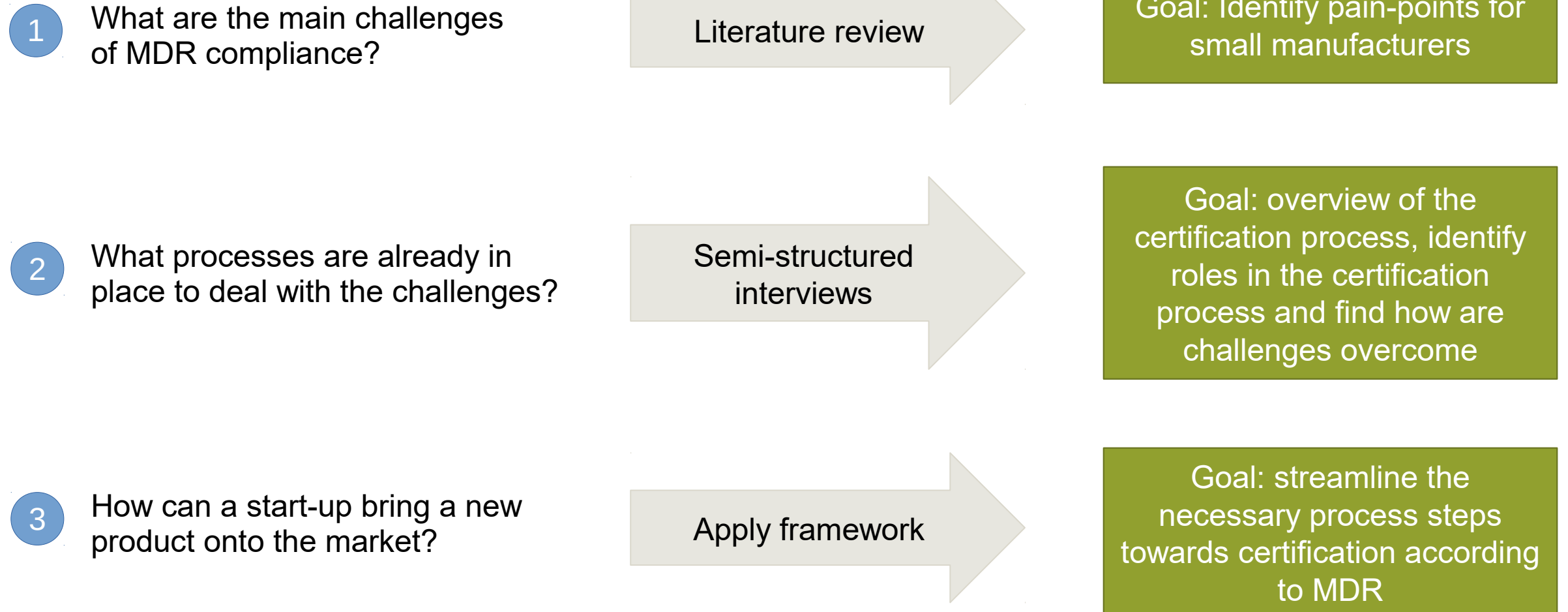
- Main goals of MDR
 - increase safety for patients
 - improve quality of medical devices on the market
 - standardization of medical devices across the European Economic Area

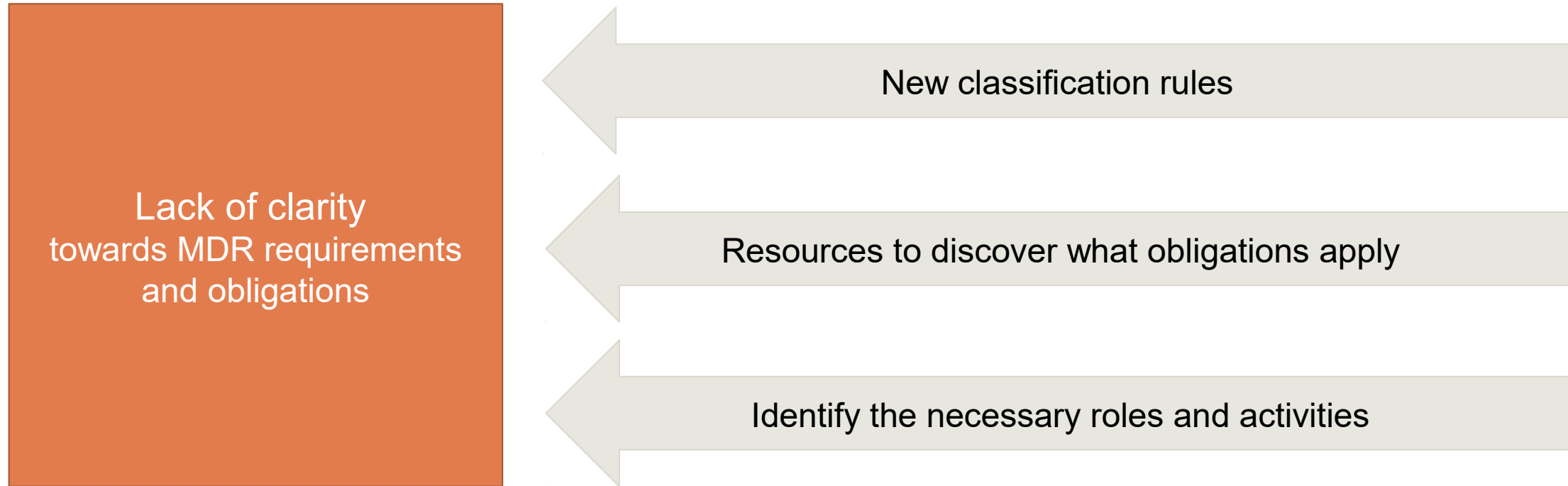
- Major changes compared to MDD:
 - new rules for classification of medical devices
 - most devices are classified one class higher than before
 - need to involve a Notified Body in the certification process
 - stricter control on Post-Market Surveillance plans
 - more requirements for the technical documentation
 - registration in the EUDAMED database

- According to the classification of the manufactured device, the obligations for manufacturers are:
 - apply a conformity assessment procedure and draw up a Declaration of Conformity
 - to appoint a Person Responsible for Regulatory Compliance (PRRC)
 - to conduct clinical evaluations
 - implement a QMS and RMS
 - implement a UDI mechanism
 - compile technical documentation
 - conduct Post-Market Surveillance and Clinical Follow-ups

Class I	Class IIa	Class IIb	Class III
Low risk	Low to medium risk	Medium to high risk	High risk
E.g. tongue depressors, FFP2 face masks, etc.	E.g. software with monitoring and/or diagnostic functions	E.g. software that monitors physiological processes	E.g. implants, defibrillators

Methodology: Research questions





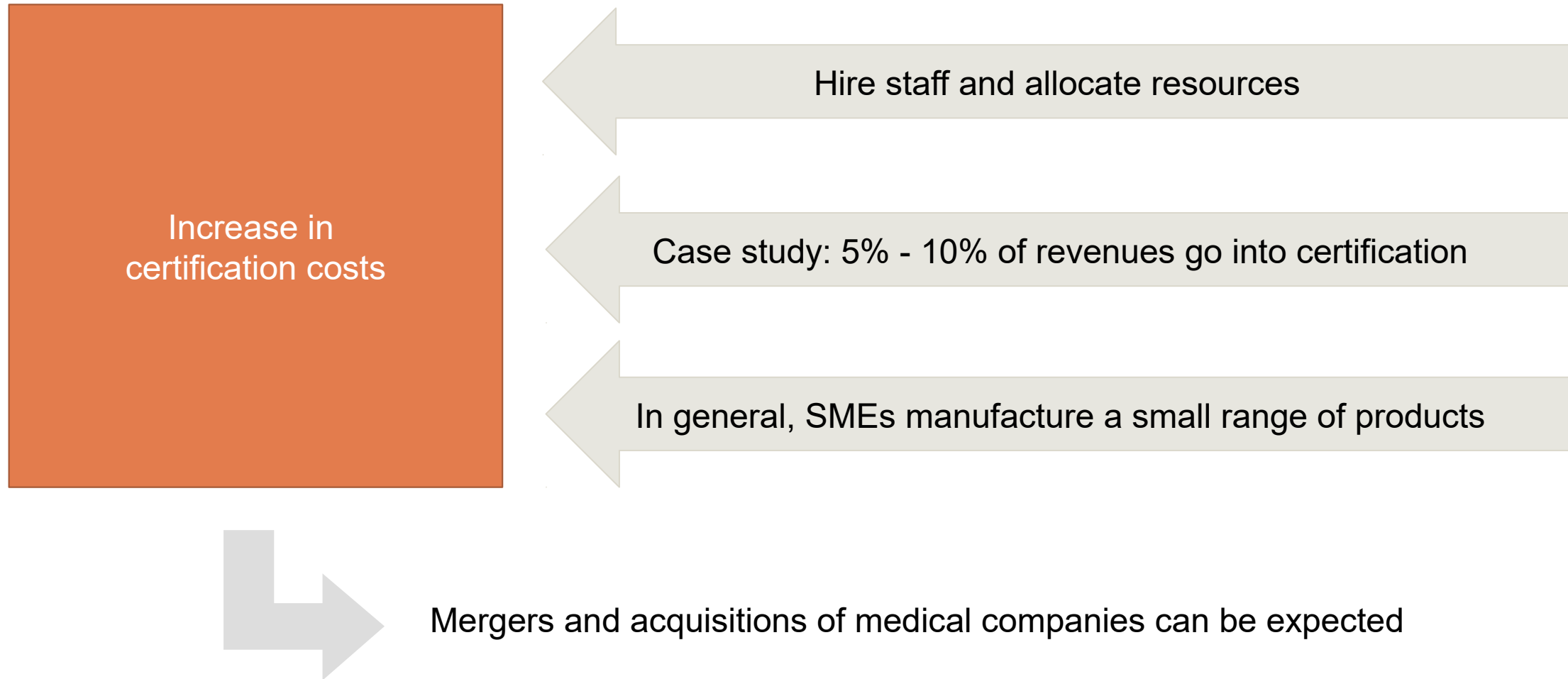
Source: N. McDevitt. "Challenges for the Regulatory Affairs Function in Demonstrating Compliance for Existing CE Marked Devices to the New EU Medical Devices Regulation 2017/745." en. In: (2019),

Distribution of
accountability
between the roles involved in
the manufacturing process

Critical suppliers needs to comply with MDR

Using frameworks and libraries

Challenges for SMEs



Source: P. Maresova, L. Rezny, L. Peter, L. Hajek, and F. Lefley. "Do Regulatory Changes Seriously Affect the Medical Devices Industry? Evidence From the Czech Republic." eng. In: Frontiers in public health 9 (Apr. 2021)

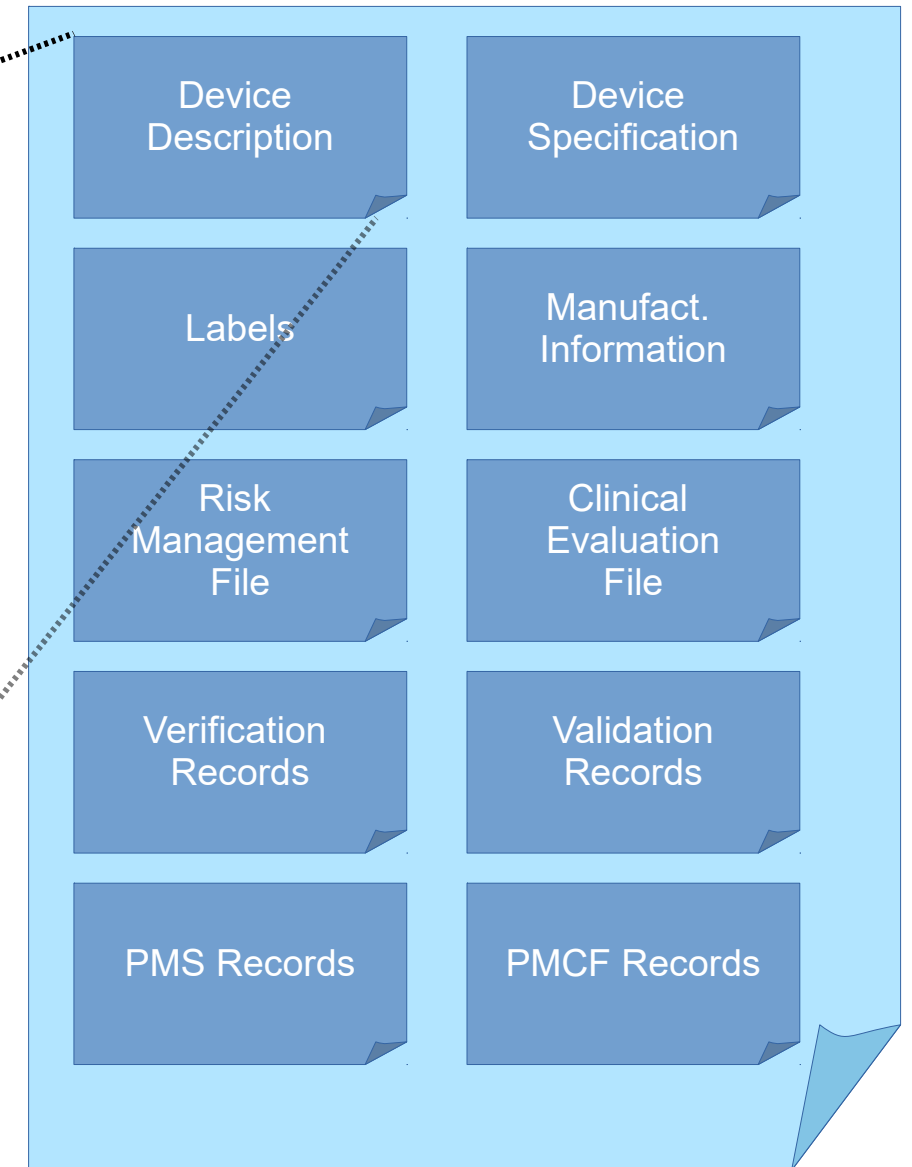
Challenge: Completeness in content

- Documents missing
- Information missing

Required according to MDR Annex II + III

Device description, incl:

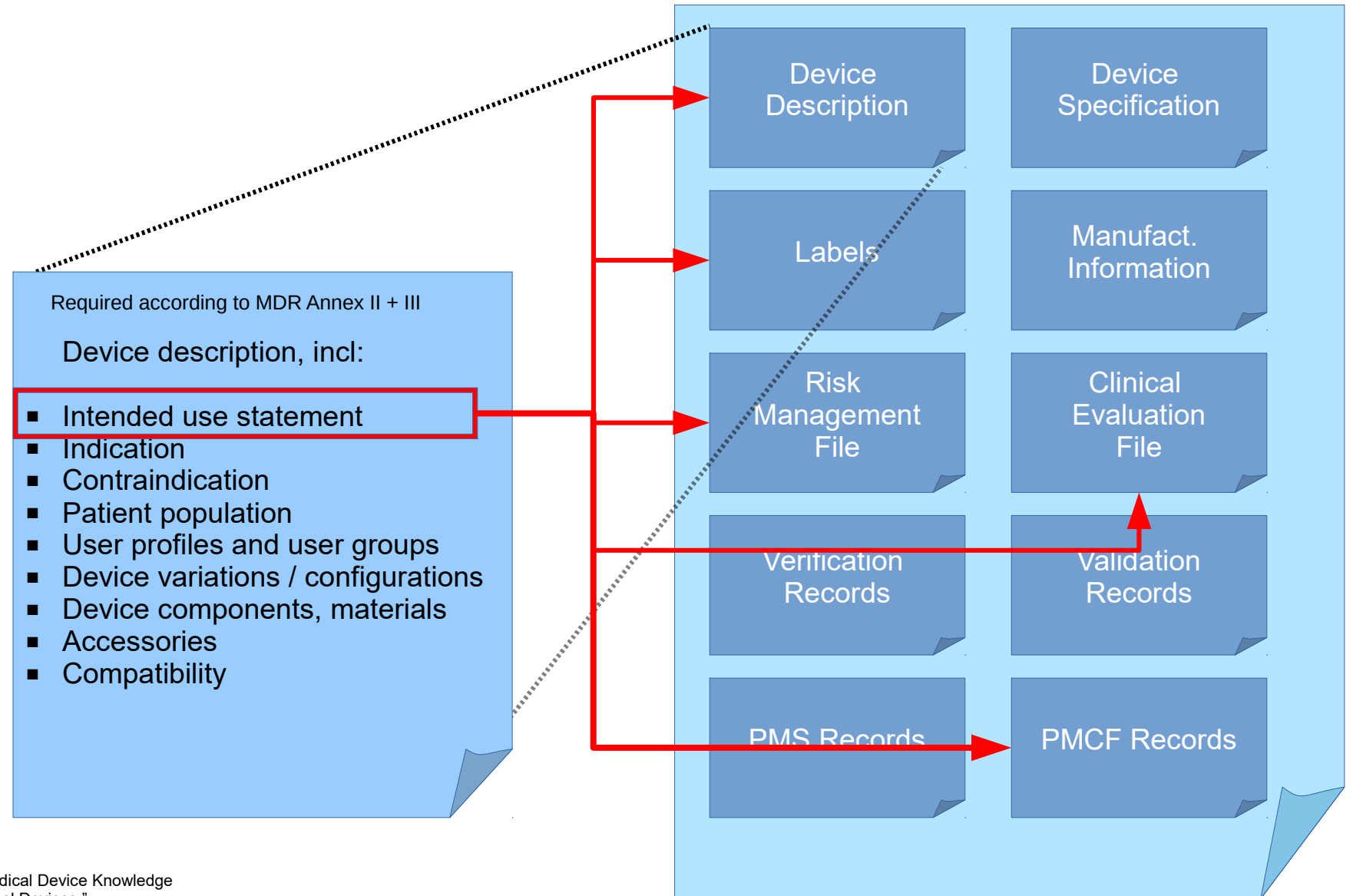
- ✓ Intended use statement
- ✓ Indication
- ✓ Contraindication
- ✓ Patient population
- ✓ User profiles and user groups
- ✗ Device variations / configurations
- ✓ Device components, materials
- ✓ Accessories
- ✗ Compatibility



Source: avasis solutions GmbH, R. Thür, S. Panten, and L. Vogler. "Medical Device Knowledge Units – A smart way to digitalize the Technical Documentation for Medical Devices."

Challenge:
Consistency of
information

- At least 37% of information is reused in at least one other document
- Information should be transferred across documents in a reliable way



Source: avasis solutions GmbH, R. Thür, S. Panten, and L. Vogler. "Medical Device Knowledge Units – A smart way to digitalize the Technical Documentation for Medical Devices."

Challenge: Traceability across documents

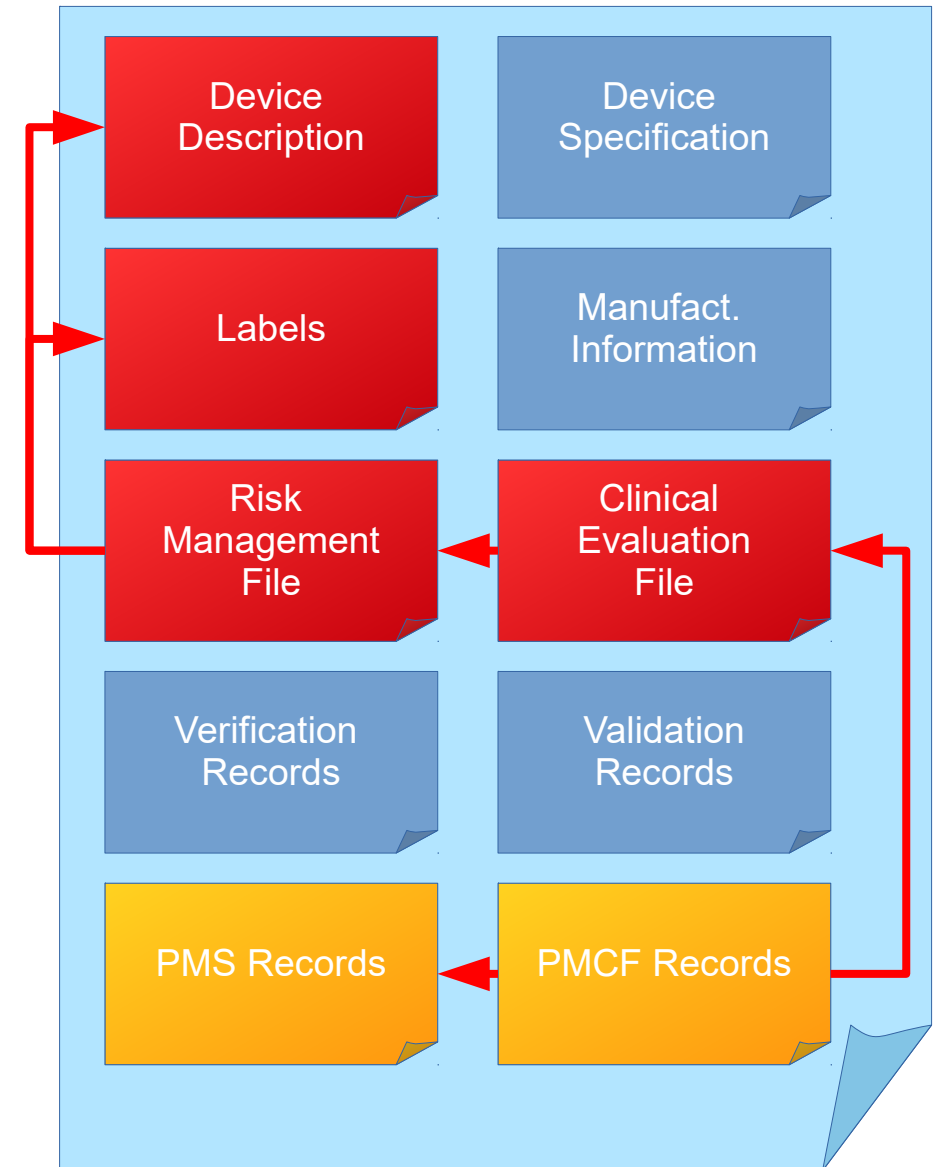
- Changes must be traceable across all documents
- It must be clear how and which changes were triggered
- The change process needs to be managed, so that changes are controlled, carried out consistently, and completed.



Source: avasis solutions GmbH, R. Thür, S. Panten, and L. Vogler. "Medical Device Knowledge Units – A smart way to digitalize the Technical Documentation for Medical Devices."

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Medical Device Knowledge Units

- „an innovative, open source **data model** for the medical device industry, whereby the contents of the technical documentation of medical devices can be efficiently mapped in digital form.“ (Avasis, MDKU, 2021)
- Idea: transfer of documents to individual **knowledge units** (KU), managed in a database.
- Knowledge units are assigned to topics (e.g. risk management, clinical evaluation, etc.) and are reused as required.

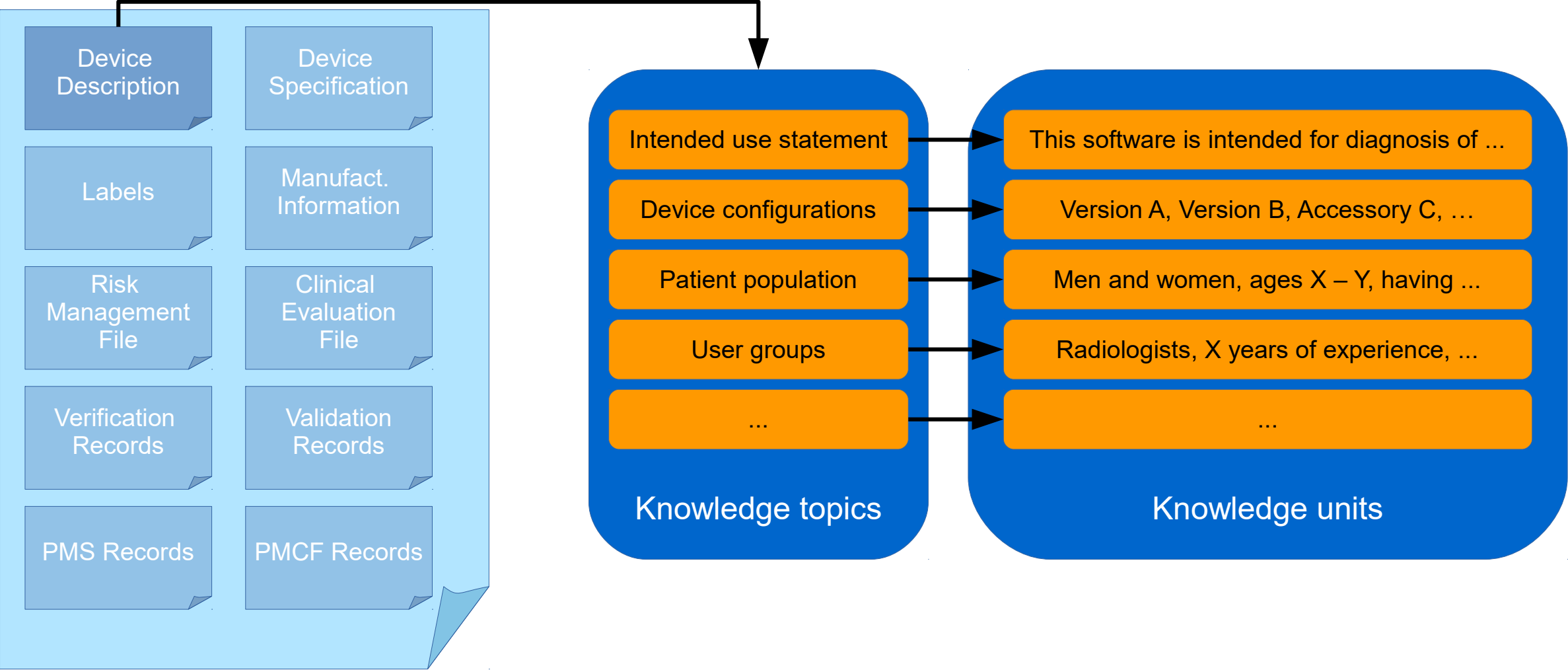
The creation and maintenance of technical documentation documents is **simplified** and **accelerated** through the use of existing knowledge units. In addition, **redundancies and inconsistencies are avoided**.

Knowledge TOPIC (KT)

Specific topic of information
Template, required in the TD

Knowledge UNIT (KU)

Topic related unit of information
Record / completed template



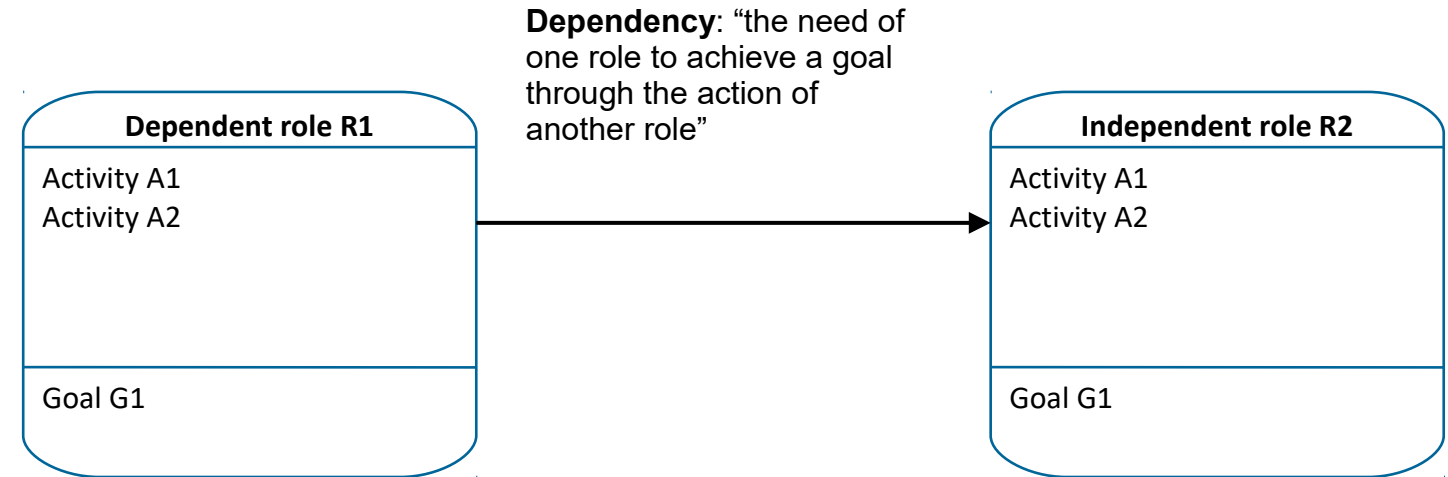
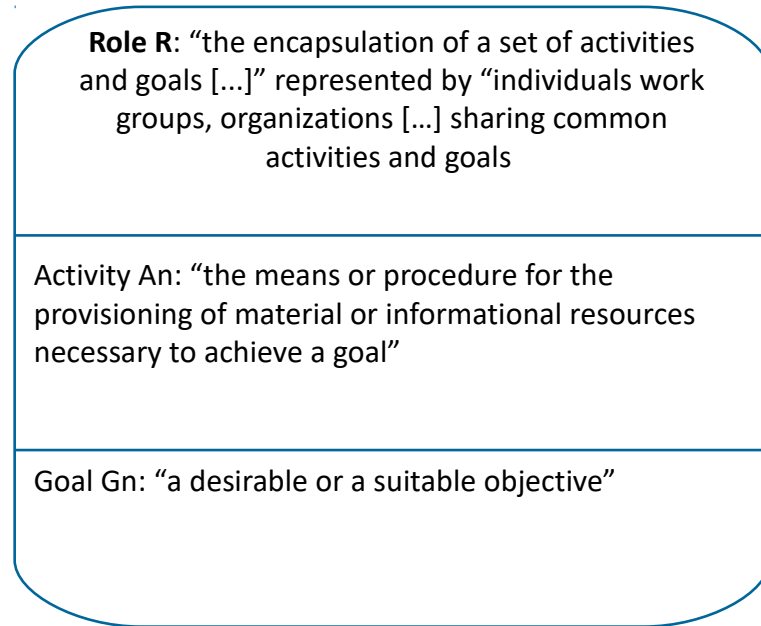
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Interrelations between challenges

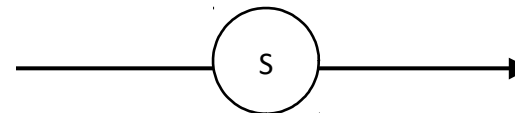
		Challenges of MDR Compliance		
		Lack of Clarity	Distribution of Accountability	Increase in Certification Costs
Flaws of Technical Documentation	Incompleteness of Content	- Incorrect classification - Required procedures were not followed - crucial documents were not obtained - content of existing documents does not provide enough information.	- Splitting tasks between team members - Coordination between teams - Changes to business partners relations are costly	- Inaccuracies, contradictions or inconsistencies lead to additional invested time - Often flaws are discovered after the first audit - (Re-)Submission fees - Clinical examinations fees Corrections to documentation steal from product development time. Certification activities do not generate revenue for the company.
	Inconsistency of Information	- new information does not contradict previous information		
	Impeded Traceability across Documents	- A new document can trigger a chain reaction requiring the replacement of previously valid papers. - Inability to effectively track changes	- Difficulty to replace or renew already processed files. - The amount of paper work increases and additional working hours are needed	Note: Notified Bodies charge variable fees depending on the product to be assessed.

Based on own depiction

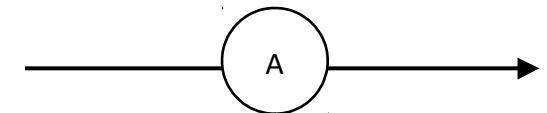
Dependency Network Diagram



“The power of the dependency can be predominately **symmetric** (denoted as S) when “there are alternative sources available from which a needed activity or resource can be obtained.””



“The power of the dependency can be predominately **asymmetric** (denoted as A) when “it is difficult for the [dependent] role to find an easy replacement for the resource providing role, but not vice versa.””

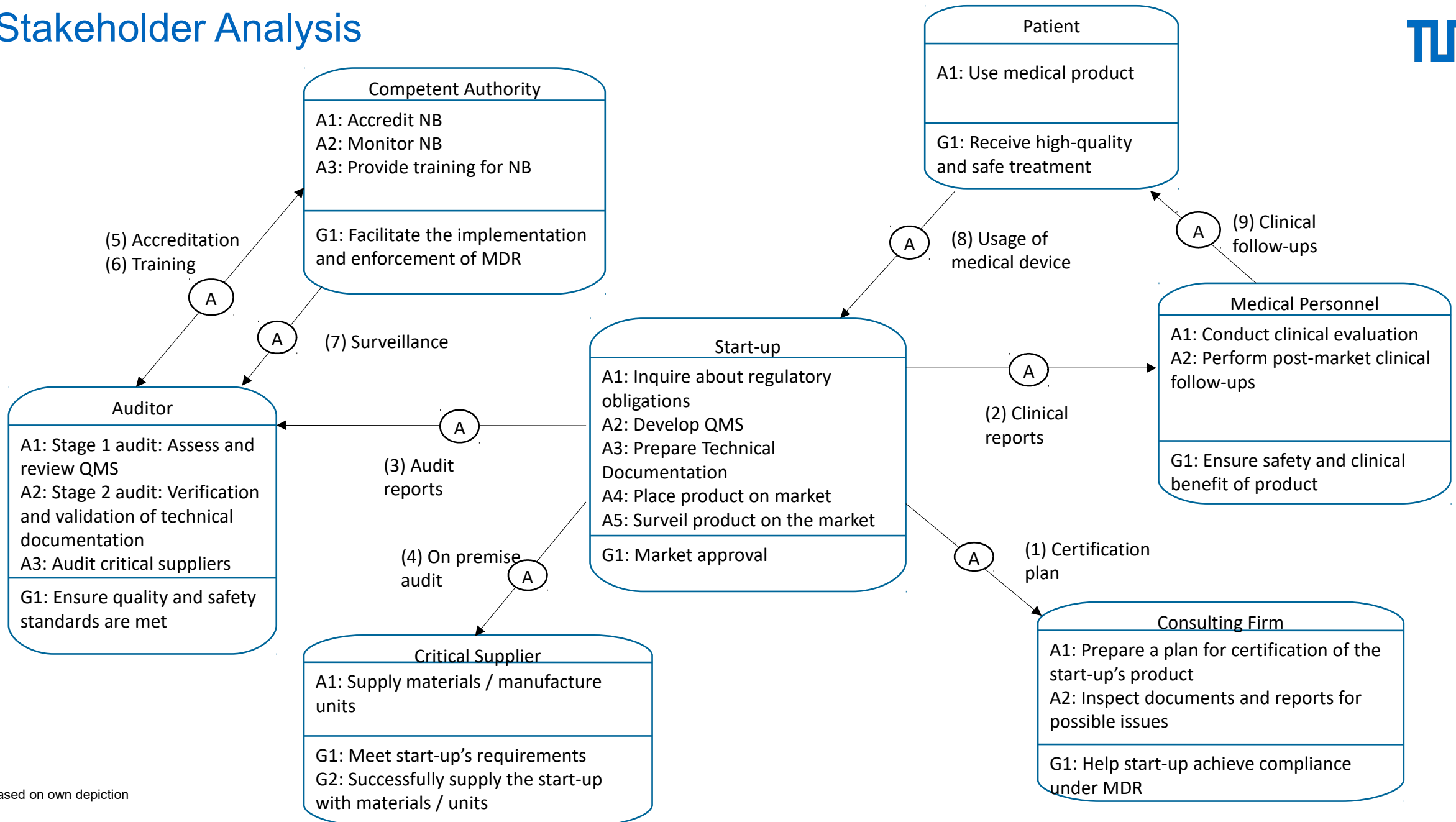


Sources:

Ulbrich, F., and Borman, M., “Revisiting Dependency Network Diagrams: A Conceptual Extension”, AMCIS 2013 Proceedings, 2013, pp. 1-11.

D. Balta, V. Greger, P. Wolf, and H. Krcmar. “E-government Stakeholder Analysis and Management Based on Stakeholder Interactions and Resource Dependencies.” en. In: 2015 48th Hawaii International Conference on System Sciences.

Stakeholder Analysis



Based on own depiction

The framework should streamline the certification process by:

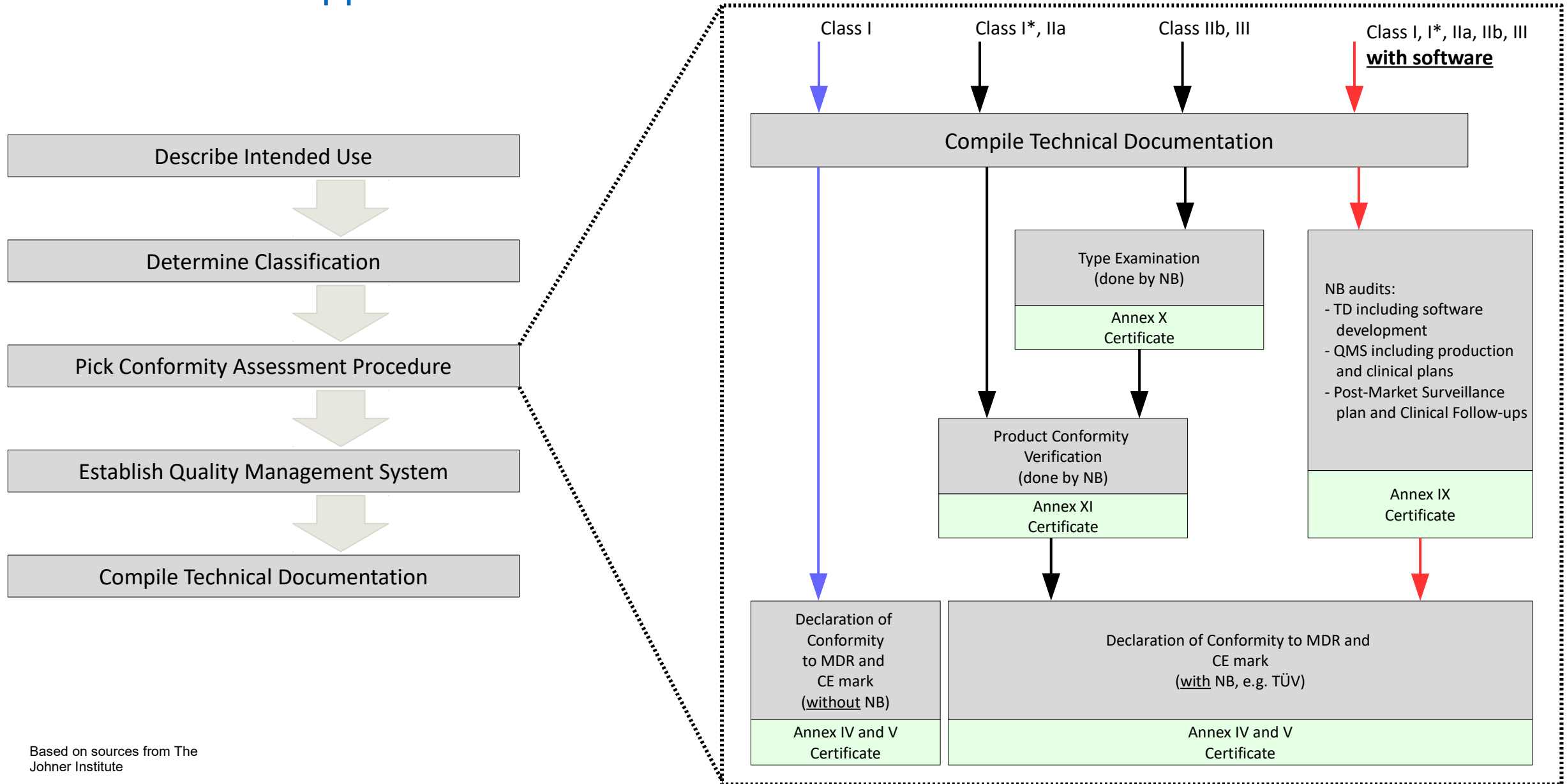
- linking challenges and roles in the certification process to enable solutions
- describing risk ownership
- mapping different procedures towards regulatory compliance

Interrelations between roles

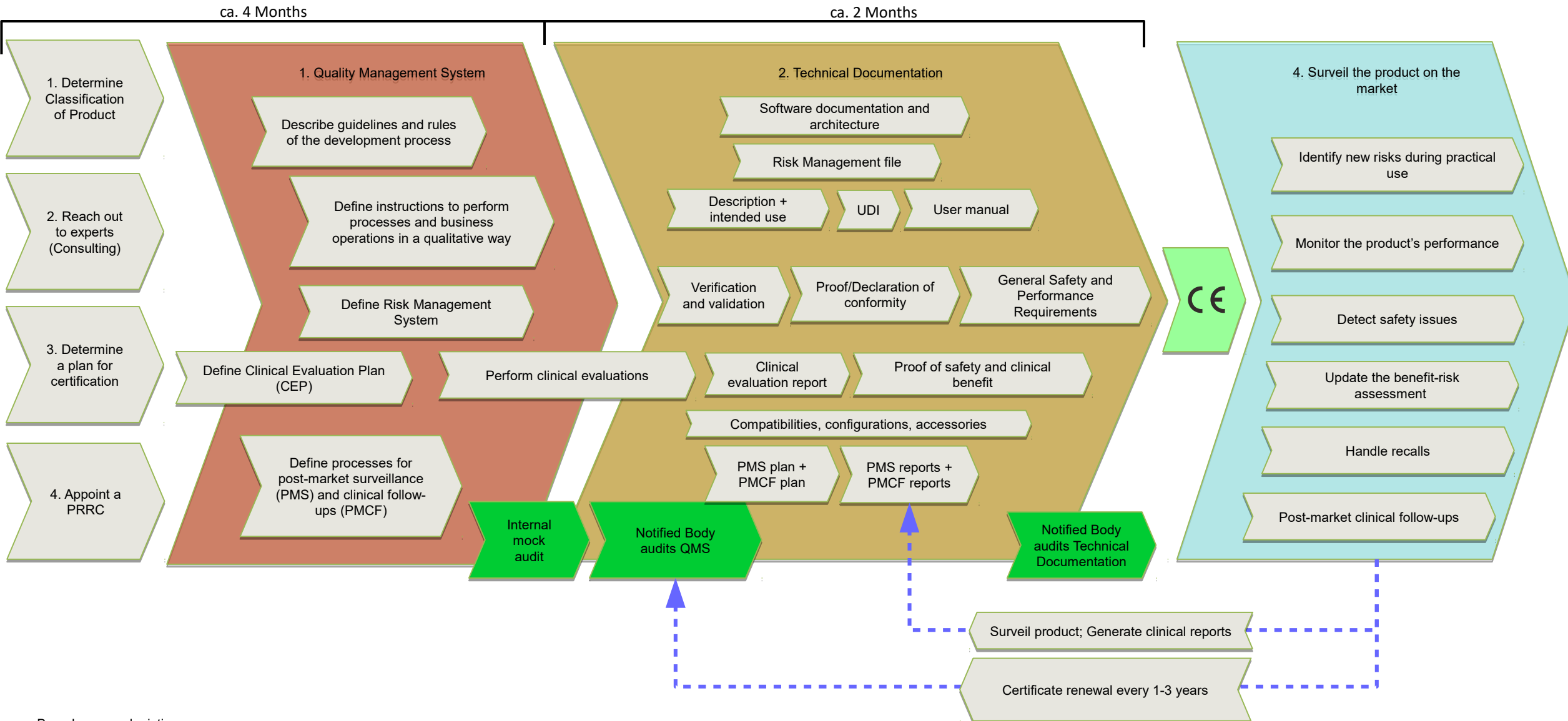
Challenges of MDR Compliance	Stakeholders in the certification process				
	Start-up	Critical Supplier	Consulting Firm	Medical Personnel	Notified Body
Lack of Clarity	✓	✓	✓		
Distribution of Accountability	✓	✓	✓		
Increase in Certification Costs	✓				
Challenges of Compiling Technical Documentation					
Completeness of Content	✓		✓	✓	✓
Consistency of Documentation	✓		✓	✓	✓
Traceability across Documents	✓		✓	✓	✓

Based on own depiction

Framework to Approach MDR Certification



Timeline of MDR Certification



Based on own depiction

Limitations

- Scope limited to start-ups
- MDR has been effective for ca. 1 year
- Some of the available literature is only estimating predictions based on a draft version of the regulatory requirements

Future Work

- Financial development of SMEs
- Comparison of the challenges between large and small companies, as access to resources is different
- Long-term decline in innovation