



## Integrated Evidence Plans for Digital Health Technologies

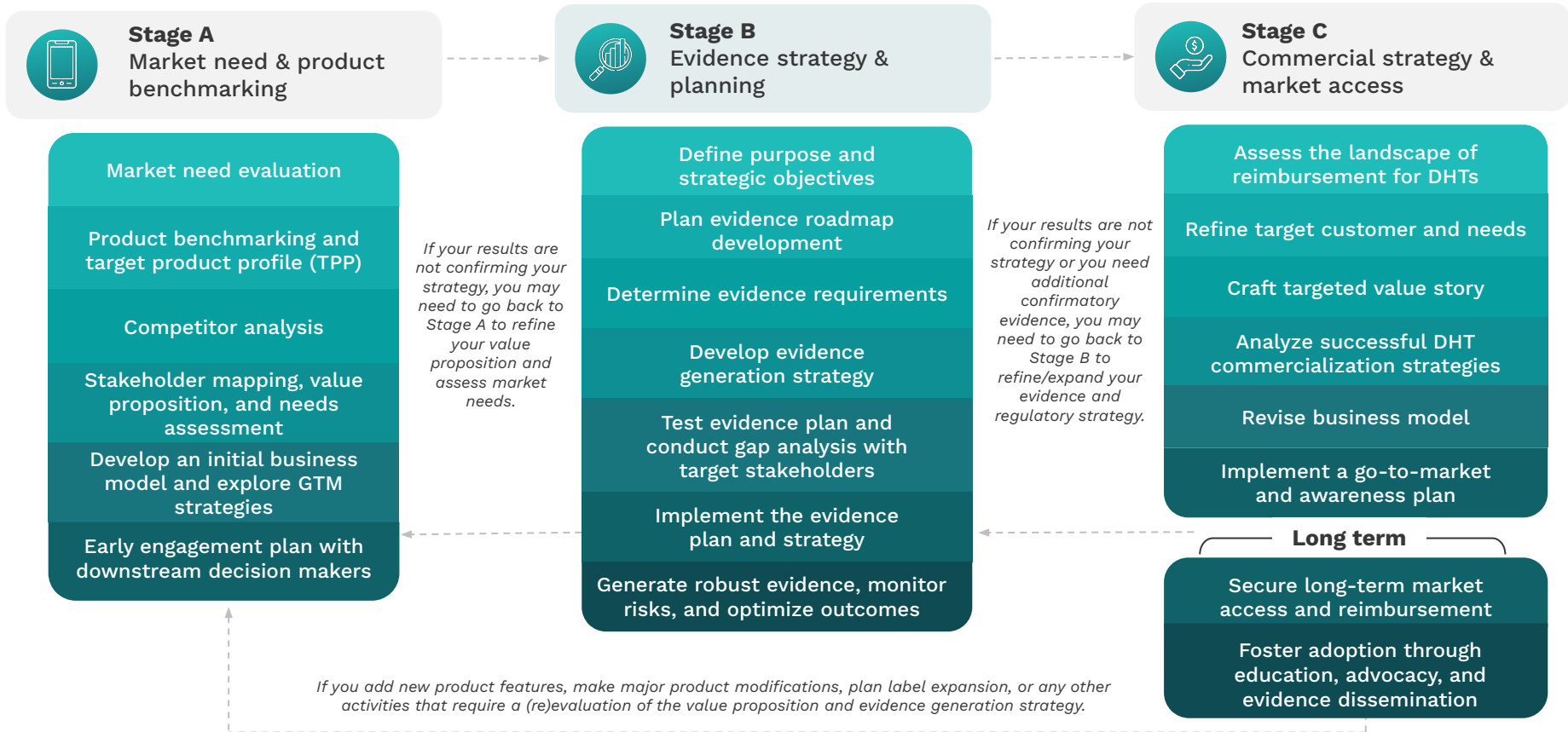
### IEP Project Resources



### Stage B:

## Evidence strategy & planning

# IEP Toolkit





**Stage A**  
Market need & product benchmarking



**Stage B**  
Evidence strategy & planning



**Stage C**  
Commercial strategy & market access

**Stage B is all about planning, testing, and executing.**

Develop the plan

Define purpose and strategic objectives

Plan evidence roadmap development

Determine evidence requirements

Develop evidence generation strategy

Test evidence plan and conduct gap analysis with target stakeholders

Implement the evidence plan and strategy

Execute the plan

Generate robust evidence, monitor risks, and optimize outcomes

Test & implement the plan



**Stage A**  
Market need & product benchmarking



**Stage B**  
Evidence strategy & planning



**Stage C**  
Commercial strategy & market access

**Your work in Stage B should allow you to answer the following questions:**

## Regulatory strategy

- Did you engage with the FDA for pre-submission meetings to validate study designs?
- Have you built evidentiary packets for regulatory submissions?

## Reimbursement pathways

- Are you prioritizing the development of a reimbursement dossier that includes economic models and outcomes data?
- Have you initiated discussions with payors to explore provisional coverage pathways?

## Business priorities

- Are you assessing and validating business model fit through stakeholder feedback and early partnerships?
- Have you evaluated technology scalability and planned for its integration into clinical workflows?



## Define purpose and strategic objectives

### Objective

Establish a clear **purpose** for the evidence strategy, aligning it with overarching goals for DHT development and intended adoption.

**There are ~350,000+ digital health products in today's market with 200+ new ones added daily.**

**Strong evidence differentiates your product in the market.**



What is the primary goal for your DHT evidence strategy (i.e., determining whether the DHT can tackle your identified unmet need)?



Can you generate evidence to quantify the clinical, economic, or operational burden of inaction?



What evidence do key stakeholders (payors, providers, patients, regulators) need to support adoption, i.e., who is your target purchaser?



How much de novo evidence will you need to support a reimbursement, procurement, or investment strategy?

There is no one-size-fits-all evidence roadmap, so imagine an evidence funnel

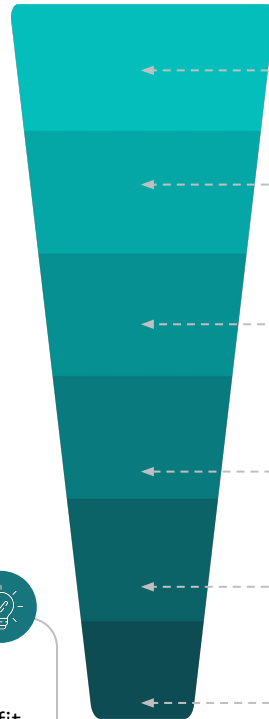


## Plan evidence roadmap development

### Objective

Develop a cohesive strategy that integrates clinical, real-world, economic, and patient-centric data to address stakeholder needs across the DHT lifecycle.

**Pro tip:** Work backwards from opportunity cost and standard of care — compare the new solution to usual care and ensure it demonstrates a clear, new net benefit to justify the DHT's value.



#### Refine priorities

Align evidence generation with regulatory, payor, provider, and patient priorities.

#### Assess opportunity cost

Compare the new solution to usual care and ensure it demonstrates a clear, new net benefit to justify the DHT's value.

#### Determine data requirements

Define the type and depth of data needed (e.g., clinical, real-world, economic, or patient-reported outcomes) to meet key stakeholder evidence needs.

#### Develop draft hypotheses

Outline functional evidence requirements across clinical, economic, and real-world settings. Define endpoints and key hypotheses to test in early-stage studies.

#### Prioritize & finalize evidence gaps

Seek joint scientific advice from regulators and payors. Identify additional evidence sources.

#### Test, implement, & optimize

Conduct studies, adapt evidence models for different markets and reimbursement structures, and refine the roadmap based on new data and insights.



## Plan evidence roadmap development

### Template

Develop a **TPVP** to define the unique value your DHT delivers to specific patient populations.



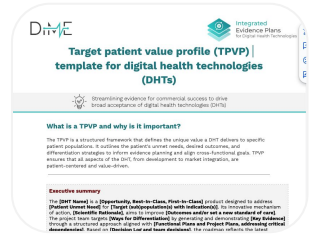
[Review the TPP section of Stage A](#)

## What is a target patient value profile (TPVP)?

The TPVP is a structured framework that defines the unique value a DHT delivers to specific patient populations. It measures differentiation and real-world usability to drive adoption and value.

### Why is the TPVP important?

- ✓ **Addressing unmet patient needs:** It identifies gaps in current care
- ✓ **Strategic evidence planning:** It guides the generation of data that demonstrates value to stakeholders, including payors, providers, and regulators.
- ✓ **Differentiation:** It highlights unique outcomes, enhancing competitive positioning and market readiness.
- ✓ **Alignment:** It integrates cross-functional priorities, aligning R&D, medical affairs, and commercialization efforts toward shared goals.



## Connecting Your TPVP with the target patient profile (TPP) built in Stage A

The TPVP builds upon the TPP, adapting its structure to meet the unique needs of DHTs. By integrating insights from clinical, regulatory, and market objectives outlined in the TPP, the TPVP ensures a patient-centric focus while maintaining strategic alignment across evidence planning. This connection creates a cohesive roadmap for achieving differentiation, stakeholder engagement, and impactful outcomes.



# Determine evidence requirements

## Objective

Identify **evidence requirements** that satisfy the needs for key downstream decision-makers, informed by insights from stakeholders and market analysis.

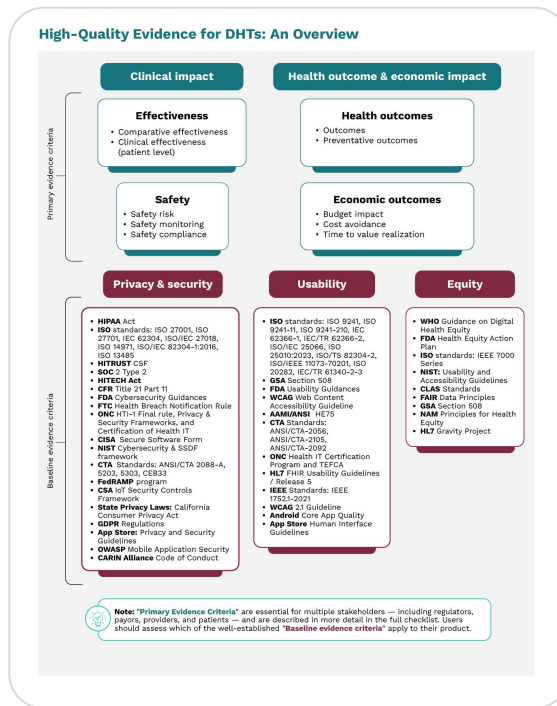
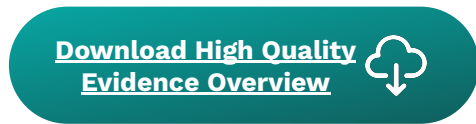
## Resource

✓ Evidence checklist

# What does high-quality evidence for DHTs look like?

Ensure your DHT meets the highest standards for regulatory authorization, payor acceptance, and seamless integration into healthcare systems.

**Our High-Quality Evidence Checklist provides a clear roadmap for success.**





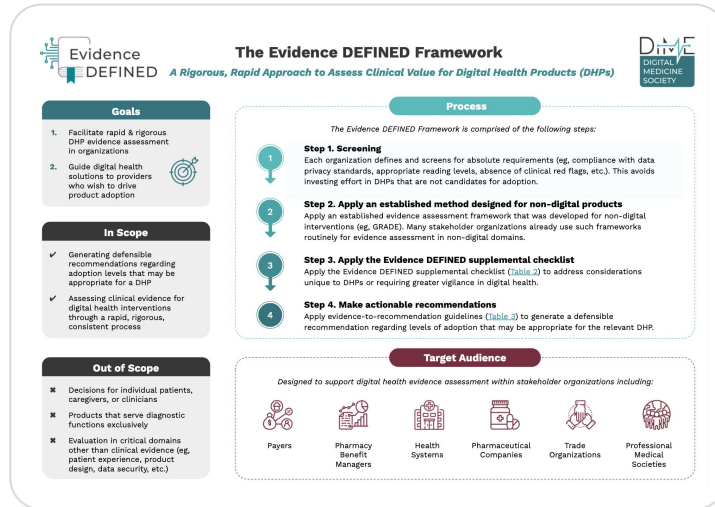


## Determine evidence requirements

### Resource

- ✓ Evidence DEFINED Framework

# Leverage the Evidence DEFINED framework to access clinical value for your DHT



Payors, employers, health systems, and other key stakeholders rely on this **harmonized, rigorous, and rapid framework** as the standard of excellence for clinical assessment of DHTs.

[Download Evidence DEFINED framework](#)





## Determine evidence requirements

### Example

When DHTs lack rigorous evidence and safeguards, they could pose patient safety risks, hinder adoption, and undermine trust.

**Our philanthropic sponsor, Peterson Health Technology Institute (PHTI), has released insightful reports assessing innovative DHTs to improve health and lower costs.**

## Read these case studies of clinical and health economic outcomes impact

### Caption Health

Explore Caption Health's success in Stage B where they gained evidence for clinical efficacy, safety, and economic value.

[Download the Caption Health IEP Stage B case example](#)



### AppliedVR

Learn how AppliedVR secured De Novo market authorization and aligned with Medicare reimbursement frameworks in Stage B.

[Download the AppliedVR IEP Stage B case example](#)



Review IEP case studies



[Review the Digital Hypertension Management report](#)



[Review the Digital Diabetes Management report](#)



[Review the Virtual Musculoskeletal \(MSK\) report](#)



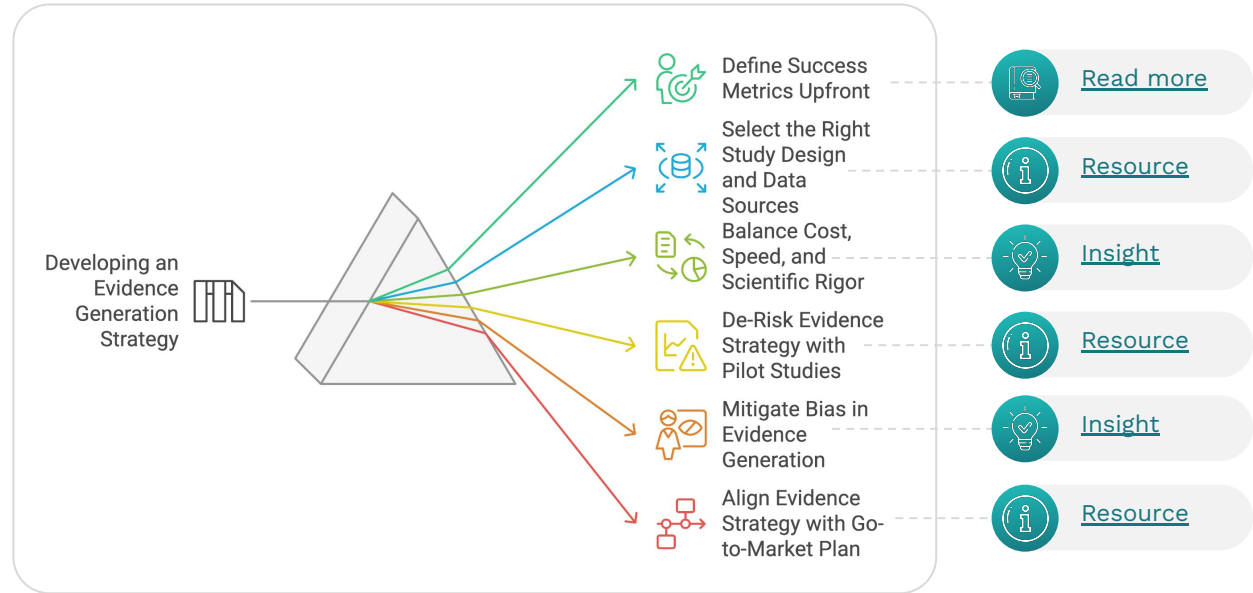
## Develop evidence generation strategy

### Objective

Build a robust strategy for evidence collection across different stages of the DHT lifecycle.

## Considerations for your evidence generation strategy

Selecting the right evidence modalities is about **balancing speed, cost, and data quality**—paving the way for faster and broader market adoption.





## Develop Evidence Generation Strategy

### Resource

The selection or development of study endpoints is a critical part of your evidence generation strategy.

## Developing study endpoints requires weighing ideal measures against practical considerations

Endpoint types are categorized by how outcomes are captured and by their position in the statistical hierarchy. Leverage the roadmap by Mercon, K et al. to develop DHT study endpoints that are practical and optimized for real world impact.

	ENDPOINT TYPE	DEFINITION
Outcomes Captured	Single-measure	Single variable that reflects a single outcome of interest
	Composite	Combination of "clinical outcomes into a single variable" <sup>8</sup>
	Multi-component	Combination of components or domains to create a single score according to specified rules <sup>8</sup>
	Intermediate	"Clinical outcome that can be measured earlier than an effect on irreversible morbidity or mortality (IMM) and that is considered reasonably likely to predict the medical product's effect on IMM or other clinical benefit" <sup>7</sup>
	Surrogate	"Substitute for a direct measure of how a patient feels, functions, or survives" <sup>7</sup>
	ENDPOINT POSITIONING	DEFINITION
Statistical Hierarchy	Primary	"Establish the effectiveness, and/or safety features, of the drug in order to support regulatory action" <sup>8</sup>
	Secondary	"To demonstrate additional effects after success on the primary endpoint" <sup>8</sup>
	Exploratory	"Include clinically important events that are expected to occur too infrequently to show a treatment effect or endpoints that for other reasons are thought to be less likely to show an effect but are included to explore new hypotheses" <sup>8</sup>

[Download the full roadmap](#)



Source: Mercon, K et al. (2020, August 28). A roadmap for developing study endpoints in real-world settings. Duke-Margolis Center for Health Policy.



## Develop Evidence Generation Strategy

### Resource

Conceptual framework for ‘fit-for-purpose’ Medicare studies.

# Conceptual framework for creating ‘fit-for-purpose’ Medicare studies

The framework by Caroline Marra et al. will guide you in answering the following questions:

- ✓ What will be the utility of the evidence generated for informing coverage decisions and, ultimately, the care of Medicare beneficiaries?
- ✓ What will be the burden of conducting the study?
- ✓ How will the evidence development affect patient access to the technology?

**1** Clearly define research question(s) based on Medicare’s identified evidence gaps and **prioritize** according to relevance and level of uncertainty

- Specify population, intervention, comparator, outcome, time, and setting (PICOTS)

**2** Determine possible modifications to study design and data sources to efficiently answer question with reasonable certainty

Study characteristics	Study operations	Outcome measures
<p><small>Examples</small></p> <ul style="list-style-type: none"> <li>• Adjust sample size</li> <li>• Select method to reduce bias or min. confounders</li> <li>• Apply approach to generalizability (e.g., broaden eligibility)</li> </ul>	<ul style="list-style-type: none"> <li>• Apply decentralized elements</li> <li>• Explore use of existing data infrastructure</li> <li>• Adjust recruitment strategy (e.g., mode, geography)</li> </ul>	<ul style="list-style-type: none"> <li>• Derive some data elements from routinely collected data</li> <li>• Consider PROs or digital measures to supplement or replace traditional outcomes</li> </ul>

**3** Select optimal FFP study design and data sources to minimize burden of study conduct and accelerate evidence generation given contextual and policy factors

- Disease characteristics (e.g., unmet need, patient population size)
- Intervention-specific features (e.g., magnitude of expected benefit or harm)
- Existing evidence, coverage policy and data infrastructure
- Time and resource requirements to implement study



Source: "Medicare ‘Fit-For-Purpose’ Studies For Coverage Of Emerging Medical Products, Part 1: A Framework," Health Affairs Forefront, October 24, 2024.



## Test your evidence plan and conduct a gap analysis

### Objective

Choose the most suitable methodologies to balance your scientific evidence and commercial claims.

## Choosing the right evidence generation modalities

Evidence design is used to generate and evaluate the evidence for your product. A fit-for-purpose evidence design means that you select the most suitable and feasible methods, tools, and data sources for your product and context.

For instance, you may use randomized controlled trials, observational studies, real-world data, patient-reported outcomes, or digital biomarkers, depending on the type, level, and scope of evidence you need. A fit-for-purpose evidence design will help you optimize your resources, reduce your risks, and increase your credibility.

### Scientific evidence



#### Led by the R&D, medical, and data science teams

- ✓ Generates clinical and scientific evidence
- ✓ informs and validates commercial claims

Clinical study and evidence should guide commercial claims, ensuring accuracy and credibility.



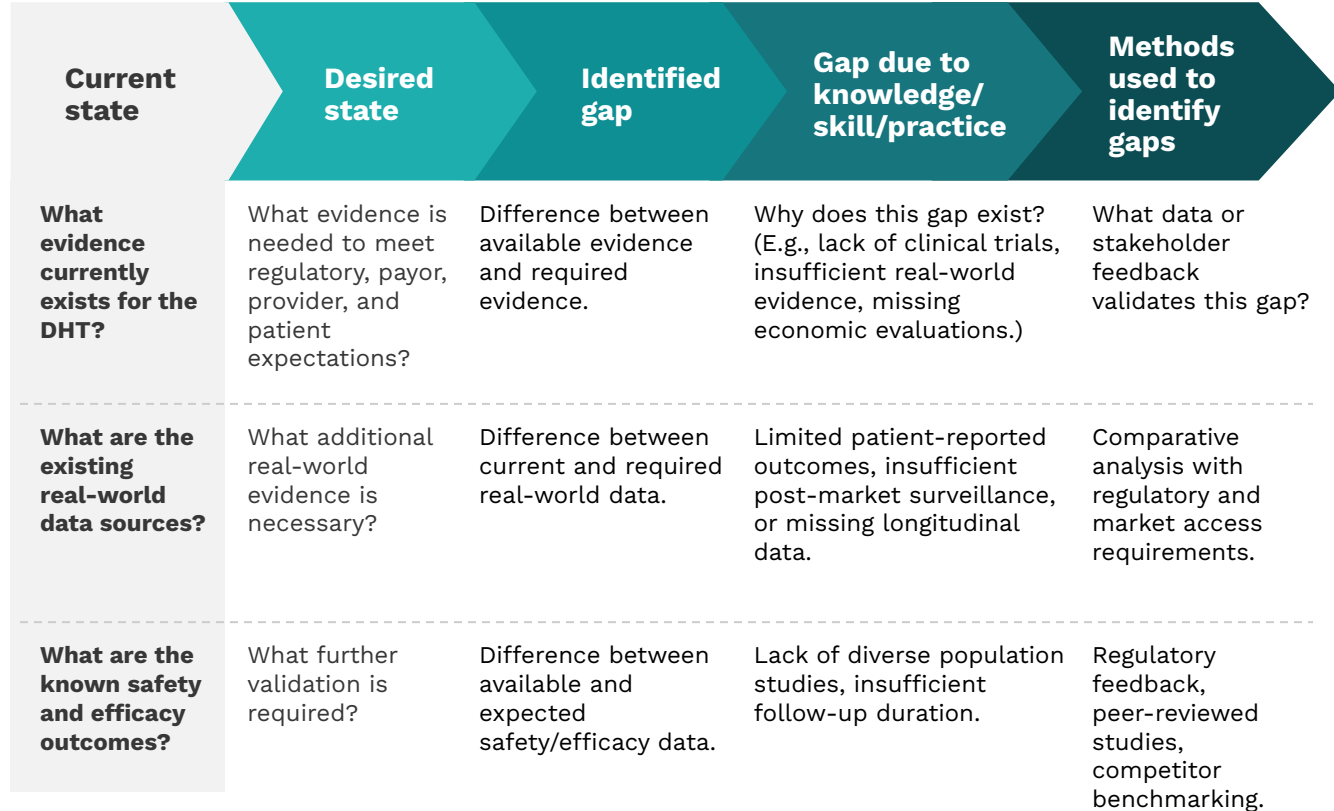
### Commercial claims



#### Managed by the commercial and market access teams

- ✓ Must be supported by robust scientific evidence
- ✓ Aligns with regulatory and market requirements

## Steps to conducting a gap analysis



## Test Evidence Plan and Conduct Gap Analysis

### Objective

Define your desired state and trace back to the evidence you have to determine existing gaps.














## Implement the evidence plan and strategy

### Objective

Ensure effective execution of the evidence plan by considering important success factors.



## Implementation success factors

Clear study design	Robust data collection	Stakeholder alignment	Compliance risk
<p>Conduct high-quality clinical and real-world studies to generate impactful evidence. Use validated endpoints to demonstrate safety, effectiveness, and health and economic outcomes.</p> <ul style="list-style-type: none"> <li> <a href="#">The Playbook, Digital Clinical Measures, sections on <u>clinical research</u> and <u>clinical trials</u></a></li> <li> <a href="#">V3+ Framework Study design FAQ</a></li> <li> <a href="#">landscape</a></li> </ul>	<p>Establish a structured framework for aggregating diverse data sources (including RCTs, RWE, and digital biomarkers, as applicable).</p> <ul style="list-style-type: none"> <li> <a href="#">Running effective analytical validation studies</a></li> <li> <a href="#">The Playbook, Digital Clinical Measures, section on <u>clinical research</u></a></li> <li> <a href="#">CTTI: <u>Strategies for optimizing data quality</u></a></li> </ul>	<p>Align evidence generation with regulatory and reimbursement expectations early and implement necessary steps to ensure evidence generated meets their targeted requirements.</p> <ul style="list-style-type: none"> <li> <a href="#">U.S. Payor and Provider Landscape Map</a></li> <li> <a href="#">Engagement toolkit to communicate with US regulators</a></li> </ul>	<p>Difference between available evidence and required evidence.</p> <ul style="list-style-type: none"> <li> Comparative effectiveness key consideration</li> <li> Monitor and mitigate risk</li> <li> <a href="#">Risk assessment model: DHT lifecycle</a></li> </ul>



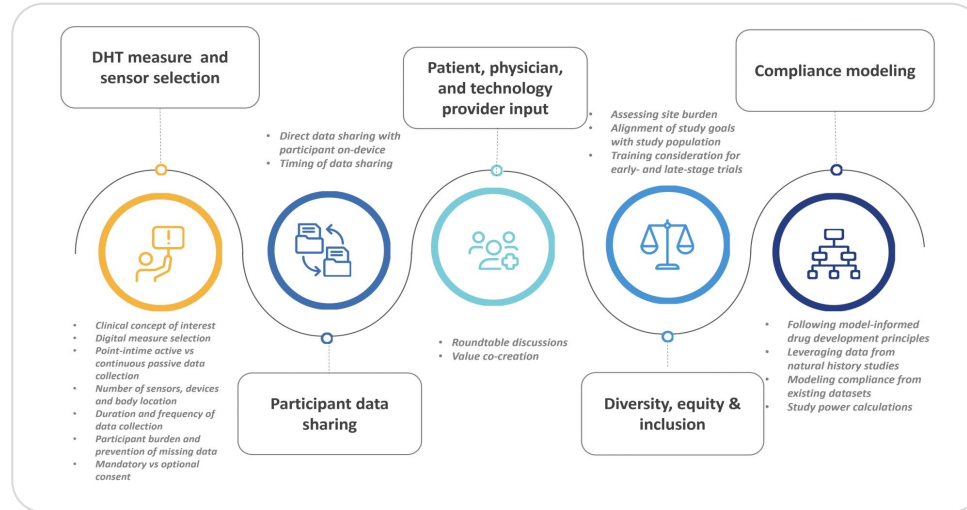


## Implement the evidence plan and strategy

### Resource

Follow these key considerations when implementing your evidence plan to ensure effective execution.

# Key considerations for implementing a sensor-based DHT in clinical trials



Source: Izmailova, E. S. et al (2024). Implementing sensor-based digital health technologies in clinical trials: Key considerations from the eCOA Consortium. Clinical and translational science, 17(11), e70054.

[Download the implementation approach](#)





## Generate robust evidence, monitor risks, and optimize outcomes

### Objective

Ensure the continuous generation of high-quality evidence.

Just like technology, evidence plans must evolve, adapt, and stay current to meet shifting regulatory demands, payor expectations, and patient needs.

### Generate robust evidence

Establish high-quality data to demonstrate clinical and HEOR impact.

### Monitor risks proactively

Identify potential regulatory, operational, and market risks and develop mitigation strategies.

### Optimize outcomes continuously

Adapt based on evolving stakeholder needs, technological advancements, and policy changes.



## Generate robust evidence, monitor risks, and optimize outcomes

### Insight

Ensure the continuous generation of high-quality evidence.

### Generate robust evidence

### Monitor risks proactively

### Optimize outcomes continuously

Demonstrate [clinical and health economic and outcomes impact](#) by aligning evidence generation timelines with product development and market-entry goals.

#### Considerations

- Define short-term (6-12 months) and long-term (24+ months) goals.
- Set clear evidence checkpoints (e.g., pilot studies, pivotal trials).
- Integrate budget and resource allocation with timelines.

#### Milestone categories

- Completion of feasibility studies.
- Key regulatory submissions (510(k), De Novo, etc.).
- Payor and HTA submission deadlines.
- Market launch and post-market surveillance initiation.

#### Best practices

- ✓ Incorporate buffer time for regulatory feedback.
- ✓ Align milestones with critical investment decisions.
- ✓ Regularly review and adjust timelines based on emerging data.



# Generate robust evidence, monitor risks, and optimize outcomes

## Insight

Generate high-quality evidence to support regulatory submission and reimbursement dossiers.

**Generate robust evidence**

**Monitor risks proactively**

**Optimize outcomes continuously**

Identify, assess, and mitigate potential threats to evidence credibility, regulatory compliance, and market adoption.

### Considerations

- Identify key risks related to patient recruitment, data integrity, regulatory changes, and technological reliability.
- Implement a risk-based monitoring approach to detect potential issues early.
- Ensure compliance with evolving [data privacy and security regulations](#).

### Risk categories

- **Regulatory & Compliance Risks:** Changes in authorization requirements, evolving payor expectations.
- **Operational Risks:** Delays in trial execution, interoperability issues with digital health tools.
- **Data Integrity Risks:** Incomplete datasets, biases in real-world evidence, inconsistent data capture.
- **Market & Adoption Risks:** Payor hesitancy due to insufficient cost-effectiveness data, lack of provider buy-in.

### Best practices

- ✓ Establish **real-time risk dashboards** for early detection and intervention.
- ✓ Conduct **frequent cross-functional risk assessments** involving regulatory, clinical, and commercial teams.
- ✓ Develop **contingency plans** to address potential trial delays, data gaps, and regulatory shifts.



## Generate robust evidence, monitor risks, and optimize outcomes

### Insight

Continuously refine evidence strategies to maximize impact and accelerate market readiness.

**Generate robust evidence**

**Monitor risks proactively**

**Optimize outcomes continuously**

Leverage adaptive strategies to refine evidence plans, enhance market readiness, and maximize patient and stakeholder impact.

#### Considerations

- Define **clear success metrics** for anticipated future outcomes.
- Continuously refine evidence based on **new market insights, stakeholder feedback, and real-world data**.
- Adapt trial designs and study endpoints to ensure relevance across diverse healthcare settings.

#### Outcome optimization strategies

- **Dynamic evidence updates:** Regularly update analyses based on real-world performance data.
- **Stakeholder-driven refinements:** Align with evolving payor, provider, and regulatory expectations.
- **Market access adaptability:** Optimize evidence communication to facilitate market access across target market.

#### Best practices

- ✓ Implement **rolling evidence reviews** to ensure timely adjustments in study design.
- ✓ Foster **collaborative partnerships** with payors and providers to generate real-world validation.
- ✓ **Collect data and success stories** to continuously assess the impact.

# Your work in Stage B should allow you to answer the following questions:

## Regulatory strategy

- Did you engage with the FDA for pre-submission meetings to validate study designs?
- Have you built evidentiary packets for regulatory submissions?

## Reimbursement pathways

- Are you prioritizing the development of a reimbursement dossier that includes economic models and outcomes data?
- Have you initiated discussions with payors to explore provisional coverage pathways?

## Business priorities

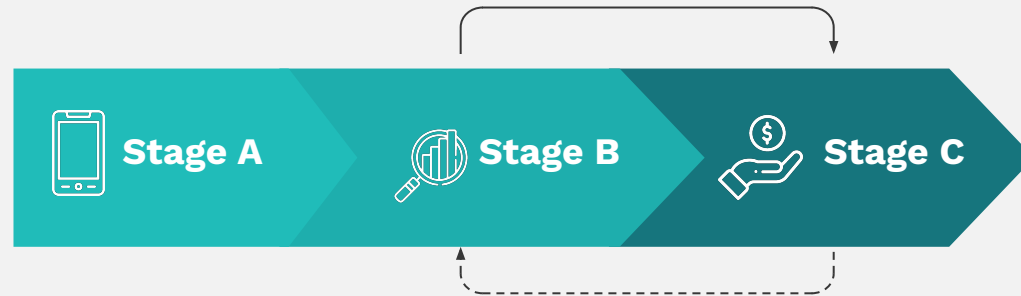
- Are you assessing and validating business model fit through stakeholder feedback and early partnerships?
- Have you evaluated technology scalability and planned for its integration into clinical workflows?

We encourage you to leverage the tools provided in this section at your own pace. Think of this process as an evolving journey rather than a one-time task.

# Ready for Stage C? Double-check your work

As a reminder, before you move to **Stage C (Commercial strategy & market access)**, your team should have answered all the questions for Stage B: Evidence Strategy & Planning.

**If your results are not confirming your strategy or you need additional confirmatory evidence, you may need to go back to Stage B to refine/expand your evidence and regulatory strategy.**



To move to Stage C, you should have already determined your evidence strategy, developed robust evidence, created a reimbursement dossier with economic and outcomes data, and validated commercial claims fit through stakeholder engagement.