

# Frequently Asked Questions – FAQ

Question	Answer
When was it started	2017
Who is behind	Kaare Nørgaard and partners
How many have tried it	60 that we know of from Denmark and Norway. They have been selected as taking at least 10 medications regularly Plus other users in an unknown quantity.
How many errors are found	6 of 8 identify an error Half of these errors are serious (potentially life threatening)
Over reporting Flagging an issue that turns out to not being an error	Yes. The following type of issues may not be serious, but sometimes point to an important issue <ul style="list-style-type: none"> <li>• Several substances of the same type: May be intentional (e.g. more blood pressure lowering drugs), but is sometimes unintentional like several diuretics</li> <li>• Interactions with “Certain precautions”: Most often the dosage of one drug must take the existence of the other drug into consideration</li> </ul>
Under reporting Missing a vital error	No. The fact is that the present situation kills many people. But we cannot take over the responsibility, just because we do something about it. We strive to make sure to catch all serious errors that are known in the press and test that the system would have flagged the error. So we believe all serious errors are caught, provided the underlying data is reported (other medication, conditions, measurements). But there is no guarantee given. Furthermore we do not assume responsibility for errors that are not due to the medication like wrong procedures or fragile health.
Is it the “official truth”	Yes. The databases loaded are the official ones from each country’s medicine authority (e.g. FDA in the USA). The connection in data to the active substances as defined by RxNorm and SNOMED CT is based on names given in these databases and lookups on the Internet. The classifications and interactions are currently from the official Danish databases.

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Am I anonymous	<p>Yes.</p> <p>We record the following personal information:</p> <ul style="list-style-type: none"> <li>• The e-mail address you supply. Make one for this purpose only, and you are completely unknown. If you supply your usual e-mail address, it can be traced who you are (but we never try)</li> <li>• Your gender and height and current weight.</li> <li>• Your age. We calculate an approximate date of birth which is likely to be off by up to a year, and we urge you not to correct it, because it is precise enough</li> <li>• We do not record which country you live in, the language you have selected, or whether you are a real person or just a test of the system</li> </ul> <p>No e-mail or alias comes in the reports printed from the system, so they never constitute a breach of personal data if lying around.</p>
How much do I pay	Nothing.
Are there any ads or selling of data	No.
Can I use it on behalf of others	Yes.
Can I use it on multiple others e.g. a range of people from my family	<p>Yes.</p> <p>Just click "New person", and you get a separate mail for each case.</p> <p>You can use the same mail. We then urge you to use different aliases for each person, so you can see in your browser, who you are currently checking.</p>
What other systems exist	<p>None.</p> <p>There are no other systems that take your medication list and provides a report of issues in your specific case.</p> <p>Doctors have to rely on their own judgment backed by clinical information systems that are general.</p>
Can it be used by doctors or hospitals	<p>Yes.</p> <ul style="list-style-type: none"> <li>• You can forward the mail you get from the system.</li> <li>• Professionals can acquire a commercial version that integrates with their systems and allows them to take the initiative and subsequently send the link to you.</li> <li>• The data is the same as the free version. It is the integration that we charge for.</li> </ul>
Which countries are covered	<ul style="list-style-type: none"> <li>• USA</li> <li>• Canada</li> <li>• France</li> <li>• Spain</li> <li>• Italy</li> <li>• Denmark</li> <li>• Norway</li> <li>• Sweden</li> </ul> <p>The following are under way and may be included when you read this:</p> <ul style="list-style-type: none"> <li>• Brazil</li> <li>• Switzerland</li> <li>• Austria</li> <li>• Finland</li> <li>• Iceland</li> <li>• Israel</li> </ul>

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Which countries have unique codes on their medication	<ul style="list-style-type: none"> <li>• USA</li> <li>• Spain</li> <li>• Denmark</li> <li>• Norway</li> <li>• Sweden (*)</li> </ul> <p>If you pick any of these countries, you are offered the opportunity to just supply the medication codes as printed on the package (NDC in the USA) in stead of selecting the medication from a (long) list.</p> <p>(*) In the current implementation, if you pick Sweden, you cannot enter just the code (VNr) like in Denmark and Norway, since the code was not part of the database, and we could not get it so far.</p>
Which languages have been implemented	<ul style="list-style-type: none"> <li>• English</li> <li>• Spanish</li> <li>• French</li> <li>• Danish</li> </ul> <p>The following may be switched on when you read this:</p> <ul style="list-style-type: none"> <li>• Italian</li> <li>• Norwegian</li> <li>• Swedish</li> <li>• Portuguese</li> <li>• German (in 3 versions: DE (German), CH (Swiss), AT (Austrian))</li> <li>• French in the CH version (Swiss)</li> </ul>
How different are countries	<p>Same active ingredients – but in different products, in different names and doses.</p> <p>Same gene effects (same humans)</p> <p>Some have different rules and interaction databases, but they will converge globally.</p>
Can I change country	<p>Yes.</p> <p>Provided it is a country that we have implemented. You do the following:</p> <ol style="list-style-type: none"> <li>1. Pick the first country</li> <li>2. Pick the medication</li> <li>3. Analyze your medication</li> <li>4. Resume from the mail, when you are in the next country</li> <li>5. Discontinue any medication that has stopped (by checking that is has ended and supplying an end date)</li> <li>6. Go back and change country to where you are now</li> <li>7. Pick the medication you have there</li> <li>8. Analyse your medication</li> </ol> <p>The analysis then takes all medication into account, no matter where you have purchased it.</p>
How many active substances are there	<p>Approximately 2,500.</p> <p>1,000 of them are frequent and all countries have them.</p>
What is added to national databases	<ul style="list-style-type: none"> <li>• Active substances as named in the databases are substituted with the well defined global ones</li> <li>• The data on amounts (active substance in each serving of the product or pill) is strengthened</li> <li>• Relative weights of active substance in each risk category (partly available from Swiss data)</li> <li>• Danish data on drug thresholds, interactions etc. is applied to all. We will in the future merge other master data in than the Danish data</li> <li>• Logic that inteprets the package inserts, which we have from Denmark (which is harmonized with the European Union and Norway)</li> </ul>
Who has validated it	<p>No-one.</p> <p>We lack a clinical validation. However the major part is by far IT technical and not clinical.</p>

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What if I have misplaced the mail	You can press the orange "Resume current" (if you are on the same device). But you must give the right password. Or start over by pressing the blue "New person".
Can I start from scratch	Yes. Press the blue "New person".
What if the report says I have an error or an issue	Go to the doctor. Show the report "Shortened summary" to the doctor. It should contain enough information to fix the issue – or to leave it as OK.
What if the doctor has not heard of the system	Tell him/her. All taxi drivers have a GPS, although they know how to find their way. This way doctors can issue a guarantee against errors.
What if the doctor says I shouldn't trust an automated system	Choose a different doctor. The doctor won't accept the help from quality assurance systems (like almost any other professions do) – and the doctor causes the well documented errors, when (s)he is busy.
What if I later stop a medication	Resume the solution and the step with that particular medication, and indicate it has ended. The solution will ask for an end date (because it may still be in the body some time after the end date). Follow the flow – and get a new analysis with reports associated.
What if I later add medication	Resume the solution and the step with medication, where you indicated the last medication. Indicate that there is one more. Follow the flow – and get a new analysis with reports associated.
What if something else than the medication later changes	Resume the solution and the step with the changed answer. Change the answer. Follow the flow – and get a new analysis with reports associated.
Is it approved by HIPAA	No
Is it approved by CE	No
Will it become HIPAA / CE compliant	Yes. This is in our plans. However we don't want the benefits of a global convergence of rules to be slow down by a potential slow approval process, so there may be a situation in the future, where only parts of the algorithms are approved officially. We may manage this situation by giving free access to the master data, but we don't know how this will be handled.
How often is the system and its data updated	At irregular intervals. When we get adoption and have a stable revenue, we will update the data immediately when there is a change. The system is prepared for this. <ul style="list-style-type: none"> <li>• There may be newly introduced medication products that are not in our system; then you must choose another product with the same active substance to get the analysis to include it.</li> <li>• It is rare that new active substances are introduced. It is much more common that new products based on existing active substances are introduced.</li> </ul>
What is the idea behind	The world has the same medicine. And we are the same humans. <ul style="list-style-type: none"> <li>• All the world's medication is based on the same few active substances, despite it being sold in different doses and under different names.</li> <li>• We are all the same humans, only different by our genes, but not by where we live.</li> </ul>

Question	Answer
	<p>We suffer the same diseases, and react similarly to the active ingredients.</p> <ul style="list-style-type: none"> <li>• Therefore a global convergence of the medication area is ready to happen, and we drive it.</li> </ul>
<p>What is the vision</p>	<p>“Google Maps for Health”</p> <p>People must have a free and error free and optimal guidance through any medical condition. Finding medication errors is just step 1.</p> <p>We have made an interactive and intelligent guide through the treatment for breast cancer as an example of step 2.</p>