European Actions on Cross-Border Interoperability



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Background





Health care is more a national theme than a European theme

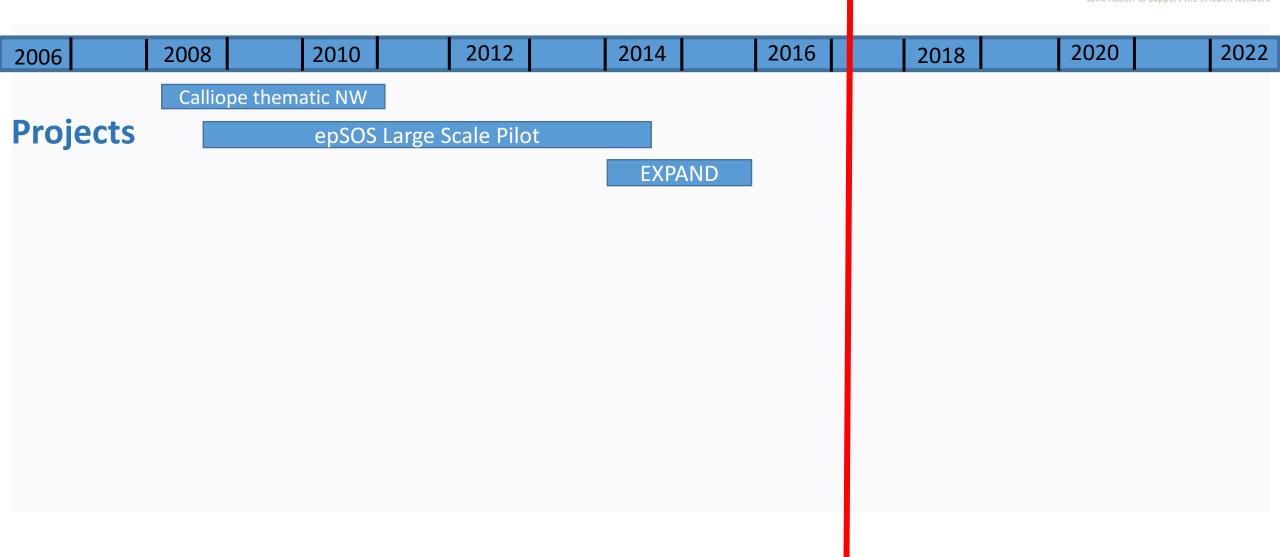
 However: citizens' mobility, and specifically safe mobility is a European theme

• That is why in the EU, and between the member states, Cross-border exchange of clinical information for the mobile patient is a European theme.

Timeline - projects







epSOS: European Patients – smart open services



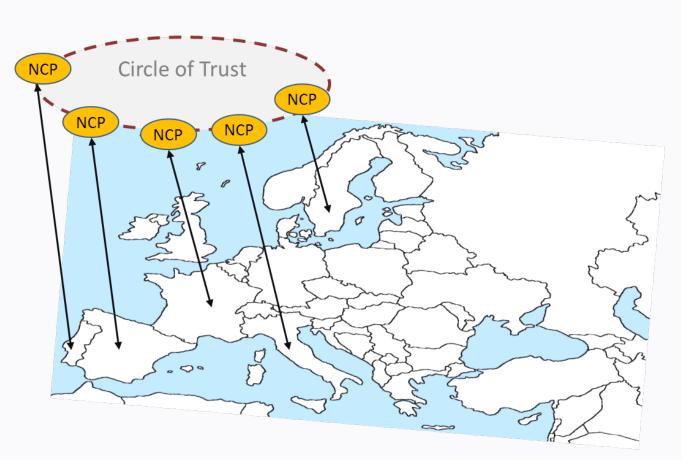
- Phase I, 12 countries, 2008-2011
- Phase II, 23+ countries, 2011-2014
- Basics for the architecture valid till today
- Piloting was very limited: not many real patients
- Two use cases:
 - Patient Summary
 - ePrescription (and eDispense)
- ID, consent, logging, "circle of trust" concept in agreement

Circle of Trust:





- NO EU professional register nor ID
- NO EU patients' ID
- NO EU central data handler
- → Peer-to-peer communication
- → "circle of trust"



Use Cases



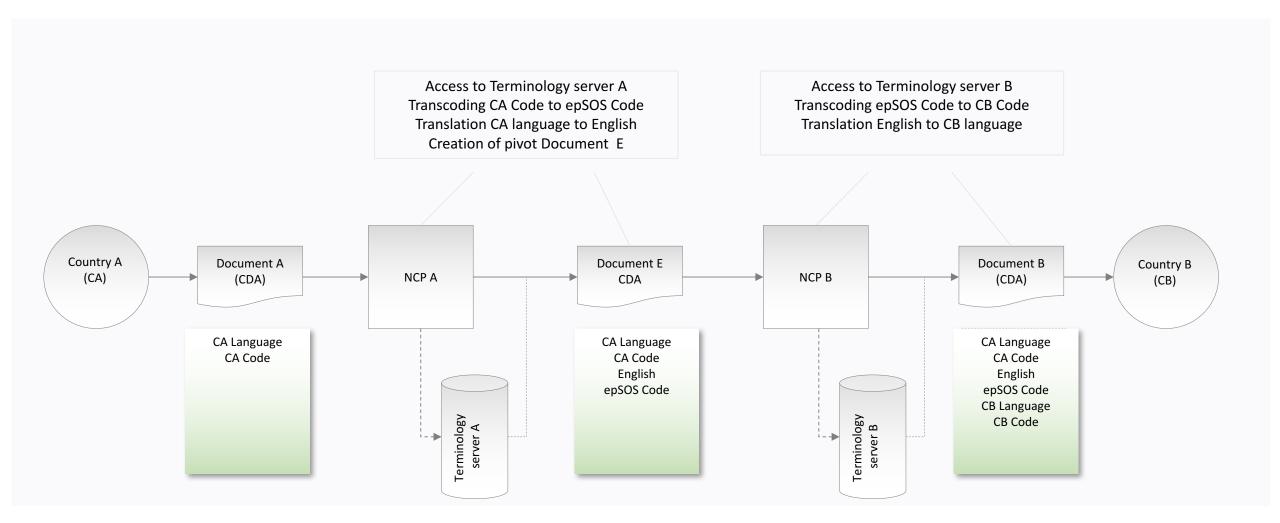


- Unplanned care
- Patient seeks care outside his/her country of affiliation ("Country A"), in a country of treatment ("Country B"). Two use cases supported:
- Patient Summary
- ePrescription (must be followed by an eDispense message when dispense occurs)
- In general, transcoding and translation should occur → Semantic interoperability is crucial

Semantic process



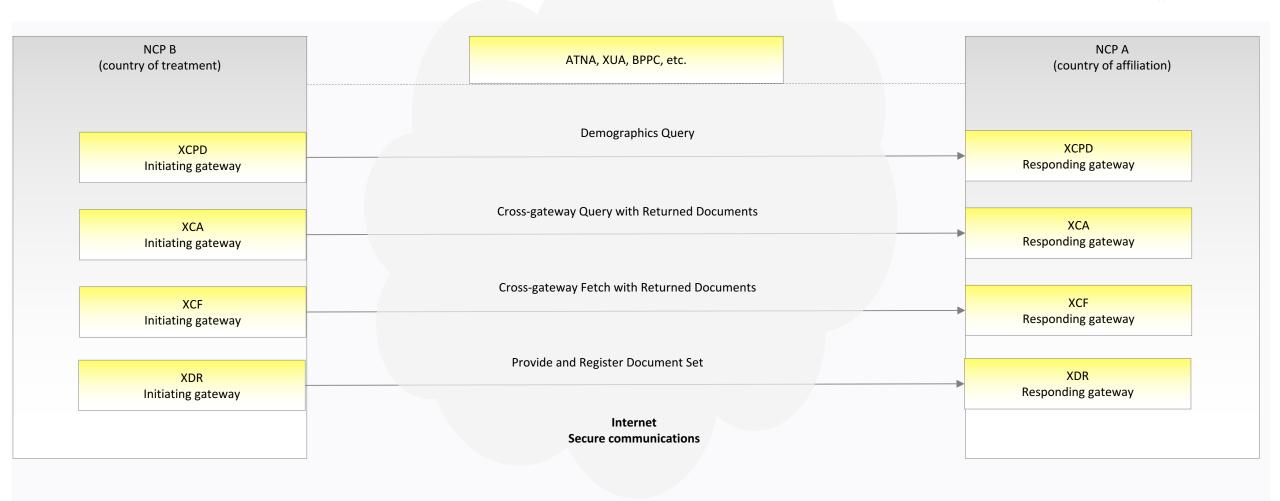




More technical process



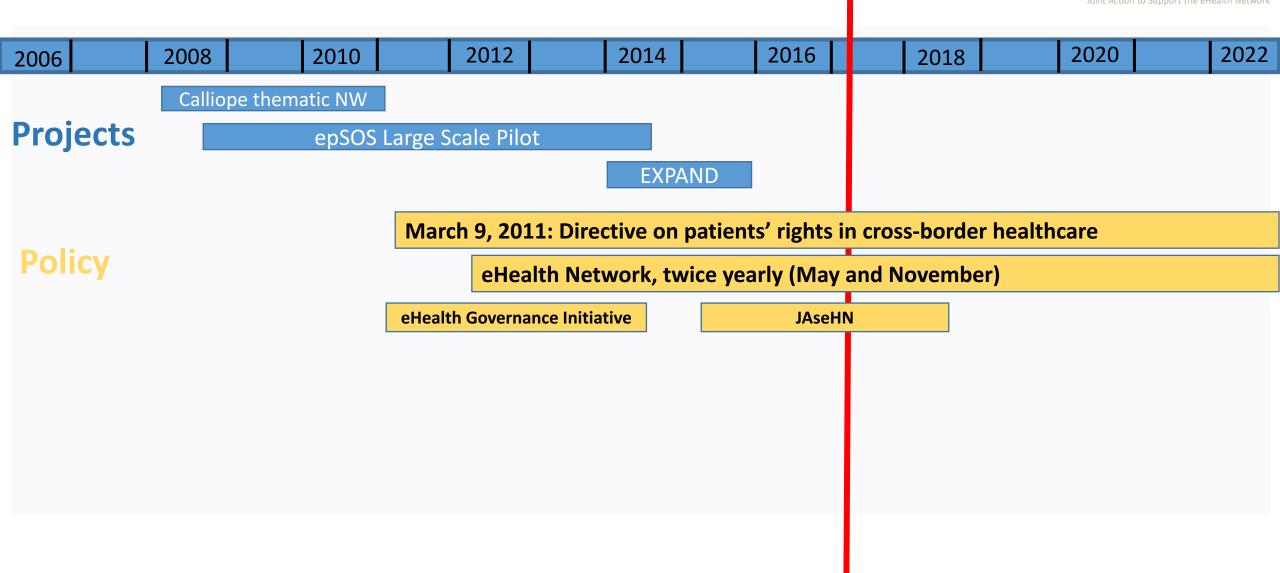




Timeline - policy







2011: Directive on patients' rights in cross border healthcare



4.4.2011

EN

Official Journal of the European Union

L 88/45

DIRECTIVES

DIRECTIVE 2011/24/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 9 March 2011

on the application of patients' rights in cross-border healthcare

THE EUROPEAN PARLIAMENT AND THE COUNCIL OF THE EUROPEAN UNION,

Article 114(3) TFEU explicitly requires that, in achieving harmonisation, a high level of protection of human health is to be guaranteed taking account in particular of any new development based on scientific facts.

Having regard to the Treaty on the Functioning of the European Union, and in particular Articles 114 and 168 thereof,

(3) The health systems in the Union are a central component

Article 14: eHealth Network

- Based upon article 14
- Meeting of the policy responsible people (mostly MoH)
- Two times / year, as of May, 2012
- Co-chaired by DG Santé and a member state (currently Austria)
- Supported by projects with members from MoH and National Competence Centers (NCCs):
 - eHealth Governance Initiative (eHGI)
 - Joint Action for support of the eHealth Network (JAseHN)

Article 14

eHealth

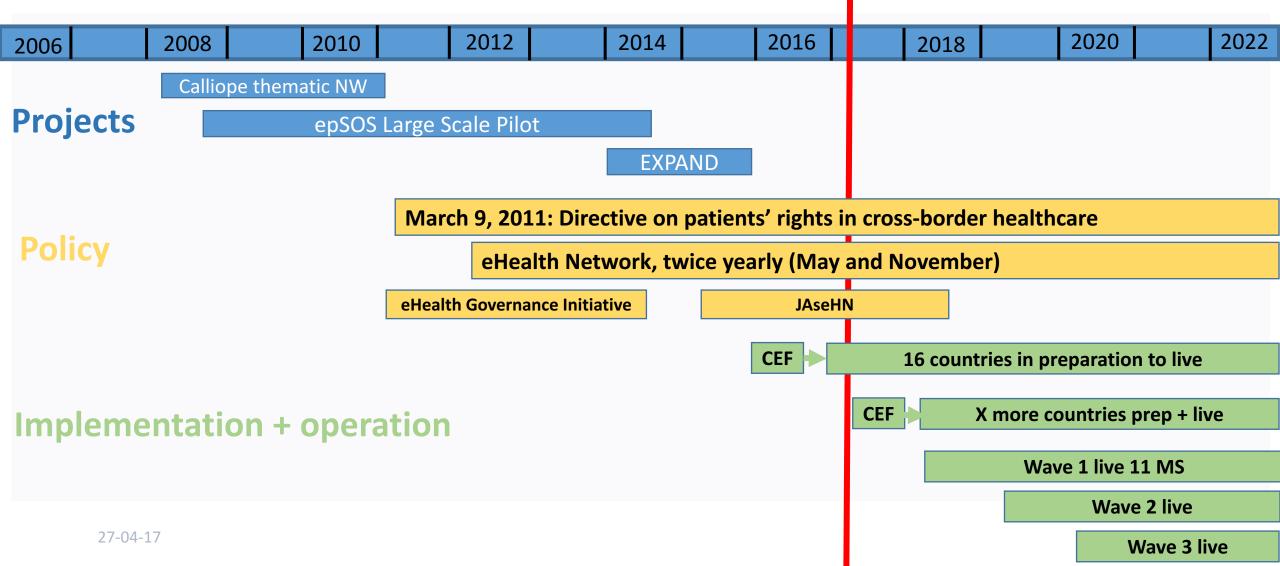
- The Union shall support and facilitate cooperation and the exchange of information among Member States working within a voluntary network connecting national authorities responsible for eHealth designated by the Member States.
- 2. The objectives of the eHealth network shall be to:
- (a) work towards delivering sustainable economic and social benefits of European eHealth systems and services and interoperable applications, with a view to achieving a high level of trust and security, enhancing continuity of care and ensuring access to safe and high-quality healthcare;
- (b) draw up guidelines on:
 - a non-exhaustive list of data that are to be included in patients' summaries and that can be shared between health professionals to enable continuity of care and patient safety across borders; and
 - (ii) effective methods for enabling the use of medical information for public health and research;
- (c) support Member States in developing common identification and authentication measures to facilitate transferability of data in cross-border healthcare.

The objectives referred to in points (b) and (c) shall be pursued in due observance of the principles of data protection as set out, in particular, in Directives 95/46/EC and 2002/58/EC.

 The Commission shall, in accordance with the regulatory procedure referred to in Article 16(2), adopt the necessary measures for the establishment, management and transparent functioning of this network.

Timeline implementation and operation





Implementation and operation





- Financing from Connecting Europe Facility (CEF): EU wide program for connectivity in may sectors, here for eHealth
- Last step before routine financing and routine operation
- NOT pilot any more, but first implementation
- Roles:
 - eHN for governance, JAseHN for producing guidelines etc etc
 - DG Santé for the supply of Central Services (eHDSI, translation, identification, logging, etc etc)
 - Member States for the supply of Generic Services, i.e. National Contact Point for eHealth, connector between other member state(s) and national environment

CEF call 1

- Open from Nov 2015 to March 2016
- 16 countries positively judged
- Working forward to implementation in three waves:
- 1: Feb 2018, decision eHN Nov 2017
- 2: Feb 2019, decision eHN Nov 2018
- 3: Feb 2020, decision eHN Non 2019

 CEF call 2 open shortly, closing Sep 2017

	2018 -Q1 - Wave 1		2019 -Q1 - Wave 2		2020 -Q1 - Wave 3	
		Patient	Summary			
	PS A	PS B	PS A	PS B	PS A	PS B
Austria					X	X
Ireland					X	
Hungary			X	X		
France			X	X		
Greece				X	X	
Germany		X			X	
Croatia		X	Х			
Cyprus	X	X				
Czech Republic	X	X				
Estonia	X	X				
Italy	X	X				
Malta	X	X				
Portugal	X	Х				
Luxembourg		X	Х			
Switzerland	X			X		
		ePres	cription			
	eP A	eP B	eP A	eP B	eP A	eP B
Croatia	X	X				
Finland	Х			X		
Sweden	Х			X		
Greece			X	X		
Italy			X	X		
Portugal			X	X		
Cyprus			X	X		
Estonia			X	X		
Hungary			X	X		
Ireland					X	
Switzerland					X	
Austria					X	X

Future (?)







- Planned care: radiology, laboratory results, etc
- More on medication safety: allergies, renal function, etc
- Role of the patient: when patients have access to their data, the eHDSI might help them to show their data in the Country of Treatment (translation)

- In all cases: the semantic plurality of Europe is a major obstacle for good and safe X-border exchange of clinical data
- →Work on more convergence in this, within the countries, within the systems!







