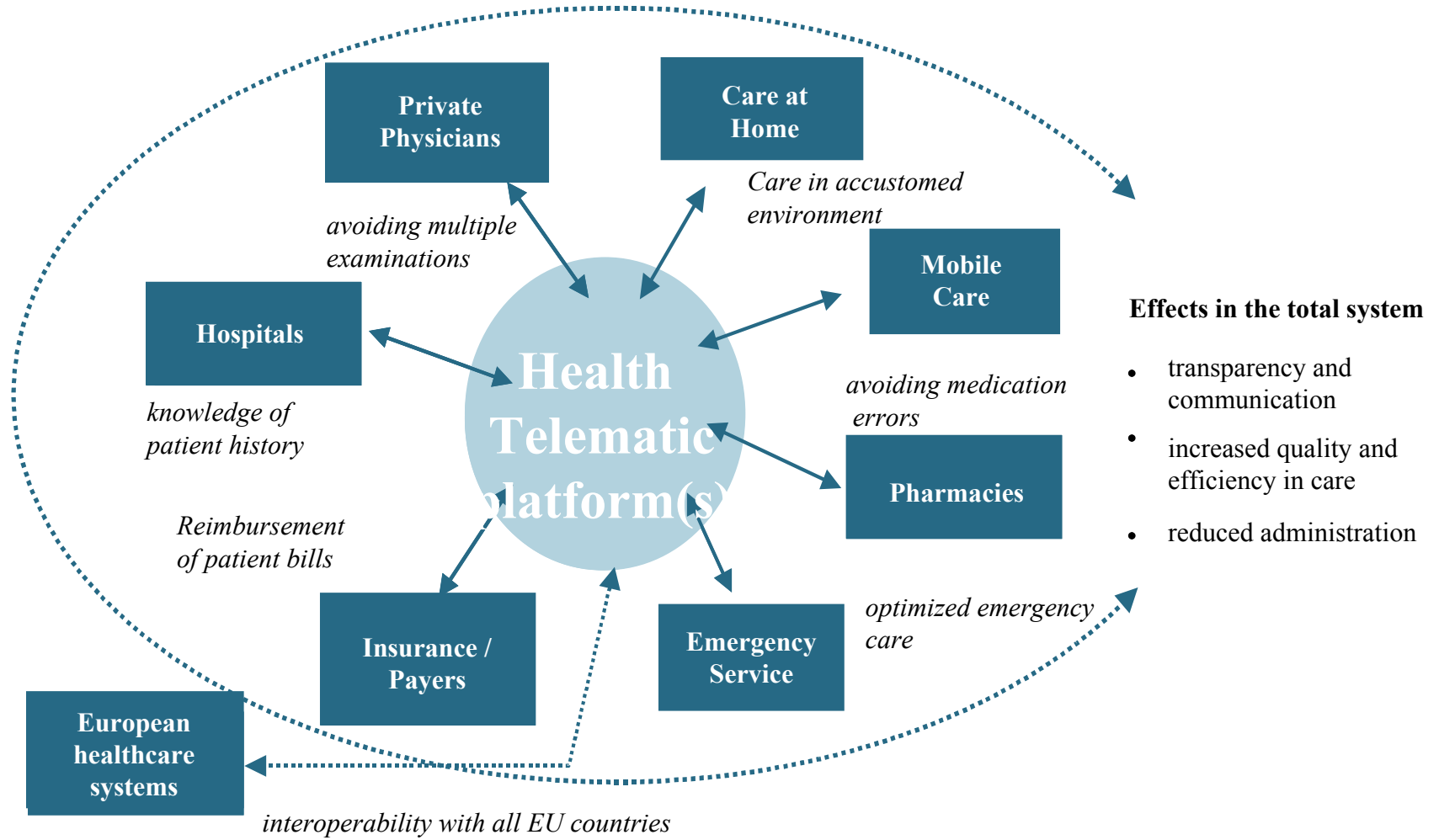


Nächste Schritte

zur Förderung globaler Interoperabilität
von eHealth Anwendungen auf der
Grundlage des Berichts der CEN/ISSS
eHealth Standardization Focus Group

Dr Stephan H Schug, MD MPH
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Stephan.Schug@ehtel.org

Interoperabilität ist zentrale Voraussetzung für ein vernetztes Gesundheitswesen



EHTEL-Stellungnahme zum CEN/ISSS eHSFG Report (1)

Key Strategic Aims

- ✓ improving access to clinical records;
- ✓ enabling patient mobility and cross-border access to health care;
- ✓ reducing clinical errors and improving safety;
- ✓ improving access to quality information on health for patients and healthcare professionals;
- ✓ improving efficiency of healthcare processes.

▶ **The Main Recommendation** *"The Commission should formally establish an independent high-level European body for e-Health Interoperability. [...] The group should have the necessary means and legal status to meet its remit.* is overall supported, but EHTEL would stress some caveats and alternative methodological approaches:

EHTEL-Stellungnahme zum CEN/ISSS eHSFG Report (2)

While the final EHTEL statement towards the public commenting phase has to be approved by the EHTEL membership, concerning the main recommendation (new EU body) it may already be highlighted that:

- ▶ **The European Commission should avoid unnecessary duplication of High-Level committee work and project activities.**
- ▶ **A new European legislation to a new European body dealing with health related issues might be in contradiction with the European Treaties, which place health and social care in the full responsibility of the Member States.**
- ▶ **The open method of coordination should be seen as a suitable tool for common activities of Member States on the European level (not so much as a tool for the integration of the health professionals and other stakeholders as mentioned in the report).**
- ▶ **Existing initiatives like the interoperability initiative of the European Governments started in June 2004 should be included (cf. recommendation No 15).**
- ▶ **Existing and upcoming EU projects like the I2-Health project should be part of a "network oriented viewpoint" suitable for the implementation.**

Rahmenbedingungen in Europa:

eEurope 2002 „An Information Society for All“

Infrastruktur im Kapitel “Health Online”

- ▶ **Ensure that primary and secondary healthcare providers have health telematics infrastructure in place including regional networks.**

*Bis Ende 2002 wollen die Mitgliedstaaten
„Sicherstellen, dass für die ambulante und stationäre
Gesundheitsversorgung eine Telematikinfrastruktur
einschließlich regionaler Netze zur Verfügung steht“.*

Rahmenbedingungen in Europa:

eEurope 2005 „An Information Society for All“

- ▶ **Europäische Krankenversicherungskarte**
- ▶ Erarbeitung europaweit harmonisierter Konzepte
 - Patientenidentifikation
 - **Standardisierte Architektur von elektronischen Patientenakten**
- ▶ Austausch von good practice
 - Medizinische Notfalldaten
 - **Sicherer Zugang zu persönlichen Gesundheitsdaten**
- ▶ Flächendeckende Vernetzung aller „Orte der Patientenversorgung“
- ▶ Monitoring der Anwendung von Qualitätskriterien (eE2002) bei gesundheitsbezogenen Websites

e-Health - making healthcare better for European citizens: Aktionsplan "European e-Health Area" [KOM (2004)356]

Challenges and expectations facing Europe's health sectors and the role of e-Health

- ▶ e-Health: systems and services that benefit the health sector
- ▶ Empowering health consumers: patients and healthy citizens
- ▶ Assisting health professionals
- ▶ Supporting health authorities and health managers
- ▶ e-Health: the third largest industry in the European health sector

***Elektronische Gesundheitsdienste - eine bessere Gesundheitsfürsorge für Europas Bürger:
Aktionsplan für einen europäischen Raum der elektronischen Gesundheitsdienste
KOM(2004) 356 endg.; Ratsdok. 9185/04; Bundesrats-Drucksache 525/04 vom 30.06.2004**

COM (2004)356 Issue 1: Addressing common challenges

- ▶ By mid 2005, the Commission should produce a summary of European best practices as guidance for Member States.
- ▶ By end 2005, each Member State is to develop a national or regional roadmap for e-Health. This should focus on
 - deploying e-Health systems,
 - setting targets for interoperability and the use of electronic health records, and
 - address issues such as the reimbursement of e-Health services.

Issue 1:

Addressing common challenges

- ▶ **By end 2006**, Member States, in collaboration with the European Commission, should identify a **common approach to patient identifiers**. This should take account of best practices and developments in areas such as the European Health Insurance Card and identity management for European citizens.
- ▶ **By end 2006**, Member States, in collaboration with the European Commission, should **identify and outline interoperability standards for health data messages and electronic health records**, taking into account best practices and relevant standardisation efforts.
- ▶ **By end 2006**, a collaborative approach should be undertaken among Member States to **supporting and boosting investment in e-Health**.

Issue 2: Pilot actions: accelerating beneficial implementation

- ▶ By end 2005, a **European Union public health portal** will give access to European level public health information. [...]
- ▶ By end 2005, there will be a strengthening of early warning, detection, and surveillance of health threats through enhanced information and communication technologies tools.
- ▶ **Promoting the use of cards in the health care sector. Adoption of implementation of an electronic health insurance card by 2008.**
- ▶ By end 2008, the majority of European health organisations and health regions (communities, counties, districts) should be able to provide online services such as teleconsultation (second medical opinion), e-prescription, e-referral, telemonitoring and telecare.

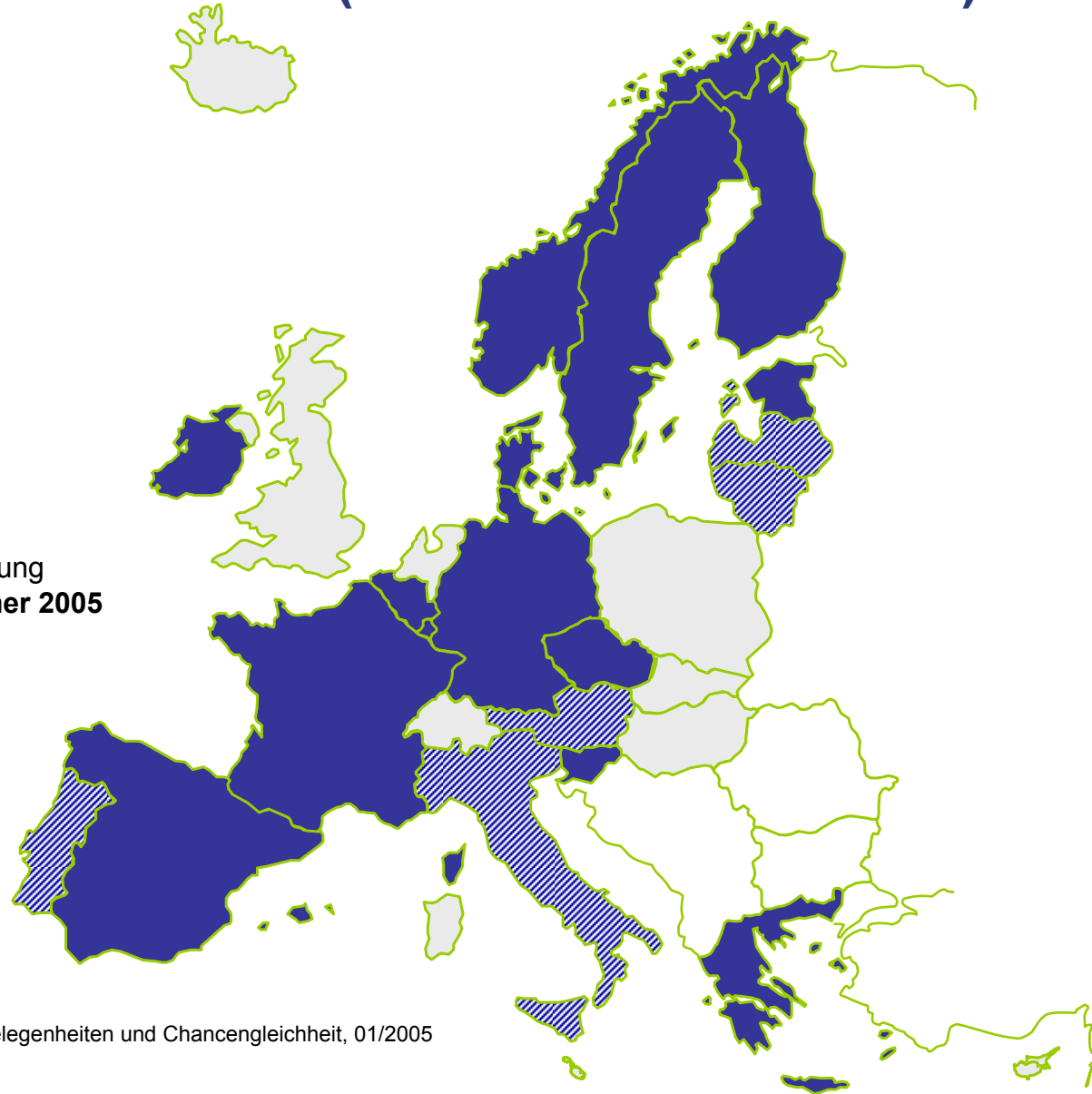
Europäische Krankenversicherungskarte: KOM(2003) 73 [17.02.03]: Stufenplan bis 2008



Stand der Einführung der EU-KVK/HIC (Stand 16. Dezember 2004)



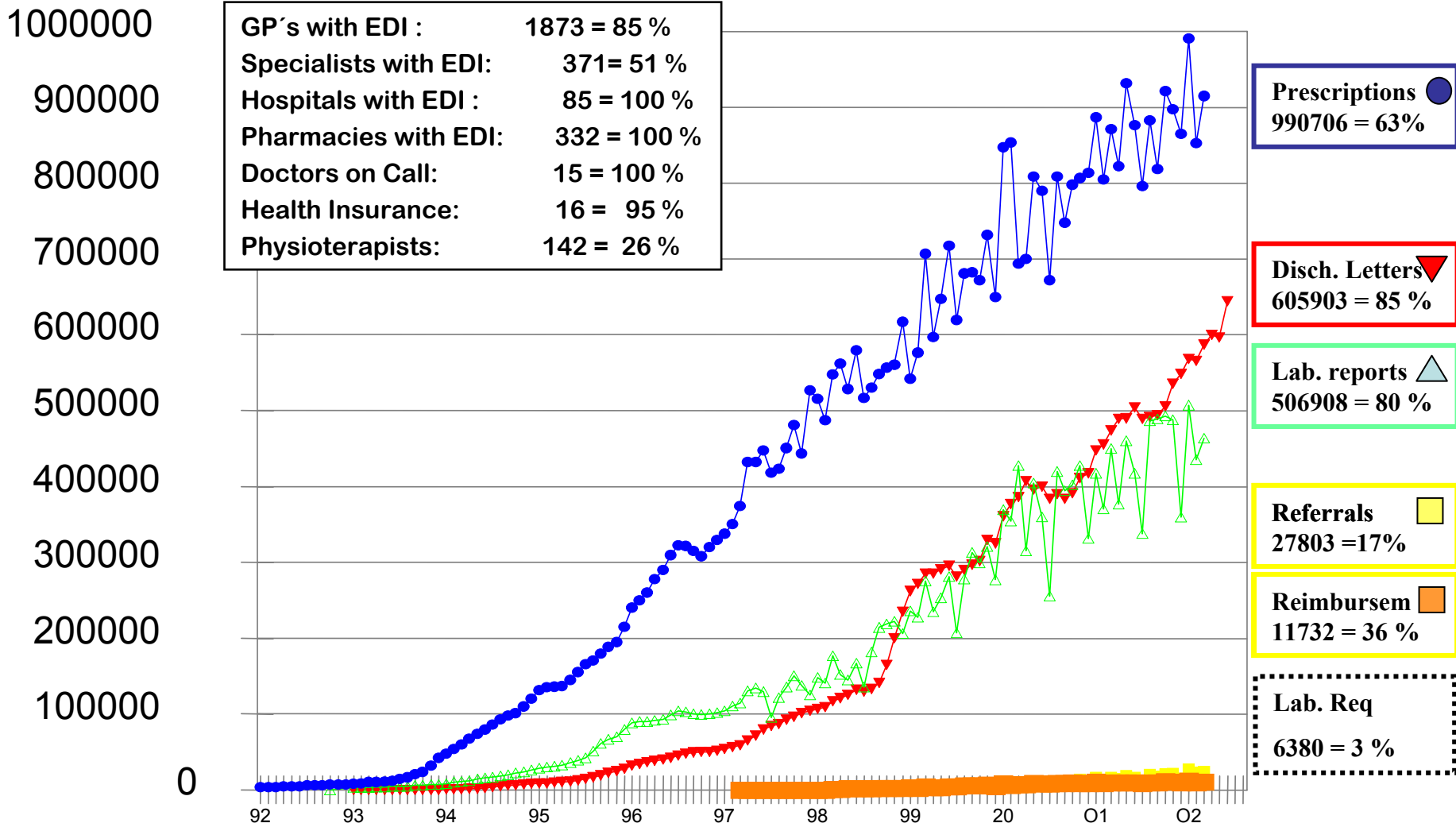
-  Verteilung ab **Sommer 2004**
-  Beginn der Verteilung spätestens **Sommer 2005**
-  Ausgabe ab **Januar 2006**



Nach: GD Beschäftigung, Soziale Angelegenheiten und Chancengleichheit, 01/2005

Dänemark: Vorreiter bei der Übermittlung el. Arztbriefe

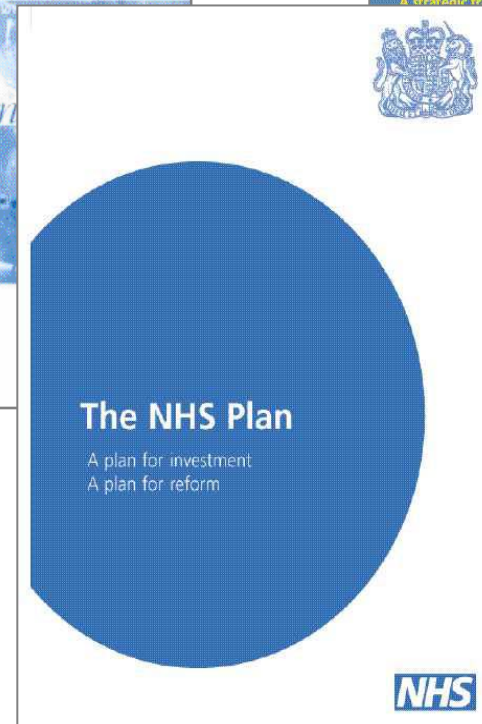
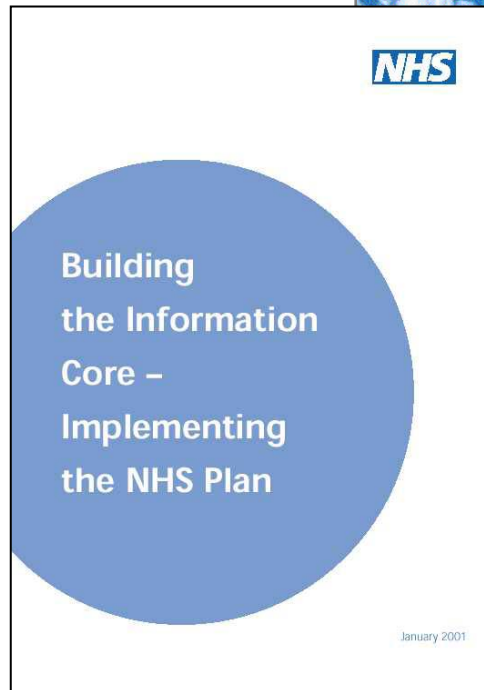
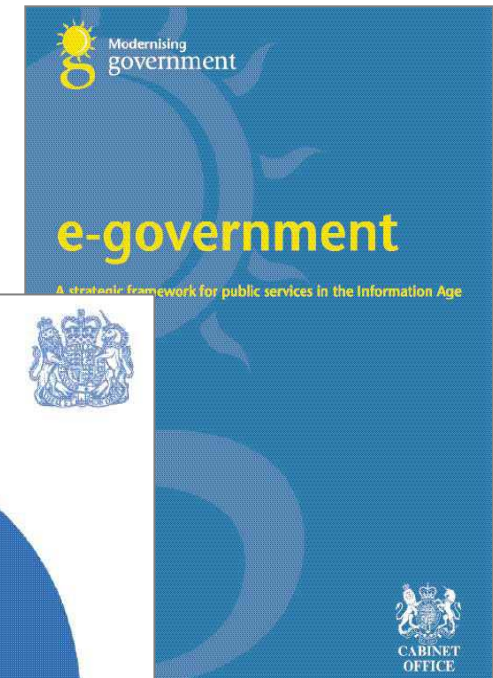
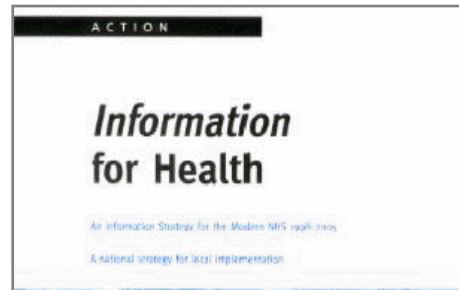
MedCom: ~ 2.5 million EDIFACT-messages/month



Frankreich

- ▶ flächendeckende Einführung von **Versichertenkarten*** und **elektronischen Heilberufsausweisen** (*jedoch zunächst ohne Personenbezug)
- ▶ **sicheres Netzwerk für die Sozialdatenübermittlung**

Großbritannien: Nationale Strategien ..

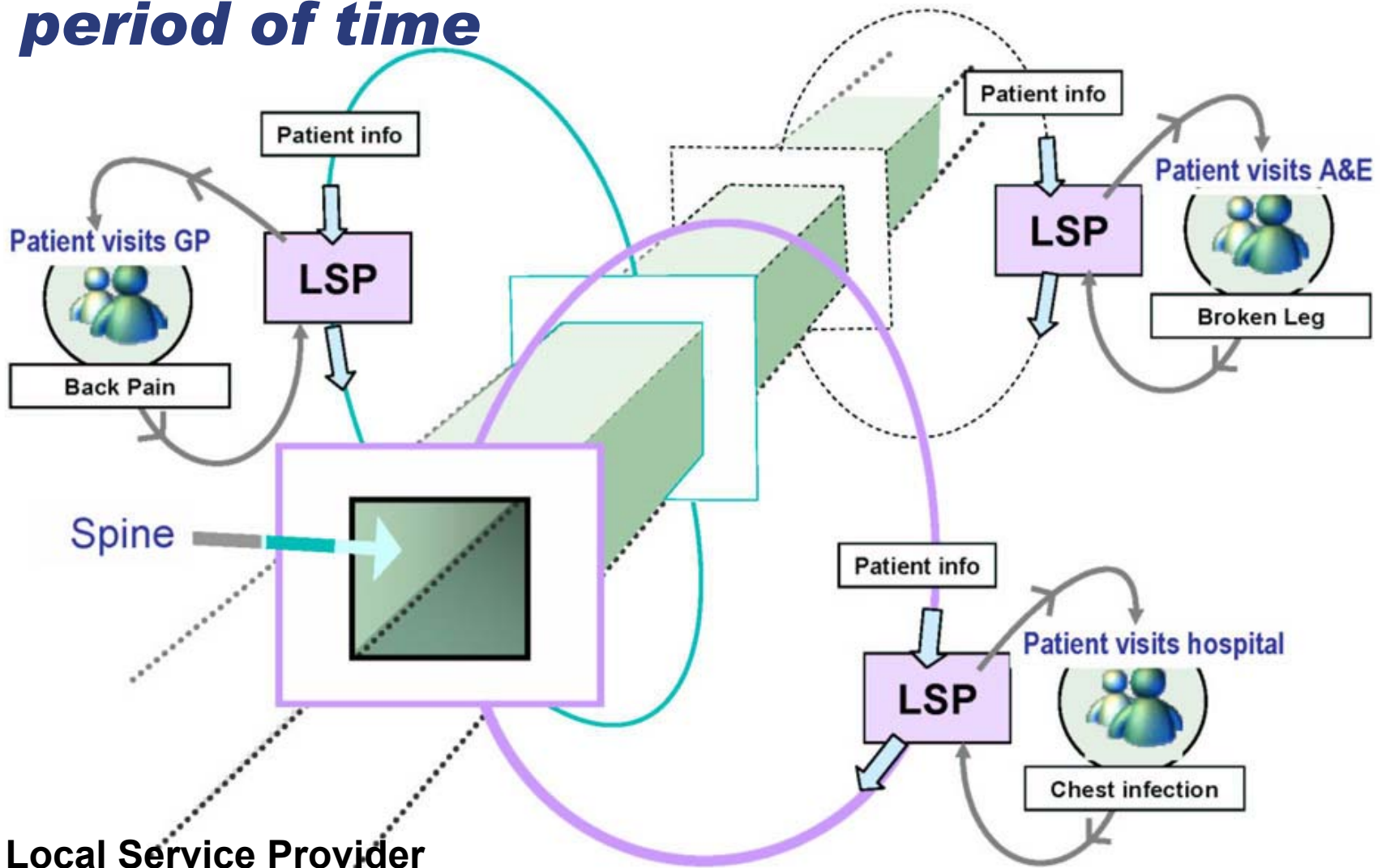


National Programme for Information Technology for the NHS

*4 major IT deliverables ..
to meet requirements of NHS Plan*

- 1. A robust infrastructure to support modernised health and social care, including a national approach to authentication, security and confidentiality**
- 2. Electronic booking of appointments**
- 3. Electronic transfer of prescriptions**
- 4. The NHS Care Records Service (NHS CRS)**

NPfIT: NHS Care Record – over a period of time



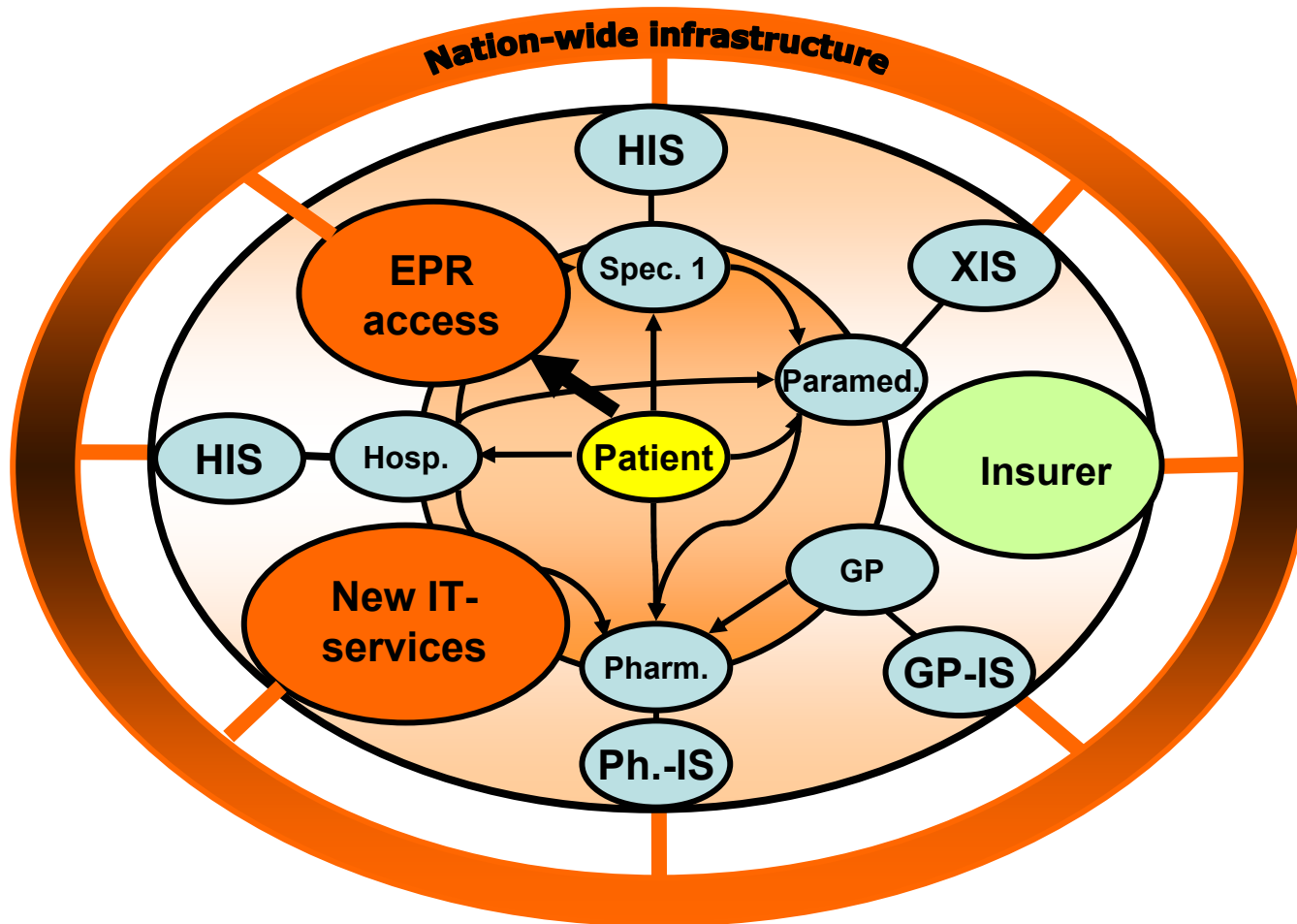
Niederlande: NICTIZ als Nationales Institut

- ▶ **Nation-wide and neutral, founded in 2002**
- ▶ **All parties involved take part**
 - umbrella organizations of care-providers, patients, healthcare insurers, IT-providers
- ▶ **Funding by the government 5yrs (2002/6)
10.000.000 euro/year**
- ▶ **Staff 21 fte + 5-10 fte hired expertise**
- ▶ **NICTIZ does fund Dutch Normalization Institute (NEN) for healthcare IT**

NL/NICTIZ: **Nation-wide medication record**

- ▶ **Focal point for current activities**
- ▶ **Medication = core chapter of EPR**
- ▶ **Significant:**
 - Avoidable errors in medication:
pro. 90.000 cases of hospitalization/annum
 - € 300.000.000 / annum avoidable costs
- ▶ **Tight timeschedule**
 - 2004 regional
 - 2006 nation-wide infrastructure
- ▶ **Mandatory use for all care-providers**
- ▶ **Infrastructure suitable for full spectrum of ehealth**

NL: „AORTA” als “umfassende” Infrastruktur

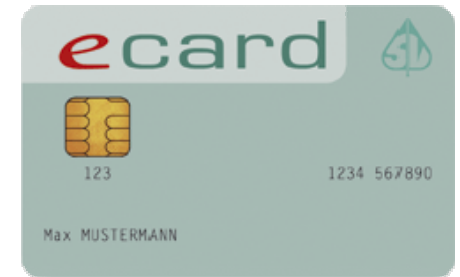
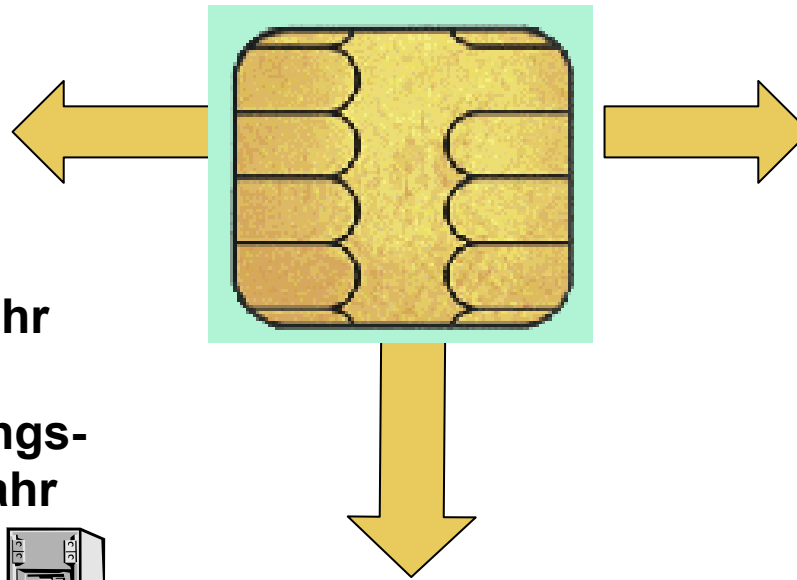


Einführung der e-Card in Österreich

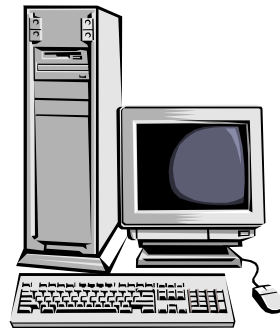
Basisanwendung: Ersatz der Krankenscheine



**Ersatz von ungefähr
42 Millionen
Krankenversicherungs-
nachweisen pro Jahr**



**Ausstattung
von 8 Millionen
Versicherten
mit e-cards**



Integration von ca. 12.000 Vertragspartnern

- Client Software für Ärztliche Praxen
- Chipkartenleser
- Aufbau einer „Praxis-Arbeitsstation“

Nach: Heinz.Otter@chipkarte.at

Interoperabilitätsinitiative der Europäischen Staaten



eHealth Interoperability Workshop

– the Government and Expert View –

Initiated by the German Government
together with the Austrian, Czech, Dutch, French, Norwegian
and Slovak Governments

Co-organized by the European Commission and the EHTEL Association

in co-operation with the eTEN project Netc@rds and
the CEN/ISSS eHealth Standardization Focus Group

Brussels, Centre Borchette

1 June 2004, 10:00 – 16:30

Förderung von Interoperabilität durch die EU bei der Implementierung des Aktionsplans KOM(2004)356

► Conferences

- 2005: DG SANCO and DG INFSO: Joint responsibility

► Best/Good practices

- DG INFSO: Unit C4 *chef de file*
- Supported by MODINIS and eTEN

► Interoperability and Integration

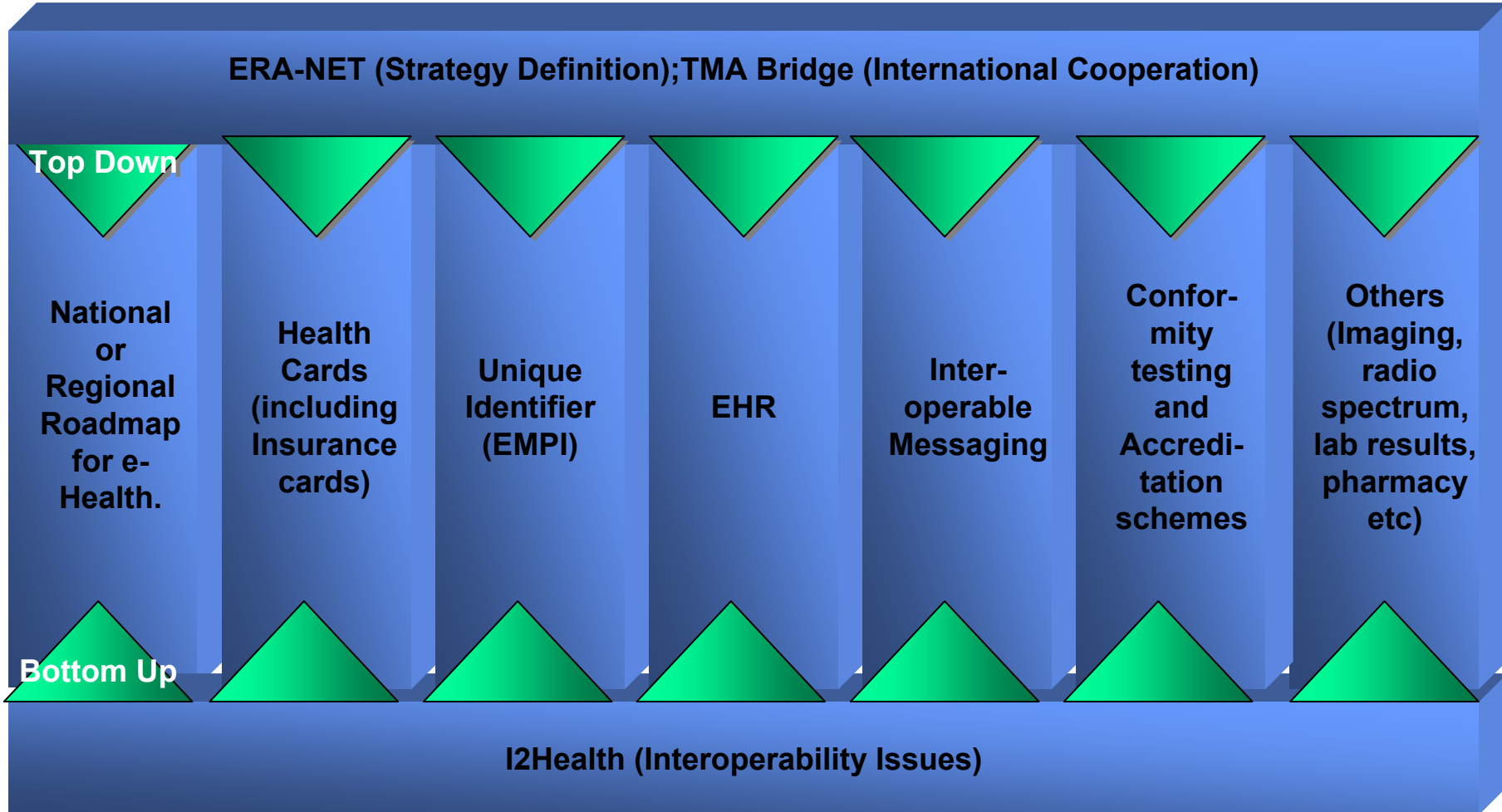
- DG INFSO C4 and eTEN: Joint *chef de files*
- Supported by DG ENTR (units D4, G2, G4 and D2)

► Patient Mobility

- DG SANCO (especially Dir C; support unit C5)



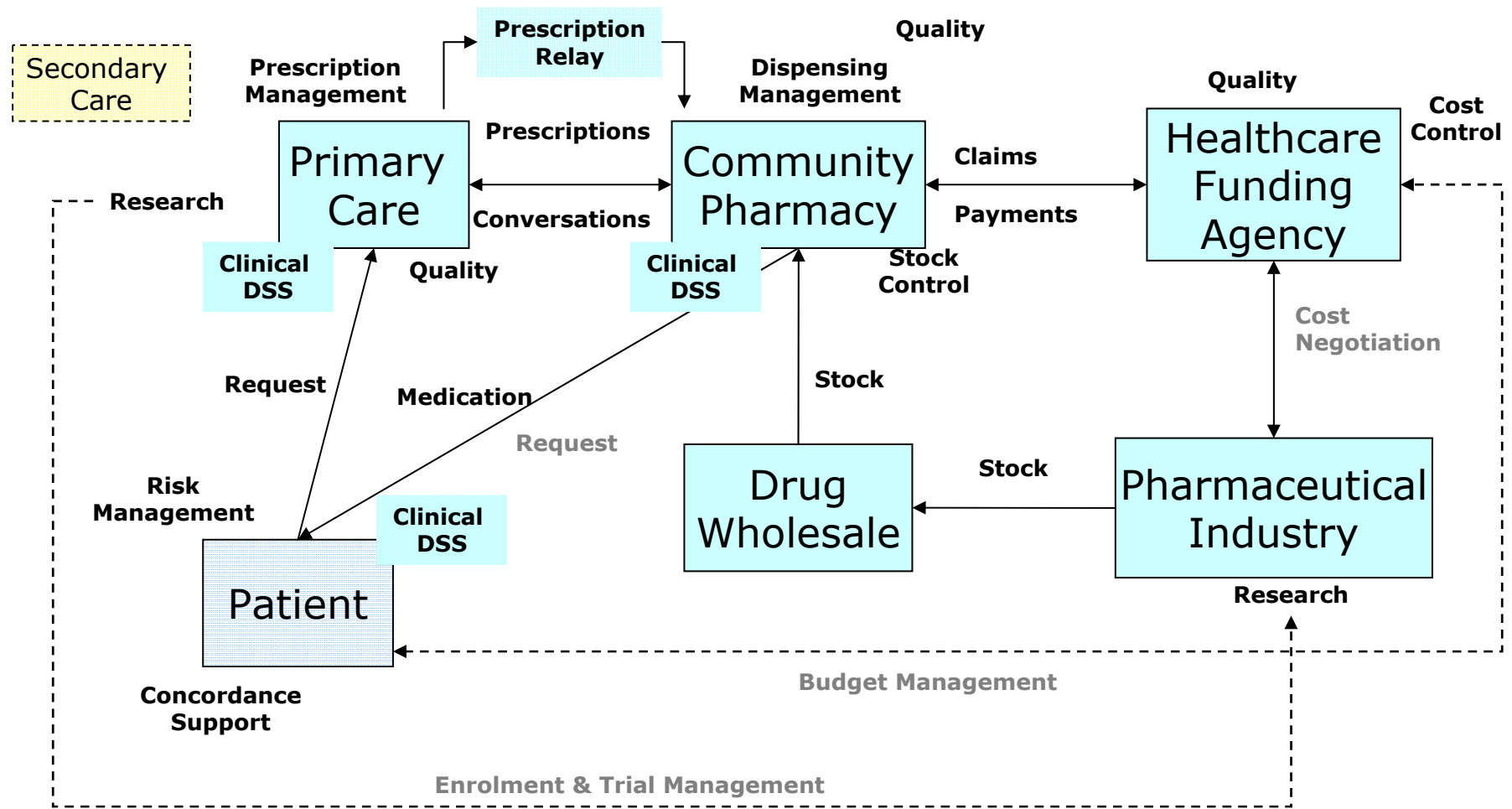
Projektaktivitäten zur Interop.: Systematik



Interoperability Support by EU Projects

- ▶ **Netc@rds – Preparation of the eEHIC-Phase**
- ▶ **TMA-Bridge – Analysis of State of the Art**
- ▶ **I2-Health (empirica – DE, EHTEL, Brussels):
(Support to the) Interoperability Initiative for an
European eHealth Area**
 - Support to Commissions IO. implementation
 - Support to the Members States in defining their interoperability roadmap for eHealth
 - To establish an interoperability framework
 - generic framework
 - Identity Management, e.g. patient identifier
 - Workflow IO, ePrescribing and other messages
 - Dissemination (eHealth, eGovernment)

eRezept/Medication Management: Prozesse

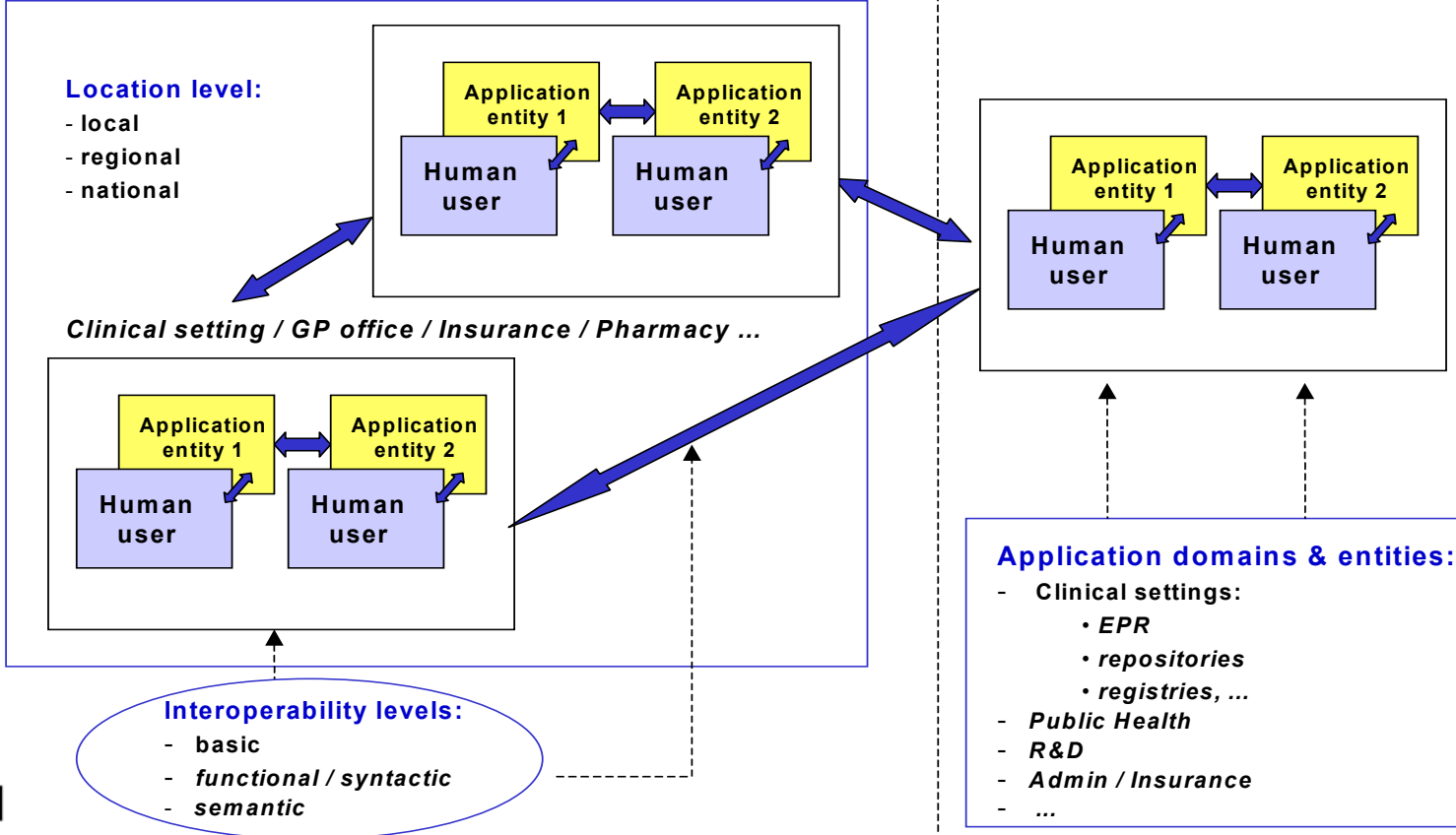


- Health system aspects:**
- security / privacy
 - financial / reimbursement
 - legal / regulatory
 - accreditation / licensing

International / Multilingual aspects

Country A

Country B



- Interoperability levels:**
- basic
 - functional / syntactic
 - semantic



Stufen/Ebenen der Interoperabilität

▶ **organisational interoperability**

- recognition of physicians autorisations (legal)
- reimbursement claims; etc.

▶ **semantic interoperability**

- pharmaceutical naming/classification
- drug composition; etc.
- instructions/quantity

▶ **technical interoperability**

- access to prescription data in digital form
- access to autorisations; etc.

I2-Health: Projektziele (1)

- ▶ **Analyse und Systematisierung der zentralen Anwendungen (inkl. elektronische Patientenakten) und Infrastrukturelemente, die für eine integrierte eHealth-Infrastruktur benötigt werden.**
- ▶ **Definition der notwendigen Voraussetzungen für die Herstellung von Interoperabilität und Konnektivität**
 - Festlegung von Prioritäten
 - Erkennung von Defiziten
 - Aufzeigen erfolgversprechender Lösungsansätze

I2-Health: Projektziele (2)

- ▶ **Analyse von Grundproblemen der Interoperabilität**
 - eindeutige Identifizierung von Akteuren und Organisationen in Gesundheitssystemen (Identity Management)
 - Analyse der Interoperabilitätsaufgaben bezogen auf eRezept, eArztbriefe und digitale Befundübermittlung allgemein
- ▶ **Definition notwendiger Maßnahmen zur Implementierung der genannten Lösungen**
- ▶ **Entwicklung eines Stufenplans mit konkreten Projektschritten auf europäischer Ebene**
- ▶ **Umsetzung unter Beteiligung und in Verantwortung der nationalen Gesundheitsministerien**

Kontaktangaben

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