

eHealth for Health in Europe

How the EU countries face common Healthcare challenges

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Agenda

- **eHealth / e*Service(s)**

expectations & mobility

- **Cross border service(s)**

Requirements & pre-requisites

Pilots, experimentations and sustainability

respective roles of the actors

- **Lessons learned**

- **Mutualisation**

- **IOP**

- **Standards (EU-US MoU)**

- **Governance**

positive Key expectations !!

- Facilitate access, continuity of care (mobility)
- Improving Q of care, allowing real HC equity
- Enhancing coordination, continuity of care, safety
- Facilitating collaboration between HP, between HCP
- Improving homecare & adapted delivery services at PoC
- Organising mutualisation & intert. standards usage
- Facilitating research, Large Scale exper. & deployment
- Decreasing the number of doubling examinations
- Mastering costs through innovative model(s)



Healthcare

A complex socio-technical specialised
System of systems

where

‘goods’ are alive and unpredictable

eHealth in France

- 1996 a secure internet based infrastructure and HP authentication (cards)
- 2002 medical data : patients/citizens rights
- 2004 DMP
- 2008 ASIP Santé
- 2009 HPST law
- 2010 telemedicine acts
- DMP + DP experimentations
- 2014-10-15 : new health law (ministers council)



Health without borders

- **Mobility** of the person(s) (individual, population)
 - Citizens
 - Workers
 - Patients
 - HPs
- **Same rights** everywhere
 - Quality
 - Equity of access
 - Continuity of care
- **Same services ???**

FR-EU co-operation : Health in the EU Treaty

- **HEALTH is a national prerogative**
 - subsidiarity is key
 - but challenges are the same in each M.S.
- what could be done at EU level :
 - **a voluntarist collaboration between countries**
 - supported by the European Commission
 - confirmed by the « eHAP » & « mobility » Directive
 - **design through a dedicated organisation**
 - **declined on pragmatic priorities**

Cross border Healthcare

- Diversity of
 - Legal (& financial/reimbursement) framework(s)
- **USA** : federal & state level
- **Europe** : EU & national /regional level
 - HC (national organisation) system
 - Culture
 - Language

Health high needs

- High level for protection of privacy and for safety
- High level of **trust** by patients and professionals
- High level of security and confidentiality
 - An error on patient identity could be lethal
 - An error on Health Professional identity could put patient data at risk
- **Interoperability** in all areas:
 - **legal, organisational, technical, semantic** and particularly in defining *levels of security, assurance and trust*

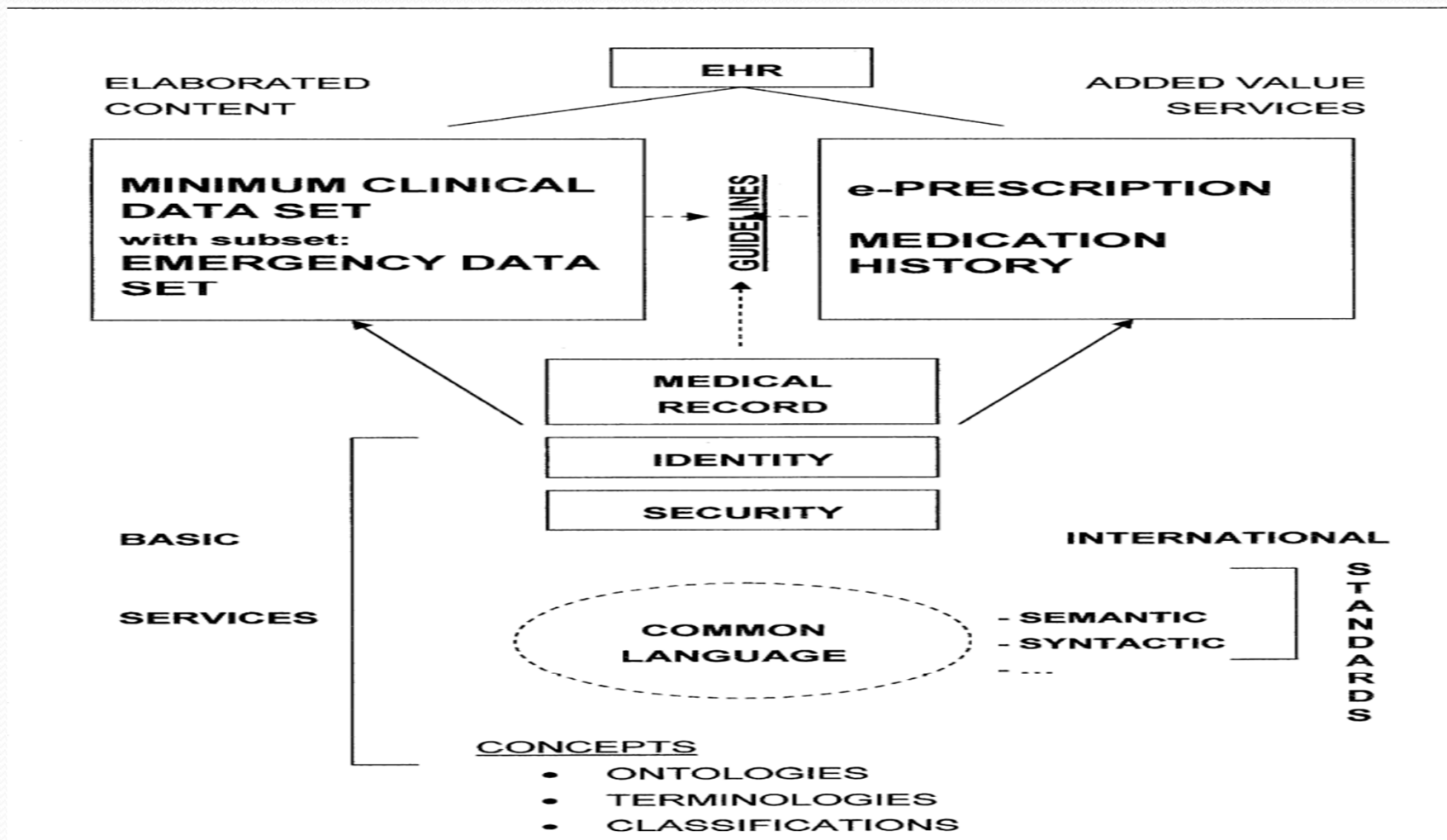
Fundamental acknowledgements

- Citizens expect cross-borders eHealth services
- Reliable, accurate, secure personal **identification** is key
- Member States cooperate to **facilitate mutual recognition of safe identification mechanisms**
- Directive 2011/24/EU – Article 14 on **eHealth**
 - *the EU supports MS in developing common identification and authentication measure(s) in order to facilitate transferability of data in cross border healthcare through a voluntary network*

Pre requisites & readiness factors

- Robust **eID/e-Authentication** process & system:P, HP,HCP
- **Licensing recognition**
 - EU Prof. Qualification mutual recognition
 - Competent authorities (for regulated HC professions)
 - HP repositories
- **Reimbursement**
 - National or regional process
 - (EU) financial compensation mechanism
- Secure **Access to personal data** (id, adm, clinical)

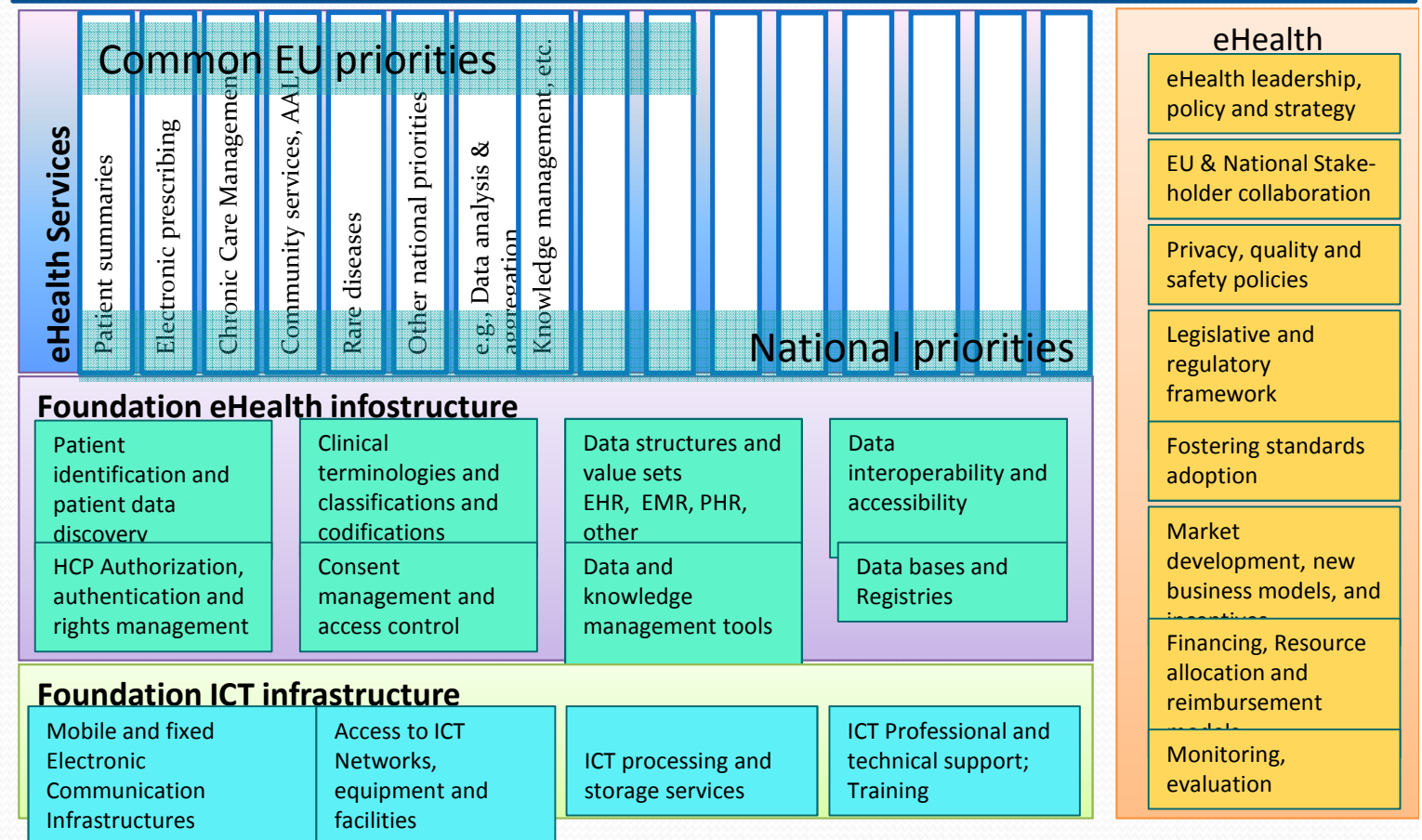
eHR Modelling: an input for collaboration (2007)



CALLIOPE

Adoption of a common working model

Sustainable Healthcare
Sharing Information and
Knowledge for Better Health



epSOS from strategies to services

Provide concrete cross border services that ensure safe, secure and efficient medical treatment for citizens when travelling across Europe

- Focus on services close to the patient:
 - Patient Summary for EU Citizens
Occasional or regular visit
 - ePrescribing for EU Citizens
Medication ePrescription, eDispensation
- Build on existing National eHealth Projects and use experiences and knowledge from all Member States

Pre requisites & readiness factors

- Data Availability
 - Secure storage
 - Understandable format (syntax)
 - Adequate structure (modeling)
 - Unambiguous meaning (translation, codification) : semantic
- Data transfer
 - Integrity, security, performance, Translation (!)
- Data Access : who/when/for what purpose
 - Privacy, confidentiality : consent, right to be forgotten

Health specific process

- to address most frequent situations:

During medical encounter, a HP needs access to eHR, eMR

- Compared to most other sectors, a main difference:

Instead of "Online" access by the citizen: access "On site of care" by the Health Professional

- A third party requests the data
- Authorisation has to be given
- It is necessary to identify the requesting professional and validate his/her status and relation with the patient
- HP online national (or regional) registries are a prerequisite

Online access by the citizen to his data ?

- **No modification of national systems**
 - Organisational, technical (the system must be technically neutral)
 - However, it should be recommended that countries which are currently developing systems try as far as possible to use solutions developed by countries that are at a more advanced stage, thus sharing costs and reducing the difficulties of cross-border access
- **Need for National Contact Points (NCPs eHealth)**
 - Manage differences between Member States, based on a common minimum level of assurance inside “circle of trust”
Ex : take into account differences between rights to access for Health Professions – applying
"When in Rome, do as Romans do"
 - Access data inside the country of origin system

2002-2011: a new era in legal and policy framework for EU Cooperation on eHealth

- Communication on **Quality criteria for a web site**
 - Communication on the **eHAP 2004 and 2012-2020**
 - Recommendation on **cross-border interoperability** of **electronic health record systems**
 - Communication on **telemedicine** for the benefit of patients, healthcare systems and society
 - eHealth Standardisation **DIR standardisation MSP**
-
- **EU Council conclusion** on **safe and efficient healthcare through eHealth** – December 2009
 - Directive on **patients' rights** in cross-border healthcare –March 2011
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- Data Protection 'package'; eIDAS Regulation on e-ID & e-SIGNature

[European] eHealth Governance levels

- ***Policy level:*** to set out higher level political objectives, define common priorities and policy measures
- ***Strategic level:*** to agree on concrete strategies for developing and implementing integrated, value adding eHealth services
Establishment and maintenance of an open platform for multi-stakeholder trusted dialogue
- ***Operational level:*** deeper focus in areas such as ethics, security policies and services, EU infostructure, re-engineering of the standardisation process, maintaining links to national stakeholder groups, etc.

MWP 2015-2018 priorities

- Guidelines on cross border PS & e-P
- Trusted NCPseH
- Alignment of standardisation activities in eHealth
MSP
- Semantic IOP
- Recommendation on legal IOP (DPR)
- Secondary use of (medical) data
- Patient access to eHR

- Sharing K & action plans
- International cooperation



Respective roles

&

Lessons learned

Role of the public authorities

- Co-Organise the **concertation** between actors
- Propose a **vision** reflecting the very diverse citizens demands or needs

IOP & STANDARDS

- **Co-design a framework** in order to protect (public) goods and promote (public) health
- **Sustain the HC system**
 - Co-ordonnate the necessary policies, instruments & **incentives** to help the design/development/deployment/usage/adoption of adequate affordable scalable evolving « solutions »

Keep open to the 'outside' world

- involve the concerned actors since the beginning
- avoid to focus too much on technical issues
- keep targets and deadlines realistic
- anticipate
 - negative consequences of a new system or
 - changing in the existing forces balance
- improve & facilitate the use of standards
[european & international]
- collaborate on EU/internat. eHealth arena

MoU EU-US

- Workforce
- IOP (Trillium)
 - Based on epSOS use cases
 - Semantic services : IOP of medical terminologies;
 - Access to patient data (HP, patient)

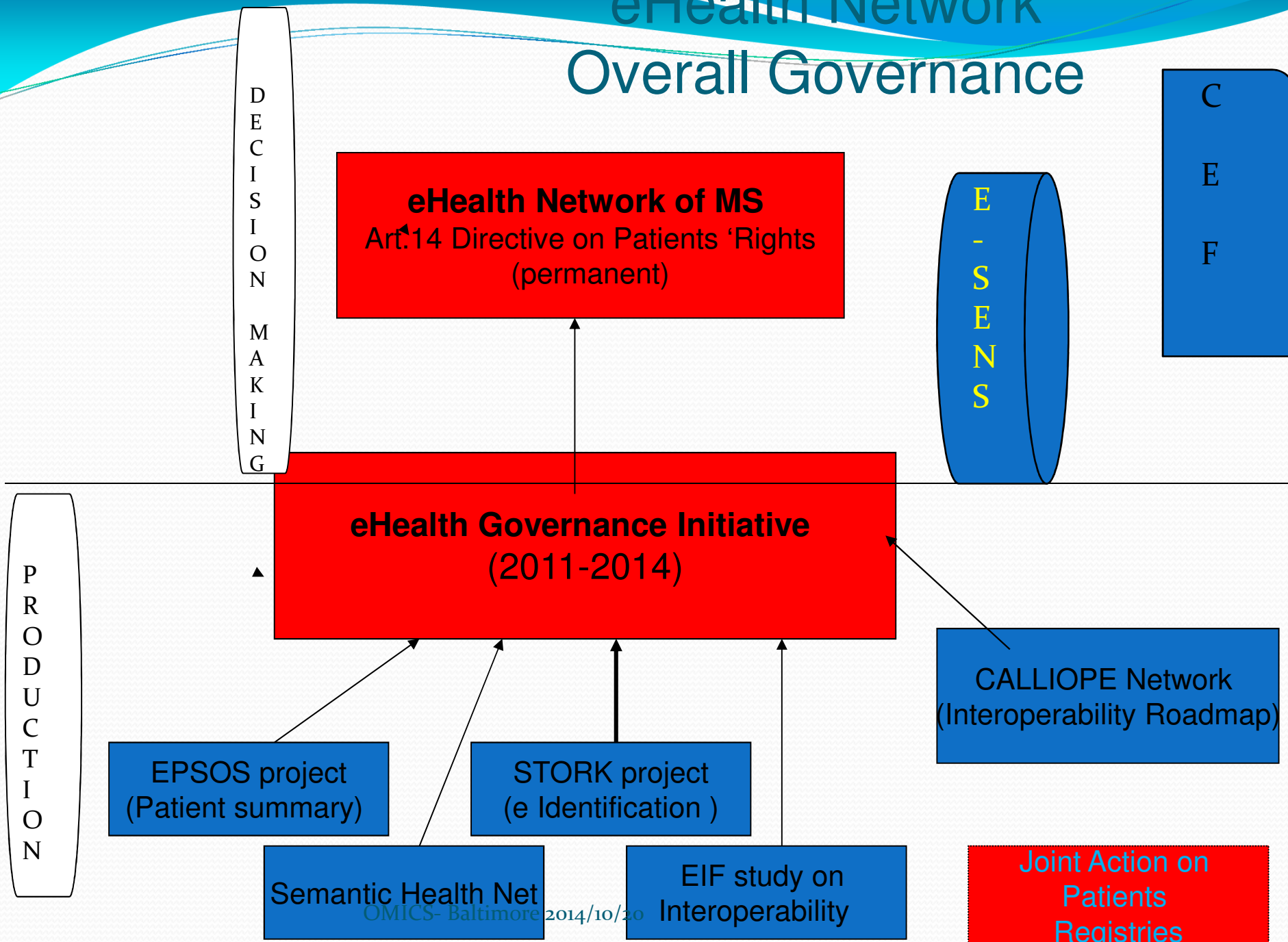
Potential success factors

- **Interrelated & complementary HC strategy**
 - Overall approach C, P, Family, HCP, HCPO, Social dimension, SDO, I..
- **Increase Legal certainty**
 - design legal framework aligned with new ICTs capabilities
- **Key human leadership :**
 - encourage networking, mutualisation, re-usability,
 - presence of grass root initiatives, dedicated managers, physicians leaders, engaged empowered patients & citizens
- **Design a basket of incentives**
 - appropriate allocation of resources based on mix of strategies : compensation rewarding Q + Perf (not « volume »)
- **Capability to design & deploy new flexible innovative sustainable modelswith adequate resources ☺**

and

GOVERNANCE

eHealth Network Overall Governance



Collaborative evolving process

eHealth Network

Next stop BX, Nov 2014

Political priorities



Stakeholder priorities

to facilitate transferability of data in cross-border healthcare.

MWP priorities: guidelines on PS and eP, semantic, legal reco.

Developping common measures (identification, consent, role based access, procurement) based on IOP international standards

Reaching agreements through continuous bench-learning loop across concerned actors

Thank you for your time

Think global

Act Locally

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