EUROPEAN COMMISSION

Directorate-General for Communications Networks, Content and Technology

CNECT.H.1

mHEALTH SUBGROUP MEETING
5 April 2016

Meeting room 0/S9
DG CONNECT, Avenue de Beaulieu 25, 1160 Brussels

MEETING SUMMARY

1. APPOINTMENT OF THE CHAIR, INTRODUCTION

The first part of the meeting was chaired by Pēteris Zilgalvis, Head of Unit, eHealth and Well Being, DG CONNECT.

Estonia agreed to Chair the subgroup, in the absence of other volunteers for the position of the Chair.

Pēteris Zilgalvis gave an overview of the various policy actions at the EU level following the public consultation on the Green Paper on mHealth in 2014 (presentation in the annex).

Questions were raised as regards the involvement of Member States in the Privacy Code of Conduct (CoC)[1] development. The CoC was available online for comments and will be presented to the eHealth Network (eHN) in June. MS Data Protection Authorities (DPA) will be formally involved in the process through the Article 29 Working Party which will be asked to endorse the CoC. eHN members are expected to coordinate with their DPAs internally.

2. PRESENTATIONS ON NATIONAL/REGIONAL mHEALTH INITIATIVES

Portugal, Finland, Denmark and Catalonia presented their initiatives on mHealth (the presentations are annexed to the meeting summary).

---

[1] https://ec.europa.eu/digital-single-market/en/news/meeting-privacy-code-conduct-mhealth-apps

Portugal is currently developing a strategy for mHealth. The NHS is also developing some apps in-house where there is no business case for the market. So far 6 apps have been developed (e.g emergency room waiting lists, death certificate, ePrescription/eDispensation, Electronic Health Wallet). PT is also planning to provide APIs to enable commercial app developers to connect to the public health service. The issue as regards quality and liability though needs to be resolved (certification of some apps but not all). Authentication is an important issue, working on solutions based on the eSens and in line with eIDAS.

Denmark has no dedicated strategy for mHealth but telemedicine is a key issue in the national healthcare strategy. The 5 regions have their own strategies with some reference to mHealth. Authentication is the major challenge as the existing solutions are not suitable for use on the mobile devices. Standards and exchange protocols for authentication need to be identified.

Finland is considering mHealth as part of innovative services which are covered under the eSocial and eHealth strategy. Finland is setting up a PHR and an innovation portal for new service system (expected to become operational in autumn 2017). Apps that want to connect to the portal go through the basic quality control on security and privacy. Subsequently people can link those apps to their personal health records (PHR) which are private and managed by the people themselves. Innovation portal services are business-based and the government is not intervening in the business models. In order to become part of the public service provision (eServices), a more thorough assessment is envisaged (a certification system is being developed).

Catalonia has a comprehensive strategy for mHealth covering both health and social aspects. Catalonia is piloting the AppSalut website where third party app developers will have the possibility to link their apps that go through a certification process and can subsequently be recommended by the health professionals. Via a Digital Health Platform both patients and health professionals can have access to the patient generated data from the apps.

A summary of the tour de table on policy initiatives in other countries:

The Netherlands does not have a mHealth strategy. A balanced way needs to be found between the booming market and helping citizens to find the right tools for prevention and lifestyle. The government does not see a role in assessing quality and providing guidance because it would mean taking the responsibility for the private developers. Public health institutes and professional bodies are expected to maintain repositories of relevant apps and can provide guidance to help citizens to find the right apps/tools. Exchange of knowledge on authentication mechanisms is needed as current solutions are suboptimal. Also higher priority needs to be given to this at the eHealth Network meetings.

Ireland has an eHealth strategy but not a separate mHealth strategy. There are still legal issues around health IT that need to be solved, especially as regards the data protection and consent management which is complicated in the context of digital services and secondary use.

Hungary is developing eHealth central services and has a project on mHealth. Legal issues and ensuring highest level of security are the most important challenges.

Germany has finalised a study to explore the landscape and further steps. Apps are being used and financed as part of service provision, mainly in prevention. Germany is also currently putting up a core telehealth infrastructure. Data security is currently not ensured

for mobile devices and a solution needs to be found. For lifestyle apps transparency is the most important. For medical device apps evidence and quality studies are needed.

France has recently adopted a new health law, which covers also identification, authentication and other aspects that may apply also to new technologies. Following it the eHealth strategy is under revision integrating notably an mHealth part based on consultation of the stakeholders. The Ministry of health has asked an independent authority, the HAS (Haute Autorité de Santé) to develop an evaluation (including quality assessment) and propose recommendations on mobile health in order to give health professionals and citizens tools to assess apps.

In conclusion: most countries do not have a dedicated strategy or action plan on mHealth. There are very few initiatives specifically focusing on mHealth as part of the service provision, like for example the initiatives in Finland, Portugal and Catalonia aiming to link apps to the electronic health record or personal health record systems.

3. DISCUSSION

The second part of the meeting was chaired by Ain Aaviksoo, Deputy Secretary General on E-services Development and Innovation, Estonian Ministry of Social Affairs.

The role of the subgroup and its contribution towards the eHealth Network (eHN) was discussed. Main topics of interest were identified to be covered in the report to be presented to the eHealth Network in November 2016.

Following issues were identified that could be considered as the main outcome of the subgroup:
- Exchange best practices and knowledge
- Put patient centred topics on the agenda of the eHN (efficiency gains, patient empowerment etc)
- Highlight the economic opportunities; benefits and risks in the context of DSM
- Make recommendations on the next steps

It was emphasised that the outcome should not be abstract but focus on concrete actions (call for action type of activities or coordination initiatives)

Following topics of common interest were identified:
- Authentication and authorisation (to be checked with the JAseHN task 5.2 on Electronic Identification for eHealth)
- Legal issues, e.g implementation of the new Data Protection Regulation
- Standards, e.g authentication methods, standard protocols for exchanging authentication and authorization information
- Quality and liability issues

Other issues mentioned:
- How to deal with apps as part of the treatment process (to be recommended or prescribed by the health professionals)
- Evidence gathering

Action points:

1/ Map the state of play as regards existing national/regional initiatives

2/ Map other activities - DSM; JAseHN

3/ Prepare a draft outline of the report (structure and issues to be covered)

4/ Consult the eHN in June on expectations towards the subgroup (the deadline for submitting documents is 24 May).

Next steps:

- 12 May – JAseHN coordination meeting (discuss the document to be presented to the eHN in June)
- 7 June – eHN meeting
- A conference call a week after the 7 June eHN meeting
- Next face to face meeting: Mid-September

The members of the subgroup will be asked to provide written input on the draft outline of the report and to map the existing initiatives.

Participant list
mHealth subgroup meeting, 5 April 2016

MEMBER STATE	NAME	ORGANISATION	E-MAIL
Austria	Martin Renhardt	Federal Ministry of Health, Austria	Martin.Renhardt@bmg.gv.at
Croatia	Jurica Toth	Croatian Health Insurance Fund	jurica.toth@hzzo.hr
Denmark	Thomas Rieneck	National Health Data Authority	THRE@sundhedsdata.dk
Estonia	Ain Aaviksoo	Ministry of Social Affairs	ain.aaviksoo@sm.ee
Estonia	Piret Hirv	Ministry of Social Affairs	piret.hirv@sm.ee
Finland	Teemupekka Virtanen	Ministry of Social Affairs and Health	teemupekka.virtanen@stm.fi
France	Michèle Thonnet	Ministère des affaires sociales et de la santé	Michele.THONNET@sg.social.gouv.fr
Germany	Niklas Kramer	Federal Ministry of Health, Germany	Niklas.Kramer@bmg.bund.de
Hungary	István Kalmár	National Healthcare Service Center (ÁEEK)	kalmar.istvan@aeek.hu
Ireland	Kevin Conlon	Department of Health	Kevin_Conlon@health.gov.ie
Lithuania	Mindaugas Mineikis	Ministry of Health of the Republic of Lithuania	Mindaugas.Mineikis@sam.lt
Malta	Euchar Sultana	Ministry for Energy and Health	euchar.sultana@gov.mt
Portugal	Tomé Vardasca	Portuguese Ministry of Health Shared Services (SPMS)	tome.vardasca@spms.min-saude.pt
Spain	Javier Ferrero	Andalusian Agency for Healthcare Quality	javier.ferrero@juntadeandalucia.es
Spain	Enric Llopis	Fundació TicSalut, Departament de Salut, Generalitat de Catalunya	ellopis@ticsalut.cat
The Netherlands	Erwin Eisinger	Ministry of Health, Welfare and Sport	re.eisinger@minvws.nl
The Netherlands	Sabine Lokin	Dutch Health Care Inspectorate	sw.lokin@igz.nl