EUROPEAN COMMISSION
DIRECTORATE-GENERAL FOR HEALTH AND FOOD SAFETY

eHealth Network –
25th eHealth Network Meeting

Minutes of Meeting
2023-11-28 (10:00 – 17:30)

Hybrid (Brussels Albert Borschette Centre & Webex)

Participants

Commission Units & Agencies: DG SANTE C1, DG CNECT H3, DG CNECT R3.
Member States: AT, BE, CY, CZ, DE, DK, EE, EL, ES, FI, FR, HR, HU, IE, IS, IT, LT, LV, MT, NL, NO, PL, PT, RO, SE, SI, SK.
Invited: Contractor (Infeurope/Mercury-97)

Opening and Approval of Agenda

The Co-Chairs welcomed the participants.

Following an overview of the agenda and the previous meeting minutes, the items were approved.

1. eHealth Network FR Co-Chair Handover

Due to a change in positions within the French Ministry of Health, the two-year mandate to co-chair the eHealth Network meetings appointed to FR was internally handed over. FR highlighted their commitment to implementing the European Health Data Space (EHDS) governance and building the future of eHealth at the EU level while ensuring Member States' voices are heard.

2. Spanish Presidency Presentation (for information)

The main objective of the ES Presidency was to advance the European Health Union by focusing on protection of vulnerable groups in the EU, focus on response initiatives for new health alerts, and ensure the alignment of the EU health agenda. These high-level priorities translate into a number of political and regulatory initiatives, e.g. the significant advancement of the EHDS Regulation.

With regard to the MyHealth@EU deployment status in ES, ES is operational with both the Patient Summary A & B (9 countries and regions) and ePrescription/eDispensation A & B (6

countries and 14 regions). After 2 years in production, ES shared that the use of the "foreign country simulator" has enable regions to validate their PRE-PRODUCTION environment in order to go into production more effectively; that having a national infrastructure has facilitated the deployment of MyHealth@EU services despite its adaptation to EU requirements; and that modifications in the CDA documents involved significant efforts and therefore limiting such changes would be essential for MS in production. They also stressed the importance of the ticketing tool for tracking incident reports, the evaluation and monitoring of KPIs, and understanding the OpenNCP deployment specifications.

Taking into account the current work on the eHealth Network Work Plan 2023 Priority 1 on funding, the FR eHN Co-Chair inquired about the number of people involved in the project at the national level and the respective costs. IE also asked for more information on the "foreign country simulator". It was agreed that ES would provide the requested information as soon as possible.

3. Belgian Presidency Presentation (for information)

During its presidency, BE will work on strengthening the EU Health Union focusing on 3 major themes: care, preparedness, and protection. Within their general framework for presidency priorities, BE will place great importance on reinforcing their social and health agenda.
The legislative files BE will prioritise are the Substances of Human Origin, followed by the EHDS, and Pharmaceutical Legislative package. The non-legislative priorities will cover two Recommendations on vaccine-preventable cancers and on smokefree environment, as well as Council conclusions on the Future of the European Health Union.

BE has selected policy areas where they believe collaboration at the EU level should be enhanced. Within "Europe that cares" theme, BE emphasises ensuring availability of a sufficient healthcare workforce, a shift towards a need-driven innovation, and prevention on non-communicable diseases. The theme of "Europe that prepares" will work on preparedness governance, conducting large scale clinical trials, as well as on Antimicrobial Resistance (AMR). Within "Europe that protects", BE will seek to improve the security of medicine supplies in Europe.

The Informal EPSCO Health meeting will be held on 23-24 April 2024. The Formal EPSCO Council Health meeting will take place on 21 June 2024.

The FR eHN Co-Chair asked about the next stages of the EHDS negotiation. BE will ask for a negotiating mandate on 8 December in order to open trilogues on 13 December 2023 after the plenary votes. BE is working closely with ES in view of the handover. It was suggested by FR eHN Co-Chair to hold a meeting on the preparation of the EHDS governance during BE

presidency in the beginning of 2024. The EC eHN Co-Chair stated that it is important to schedule the meeting when there is a sufficient level of certainty, as the EHDS Regulation is pending approval.

4. MyHealth@EU

4.1 MyHealth@EU Work Plan 2024 *(for adoption)*

The MyHealth@EU Work Plan 2024, which was introduced and endorsed at the eHMSEG meeting on 9 October 2023 was presented for adoption. The document describes the actions to be addressed in 2024 in relation to the core service implementation and support to the National Contact Points for eHealth (NCPeH). It covers the following aspects:

- Management and Governance;
- Requirements and Specifications;
- Configuration Services;
- Terminology Services;
- NCPeH Reference Implementation;
- Test and Compliance Check Services;
- Communication and Collaboration;
- Operation Management;
- Support to NCPeH
- Hosting.

The Work Plan further includes the development of new services (Laboratory Results, Medical Images, Hospital Discharge Reports). The upcoming year is viewed as having an important role in the development of MyHealth@EU and the preparations for the EHDS.

With no objections, the eHN adopted the MyHealth@EU Work Plan 2024 by consensus.

5. Interoperability

An overview was provided on the improvements implemented to the Hospital Discharge Reports (HDR) Guidelines and Medical Imaging Studies and Reports Guidelines after the consolidation of great input received from a broader stakeholder consultation.

5.1 Hospital Discharge report guidelines *(for adoption)*

In June 2023, the eHealth Network approved for the Semantic SG to proceed with the second step of the two-step approach in the compilation of the HDR Guidelines: the consultation with

stakeholders. The broader consultation involved reaching out to eHN member countries, eHealth Stakeholders Group, and the eHMSEG resulting in more than 700 comments received.

The key changes implemented were the revision of the use case description, definitions, the addition of a data element for full free-text form, and address the extensiveness of the data set and its divisions into a core set of elements.

Key changes to be considered in a next version of the guidelines are the harmonisation between all eHN Guidelines and the inclusion of other health professional discharge reports (i.e. nursing).

The Semantics Subgroup therefore recommended the eHN to adopt the Guidelines on Hospital Discharge Report, Release 1.

Discussion:
The EC eHN Co-Chair asked whether the Semantics Subgroup can provide feedback on the consultation process, and how it could be reused for future adoption of the guidelines. The Semantics Subgroup Chair advised to consider appropriate timeframe, as the consultation took place in August during summer vacations. They also suggested having two consultation rounds in the future.

The FR eHN Co-Chair asked if vendors involved in producing the guidelines have been involved in the consultation as well. The Semantics Subgroup Chair clarified Member States received vendors' feedback and encouraged to continue engaging them in the process.

The eHN consequently adopted the guidelines by consensus.

5.2 Medical imaging guidelines (*for adoption)*

In June 2023, the eHealth Network approved for the Technical Interoperability Subgroup (Tech IOP SG) to proceed with the second step of the two-step approach in the compilation of the Medical Imaging Studies and Reports Guidelines: the consultation with stakeholders. The broader consultation involved reaching out to eHN member countries, to eHealth Stakeholders Group, and the eHMSEG resulting in more than 530 comments.

Key changes implemented were the clarification of the use case description, the additional of a new use case, the review of the text in a technology independent manner, and improve the description of the Imaging Study Manifest and Metadata within the support selection process.

Key changes to be considered in a next version of the guidelines are also the harmonisation between all eHN Guidelines Harmonisation between all guidelines; the continuation of the

work on the technical details for imaging studies sharing, as well as cooperation with standardisation bodies such as CEN TC 251, ISO TC 215, IHE, and HL7 for coherent use of standards and governance to improve interoperability.

The Tech IOP SG therefore recommended the eHealth Network to adopt the Guidelines on Medical Imaging Studies and Reports, Release 1.

Discussion:
The EC eHN Co-Chair asked the Tech IOP SG about relevant feedback on the stakeholder consultation. The need to optimise the timeframe was reiterated, which is to be considered in the future.

The Tech IOP SG Chair endorsed the suggestion to conduct two consultations, so as to complete most of the workload in the first consultation.

FR eHN Co-Chair invited members to discuss the feedback and methodology of the consultation process in the next Coordinated Actions meeting.

The eHN consequently adopted the guidelines by consensus.

6. eHealth Network Subgroups

6.1. Semantic Subgroup updates and workplan for the next year (*for discussion*)

The Common Semantic Strategy (CSS) adopted by the eHealth Network in 2019, sets a 5-year roadmap, ranging from 2020 to 2024. The 5-year horizon is coming to an end, and eHN guidelines were prepared for the clinical domains identified. The Semantics SG has identified more topics for it to address and is therefore seeking the mandate from the eHealth Network on its workplan for the next 12 months.

Over the last 12 months, the Semantic SG has released an updated version of the Patient Summary Guidelines (Release 3.3), the Laboratory Results Guidelines (Release 1.1.), the Hospital Discharge Reports Guidelines (Release 1), and has actively contributed to the drafting and consolidation of the Medical Imaging Studies and Reports Guidelines (Release 1). They also focused on assessing existing issues in relation to the implementation of ISO IDMP and contributed to semantic aligned of preferred code systems.

The Semantic SG therefore proposes the following work plan for the next 12 months:

- Ensure consistency and alignment throughout the eHealth Network guidelines for consistency and coordinated improvements
- Consideration of added explanation on how the guidelines should interact and how future guidelines can be developed and maintained;
- Explore possibilities of further semantic alignment of preferred code systems in the context of the eHN guidelines, including implementation questions on code systems such as the EMA SPOR code systems.

The Semantics Subgroup asked the eHN to endorse the workplan proposed by the Subgroup for the next 12 months. Upon endorsement, the Semantics Subgroup will reorganise its Task Forces according to the workplan.

Discussion:

IT emphasised the importance to ensure alignment and develop synergies between the different projects MS and EC work on with the Semantics Subgroup.

The EC eHN Co-Chair asked how the eHN can support the Semantics Subgroups on their planned deliverables. The Semantics Subgroup Chair proposed providing a status update after 2-3 months in the Coordinated Actions meeting.

It was noted that the Semantics Subgroup would be able to work on additional guidelines in the future as, for example vaccination card guidelines, as these could play an emerging role in the future of the EHDS.

The eHN endorsed the 2024 Workplan of the Semantic SG.

6.2. Election of the Semantic Subgroup Chair and Rapporteur (*for decision*)

The terms of the current MS Co-Chair of the eHN SG on Semantics will come to an end in November 2023. In light of the need to appoint a new Co-Chair and Rapporteur for the eHN SG on Semantics, two members from SE and CZ expressed their interest.

The Semantics SG recommended to approve the nominations of these representatives for the respective roles, with their terms starting in December 2023 for 2 years.

With no objections from the eHN, SE and CZ were appointed as MS Co-Chair and Rapporteur of the Semantics SG.

The new Semantic SG Chair as well as the eHN members thanked the outgoing chair for her exemplary dedication and commitment to the work of the SG.

6.3. Tech IOP Subgroup updates and workplan for the next year *(for discussion)*

The Technical Interoperability Subgroup (Tech IOP SG) was established in July 2020, with its mandate being renewed in June 2023. The Tech IOP SG has identified more topics for it to address and is therefore seeking the mandate from the eHealth Network on its workplan for the next 12 months.

Since the eHealth Network meeting in June 2023, the Tech IOP SG has worked on the Medical Imaging Studies and Reports Guidelines, supported the WHO in establishing Global Digital Health Certification Network (GDHCN) and the technical procedures for the transitive trust onboarding of EU Member States from the EU Gateway, and finalized the RoP towards adoption by the eHN.

The Tech IOP SG proposes therefore the following work plan for the next 12 months:

- Process on technical decisions and processes of the SG, with a non-paper to be presented to the eHN for discussion and adoption in June 2024
- Development of continuous maintenance cycles/processes for guidelines including commenting procedure, with a non-paper to be presented to the eHN for discussion and adoption in June 2024
- Monitoring of the GDHCN onboarding and further development
- Participate in the work done by the Semantic SG's revision of the 5 eHN guidelines.

The Tech IOP SG recommended the eHN to endorse the workplan proposed by the Subgroup for the next 12 months.

The EC eHN Co-Chair proposed the Tech IOP SG to receive interim feedback and guidance from the eHN during the Coordinated Action meetings in preparation of the recommended non-papers until June 2024.

With no objections, the eHN thereafter endorsed the proposed 2024 Workplan of the Tech IOP SG.

6.4. Election of the Tech IOP Subgroup rapporteur (*for decision*)

The eHN TechIOP SG has been conducting its work without a Rapporteur for the last 2 years. In light of the need to appoint a Rapporteur for the Tech IOP SG, one candidate from PT has expressed interest to fulfil the position.

With no objections from eHN members, PT was appointed as Rapporteur of the Tech IOP SG. The term will begin in December 2023 and have a duration of 2 years.

6.5. Model Rules of procedure of the Subgroups document *(for adoption)*

Following the lack of approval via written procedure, the RoP of the eHN SGs were presented once more to the eHN for adoption.

The summary of the modifications and conclusions were reviewed, and thereafter the Semantics and Tech IOP SG recommended the eHN to adopt the re-submitted Rules of Procedures.

Discussion:

As asked by NL, it was clarified that reflection is required on the need to update the eHN General Rules of Procedure, since some of the comments received deviated from the eHN RoP framework.

The EC eHN Co-Chair will review the General Rules of Procedure and provide an update in one of the Coordinated Action meetings. As suggested by FR, it was agreed including this point in the eHN Work Plan 2024.

DE endorsed the RoP and asked for reflection on Article 6 and the timeframe needed for sharing documents before meetings in the context of the revision of the eHN RoP.

The eHN thereafter adopted the RoP to be used by the Subgroups.

6.6. eHMSEG updates (*for information plus presentation*)

The ongoing activities of the eHMSEG at the operational level consists of providing continuous support for MS entering into operations with cross-border services, managing Change Proposals procedures, refining and enhancing MyHealth@EU KPIs and its Monitoring Framework, streamlining front-line support through the Service Desk Community, as well as standardising the Patient Information Notice/Healthcare Professional Notice and the DPIA.

Future activities of the eHMSEG include focusing on communication activities, the development of MyHealth@EU new use cases (Lab Reports) with FHIR POC, supporting the PaTHED Pilot, as well as promoting end-user engagement in MyHealth@EU services.

A vital step going forward is the ongoing collaboration of eHMSEG experts in the eHN Subgroups, which will help the handover procedure of the eHN Guidelines.

FR raised the question regarding evaluation of resources required to support all Subgroups. While this information has not yet been collected at the eHMSEG level, it would be useful to know what MS require to become operational at the national level.

The FR eHN Co-Chair suggested including the cross-pollination of eHMSEG in the eHN Subgroups as a means to optimise the interaction between the eHMSEG and the Subgroups as a subject for the eHN Work Plan 2024.

6.7. Non-paper on a Common MyHealth@EU Communication Strategy (draft) *(for discussion)*

At the June 2023 eHN Meeting, the eHMSEG Chair expressed concern that as more countries were entering into operation of the MyHealth@EU services, the communication and marketing of these services toward end-users of the services (healthcare professionals, pharmacists, patients) remained low. The eHN Chair invited the eHMSEG to prepare a Communication Proposal, taking into consideration the gained knowledge from operational MS, the end-user perspective, and provide suggestions for the future.

The eHMSEG has prepared a "*Common MyHealth@EU Communication and Marketing Proposal*" aiming at a better and more practical communication of the services towards the end-users and overall awareness of the services. Members of the eHN were invited to provide feedback on the proposal, which will be continuously improved and integrated in the eHMSEG Communication Strategy.

Discussion:

DE asked which actors are to provide financial support for the implementation of the Communication Strategy and suggested reducing the list of communication measures at least in the beginning so as to keep the implementation of the strategy feasible. The IE eHMSEG Co-Chair assured members that the list in question is a list of recommendations, rather than control measures intended to provide clarity on the associated action plans and deliverables.

The EC eHN Co-Chair invited eHN members to provide feedback on the Proposal by the end of December 2023. The consolidated feedback is planned to be discussed during the next eHMSEG meeting and presented at next eHN meeting.

7. Exchange of Best Practices by Member States on Digital Health for Primary Use (for discussion)

As a result of the Capacity Building project, whereby a country mapping exercise identified the state of play in various MS, PT and EE indicated being particularly knowledgeable in the primary use of health data. Considering the great value in the exchange of knowledge between MS, PT and EE presented their experience regarding the service preparation, implementation, and lessons-learnt on Patient Summaries and ePrescriptions respectively.

Portugal & Patient Summary:

The issue of fragmented health data in PT resulted in incomplete patient records, duplication of efforts, increased healthcare costs, and increased risk of medical errors. Taking into account their experience, PT created a national PS structured in accordance with the provisions of the EHDS Regulations based on MyHealth@EU guidelines. Citizens have nationwide access to national Patient Summaries, composed of different sections: Personal Details; Medical devices and implants; Contact Information; Procedures; Information on Insurance Functional Status; Allergies; Current and relevant past medications; Medical Alerts Social history observation related to health; Vaccination/prophylaxis information (e.g., vaccination card); Information on a rare disease such as details about the impact or characteristics of the disease; Current, resolved, closed or inactive problems Plan of Care; Textual information related to medical history.

PT citizens are able to retrieve their PS via an online portal. It can then be sent to health professionals in other Member States via the eHDSI (i.e., Country A functionality), who in turn can receive the PS originating from other Member States via the eHDSI (i.e., Country B functionality). Health professionals are also able to do a training explaining how the different data can be retrieved in the national PS, ensuring they know what can be interpreted from the different data available and thus empowering decision-making.

The number of challenges identified by PT from their experience in digital health are:

- Patient data fragmentation due to low digital maturity of health systems
- Data entry burden: Clinicians spend a significant amount of time which can lead to errors and omissions.
- Lack of interoperability
- Patient and professional engagement

For the Patient Summary next steps, PT will focus on developing IDMP, include the Rare Disease Patient Card, and conduct a service update in the international component to keep up with the product's evolution.

Discussion:

FR inquired about global data validation and asked whether there are incentives in place to encourage the use of PS. PT responded that currently there is no cross-validation between health professionals, as it is not required at the healthcare system level. The incentive to use PS is that patients and healthcare professionals can easily access summarised health information and thus, PT works on improving its interoperability.

IE asked how PT ensures convergence between the different initiatives from an interoperability perspective. PT is working within the GDHCN and EU contexts on harmonising their efforts with the aim to implement the EU Health Global Agenda.

NL asked about the timeframe and costs of implementation. PT will need to do a specific study on cost evaluation. They have been working on their national PS since 2018.

As asked by PL, PT clarified that PS sections available in the EU PS for data exchange are the same as in the national PS.

Estonia & ePrescription/eDispensation:
EE presented their experience with ePrescription. EE's ePrescription/eDispensation information is available to citizens via the national EHR system. Their ePrescription service has been available since 2012 and currently, 99.93% of prescriptions are digital.

Patients can access ePrescription/eDispensation information via an online portal with all types of prescriptions and prescription renewals which can be issued electronically. Prescriptions are linked to a medication list and reimbursement of prescriptions is handled automatically via the system. ePrescriptions of citizens can be sent to pharmacies in other Member States via the eHDSI (i.e., Country A functionality). Pharmacists can then dispense ePrescriptions presented by citizens from other Member States via the eHDSI (i.e., country B functionality, dispensed to foreign citizens and dispensation information reported to Country A).

Overall statistics data is furthermore publicly available, assuring transparency (by Open Data). Concerning EE cross-border service, it has been available since 2020 with most prescriptions being exchanged with FI. In addition, EE has enforced further solutions that support ePrescription (e.g. taking account medical history to alert on possible interactions between prescribed drugs).

In the future, EE aims at effective treatments, medicine safety, better transparency, digitalisation/automatisation, and better cooperation.

Discussion:
Regarding the decision support, the FR eHN Co-Chair asked whether it is based on a digital device. EE confirmed that the decision support is AI based and developed by a private solution provider. EE anticipated being able to offer it as a separate product that can be also used by other countries in the future.

Regarding medicine interaction checks, EE clarified to DE that they have had the basic functionality of interaction check in place for several years, however, only for prescribed

medicine. The current treatment plan seeks to include information on over-the-counter bought drugs. EE wish to expand the functionality to interactions based on genomics.

In terms of the EE's genomic data, PL asked if EE has started the practical production exercise of matching the genomic data with other health related data, e.g. ePrescription. EE stated that they have started using the genomic data based on certain categories of drugs/patients, e.g. piloting how well specific drugs are suitable for certain patients based on painkillers using genomic data.

8. Funding Opportunities for Primary Use of Data (for information)

8.1 Digital health actions under work programme 2023 of EU4Health *(for information)*

Regarding funding opportunities, work programme 2023 EU4Health includes two direct grants to MS: 1) enhancement of MyHealth@EU services based on QR technologies, including for vaccination card uses; and 2) semantic interoperability grants for SNOMED-CT.

The total budget of the SNOMED-CT grant is EUR 5.4 million and is aimed at supporting Member States' authorities in joining SNOMED international and acquiring or renewing the annual licenses for the use of the SNOMED CT. The total budget of the MyHealth@EU enhancement, including vaccination card services is EUR 4 million with the aim to pilot the implementation, integration, deployment, and operation of Member State services in MyHealth@EU.
Member States were encouraged to take advantage of these funding opportunities.

8.2 Presentation by the EIB on funding opportunities for digital health initiatives and experience of Ireland *(for information)*

The European Investment Bank (EIB) presented their work and the opportunities offered to MS to fund digital health projects. IE shared their positive experience with the EIB to fund Irish eHealth initiatives.

EIB provided information on the loans they have available that can be used to fund digital health projects. Self-financed and owned by EU Member States, the EIB has invested EUR 20 billion in the health sector over the past five years**,** prioritising innovation, as well as digital and human capital. The EIB project cycle includes Proposal, Appraisal, Approval, Signature, Disbursement, Monitoring and Reporting, and Repayment.

The digital health categories eligible for EIB financing are preparatory works, hardware purchase, software purchase and development, RDI and training activities, as well as cybersecurity. Included in their portfolio are, among others, the Indivumed Global Cancer Database (EGFF) and the Warsaw Medical Simulations Centre in Poland.

Ireland shared their positive experience with the EIB to fund Irish eHealth initiatives. Irelands first loan with the EIB for their digital environment comprised EUR 225 million over 20 years. After a series of stakeholder engagements, IE developed an investment profile and completed relevant documents and questionnaires, followed by agreeing to certain deeds and loan agreements. The process ended with a post-engagement reporting, which IE noted as being very straightforward with a low resource impact on engagement and time. IE considers their contact with the EIB an important arrangement for their digital health journey.

CY inquired on the specific loan application procedure to which the EIB explained that interested MS can contact them directly. The next steps involve completing a questionnaire regarding details of the project in question (e.g. objective, public procurement, costs, number of workplaces the project may offer, etc.). The EIB is willing to provide support in defining the project.

The EC also took the opportunity to announce the new director of DG SANTE who thanked the participants for their essential work and efforts in the building of the EHDS and making it a reality.

9. eHealth Network Work Plan 2023 Follow-Up

9.1 Priority 1: Identify the needs for European funding for eHealth infrastructure for primary and secondary use of health data – Update of non-paper on funding (for discussion)

The key changes focus on integrating comments and inputs received from MS and the EC, include DK's cost-evaluation and reference MS's impact assessments, including a call for consistency in health policy funding, and general text improvements.

As this paper needs to include a proper cost evaluation on the basis of the final text, FR proposed to keep updating it while utilising it as a reference for Member States for internal use regarding joint communication targets.

eHN members were asked whether they agree to update this document in 2024 according to the final version of the EHDS regulation and whether this document should be communicated as an eHealth Network non-paper.

Discussion:

DE endorsed updating the document in 2024 and using it as a useful instrument for understanding the expectations in terms of digitalisation of national contexts. They highlighted the need to look into the benefits more closely. FR clarified that they had received similar input

from the EC, and that would be included in the non-paper for MS to review. The EC emphasised the importance to have a section in the paper that examines the use of EU funds.

The FR eHN Co-Chair concluded that both the EC and MS can benefit from this work in assessing the financial impact of the EHDS at the national and EU level.

9.2. Priority 2: Achieve further technical common choices and formalize our process – Draft non-paper on decision process for technical standards (*for discussion*)

A presentation was provided on 1) the status of Priority 2; 2) the initial formalisation of the currently identified communities working on technical choices and standards in the context of the EHDS; and 3) the envisioned adaptation of the national interoperability framework to integrate European guidelines, requirements, and choices of standard.

The expected achievements for 2023 are the agreed standards for health-documents sharing (CDA/FHIR), the adoption of new use cases guidelines, the RoP of the eHN SGs, the formalisation of current processes of technical choices for primary use, and the adoption of the document on decision processes aligned with the new interoperability act in preparation for the new EHDS governance.

In terms of implementation of European interoperability specifications in the national context, the health information systems interoperability framework (CL-SIS) is defined by the French eHealth Agency for exchanging and sharing health data. The framework is based on international norms and standards, and is being developed in consultation with representatives of healthcare and medico-social professionals and health information system publishers.

MS were encouraged to involve stakeholders (patient association, physicians, vendors, etc.) in order to fuel Subgroups with relevant comments.

After the eHealth Network decision of implementing a new guideline, FR will focus on contribution to technical specifications at the EU level, conduct impact assessments on NCPeH, and continue to integrate evolutions of the eHealth Interoperability Framework.

Discussion:

FR suggested having a dedicated workshop in 2024 Q1 on validation of the formalisation of the eHN meeting structure and the formalisation of the decision-making process.

In relation to the work of the Subgroups, the Semantics Subgroup Chair stressed the importance of not only formalising the processes of new guidelines, but also the process of maintenance of these guidelines.

9.3 Priority 3: Implement European ethical principles for digital health – Non-paper on MyHealth@EU Implementation Showstopper Stakeholder Engagement (draft) (*for discussion)*

The ongoing activities under Priority 3 are: 1) the Capacity building initiative which includes ethical principles; 2) the "*Non-paper on MyHealth@EU Implementation Showstoppers Stakeholder Engagement*".

The draft non-paper on potential showstoppers for the delivery of MyHealth@EU services "*Non-paper on MyHealth@EU Implementation Showstoppers Stakeholder Engagement*" was presented for eHN members' review and feedback. The non-paper was developed by eHMSEG members with the purpose of strengthening end users' involvement and stakeholder engagement within the eHN and its applicable activities to involve, as well as understand end-users' needs and expectations.

It comprises a preliminary list of potential showstoppers to delivery of MyHealth@EU services, proposes mitigating actions, and applicable stakeholders to engage across the relevant domain.

9.4 Priority 4: Assess digital health deployment progress and best practices in EU Member States – Draft paper on proposals and action plan (*for discussion*)

A Confluence page was created where MS were invited to include links to their digital health roadmaps and relevant legislation as well as national contact points as the first step towards the establishment of the European Digital Health Observatory

A list of digital health indicators along with an action plan was presented as part of the objective. It is to be completed with the support of volunteers. FR invited members to constitute a Working Group to further develop a list of conducted digital health studies.

eHN members were asked whether they agree to share all relevant previous questionnaires conducted in the field of digital health and if the Observatory should be made public once completed.

Discussion:

SE endorsed the suggestion to have the Observatory publicly presented.

The next steps on this priority will be published on Confluence.

9.5 Priority 5: Cooperate more effectively, in preparation for the future EHDS board –

eHN members were proposed to restart the Coordination Actions bi-weekly meetings and compose the agenda of the meeting in a collaborative manner via Confluence.

Participants were asked to populate the agenda on the Friday prior to the meeting. Additional key element was the validation of publication of eHN representatives contacts on Confluence. This point is, however, still pending, awaiting for DPO approval.

9.6 Draft eHealth Network workplan 2024 (*for discussion*)

The Draft Work Plan 2024 was presented for discussion.

It focuses on the following:

1. **Priority 1:** Raise awareness on the needs for European funding preparing EHDS for primary and secondary use of health data: it has been reworded to emphasise the importance of raising awareness on the needs for EU funding for the EHDS.
2. **Priority 2:** Implement and follow up subgroups workplans: it has been considered to be a priority due to the intensity of the work performed by the Subgroups.
3. **Priority 3:** Implement European ethical principles for digital health and raise awareness on use of MyHealth@EU: it has been adapted to raise awareness of the use of MyHealth@EU.
4. **Priority 4:** Assess digital health deployment progress and best practices in EU Member States.
5. **Priority 5:** Cooperate more effectively, in preparation for the future EHDS board: formalize a document endorsed by eHN to propose a new process for decision on technical choices for digital health at EU level.

EC called for reflection on how to practically organise the citizen consultation in relation to Priority 3 in order to ensure its feasibility.

The Work Plan 2024 is to be finalised by the end of December and adopted by mid-January through written procedure.

AOB

Under any other business, it was suggested to consolidate the links to publicly available information on the secondary use of health data initiatives and send them to participants after the meeting.

No questions were asked regarding the points distributed in writing for information. With no further comments, the meeting was adjourned.

The next eHealth Network meeting will be held in June 2024.