



Preliminary Report

on

proposing actions to promote the use of common standards or technical specifications in eHealth within the EU

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1. Scope of 5.4.2 as described in the JAseHN DoW

The JAseHN DOW in 2015 for the objectives of the whole Task 5.4 is the following:

One of the barriers for the large-scale implementation and adoption of eHealth comes from the lack of clarity around the adequate standards and profiles for interoperability of eHealth solutions. There is a need to align the relevant organizations that have a role in eHealth standards and profiles, and promote the use of the standards and profiles. Task 5.4 will provide a proposal for a platform consisting of the relevant Standards developing organizations in order to:

- *provide input to the eHN on actions to promote the coordination and acceptability of standards and technical specifications in eHealth;*
- *Create a single entry point into the standards world for any questions, wishes and requirements the eHN might have. Furthermore, report(s) will be produced focusing on standardization developments in eHealth and on the effective use of common standards or technical specifications in eHealth within the EU. The first focus will be on the standards and profiles that are in use at the application- and semantic levels of the Antilope refined European Interoperability Framework. The WP will closely work together with WP 4 Stakeholder coordination and other relevant projects such as eStandards.*

Within this scope the objective of the subtask 5.4.2 is going to be described in this short paper.

2. Main objective of the Policy Paper

MS have high-level commitment to the implementation of Cross-border eHealth Service for the patient summaries and electronic prescription/dispensation. 16 MSs have already committed to deploy the services for these use cases with the support of the Connected Europe Facility (CEF) programme. JAseHN, providing the political and scientific support of eHN has to support the *Interoperability priority area* between the eHealth Solution at Cross-Border Level.

The policy paper will provide an overview analysis on the policy recommendations produced by EU projects related to Cross Border Services in order to finally come up with a list of valuable recommendations for the body of eHN. The scope is the alignment of the actions that policy makers of eHN will design in their countries to promote interoperability in cross-border services. The ultimate aim is to stimulate their interest to design national strategies for interoperability in cross-border services for the two uses cases included in the JAseHN scope and even beyond.

3. Internal Dependencies

The main dependency is to all tasks of T5.4 (5.4.1, .3, .4), T5.5.- D5.5 Report on European semantic interoperability in eHealth and T6.2 Challenges of legal interoperability in a cross-border context - D6.2 Proposal for a sustainable legal basis for cross-border exchange of personal health data.

¹ The annexes of *Agreement between National Authorities or Organisations responsible¹ for National Contact Points for eHealth on the Criteria¹ required for the participation in Cross-Border eHealth Information Services* related the JAseHN deliverables with the legal basis-interoperability.

Organisational, semantic and technical interoperability have been worked through several deliverables of JAsEHN whereas the work of T6.2 has also included the legal basis to achieve legal interoperability as an establishment of an interoperability framework for the achievement of the objectives under Directive 2011/24/EU (Articles 11 and 14) thereof through a closer cooperation among the MSs-NCPeH which are the potential Contracting Parties of CEF for the purpose of providing CBeHIS.

4. External Dependencies

The work for this task is closely related to the work- in terms of policy recommendations- of other EU projects namely: eStandards, openMedicine and AssessCT (in a more generic view). Those projects include recommendations and policy actions that a review of those is the first step to this paper. The literacy on the field is more extensive, but we are going to focus on initiatives related to policy actions and strategic suggestions on Cross-Border eHealth projects.

5. Proposed structure

5.1. Description of the expected outcome-recommendations

Interoperability is a multi-layered process. Agreements have to be made between parties, on all levels of interoperability. Following the different layers of interoperability identified by the eHealth, the review of recommendations – policy actions could be on the dimensions according to ReEIF – interoperability levels.

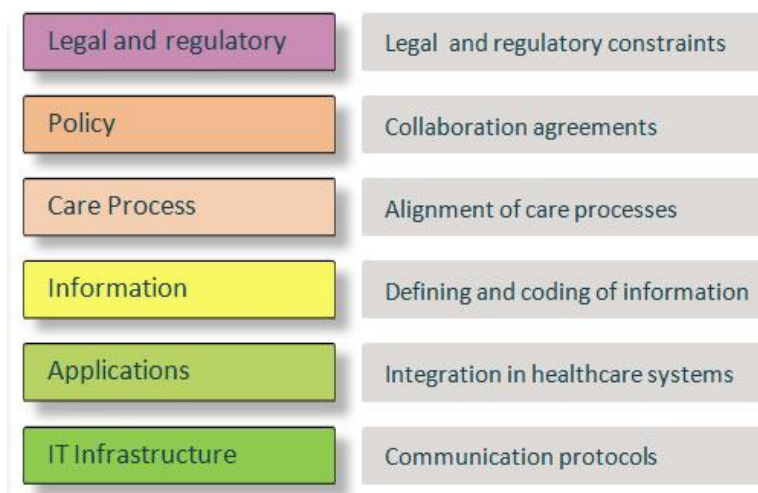


Figure 1: Refined eEIF (ReEIF) model²

The distinction of the subtasks 5.4.2 and 5.4.3 will be clarified in this part of the paper. The scope subtask 5.4.2 is on the policy actions and the related review of projects that have announce

² http://ec.europa.eu/health//sites/health/files/ehealth/docs/ev_20151123_co03_en.pdf

recommendations/ policy actions in the field of cross-border e-services for ePrescription and Patient Summary. The policy actions are going to be investigated through the layers of interoperability of the ReEIF model.

On the other hand the scope of subtask 5.4.3 is on the direction of giving a detailed report-review of the projects in the field and best practices (i.e. Antilope, HITCH, Trillium bridge, Eurocas etc).

5.2. Review of implementations of initiatives and projects

This review is actually a literature review that is included in the deliverables of projects like eStandards, openMedicine, AssessCT. At European Level, a short review of legislation and policy documents is included in the rolling plan for ICT standardization. The results of this review could be associated with the work of T5.4.3

5.2.1 Assess-CT:

The goal of ASSESS CT was to make a significant contribution to the debate on semantic interoperability of eHealth services in Europe³. It came up with a report with five recommendations focusing on the importance on adopting the SNOMED CT as a core reference terminology along with the need for a wider, coherent and priority-driven strategy for optimising the benefits of semantic interoperability in wider, coherent and priority-driven strategy for optimising the benefits of semantic interoperability in health data.

5.2.2 OpenMedicine:

The project includes⁴ list of recommendations regarding the medicinal products in cross border ePrescriptions, eDispensing reports and ePatient Summaries. The deliverables are not public yet (April 2017).

5.2.3 eStandards:

Deliverables of eStandards like D3.3. Initial Draft Roadmap for Essential Standards Development, D4.2 Interoperability Guideline for eHealth Deployment Projects and other are of great value proposing a number of actions content, models, interfaces, services and policy dimensions.

5.3. Key recommendations to the eHealth Network

Based on the review of EU related projects and with the active support of participating countries, the policy paper will propose a number of recommendations for policy actions to the eHealth Network. The projects that could be examined are Assess-CT, openMedicine, eStandards with the intention to give an insight of the policy context and strategic actions proposed to the policy makers in MSs.

³ http://assess-ct.eu/fileadmin/assess_ct/final_brochure/assessct_final_brochure.pdf

⁴ http://www.open-medicine.eu/fileadmin/openmed/deliverables/643796_d5.2_substitution_results_and_recommendations_v08.pdf

6. Timeline

The expectations for active members of this task are the following ones:

- Active involvement of task members to review the policy actions of the above projects	By end of April 2017
- Identification and review of EU and national projects or initiatives	By end of May 2017
- Commenting from participating countries in JAseHN. Elaboration of the Results	By end of July 2017
- Produce global recommendations for the eHealth Network and/or analyse the recommendations of interoperability projects	By end of August 2017

A proposal of division of the work among the task members in Task 5.4 for the two subtasks 5.4.2 and 5.4.3 has already made. The task leader will come in contact with the task members to finalize this decision.

The final report will thus be submitted to the eHealth Network in November 2017.

7. Risk

The relation with subtask 5.4.3 is very close with the risk to have overlapping data reviewing the same projects *D5.4.3x Report on standardisation developments in eHealth incl. recommendations for the rolling plan*. The distinction of the two tasks lies mainly to the fact that 5.4.2 focuses on the policy level whereas the D.5.4.3 lies on the literature level and examining best practices in the field of standardization. The literature review (and the associated bibliographical references) should be focus on the purpose of the subtasks and on the notion of cross-border services and the uses cases that are under the scope of JAseHN. Otherwise, extensive documents will be produced with information that may not be of great value for the body of eHN.

The stimulation of the task members is also important to take place within April to catch the Timeline.