



15TH EHEALTH NETWORK 11-12 JUNE 2019, BUCHAREST, ROMANIA

COVER NOTE BY EHEALTH NETWORK SECRETARIAT

Topic 1.5. European Court of Auditors report on the implementation of Cross-Border Healthcare Directive

Issue at stake

The European Court of Auditors carried out in 2018a special audit concerning the Implementation of the Cross-Border Healthcare Directive. The report will be published on 4 June and presented to the new European Parliament in fall 2019. The report also covered the eHealth Digital Service Infrastructure and e-health policy of the Commission.

Summary

In the draft report (to be confirmed on 4 June), the Court underlines:

The work on cross-border exchanges of health data has resulted in the creation of interoperability standards. The Commission, in cooperation with the Member States, is building EU-wide infrastructure for these exchanges. The Commission did not estimate the likely numbers of users of the EU-wide eHealth Infrastructure before launching the project. The Commission's forecasts of the likely take-up of cross-border exchanges of health data were overoptimistic. There were delays in the deployment of the eHealth Infrastructure and cross-border health data exchanges via eHealth Infrastructure had not started at the time of our audit (paragraphs 38 to 47).

The Court recommends:

Recommendation 2 – Better prepare for cross border exchanges of health data

The Commission should:

(a) assess the results achieved for cross-border exchanges of health data via EU-wide eHealth Infrastructure (for ePrescriptions and Electronic Patients Summaries);

Target implementation date: 2021

(b) in the light of this assess the 2012 eHealth Action Plan and the implementation of the 2018 eHealth strategy, including whether these actions have provided cost – effective and timely solutions, and meaningful input to national healthcare systems

Target implementation date: 2021

In its replies, the Commission underlined, under several paragraphs of the Report:

The eHealth Digital Service Infrastructure is an innovative infrastructure solution, supporting Member States in an area where they have the main competence and where the development of national infrastructure and use of services at Member State level is very different from one Member State to another. The eHealth Digital Service Infrastructure has a solid governance structure in line with the requirements of the CEF programme for Digital Service Infrastructures and its progress and performance is monitored, on a quarterly basis, via a set of 11 key

performance indicators. In addition, following an audit on CEF Telecom governance finalised in January 2019 by its Internal Audit Service the Commission will better clarify some elements of its operational arrangements and further develop the set of result-oriented KPIs.

Almost half of the EU population has a European Health Insurance Card, and over 2 million request reimbursements yearly. In 2017, there were 17 million EU citizens living in an EU Member State other than their country of citizenship and 1.4 million cross-border workers were active in the EU. All of them represent potential users of eHealth Digital Service Infrastructure.

The exact number of e-prescriptions and patient summaries exchanged depends on use of these services at Member State level, and a gradual, but significant development is expected.

It is common practice for any business project to test its feasibility through a small scale "proof of concept" and then proceed with scaling-up the project to fit mass-deployment. The exchanges of test data implemented within the epSOS and EXPAND projects were sufficient to develop specifications and prove that the exchange of patient summaries and ePrescriptions is technically feasible. The validity of the epSOS project conclusions are confirmed by the ability of the fact that e-prescriptions issued in Finland are now accepted in Estonia. (550 e-prescriptions being dispensed between end January and the end of February 2019). This confirms that the exchange of test data within the ePSOS project, albeit limited, was sufficient to put down the basis for the successful deployment of a large-scale cross-border data exchange.

The cross-border exchange of electronic health data is based on voluntary cooperation among Member States (see Article 14(1) of the Cross-Border Health Care Directive (CBHD)). Joining eHealth Digital Service Infrastructure is voluntary and requires a certain level of digital readiness, as well as trust between parties. An impact assessment was carried out in support of the provisions of the Directive, including the cross-border exchange of data, confirming the need for EU action in the area of cross-border health care.

The Commission accepts the recommendation 2(a).

It will monitor and report the results achieved through the eHDSI governance structures. In order to provide the overall assessment, a critical mass of Member States is needed and this will be achieved, at the earliest, by 2023.

The Commission partially accepts recommendation 2(b).

The Commission will monitor and assess the eHealth Strategy and the eHealth Action Plan and will consider appropriate follow-up action. The focus of the assessment concerning cost-effectiveness and meaningful input to national healthcare systems will be only on the eHDSI, which is the major element of the EU funding. The assessment will build upon the outcome of the actions undertaken under 2(a) after 2023.

Format of procedure in the eHealth Network meeting

The Commission co-chair requires Head of Unit SANTE.B3 to provide more details about the Report to eHealth Network members and opens the floor for questions.