Information Paper

This paper is intended to provide the eHealth domain with information about the Connecting Europe Facility (CEF) and the preparation of sound proposal(s) for funding of eServices in the area of health. The information paper should be read in conjunction with the accompanying template.

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Document versions

Date	Version	Content
19 December 2013	0.0	Initial notes.
22 January 2014	0.1	Template and overview.
31 January 2014	0.2	Further content added.
2 February 2014	0.3	Further content added.
3 February 2014	1.0	Submission of draft document to European Commission.
4 February 2014	1.1	Revised following comments from project officer.
5 February 2014	1.2	Revised by project officer.
5/6 March 2014	1.3	Modifications made to take on board commentary made in 10 February 2014 meeting and through specific technical observations made by A. Romero (sub-group member).
17 March 2014	1.4	Modifications made following comments by members of European Commission staff, particularly with regard to reference to a stand-alone template; details pertinent to Table 2; details pertaining to specific business model methodologies; and the need to refer to concrete (business/financial) figures; Annex 2 was also removed (it is now a stand-alone template). Occasional grammatical or stylistic improvements made.
19 March 2014	1.5	Revised following comments from project officer, and with final proof reading.

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1. Introduction

This information paper concerns the funding of the electronic exchange of medical data (i.e., patient summaries) across borders. To deploy this activity as a digital eHealth service, there is a need for funding under the Connecting Europe Facility (CEF), which is the principal funding instrument for trans-European networks in the field of telecommunications.

This information paper is intended to serve as an input for the sub-group of the eHealth Network on the CEF. The purpose of this sub-group is to start the work on writing proposals – in the form of (a) business plan(s) – for funding through the CEF for eHealth services. Further work on such business plans will be carried out by the eHealth Governance Initiative (eHGI) and others, and will ultimately lead to a set of proposals being created that are to be endorsed by the eHealth Network.

The sub-group has been requested to:

- Identify the eServices, and deployment of assets, to be funded by the CEF.

- Start preparations, in the form of a business plan, in order to have CEF funds allocated.

Therefore, this document is intended to make it clear to both the sub-group participants (and, ultimately, the eHGI and eHealth Network) what issues should be addressed in terms of the documentation to be provided so as to obtain potential CEF funding. The document's overall purpose is to enable the sub-group to know what its members might expect of the CEF, and to encourage them to consider the types of services, and assets needed to run these services, that might be submitted to the CEF.

The information paper should be read in close conjunction with the accompanying template. This information paper and the accompanying template place their main focus on the year 2015.

Contents of this information paper
This information paper contains the following elements:
- Background information.
- Objectives, services and assets.
- Content of the business plan.
- Information about next steps.

Note: Sources of materials used to draft the content of this information paper
A number of sources have been used to draft this information paper. The majority of these sources are publicly identifiable. A small number are either confidential or have not yet been released for publication. Wherever it has been possible to identify these sources, this has been done in the *6. References* section of this document.

2. Background information

This section of the information paper overviews the background, EU dimension, and added value of the service.[1]

Background to the CEF

The CEF is designed to stimulate and support projects of common interest for the deployment and operation of digital service infrastructures (European Commission, 2013a). Ultimately, its role is to support the development of a Digital Single Market. Initiatives that it supports are intended to **improve the competitiveness of the European economy, promote interconnectivity and interoperability** of national, regional and local networks, and **access** to such networks (*all this, and subsequent, emphasis added*). These infrastructures will **enable the provision of essential services** for businesses and **citizens** in areas **such as "interoperable health services"** (Op. Cit, p.2).

According to the CEF guidelines, these infrastructures should **create European added value** and **meet proven needs** (Op. Cit, p.4). They should be sufficiently **mature for deployment**, **technically** as well as **operationally**. Further details should be offered with regard to the **sustainability** of the services and the **reduction in their funding** over time (see *Section 4. Content of the business plan*).

EU dimension

There will be positive and constructive effects achieved by the large-scale deployment of eHealth services on various current challenges: patient safety, the quality and continuity of care, reduction in the costs of health systems, and improved quality of life for both older people and patients with chronic diseases. For a clear statement on these impacts, see e.g., the *eHealth Action Plan 2012-2020 - Innovative healthcare for the 21st century* (European Commission, 2012a).

Despite the articulation of the positive impacts of eHealth on several aspects of European healthcare, today there is no generally valuable business case for national authorities to deploy cross-border health services. There are also a number of reasons why the private sector finds such investment potentially challenging: these include the cost of the infrastructure involved; the complexity of the legal framework (which is currently being revised, particularly in the data protection and security fields); and the lack until recently of an agreed eHealth interoperability framework.

Therefore, concentration on cross-border eHealth services at the level of the European Union, in close conjunction with the Member States, is an appropriate approach to follow. The intention would be for public authorities to initiate cross-border eHealth service deployment themselves. Ultimately, as appropriate, they might progressively transfer the operation and further deployment of these services to the private sector.

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[1] The texts that follow in Section 2 of this document could possibly be tailored to fit more specifically the argumentation needed to support a proposal for e.g., *Cross-border service(s) to exchange medical data*.

Added value of the proposed service

As identified in European Commission documentation, the CEF is a funding instrument designed to support the deployment of Digital Services Infrastructure in Europe. It does so, for example through investment in high-speed broadband investments. The relevant outcomes should permit job creation, productivity, the modernisation of public administration, and improvements in the quality of life (among others, "**by enabling new applications in eHealth**") (*emphasis added*) (European Commission, 2012b, p.17).

As also described by the European Commission: "*In today's internal market, digital services stop at borders. ... **Doctors treating individuals who fall sick[2] while travelling or living in another member-state have trouble retrieving their patient's medical records**. ... The fragmentation of systems is a major obstacle to the emergence of a Digital Single Market, hampering the growth of cross-border services and imposing needless transaction costs on pan-European companies as well as mobile Europeans*." (*emphasis added*) (European Commission, 2012b, p.15).

The added value of a support for eHealth service(s) would therefore generally be to:

- **Add to the quality of life of European citizens** by ensuring easier online access to their health data by the health practitioners treating them (in whatever European Member State they find themselves as mobile citizens of Europe).[3]
- **Ensure greater effectiveness and efficiency of European health systems** through the access to data facilitated by the cross-border exchange of medical data.
- **Respond to the need to overcome barriers to the deployment of eHealth** services. These include the lack of interoperability between eHealth solutions; the relative weakness of governance of health systems at the national level (when the systems are themselves all facing common, shared challenges); and the current relative lack of a business case for national authorities or the private sector to deploy and maintain cross-border eHealth services.
- **Facilitate growth in appropriate health solutions**, and eHealth solutions. Some possibilities to facilitate growth may lie in the opportunities for access to this medical data by people/patients themselves, and also by public health authorities, research bodies, and other institutions, as appropriate.

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[2] Statistics to support these claims would be useful.
[3] The care required or given could include the identification of potential care, scheduled or non-scheduled care, and continuous or intermittent care.

3. Objectives, services and assets

This section of the information paper describes the specific objectives and services to be proposed, the assets needed, and the necessary actions in 2015 and onwards. It can be read usefully in conjunction with the accompanying template.

The information provided in this section is based on the assumption that a proposal for funding will be put together by the Member States in order to obtain an "award of financial support in the form of grants" ... "done by the Commission via a competitive process" ... whether relevant to an "annual" or a "multi-annual work programme(s)" (European Commission, 2012b, p.9).

eHealth services are among those services which – as per November 2013 – were not included in the CEF's 2014 programme since they were "not deemed to be mature yet"; hence, it is likely that "they will be re-assessed in a year's time." (cf. European Commission, 2013a, p.1). That re-assessment is anticipated to take place in November 2014. Hence, it is particularly important for any relevant eHealth services to demonstrate their maturity and on-going viability.

Two different forms of calls will be used (both calls for tenders and calls for proposals). As stipulated by the European Commission (2013a, p.5): "Calls for tenders will be used by and large for work related to *core service platforms* (e.g. physical infrastructure, software and data, operational management and user support) and for horizontal actions (e.g. studies, events, awareness raising). Calls for proposals will be used for *generic services*, which connect national infrastructures and communities to the relevant core platform(s)." At this stage of preparation of the CEF, it is not precisely evident for which types of calls eHealth services would be able to make submissions: information on this matter should therefore be crosschecked with the Commission services. It is especially important to determine for which parts of services funding would come directly from the European Commission, and which would come from the Member States themselves.

The business plans for the individual specific services (see, the example four specific services listed below in the sub-section on *Potential Services*) will need to clarify these choices.

Objectives

Taking the domain of *Cross-border service(s) to exchange medical data* as an example, the objectives laid out will relate specifically to 2015 as well as longer-term. The essential focus of these objectives will need to be on the ultimate goal and scope of the initiative (i.e., in relation to **cross-border; patients; and interoperability**). It might include the particular features and tasks to be undertaken, and the numbers of Calls (e.g., Calls for Tender or Calls for Proposals) to be launched during a first year of action. Technically, it might need to make statements about particular services. It should outline the number of Member States to be involved in the initiative.

These different elements are listed below, purely illustratively:

- Fit with the goal and scope.
- Features and tasks to be undertaken.
- Specific services (or server networks).
- Calls (e.g., Calls for Tender or Call for Proposals) to be launched.
- Numbers of Member States involved.

Potential Services

The initial service(s) to be considered should be those which have received previous endorsement by the European Commission and Member States together, through either policy documentation or through predecessor programmes to the CEF (such as the Competitiveness and Innovation Programme).

Although up to four separate services are listed below (see A-D), it is highly unlikely that four services would be supported by the CEF within any particular year. It is much more likely, as a general approach, that only a single service would be supported per year (and perhaps exceptionally two services within the initial launch year). It is anticipated that work on initial business plans might concentrate on the initial elements required for a first business plan on *cross-border service(s) to exchange medical data* and a second on plans for *ePrescription*.

It is therefore expected that some prioritisation of the maturity of these various services (A-D), in terms of their likely fit with the scope of the CEF, needs to take place. Undertaking such a procedure may help to identify the future years in which these services might be supported, and the sequential order in which they could be put forward for support.

Despite the mentioning (below) of only four services, possible additional services could be identified, in the future, based on currently-operating large-scale pilots e.g., integrated care or telemedicine services. The cross-border element of this integrated care work, undertaken e.g., by the SmartCare large-scale pilot,[4] is at an early stage of investigation. Equally, other options to be specified might be based on evidence of actual operation in Europe e.g., reimbursement mechanisms. No assumptions can be made yet at this stage of the CEF about the feasibility of the success of any approach for support for these shared services.

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[4] http://pilotsmartcare.eu/home/ Accessed 17 March 2014.

A. Cross-border service(s) to exchange medical data.[5]

Specifically this service takes into account the exchange of the patient summary data-set as specified in the guidelines as adopted by the eHealth Network in November 2013.

B. Cross-border ePrescription services.

The eHealth Network will adopt guidelines on ePrescription in 2014. The specifications included in these guidelines should act as the basis for the funding under the CEF.

C. eHealth services for European Reference Networks.

Two European Reference Networks were established in 2014. These Network exchange highly specialised medical information and plan to make use of different types of telemedicine services.

D. Infrastructure services for interoperable Patient Registries.

The Joint Action on cross-border Patient registries is working on several assets to improve the filing, exchange and use of patient registries within the EU. These assets are ready for support from the CEF as from 2015.

Assets and funding

Coverage is given in this section of the document to aspects of budgets that are to be covered in the business plan, the categories of items that need resourcing, scenarios for alternative funding of services, and various methods of funding.

Current potential components of services identified as needing funding

After a selection of the eHealth services which are mature enough to apply for funding under the CEF, it should be specified which components of these services (i.e. assets) should be maintained by the CEF. During a first discussion inside the eHealth Governance Initiative, a range of components were proposed. These included:

- Cross-border eHealth digital services/deployment assets.
- Connector ring.
- Nodes/contact nodes.
- Servers.
- Terminology, thesauri, models and bridges.
- Classifications and ontologies.

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[5] Feasibility for both the exchange of medical data and cross-border ePrescription services exists in the application of the work undertaken by the epSOS large-scale pilot (http://www.epsos.eu). A bridging process to maintain the assets of the epSOS large scale pilot has also commenced, in February 2014, under the umbrella of the EXPAND thematic network (http://www.expandproject.eu). The network aims to achieve sustainability of "eHealth assets" on interoperability already developed. Thus, it should ensure that any pilots are to move towards the maturity of actual deployment.

Once it is made clear which specific services will be requested for support by the CEF, a list of potential components of services will need to be prepared. These components, and the financial resources needed to maintain them, need to be specified in any finalised business plan.[6] (See the accompanying template document.)

Types of categories of service and items needing resourcing

The precise items that require CEF funding resourcing may cover such issues as those listed in Table 1 (below). They should, ultimately, be classified into two categories that can be termed: Set-up and launch; Operation and Deployment. They can be considered as basic investments and operational costs. The basic business plan, for the purposes of possible CEF funding, will need to specify these elements.

Table 1: Possible aspects of resourcing to be considered
in the eHealth domain (in alphabetic order) [7]

Awareness-raising (including, for example, co-operation and trust-building).
Access to existing infrastructures and services.
Basic language resources.
Core service platform.
Evolution of the service.
Governance (items could include, for example, dissemination costs, liaison, management costs, professional services, travel and subsistence, vendor management).
Infrastructure.
Liability.
Maintenance.
Operation (items could include, for example, compliance testing, infrastructure, operation of the central service, security features).
Portal (for example, hosting and maintenance of any portal).
Support service(s) (for example, support for platform providers and users, support for partner data providers, and other user support).
Training.

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[6] See two related items exist: a) a outcomes of the first brainstorming exercise by the eHealth Governance Initiative involved a presentation prepared by Arturo Romero Gutiérrez, Director del Proyecto HCDSNS, Madrid; b) the minutes of the sub-group to the eHealth Governance Initiative meeting which took place on 10 February 2014.

[7] The items listed in this table are purely illustrative. They are not limited to all the elements for prospective resourcing that might be named. They have not been classified into basic investments and operational (annual) costs. They are to be read alongside complementary materials/minutes produced in the sub-group to the eHealth Governance Initiative meeting on 10 February 2014.

Scenarios for alternative funding of services

As a challenge to the sub-group, consideration should be given in any finalised business plan to a range of approaches or scenarios (up to three in number) that identify the manner in which services might be paid for alternatively and/or operational costs be defrayed.[8]

Methods of funding over the 2014-2020 period might include a combination of:

- The CEF programme itself.
- Participation in "generic services" and other shared cost activities.
- Financial support provided by other Digital Services Infrastructures.
- Other EU sources.[9]
- Member States (e.g., administrations and competence centres).[10]
- Industry and third parties (e.g., including named institutions, donations, royalties and fees).[11]

Typical budgets

As background information, example budgets to be requested by those mature services which were being put forward for operation under the 2014 Work Programme of the European Commission ranged from 6-9 million euros (for the year 2014), and exceptionally up to 18 million euros.

Funding from the CEF programme should be steadily reduced, in particular during the 2017-2018 time-period, and beyond.[12] The potential proposals submitted identified steady reductions in the funding of support by the CEF over a seven-year period (until 2020): these reductions in support ranged considerably depending on the service proposed. In the most ambitious cases, the proposals reached 0% public funding by 2020 and, in less ambitious cases, remained at 80% public funding.

Necessary actions from 2015 onwards

Year on year, it is likely that the following information will need to be provided by the Member States collectively in their proposal to the CEF. See also (*Section 4. Content of the business plan*). Clearly, the feasibility of providing very detailed information out into the 2018-2020 timeline, and beyond, may be currently limited.

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[8] In the eHealth field, these might be considered in combination with, purely as examples, data collection and analysis, the involvement of a variety of health service providers and healthcare payers such as insurers, and various industry players including pharmaceutical companies.

[9] Several services in other eGovernment-related fields have identified the CEF's encouragement of partnerships between Member States and regions. Hence, they are exploring possible support through the structural funds. Some services have identified appropriate good practices on the part of specific regions of Europe which have been the recipients of such structural funds for health purposes. Given the regional organisation of some Member States' health systems, this might be a distinct possibility to be explored in the eHealth domain.

[10] This possibility could be explored.

[11] Options to be considered include the role that could be played by the various industry and standardisation associations involved in the eHealth field. The character of associations to which health professionals belong, as members, also needs some consideration.

[12] Given the potential start-date for potential CEF funding in the eHealth field, for example in the 2015-2017 time-period, some consideration will need to be given to the staging of reduced funding post-2020.

Nevertheless, it should be an ambition for the eHealth service(s) proposed to cover at least the three-year timelines, 2015-2017.

- The specific **objectives** for the year in question in terms of the services to be offered.
- More specifically, a description of the **prior work** on which the services are built, and its technical and organisational maturity.
- The expected **long-term viability** (e.g., impact, take-up, and deployment of the results).
- The anticipated **business model**.
- The **actual (or eventual) financial sustainability**.
- Those **elements of the service which are re-usable** by design by other Digital Service Infrastructures.[13]

Table 2: 2015-2020 timelines – Actions needed by those entities requesting eServices to be supported by the CEF

2015-2017 timelines	Actions needed by those entities requesting eServices to be supported by the CEF
2015	Submission of information with regard to e.g., objectives; description of prior work; long-term expected viability; anticipated business model; actual (or eventual) financial sustainability; elements of the service that are re-usable by other services.
2016	Submission of the same data for 2016.
2017	Submission of the same data for 2017.
2018	Submission of the same data for 2018.
2019	Submission of the same data for 2019.
2020	Submission of the same data for 2020. Anticipation of those services that will continue to request support over the 2020-2025 timeline is needed here.

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[13] In the case of eHealth, it is evident that this includes elements which might draw on building blocks provided by other Digital Service Infrastructure elements (such as eIdentity or eProcurement mechanisms). In terms of the building blocks which are emerging out of the eHealth domain itself, these might eventually be shared with/by e.g., social care or social services.

4. Content of the business plan

This section contains an overview of the information needed for a proper business plan to be filed under the CEF. (See the accompanying template document.)

More specific sub-sections describe the:
- Outline of a potential business plan.
- Method to be used to draft and complete the business plan.
- Filing process under the CEF.

Outline of a potential business plan

This sub-section outlines what is a business plan, and what might be the anticipated elements of such a plan that need to be provided to the CEF to satisfy funding requirements.

- **Definition of a business plan**. A business plan is a formal statement of a set of business goals, the reasons they are believed attainable, and the plan for reaching those goals. It generally has a 3-5 year duration (Wikipedia, 2013). Often business plans have some 10-12 different elements that are covered specifically. Standard business plans in a business environment often include the undertaking of strengths, weaknesses, opportunities and threats (SWOT) analyses. Business plans may also be targeted towards external parties (which appears to be the case in terms of the CEF).

- **Comments on this business plan**. In the case of this specific business plan, it is to be used for the purpose of submission to receive funding from the European CEF programme during the five-year time-period, 2015-2020 (and potentially beyond). It should therefore comply with the precise format for such a business plan, as expected by the CEF administration. (Again, see the accompanying template.) [14]

- **Title of the business plan**. In the case of eHealth, in terms of the early versions of such a business plan, with specific reference to e.g., electronic health records, an anticipated title for such a plan might be e.g., *Access to a subset of electronic health records across borders* or *Cross-border service(s) to exchange medical data*.

- **Rationale for the service(s)**. Careful consideration needs to be paid to the proposal for support for service(s) that match (i) the requirements of the CEF, (ii) are closely associated with the *Directive on patients' rights in cross-border healthcare* and (iii) the work previously achieved by the epSOS large-scale pilot (http://www.epsos.eu), among other initiatives.

- **Framework and sections of the business plan**: A potential framework for such a business plan document might include such titles as (see *Section 3* (above) on *Objectives, services and assets* as well as the accompanying template):

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[14] This sub-section of the information paper makes an attempt to foresee such a format or template. Indeed, an example template has been created (see accompanying template). The preciseness of its titles and proposed contents will need to be confirmed with the European Commission services/CEF.

- 1. Objectives.
  2. Description of prior work.[15]
  3. Long-term expected viability.
  4. Anticipated business model.
  5. Actual (or eventual) financial sustainability.
  6. Elements of the service that are re-usable by other services.[16]
- Among elements to be identified in the description should include:
  1. Why **access** to cross-border services is needed.
  2. **How** cross-border services might be expanded steadily in the way identified in the sub-section entitled *Potential Services* (see *Section 3* (above) on *Objectives, services and assets*)).
  3. The **issues at stake** when making a use case that involves particular elements (stakeholders) of the eHealth community.
  4. The **rationale for investment**.
  5. The extent to which **public-private partnerships** can be included in the initiative.
  6. Which peripheral technologies can make use of the **central technology** (i.e., the patient summary/medical data).
  7. The relationship of the requested services with appropriate **standardisation and regulation**.
- **Resourcing**: This business plan is expected to outline what are anticipated to be, on a multi-annual basis (i.e., from 2014 onwards (i) the necessary investments and ii) what might be the needed (annual) running costs. Expected investments are likely to be classified into such categories as (a) set-up and (b) launch. Running costs are likely to be categorised into such fields as (c) operation and (d) deployment. It is highly likely that such details will need to be provided in a tabular format with columns that refer to each year. (See the accompanying template.)
- **Core and generic services**. Careful consideration needs to be paid to those services which can be considered as "core" to eHealth, and those which can be considered as "generic" (and thus have implications for other digital services in the wider eGovernment field, including e.g., social care and social services). (See ANNEX 1 of this document for official definitions of core and general services.)
- **Supporting documentation**. This business plan will need to provide both direct and indirect evidence of the need for support by the CEF. While this evidence might include return on investment, it could also include reference to social return on investment.[1718]

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[15] There is a distinct need for any proposal to be associated with the prior work undertaken in this field e.g., the electronic health record (patient summary), and on interoperability more generally, that emerged from the work of the epSOS large-scale pilot (http://www.epsos.eu).

[16] This degree of re-usability may – in the case of eHealth service(s) – be related to the bringing together of both health and (social) care services or it could pertain to the re-use of patient summary data for other services such as ePrescription and/or public health or research uses.

[17] In particular, this is so since it is anticipated that the use of the service(s) will lead to improved quality of life on the part of European citizens. Overall, for example, the European Union currently has the ambition of expecting an enhancement of two healthy life years on average for European citizens throughout Europe. Some early appropriate findings relating to eHealth impact might therefore be

- **Figures**. The need for concrete evidence and figures in the business plan cannot be over-emphasised. Provision of such evidence will be especially important in a service area which, until now, has not been considered as sufficiently mature, and which will need to demonstrate its maturity and its business case.[19] In some cases, it may be possible for proxy figures to be stipulated.

As stated by the European Commission (European Commission, 2013a, p.4), in particular, attention needs to be paid in this business plan/description of services to a **strategy and sustainability plan** that ensures the **medium- to long-term operation** of **the core service platform** beyond the CEF. As feasible, the financial assistance provided by the CEF should be **phased out over time**. **Funding from sources other than the CEF should be mobilised** where appropriate. This should be outlined in that section of the business plan related to *long-term expected viability*.

The precise categories of information required in the submission documentation will need to be clarified formally with the European Commission.

Method to be used to draft and complete the business plan

No specific method is promoted here to investigate the handling of eHealth-related business for the purpose of seeking CEF funding. Various examples exist. Methods can be found that have been used by eHealth-related initiatives over the 2012-2014 timeline to formulate business plans.[20] Working sessions of e.g., a June 2012 workshop identified such domains of activity as:

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available through documentation emerging from the European Innovation Partnership on Active and Healthy Ageing, especially where it has been collected in relation to e.g., shared exchange of records. A number of European Commission co-financed projects in the mid- to late-part of the last decade examined financial and economic returns on eHealth initiatives, including projects on general eHealth developments and on electronic health records, more specifically.

[18] Note how, purely as an example, the Clean Air Act (2013), published by the European Commission, identifies strongly in its impact assessment the degree of enhancement anticipated on quality of life of European citizens.

[19] For sources of relevant documentation, it will be important to investigate i) a wide range of relevant studies, including several co-financed by the European Commission; possible research undertaken by e.g., the World Health Organization or the OECD; as well as ii) considering the kinds of volumes of funding that have historically been contributed to appropriate fields by the Member States themselves.

[20] At a June 2012 workshop on *Shaping the Future Through Business Model Innovation* run by the FP7 project, SemanticHealthNet an interesting presentation was run by Danielle Dupont of Data Mining International SA (Switzerland). The presentation, which shaped the ensuing working sessions, was entitled "The Business Case for Interoperability: Towards Enabling Cross-Border and Cross-Organizational Information Flows" (ePractice http://www.epractice.eu, last accessed on 4 February 2014). Its outcomes are reported in a short document identifying "Meeting Highlights".

- Perceived key drivers to interoperability (e.g., a set of necessary elements for achieving and sustaining interoperability in Europe).[21]
- Perceived influential factors.[22]
- Perceived benefits and added value.[23]
- Perceived success criteria.[24]

Similar exercises undertaken in the context of appropriate workshops might provide structured information for possible inclusion in eHealth-related business plans.[25]

Certainly, appropriate materials should be extracted from a range of European co-financed projects to provide support documentation. It is anticipated that the recently launched EXPAND thematic network[26] may have specific insights to offer in this regard as will the eSENS project.[27]

Filing process under the CEF

As of the date of preparation of this document on 19 March 2014, additional information needs to be sought from the European Commission with regard to the precise perceived filing process and its timing over the 2014-2015 timeline. A tentative draft timeline for this process is outlined in *Section 5. Next Steps*.

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[21] These included tools, assets, and services; stakeholders; organisational structures; processes; and funding sources.

[22] These included cross-border/cross-organisational scenarios; market forces; emerging trends; industry developments; and macro-economic forces.

[23] These included cross-border/cross-organisational scenarios; key stakeholders; perceived benefits; and the types of evidence needed to demonstrate interoperability overall added value.

[24] In cross-border/cross-organisational scenarios, these related specifically to defining the achievement of sustainable interoperable assets and their priority levels (low, medium and high).

[25] One such possibility is the Interoperability workshop run by a combination of European co-financed projects on 18/19 February, 2014, entitled MACSI.

[26] http://www.expandproject.eu/ Accessed 17 March 2014.

[27] http://www.esens.eu/home/ Accessed 17 March 2014.

5. Next steps, 2014-2015

This section of the paper outlines the immediate next steps to be completed.

Timelines during 2014

The eHealth Network will seek to approve the proposals to be submitted in May 2014. These proposals will then be submitted to the CEF Telecom Expert Group, which will evaluate the proposals on behalf of both DG Connect and the Member States. By the end of the year 2014, more fine-tuned decision-making will be handled either by e.g. DG DIGIT and/or an agency. It is highly likely that, at that stage, the materials will consist of a more technical Tender document, and the decision-making on that Tender (and other documentation submitted with regard to other technical services) will be handled by a technical group.

It should be noted that a period of around one year elapses between the approval of the planned proposals, by the CEF Telecom Expert Group, and the eventual publication of the relevant Call for Tender/Call for Proposals in mid-April 2015 (TBC). The process of acceptance of the proposed submissions (if they prove to be satisfactory) is however brief: i.e., it is currently described as taking place over a duration of around three months. It could therefore be expected that any accepted eHealth-related proposal, submitted in 2014, could become an action to be launched in July 2015.

Table 2: 2014 timelines – Actions needed by the
sub-group and/or eHealth Network

2014 timelines	Actions needed by the sub-group and/or eHealth Network
April/May 2014	Sub-group to develop work relating to a proposal for financing by the CEF to be submitted for approval by eHealth Network. Concentration by the sub-group is likely to be needed on the accompanying template, with reference to and support of *Section 4* of this information paper entitled *Content of the business plan*.
May 2014	Approval of the proposal documentation (prepared by the sub-group) by the eHealth Network.
18th June 2014	Draft proposal to be submitted by the eHealth Network to the CEF Telecom Expert Group.
Summer/autumn 2014	European Commission internal treatment of the draft documentation in its possession.
December 2014 (TBC)	Acceptance of draft (eHealth) documentation by the CEF Secretariat (i.e. Steering Committee), if the documentation is considered to be satisfactory. Detailed planning for the 2015 timelines should be evident at this stage. European Commission internal orientations, and approval of 2015 Work Programme.

Timelines during 2015

The following timelines for 2015 are based purely on an extrapolation of the estimated development of the CEF Work Programme for 2014 (European Commission, 2013a).

Table 3: 2015 timelines – Prospective timelines for actions to be undertaken between the European Commission and Member States

2015 timelines	Prospective timelines for actions to be undertaken between the European Commission and Member States
Mid-January 2015	Informal meeting of European Commission officials with shadow CEF expert group. Feedback by written comments within one week.
End January 2015	Draft Work Programme subject to internal approval cycle. Discussions with inter-service group.
Mid-February 2015	Draft Work Programme. Second meeting with shadow expert group. Feedback
End March 2015	Meeting of the CEF Coordination Committee to provide an opinion on the Draft Work Programme.
Early April 2015	Commission adoption of the Work Programme, including a financing decision.
Mid-April 2015	Launch of the calls for tenders/proposals.
Mid-July 2015	Launch of the first series of actions.

6. References

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7. Annex 1: Terminology relating to services which can be specifically funded by the CEF

- "*Digital service infrastructures*" enable networked services to be delivered electronically providing trans-European interoperable services of common interest for citizens, businesses and/or governments. Digital service infrastructures are composed of core service platforms and generic services.
- "*Building blocks*" means basic digital service infrastructures, which are key enablers to be reused in more complex digital services infrastructures.
- "*Core service platforms*" means central hubs of digital service infrastructures aiming to ensure trans-European **connectivity**, **access** and **interoperability**. Core service platforms shall be open to Member States and may be open to other entities. [*Emphasis added*]
- "*Generic services*" means **gateway services linking one or more national infrastructure(s)** to core service platform(s). [*Emphasis added*] (European Commission, 2013a, p.3.)