CITIZEN'S SUMMARY:
Better health treatment for travellers and expats in the EU: Commission
Recommendation on cross-border interoperability of electronic health record systems

<u>**What is the problem?**</u>

More and more Europeans travel and live outside of their home region and country for holidays, temporary or permanent work, and studies.

This mobility is taken for granted, until something goes wrong. The problems faced by patients and doctors involved in health treatment abroad include losing essential medication, communicating medical situations to foreign doctors, diagnosing illness and prescribing proper medication with little knowledge of patient history.

Carrying paper copies of medical records is neither realistic nor possible at all times. Electronic health records are usually scattered in multiple formats, among diverse information systems at different hospitals or general practitioners' surgeries, and for some of us even in different countries. These scattered information systems often cannot 'talk to each other': they fail to provide for a comprehensive and integrated view of our medical history.

In an emergency, efficient sharing of medical information could save lives.

<u>**The proposal/solution. The benefits of the proposal.**</u>

Making sure electronic health record systems can 'interoperate' (talk to each other) could allow health professionals from another country to quickly access basic yet vital patient information, from our home doctor and hospital, in their own language, thus improving the quality and safety of care. It would also make it possible for pharmacies to electronically process prescriptions from other Member States, so that patients travelling within the EU or living in another Member State can obtain a refill of essential medicine.

Setting out guidelines for EU Member States will create a minimum level of steps that will ensure that electronic health record systems can work together across the EU. The guidelines address these objectives:

- Establish aspects of electronic health records that should be exchangeable between systems, such as patient summaries, emergency data sets, and medication records facilitating ePrescription.

- Enable health data to be shared among different healthcare systems, based on a limited range of applications currently in use in different Member States.

- Build appropriate networked systems and services covering all areas of healthcare, while fulfilling appropriate legal, operational and educational requirements.

<u>**The EU position, the EU beneficiaries and why at EU level?**</u>

While many Member States have already developed electronic health records, many systems cannot communicate with each other. Europe currently has a leading position in the world, with patient data being stored electronically by 80% of all EU-wide primary care physicians. About 70% of European doctors use the Internet and 66% use computers for consultations. Administrative patient data is electronically stored in 80% of general practices: 92% of these

also electronically store medical data on diagnoses and medication. Using such eHealth applications, doctors and medical services have already improved healthcare in Europe although progress is still needed, for example to create more efficient administration and reduce waiting times for patients. The benefits could be even more widespread throughout Europe if these systems could work together, making it easier for people to receive treatment even when they are away from their home country.

Agreements on the meaning and the exchange of clinical data also allow for necessary economies of scale. This will mean that European industry, including thousands of SME's, can reduce the costs for the component parts of eHealth infrastructures and services resulting in better value for money solutions for healthcare professionals and public authorities.

The Commission recommendation will also support the newly-launched 'Smart Open Services' project, which involves 12 Member States enabling the cross-border provision of eHealth services that are already operational at national, regional or local level. This Commission-funded large scale pilot aims to find common specifications that can be further developed and gain wider agreement, enabling different national systems to communicate and interact with each other so that citizens and businesses can enjoy the full benefits of the single market.

The terms and scope of application

The **key objective** of this recommendation is to **allow patient choice** to access his/her important information stored in electronic health record systems anywhere any time, particularly in the following situations:

- Making emergency medical data or patient summaries available to avoid delays in diagnosis or medical errors in treating victims of **car or other types of accidents** with certain health risk factors (e.g., an allergy, genetic disease, or a medical implant, such as a pacemaker).

- **Refilling prescriptions** or **replacing lost medicines**.

- **Ensuring 'continuity of care',** facilitating unscheduled medical encounters and continued treatment afterwards, which is important in special conditions such as pregnancy.

- In the case of a **large-scale crisis** such as an epidemic disease outbreak, a terrorist attack, a plane crash, or a large-scale natural or human disaster, rapidly provided information is essential to assist the management of emergency operations, 'triage' of patients, and the outcome of the treatment required.

Electronic records will be purely voluntary and created only at the citizen's request, respecting his/her right to privacy. The information contained in the patients' health record summaries has yet to be agreed upon, but it will include a basic summary of a person's health such as blood group, known allergies, medical conditions and details of medication the patient may be taking.

When is the proposal foreseen to come into effect?

The eventual purpose of this Recommendation is to contribute to the achievement of overall European eHealth interoperability by the end of the year 2015.