



EUROPEAN COMMISSION

DG HEALTH AND FOOD SAFETY

DG COMMUNICATIONS NETWORKS, CONTENT AND TECHNOLOGY

eHealth-units

Summary minutes
10th Meeting of the eHealth Network
21 November 2016

Venue: Albert Borschette Conference Centre, room CCAB 3B Rue Froissart 36, Brussels

co-chairs:

Clemens-Martin Auer, Director General, Federal Ministry of Health, Austria

Martin Seychell, Deputy Director General for Health and Food Safety, DG SANTE

1. Introduction

[These summary minutes were prepared by the Secretariat of the eHealth Network in accordance with the Rules of Procedure. They will be published with the accompanying documents and presentations on the European Commission (EC) website <http://ec.europa.eu/ehealth/events> after having taken into account the comments provided by the Network's members.]

The meeting was co-chaired by Martin Seychell, Deputy Director General of DG Health and Food Safety (DG SANTE) as the Commission co-chair in replacement of Xavier Prats Monné, Director General of DG SANTE, and Clemens-Martin Auer Director General of the Austrian Federal Ministry of Health as Member State co-chair.

There were 26 Member States represented at the Network meeting.

2. Opening and approval of the agenda

The meeting was opened by the MS co-chair.

The agenda was approved, with the following adjustments: 1) agenda topic 1 is not the adoption of the MWP 2018-2021 but to set up a sub-group to work on it, 2) switch of agenda point 3 with agenda point 4.

The Slovakian representative of the eHealth Network took a few minutes to speak to the eHealth Network and handed out a souvenir in light of their EU Presidency.

3. Topic 1: EU eHealth strategy towards 2020

The Commission, DG CONNECT, presented the state-of-play on the implementation of the Digital Single Market Strategy. She also presented the Measurement and Assessment Framework of the EIP on AHA (MAFEIP), which is one component of the EIP on AHA Scaling Up strategy. Its main objective is to measure and share evidence of the socio-economic impact of digital health and care Innovation. This monitoring framework will be used to assess improvements generated in health and quality of life of the population as well as efficiency-gains generated to support the sustainability of health and social care systems in Europe.

The Commission, DG SANTE, gave background information for setting up an eHealth Network sub-group on the multiannual work plan 2018-2021 (MWP sub-group). The results of this sub-group will also give input into the new Joint Action on eHealth. Preparatory work should start early 2017 to ensure the adoption at the 12th meeting (November 2017), leading to seamless transition from the JAseHN to the new Joint Action.

The MS co-chair emphasized that the MSs should consider at the same time the new MS co-chair of the eHealth Network and the new coordinator of the Joint Action, as both will need to change mid-2018.

Discussion

The following topics were mentioned for possible consideration by the MWP sub-group: cybersecurity, data quality.

It was mentioned that it is necessary to carry out a mid-term evaluation of the JAseHN to increase understanding of what should still be taken up in the new MWP. Furthermore, healthcare providers should be included in the process of creating a new MWP. Also, setting up the new MWP gives the opportunity to look at new (strategic) topics. It is necessary to align the MWP with the possible Council conclusions under the EE Presidency, which will have a specific focus on digital health.

Conclusion

The eHealth Network decided to set up the MWP sub-group. The following eHealth Network Members expressed their interest in participating in the MWP sub-group: AT, PT, FR, EE, MT, PL, EL, DE.

4. Topic 2: Implementation of the eHealth Digital Service Infrastructure

a) State-of-play of the eHealth DSI: core services, CEF funding 2015-2017

The Commission informed the MSs about a possible new funding under the CEF work plan 2017 for a new call for proposals. In addition, possible follow-up financing in 2019 is envisioned to support MS already participating in the eHealth DSI ensuring their implementation of both ePrescription and Patient Summary services, as well as developing possible new services (use cases).

The work plan 2017 of the core services was presented by the Commission. The work plan comes in two parts: 1) the document provided in the 9th meeting (June 2016), with an extensive presentation of the solution provider actions, and 2) the document provided prior to the current 10th meeting, which gives a timeline and concrete topics for 2017.

The Members requested an overview of MSs participating in the eHDSI and the offered services, which is given in Annex I.

Discussion

A Member suggested that more consideration should be given to the communication strategy.

Another Member expressed its great concern of the late submission of the document (one week prior to the meeting) and that it had not been discussed in the eHealth Member States Expert Group (eHMSEG). A submission shortly before the meeting does not give sufficient time to prepare the document at national level. The Member emphasized that this point had already been mentioned in the eHealth Network at the 9th meeting, having therefore not adopted the budget of 2016.

The Commission acknowledged the fact and noted that two documents were submitted late to the eHealth Network, which shows the high work pressure on the Commission but also the JAseHN. The Commission agreed to make improvements on this respect.

Conclusion

The work plan and budget 2017 was adopted with one abstention.

**) Additional issue: The CEF grant agreement for funding under the 2015 work plan*

An additional topic was raised by the eHMSEG chair regarding the CEF grant agreement.

The Commission informed the Members about the following points:

1. Concerns of some MSs on contractual obligations if they cannot fulfil them due external reasons.
2. Responsibilities of the central services towards the MSs.

The Commission reassured that it would not be the responsibility of a specific MS in case another MS or the Commission does not fulfil its obligations. The Commission also noted that such concerns had not been flagged in other DSIs.

Conclusion

It was suggested that a possible written statement by the Commission would be helpful to create reassurance for MSs signing the grant agreement. The MS co-chair encourages all MSs participating in CEF to sign the grand agreement. Further discussion can take place in the eHMSEG.

b) Updated eHDSI governance model

The Commission presented the updated eHDSI governance model. The document gives better clarity on the roles and task of the bodies participating in governance, in particular the eHMSEG.

Conclusion

The updated eHDSI governance model was adopted by consensus.

c) Policy paper on assessment and decision procedures under CEF funding

The MS co-chair presented the document. The document describes the process how a MS will get an agreement of the eHealth Network to go live in exchanging health data through the eHDSI. It does not provide the criteria on how to assess MSs, which however will be tabled for adoption in the upcoming 11th meeting.

Conclusion

The policy paper on assessment and decision procedures under CEF funding was adopted by consensus.

d) Restructured guidelines for cross-border exchange of patient summaries and ePrescriptions

The JAseHN Task Leader Jeremy Thorp presented the restructured guidelines.

One Member asked if there might be a discrepancy between this guideline and the Commission Implementing Directive regarding medicinal products, especially on substitution. It was explained that the national rules are not impacted by the guidelines. The Member will contact again their medicinal products agency.

Furthermore, it was emphasised that there needs to be a transparent process and involvement of MSs in possible future changes to the guidelines.

Conclusion

The restructured guidelines were adopted by consensus.

5. Topic 4: Principles and main elements of the draft for the multilateral legal agreement, and guidance to the working group

The JAseHN task leader Mr. Kamper presented the draft “Agreement between National Authorities responsible for National Contact Points for eHealth on the Criteria required for the participation in Cross-Border eHealth Information Services”.

The nature of the Agreement and its Contracting Parties, identification and authentication as well as the Governance of the Agreement were raised by the task leader as main issues that cannot be solved by the working group since they depend on decisions to be taken at a higher level.

The next steps of the legal team were presented by task manager Ms. Trupec.

The MSs were asked to give further guidance to the legal team, in particular on the main issues raised, and identify any major problems in the draft Agreement as early as possible so that they can be considered during the process.

Discussion

- The nature of the Agreement depends on its content and must be assessed by each MS under its own constitutional laws and procedures, which might have different outcomes for different MSs.
- MSs are free to decide on which (administrative or organizational) level the Agreement needs to be signed. Whereas it is highly desirable that the Agreement is signed on the same level in each MS, a certain degree of flexibility for MS is equally important.
- Regarding the provision of “core services” by the Commission (eHDSI Solution Provider), the Commission refused to sign the Agreement which is about NCPeH as “generic services” at national level where the main implementation of eHDSI will be done, and asked MSs to trust in the provision of core services by the Commission (eHDSI Solution Provider) without being a Contracting Party.
- The legal basis for the cross-border exchange of health data is already laid down in European and national law. The Agreement is merely to clarify issues by displaying the legal framework applicable to the foreseen exchange, and is binding in so far as only those Ms that have signed the Agreement may be admitted by the eHealth Network to enter into the Operation stage of their CBeHIS and MSs may also be held responsible for the provided generic services.
- One Member requested to regulate the Governance of the Agreement by unanimous voting and not according to the Rules of Procedures of the eHealth Network.
- Since in some MSs the signing of the Agreement will only take place after the advice of the data protection authority, it was mentioned that these authorities should be involved in the process of drafting the legal Agreement, though with utmost caution due to the existing risks. Whereas the legal team still considers – upon the needed advice of the Commission – how and when to consult the Article 29 Working Party at European level, the consultation of the respective authorities at national level must be done by each MS on its own initiative.
- It was mentioned that some MS are considering the circle of trust established in the agreement to be a data processing agreement where the data controlling MS trusts the access management of the other MS when allowing access to national databases as to the authentication of health professionals etc.
- Cybersecurity is an important topic to take into consideration. However, the eHDSI does not create the database infrastructure, but only connects the national databases. Therefore, cybersecurity for critical infrastructure is in principle a national issue.

Conclusion

The MS co-chair thanked the JAseHN legal team for their work. The team will take the comments into consideration and the legal group will continue its work according to the proposed schedule. The final version of the Agreement is to be adopted at the Network’s 11th meeting in May 2017.

6. Topic 3: Study findings of the study on Big Data in Public Health, Telemedicine and Healthcare

Gesundheit Österreich GmbH, commissioned to do the study on Big Data in Public Health, Telemedicine and Healthcare for DG SANTE, presented the study and the results.

The aim is to present the recommendations to the 11th eHealth Network meeting for formal endorsement. In addition, some thinking should be done already on how to follow up on the recommendations.

Discussion

The Luxembourgish Member thanked the Commission for following up on their Council conclusion and making several references to personalised medicine in the report.

Furthermore, it was addressed by several Members that a coordinated approach is desired on those aspects of the GDPR that allows national implementation. Moreover, Big Data could be taken up as a potential topic in the MWP sub-group.

In addition, ENISA explained their activities on Big Data (not healthcare focussed). Furthermore, they have suggested taking cybersecurity into consideration when presenting the recommendations for endorsement at the next eHealth Network meeting.

Conclusion

The MSs have received the study and agreed to have the recommendations be presented for endorsement at the 11th eHealth Network meeting. They further see it as an opportunity to further discuss how to take up the recommendations in the new MWP 2018-2021. In addition, it is needed to think about how to identify some concrete follow-up actions.

7. Topic 5: Identification for the exchange of personal health data

The MS co-chair presented the document on an eID specific framework for eHealth.

Discussion

The issue was raised by the eHMSEG chair on how and where to follow up on this topic. Still a lot of work is to be done on the document and the current version is not ready to be proposed as a framework. He proposed to have the final version of the eID framework adopted in the 11th eHealth Network meeting together with a feasibility analysis document, before it is included in the implementation of the eHDSI.

Conclusion

The proposal by the eHMSEG chair was agreed. In addition, close collaboration between the eHMSEG and the JAseHN is needed.

8. Topic 6: mHealth

The Estonian Member, in replacement of the chair of the sub-group on mHealth Mr. Aaviksoo, presented the final report of the eHealth Network sub-group on mHealth. The sub-group recommends continuing its activities.

Many Members supported the recommendation that the sub-group continues its activities. It was suggested to further investigate knowledge on which health apps have proven to be useful and certification of apps.

Conclusion

The sub-group on mHealth was asked to continue its activities until the 11th meeting and suggest strong and actionable recommendations on topics to be included in the MWP, emphasising health system approach. Furthermore, the sub-group will need to align its work with the new MWP sub-group.

9. Topic 7: National eHealth strategies and eHealth projects

National eHealth strategies

Luxemburg presented its national eHealth strategy and activities.

The Members congratulated Luxembourg for the strong progress in building their national eHealth system.

Assess CT project

Mr. Sprenger (JAseHN) started with presenting the relationship between the ASSESS CT project and task 5.5 of the JAseHN. Ms. Stroetmann and Mr. Kalra presented the results of the ASSESS CT project.

The Commission informed that they are analysing the results of the ACCESS CT project and the discussion will continue also in the eHMSEG.

10. Topic 8: Other eHealth related developments

The two information points on the agenda on "Report on the implementation of the ePrescription guideline" and an "Overview of OECD studies on eHealth" were not discussed. Questions on these documents can be conveyed directly to the authors.

OpenMedicine and EMA activities on identifying medicinal products

The European Medicines Agency (EMA) and the coordinator of OpenMedicine held a joint presentation giving an introduction on the OpenMedicine project, presented the developments of the ISO IDMP standards, and presenting the recommendations of the OpenMedicine project.

The MS co-chair encouraged the governmental agencies and the EMA to speed up the process to come up with a solution to electronically identify medicinal products. The discussion will continue in the eHealth Member State Expert Group as regards the imminent needs within the eHealth DSI.

eHealth Stakeholder Group

The Commission, DG SANTE, gave feedback from the eHealth Stakeholder Group (eHSG) meeting of 5 October 2016. In particular, the eHSG, bringing together 30 stakeholder organisations, established 5 working groups on different topics. The Group's mandate extends until 2018.

11. AOB and closing

The 11th eHealth Network meeting will take place on 9 May 2017 in Malta under the auspices of the Maltese Presidency.

The Maltese Member welcomed the Members of the eHealth Network to St. Julian's in Malta. The high-level eHealth conference and exhibition will take place from 10 -12 May 2017 at the Intercontinental Hotel in St. Julian's. On 10 May 2017 a high-level working lunch will take place where the mid-term review of the eHealth Action Plan will be discussed. The overall theme of the conference will be "Data for health: the key to personalised sustainable care".

The MS co-chair thanked the eHealth Network Members for their participation and closed the meeting.

ANNEX I. Participation of Member States to the 2015 call for grants, and the original time planning