

UPKEEP OF CROSS BORDER SERVICES (POST epSOS), UNDER THE CROSS BORDER CARE DIRECTIVE

Establishing a sub-group of Member States for action
Discussion paper for the eHealth Network by Henrique Martins (Portugal representative, also Coordinator of EXPAND project)

Introduction

To arrive to a “Connecting Europe Facility (CEF) eHealth period” with countries willing and able to exchange health data cross-border in an interoperable manner, those which already do so should have a forum where they can continue. Member States (MS) which started initial steps recently should not lose momentum and those seeking a technical/legal and operational support should be given the opportunity to engage with real experimentation and development. Lastly findings suggest that a large majority of MS has in-depth internal work to do before they are ready to consume/feed CEF-offered cross-border services. Neither EXPAND, nor eSENS, which are EU-funded policy support projects, have the necessary political legitimacy to be that forum as no more than 6 countries/national authorities are represented in EXPAND/eSENS ehealth. The creation of a sub-group of Network members out of/and endorsed by the that are more ready and willing to commit to efforts to link with each other may be the necessary political platform to further develop the necessary efforts.

Like organizing an Olympic Marathon (i.e. Connecting Europe Facility - CEF), where all countries can run for a long period in much like the same conditions (eHealth interoperable solutions), it is not only necessary to organize the “Games” in themselves, but also prepare the athletes.

Scene setting - Background/MacroTrends

The current macro trends/tendencies, as far as it is possible to envision, are:

1. CEF services, will include eHealth, especially if Member States are very clear as to how ready they are to use them, and these cannot be available before mid/end 2015.
2. Using CEF funding correctly for eHealth Cross Border data exchange depends on the level of Member States readiness to: a) provide health information in structured, interoperable format; b) have built an internal demand for such services.
3. The need for Cross-border eHealth services is perhaps increasing slowly in the European Union as a whole, but rapidly between borders of some neighboring EU member states. The adoption of policy documents and standards alone may not be sufficient to ensure future alignment of these differing initiatives into a coherent aggregated environment for later multi-country usage.

4. If no politically supported sub-group exists that is capable of maintaining engagement between member states at an implementation level recent investment and some joint and interoperable effort is somehow at risk. Disaggregation of initiatives is likely to occur due to needs for more localized and immediate technical and politician short-term solutions. As reported a number of countries have implemented nationwide pilots and are already running them on the basis of bilateral or regional agreements. The scenario of different groups of MS identifying and deploying cross-border eHealth business cases of common interest is in fact the most likely situation, with epSOS ending in June 2014 as an EU-wide, multi-million large-scale pilot. There is an obvious risk that regional and bilateral solutions will soon replace the convergence achieved so far. Intermediate measures are therefore necessary in the intermittent period for maintaining the convergence needed to enable the deployment of eHealth cross-border services.
5. The prospect that more ready/willing MS will wait until 2015/2016 for interoperable CEF services is unlikely.

Some countries have piloted epSOS Patient Summary service, namely: France, Italy, Switzerland, Portugal, Luxemburg, Malta, Estonia, Austria, Slovenia and Spain. Some of them, as well as others, have piloted the epSOS ePrescription (eDispensation) service: Croatia, Denmark, Finland, Greece, Hungary, Italy, Spain and Sweden.

In the last 12 months, countries like: Croatia, Luxemburg; which joined epSOS later, made a tremendous effort and an significant internal investment (even with the support of more experienced countries and solid grounded open technical solutions) to be able to stand up to the challenge (i.e. legal, standards, best practices, data quality) of exchanging health data in cross-border services from 2014 and beyond.

Some countries are moving services from pilots to daily basis operational systems based on bilateral agreements (e.g. Sweden and Finland/Denmark for the ePrescription service, Portugal and Luxemburg for the Patient Summary) due to regional population circulation dynamics and genuine population and governments' interest in offering these services. This way forward is being pushed not to give visibility to epSOS pilots but to give an assertive answer to specific needs. Such phenomena need to be seriously addressed by countries, not individually but as an effective collaborative organism. At present some have expressed interest to keep doing this in a broader EU-wide alignment but not to be stopped by that.

EXPAND is seen as a project/thematic network that can support/coach MS to continue using exiting OpenNCP and other technical necessities in order to be able to keep services. EXPAND could provide some mechanisms (semantic assets, implementation support, coevolve OpenNCP tool with eSENS to include eID and respective national upgrades). What neither EXPAND nor eSENS can provide is the political forum for countries to engage formally to sustain live operations from July 2014 until CEF services are offered. This is where the creation of a eHN sub-group would be highly beneficial.

Cross-border eHealth services are increasing rapidly, especially across some borders, and in some use cases, not necessarily looking at all eHN specifications. If no engaging and empowering measures are taken, that address the identified needs effectively, policy documents and commonly adopted standards may not be sufficient to ensure future alignment of these differing initiatives. The future cost of changing these “effective” yet potentially misaligned mal-adaptative solutions can be very high, and they can become real obstacle to EU-wide interoperable health data sharing. A politically supported sub-group of the eHealth Network, with the most willing and able Member States, may avoid the possible and eventual disintegration of efforts.

Next steps: proposal for the establishment of a first movers eHN sub-group.

To upkeep cross border services, under the EU directive for Cross-Border Care, the following activities/requisites should be taken into account by each Member State:

1. Assume the responsibility to link into an EU-wide mechanism of health data sharing is of each Member State, and direct efforts and national resources to it.
2. Rapidly incorporate, in a solid manner, EU level interoperable cross-border eHealth services (Patient Summary, ePrescription/eDispensation) within national infostructure of existing eHealth services.
3. Identify and empower a National Contact Point (e.g. team within a National Authority or a National Competence center) able to take the needed actions to make the services flourish, with mimium technical availability to support and make use of open technical interoperability assets (e.g. OpenNCP) to assure technical viability.
4. Implement at national level, the guidelines for Patient Summary Datasets and ePrescription/eDispensation towards enhanced and high quality information for health services internally.
5. Be available to enter a multi-lateral, or, standard bilateral agreements, in order to serve as legal paths to support live services in order to accelerate the deployment of cross border health services.
6. Prepare national IT infrastructure to guarantee, not just the adoption of Patient Summary guidelines and that of ePrescription/eDispensation, but to really implement these eHealth solutions in institutional systems/solutions on the ground.
7. Have either PS or eP/eD implemented on large scale at national level.
8. Accept to allocate national funds and technical people to sustain the countries effort and responsibility to participate in this data-sharing EU-mecanism.

Centrally, at least three aspects need to be secured:

1. Ability to **reduce technical dependency on central digital services and mutual technical support**. The openNCP community technical efforts, as well as those

from EXPAND and eSENS projects, or even of individual countries (e.g. Portugal) can congregate into a sufficient technical support that can be shared between interested countries. Such efforts can also be directed at the OpenSource connector so its maintained and upgraded (version 2.5 and v.3 would entail the necessary changes for central services independence and ongoing project pilot necessities) At present a roadmap for such development needs is being finalized and programming would tap into resources made available by countries wishing to join the sub-group.

2. Ensuring a **common legal framework for participating states**. In terms of a legal binding agreement, this should occur at country-to-country level, albeit using a common reference document to ensure the simultaneous endorsement and adoption of the same technical and semantic interoperability rules. Such draft has already been worked by epSOS legal PSB, and can be further discussed and adopted by the eHealth Network. There is a document for information of the eHN on such position.
3. Common, legitimate, platform for coordination – **Implementation sub-group** of the eHN will take into account aspects coming out of deliverable D2.2.7 from epSOS, on sustainability and future prospects, as one additional contribute to the wider eNH level discussion, , as well as the process by which new members can be added to the sub-group every 6 months at each eHN meeting. The two topical areas would equally be addressed by the sub-group on the first meeting, to occur in June 2014

Issues for discussion

The eHealth Network is suggested to

1. **discuss and comment on the information presented** in this paper concerning the issue at moment as well as presentation made;
2. express ideas on how this **sub-group of willing and ready Member States** is a **good approach in bridging the gap** between July 2014 and start of CEF offered services and could be empowered in order to keep developing efforts in a sustainable but effective way (political commitment, legitimacy).

Issues for decisions

The following decision are requested of the Network:

1. Decision to create a permanent subgroup of the eHN responsible for co-ordinating Member State engagement with existing cross-border services.
2. Decision on the support from the eHN, at least for secretariat and holding the quarterly sub-group meetings.
3. Expression of interest of Member States to join the subgroup at this stage, acknowledging the aforementioned requirements.