



# eHealth Network

## **Summary report**

**17<sup>th</sup> eHealth Network meeting**

**(Teleconference)**

**3 June 2020**

Brussels, Belgium

### **Co-Chairs:**

**Anne Bucher, Director-General, and Andrzej Rys, Director for DG SANTE,  
European Commission**

**Ron Roozendaal, Director for the Ministry of Health, Welfare and Sports, the  
Netherlands (interim)**

## **Opening and approval of agenda**

The 17<sup>th</sup> eHealth Network meeting was held in a digital format - teleconference (Webex) on 3 June 2020. The meeting was opened by the co-chairs. The draft agenda of the meeting was adopted.

### **1. COVID-19 actions of the eHealth Network**

#### **1.1 Update on the latest developments: survey, toolbox, CMSS, CPMS adaptations, data platform - *for information***

The Commission provided an overview of the actions in the area of digital health in relation to the COVID-19 crisis. Since late March, the eHealth Network has been working intensively to achieve interoperability of contact applications (apps) across Member States and to ensure their contribution to public health efforts by national health authorities.

Following the Recommendation of the Commission, the eHealth Network created an EU Toolbox that sets out a common approach for contact tracing apps across the EU. Work has continued on the interoperability guidelines, which define the requirements to achieve interoperability across Member States in the electronic contact tracing flow. Finally, the Commission reported that the several technical groups of the eHealth Network are currently focusing on the definition of the interoperability specifications, and on a roadmap for implementation of a solution for cross-border interoperability, starting from piloting and up until large-scale deployment.

The Commission also presented the COVID-19 Clinical Management Support System (COVID19-CMSS), which provides support for teleconsultation among clinicians dealing with COVID-19 cases, and which organises webinars to exchange knowledge on the disease, particularly in relation to rare diseases. Additionally, the Commission reported that the Clinical Patient Management System (CPMS) of the European Reference Networks (ERNs) has been successfully adapted to provide a platform for secure and GDPR-compliant exchange of patient data across borders and between hospitals in a Member State. Regarding data sharing for research, the Commission presented a new platform dedicated to research on the SARS-CoV-2 virus and the COVID-19 disease, ERAvsCorona, as well as other research initiatives focused on fighting the pandemic.

#### **1.2 Cross-border digital projects during COVID-19 - *for information***

The Commission presented a critical view about the limited added value of the eHDSI/“*My Health @ EU*” in the context of COVID-19 crisis, due to limited geographical availability, missing key information (laboratory results, images and reports, patient summaries poor data), limited interoperability, limited uptake of the European electronic health records exchange formats (EHRxF) and few personal health data spaces/patient portals.

The Commission inquired about the way to strengthen the “*My Health @ EU*” services to add greater value in future cross-border health threat, for instance by accelerating the deployment of eHealth Digital Services Infrastructure (eHDSI); setting up pilots to frontload new services (laboratory reports, images, discharge letters); using NCPeH as pivots for national interoperability or strengthening patient’s access to their health data.

The Commission also provided an overview of the Early Warning response System (EWRS) and its technical limitations (e.g. for using it for tracing apps).

The Member State co-chair asked for opinion if and how to make eHDSI more flexible in the future so it could be better used in times of health crises. The eHMSEG Chair suggested that the eHDSI can be more content agnostic, to make it possible to transfer different types of documents. This would mean that not all of them will be translatable, they will be in different format, but they can be transferred and doctors will decide if they are useful.

Some Member States (EE, FI) stressed that the eHDSI has already played significant role in their countries during COVID-19 pandemic. Citizens who were not able to come back home before the borders closed could still dispense their national ePrescriptions. Additionally, on 1 June 2020 FI launched the ePrescription service for dispensing EE prescriptions in FI and 15 dispensations were made immediately on the same day. Patients were clearly waiting for the service. Other Member States (EL) were also positive for eHDSI support of pandemic related awareness through the appropriate expansion of dataset.

The Member State co-chair suggested that the new use cases for eHDSI, such as possibility to exchange the lab results and medical images would be useful during this pandemic. Some Member States (SE, PT) informed that the XeHealth project will focus on this use cases, so this work is already in the pipe line.

Other Member States (CZ) reminded that to have a working system based on a cross-border electronic document exchange, the electronic identification (eIDAS) infrastructure is needed. Unfortunately, so far only handful of states have certified their national infrastructure for trust services according to eIDAS. The Member States (SE) were positive to help EWRS to work on interoperability, and agreed on the data sets.

### **1.3 Next steps on interoperability with the view of next crisis - *for discussion***

The representatives of the IHE Europe presented currently available IHE profiles and related standards that could be used to speed up the design, development and deployment of COVID-19 related cases.

The IHE Europe believes to have already established a solid set of profiles and standards that could enable the implementation of use cases directly related with the care processes of COVID-19. Some of these care processes were already foreseen in the extension of the eHDSI taking into account the alignment with the European electronic health exchange format. The IHE Europe analysed the use cases of cross-border contact tracing, but has not yet developed such a profile. IHE Europe recommends to extend the Commission's (DG SANTE) testing infrastructure and to create test plans and tools for COVID-19 interoperability use cases. The IHE has provided some useful links on aggregated data exchange (ADX) profiles<sup>1</sup>.

In conclusions, the Member States and Commission agree on high priority for cross-border use cases relevant for a possible second wave of COVID-19. In addition, the Member States and Commission identify possible measures to speed up design, development and deployment of such use cases (including candidate timelines).

Some Member States (PT) commented that IHE Europe could provide some technical specifications and inquired how Member States could be involved in the piloting, in particular on sharing laboratory reports and images. There is a need to understand how Member States could share data across the borders.

## **2. European Health Data Space**

### **2.1, 2.2 Debriefing on the latest evolutions and Building the European Health Data Space - *for information***

The Commission provided an overview on the latest evolutions on the work on the European Health Data Space (EHDS). Since the last time it was presented in the previous meeting an important progress and several initiatives took off. It was identified that the work on the EHDS needs to take place along four main strands: legal and governance framework, interoperable infrastructure, quality of data and semantic interoperability, and capacity building for the Member States. The Commission also underlined that new actors, such as data permit authorities or institutions dealing with secondary use of health data (e.g. Findata, French Data Hub etc.) have been set up by the Member States. The Commission proposed that Member States in the eHealth Network can have a second seat for the institutions responsible for secondary use of health data (for research and policy making).

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<sup>1</sup> Information on ADX profile from IHE QRPH domain:

(1) [https://wiki.ihe.net/index.php/Aggregate\\_Data\\_Exchange](https://wiki.ihe.net/index.php/Aggregate_Data_Exchange)

(2) [https://www.ihe.net/uploadedFiles/Documents/QRPH/IHE\\_QRPH\\_Suppl\\_ADX.pdf](https://www.ihe.net/uploadedFiles/Documents/QRPH/IHE_QRPH_Suppl_ADX.pdf)

(3) [https://wiki.ihe.net/index.php/Mobile\\_Aggregate\\_Data\\_Exchange\\_\(mADX\)](https://wiki.ihe.net/index.php/Mobile_Aggregate_Data_Exchange_(mADX))

European Strategy for Data was adopted on 19 February 2020<sup>2</sup>. The Strategy aims to create a single market for data that will ensure Europe's global competitiveness and data sovereignty. The Strategy will ensure that more data becomes available for use in the economy and society, while keeping companies and individuals who generate the data in control. The Strategy announces, among others, the creation of a Common European health data space.

In January 2020, the Commission (DG SANTE) started expert workshops and study: assessment of the Member States' rules on health data in the light of GDPR. The aim with this project is to map and analyse Member States' national rules governing the processing of health data; to identify potential policy options for a possible governance model, to identify possible legislative proposals, and to prepare the ground for the future work on creation of a Code of Conduct on personal data processing in the health. The whole project should be completed, including a final report summarising the main findings of this exercise, by the end of July 2020.

A Joint Action<sup>3</sup> was initiated with the aim to address differences in national GDPR implementation in the health sector, including the European Health Data Space and the health data use. The Annual Work Programme 2020 in the field of Health adopted by the Commission on 28 Jan 2020 includes the abovementioned Joint Action. For this Joint Action, each participating country was invited to nominate one competent authority by 28 May 2020. The results of the Joint Action may feed into future legislative or non-legislative framework for the European Health Data Space.

With regard to the Commission study on the regulatory gaps, please check under agenda point 4.1 below.

In discussion, DE thanked for the Commission work in the area and noted there is a need to have an overview on secondary use of data in the EU. There is a need to understand what is the value and challenges this would bring. Relating to the upcoming DE Presidency, it was asked *how* it could support the creation of the Code of Conduct and *what* other adjustments are needed to support the exchange of the data across the border in the EU. Other Member States (PL) noted the importance of the prior work at national level (e.g. configuration of use cases and stakeholders). Having such prior knowledge would facilitate the discussion at the EU level. NL and FI agrees to invite on board experts to support the work of the Commission.

In conclusion, the Commission will ensure that the eHealth Network will be well informed about the development and involved in the processes where appropriate. At the same time it was emphasised that the EHDS goes beyond the remit of the current

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<sup>2</sup> [https://ec.europa.eu/info/sites/info/files/communication-european-strategy-data-19feb2020\\_en.pdf](https://ec.europa.eu/info/sites/info/files/communication-european-strategy-data-19feb2020_en.pdf)

<sup>3</sup> [https://ec.europa.eu/chafea/health/funding/joint-actions/index\\_en.htm](https://ec.europa.eu/chafea/health/funding/joint-actions/index_en.htm)

activities of the eHealth Network and there is a need to involve also other stakeholders and authorities in the discussions, in particular the research communities. This is also the idea behind launching the Joint Action supporting the EHDS.

It is important to build a strong governance for the secondary use of health data, bringing the right institutions on board dealing with secondary use of health data. Also, it is important that these ideas feed into the work of the Joint Action on European Health Data Space.

In order to support this development, the necessary measures will be taken to ensure that the membership to the eHealth Network is extended to allow Member States to nominate an additional representative from another competent national authority responsible for eHealth, in particular an authority entrusted with tasks in relation to processing health data for secondary purposes, such as the national data permit authority (or other authority), where applicable.

### **3. eHealth Network subgroups**

#### **3.1 Report from subgroup on Semantics (common semantic strategy) - *for information***

The subgroup on Semantics of the eHealth Network reported to have been fully functional during the past 8 months and that during that time 16 Member States participated in establishing the subgroup Rules of Procedures (endorsed during this eHealth Network meeting). It was established a collaborative platform and drafted a methodology to apply when preparing recommendations to eHealth Network.

Additionally, this group has been working in collecting the best practices and developments regarding COVID-19 datasets and vocabularies, as well as developing a semantic assets survey to compile an EU semantic landscape. This work has now been handed over to the Commission (DG CNECT) that will include the semantic aspects into a broader survey on interoperability. This is being designed as benchmarking and progress monitoring tool. eHealth Network agreed in replying to this survey between end of June and September 2020.

In conclusion, the Rules of Procedures of the subgroup has been endorsed by the consensus in the eHealth Network meeting.

#### **3.2 Revision of the patient summary guidelines - *for discussion***

As defined in the Common Semantic Strategic, the first health information domain being analysed and evolved is the patient summary. The subgroup on Semantic collected (from eHAction and eHDSI) the existing issues with the eHealth Network guidelines on patient summary. From the assessment performed by the subgroup resulted the understanding that the evolution of patient summary guidelines require further competence beyond semantic domain (e.g. legal, technical, policy). For that reason, the subgroup proposed the eHealth Network to assign a broader mandate to the subgroup, namely to coordinate the liaison with other competence expert groups. This would allow by November 2020

eHealth Network meeting to present a draft proposal and by spring 2021 to prepare a final document proposal. The eHealth Network endorsed this extended mandate to assess how it work.

The eHealth Network refused a second proposal for a mandate to design an eHealth Network dataset framework to ensure a consistent design method and avoid overlaps between different guidelines. This proposal will be reconsidered in the next November eHealth Network meeting, where will be presented the results of the work done in the scope of the Patient Summary Guidelines.

In conclusion, the eHealth Network agreed to endorse a broader mandate to the subgroup, namely to coordinate the liaison with other competence expert groups.

### **3.3. Report from subgroup on the Joint Coordination Process and the way forward in technical interoperability - *for discussion***

Some Member States, in particular (AT) argued that as follow up from the joint coordination process agreement reached in the previous eHealth Network November 2019 meeting, a broader mandate should be provided to the eHealth Network subgroup to look beyond the 5 health information domains agreed (PS, eP, labs, images, discharge) as well as to engage with global interoperability initiatives.

The Member State co-chair argued to favour a more focused approach, namely by creating a more technical subgroup that could focus on COVID-19 relevant use cases like laboratory reports and medical imaging and reports.

In conclusion, it was agreed in the eHealth Network meeting that a technical subgroup should start working with focus on the COVID-19 use cases, similar to the Semantic Subgroup, with whom it should work hand in hand (including for the revision of Patient summary guidelines). Later on, a broader strategy for a medium term approach to standardisation and interoperability could be designed.

Member States are invited to nominate technical experts for this subgroup. The chair of this group will be selected upon the first meeting.

## **4. Tele-health and people empowerment – lessons learnt from COVID-19 crisis and actions at EU level (session with stakeholders)**

### **4.1, 4.2, 4.3 Update on the Commission's Regulatory gaps study, evolution in Member States, and stakeholders views (COCIR, Medtech Europe, Digital Europe, EFPIA, EPF, Eurordis) - *for discussion***

The Commission presented the motivation, context and contents for a regulatory gaps study that will be launched before the summer 2020. The study will, among others, explore the barriers, regulatory and non-regulatory, that hamper the adoption of digital health services and products across the EU, as well as their cross-border use. These barriers include the existence of different regulatory frameworks for liability or privacy,

and potential interoperability issues. Digital health services and products are expected positively contribute to improving access to healthcare and to reduce inequalities.

Besides this study, the Commission intends to facilitate the deployment of telemedicine solutions across the EU through capacity building activities funded through different EU programmes, including the ERDF, ESF+ and the new health programme EU4Health.

The Commission, Member States and stakeholders shared the view that the COVID-19 pandemic has increased the use of telemedicine solutions, but that still further work is needed for establishing telemedicine widely across EU. It was noted that indeed there is an increase of the telemedicine tools usage under current pandemic situation. However, this might be rather a superficial impression, as there are still number of obstacles across the Member States to implement telemedicine as a tool for patients and healthcare professionals.

Main elements were highlighted by the stakeholders as key factors needed to be addressed: (1) on regulatory side – accelerate development on EHDS, accelerate an ambition scope of cross border exchange of the electronic health records (as the Commission recommendations adopted in 2018), clear mechanism of personal patient data control this is need at the EU level, the need to involve both private and public sectors, reduce barriers in Member States, reimbursements for the digital services for healthcare professionals, data privacy issues, better procurement. Also, it was noted teleconsultation for clinical trials to enable the execution of the trials. (2) on non-regulatory – accelerate the creation of Code of Conduct for data processing for primary/secondary use of data, guidance with data protection authorities (DPAs) on processing such data. (3) Capacity issues - accelerate the creation across the Member States of authorities dealing with the processing of health data for secondary purposes (e.g. FI), EU4Health needs to fund: (a) ~10% towards digital projects, PPPs., innovative interoperability for precision medicine, secondary use projects like EHDEN, artificial intelligence testing and experimentation facilities. (b) Accessible funds for upgrading systems hardware, software, skills training (developed with patient and nurses), digital literacy, empowerment for patients, with a bottom up approach; telemedicine should not replace face to face and only supplement consultations with healthcare professionals. (c) Connectivity (though thus may be more for 5G discussions), lack of interoperable infrastructure for data sharing, need to build on the existing infrastructure, etc. The stakeholders have shared useful information<sup>4</sup>.

In discussion, Member States pointed that there are important differences in implementing telehealth across the EU. The main obstacle are complicated reimbursement mechanisms across the Member States, which are first of all the competence of each Member State. On the other hand, industry has failed to develop a Code of Conduct on mHealth until today.

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<sup>4</sup> (1) MedTech Europe statement on the health data strategy - <https://www.medtecheurope.org/news-and-events/news/medtech-europe-statement-on-the-european-strategy-for-data/>

(2) Eurordis - [https://www.eu-patient.eu/globalassets/library/data-strategy-consultation-response---epf-statement\\_finalversion.pdf](https://www.eu-patient.eu/globalassets/library/data-strategy-consultation-response---epf-statement_finalversion.pdf)



## **5. National eHealth Strategy**

### **5.1 Presentation of Slovakia - *for information***

A representative of Slovakia provided a presentation on national eHealth strategy to the member of the eHealth Network.

In the presentation, it was provided information on the overview of the healthcare system in Slovakia. National Healthcare Information Centre (NHIC) is a public sector organisation regulated by the Ministry of Health. NHIC is national operator of national health information system. Functionalities of Slovakia national information system via digital tools introduced in 2018 – 2019: access to eHealth systems, e-appointment, e-prescription, patient summary, patient portal, e-lab, eHealth record. In provided statistics around 9 mln EUR saved only on paper-free process in pharmacies and point of care, 30 mln EUR saved on duplicative and unnecessary prescriptions every year, 200 000+ medicines interactions prevented with the highest risks per one year, 98% pharmacies connected during the first 6 months of deployment, and 20% less patients waiting time only for prescription.

The new planned services are focused to strongly support paper free processes and focus to use collected data to advanced support of health care for both health care professionals and patients during health care support (data mining and prediction, artificial intelligence, telemedicine).

In the context of the COVID-19, there is a dedicated website for information <https://covid-19.nczisk.sk/en>, call centre with 200+ staff, developed an quarantine mobile application – eQuarantine, eAlerts – push notifications for healthcare professionals, and my eHealth + COVID-19 testing – push notifications for citizens, applications for testing and tracking the results including re-testing.

## **6. eHealth Digital Services Infrastructure - eHDSI**

### **6.1 Update of the eHDSI policy documents - *for adoption and discussion***

The eHMSEG Chair shortly presented the policy process of Member States going-live. To reach the necessary level of clarity and transparency six eHDSI procedures were endorsed by the eHMSEG on 20 February 2020. Their aim is to improve the eHDSI operations and transparency of actions and to regulate all the crucial eHDSI processes.

In the meeting, the eHealth Network adopted the eHDSI Procedures, which replace the Policy Paper on How to Assess Member States Overall Readiness to Go Live.

Those procedures are:

- (1) Procedure 1: the procedure to obtain the eHN decision regarding go-live for the NCPeH;
- (2) Procedure 2: the procedure to start the NCPeH Routine Operations;
- (3) Procedure 3: the procedure to obtain the eHMSEG decision to be authorized to start production environment tests;

- (4) Procedure 4: the procedure to obtain the eHN Decision to start the NCPeH new service routine operations;
- (5) Procedure 5: the procedure to obtain the eHMSEG Decision to start the NCPeH new exchange for the service already in routine operations;
- (6) Procedure 6: the procedure to obtain the eHMSEG Decision to continue the NCPeH routine operations after the annual upgrade pre-production tests.

Additionally, the eHealth Network agreed to give the mandate to the eHDSI Owner and eHMSEG to revise the eHDSI policy documents, such as the Guideline on the Organisational Framework for eHealth National Contact Point and the legal agreement annexes.

In conclusion, six eHDSI procedure were adopted by the eHealth Network. The eHDSI Owner and eHMSEG got the mandate to revise the eHDSI policy documents, such as the Guidelines on the Organisation Framework for eHealth National Contact Point and the legal agreement annexes.

## **6.2 eHMSEG report on Member States progress and improvement - *for discussion***

The eHMSEG Chair provided brief, yet thorough overview of the status of eHDSI deployment progress of each Member State. This reporting had been requested by the eHealth Network in November 2019 meeting. Every country active in eHDSI was requested to provide a brief deployment plan, and a roadmap for the improvement of services that have entered routine operation (overview of deploying services; participation in tests and audits; outstanding main challenges; preparation work status; quality improvement plan for services in routine operation).

It is crucial for the eHealth Network to understand and monitor the progress of Member States eHDSI deployment and the improvement of services that have entered routine operation. The eHMSEG aims at ensuring continues improvement of the data exchanged to enable more detailed documents to be available through eHDSI. Member States facing the data quality problems should present presumed time plan for their resolution.

Unfortunately, the delays of 1-3 years are common and further delays may be possible and already foreseen for some MS. Status of Austria is unknown, Germany and Italy are preparing new deployment plans.

Major general and technical challenges reported by Member States are (1) finalization of all test findings – performing all fixes; (2) requesting test data in production; (3) production testing and service launch, unpredicted problems during the last steps of deployment; (4) changes in national legislation regarding issues connected with cross-border services provision. Regard data quality (1) contact information missing in headers - no contact information provided for patient, author, legal authenticator. No physical, addresses, email addresses, or phone numbers for patient, patient's contact, author of the document, etc.; (2) the NCPeH is not able to provide coded and structured data for the particular sections of the patient summary; (3) information in some sections of Patient

Summary are present in the narrative and not present in the coded section; (4) no procedure for validating the transcoding of clinical vocabularies; (4) eDispensation processes, including differences between national implementations in Member States.

In conclusion, the eHealth Network welcomed the format of the report and found it very useful. The eHealth Network would like to receive this type of report for every eHealth Network meeting. The eHealth Network and Commission should reflect on how to additionally help the MS with their issues. This will be further discussed by the eHMSEG.

### **6.3 ePrescriptions and patient summaries for minors and other dependent persons - *for discussion***

The eHDSI Owner reminded the eHealth Network that current ePrescription and Patient Summary services do not support acting on behalf of the patient, for example in situations where (1) the patient is a minor child and the parents are acting on their behalf; (2) the patient is an incapacitated or disabled adult and another person is authorized/entitled to act on their behalf; (3) the patient is a spouse, parent and a close relative (wife/husband, children) is acting on their behalf.

A change proposal to address this issue has been submitted in October 2019. The aim is to create the possibility for the persons who are authorised to act on behalf of the patient to exercise this right within the eHDSI context.

It is currently proposed that the implementation of this extension to the current eHDSI use cases is optional for every Country A and Country B. Both countries must make decisions whether to implement the functionality, and how to implement it in line with their national requirements and national legislation. However, several Member States indicated that they would not implement this functionality, or at least not in the short term. This raises questions about Member States being able to provide services to minors and other dependent persons from other Member States under the current eHDSI setting.

Moreover, the legal implications of the possibility to act on behalf of the patient have been assessed by the Legal WG but it appears that there are still some open questions, for example with regard to the applicable law or the recognition of the legal guardian in another Member State.

However, the impossibility of, for example, to retrieve in another Member State a medicine prescribed to a child or another dependent person by a parent or another authorised representative may negatively affect the free movement of persons and services in the EU. The Commission also underlined that the mutual recognition and dispensation of prescriptions is an obligation under the Directive 2011/24/EU.

During the discussion, FR suggested that it is not clear whether this work stream should be prioritized.

On the opposite, some Member States (EE and FI) stressed the importance of investigating and implementing the solution, as the lack of it is negatively affecting their

services in operation. Finding the common solution will allow to avoid the bilateral discussions. Solution should be provided to those MS that need it. This was also supported by DE,LT, IE, MT and FR.

Additionally, NL suggested that the solution might be also find within eIDAS framework.

The eHMSEG Chair reminded that the implementation of the eHDSI next of kin solution was supported by the ePrescription cluster and rejected by Patient Summary cluster. The solution should allow the ones who want to implement this solution to have it.

In conclusion, the eHealth Network agreed on the need to address the issue and to find the way to implement an appropriate technical solution in the eHDSI and that it mandates the eHMSEG, in collaboration with the Legal WG, to rapidly clarify the outstanding questions and to develop a sustainable solution.

## **7. Deliverables of Joint Action on eHealth – eHAction**

### **7.1 Use of health data**

#### **7.1.1 D5.1 Report on policy action on innovative use of big data in health - (final document) - eHAction - *for adoption***

A representative from Hungary presented a deliverable as a final document proposal for the adoption on policy action on innovative use of big data in health. It identifies operational recommendations containing information for the eHealth Network on policy-level actions, including an initial set of enabling actions based on the recommendations of the study on big data in public health, telemedicine and healthcare (hereinafter referred as ‘EU Study’). The document also builds on findings and recommendations of approved deliverables of eHAction.

The aim of policy-level actions was not only to support awareness raising a of the added value of big data to different stakeholder groups, but also to provide an initial set of recommendations for enabling actions to mitigate challenges and to foster the growth of innovative use of health data and big data for primary and secondary purposes. Recommendations facing the biggest challenges are: (1) open data and data sharing, (2) education and training, (3) governance of data access, and (4) data analysis. The result of the mapping showed that three general obstacles appeared as reasons slowing down or hampering translation of policy-level recommendations into actions: (1) lack of trust, (2) legal uncertainties, (3) lack of funding and financial resources. Higher priority can be awarded to those use cases (of innovative use of health data) which deliver gains in more areas an levels while using less resources at minimum risk. (Efficient use of FFR). The creation of EHDS may help to foster innovative use of health data, however it needs to be defined first. Lack of trust and legal uncertainties can be mitigated through community/ies of data owners and (re-)users who agree to accept international terms of exchanging health data.

Detailed guidance reflecting on the three major findings will be delivered in D5.3 on common principles for big data governance (see agenda point AOB 10.1).

The eHealth Network adopted the document by consensus.

## **7.2 Enhancing continuity of care**

### **7.2.1 D6.3 Report on eSkills for professionals (final document) – eHAction - *for adoption***

A representative from Ireland presented the final findings in this deliverable on e-skills and outlined a document for adoption. The report explores how e-skills competence frameworks may be used to assess and develop the e-skills of health professionals in a consistent and objective way, identifying skills gaps and developing those skills to achieve a desired objective.

A pilot of the ‘eHealth competence model’ was conducted with doctors, nurses, midwives, dentists and pharmacists. The issue of e-skills for health professionals is garnering increased interest from all relevant stakeholders in health, although there were unable to find a practical implementation of an e-skills competence framework upon which to model a roadmap or methodology.

In conclusion, the competence frameworks can have value when applied in educational and organisational settings, particularly because it can be used to map training interventions to particular needs. To sustain the work initiated in this task, further validation of the framework could be carried out by putting greater numbers through the competence self-assessment exercise or conducting a more comprehensive pilot, including competence mapping, training and assessment in a healthcare organisation. The *eHealth Competence Model* could be revised or further research into best practices in Member States carried out.

The Commission supports the work in this area, as training in digital knowledge and skills should become a new core component of training for future and current doctors in all Member States. The Commission is working to ensure that the right curriculum form the Universities would be prepared and working together at inter DG level (e.g. DG GROW) on digital skills for the healthcare professionals. There is a need to ensure the right framework for the trainings for the healthcare professionals. Also, the outcome of this work is useful for the next multi-annual financial framework (MFF), in the context of the training.

The eHealth Network adopted the final document by consensus.

## **8. AI in healthcare**

### **8.1 The Commission’s initiatives on AI and specificities of AI in healthcare - *for information***

The Commission presented the implications on artificial intelligence (AI) in healthcare. The rapid advancements in AI in healthcare create a promising potential to revolutionise healthcare. AI in healthcare could enhance accessibility, availability and affordability in healthcare. The Commission (DG SANTE) is looking at the challenges associated with the development and deployment of AI in healthcare. It is focusing on 3 domains. First, it looks at safety and liability for AI systems in healthcare. Secondly, it looks at the challenges related to the deployment of AI in real settings. Thirdly, it looks at data needs for development and testing of AI. The Commission (DG SANTE) is about to appoint a contractor to carry out a study to look at some of these challenges. It will coordinate its actions with Member States (eHealth Network) as well as health care providers and clinicians through its existing networks. Such actions could take the form of Code of Conduct and/or legislative actions as the case might be.

In discussion, Member States raised the points that we should not concentrate only on liability and regulative issues, as there is already a focus group on AI for health of ITU/WHO. There is a need to have a clarity what is needed to do on AI at EU level on top of financing AI projects. Also, would be good to have a European training data set. There is a need to ensure that the work developed would be effective and clear for all parties and avoid working in silos. Also, it was pointed that first of all there is a need to have an interoperable digital health infrastructure, in particular on the level of healthcare providers and hospitals that are able to exchange data outside of their organizations. Without this AI digital solutions will not be efficient.

The Commission agreed with the Member States comments and added that the Commission is also looking at the capacity building on AI, with the view of supporting Member States in their strategies, including to overcome medical deserts. The Commission will keep eHealth Network informed of its actions on in AI in healthcare and closely work with in domains that its contribution would aid the work in addressing these challenges.

## **9. Healthcare cybersecurity in the context of COVID-19**

### **9.1 Update on the establishment of a Health Work Stream under the NIS Cooperation Group - *for information***

The Commission reported about the cybersecurity impact of the COVID-19 crisis and the EU response to it. The increase in cybersecurity malicious activities resulted in an increase in COVID-19 related phishing attempts, attacks on hospitals and e-learning platforms, fake online shops advertising medical equipment etc. Effects were mitigated by enhancing information sharing within EU institutions (i.e. formation of the COVID-19 Cyber Task Force and sharing of a weekly European Union Agency for Cybersecurity - ENISA Situation Report) as well as between institutions and Member States (i.e. through the NIS Cooperation Group and the Network of Computer Security Incident Response Teams, CSIRTs).

The Commission explained how the Cooperation Group and in particular the Health Work Stream, to be launched on 17 June 2020, will contribute to further support the

effects of the COVID-19 crisis mitigation. In addition, the Work Stream, which should see the participation of cybersecurity and eHealth competent authorities, will better align the implementation of the Directive (EU) 2016/1148 on the security of Network and Information Systems (NIS Directive) and contribute to enhance the cybersecurity of the sector.

**10 AOB** (including eHAction, where comments had been sent in written procedure)

**10.1 D5.3 Paper on common principles for big data governance - eHAction - *for information***

A representative of Hungary presented the work on the deliverable D5.3 on common principles for big data governance. It was presented as information note about the background, objectives and planned structure and working methods. The deliverable D5.3 will be developed on two other ones, D5.2 on identified cross-border use cases and practical solutions with potential for European scale benefits (adopted in the 16th eHealth Network meeting in November 2019) and D5.1 on policy-level actions on innovative use of big data in health (see agenda point 7.1).

In the discussion, Member States raised the points that there is a need to have a concrete policy recommendations to be prepared for the November 2020 eHealth Network meeting. The Member States will provide support on the work and will take up recommendations in DE Presidency.

The Commission noted that this work will provide a contribution on the second pillar of the eHealth Network towards the work of the EHDS, and secondary use of health data of the network and the next joint action.

Other eHAction deliverables were scheduled for written procedure. The members of the eHealth Network were requested to provide their comments on eHActions deliverables in a written form in particular on:

- D4.2 – Policy proposal on people empowerment;
- D7.1 – Recommendations on interoperability guidelines in large healthcare organisations;
- D7.3 - Cybersecurity guide for healthcare providers;
- D8.2 – Technology & policy report to support the scenarios proposed for sustainability.

## **10.2 German Presidency particularities - *for information***

A representative from DE informed about the work taking place in preparation for the German Presidency. There will be the need to discuss on the lessons learnt from the current pandemic of the COVID-19 and to address the challenges and to make the EU stronger. Also, it is needed to revise the preparation of the formal ministers meeting in July 2020. In addition, there are some discussions in regard of the arrangements and logistics of the eHealth Network meeting in the context of current pandemic, as this will be needed to be clarified with the Commission and the Member State co-chair.

### **Closing**

The eHealth Network co-chairs thanked to everyone for the participation in the meeting and closed the meeting.

Next meeting is scheduled (to be confirmed) on 12-13 November 2020, Berlin, Germany.

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