



eHealth Network

ANNEX of

**Policy paper on assessment and decision
procedures under CEF funding**

**Recommendation Report to Go Live
(TEMPLATE)**

eHealth Network

The eHealth Network is a voluntary network, set up under article 14 of Directive 2011/24/EU. It provides a platform of Member States' competent authorities dealing with eHealth. The Joint Action supporting the eHealth Network (JAseHN) provides scientific and technical support to the Network.

Adopted by consensus by the eHealth Network, Saint Julian's, Malta, 9 May 2017

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Purpose of this document:

This document contains a summary about the most important findings and corresponding clear recommendation(s) about the countries that have applied to go live under every CBeHIS deployment wave. It serves as the main basis for the eHN to decide which countries shall go live. This document is elaborated by the eHMSEG based on the inputs from Member States, as already referred to in the *Policy Paper on How to Assess Member States Overall Readiness to Go Live and Policy Paper on Assessment and Decision Procedures under CEF Funding*. This document is formulated in a way that it can be easily read and understood by policy makers.

Section 1. Executive Summary

<i>Expected content of this section</i>	<i>Document reference</i>
<p><i>Shall give a quick overview about the recommended decision summary to go live per country per service without any further explanation or details.</i></p> <p><i>Example:</i> <i>Under Wave#1, 3 countries applied to go live with their respective service as follows:</i> <i>Country X – go live with PS + eP services as country A and B side –</i> RECOMMENDATION: YES (with remarks) <i>Country Y – go live with eP service as country A and B side –</i> RECOMMENDATION: YES (no remarks) <i>Country Z – go live with PS service as country A side –</i> RECOMMENDATION: NO (severe remarks)</p>	<p><i>(Summary of Section 2 and 3 of this document)</i></p>

Section 2. Main findings of Test report, Audit report and derived risk assessment per country

<i>Expected content of this section</i>	<i>Document reference</i>
<p><i>Each country shall have a separate sub-section providing the same information in the same structure, to allow comparison:</i></p> <ul style="list-style-type: none"> <i>- Main findings of Test report (= main results of testing)</i> <i>- Main findings of Audit report (= if criteria were fulfilled and to which extent)</i> <i>- Risk assessment (= formulation of risks, their severity and chance of occurring)</i> 	<p>Main findings of the Test report → Derived from the Test report (defined in the “Test framework”)</p> <p>Main findings of the Audit report → Derived from the Audit report (defined in the “Audit framework”)</p> <p>Risk assessment → Derived from the main findings of Test report and Audit report</p>

Section 3. Recommendations to go live per country

<i>Expected content of this section</i>	<i>Document reference</i>
<p><i>Clear formulation of respective recommendation(s) per each country depending on the service (country A and/or B side) applied. For easier understanding, these formulations should be clustered into color-coded groups: GREEN – recommendation to go live without any further remarks; YELLOW – recommendation to reconsider going live based on further remarks; RED – recommendation not to go live because of severe remarks.</i></p> <p><i>Examples:</i></p> <p>Recommendation for Country X: <i>It is recommended to allow Country X to go live with its Patient Summary – Country A side service, as there are no further remarks. It is recommended to allow Country X to go live with its services as country B side, with the following conditions: Activity X must be completed by end of January; Activity Y must be completed 2 months before starting the operation, etc.</i></p> <p>Recommendation for Country Y: <i>It is recommended to allow Country Y to go live with its service as country A and B side, as there are no further remarks.</i></p> <p>Recommendation for Country Z: <i>It is recommended to not allow Country Z to go live with its service as country A side, as there are severe findings that cannot guarantee a save exchange of health data cross the borders.</i></p>	<p><i>Derived from Section 2 of this document.</i></p>