

**MULTI ANNUAL WORK PROGRAMME (MWP) 2018-2021**  
**(WORKING DOCUMENT – Proposal April 2017)**

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*PU = Public, for wide dissemination (public deliverables shall be of a professional standard in a form suitable for print or electronic publication); PP = Restricted to other programme participants; RE = Restricted to a group specified by the consortium; CO = Confidential, limited to project participants*

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0.5	24-04-2017	Draft	Integrate final comments from MSs

<b>Related Documents or References</b>		
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1	....	MWP 2015-2018

**Statement of originality:**

This document contains original unpublished work except where clearly indicated otherwise. Acknowledgement of previously published material and of the work of others has been made through appropriate citation, quotation or both.

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## 1. Executive Summary

The executive summary will be provided after finalisation of the MWP.

Slogan:

***eHealth for the best healthcare to everyone from anywhere in Europe.***

## 2. Preamble

During the 10th eHealth Network meeting on 21 November 2016, it was decided that a sub-group of the Network should be formed to draft the new Multi-Annual Work Plan (MWP) for the period 2018-2021. This MWP must ultimately be adopted by the eHealth Network by the end of 2017. Nine members of the Network volunteered to join this subgroup: Croatia (HR), Estonia (EE), Finland (FI), France (FR), Germany (DE), Greece (EL), Poland (PL), Portugal (PT) and The Netherlands (NL). The subgroup was accompanied by a JAsEHN's observer chaired by the European Commission, and supported by the eHealth Network Secretariat.

The work on the MWP began with the kick-off meeting that took place on the 27<sup>th</sup> January 2017 and held two additional meetings on the 07<sup>th</sup> March and 12<sup>th</sup> April.

The first draft was shared with the eHealth Network and discussed during the 11<sup>th</sup> eHealth Network meeting in Malta it was additionally circulated to the eHealth Stakeholders Group for obtaining feedback between April and May. The first draft was fine-tuned with the input from the eHealth Network for the fourth meeting of sub-group on 14 June 2017.

### 3. Background

#### a. Major references

- The eHealth Action Plan eHealth Action Plan 2012-2020: Innovative healthcare for the 21st century
- The Digital Single Market Strategy: eHealth (Telemedicine) is mentioned under the section *Boosting competitiveness through interoperability and standardisation*.
- The communications under the Digital Single Market Strategy: there were 4 communications published on 19 April 2016. In particular, the last 2 communications included actions on eHealth:
  - Digitizing European Industry
  - The European Cloud Initiative
  - The EU e-Government Action Plan 2016-2020
  - Priorities of ICT standardisation for the Digital Single Market
- Recommendations of the Commission's study on Big Data in public health, telemedicine and healthcare.
- eHealth Network mHealth subgroup report on suggestions for future work.

#### b. Previous MWP

Since its inception, the eHealth Network had worked under two multi annual work programmes in line with the abovementioned objectives.

- **1<sup>st</sup> MWP 2012-2014:** the priority of the first MWP was set on the implementation of article 14(b) of Directive 2011/24 regarding the development of guidelines. The eHealth Network, with the support of the eHealth Governance Initiative had adopted the Patient Summary guideline in November 2013 and the ePrescription guideline in November 2014. Furthermore, it had set the agenda for further developments on i.e. eID and the data protection debate.
- **2<sup>nd</sup> MWP 2015-2018:** this MWP was built on the achievements of the first MWP. The 2nd MWP identifies 4 main priority areas: 1) Interoperability and standardisation, 2) Exchange of knowledge, 3) Monitoring and assessment of implementation, 4) Global cooperation and positioning. The Joint Action to support the eHealth Network (JAseHN) has worked along these priority areas. Thereby JAseHN particularly supported the eHealth Network in adopting new releases of the Patient Summary and ePrescription guidelines as well as making progress in the context of building an eHealth Digital Service Infrastructure (eHDSI) for a sustainable cross-border exchange of health data. Ongoing work under the scope of the 2<sup>nd</sup> MWP is currently focusing on semantic interoperability, Patient Registries guideline, eHealth specifications, patient access, alignment of standardization activities and international eHealth

activities. Depending on further work progress until 2018, it has to be considered whether there is the need for follow-up tasks.

The final document of the MWP will include here 2 or 3 paragraphs resulting for an informal intermediate appreciation of what work, under JAseHN, has been achieved so far. This will be provided by JAseHN coordination but does not entail in-depth analysis, as such was not envisioned at planning stage. Additional contribution to be included could cover some aspects to improve in how MWP and Joint Action Plan of work interrelate, as these have both areas of divergence and juxtaposition.

#### 4. Scope

The scope of the MWP is in line with the objectives of the eHealth Network as outlined in article 14 of Directive 2011/24.

*The objectives of the eHealth network shall be to:*

- (a) work towards delivering sustainable economic and social benefits of European eHealth systems and services and interoperable applications, with a view to achieving a high level of trust and security, enhancing continuity of care and ensuring access to safe and high-quality healthcare;*
- (b) draw up guidelines on:*
  - (i) a non-exhaustive list of data that are to be included in patients' summaries and that can be shared between health professionals to enable continuity of care and patient safety across borders; and*
  - (ii) effective methods for enabling the use of medical information for public health and research;*
- (c) support Member States in developing common identification and authentication measures to facilitate transferability of data in cross-border healthcare.*

DIRECTIVE 2011/24/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL  
of 9 March 2011 on the application of patients' rights in cross-border healthcare

#### 5. Stakeholder interaction

A close cooperation with different stakeholders is essential in achieving the objectives of the eHealth Network. The eHealth Stakeholder Group <https://ec.europa.eu/digital-single-market/en/ehealth-experts>, the advisory expert group to the European Commission, has been consulted and has provided their input on the multi annual work programme. Since, the eHealth Stakeholder Group is working on a number of issues relevant for the MWP, the eHealth Network will, as appropriate, take the outcomes of this work into consideration in carrying out its activities.

At the kick-off meeting two stakeholder representatives were invited to hold a short presentation on two topics to instigate the discussion in the sub-group. The topics of discussion were:

- Patients and data
- Digitalisation of health systems

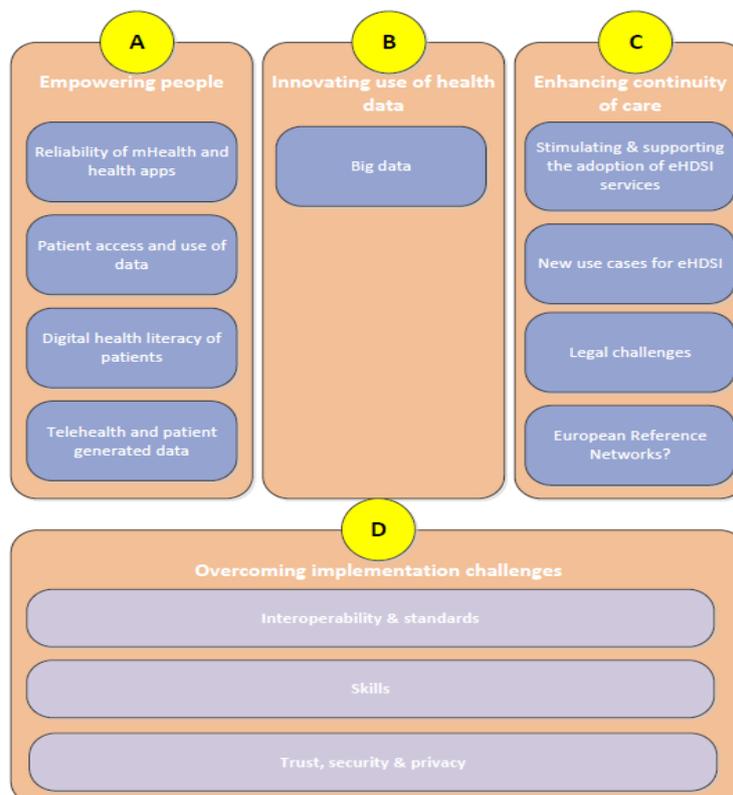
The first complete draft of the MWP was sent to the eHealth Stakeholder Group in preparation for the eHealth Stakeholder Group meeting on 29 April 2017. The first draft of the MWP was presented during the meeting. The Members of the eHealth Stakeholder Group were given until 22 May 2017 to provide the sub-group with comments. In order to standardise the input from the eHealth Stakeholder Group, a commenting form was provided.

## 6. eHealth Network multi annual work programme 2018-2021 Main Areas and Priorities

The eHealth Network sub-group working on the MWP 2018-2021 has agreed to focus on four areas:

- A) Empowering patients – addressing citizens as individuals who should take an active role in their health care process;
- B) Innovating use of health data – addressing the society who should benefit from the analysis of large volumes of data generated across healthcare sector and others;
- C) Enhancing continuity of care – addressing healthcare systems and providers who should adopt interoperable cross-border solutions;
- D) Overcoming implementation challenges – addressing transversal enabler issues that cross all the previous categories.

The next diagram aims to illustrate in oversimplified manner the agreed 4 areas, but does not aim to be exhaustive or exclusive of subtopics under each of the four areas:



## **A. Empowering people**

### **What is this category about:**

Having a disability or chronic disease can have a great impact on the lives of people. eHealth / mHealth can be a means for organize care focused on patients promoting quality of life, better health and results of treatments. The right information empowers patients and enables them to take an active role in their health care process. It can therefore be the catalyst to move health and care from a "doctor centred" to a more "patient centred" health environment. The empowered patient should be well informed and able to make shared decisions about treatment and health and wellbeing, together with the health care professional. For instance: eHealth tools can be used for self-management in chronic conditions like diabetes. An important step toward further patient empowerment is to provide people with access to their own health data and enable them to manage and share their health data for better and more integrated care in a protected and secure way. Mobile health tools also can be used for better prevention and to support healthier lifestyles. eHealth, in the form of telemedicine services, allows patients to interact with health professionals remotely when consultation or diagnostics are needed. It therefore improves access to healthcare to those who live in remote areas or who are suffering from reduced mobility. For the appropriate use of digital tools, it is also important to improve digital skills and to raise public awareness about the benefits and risks related to the use of these solutions.

### **Why is this category a priority:**

All European Member States are facing the same challenges of an ageing population and rising numbers of people with one or more chronic diseases. In the future, more people will require care or support.

One of the key elements of a sustainable health care system is that patients take an active part in their health care process. For this, they need to be informed and provided with the right (digital) means. Moreover they need to have adequate digital (health) skills. Our society is becoming more and more information driven. People are increasingly using digital tools in their everyday lives. Health systems need to adapt to make digital communication and sharing of data possible also in the healthcare context.

Enhancing the use of digital tools in empowering people supports the objective of delivering sustainable economic and social benefits of European eHealth systems and services as stated in the Directive 2011/24/EU.

The eHealth Network will focus on sharing best practices, aligning national strategies and defining cooperative actions with a genuine European added value.

It is also, in line with the Digital Single Market Strategy and its' objective of supporting inclusive e-society in which citizens and businesses have the necessary skills and can benefit from interlinked and multilingual e-services.

**What do we want to achieve with this category:**

The strategic goal is that work is directed towards patient-centred health information solutions for all Member States:

- People are better informed and have better guidance and access to quality mobile health applications which they can trust, use and recommend;
- People are better supported in their access to health care through high quality telehealth services regardless of remote or urban areas of residence as long as that facilitates access to better healthcare;
- People have easier access to their health data and they can enter data to their personal health record(s), and trust that their data is protected and secure;
- People are able to more adequately control and manage the use of their data or data about them, including the possibility to allow sharing of data between service providers as well as for research and innovation purposes in a secure and protected way;

**Possible topics under this category:**

**A.1 mHealth and health apps reliability**

A growing number of people use mHealth apps to monitor their well-being, lifestyle and health status or to manage chronic diseases. However, the large number of lifestyle and wellbeing apps available with no clear evidence on their quality and reliability is raising concerns about the ability of consumers to assess their usefulness, thus potentially limiting their effective uptake for the benefit of public health. In several countries, initiatives are underway to set up schemes for mHealth app assessment to provide guidance to the professionals and general public on “good apps” or to integrate them into the mainstream health care provision by linking them to the public health platforms. Given the rapid developments in the area and potential need for coordinated approaches, it is important to follow closely the deployment of mHealth solutions in healthcare and reinforce the cooperation among Member States in this field.

## A.2 Patient access and use of data

An important step toward further patient empowerment is to provide the patient with access to their own health data. Giving transparent insight into their own medical history will allow them to make better decisions on their health management. For that reason, it is essential to provide patients with access to their electronic health records (EHR). Since the added value of these eHealth/mHealth services highly correlate with existence of significant of health data, it is essential that the flow of data between (systems of) patients and (systems of) health care professionals is stimulated, under condition that trust data sources, data protection and security and the particularities of the respective health systems are met. The same is valid regarding the potential of health data for research and innovation purposes.

Another important aspect is giving control to people over the management of their health data and transparency over the collect and use of data. People should have the possibility to allow sharing of their data between different service providers in order to benefit from a more holistic and integrated care.

A report on the EU state of play under the JAseHN (deliverable 7.5.1.) will give valuable information about which Member States have implemented a system in which the citizen or patient can access eHealth data and other services in order to share best practices. A report on the international initiatives form both OECD (Deliverable 8.1.1) and WHO ( Deliverable 8.1.2) will also, aside a structured description of the respective missions vision and priorities, suggest recommendations to optimise the complementarity of the actions taken by each of these international organisations on top of presenting projects and programmes reusable by number of countries

## A.3 Digital health literacy of patients

For the appropriate use of eHealth/mHealth it is also important to improve digital health skills and to raise public awareness about the benefits and risks related to the use of these solutions.

Digital literacy refers to the skills required to achieve digital competence, the confident and critical use of information and communication technology (ICT) for work, leisure, learning and communication. For citizens to benefit from digital tool for health it is important to have adequate digital literacy skills.

## A.4 Telehealth

eHealth, in the form of telemedicine services, allows patients to interact with health professionals remotely when consultation or diagnostics are needed. It therefore improves access to healthcare to those who live in remote areas or who are suffering from reduced mobility. eHealth services allow self-monitoring and remote monitoring by a health professional which could potentially prevent further escalation of existing chronic conditions due to early detection. This could reduce unnecessary visits to doctors and potentially lowering healthcare costs and with that improving the sustainability of health systems.

## B. Innovating use of health data

### **What is this category about:**

The healthcare sector is a data-intensive industry generating large volumes of data. There has been tremendous growth in the range of information that is being collected, such as clinical, genetic, behavioural and environmental data from an array of devices including electronic health records, genome sequencing machines, patient registries, social networks and smartphone applications that monitor patient health.

Collecting data from validated trusted sources is important; analysing and making value out of data even more. These can yield many benefits including new insights into previously undetectable symptoms, the natural history of diseases and their diagnosis, prevention and treatment; greater opportunity for further development of personalised treatments and for improving the efficiency of health systems, in other words contributing to the continuity of care of individuals or specific population as well as to the sustainability of the healthcare system.

### **Why is this category a priority:**

The analysis of data is useful for the improvement of treatments and practices, by the way only if these data are comparable, structured and analysed. Data are also useful for patients themselves in comparing their health situation with similar groups of people. Data can also provide governments with feedback on the consequences of their policies and compare these effects with other countries.

Big data has emerged from the new possibilities of digitalization where significant logistic efforts and computing power is possible. It has been foreseen that these new methods can increase the effectiveness and quality of treatments with earlier disease detections or interventions, reduced probability of adverse reactions and medical errors and give possibilities for increasing the size and interactions of research networks and link different networks of the society in new ways. Developing a big data value chain, based on shared principles is in the context of the European Digital Single Market strategy.

### **What do we want to achieve with this category:**

The phenomenon of big data is still new and there is much uncertainty in how to actually go forward on benefiting from big data on the practical level. On the policy level it is important to strengthen the awareness of the possibilities and to highlight the potential impacts. Practical solutions on handling big data for the improvement of treatments and practices are still new and only emerging.

Important is to pay attention to the preconditions under which big data can be used. Regulatory frameworks and preconditions are important and needed to ensure that people stay confident in the careful use of their health data. An explicit point of departure is the confidence that citizens have. Reuse of data should therefore be treated with care.

Support on creating good practices of governance in handling big data within the existing EU regulatory framework can ease the uptake of the new methods. Since also part of this regulatory framework is new, there is first a need to create practical understanding on how to work with big data within this framework. The eHealth network could provide a common ground for developing best practices, if useful also across borders.

This sets the foundation for a shared innovation strategy which takes into account the position of the patient and the regulations that apply to reuse of data. A set of shared principles at the EU level could be part of the debate.

### **Possible topics under this category:**

#### **B.1 Governance of big data**

Promoting the use of big data with best practices of good governance of handling big data within the the up to date regulatory frameworks

#### **B. 2. Awareness Raising**

- To study which use cases of research and development with big data are the most potential for improving the sustainability of the healthcare system and provide examples for benchmarking.
- Knowledge transfer on various (non-arbitrary) levels: policy makers and agencies of the central government, healthcare professionals, data professionals.
- European event on Big Data seems like a good idea to create common ground and understanding of Big data challenges and possible impact on health care and prevention. An idea may be to have a policy track and a technical/hackathon track that interact during the event and share their outcomes.

### B.3 Sharing best practices on European level

- Sharing best practices on privacy protection and security; technically as well as on governance.
- Focus on correlation based issues that have a European scale instead of a (geographic) national scale. E.g. environmental parameters, lifestyle, income. What relevant correlations can you look for on a European scale that would be impossible to find on a national level?
- It is important to identify the new possibilities for innovative use of health data within these networks. A study with suggestions for supporting the developments would enlighten the situation. The European Reference Networks are a new formalized form of collaboration in the EU. These networks support health care services. Health care information is handled within the networks.

### B.4 Towards an attempt to define common principles

- Based on the R&D use cases analysis, and particularly on ERN, a first proposal of common principles regarding Big data that could be shared at the EU level could be suggested for discussion.
- In these principles it should be addressed the way in which the patient stays in charge and determines what information he or she shares. It is up to the member states to provide security (based on international and national regulatory frameworks and preconditions) as a responsible authority, under which big data analyzes can take place.

## C. Enhancing continuity of care

### What is this category about:

The cross-border exchange of data supports cross-border healthcare and with that contributes to the continuum of care and the rights of choice of Europeans citizens. In the last years efforts have been made to define and pilot services that enable this dematerialised and secured data exchange. At this moment, the first eHealth Cross Border eHealth Information Services (CBeHIS) are being prepared to go live in three waves from 2018 through 2020.

There is still a lot of work to be done to grant adoption at national, regional and local levels, namely assuring the establishment of necessary legal agreements, enhancing uniform and effective communication plans, promoting change management, defining adequate IT service management procedures and monitoring/evaluating the CBeHIS services implementation, operation and benefits realization.

### **Why is this category a priority:**

It is crucial to ensure that conditions needed to provide and expand eHealth digital services are met. Implementation of the services can only be fully achieved if each one of the stakeholders (local, regional and national) becomes aware and ready to play its role in the overall process.

### **What do we want to achieve with this category:**

- Wide adoption of CBeHIS services, including overcoming the current difficulties on achieving legal interoperability;
- Financial and operational Sustainability of CBeHIS;
- Clear view on how to proceed on the development of other CBeHIS.

### **Possible topics under this category:**

#### **C.1 Stimulating and supporting the adoption of CBeHIS**

- Helping Member States in the process of adoption of CBeHIS at national, regional and local levels (communication, prioritization, change management);
- Promoting IT management services<sup>1</sup> and service level agreements;
- Monitoring implementation (metrics of adoption, operations and benefits realization);
- Assuring fluidity of use and wide routine adoption
- Assuring sustainability and operation of CBeHIS

#### **C.2 New cases for eHDSI**

- Clarify the common criteria and priorities for new services
- To study at strategical level what should be the next services to implement in CBeHIS. For example, (tbc) Healthcare encounter report; Multiple-NCP services; Registries of Chronic diseases
- New services could be: Healthcare encounter report; Multiple-NCP services; Registries of Chronic diseases

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<sup>1</sup> The term service refers to processes and procedures as defined in ITIL (Information Technology Infrastructure Library)

### C.3 Legal challenges

- Ensure the deployment of a stable and secure legal environment for cross-border data exchange, with optimum implementation at each level (national, regional, local), and its smooth evolution over time

### C.4 European Reference Network eHealth services

- Promote the definition of a European eHealth Architecture Vision
- Clarify the relation between eHealth services and correspondent building blocks (e.g. eDelivery, eID, eSignature) at national and regional implementation;
- Ensure the proper alignment between CBeHIS and European Reference Network based on adopted framework and guidelines, based on agreed standards, avoiding divergent parallel development and optimising the resources.

## **D. Overcoming Implementation challenges**

### **What is this category about:**

The EU faces challenges in providing interoperable eHealth services that could deliver better cross-border care.

Even though major steps have been made over the past years, the eHealth market still remains fragmented. As a result, ICT (Information and Communication Technology) solutions are mostly tailored only for a specific location or service provider and thus risk being more expensive, closed, non-reliable and non-interoperable elsewhere. A fragmented eHealth market poses challenges for large businesses and SMEs to get a foothold in the EU affecting its global competitiveness. While keeping in mind the particularities of the different health systems in Europe, improving interoperability and promoting the use of common standards could unlock the potential that the digitalization of health systems brings.

A high level of data protection and data security is key and the precondition for eHealth and the trust of citizens. Data protection and accountability are also among the cornerstones of the GDPR, aiming to ensure the free flow of data and to protect the citizens' rights regarding the processing of their personal records. Health data is one of the most sensitive personal data and therefore enjoys a high level of data protection under the EU General Data Protection Regulation (GDPR). Member States may maintain or introduce further conditions, including limitations, with regard to data concerning health. Successful and continuous GDPR enforcement requires ongoing, high-level engagement and cross-functional efforts between all stakeholders (Member States, European Commission, WP29, EU DPAs, industry, etc.). The GDPR raises huge challenges from organizational, legal and technical viewpoints, which should be addressed through proper coordination and collaboration initiatives. Due to the different legal grounds in individual Member States (especially the option to introduce national law for further processing), and the possibility of Member States to restrict the rights of the data subject, it is yet not fully clear how the data subject can exercise control of the use of his or her own health data and exercise its rights across borders via the Cross-Border eHealth Information System under the GDPR. These are some of the open issues that need to be tackled when considering implementation of cross-border eHealth services.

Another major issue to address is the lack of appropriate skills to implement the digital transformation in health sector. New skills are required to:

- Develop new health business models or reengineer existing ones;
- Build new solutions applying innovative technologies and methodologies;
- Explore the potential value of information
- Increase knowledge and sharing through appropriate impact analysis and adapted evaluation methods.

Finally, another common issue identified is about evaluating the impact of eHealth with proper methodologies. eHealth systems are usually highly complex, multifunctional information technology interventions with dispersed effects that

require proper evaluation. Quite probably a combination of multiple methodologies may be required for this evaluation to be effective.

**Why is this category a priority:**

The eHealth Action Plan 2012-2020 places much emphasis on interoperability in eHealth services referring to 4 types of interoperability: 1) technical, 2) semantic, 3) organizational, and 4) legal. Also the Digital Single Market strategy considers interoperability and standardization instrumental in boosting competitiveness. Under the 3<sup>rd</sup> pillar "Economy and growth" of the DSM, eHealth is included specifically in the context of interoperability and standardization. Furthermore,

Although the GDPR must be adopted by May 2018, organizational and technical transformations will need continuum support for a wide period. Complying with this regulation is critical to pursue confidence of stakeholders and adoption of eHealth as well as on the Regulation on electronic identification and trust services and the Directive NIS on network and Information Services.

**What do we want to achieve with this category:**

This category will contribute to:

- Build confidence in the wider adoption of eHealth services and solutions and encourage the uptake of new technologies;
- Enable the authentication of the parties concerned and the secure exchange of trusted health data among diverse systems;
- Promote the use and consistent operationalization of appropriate frameworks for eHealth
- Increase the strategic coordination of ICT standardization, foster the collaboration among all interested parties;
- Overcome obstacles in the consistent application of existing eHealth standards and promote the EU-wide adoption and use of appropriate methods to increase the semantic IOP across borders.

**Possible topics under this category:**

**D.1 Interoperability**

- Promoting adoption of interoperability profiles.
- Increased strategic coordination of ICT standardisation at EU level.
- Collaboration and exchange platforms on regulatory frameworks.
- Cooperation mechanisms with relevant EU and international programmes as well as international bodies, societal stakeholders, open-source communities and shared policy agenda with main actors.
- Establishment of a new European semantic interoperability roadmap based on common agreed strategy.

## D.2 eSkills for Professionals

- Operationalize the eHealth skills framework , based on common agreed foundation
- Bring together national and European health professionals organisations and medical specialists.
- Reduce profile and competencies gaps by multiple initiatives namely awareness campaigns, academy cooperation, eLearning tools, MOOC, among others
- Design and reuse at the EU level common training content and tools.

## D.3 Data Protection and Data Security

- Foster coordination and best practice exchange on how to comply with the GDPR in the area of eHealth and how to ensure a high level of data protection across Europe.
- Open channel of communication and collaboration between the eHealth Network and the Article 29 Working Party and the Commission towards an EU-wide harmonized implementation of the GDPR and eIDAS regulations.
- Monitoring the consistent implementation of the further changes in the legal context in which cross-border data exchange occurs and, for example, reflect this when appropriate in the possible amendments to the Agreement between National Authorities or National Organizations responsible for National Contact Points for eHealth on the Criteria required for the participation in Cross Border eHealth Information Services between Member States.
- Report on implementation approaches adopted by the Member States (to share experiences and investigate best practices, as well as major compliance challenges that may impact consistent implementation of key GDPR requirements and ways of tackling them).
- Report on the impact of the GDPR, eIDAS and NIS with regard to facilitating the DSM goals and aims.

#### D.4 Evaluation of e-Health

- Definition of a framework for the proper evaluation of eHealth (both quantitative and qualitative, at patient and system level, with external and internal assessments).
- Support the exchange on the development of new health business models or the reengineering of existing ones and the application of innovative technologies and methodologies for instance with regard to integrated care.
- Support exchange on evidence with regard to new technologies.
- Partnerships with diverse concerned parties, including R&D teams or EU projects should be set up to design new appropriate evaluation's methods, including the possibility to assess big data algorithms and their mandatory ethics principles.
- Measure the impact of eHealth Network's Guidelines (and other Policy documents) on eHealth in Member States (as has previously been done with Patient Summary, ePrescription and Patient Registries in JAseHN).
- Evaluate the impact on ongoing CEF-funded eHDSI implementation and plan for future services.

## 7. eHealth Network multi annual work programme 2018-2021 Suggested Activities

Activities per topic will be detailed after eHN feedback of categories and topics

## 8. Making eHealth relevant to citizens - Getting work done, measuring and motivating for active additional participation

The way by which the actions and areas of work, are to be carried out does not limit itself to the program/call for next joint action for eHealth, to be handed in September 2017, but would benefit for an **Operational MWP**, which can include outlook of structured efforts along 4 dynamic axis:

- A. Work under CEF program and eHealth DSI usage;
- B. Work under Joint Action for eHealth;
- C. Work under EC DGs;
- D. Work under other agents of the EU eHealth ecosystem;

Regarding D. this means the idea that not all actions under the MWP 2018-2021 are to be carried out under the coordination of the next Joint Action for resource scarcity as well as because there are numerous other agents (standard bodies, networks, health professional organisations, health insurance and cost-payer organisations, scientific societies, eHealth related journals/scientific as well as industry clusters, or NGOs. These can and should be activated and endorsed to develop ideas and initiatives under the principles set forth by this MWP.

Finally, there needs to be a continuous and innovative process of ongoing evaluation especially regarding to how much and how deep we are achieving the realization that eHealth is only meaningful if it brings value to Health and Well Being. Making eHealth relevant to common citizens is a tremendous challenge, not obviously linked to its development. However, if we achieve this, by showing a link between the strategic, policy and technical work in eHealth and better digital services, better access to health, better research, better empowerment and participation, only then will our citizens further support this work, endorse it, and, integrate it into their daily lives, making eHealth relevant.

## 9. List of Acronyms

Acronym	Description
ANTILOPE	Advanced eHealth Interoperability
CALLIOPE	Call for Interoperability
CAMSS	Common Assessment Method for Standards and Specifications
CEF	Connecting Europe Facility
CIP/PSP	Competitiveness and Innovation Programme/Policy Support Programme
DoW	Description of Work
EC	European Commission
eHGI	eHealth Governance Initiative
eHN	eHealth Network
eSENS	Electronic Simple European Networked Services
EU	European Union
FP7	Framework Programme 7
MS	Member States
SHN	Semantic Health Net
SDOs	Standards Development Organizations
eDis	eDispensation
eIDM	electronic Identity Management
eID	Electronic Identity
eHGI	eHealth Governance Initiative
eHIF	eHealth Interoperability Framework
eHN	eHealth Network
EMA	European Medicines Agency
EXCO	Executive Committee
EU	European Union
ePr	ePrescription
HLeHGG	High-Level-eHealth-Governance Group
ISM	Interoperability, Standards and Market

JA	Joint Action
FW	Framework
LSP	Large Scale Pilot
LPPD	Legal & Protection of Personal Data
MS	Member State
MSP	Multi-Stakeholder Platform
MVC	Master Value Catalogue
MTC	Master Translation Catalogue
NCPeH	National Contact Point for eHealth
PS	Patient Summary
PSC	Project Steering Committee
SDO	Standardization Organization
SHN	Semantic Health Network of Excellence
SIOP	Semantic Interoperability
SLA	Service Level Agreement
SSI-TF	Sustainable Semantic Interoperability Task Force
T&A	Trust & Acceptability
TN	Thematic Network