Semantic interoperability is a must for cross-border care

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MyHealth@EU is the existing infrastructure that connects healthcare providers in 10 Member States. It allows them to exchange health data such as Patient Summaries and ePrescription. These services will be expanded to include lab results and other types of health data.
Some common goals of MyHealth@EU

- To support continuity of care when people exercise their right of freedom of movement
- To provide appropriate and usable tools to health professionals and to patients
- To ensure data protection and security
- To ensure stability and further development of services, and make people aware of them
Example: ePrescription in action – a Finnish patient purchasing medication in a pharmacy abroad

Remember to visit My Kanta pages and give consent

Give consent via My Kanta pages and take a journey

Dispensation details

Show your passport or ID card

Purchase medication in a pharmacy abroad

This is reality right now
Key Performance Indicators:

• Number of eP transactions since 2019: 26,098
• Number of PS transactions since 2019: 426
• Number of Hospitals connected (PS-B): 3,207
• Number of Pharmacies connected (eP-B): 24,981
• Citizens able to benefit from MyHealth@EU: 5,749,635

* Data are from the KPI’s Q4 2021
## Coverage of HCPs in the MS

<table>
<thead>
<tr>
<th>MS</th>
<th>Hospitals</th>
<th>Pharmacies</th>
<th>Other POC</th>
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<tbody>
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What is the scale?

EU mobile citizens of working age (20-64) by country of citizenship, % of their home-country resident population

EUROPEAN HEALTH DATA SPACE
Use of data for healthcare (primary use of data)
Give citizens better access to their health data, everywhere in EU

From 2019 exchange of:
- ePrescriptions
- Patient Summaries
- Access by health professionals in their native language

From 2022 exchange of:
- Original Clinical Documents

From 2024 exchange of:
- Laboratory results and reports
- Medical images and reports
- Hospital discharge reports
  - in health professional’s language
  - As in Recommendation on an Electronic Health Record exchange format
  - in cooperation with DG CNECT

From 2022: pilot on Patients’ access to their translated health data

Created with MapChart.net
How does a country go live in MyHealth@EU?

• **Preparation phase**
  • *Implement* + fix bugs
  • *Test* – Preparatory, Formal, Re-Testing if needed
  • *Compliance Check* + Follow-Up Compliance Check and any fixes

• **Decision phase**
  • *eHealth Member States Expert Group* issues a recommendation
  • *eHealth Network* makes the final decision
  • Go live
Groundwork: eHealth Network guidelines

- Guideline on the electronic exchange of health data under Cross-Border Directive 2011/24/EU – undergoing revision
- Guidelines on Patient Summary – updated in June 2021
- Guidelines on ePrescription – undergoing revision
- Guidelines on laboratory results and reports – in preparation
• Semantic specifications may be flexible but there is significant complexity in business rules sometimes leading to a "least common denominator" principle.

• Examples from ePrescription:

- Brand name vs. active ingredient based prescribing
- Validity: 3 months to 2 years to "permanent" prescriptions
- Support for partial dispensations
- Prescribing by amount vs. time ("2x30 tablets" vs "amount for one year")
- Can I buy medicine for my child?
- Are there placebos in the medicine package?
- How combination packages should be represented?
- Are drugs affecting the central nervous system in scope of the service?
- What is a substitution?
Next possible steps for MyHealth@EU

- Original Clinical Documents
- Laboratory results and reports
- Hospital discharge reports
- Medical images and reports
- Patient Summary guideline version 3
- Electronic Prescription guideline version 3
- Patient access to translated health data
- eID integrations
- Support for telehealth services
- Integrations with other infrastructures
## Additional elements that could or should be considered

<table>
<thead>
<tr>
<th>Further mobile elements</th>
<th>Use of non-structured data</th>
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</table>
| • Patient Access on mobile  
• eID Wallet or Citizen wallet integrations | • Extensions to Original Clinical Documents  
• Links from PS to underlying data |

<table>
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<tr>
<th>Quicker development</th>
<th>Ethical principles</th>
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| • Further streamlining of testing arrangements | • Ensure sufficient coverage of existing services  
• Children and elderly not to be forgotten |
European Health Data Space

Primary use of health data

Sharing of health data for healthcare

- Limited control of patients over their health data
- Limited interoperability between health care providers

Areas of work
- Control of patients over their data
- Interoperability
- Role of e-health agencies
- Reinforced EU governance (eHealth Network)
- Reinforced MyHealth@EU

Single market for digital health products and services

- Uneven national legislative frameworks
- Uneven quality framework
- Uneven procedures for prescriptions, reimbursement, liability

Areas of work
- Eliminate barriers to free movement
- Labelling
- Interoperability
- Reimbursement
- Liability

Secondary use of health data

Access to health data for research, innovation, public health policy making

- Low re-use of health data
- Cumbersome cross-border access to health data
- Fragmented digital infrastructures

Areas of work
- Governance and rules for access to health data
- Data FAIR-ification
- Digital infrastructure (EHDS2)

Artificial Intelligence

- Limited provision of data for training of AI
- Difficulties for regulators to evaluate AI algorithms
- Uncertainty on AI liability in health

Areas of work
- Support for development and rollout of AI
- Data for AI
- Support for regulators