

eHealth :

# the European eHealth initiative

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# AGENDA

Health common challenges  
ICT useful but not sufficient

**(e) Health** (EU) level of prerogative  
Citizens-Patients needs

eHealth plans & strategy (M.S.,EU)  
Priorisation process (applications)

**epSOS** a concrete but highly political initiative

Open cross –border M.S. co-operation model :  
work in progress

# Reforming the H system : a necessity

- ageing population
- chronic diseases evolution
- citizen demands & needs transfo
- increasing costs of research, equipments, examinations, treatment
- pandemia expansion
- shortage of HCP
- mobility of citizens & patients, ...
- Expenditures & economic model

**ICT : necessary but not sufficient**

**Increasing expectations of the EU citizens  
must be met**

**e-services are part of the daily life**

**Internet penetration without borders**

**free choice and expectations availability of  
HC services**

**with high level of**

**continuity, security, quality of care**

# Visible part : a technical iceberg ?

- techno. is attractive, speaking about is usual
- but **cultural changes are key**
  - more difficult to envisage new behaviour
  - need more time and continuous efforts
  - change professional exercise, patient view
  - reorganise the actors relationships & positions
  - destabilize the present « system »
- The **need for collaboration**
- **team work needs exchange & sharing info...**

# Closer cooperation on HC in the EU

- Health is a national prerogative
- Cross border health should be organised
- Substantial variations between national HCS but
- Challenges are similar as well as
- Political ambitions to reform HC
- National & regional systems could benefit from

# EU citizens and governments

- **Free flow of Citizens, products , services**
- **Need to connect people, products, services**
- **MS : political, legal, organisation, education**
- **Incentives on comprehension (semantic), IC**



# EU co-operation on eHealth : legal & policy framework

- Proposal EU directive (2008-07) on patients rights in cross-border HC
- EU Comm action plan (2004-04) for EU eHealth area
- EU Reco (2008-07) on cross border interoperability of eHR systems
- EC Mandate 403 on eHealth interop for ESO
- Upcoming Comm (2008-X) on telemedicine

eHealth : a concrete step for making  
« citizen mobility across EU » a reality

• **Volontarist cooperation (MS & EU) e-Europe, i-2010**

• **i 2010 group on Health**

- eHealth action plan, Reco on interoperability
- **Priorities : INTEROPERABILITY**

**CIP : LSP & Thematic Network**

• **Advice by a stakeholder group**

- Industry, Standardisation bodies
- **Users (citizens, patients, HCP, insurers, pharma..)**

# CIP programme epSOS :

## European patient Smart Open Services

- **A new kind of long run cooperation : LSP**

- **Member States at political level**
- **Operational habilitated Competence Centers**
- **Present at national / regional level**
- **Deciding to involve all stakeholders (CALLIOPE)**
- **Building on existing HCS + strategies**
- **Universities & researchers are part of**
- **Supported by the EC (DG INFSO & media)**

# epSOS actors .. for LSP implementation

- **12 M.S. : MoH**

**Austria, Czech Republic, Denmark, France, Germany, Greece, Italy, Slovakia, Spain, Sweden, The Netherlands, United Kingdom**

- **15 habilitated Competence centres**

- **31 industry firms ( open consortium)**

- **research centres**

# epSOS a highly political initiative

A new dimension in national HCS :

to deliver the best possible medical care at home or when travelling for any purpose

Main political goals

- Support citizen/patient mobility nationally, EU
- Ensure **continuity of care**
- Ensure the same level of **patient safety**
- Ensure the same level of **security, data protection, privacy**
- Increase **efficiency & cost-effectiveness in cross boarder care**

# epSOS(1) : Smart Open Services

Focus on 2 eHealth applications

- **Patient summary** use cases
  - Occasional visitor
  - Routine case
- **e-Prescription** / Medication
  - Patient with prescription abroad
  - Medical professional prescribes to foreigner
- LSP 36 months (July 2008) 1 year pilot

# The key basic components

- **Will & cooperation of all actors**  
(citizen, govt, patient, HCP, hosp., insurer, industry)
- **daily used added value services**
- **standardised shared mutual services on**
  - **security** (id, authent, certif, PKI, e-signature,...)
  - **access** (ergonomic, perf., available, direct. LDAP)
  - **modelling** (13-606, RIM HL7 v3, SOA) processes
  - **transformation** (**syntactic** format XML, CDA-XDS)
  - **terminology** (**semantic** : ICD, MeSH, MedDRA, LOINC)

# We are part of Europe & of the world

- Take into account the evolution of the other EU M.S. and other countries
- ... to **support citizen & patient mobility**
- ... to **be « compliant » with other systems**
- ... to **anticipate their potential impact on national (& regional ) HC system**



# International collaboration : EU action plan

- **Health is a national prerogative**
- **but collaboration is a key issue** patient mobility
- **volontarist coope. on INTEROPERABILITY**
- **consensual defined priorities at EU level :**
  - **non ambiguous ID** (patient, HCP, hospital, service)
  - **patient record summary** (minimum data set)
  - **secure data exchange flows**
    - emergency data set / e-prescription

# Common challenges need active collaboration

- **Think globally**
- **Act locally**

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