



DELIVERABLE

Project Acronym: ANTILOPE

Grant Agreement number: 325077

Project Title: ANTILOPE - Adoption and take up of standards and profiles for eHealth Interoperability"

D5.3b: Report on the 10 Validation Initiatives

Revision: 25

Authors:

Devlies Jos, EuroRec

Project co-funded by the European Commission within the ICT Policy Support Programme		
Dissemination level		
P	Public	x
C	Confidential, only for members of the consortium and the Commission Services	

REVISION HISTORY AND STATEMENT OF ORIGINALITY

Revision History

Revision	Date	Author	Organisation	Description
Draft	01.10.2014	Devlies Jos	EuroRec	Framework
0.4	05.10.2014	Devlies Jos	EuroRec	First 6 Summits included
0.5	10.10.2014	Devlies Jos	EuroRec	Paris included
0.6	12.10.2014	Devlies Jos	EuroRec	Delft, Treviso, Valladolid included
09	14.10.2014			Complete data Treviso/Valladolid Table 4
15	02.12.2014			Tables completed Chapter 5 nearly completed
18	10.12.2014			Chapters 5, 6 and 7 completed. To be reviewed.
19	13.12.2014	Devlies Jos	EuroRec	Completed for review
20	17.12.2014	Devlies Jos, Karima Bourquard, Core Team	Core Team	Reviewed
23	09.01.2015	All	EuroRec	New input in chapter 5 about Ireland and Lithuania
24	30.09.2015	Devlies Jos	EuroRec	Improving executive summary with some conclusions from the handover conference Adding a comparative table section 6.4
25	31.9.2015	Devlies Jos	EuroRec	Split the Deliverable D5.3a and D5.3b

Statement of originality

This deliverable contains original unpublished work except where clearly indicated otherwise.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.

Table of Contents

Introduction	5
8 ANTILOPE SUMMIT REPORTS	6
8.1 Odense (Nordic) Summit	6
8.1.1 Introduction	7
8.1.2 Organisational aspects.....	8
8.1.3 Attendees.....	9
8.1.4 Presentations	10
8.1.5 Questionnaires.....	10
8.1.6 Main Suggestions and Conclusions from the audience	24
8.1.7 Comments of the SVP partner	25
8.1.8 Odense Flyer	25
8.1.9 Agenda	27
8.1.10 List of Attendees	28
8.2 Bratislava Summit	30
8.2.1 Introduction	31
8.2.2 Organisational aspects.....	31
8.2.3 Attendees.....	33
8.2.4 Presentations	33
8.2.5 Questionnaires.....	33
8.2.6 Main Suggestions and Conclusions.....	42
8.2.7 Comments of the Supporting Validation Partner	42
8.2.8 Bratislava Flyer.....	42
8.2.9 List of Participants.....	44
8.3 Western Balkan – Ljubljana Summit.....	45
8.3.1 Introduction	46
8.3.2 Organisational aspects.....	46
8.3.3 Attendees.....	50
8.3.4 Presentations	50
8.3.5 Summit documentation	51
8.3.6 ANTILOPE WESTERN BALKAN LEAFLET	52
8.3.7 The Agenda	53
8.3.8 Feedback Questionnaires	54
8.3.9 Main Suggestions and Conclusion from the Summit.....	71

8.3.10	Support Validation Partner's considerations	71
8.3.11	List of Attendees	72
8.4	Vienna (Central Europe) Summit	73
8.4.1	Introduction	74
8.4.2	Organisational aspects.....	74
8.4.3	Attendees.....	80
8.4.4	Presentations	80
8.4.5	<i>Antilope Questionnaires</i>	81
8.4.6	Suggestions and Conclusions from the debate.....	90
8.4.7	Comments and Conclusions by the Supporting Validation Partner	91
8.4.8	List of Attendees	92
8.5	London (UK) Summit.....	93
8.5.1	Introduction	94
8.5.2	Organisational aspects.....	94
8.5.3	Attendees.....	96
8.5.4	Presentations	96
8.5.5	Antilope Questionnaires	97
8.5.6	Comments by the Supporting Validation Partner.....	99
8.5.7	List of attendants	100
8.6	Athens (South Eastern Europe) Summit	102
8.6.1	Introduction	103
8.6.2	Organisational aspects.....	103
8.6.3	Attendees.....	106
8.6.4	Presentations	106
8.6.5	Questionnaires.....	107
8.6.6	Main Suggestions and Conclusions.....	115
8.6.7	Ccmments of SV partner.....	115
8.6.8	List of attendees	115
8.7	Paris (France & Switzerland) Summit	117
8.7.1	Introduction	118
8.7.2	Organisational aspects.....	118
8.7.3	Questionnaires.....	122
8.7.4	Main Suggestions and Conclusions.....	124
8.7.5	Your comments as SVP	125

8.7.6	List of attendees	125
8.8	Benelux Summit – Delft – June 6, 2014	126
8.8.1	Introduction	126
8.8.2	Organisational issues	126
8.8.3	Feedback Questionnaire on Organisational Aspects	131
8.8.4	Content related feedback	133
8.8.5	Main conclusions from the attendees	137
8.8.6	Debate.....	138
8.8.7	Conclusions by the SV Partner(s)	138
8.8.8	List of attendees	138
8.9	Treviso (Italy, Malta) Summit.....	140
8.9.1	Introduction	141
8.9.2	Organisational issues	141
8.9.3	Questionnaire on Organisational Aspects	147
8.9.4	Feedback about the content.....	151
8.9.5	Your comments.....	157
8.9.6	List of attendees	157
8.10	Iberian Summit, September 24, 2014.....	161
8.10.1	Introduction	161
8.10.2	Organisational aspects.....	161
8.10.3	Summit documentation	164
8.10.4	Feedback Questionnaire on Organisational Aspect.....	166
8.10.5	Feedback from the Summit Content	168

Introduction

This second D5.3 deliverable contains the individual reports made by each the SVP (Support Validation Partner), based on a standard template provided centrally.

This deliverable has to be considered as Chapter 8 of Deliverable D5.3

The presentations made by the attendees documenting the eHealth Interoperability Framework in each of the countries of an ANTILOPE Area are available on the web site of ANTILOPE.

8 ANTILOPE SUMMIT REPORTS

8.1 Odense (Nordic) Summit



Summits on eHealth Interoperability Report

Area I – Nordic Countries

(Iceland, Norway, Sweden, Finland, Estonia, Latvia,
Lithuania, Denmark)

21 January 2014

8.1.1 Introduction

The "Regional Summits on Interoperability" are, as documented in the Grant Agreement, considered as the most cost-effective way to promote the use of standards and data exchange profiles to reach interoperability between systems at National (or Regional) Level as well as at European level.

The first of the 10 Antilope regional summits on interoperability took place in Odense, Denmark on 21 January 2014. The summit was arranged by MEDIQ and MedCom and took place at MedCom's premises in Forskerparken (Science ark, South Denmark) in Odense.

Approximately 90 invitations were sent out to decision makers, competence centres, health care authorities and other stakeholders from Denmark, Finland, Norway, Finland, Iceland, Estonia, Lithuania and Latvia. Furthermore, the validation partners who are arranging the remaining summits were invited to observe and find inspiration for their own summits. The core group was also invited to attend this first summit.

About 50 people attended in total, with a broad representation from the targeted audience as well as core group members and a few validation partners. There were participants from governmental institutions in targeted countries as well as industry and interest groups. Participants from Iceland/Sweden, Norway, Finland, Estonia, Latvia, Denmark, as well as Poland, Germany, Switzerland, Slovakia, France, Belgium and Holland were present.

The day started out with a welcome from MedCom's CEO Henrik Bjerregaard Jensen, resuming the MedCom history and the importance of Interoperability in e-Health and the experience obtained in MedCom regarding this matter.

A basic overview and background introduction to the Antilope project followed. The input from HITCH and from eEIF was highlighted and the purpose and expected outcome of the summit presented.

Next on the agenda were presentations about state of the art interoperability efforts in Norway, Finland and Denmark which were presented by leading organisations in the respective countries as an appetizer to the Interoperability work and the following presentations of recommendations made in Antilope. Indeed impressive and inspiring how far the Nordic countries are in this area.

Afterwards, the results of the four work packages in Antilope was presented by the responsible core team member.

A: First, Use Cases as basis for setting up interoperability testing and organisation.

The background for setting up interoperability testing is derived from the results from HITCH projects and eEIF. Based on use cases and relevant standards and profiles recommendations set up in 3 key messages/statements.

B.Second, Quality Management and how to set up interoperability testing.

Setting up Interoperability testing requires a structured and well-defined set up described in a Quality Manual. The set-up and content of a quality manual was presented as well as 3 key messages /statements.

C. Third, Testing tools for Interoperability testing. List of existing and tools needed to be developed

To assist interoperability testing and labelling, a set of test tools is a must. Tools available and tools needed for this task are identified and discussed. 3 key messages / statements were presented.

D. Fourth, Setting up labelling and certification. Process and how to establish an organisation.

The policy setting up an interoperability labelling and certification on European and national level is handled and recommended in this part of the Antilope. It was stated that the set-up must be in harmony with country specific Quality labelling and European eHealth interoperability efforts.

The set-up process is recommended in 3 key messages/statements.

All presentations can be found here: <http://www.antilope-project.eu/nordic-summit-presentations-available/>

8.1.2 Organisational aspects

8.1.2.1 *Location*

MedCom, Forskerparken 10, 5230 Odense M, Denmark

8.1.2.2 *Date*

21 January 2014.

8.1.2.3 *Invitation*

This invitation letter was sent to approximately 90 addressees, representing

Healthcare Authority	√
Health Insurance Organisation	√
Public Health Organisation	√
Scientific or Research Organisation – Academic Institute	√
Healthcare Institute (management staff, e.g. of hospitals)	√
Healthcare Professional (physician, nurse, paramedic)	√
Health IT service provider (supplier, informatician, maintenance services)	√
Health Industry (device suppliers, pharma, etc...)	√

8.1.2.4 *Summit documentation*

The following documentation was distributed (a customised version)

[v]	The ANTILOPE Umbrella Letter		
	[] in English	[v]	send before the meeting
	[] in National Language ¹ :	[]	distributed at the meeting
[v]	The ANTILOPE Umbrella Document		
	[] in English	[]	send before the meeting
	[] in National Language ² :	[v]	distributed at the meeting
[v]	The ANTILOPE Educational Material		
	[] send before the meeting	[v]	distributed at the meeting
[v]	The ANTILOPE Summit Questionnaire ³		
	[] send before the meeting	[v]	distributed at the meeting
[v]	The ANTILOPE Questionnaire		
	[] send before the meeting	[v]	distributed at the meeting
[v]	Other:		
	The eHealth Interoperability Framework Study (Version 1.2, 14/02/2013)		
	Antilope deliverables D1.1, D2.1, D3.1, D4.1		

8.1.2.5 *Agenda of the session/meeting*

See Annex A.

8.1.2.6 *Partner organisations in the different countries of the Area*

The summit was organised by MedCom with support from Mediq. No other organisations were involved.

8.1.2.7 *Supporting organisations*

N/A

8.1.3 Attendees

The following stakeholder groups were represented at the Workshop:

Healthcare Authority	√
Health Insurance Organisation	
Public Health Organisation	√
Scientific or Research Organisation – Academic Institute	√
Healthcare Institute (management staff, e.g. of hospitals)	√
Healthcare Professional (physician, nurse, paramedic)	√
Health IT service provider (supplier, informatician, maintenance services)	√
Health Industry (device suppliers, pharma, etc...)	√

¹ Multiply in case of distribution in more than one local / national language

² Multiply in case of distribution in more than one local / national language

³ Strictly addressing issues related to the Summit

8.1.4 Presentations

The presentations used during / as introduction to the Workshop are listed here and available on the web site <http://www.antilope-project.eu/nordic-summit-presentations-available/>

1 Welcome address

MedCom's CEO Henrik Bjerregaard Jensen

2 ANTILOPE – Background, purpose, outcome

Ib Johansen, MedCom

3 Interoperability testing in Scandinavian Countries.

From Norway: Thomas Tveit Rosenlund, Helsedirektoratet. From Finland: Konstantin Hyppönen & Helge Moe, Kela. From Denmark: Ib Johansen, MedCom.

4 Use Cases as basis for setting up interoperability testing and organisation

Vincent van Pelt, NICTIZ

5 Quality Management and how to set up interoperability testing

Morten Bruun-Rasmussen, Mediq

6 Testing tools for Interoperability testing. List of existing and tools needed to be developed

Milan Zoric, ETSI

7 Setting up labelling and certification. Process and how to establish an organisation

Karima Bourquard, IHE Europe

The Presentations were also available on USB sticks which were distributed at the meeting together with an Antilope flyer.

8.1.5 Questionnaires

8.1.5.1 *Feedback Questionnaire on Organisational Aspect*

8.1.5.1.1 Number of forms completed

Below are answers represented by percentage. Illustrations/charts are available as well. Please contact Mie H. Matthiesen (mhm@medcom.dk) or find them on the project work space ProjectPlace: <https://service.projectplace.com/pp/pp.cgi/0/972189837>

20 people answered the questionnaire.

8.1.5.1.2 Initial conclusions on organisational aspects

With the evaluation results listed above, the organisation of the summit can be called a success.

Apart from the fact that Odense is far from an airport (but easy to reach by train), the location and facilities were good. The meeting room was spacious, the sound good and technology (projector, microphones, computers) worked.

In general most people answered good or very good to the questions about organisation of the summit and the presentations given. Only in a few cases are the answers not good. The lesson to be learned here is that the presenters should personalise the standard presentations to fit exactly what they want to say and to make sure that there is enough time within the set time for the presentation.

Participants also commented on the need to follow up after the summit to find out if the stakeholders actually take on the recommendations from Antilope.

Unfortunately, only 65% answered yes to “Did we reach the decision makers or the people that can easily access to the decision makers?” In a potential follow-up, this issue should be addressed.

8.1.5.1.3 Analysis of the answers

Q2	Total	
Are you professionally (Please select no more than 2 types of activity)	Percent	Number
Representing a public authority/organisation?	35%	7
Public servant?	25%	5
Representing a care organisation or institute?	10%	2
Healthcare professional?	5%	1
IT professional?	55%	11
Industry - Supplier?	15%	3
Total	145%*	29

*The reason the number is higher than 100% is because people could answer more than one option.

Q3									Total	
Please provide your appreciation about the	NG (not good)		G (good)		VG (very good)		Not answered		Procent	Antal
Invitation letter	0%	0	52%	11	48%	10	0%	0	100%	21
Other channels for information on the Summit (web site, mail, ...)	0%	0	62%	13	33%	7	5%	1	100%	21
Logistics	5%	1	48%	10	48%	10	0%	0	100%	21
Project information availability	5%	1	62%	13	33%	7	0%	0	100%	21
Total	2%	2	56%	47	40%	34	1%	1	100%	84

Comments: • Logistics not very central location of meeting
 • "Other channels for information": Was confusing for external people

Q4									Total	
First part of the ANTILOPE presentation	NG (not good)		G (good)		VG (very good)		Not answered		Procent	Antal
Content of the presentation	0%	0	62%	13	33%	7	5%	1	100%	21
Quality of presentation material	0%	0	71%	15	24%	5	5%	1	100%	21
Presenter	0%	0	67%	14	29%	6	5%	1	100%	21
Total	0%	0	67%	42	29%	18	5%	3	100%	63

Comments: Relation to Antilope unclear, plus a roadmap of interoperability testing in different countries would be interesting; results missing basically

Q5									Total	
Second part of the ANTILOPE presentation	NG (not good)		G (good)		VG (very good)		Not answered		Procent	Antal
Content of the presentation	10%	2	62%	13	24%	5	5%	1	100%	21
Quality of presentation material	10%	2	48%	10	38%	8	5%	1	100%	21
Presenter	14%	3	57%	12	24%	5	5%	1	100%	21
Total	11%	7	56%	35	29%	18	5%	3	100%	63

Comments: • Presenter #1, NG / Presenter #2, VG

- WP3
- Karima was difficult to understand
- Lot of reportations in presentations. Very conceptual - lack of concrete test cases, concrete test tools, concrete (in trial) test results, ...

	Total	
Introduction to the debate	Procent	Antal
NG (not good)	0%	0
G (good)	57%	12
VG (very good)	19%	4
Comments	29%	6
Total	105%	22

* The reason the number is higher than 100% is because some people answered and commented (counting as two).

Comments: To many questions to discuss - otherwise VG

Q6									Total	
The ANTILOPE Debate	NG (not good)		G (good)		VG (very good)		Not answered		Procent	Antal
Moderator's role	0%	0	48%	10	33%	7	19%	4	100%	21
Involvement of the attendees	5%	1	48%	10	29%	6	19%	4	100%	21
Total	2%	1	48%	20	31%	13	19%	8	100%	42

Comments: To few people participated, or better few people dominated the debate

Q7							Total	
Audience	Y (yes)		N (no)		Not answered		Procent	Antal
Did we reach the decision makers or the people that can easily access to the decision makers?	33%	7	29%	6	38%	8	100%	21
Is there a need for a follow-up meeting (in your country)?	52%	11	19%	4	29%	6	100%	21
Are you willing to provide contact information and/or to support attempts to connect with important decision makers?	48%	10	5%	1	48%	10	100%	21
Total	44%	28	17%	11	38%	24	100%	63

- Comments:
- Iceland and Sweden were underrepresented. Perhaps continuing to invite them is a good idea.
 - Were decision makers present? / What level of decisions?
 - The decisions should focus on a technical audience + then later on the budget holders.

8.1.5.2 *Feedback from the Summit, at content level*

8.1.5.2.1 ANTILOPE Questionnaire

Audience was asked to give a score to the statements, from 1 to 5 (1 low, 5 high), indicating degree of importance or approval they want give to the statement as formulated.

Q3	Total	
Quality assessed interoperable eHealth services are essential to realise expected added value and to increase their adoption.	Percent	Number
1	0%	0
2	7%	1
3	7%	1
4	43%	6
5	43%	6
Comments and suggestions	7%	1
Total	107%*	15

* The reason the number is higher than 100% is because comments count as well.

Comments: Yes, definitely, fitted to practical trusted vendor-neutral exchange

Q4	Total	
Recognised Quality Labelling and Certific. org. (certification and conformance assessment bodies) and standards based quality assessed test procedures will increase reliability and acceptance of eHealth services nationally as well as across Europe	Percent	Number
1	0%	0
2	7%	1
3	21%	3
4	43%	6

5	29%	4
Comments and suggestions	7%	1
Total	107%*	15

* The reason the number is higher than 100% is because comments count as well.

Comments:

- Not if it is expensive or bureaucratic

Q5	Total	
A European interoperability quality label and certification process is crucial to support the deployment of cross border eHealth services	Percent	Number
1	7%	1
2	0%	0
3	21%	3
4	36%	5
5	29%	4
Comments and suggestions	29%	4
Total	121%*	17

* The reason the number is higher than 100% is because comments count as well.

Comments:

- Yes - but these are minor in %
- Not limited to cross-border services!
- Yes, but here Antilope needs improvement - semantic interoperability needs improvement on how to go cross border - the EIF has deeper analysis.

Q6	Total	
Harmonizing existing quality label and certification processes in Europe will take in account national and regional requirements.	Percent	Number
1	0%	0
2	21%	3
3	14%	2
4	21%	3

5	36%	5
Comments and suggestions	36%	5
Total	129%*	18

* The reason the number is higher than 100% is because comments count as well.

Comments:

- Harmonizing is difficult
- Harmonisation is perhaps the hardest to do - agreeing to disagree and h...wing where and how is more achievable.
- Unfortunately national standards are not EU focused so this will be difficult
- There should be some kind of comments to how this is done in the project. And consequences.

Q7	Total	
Comparable and trustworthy interoperability quality labelling and certification requires the use of quality assessed testing tools.	Percent	Number
1	0%	0
2	0%	0
3	29%	4
4	21%	3
5	50%	7
Comments and suggestions	14%	2
Total	114%*	16

* The reason the number is higher than 100% is because comments count as well.

Comments:

- Quality assessed testing tools - yes
- And good specifications and definitions

Q8	Total	
The use of existing and the development of new tools to test interoperability based on standards and profiles should be promoted.	Percent	Number
1	0%	0
2	0%	0
3	29%	4
4	50%	7
5	21%	3
Comments and suggestions	29%	4
Total	129%*	18

* The reason the number is higher than 100% is because comments count as well.

Comments:

- We need also general-level tools not strictly connected to a certain standard/profile.
- Yes
- Only if those existing are found to be insufficient
- Make it clear how to do this and how it works together with local/regional extensions and variances.

Q9	Total	
A quality management system applied to the quality labelling and certification process will improve its trustworthiness and increase its adoption.	Percent	Number
1	0%	0
2	21%	3
3	29%	4
4	29%	4
5	21%	3
Comments and suggestions	14%	2
Total	114%*	16

* The reason the number is higher than 100% is because comments count as well.

Comments:

- Increase its adoption - not nec.
- A qualitative management system is good but I am not sure that it will improve its trustworthiness and increase its adoption

Q10	Total	
The quality management system, based on related ISO standards, applies to the involved organisations, personnel and procedures.	Percent	Number
1	0%	0
2	21%	3
3	14%	2
4	36%	5
5	21%	3
Comments and suggestions	21%	3
Total	114%*	16

* The reason the number is higher than 100% is because comments count as well.

Comments:

- Bureaucratic? / Costly?
- ISO only? What about others?

Q11	Total	
Use Cases are important building blocks in the realisation of interoperability.	Percent	Number
1	0%	0
2	7%	1
3	21%	3
4	14%	2
5	57%	8
Comments and suggestions	21%	3
Total	121%*	17

* The reason the number is higher than 100% is because comments count as well.

Comments:

- Yes but only part
- Absolutely - a great approach!
- But should be verified with elaborated examples. That is not the case at the moment.

Q12	Total	
Use cases are largely similar across the continent, enabling reuse of functional descriptions.	Percent	Number
1	0%	0
2	14%	2
3	57%	8
4	7%	1
5	21%	3
Comments and suggestions	21%	3
Total	121%*	17

* The reason the number is higher than 100% is because comments count as well.

Comments:

- Only partly true
- Language barrier - semantic interoperability is a must
- But include examples of what extensions and variations, means and what impact it has on interoperability

Q13	Total	
Use case realisation scenarios address implementation guidelines include national and regional specificities.	Percent	Number
1	0%	0
2	0%	0
3	29%	4
4	43%	6
5	21%	3
Comments and suggestions	29%	4
Total	121%*	17

* The reason the number is higher than 100% is because comments count as well.

Comments:

- Well defined!
- No comments
- Difficult - see 6.
- There is a need to be more explicit on this issue with examples of what it means in the Antilope world and for interoperability

Q14	Total	
When do you expect that your country will include quality assessment for eHealth products and services in their regulatory framework?	Percent	Number
Y (if yet included)	21%	3
N (if you expect that it will take more than 5 years)	7%	1
1 year	7%	1
2 years	7%	1
3 years	0%	0
4 years	0%	0
5 years	7%	1
Comments and suggestions	79%	11
Total	129%*	18

* The reason the number is higher than 100% is because comments count as well.

Comments:

- Audits partly covering quality aspects are included
- No real idea
- Minus
- ?
- No comments
- ?
- We started around 2009
- We started at the end of 2009
- It was 2009 when the Estonian Health Information system was established
- ?
- No comments

Q15	Total	
When do you expect that your country will include national interoperability for eHealth systems and services in their regulatory framework?	Percent	Number
Y (if yet included)	21%	3
N (if you expect that it will take more than 5 years)	7%	1
1 year	14%	2
2 years	0%	0

3 years	0%	0
4 years	0%	0
5 years	7%	1
Comments and suggestions	64%	9
Total	114%*	16

* The reason the number is higher than 100% is because comments count as well.

Comments:

- Already (ITK)
- Minus
- 0 years
- ?
- Started around 2009
- Started 2009
- From 2009
- ?
- No comments

Q16	Total	
When do you expect that your country will include European interoperability for eHealth systems and services in their regulatory framework?	Percent	Number
Y (if yet included)	14%	2
N (if you expect that it will take more than 5 years)	14%	2
1 year	0%	0
2 years	0%	0
3 years	0%	0
4 years	0%	0
5 years	0%	0
Comments and suggestions	86%	12
Total	114%*	16

* The reason the number is higher than 100% is because comments count as well.

Comments:

- Difficult unless *law*
- no comments
- Minus
- 10 years.
- No comments
- ?
- EpSOS started at the end of 2013

- EpSOS pilot started december 2013
- There are several, but it depends when as well - how prepared they are.
- ?
- 10 years
- No comments

Q17: Do you have any suggestion, remark or proposal? Thank you for sharing this with the ANTILOPE partners

Comments:

- Tools and guidelines for interoperability testing are needed.
- Must simplify interoperability/ Must adopt patient centricity
- Highlight national governance and ownership issues. / Emphasize that interoperability = alle levels of the framework and not just technical.
- A larger focus, including better specs for semantic interoperability especially cross border
- Promoting the use of standards is also about supporting vendors during (early) development phases. Would be nice if you not only focus on test + certification. But nice work, anyhow :-)
- There should be some ideas of what happens after Antilope. / Use case - profile - realisation is good. / A common framework for creating use case standard is a possibility that the project should consider for instance the countries.

8.1.5.2.2 Summary of results

- Some Nordic countries have already set up interoperability testing and labelling others are interested and some have not yet made a decision.
- A decision and roll out of interoperability testing needs a law in some countries, and will take up to 10 years from now to launch.
- Highlight national governance and ownership issues. / Emphasize that interoperability = all levels of the framework and not just technical.
- A larger focus, including better specs for semantic interoperability especially cross border is needed.
- Promoting the use of standards is also about supporting vendors during (early) development phases. Important to include vendors in the process.
- Use case - profile - realisation is good. A common framework for creating use case standard is a possibility that the project should consider for instance the countries.

Generally, the participants found the statements in the questionnaires important. Two statements received a slightly higher score than the others:

- Q3 Quality assessed interoperable eHealth services are essential to realise expected added value and to increase their adoption

- Q7 Comparable and trustworthy interoperability quality labelling and certification requires the use of quality assessed testing tools.

Many statements were rated to be of middle to high importance:

- Q4 Recognised Quality Labelling and Certific. org. (certification and conformance assessment bodies) and standards based quality assessed test procedures will increase reliability and acceptance of eHealth services nationally as well as across Europe
- Q6 Harmonizing existing quality label and certification processes in Europe will take in account national and regional requirements.
- Q8 The use of existing and the development of new tools to test interoperability based on standards and profiles should be promoted.
- Q11 Use Cases are important building blocks in the realisation of interoperability.

The remaining statements can be regarded as being of moderate importance for the audience. The scores are spread out from 1-5 on the scale.

- Q5 A European interoperability quality label and certification process is crucial to support the deployment of cross border eHealth services
- Q9 A quality management system applied to the quality labelling and certification process will improve its trustworthiness and increase its adoption.
- Q10 The quality management system, based on related ISO standards, applies to the involved organisations, personnel and procedures.
- Q12 Use cases are largely similar across the continent, enabling reuse of functional descriptions.
- Q13 Use case realisation scenarios address implementation guidelines include national and regional specificities.

8.1.6 Main Suggestions and Conclusions from the audience

The day ended with a debate with the audience on the content of the presentations of the day. Generally, the feedback from the audience was positive.

- The main discussions were about the quality and how broad the use cases from eEIF is sufficient for national use.
- The set-up of a Quality Manual was recognised by all audience and mentioned to be very relevant and a must for the Interoperability and certification efforts. The proposed set-up was well proven and of good quality.
- The use of tools was not much discussed, but very relevant, as well as setting up a labelling and certification on national and European level.
- The feedback from the audience was very positive to the content of Antilope seems to be very relevant.
- Use of standards, possibilities for interoperability, the scope of Antilope and how Antilope's work could be extended in the future were also discussed.

8.1.7 Comments of the SVP partner

From summit organiser:

- Great interest among summit countries to follow e-Health interoperability initiatives like Antilope.
- Invite decision makers, but also technical staff and vendors.
- Important to invite a broad number of organisations and vendors to reach the target group.
- Antilope gives a good overview and address important issues regarding having e-Health Interoperability on the scene.
- The Antilope project encourages having national efforts to be done setting up national test and certification schemes and mandatory certification to establish a vendor neutral market.
- International use cases are important as a frame, but must be adjusted to local needs.
- Suggestions: Continue the work informing about setting up European and national interoperability testing/certification bodies. And important to make programs for disseminating interoperable IT systems.

8.1.8 Odense Flyer



Antilope

E-Health Interoperability – SUMMIT

The European Commission launched the Thematic Network project *Antilope* in 2013 in order to promote the use of standards and profiles for e-Health interoperability and foster their adoptions across the European Union.

Antilope www.antilope-project.eu is supported by leading International standardisation bodies and will through 10 regional summits throughout Europe, highlight the critical role played by a European Interoperability Framework, by an interoperability Quality Management System, by supportive test tools and by quality labels and certificates for interoperable solutions.

The *Antilope* Summit in Northern Europe will be held at MedCom, The Danish Health Data Network in Odense, and will provide you and other decisionmakers a unique opportunity to learn about and understand why such tools and associated policies are required to deploy interoperability in your country and across Europe.



Read about MedCom: www.medcom.dk

26

Antilope is a thematic network partially funded by the European Commission under the ICT Policy Support Programme (ICT PSP) as part of the

Invitation

Antilope summit, Northern Europe

Date: Tuesday, 21st January 2014
 Venue: MedCom, Forskerparken 10, Odense, Denmark.
 Register: <http://www.antilope-project.eu/events/6/dk-summit/>

Who should attend:

- Persons interested in setting up Interoperability testing.
- Persons and organisations responsible for selecting, decisionmaking and implementing e-Health standards.
- People from Government and industry.

Background material:

www.antilope-project.eu/resources

What do you get from the summit:

- Overview, testing methods, testing tools.
- Good ideas for establishing interoperability testing.
- Network.

Hotel:

Radisson Blu H.C. Andersen Hotel, Odense.
 Reduced Antilope-rate: Call +45 66 14 78 00.
 Booking number: 1089475.

Travel info:

<http://www.antilope-project.eu/events/6/dk-summit/>

Summit arranged by:



8.1.9 Agenda

08:45 – 09:15	Registration – Coffee.	MedCom
09:15 – 09:30	Welcome – Introduction to the Summit.	Henrik BjerregaardJensen,
09:30 – 09:50	ANTILOPE – Background, purpose, outcome.	Ib Johansen, MedCom
09:50 – 10:50	Interoperability testing in Scandinavian Countries. How is it performed in Finland, Norway and Denmark. <i>Finland is strong in HL7 standards, Norway in XML and Denmark in EDIFACT and XML. Scandinavian countries have set up testing and certification procedures. Presentation from status in the 3 countries.</i>	Norway: Thomas Tveit Rosenlund Helsedirektoratet Finland: Konstantin Hyppönen, Kela Denmark: Ib Johansen, MedCom
10:50 – 11:10	Coffee Break.	
11:10 – 11:30	Use Cases as basis for setting up interoperability testing and organisation.	Vincent van Pelt, NICTIZ, Netherlands
11:30 – 12:10	Quality Management and how to set up interoperability testing.	Morten Bruun Rasmussen, MEDIQ, Denmark
12:10 – 12:55	Lunch Break.	
12:55 – 13:20	Testing tools for Interoperability testing. List of existing and tools needed to be developed.	Milan Zoric, ETSI, France
13:20 – 13:45	Setting up labelling and certification. Process and how to establish an organisation.	Karima Bouquard, IHE-Europe
13:45 – 14:00	Introduction to debate. Sum up of presentations.	SVP
14:00 – 15:15	Debate based on the ANTILOPE key messages.	MEDIQ
15:15 – 15:30	Coffee Break.	
15:30 – 15:45	Main conclusions.	MedCom
15:45 – 16:00	Feed back – Questionnaires.	Antilope Consortium

8.1.10 List of Attendees

Anna Gawronska, Instytut Logistyki i Magazynowania, Austria
Claus B. Nielsen, Continua Health Alliance, Denmark
Clayton Hamilton, WHO Regional Office for Europe, Denmark
Ed Conley, IHE-UK, United Kingdom
Frederik Endsleff, Center for IT, Region Hovedstaden, Denmark
Gudrun Magnusdottir, EStem AB, Sweden
Helge Moe, NHN, Norway
Ib Johansen, MedCom, Denmark
Jacob Glasdam, MedCom, Denmark
Jakob Heuch, Capgemini Sogeti, Denmark
Jan Cap, NHIC, Slovakia
Jan Christiansen, Region Hovedstaden, Denmark
Jennie Søderberg, MedCom, Denmark
Jesper Kervin Franke, GS1, Denmark
Jevgenijs Kalejs, Latvian Hospital Association, Latvia
Jos Devlies, EUROREC, Belgium
Karli Grynberg, Estonian eHealth Foundation, Estonia
Karima Bourquard, IHE-Europe, Belgium
Karri Vainio, Association of Finnish Local and Regional Authorities, Finland
Konstantin Hypponen, Kela (The Social Insurance Institution of Finland), Finland
Lars Hulbæk, MedCom, Denmark
Lene Münter, Koncern IT Region Sjælland, Denmark
Lene Vistisen, National eHealth Authority, Denmark
Mads Hjorth, National eHealth Authority, Denmark
Malene Nielsen, Region Hovedstaden, Denmark
Mari Asser, Ministry of Social Affairs, Estonia
Martin Gerdes, University of Agder, Norway
Martin Mogensen, Cetrea A/S, Denmark
Michael Christensen, Dept. of Computer Science, Aarhus University, Denmark
Michael Due Madsen, MedCom, Denmark
Michael Strübin, Continua Health Alliance, Belgium
Michael Tighe, on behalf of HISI in the UK & Ireland cluster
Mie Hjorth Matthiesen, MedCom, Denmark
Milan Zoric, ETSI, France
Morten Bruun-Rasmussen, MEDIQ, Denmark
Niels Rossing, MedCom, Denmark
Nikolaj Bjerno, Koncern IT, Region Sjælland, Denmark
Ole Vilstrup, CSC Scandihealth, Denmark
Per Arne Lundgren, Region Skåne, Sweden
Peter Find, Capgemini Sogeti, Denmark
Pia Jespersen, National eHealth Agency, Denmark
Ramesh Krishnamurthy, World Health Organization, Switzerland

Reet Taidre, Estonian eHealth Foundation, Estonia
Rune Fensli, Senter for eHealth, University of Agder, Norway
Sine Jensen, Forbrugerrådet Tænk, Denmark
Svend Holm Henriksen, Region Syddanmark, SDSI, Denmark
Thomas Tveit Rosenlund, The Norwegian Directorate of Health, Norway
Thor Schliemann, National eHealth Authority, Denmark
Tomasz Dowgielewicz, Instytut Logistyki i Magazynowania, Poland
Torben B. Haagh, Alexandra Instituttet, Denmark
Vincent Van Pelt, NICTIZ, The Netherlands

8.2 Bratislava Summit



Summits on eHealth Interoperability Report

V4 Countries

(Poland, Czech republic, Hungary, Slovakia)

February 26, 2014

8.2.1 Introduction

This is the report of the ANTILOPE V4 Summit, addressing the reactions, the comments and other remarks made during the event.

The "Regional Summits on Interoperability" are, as documented in the Grant Agreement, considered as the most cost-effective way to promote the use of standards and data exchange profiles to reach interoperability between systems at National (or Regional) Level as well as at European level.

The purpose of the deliverable is to collect at European Level comparable feedback on the ANTILOPE Roadmap to Interoperability from decision makers. These feedbacks will be centralised and discussed at ANTILOPE Final Conference, December 2014 in Brussels.

8.2.2 Organisational aspects

8.2.2.1 *Location*

The summit took place in Bratislava, Slovakia (Ministry of Health, Slovak republic).

8.2.2.2 *Date*

26th of February 2014

8.2.2.3 *Invitation letter*

This invitation letter was sent to approximately 100 addressees, representing

Healthcare Authority	x
Health Insurance Organisation	x
Public Health Organisation	x
Scientific or Research Organisation – Academic Institute	
Healthcare Institute (management staff, e.g. of hospitals)	x
Healthcare Professional (physician, nurse, paramedic)	x
Health IT service provider (supplier, informatician, maintenance services)	x
Health Industry (device suppliers, pharma, etc...)	x

8.2.2.4 *Summit documentation*

[x]	The ANTILOPE Umbrella Letter		
	[x] in English	[x]	send before the meeting
	[] in National Language ⁴ :	[]	distributed at the meeting
[x]	The ANTILOPE Umbrella Document		
	[x] in English	[x]	send before the meeting
	[] in National Language ⁵ :	[x]	distributed at the meeting
[x]	The ANTILOPE Educational Material		
	[x] sent before the meeting	[x]	distributed at the meeting
[x]	The ANTILOPE Summit Questionnaire ⁶		

⁴ Multiply in case of distribution in more than one local / national language

⁵ Multiply in case of distribution in more than one local / national language

- [x] The ANTILOPE Questionnaire
 [] send before the meeting [x] distributed at the meeting
 [x] Other: list of participants

8.2.2.5 *Agenda of the session/meeting*

Summit agenda		
08:45 – 09:15	Registration – Coffee.	
09:15 – 09:30	Welcome – Introduction to the V4 <i>Antilope</i> Summit.	Mr. Rieger, NCZI
09:30 – 09:50	<i>Antilope</i> project – background, purpose, outcome.	Antilope consortium, TBD
09:50 – 10:50	eHealth Interoperability testing in V4 Countries: Short presentation of each country on actual status.	SR: Mr. Durik, NCZI CR, Poland, Hungary: TBD
10:50 – 11:10	Coffee Break	
11:10 – 11:30	WP1 – Use Cases as basis for setting up eHealth interoperability testing, labeling and certification.	Antilope consortium, TBD
11:30 – 12:10	WP2 – Key messages: Quality Management and how to set up eHealth interoperability testing.	Antilope consortium, TBD
12:10 – 12:55	Lunch Break.	
12:55 – 13:20	WP3 – Testing tools for eHealth interoperability testing. List of existing tools and proposal on tools to be developed.	Antilope consortium, TBD
13:20 – 13:45	WP4 – Setting up labelling and certification. Process and how to establish a testing, labeling and certification authority.	Antilope consortium, TBD
13:45 – 14:00	Introduction to the discussion. Sum up of presentations.	Mr. Cap, NCZI
14:00 – 15:15	Discussion based on questions from summit participants.	Mr. Cap, NCZI
15:15 – 15:30	Coffee Break.	
15:30 – 15:45	Main conclusions of the V4 <i>Antilope</i> summit.	Mr. Cap, Mr. Rieger, NCZI
15:45 – 16:00	Feed back – Questionnaires.	Mr. Cap, Mr. Rieger, NCZI

V4 eHealth interoperability summit is organised by NCZI. Read more about NCZI at:
<http://www.nczisk.sk/en/Pages/default.aspx>

 NÁRODNÉ CENTRUM ZDRAVOTNÍCKYCH INFORMÁCIÍ

Antilope partners:

 medcom
 IHE EUROPE
 EHETEL
 IL
 EUROREC

 EN ISO606 ASSOCIATION
 cer
 ETSI
 IVZ
 INŠTITUT ZA VARNOST ZDRAVJA REPUBLIKE SLOVENIJE

 Nictiz
 Continua
 E-TERVIS
 INTERMEDIAL

Antilope validation partners:

 assinteritalia
 ECHHOCHSCHULE TECHNIKUM WIEN
 IHE UK
 MEDIQ
 PROREC-BE

 Interop Santé
 NÁRODNÉ CENTRUM ZDRAVOTNÍCKYCH INFORMÁCIÍ
 HL
 TicSalut
 PROREC-SI

⁶ Strictly addressing issues related to the Summit

8.2.2.6 *Partner organisations in the different countries of the Area*

The following stakeholders cooperated in the organisation of the Summit

- ILiM, Poland,
- Ministry of Health Poland,
- Ministry of Health, Czech republic,
- Medtel, Czech republic,
- ICZ a.s., Czech republic,
- Ministry of Human resources, Hungary

8.2.2.7 *Supporting organisations*

The summit took place at the venue of Ministry of Health, Slovak republic.

8.2.3 Attendees

The following stakeholder groups were represented at the Workshop:

Healthcare Authority	x
Health Insurance Organisation	x
Public Health Organisation	x
Scientific or Research Organisation – Academic Institute	
Healthcare Institute (management staff, e.g. of hospitals)	x
Healthcare Professional (physician, nurse, paramedic)	
Health IT service provider (supplier, informatician, maintenance services)	x
Health Industry (device suppliers, pharma, etc...)	x

8.2.4 Presentations

1 Presentation 1 given by the experts from Hungary:

[Antilope V4 Summit presentation Hungary eHealth 20140226.pptx](#)

2 Presentation 2 given by the experts from Poland

[Antilope V4 Summit presentation Poland Ehealth Initiatives 2007-2020.pptx](#)

3 Presentation 3 given by the experts from Slovakia

[Antilope V4 Summit presentation Slovakia NCZI 20140226.pptx](#)

4 Presentations given by the official presenters

Standard Antilope presentations were used:

[02 Antilope overview short IB.pptx](#) – presented by Anna Gawronska-Blaszczik, ILiM, Poland,

[Antilope – refinement of the eEIF](#) – presented by Vincent van Pelt, NICTIZ, Netherlands,

[D2.3b-Quality Manual-Education material-v1.0.pptx](#) – presented by Jos Devlies, EUROREC, Belgium,

[D3.3b Educational Material Testing Tools.ppt](#) – presented by Milan Zoric, ETSI, France

[D4.2b Certification-DM-v1.0.ppt](#) – presented by Alexander Berler, HL7, Greece

All the presentations are available on the web site of ANTILOPE. The presentations given by representatives of the ANTILOPE consortium were distributed on USB memo stick

8.2.5 Questionnaires

8.2.5.1 *Feedback Questionnaire on Organisational Aspect*

8.2.5.1.1 Number of forms completed

19 people answered the questionnaire.

8.2.5.1.2 Initial conclusions on organisational aspects

Result from the questionnaire indicates that the attendees were satisfied. Organisation aspect of the summit was success.

The organisational support from the Ministry of Health SR was good strategy to motivate attendees to come to the workshop. The participation of the attendees from all V4 countries was also success.

8.2.5.1.3 Analysis of the answers

Below are answers represented by percentage. 19 people answered the questionnaire.

Q2: Are you professionally (please select no more than 2 types of activity):		
Representing a public authority/organisation?	10	52,6%
Public servant?		0%
Representing a care organisation or institute?	1	5,3%
Healthcare professional?		0%
IT professional?	5	26,3%
Industry - Supplier?	3	15,8%
Total	19	100%

Q3,4,5: Please provide your appreciation about the:	NG (not good)	G (good)	VG (very good)	NG (not good)	G (good)	VG (very good)	Total Num	Total %
Invitation letter	0	7	12	0%	36,8%	63,2%	19	100%
other channels for information on the summit (web site, mail,...)	0	7	12	0%	36,8%	63,2%	19	100%
Logistics	0	6	13	0%	31,6%	68,4%	19	100%
Project information availability	0	7	12	0%	36,8%	63,2%	19	100%

Q6: First part of the ANTILOPE presentation	NG	G	VG	NG	G	VG	Total Num	Total %
Content of the presentation	0	11	8	0%	57,9%	42,1%	19	100%
Quality of the presentation material	0	9	10	0%	47,4%	52,6%	19	100%
Presenter	0	13	6	0%	68,4%	31,6%	19	100%

Q7: Second part of the ANTILOPE presentation	NG	G	VG	NG	G	VG	Total Num	Total %
Content of the presentation	0	10	9	0%	52,6%	47,4%	19	100%
Quality of the presentation material	0	8	11	0%	42,1%	57,9%	19	100%
Presenter	0	13	6	0%	68,4%	31,6%	19	100%

Q8: Introduction to the debate	NG	G	VG	NG	G	VG	Total Num	Total %
	0	14	5	0%	73,7%	26,3%	19	100%

Q9: The ANTILOPE Debate	NG	G	VG	NG	G	VG	Total Num	Total %
Moderator's role	0	10	9	0%	52,6%	47,4%	19	100%
Involvement of the attendees	0	11	8	0%	57,9%	42,1%	19	100%

Q10: Audience	Y	N	Y	N	Total Num	Total %
Did we research the decision makers or the people that can easily access to the decision makers?	12	7	63,2%	36,8%	19	100%
Is there a need for a follow-up meeting (in your country)?	11	8	57,9%	42,1%	19	100%
Are you willing to provide contact information and/or to support attempts to connect with important decision makers?	11	8	57,9%	42,1%	19	100%

No direct decision makers were present, though all 4 Ministries were represented.

8.2.5.2 *Feedback from the Summit, at content level*

8.2.5.2.1 ANTILOPE Questionnaire

Audience was asked to give a score to the statements, from 1 to 5 (1 low, 5 high), indicating degree of importance or approval they want give to the statement as formulated.

Q1: Country of residence (of the people completing the questionnaire)	%	Count
Poland	6,25%	1
Czech republic	25,00%	4
Hungary	6,25%	1
Slovakia	62,50%	10
Total	100%	13

Q2: You are (please rank in case of more than activity applicable)	%	Count
Representing a public authority/organisation?	50%	8
Public servant?	0%	0
Representing a care organisation or institute?	0%	0
Healthcare professional?	0%	0
IT professional?	25%	4
Industry - Supplier?	25%	4

Total	100%	16
--------------	-------------	-----------

Q3: Quality assessed interoperable eHealth services are essential to realise expected added value and to increase their adoption.	%	Count
1	0%	0
2	0%	0
3	25%	4
4	50%	8
5	25%	4
Total	100%	16

Q4: Recognised Quality Labelling and Certification organisations (certification and conformance assessment bodies) and standards based quality assessed test procedures will increase reliability and acceptance of eHealth services nationally as well as across Europe	%	Count
1	0%	0
2	0%	0
3	56,3%	9
4	25%	4
5	18,7%	3
Total	100%	16

Q5: A European interoperability quality label and certification process is crucial to support the deployment of cross border eHealth services	%	Count
1	0%	0
2	12,4%	2
3	18,8%	3
4	18,8%	3
5	50,0%	8
Total	100%	16

Q6: Harmonizing existing quality label and certification processes in Europe will take in account national and regional requirements.	%	Count
1	0%	0
2	12,4%	2
3	18,8%	3
4	43,8%	7
5	25,0%	4
Total	100%	16

Q7: Comparable and trustworthy interoperability quality labelling and certification requires the use of quality assessed testing tools.	%	Count
1	0%	0
2	6,25%	1
3	37,5%	6
4	31,25%	5
5	25,0%	4
Total	100%	16

Q8: The use of existing and the development of new tools to test interoperability based on standards and profiles should be promoted.	%	Count
1	0%	0
2	12,5%	2
3	37,5%	6
4	31,25%	5
5	18,75%	3
Total	100%	16

Q9: A quality management system applied to the quality labelling and certification process will improve its trustworthiness and increase its adoption.	%	Count
1	0%	0
2	0%	0
3	43,75%	7
4	31,25%	5
5	25,00%	4
Total	100%	16

Q10: The quality management system, based on related ISO standards, applies to the involved organisations, personnel and procedures.	%	Count
1	0%	0
2	12,50%	2
3	31,25%	5
4	31,25%	5
5	25,00%	4
	100%	16

Q11: Use Cases are important building blocks in the realisation of interoperability.	%	Count
1	6,25%	1
2	6,25%	1
3	18,75%	3
4	37,50%	6
5	31,25%	5
Total	100%	16

Q12: Use cases are largely similar across the continent, enabling reuse of functional descriptions.	%	Count
1	6,25%	1
2	6,25%	1
3	37,50%	6
4	25,00%	4
5	25,00%	4
Total	100%	16

Q13: Use case realisation scenarios address implementation guidelines include national and regional specificities.	%	Count
1	0%	
2	9%	1
3	0%	
4	36%	4
5	55%	6
Total	100%	16

Q14: When do you expect that your country will include quality assessment for eHealth products and services in their regulatory framework?	%	Count
No answer	50%	8
d)	0%	0
N (if you expect that it will take more than 5 years)	6,25%	1
0 year	6,25%	1
1 year	6,25%	1
1,5 years	6,25%	1
2 years	6,25%	1
3 years	12,50%	2
10 years	6,25%	1
Total	100%	16

Q15: When do you expect that your country will include national interoperability for eHealth systems and services in their regulatory framework?	%	Count
No answer	43,75%	7
Y (if yet included)	6,25%	1
1 year	6,25%	1
2 years	12,50%	2
3 years	12,50%	2
4 years	6,25%	1
5 years	6,25%	1
20 years	6,25%	1
Total	100%	16

Q16: When do you expect that your country will include European interoperability for eHealth systems and services in their regulatory framework?	%	Count
No answer	50%	8
Y (if yet included)	6,25%	1
N (if you expect that it will take more than 5 years)	0%	0
1 year	6,25%	1
1,5 years	6,25%	1
2 years	6,25%	1
3 years	12,50%	2
4 years	6,25%	1
5 years	6,25%	1
6 years	6,25%	1
Total	100%	16

Q17: Do you have any suggestion, remark or proposal? Thank you for sharing this with the ANTILOPE partners	0
---	----------

8.2.5.3 *Debate*

There was an animated debate, with hereby some of the questions and answers

Question:

In the different countries there are different regional eHealth communication standards not compatible with the international eHealth standards and not formalized in any of the standard profiles. Have we to cancel them or make from them new standard profiles?

Answer:

If they work continue to use them. For the cross-border communication use the international standard profiles. In the long term plan the migration to international standards and profiles.

Comment:

On the national level there is only cca 1% of the data that could be communicated cross-borderly. For the cross-border communication there is the need for the national connector (translating data from national standards to international standards). The advantage of the international standards is the possibility to use already known experience and already available testing tools. Then you can also customize the relevant international standards.

Question:

Will Belgium invest into its national standard profiles?

Answer:

Yes. The other possibility is to create so called “block with the content” – consolidated CDA document, which could be exchanged among the separate countries. Such CDA document can contain also national extensions.

Question:

If the certification is mandatory, should it be performed before the software goes to the market?

Answer:

There is always the possibility to sell also non-certified software. In Belgium the government subsidizes the usage of certified software. Before the certification there were 50 non-certified software providers. At the moment there are only 15 certified software providers. The reason for subsidizing are the requirements on software from the state authorities. The new requirements appears once a year. The money comes from the health insurance company. The stat is also paying IHE for testing. Also reliability and security are tested.

Question:

Could you describe the cycle of testing?

Answer:

In Belgium it takes approximately 3 year.

Question:

When the fees for testing are so low in Belgium, how can the provider of testing survive?

Answer:

The provider offers also other commercial activities. In the other countries there could be also other models of testing. But always the governmental authority has to decide that testing mandatory. In the opposite case certification represents no competitive advantage.

Question:

Are also ProRec centres involved in testing?

Answer:

ProRec makes testing only in Belgium. In Netherlands there is the system for evaluation of the hospitals. There are some requirements to be fulfilled by the hospitals. In the positive case the hospital can connect to the hub and exchange the patient data. Other requirement for clinical information systems could be tested on Connectathons.

Question:

What is the role of health insurance companies in testing?

Answer:

In Netherlands the health insurance companies are interested in the quality and in the effectiveness of health care provision. They are supporting the testing, but do not take part in it. The health insurance companies are interested in the reducing of costs of health care provision and because of that they support the interoperability (national and in the future also international) of health care data. But they do not contribute to the technology supporting interoperability. They simply declare that they want interoperability.

Comment:

Interoperability is very complicated.

Answer:

Agreement. At the time only 10% of the interoperability problems are solved. We can mainly speak about the data exchange.

Question:

And what about terminology?

Answer:

The terminology standards should be for free. The interoperability problems could be hardly solved by using commercial standards. Also national terminology subsets are not the same and because of that could be hardly used for interoperability purposes. On the other hand information systems have not to reduce the granularity of the medical information. In Belgium the standardised terminology is used mainly for reporting purposes, what in the reality means that the medical terminology is stepwise reduced to the reporting terminology. Because of the lack of time the doctor can provide to patient the coding should not contain too many details.

Question to the attending public officials:

How near are you to setting the national rules for testing?

Answer:

Czech Republic: no statement at the moment.

Hungary: They are finalising the requirements for testing. The requirements for testing will be part of the tender, that in in preparation at the moment. After the tender there will be the regarding discussion with the providers.

Slovak republic: For the actual eHealth systems the proprietary testing methods are used.

8.2.6 Main Suggestions and Conclusions

The follow-up on Antilope V4 Summit will be welcomed. The V4 countries are only in the beginning of the process of interoperability testing.

8.2.7 Comments of the Supporting Validation Partner

Use cases should be further developed. Also the semantic interoperability should be further discussed.

8.2.8 Bratislava Flyer

The flyer, as for each of the Summits, was customised and added to the invitations.



Antilope

V4 eHealth Interoperability SUMMIT

The European Commission launched the Thematic Network project **Antilope** in 2013 in order to promote the use of standards and profiles for eHealth interoperability and foster their adoptions across the European Union.

Project **Antilope** – see <http://www.antilope-project.eu/> – is supported by leading International standardisation bodies and will through 10 regional summits throughout Europe highlight the critical role played by a European Interoperability Framework, by an interoperability Quality Management System, by supportive test tools and by quality labels and certificates for interoperable solutions.

The **Antilope** Summit in V4 countries will be held in Bratislava, SR at the Ministry of Health, SR by NCZI, the national eHealth operator and will provide you and other decisionmakers a unique opportunity to learn about and understand why such tools and associated policies are required to deploy interoperability in your country and across Europe.



Antilope is a project partially funded by the European Commission under the ICT Policy Support Programme (ICT PSP) as part of the CIP Programme.

We are inviting you to

V4 Antilope summit:

CR, Hungary, Poland, SR

Date: Wednesday, 26-th of February, 2014

Venue: Ministry of Health

Limbová 2, Bratislava, SR

Registration and travel info at:

<http://www.antilope-project.eu/events/12/v4-antilope-summit/>

Who should attend:

- People from Government or governmental organisations responsible for national eHealth policy.
- People from national competitive centres responsible for selecting and implementing national eHealth standards.
- People from organisations interested in eHealth interoperability testing, labeling and certification.
- People from hospitals responsible for regional or local eHealth interoperability.
- People from eHealth industry.

Background documents for the summit are available at:
<http://www.antilope-project.eu/resources/>

What do you get from the summit participation ?

- Overview of the actual eHealth interoperability standards, eHealth interoperability testing methods, eHealth interoperability testing tools, eHealth interoperability labeling and certification.
- Good ideas for establishing eHealth interoperability testing, labeling and certification in your country.
- Answers to your questions regarding the eHealth interoperability standards, eHealth interoperability testing, labeling and certification on international, national, regional and local level.
- Networking with eHealth experts from V4 region.

8.2.9 List of Participants

Presenters

1	Anna Gawrońska-Błaszczik	ILIM	Poland
2	Alexander Berler	HL7	Greece
3	Jos Devlies	EUROREC	Belgium
4	Milan Zoric	ETSI	France
5	Vincent van Pelt	NICTIZ	Netherlands

Participants - public officials

6	Marta Buraczyńska	Ministry of Health	Poland
7	Wojciech Marciszko	Ministry of Health	Poland
8	Martin Švanda	Ministry of Health	Czech republic
9	Dagmar Veselá	Ministry of Health	Czech republic
10	Péter Dombai	Ministry of Human Resources	Hungary
11	Gergő Remete	Ministry of Human Resources	Hungary
12	István Kalmár	Ministry of Human Resources	Hungary
13	Rastislav Beliansky	Ministry of Health	Slovakia
14	Alexandra Žampachová	ÚVZ SR	Slovakia
15	Martin Sládkovič	NCZI	Slovakia
16	Martin Ďurík	NCZI	Slovakia
17	Anna Debnárová	NCZI (organisator)	Slovakia
18	Jan Čáp	NCZI (organisator)	Slovakia
19	Pavol Rieger	NCZI (organisator)	Slovakia

Participants - other

20	Stanislava Bartová	ICZ a.s.	Czech republic
21	Jiří Ochozka	Medtel	Czech republic
22	Hynek Kružík	DASTA	Czech republic
23	Peter Láf	Stapro a.s.	Czech republic
24	Petr Šiblík	Stapro a.s.	Czech republic
25	Pavol Chudý	CompuGroup Medical Slovensko	Slovakia
26	Juraj Červeň	Softec	Slovakia
27	Slavomír Gníp	Softec	Slovakia
28	Ondrej Svačina	Softec	Slovakia
29	Jaroslav Sisák	Datasoft	Slovakia
30	Ľudovít Palaj	ICZ Slovakia a.s.	Slovakia
31	Oskar Kadlec	Atos	Slovakia
32	Jan Nezkusil	Stapro Slovensko s.r.o.	Slovakia
33	Adrián Petřík	Stapro Slovensko s.r.o.	Slovakia
34	Ivan Moro	IT developer	Slovakia
35	Rudolf Fáber	Dôvera, health Insurance comp.	Slovakia
36	Štefan Krchňák	Slovak pharmaceutical chamber	Slovakia
37	Ladislav Janco	GS1	Slovakia
38	Peter Krajčovič	Lekárnicke listy	Slovakia
39	Gerard Kubiny	Gamo	Slovakia
40	Martin Kratmüller	Anext	Slovakia
41	Katarína Parchovianska	Anext	Slovakia

8.3 Western Balkan – Ljubljana Summit



Summit on eHealth Interoperability Report

Western Balkan Region

(Bosnia and Herzegovina, Croatia, Kosovo, Macedonia,
Montenegro, Serbia, Slovenia)

April 3, 2014

8.3.1 Introduction

The "Regional Summits on Interoperability" are, as documented in the Grant Agreement, considered as the most cost-effective way to promote the use of standards and data exchange profiles to reach interoperability between systems at National(or Regional) Level as well as at European level.

The third (out of ten) scheduled Antilope "Regional Summits on Interoperability" took place in Ljubljana, Slovenia on 4 April 2014. The summit was arranged by Ustanova ProRec Slovenia (short ProRec.SI), with some logistical support by the Slovenian Medical Informatics Society (SDMI). The event took place at the premises of the Medical Chamber of Slovenia in Ljubljana.

Approximately 220 invitations were sent out to decision makers, competence centres, health care authorities and other stakeholders from the Western Balkan region, i.e. from Slovenia, Croatia, Serbia, Bosnia and Herzegovina (two entities), Montenegro and FYR of Macedonia. The pool of invited comprised also other interested experts from the region - mainly the members of the Slovenian Medical informatics Society.

In total, almost 50 people attended, with a broad representation from the targeted audience, as well as some core group members in the capacity of presenters. There were participants from governmental institutions as well as industry and interest groups. Participants from Slovenia, Croatia, Serbia, Bosnia and Herzegovina-Republic of Srpska and Montenegro were present. Unfortunately, the representatives from the FRY Macedonia could not participate.

The day started with a welcome address from the ProRec.SI director, followed by his introductory presentation, providing a background information on the Antilope project, European eHealth Interoperability context and about the concept of the Antilope regional Summits on interoperability in healthcare.

Next on the agenda were national presentations within the session "State of the art in the Western Balkan countries – How Interoperability is performed in Croatia, Serbia and Slovenia". The three presentations followed the template structure as provided by the organizer of the summit. Due to a large interest from the public, presenters from additional two countries (Bosnia and Herzegovina and Montenegro) were ad-hoc invited to provide their overviews from their respective countries.

Afterwards, the results of the four Antilope work packages were presented by the Antilope core team members:

- (i) Use Cases as basis for setting up interoperability testing and organization.
- (ii) Quality Manual for Interoperability Testing – Part I: Quality Management System and Part II: Interoperability Testing Processes
- (iii) Antilope – Testing tools
- (iv) Quality Labelling and Certification Processes

The final part of the Summit was dedicated to the debate on the Antilope key messages, and simultaneously filling out the Questionnaires.

All presentations from the Summit are available at the Antilope project's web site <http://www.antilope-project.eu>

8.3.2 Organisational aspects

8.3.2.1 Location

Medical Chamber of Slovenia (Zdravniška zbornica Slovenije)

Domus Medica

Dunajska cesta 162,

Ljubljana, Slovenia

<http://www.zdravniskazbornica.si/en/default.asp>

8.3.2.2 *Date*

3 April 2014

8.3.2.3 *Invitation letter*

Two categories of participants were invited to the Summit:

- ☐ Persons and organisations from the Western Balkan countries responsible for selecting, decision-making and implementing e-Health standards (incl. interoperability testing)
- ☐ Other interested experts - mainly members of the Slovenian Medical informatics Society (SDMI)

Subject to the category of the participants addressed, different types of invitation letters were sent to:

- Partner organisations
- Direct contacts / invitations to senior authorities
- SDMI membership

The main invitation letter from Prorec.Si was always accompanied by:

- the Umbrella invitation letter, as prepared by the Antilope Coordinators (and slightly localised by Prorec.SI),
- the Antilope Western Balkan Summit Announcement, as prepared by Prorec.SI (very much based on the templates from the previous Summits)

The invitation letters were in English or in the Slovenian language.

Where appropriate, all further communication took place in different local languages of the invited participants (Slovenian, Croatian, Serbian...).

Copies of the invitation letters are added to this deliverable in Annex A.

The invitation letters were sent to approx. 20 individually targeted persons / authorities from the Western Balkan region, as well to a pool of some 200 SDMI members, representing:

Healthcare Authority	x
Health Insurance Organisation	x
Public Health Organisation	x
Scientific or Research Organisation – Academic Institute	x
Healthcare Institute (management staff, e.g. of hospitals)	x
Healthcare Professional (physician, nurse, paramedic)	x
Health IT service provider (supplier, informatician, maintenance services)	x
Health Industry (device suppliers, pharma, etc...)	x

The invitation letter in English



Ustanova PROREC.SI
Dunajska c. 162
(c/o Zdravniška zbornica Slovenije)
SI-1000 Ljubljana
Slovenija

The Honourable dr. Dragan Bogdanić
Minister of Health and Social Welfare of the Republic of Srpska
Trg Republike Srpske 1
78000 Banja Luka

Dear Minister dr. Dragan Bogdanić,

We are pleased to invite expert representative(s) of the Republic of Srpska to attend the Project ANTILOPE
Western Balkan Summit on e-Health Interoperability
Ljubljana, Slovenia, April 3, 2014

The Conference is organised jointly by the EU consortia of the Project ANTILOPE and its partner ProRec-Slovenia, supported by the Slovenian Medical Informatics Society.

This full-day summit will provide an opportunity to:

- Validate the Antilope reports, recommendations and education materials with participants drawn primarily from the national and international standards organisations, eHealth competence centres and other stakeholders from the Western Balkan countries
- Get an overview of interoperability testing and quality certification in Europe, testing methods, testing tools.
- Get good ideas for establishing interoperability testing.
- Participate in the round table presentations and discussions with peer colleagues from the region.
- Networking.

Who will attend:

- Persons and organisations responsible for selecting, decisionmaking and implementing e-Health standards.
- Persons interested in setting up interoperability testing

May we kindly ask you to extend this invitation to participant(s) that could represent Republic of Srpska at the Summit?
Our understanding is that Mr. Zdravko Grubac, in a capacity of an ICT coordinator at the HSEP project, could perfectly fulfil this task.

We would be very pleased if your nominated expert(s) could confirm their availability by 14 March 2014 at the latest.

The summit is by invitation only and free of charge, however a [registration](#) is requested.
Some limited funds will be available to help cover logistics costs for the invited participants from the region.

For any further information feel free to contact me at leo.ciglenecki@siol.net or call +386 41 549388.

Yours faithfully,

Leo Ciglenečki
Ustanova ProRec.SI and the Slovenian Medical Informatics Society –SDMI

Attached:

- The Summit leaflet with further logistic details and a preliminary agenda
- The "Umbrella invitation letter", prepared by the project Antilope coordinators



Copy of the Invitation Letter in Slovenian





Vabilo na

Antilope delavnico o interoperabilnosti v eZdravju – regija zahodni Balkan
(Antilope Summit on eHealth Interoperability - Western Balkan)
 3. april 2014, Ljubljana

Spoštovani,

Vabimo vas na ANTILOPE [Summit on eHealth Interoperability - Western Balkan](http://www.antilope-project.eu), ki bo 3. aprila 2014, v Modri dvorani Domus Medica, Zdravniška zbornica Slovenije, Dunajska 162, Ljubljana.

Dogodek organizirajo konzorcij EU projekta [ANTILOPE](http://www.antilope-project.eu) in partner na projektu [Ustanova Prorec.SI](http://www.prorec-si.eu), v sodelovanju s [Slovenskim društvom za medicinsko informatiko \(SDMI\)](http://www.sdmil.si).

O PROJEKTU / TEME:
 Evropska komisija je v 2013 vzpostavila projekt Antilope s ciljem promocije standardov in profilov za medsebojno povezljivost sistemov eZdravja, ter podpore njihovi uvedbi v EU.
 Projekt bo:

- vodil uvedbo niza profilov in podpomih standardov eEIF (eHealth European Interoperability Framework), ter sodeloval v procesu razvoja novih mednarodnih standardov
- definiral in validiral postopke testiranja za potrebe certifikacij ter ocenjevanja medsebojne povezljivosti sistemov eZdravja na ravni EU in znotraj njenih članic.

O DELAVNICI:
 V Evropi bo izvedenih deset regionalnih delavnic (t.i. Summit-ov), na katere so vabljeni osebe / organizacije, ki v posameznih državah odločajo o implementaciji standardov s področja eZdravja. Osnovni cilj je, da se predstavniki držav regije seznanijo z aktivnostmi, metodami in orodji s področja interoperabilnosti, izmenjajo izkušnje ter podajo svoje mnenje.
 Ker pa je tema zagotovo aktualna za širši krog strokovnjakov s področja eZdravja, na delavnico vabimo tudi vse člane SDMI in drugo zainteresirano javnost.

Delavnica bo priložnost:

- da validiramo (pri)poročila EU projekta Antilope, in sicer v krogu udeležencev iz nacionalnih in mednarodnih organizacij za standardizacijo, centrov za eZdravje ter širše strokovne javnosti držav zahodnega Balkana;
- da dobimo vpogled v dogajanja na področju testiranja medsebojne povezljivosti in certifikacij sistemov eZdravja, uporabljenih metod, orodij (v državah zahodnega Balkana in v EU);
- za pridobitev novih idej glede vzpostavitve testiranja medsebojne povezljivosti;
- za sodelovanje v predstavitev in razpravah s kolegi iz regije;
- za mreženje.

Program in več informacij v priložni priponki [tukaj](#), ali kontaktirajte leo.ciglencecki@siol.net (041/549 388).

Kotizacije ni. Za potrditev udeležbe in prejem dodatnih obvestil se, prosimo, prijavite na <http://www.antilope-project.eu/events/22/antilope-summit-western-balkan/>.

Veselim se srečanja,
 Leo Ciglencečki
 Ustanova Prorec.SI in Slovensko društvo za medicinsko informatiko




8.3.2.4 *Partner organisations in the different countries of the Area*

The summit was mainly organised by *Prorec.SI*, with some logistical support from the Slovenian medical informatics society (SDMI).

Prorec-Serbia and *Prorec-Croatia* acted as a hub for their countries.

In addition, *Prorec-Serbia* provided valuable contacts for Montenegro and Bosnia and Hercegovina.

8.3.2.5 *Supporting organisations*

From the logistical point of view, the following organisations could be considered as supporting organisations, providing the organisers with favourable discounted prices of their services:

- Medical Chamber of Slovenia (venue, technical support, parking).
- Austria Trend Hotel Ljubljana**** (accommodation)

8.3.3 Attendees

The following stakeholder groups were represented at the Workshop:

Healthcare Authority	✓
Health Insurance Organisation	✓
Public Health Organisation	✓
Scientific or Research Organisation – Academic Institute	✓
Healthcare Institute (management staff, e.g. of hospitals)	✓
Healthcare Professional (physician, nurse, paramedic)	✓
Health IT service provider (supplier, informatician, maintenance services)	✓
Health Industry (device suppliers, pharma, etc...)	✓

8.3.4 Presentations

The presentations are made available:

1. On the web site of ANTILOPE: <http://www.antilope-project.eu>
2. Other:
 - Presentations were distributed at the meeting:
 - printed hand-outs, and
 - on USB sticks

8.3.5 Summit documentation

The following documentation was distributed

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> The ANTILOPE Umbrella Letter | | |
| <input checked="" type="checkbox"/> in English | <input checked="" type="checkbox"/> send before the meeting | |
| <input type="checkbox"/> in National Language : | <input type="checkbox"/> distributed at the meeting | |
| <input checked="" type="checkbox"/> The ANTILOPE Educational Material | | |
| <input type="checkbox"/> send before the meeting | <input checked="" type="checkbox"/> distributed at the meeting | |
| <input checked="" type="checkbox"/> The ANTILOPE Summit Questionnaire | <input checked="" type="checkbox"/> distributed at the meeting | |
| <input checked="" type="checkbox"/> The ANTILOPE Questionnaire | | |
| <input type="checkbox"/> send before the meeting | <input checked="" type="checkbox"/> distributed at the meeting | |
| <input checked="" type="checkbox"/> Other: | | |

Each participant received a full set of documents / materials:

- printed Summit Leaflet together with the agenda
- printed Antilope leaflet
- printed Antilope educational materials (presentations + executive summaries), related to 4 WG's deliverables D1.1, D2.1, D3.1, D4.1.
- printed Questionnaire (two parts)
- USB memory stick with the materials
- name tag

8.3.6 ANTILOPE WESTERN BALKAN LEAFLET







Antilope

Western Balkan Summit on E-Health Interoperability

The European Commission launched the Thematic Network project **Antilope** in 2013 in order to promote the use of standards and profiles for e-Health interoperability and foster their adoptions across the European Union.

Antilope www.antilope-project.eu is supported by leading International standardisation bodies and will through 10 regional summits throughout Europe, highlight the critical role played by a European Interoperability Framework, by an interoperability Quality Management System, by supportive test tools and by quality labels and certificates for interoperable solutions.

The **Antilope** Summit in Western Balkan will be organized in Ljubljana, Slovenia, and will provide you and other decisionmakers a unique opportunity to learn about and understand why such tools and associated policies are required to deploy interoperability in your country and across Europe.



Invitation

Antilope Summit, Western Balkan

Date: Thursday, 3rd April 2014

Venue: Zdravniška zbornica Slovenije, Dunajska 162, Ljubljana, Slovenia

Register: <http://www.antilope-project.eu/events/22/antilope-summit-western-balkan/>

Who should attend:

- Persons interested in setting up Interoperability testing
- Persons and organisations responsible for selecting, decisionmaking and implementing e-Health standards
- People from government and industry

Background material:
www.antilope-project.eu/resources

What do you get from the summit:

- Overview of interoperability testing and quality certification in Europe, testing methods, testing tools
- Good ideas for establishing interoperability testing
- Networking

Hotel:
 Austria Trend Hotel Ljubljana **** Superior
 Reduced rate: +386/1/588-2525 or reservations.ljubljana@austria-trend.at
 Booking code: "ANTILOPE"

Antilope is a thematic network partially funded by the European Commission under the ICT Policy Support Programme (ICT PSP) as part of the Competitiveness and Innovation Framework Programme (CIP).

Summit arranged by:



Local contact: leo.ciglenecki@siol.net



8.3.7 The Agenda



Antilope
Advancing eHealth
Interoperability

Antilope Summit, Western Balkan
Thursday, 3rd April 2014

08:30 – 09:00 Registration		
09:00 (15')	Welcome – Introduction to the Summit	Leo Ciglencčki, ProRec.SI
09:15 (15')	ANTILOPE - Background, purpose, outcome	Antilope core team
09:30 (75')	State of the art in Western Balkan countries. How interoperability is performed in Croatia, Serbia and Slovenia	Andreja Matkun, HZZO, Croatia Nada Teodosijević, ProRec-Serbia Vesna Lešnik Stefotič, ProRec-Slovenia
10:45 (30')	Use Cases as basis for setting up interoperability testing and organization (WP1)	NICTIZ - National IT Institute for Healthcare, Netherlands
11:15 – 11:45 Coffee Break		
11:45 (30')	Quality Management and how to set up interoperability testing (WP2)	Jos Devlies EUROREC - The European Institute for Health Records, France MEDIQ, Denmark
12:15 (30')	Interoperability testing tools. Existing tools and tools to be developed (WP3)	Milan Zoric ETSI - the European Telecommunications Standards Institute, France
12:45 – 13:45 Lunch Break		
13:45 (30')	Setting up labelling and certification. Processes and how to set up the organization (WP4)	Karima Bourquard IHE-Europe, Belgium
14:15 (10')	Sum up of presentations. Introduction to the debate	Antilope core team
14:25 (30')	Debate based on the ANTILOPE key messages	Chaired by ProRec.SI and Antilope Core team
15:45 – 16:15 Coffee Break		
16:15 (15')	Main conclusions	ProRec.SI
16:30 (30')	Feedback – Questionnaires	All participants
17:00	Closing of the Summit	

Partners in Antilope:



medcom
The European Health Data Network



MEDIQ



IHE
changing the way healthcare works
www.the-ehps.eu



Nictiz
Better care. Better information



EN ISO606
ASSOCIATION



ETSI



E-TERVIS
eHealth Termination Services



EHETEL
EUROPEAN HEALTH TELECOMMUNICATIONS ASSOCIATION



PROREC-BE



Continua
HEALTH ALLIANCE



EUROREC



IL
Instytut Logistyki i Magazynowania



H7
INTERVIZ



PROREC-SI



NÁRODNÉ CENTRUM
ZDRAVOTNÍCKÝCH
INFORMÁCIÍ



assinteritalia



H7
RELAY



TicSalut
Télécom, Innovation, Santé



IHE
Integrating the Healthcare Enterprise



Interop Santé
Pour une coopération et une interopérabilité améliorées



FACHHOCHSCHULE
TECHNIKUM WIEN



NIJZ
Nacionalni inštitut
za javno zdravje



cen
Health Informatics
TC251

2014/03/27

8.3.8 Feedback Questionnaires

8.3.8.1 *Feedback Questionnaires on organisational aspects*

8.3.8.1.1 Number of questionnaires completed

Audience was asked to provide answers about their background (country of residence, professional profile) and assess the organizational aspects of the summit, including the level of appreciation of the Antilope presentations and materials.

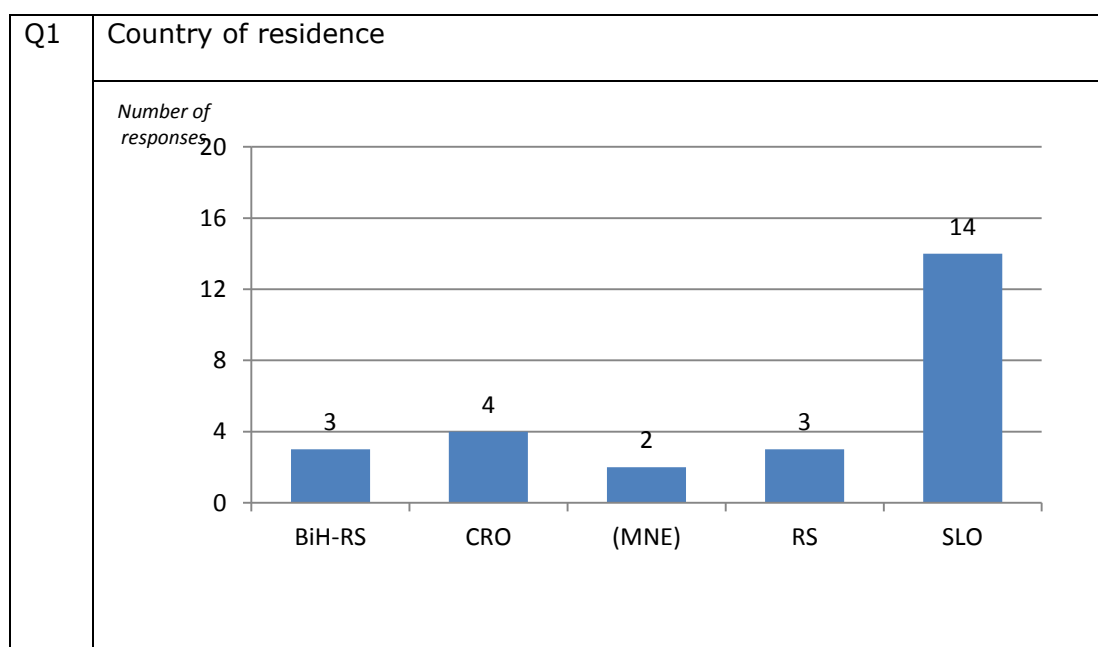
24 people answered and returned the questionnaire.

8.3.8.1.2 Analysis per question or statement

The results of the questionnaire are provided in the form of graphs/charts. Where relevant, the 'no response' items were also included in the charts.

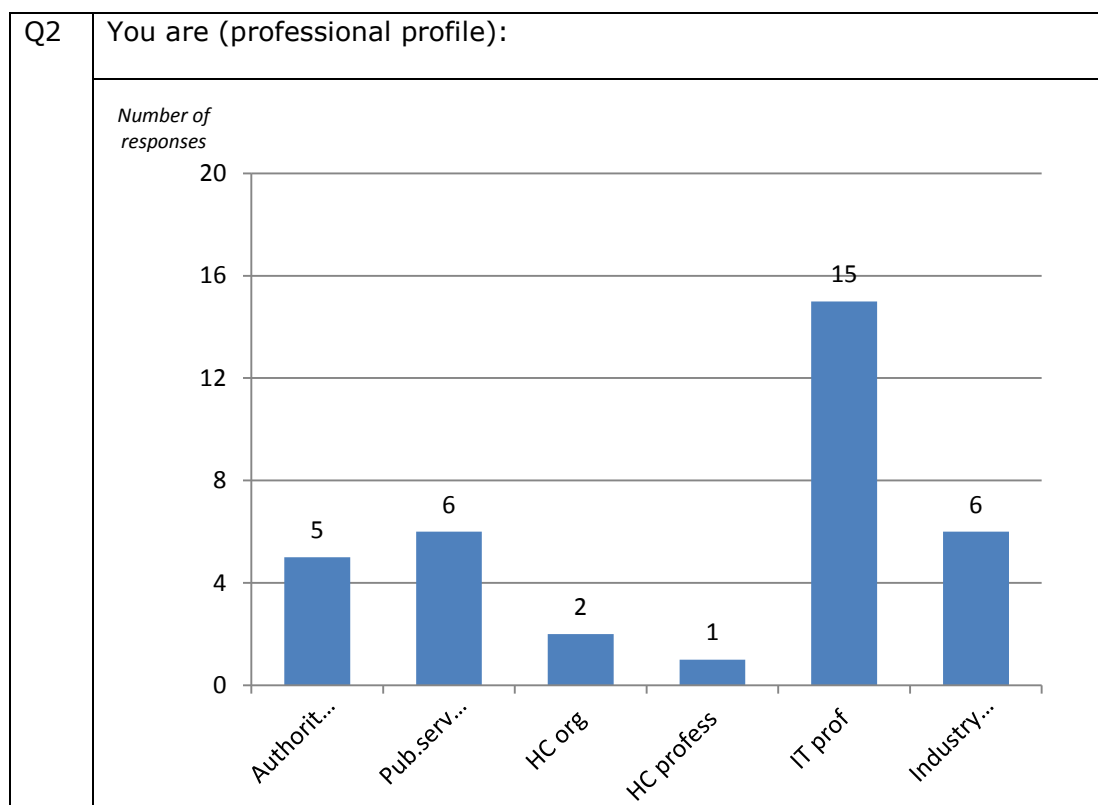
The source data in the numeric form is available at the project's work space ProjectPlace (MS Excel).

Participant's background



Note:

- Participants from the Ministry of Health of Montenegro (MNE) were actively present at the Summit, however the organizer received no filled-in questionnaire with the 'Country of residence' = Montenegro. Nevertheless, the MNE is included in this chart, but not included in any of the further charts / statistics.
- The total number of responses in this chart is more than 24 – see explanation in the previous bullet.
- Belgium and France were also represented at the Summit through the participation of the three Antilope core-team members.

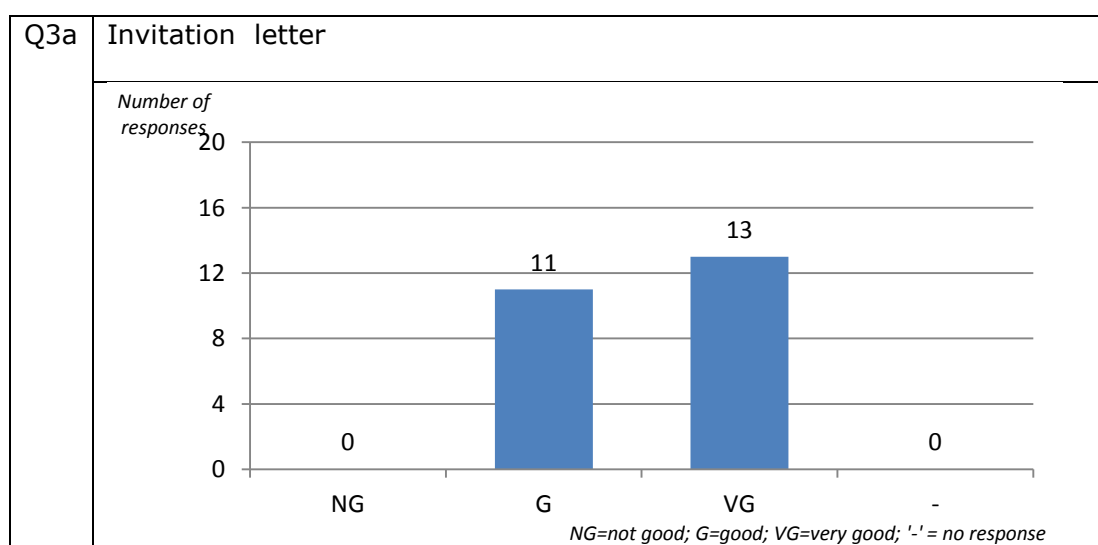


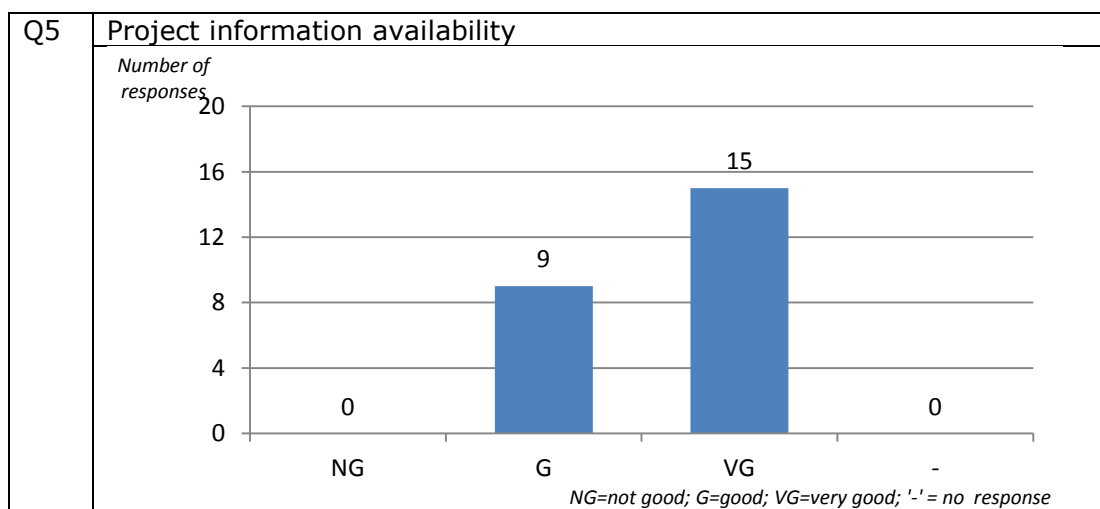
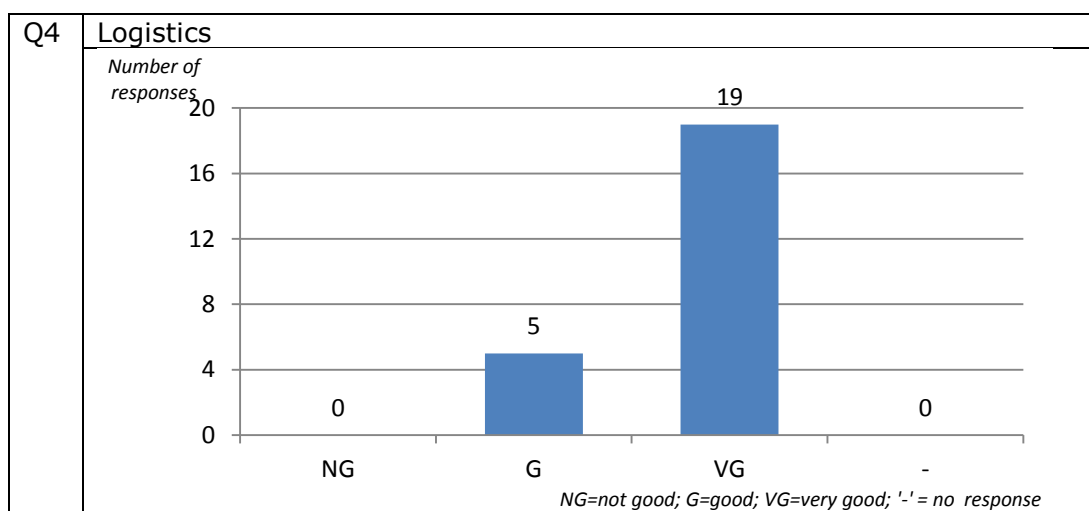
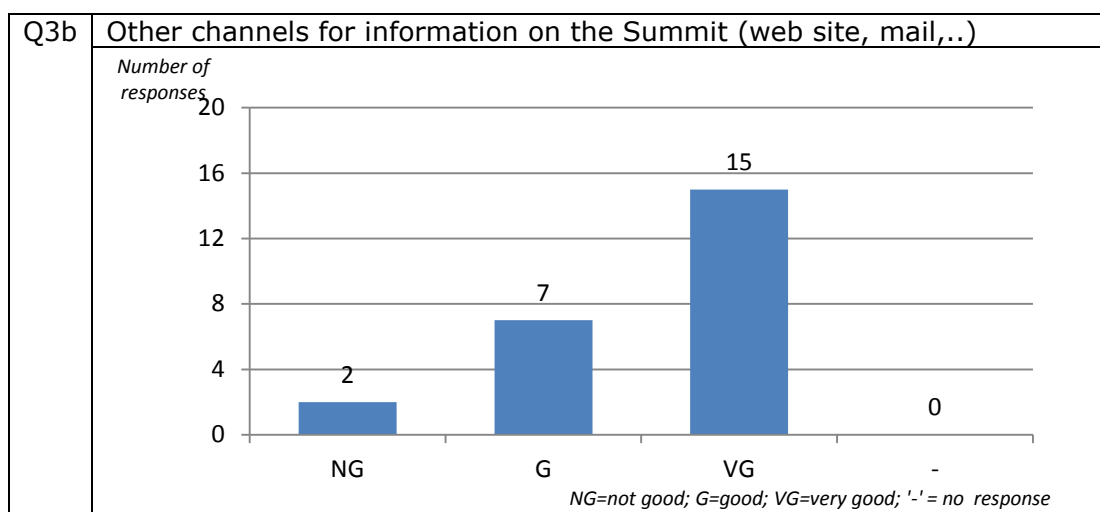
Note: The total number of responses in this chart is more than 24, as the participant could select more than one option.

The options were:

- Representing a public authority / organisation
- Public servant
- Representing a care organisation or institute
- Healthcare professional
- IT professional
- Industry – Supplier

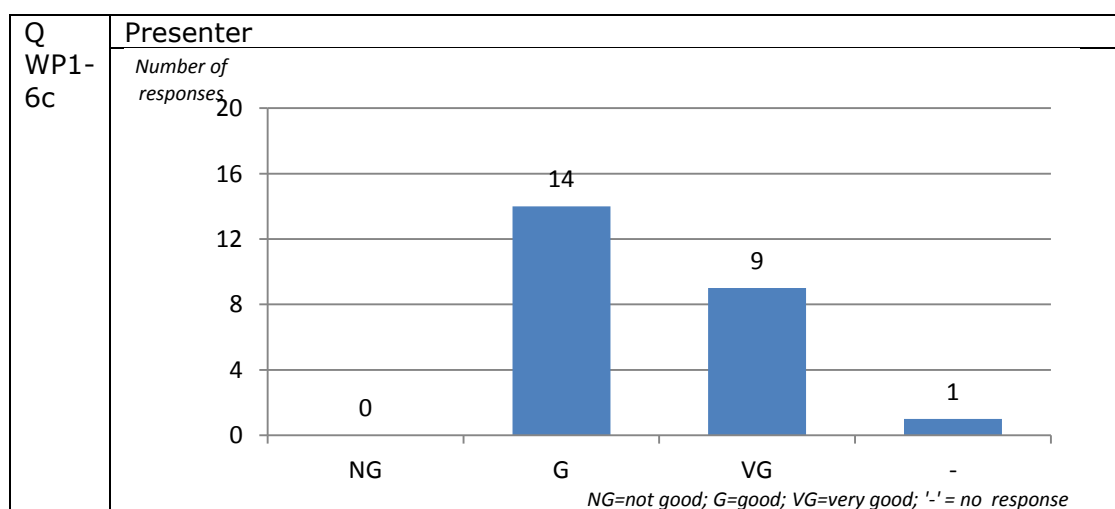
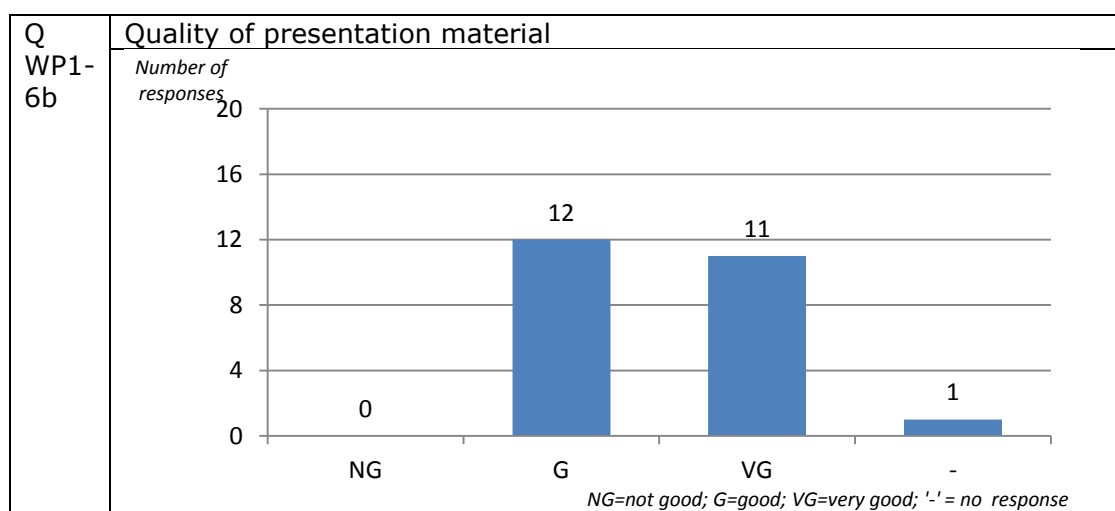
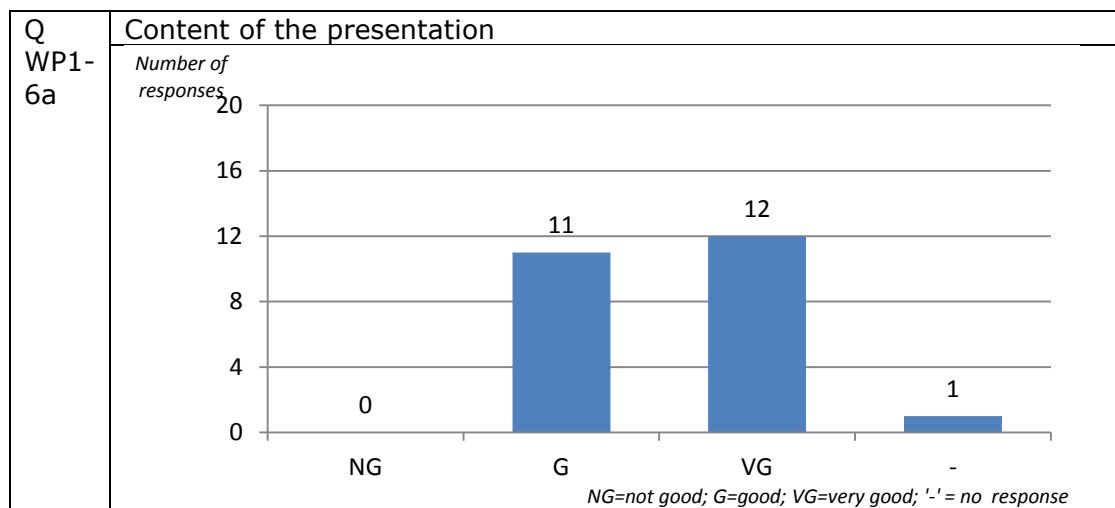
Invitation & Logistics



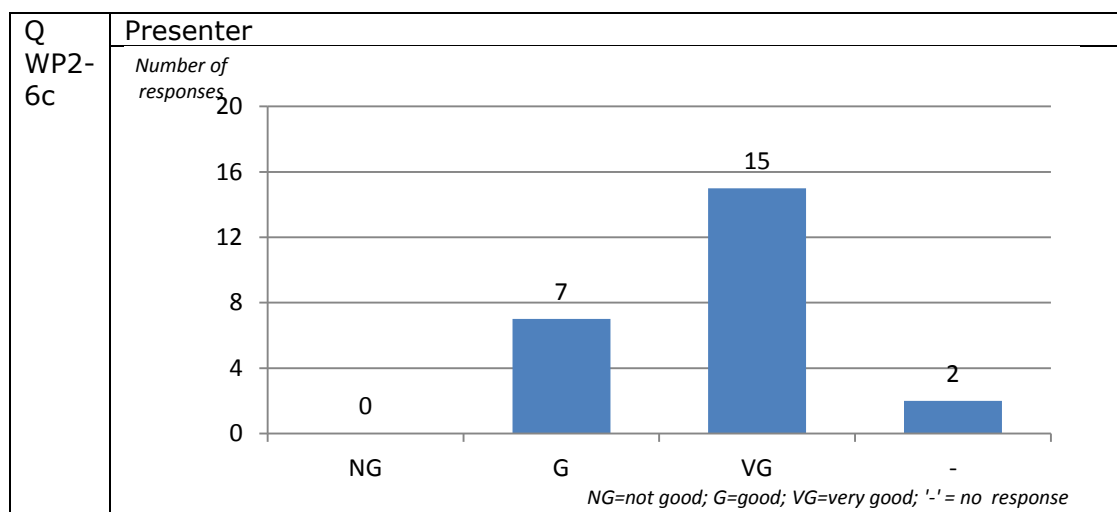
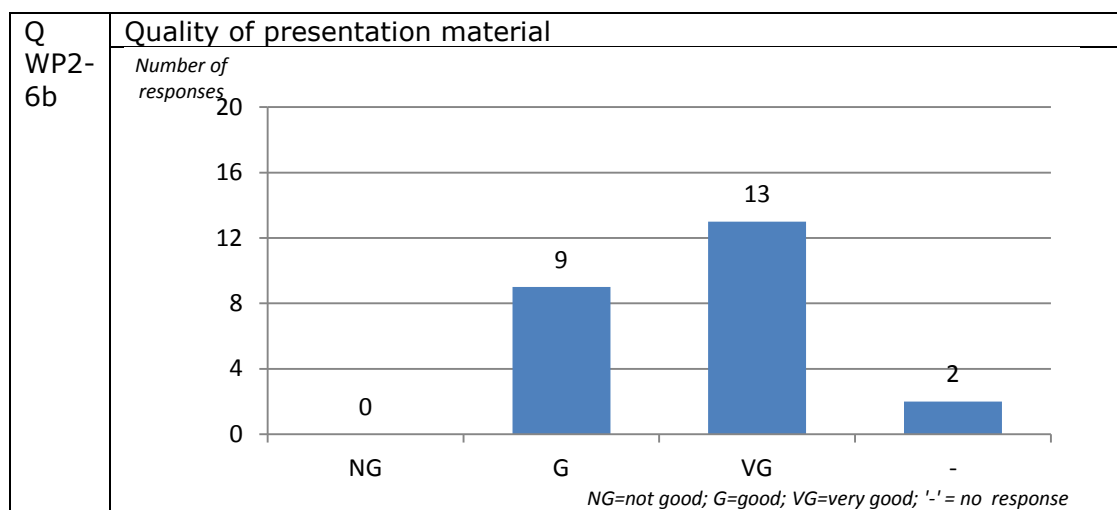
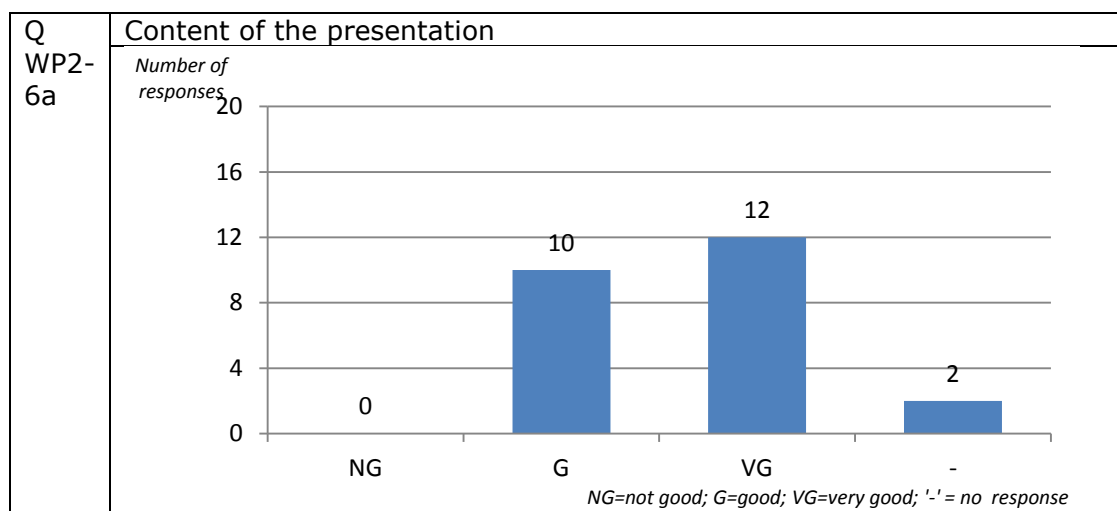


Content and Speakers

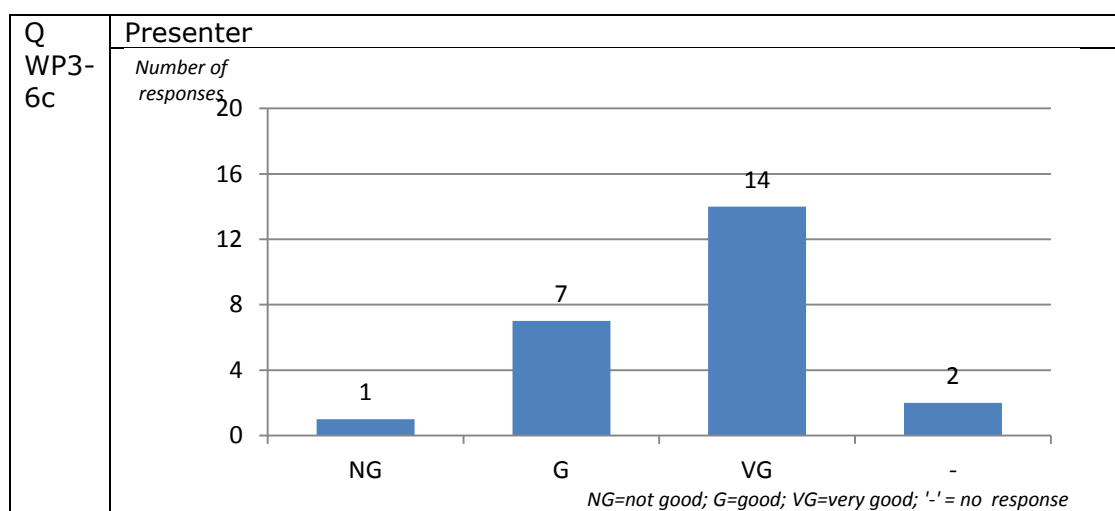
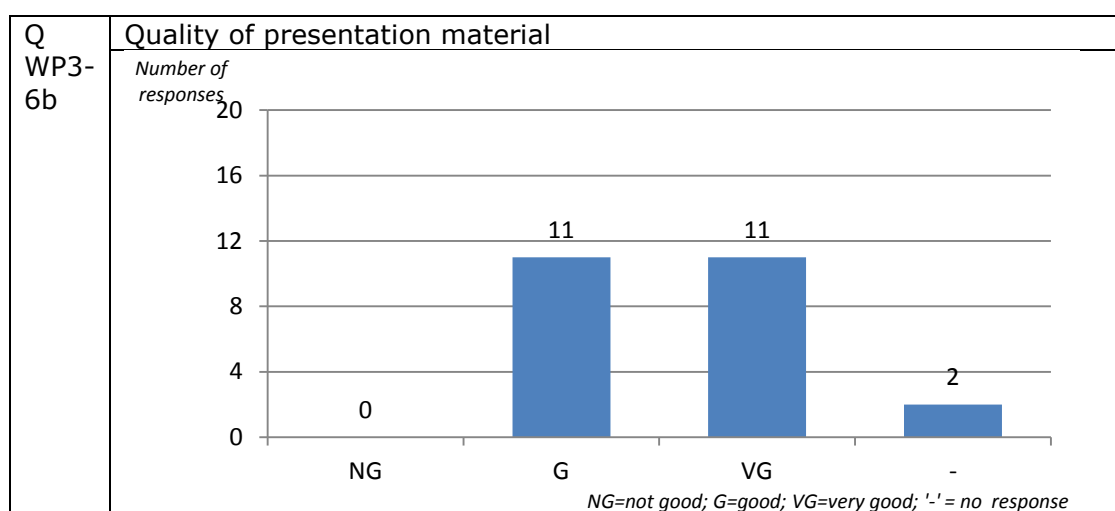
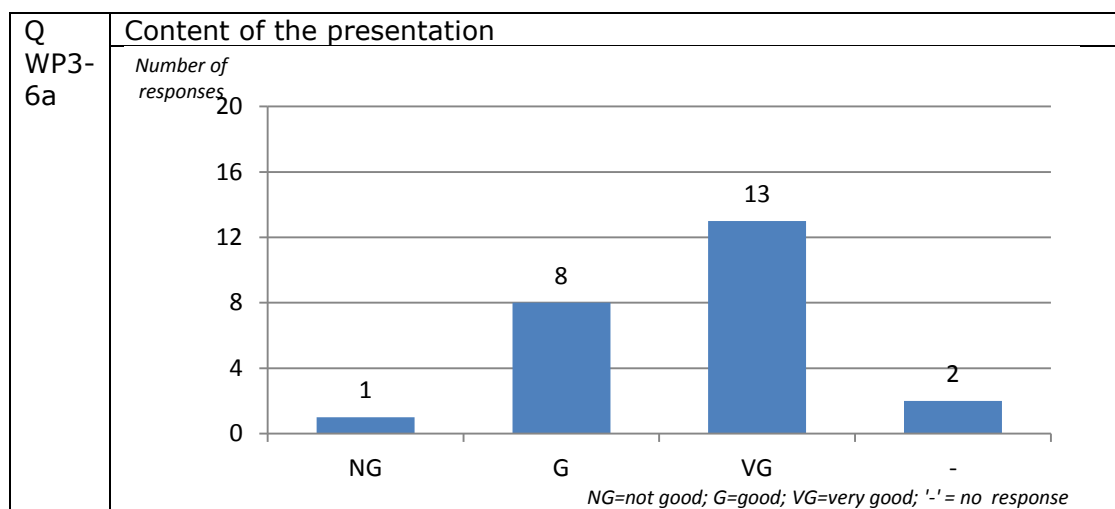
- WP1 ANTILOPE presentation



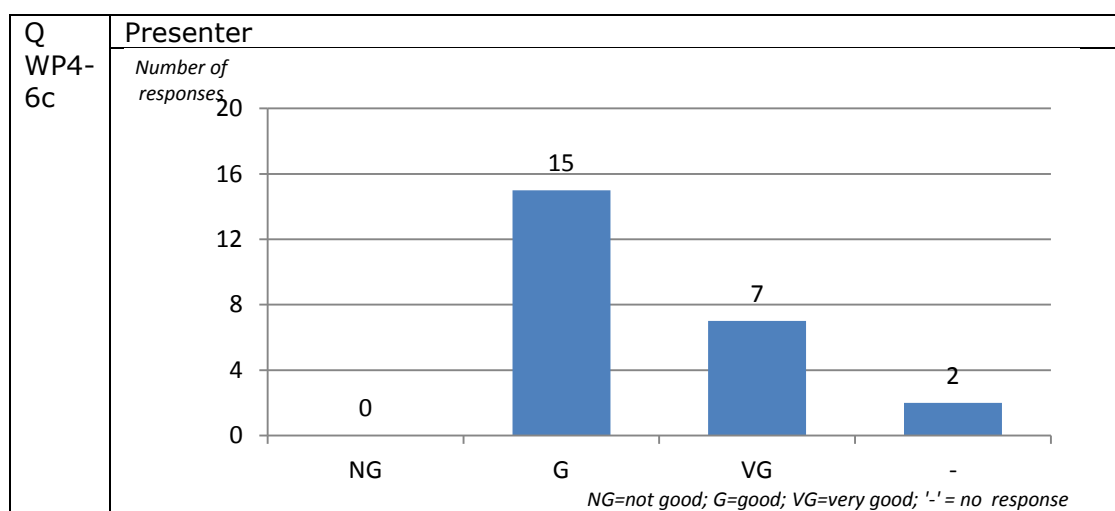
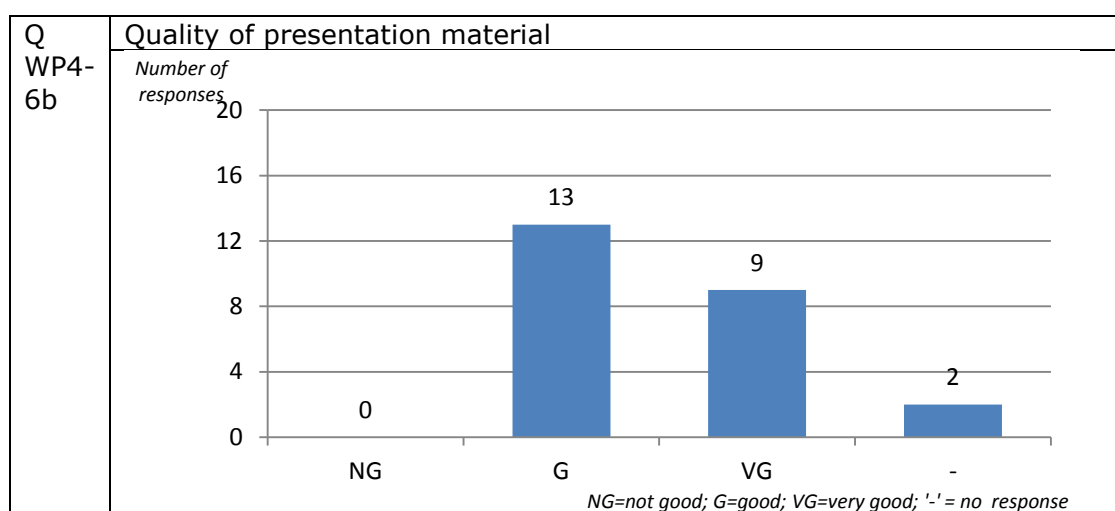
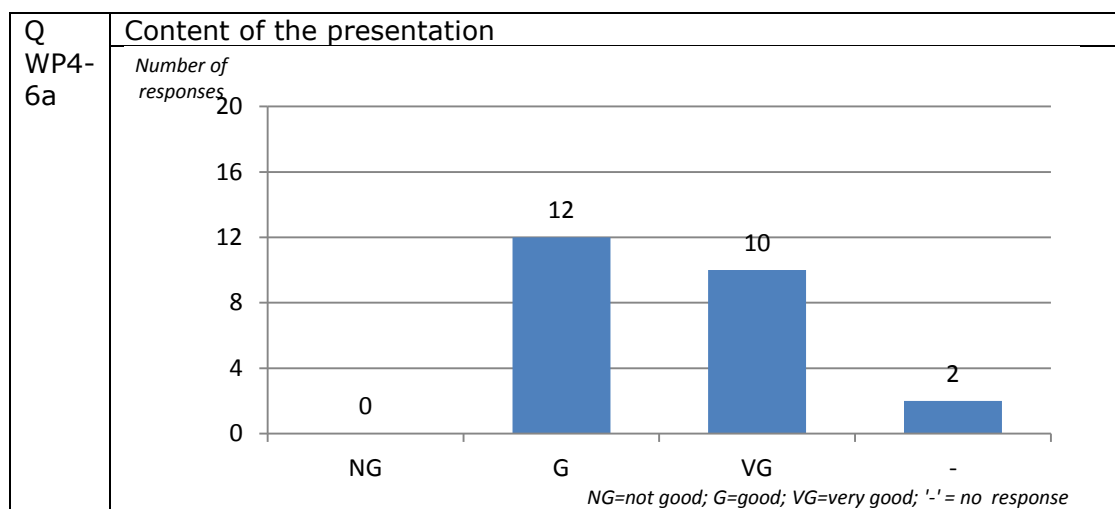
- WP2 ANTILOPE presentation

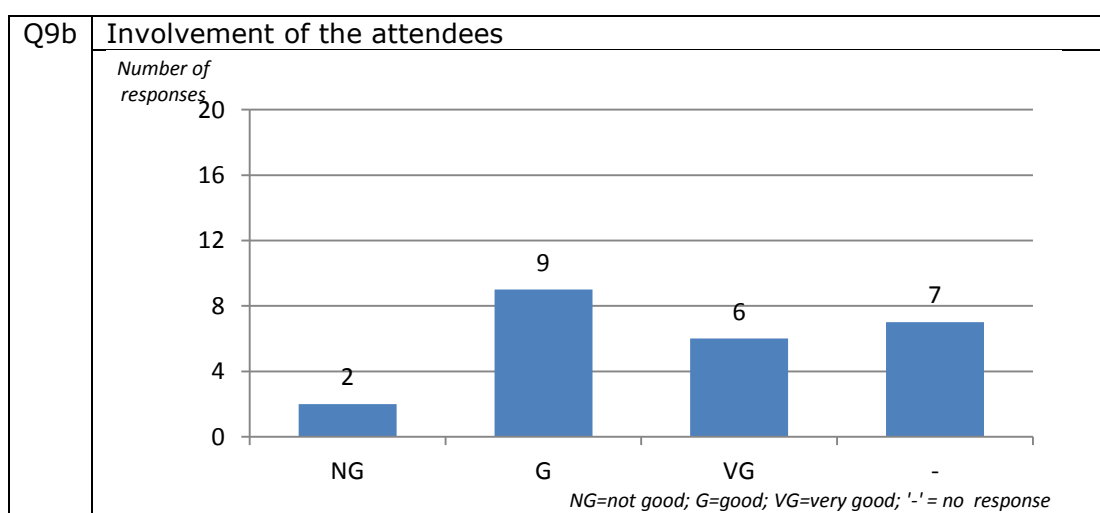
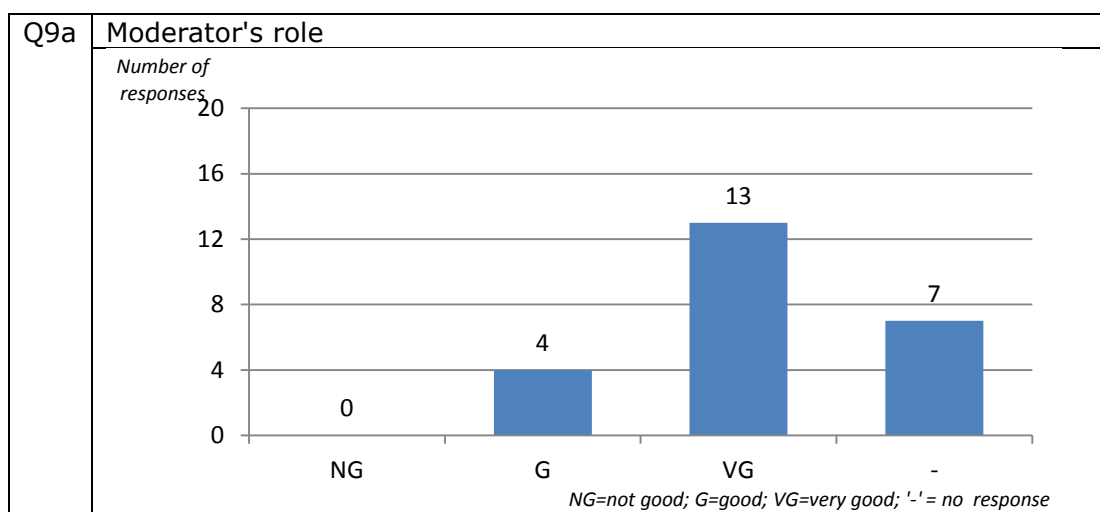
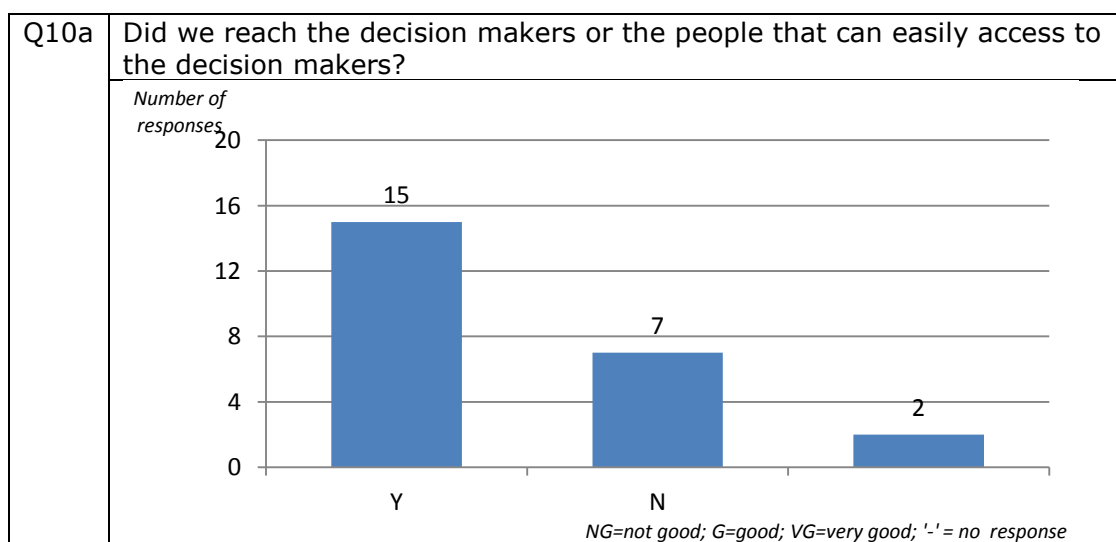


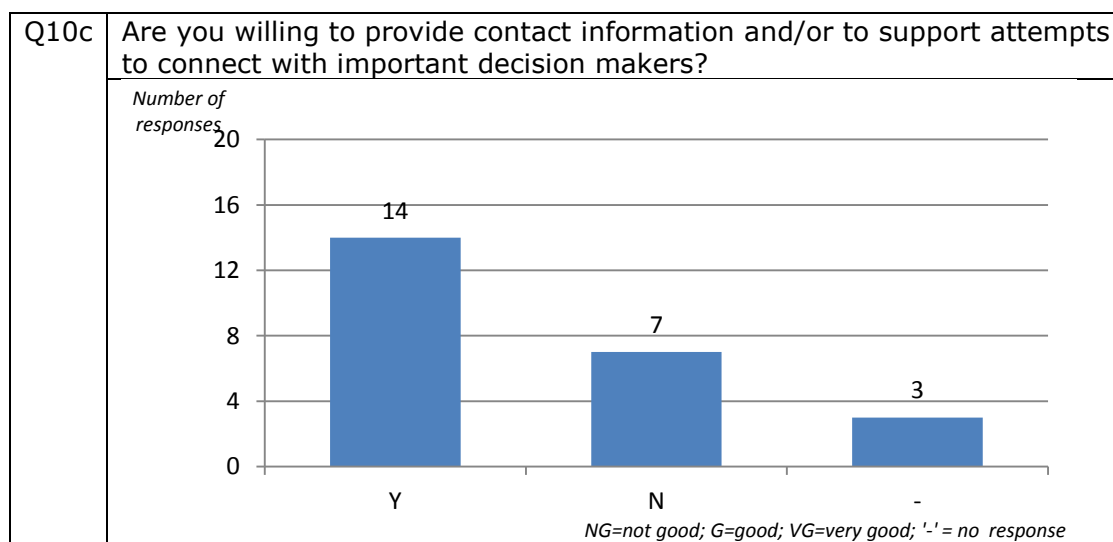
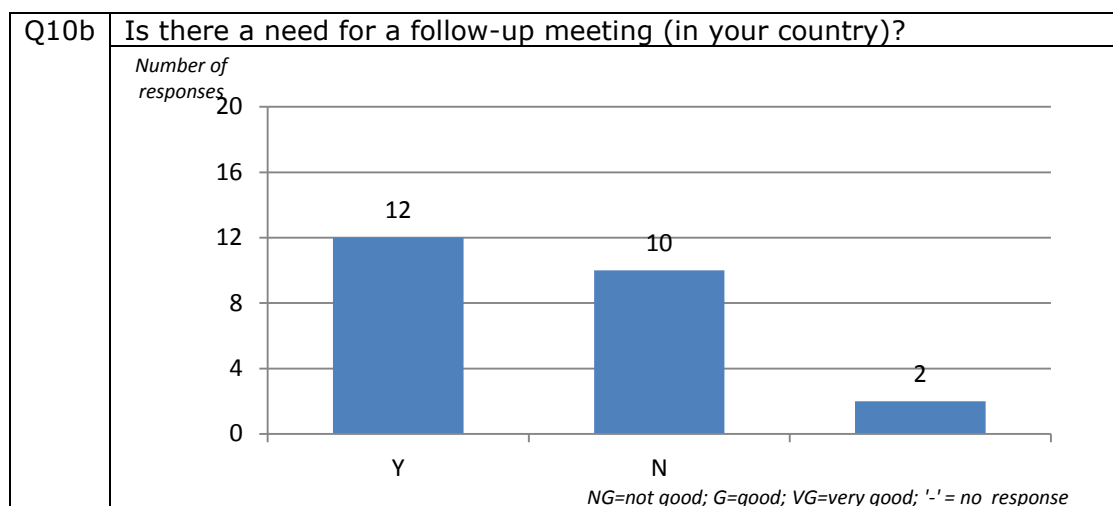
- WP3 ANTILOPE presentation



- WP4 ANTILOPE presentation



The ANTILOPE DebateAudience



8.3.8.1.3 Conclusion by the SVP on Organisational Aspect

The overall impression is that the Western Balkan Summit was very successful from the organisational point of view.

Participants came from all invited countries (with one exception - Macedonia).

Substantial efforts were needed to ensure the participation of representatives from the Balkan region countries. To a large extent this was due to a rather challenging economic situation in the region. Fortunately, with the help of Antilope project coordinator and some core team members (MedCom, EuroRec...) we managed to provide support /incentives in terms of reimbursing travel expenses to some of the participants from these countries.

Most of the responses to the questionnaire were either 'Good' or 'Very good'.

The best score received the question Q4 - Logistics. This seems to be due to a rather exclusive venue, catering and parking (conference room of the Medical chamber of Slovenia and the suggested nearby hotel), all placed close to the center of the city and to the airport.

The provided responses show some less satisfactory results on the 'Q9b – Involvement of the attendees'. Indeed, the debate at the last part of the summit was not as alive / extensive as one would wish. According to some participants, this could be due to some not so well phrased questions from the questionnaire.

One should also note, that the presented answers lack the balance from the point of view of participants' profiles (country of residence and profession). The obvious majority of participants came from Slovenia, being IT professionals.

However, despite this fact, the participants of the summit seemed to agree on the key issues of the eHealth interoperability.

8.3.8.2 *Questionnaire about the (content) of the ANTILOPE Project*

8.3.8.2.1 Number and general information about the responses

24 people answered the questionnaire.

Audience was asked to give a score to the statements, from 1 to 5 (1 low, 5 high), indicating the degree of importance or approval they want give to the statement as formulated. In the questions 14, 15, 16 the provided answers represented the number of years.

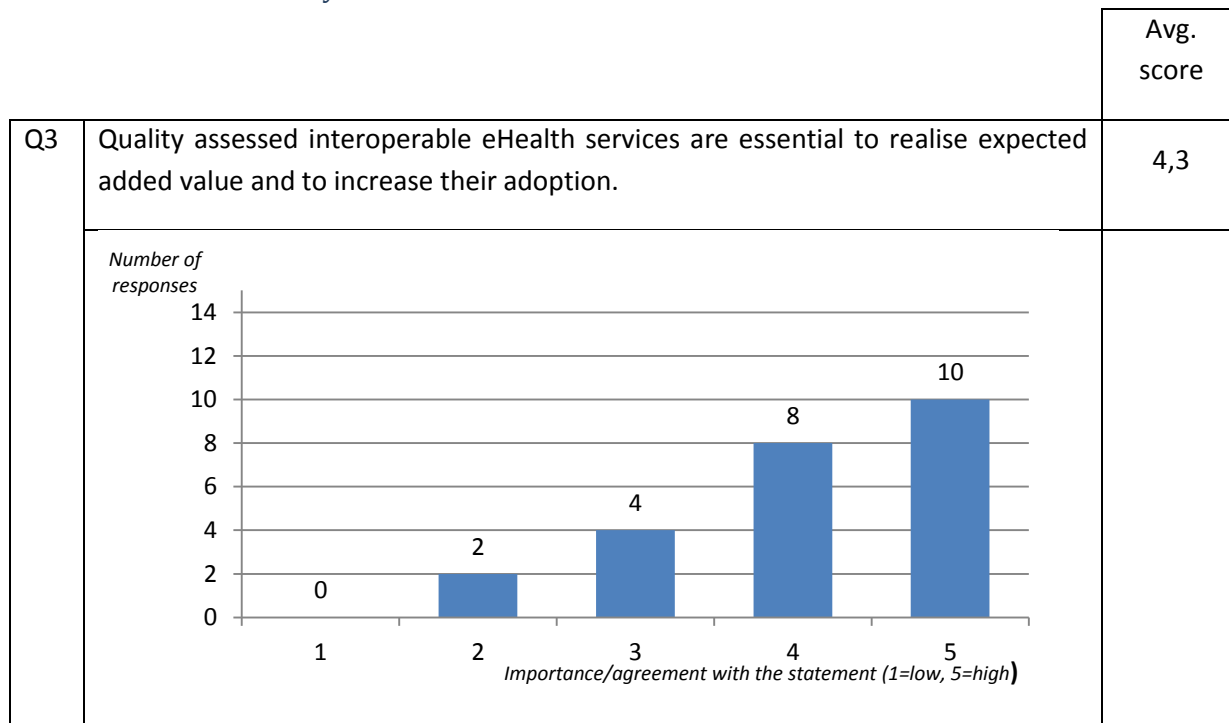
The results of the questionnaire are provided in the form of graphs/charts. Where appropriate the average score has been calculated (Q3 – Q13).

The same data, in the numeric form, is available at the project's work space ProjectPlace (MS Excel).

Note:

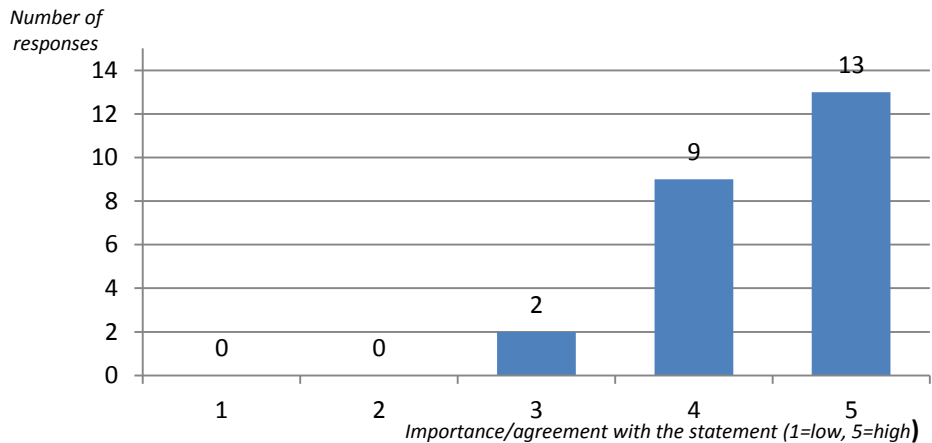
in a few cases, where the answers were provided as decimal values, the rounded values of the answers were used (e.g. 3,5 -> 4).

8.3.8.2.2 Detailed analysis



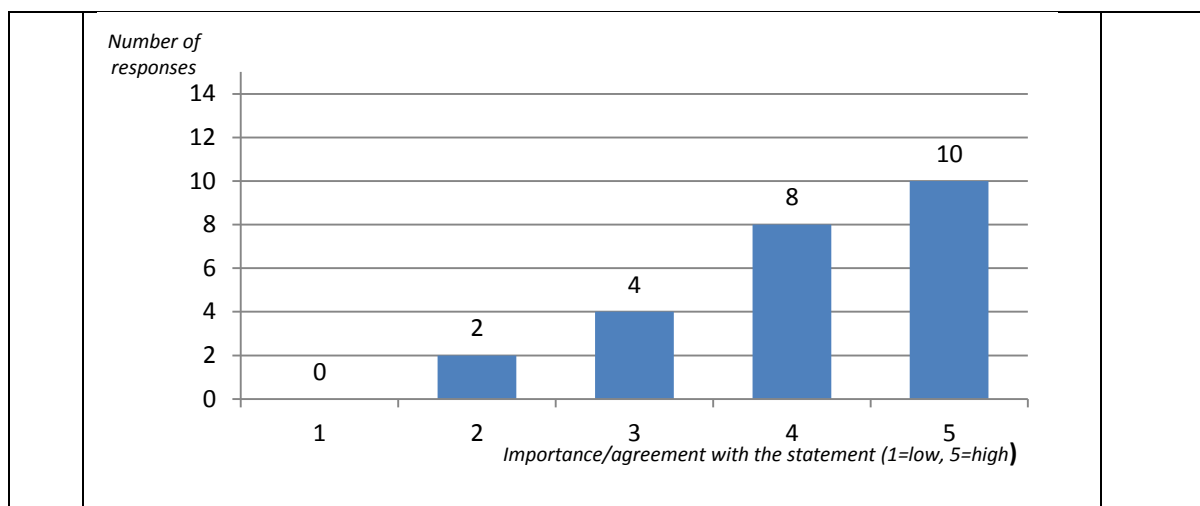
Comments:

6. involvement of the key national stakeholders is very important (those who use eHealth services). Or get one stakeholder who has large structural power in the country/region.

		Avg. score
Q4	<p>Recognised Quality Labelling and Certification organizations (certification bodies, conformance assessment bodies) and standards based quality assessed test procedures will increase reliability and acceptance of eHealth services nationally as well as across Europe.</p>  <p>Number of responses</p> <p>Importance/agreement with the statement (1=low, 5=high)</p>	4,5
	Comments:	

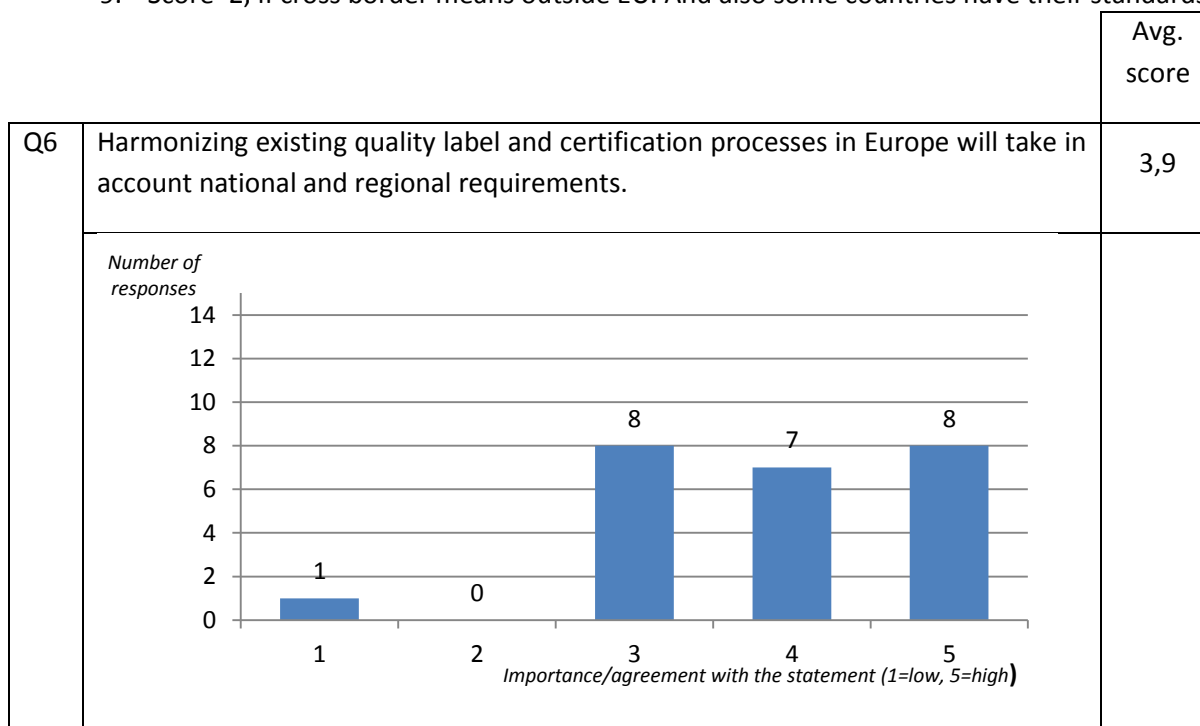
7. It is important that EU/international standards are available.

		Avg. score
Q5	A European interoperability quality label and certification process is crucial to support the deployment of cross border eHealth services.	4,1



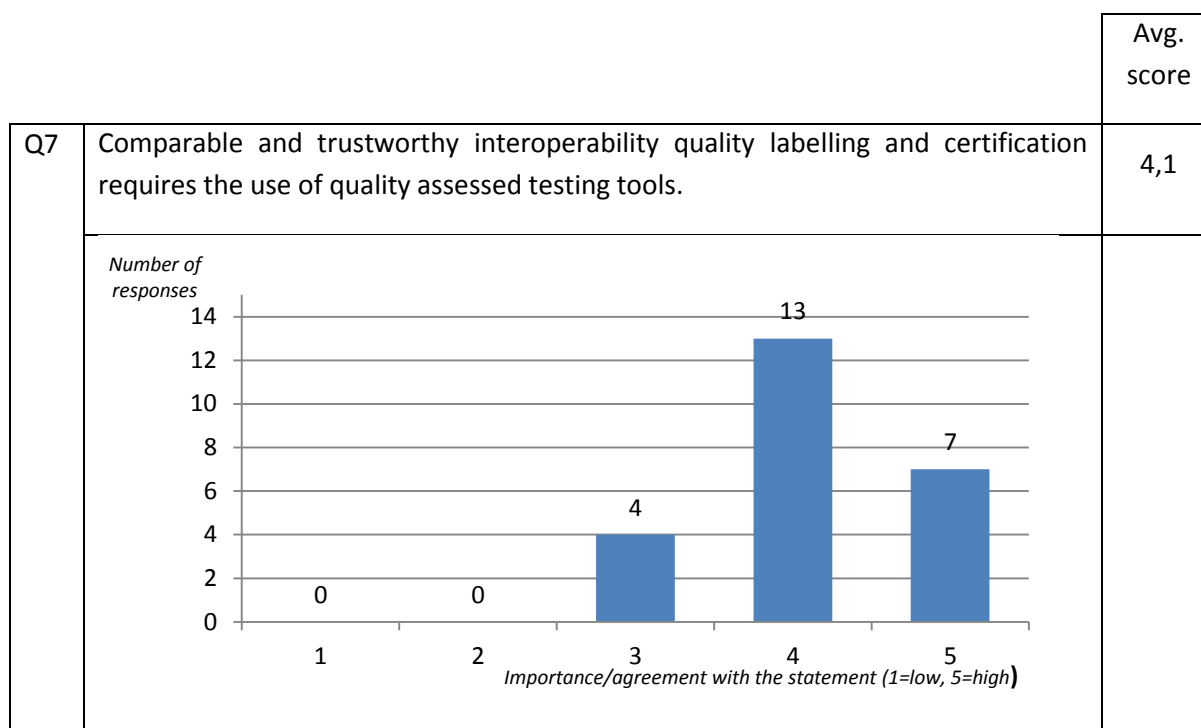
Comments:

8. epSOS was a good use case of a such need. However, it proved another/specific approach where no formal European rules were set, instead they were rather project-wide only.
9. Score=2, if cross border means outside EU. And also some countries have their standards.



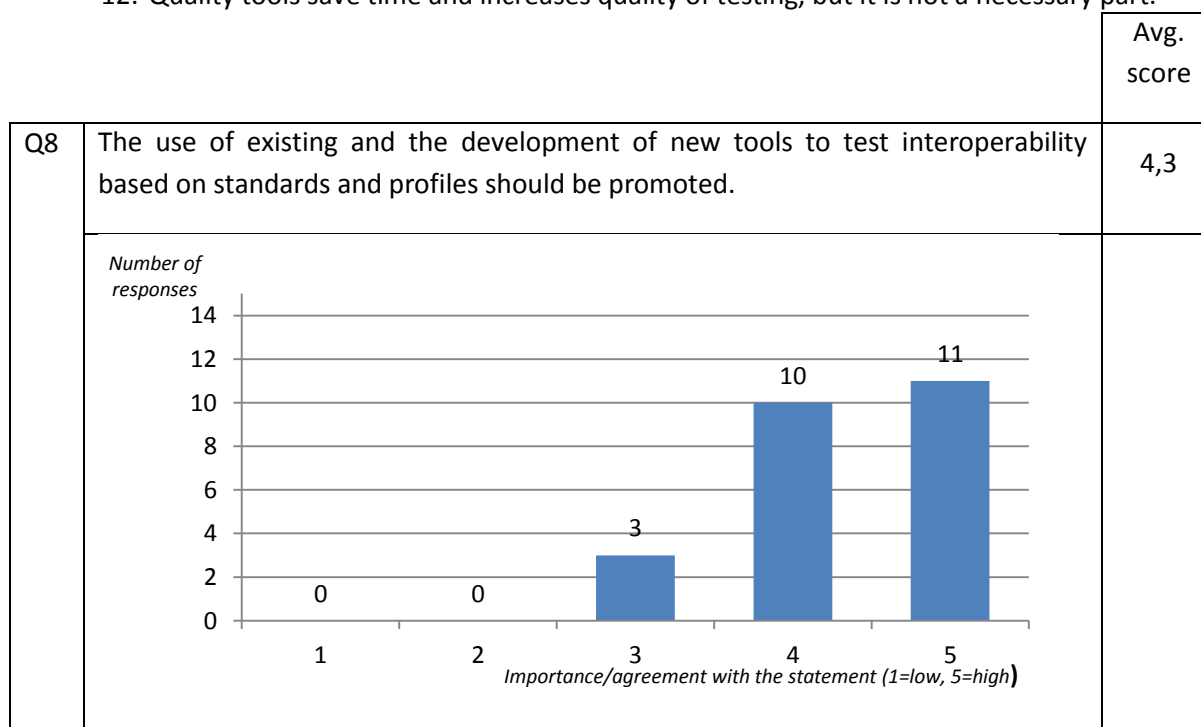
Comments:

10. Taking into account the national and regional requirements is important for user satisfaction. National and regional requirements depend on local business specifics /issues.



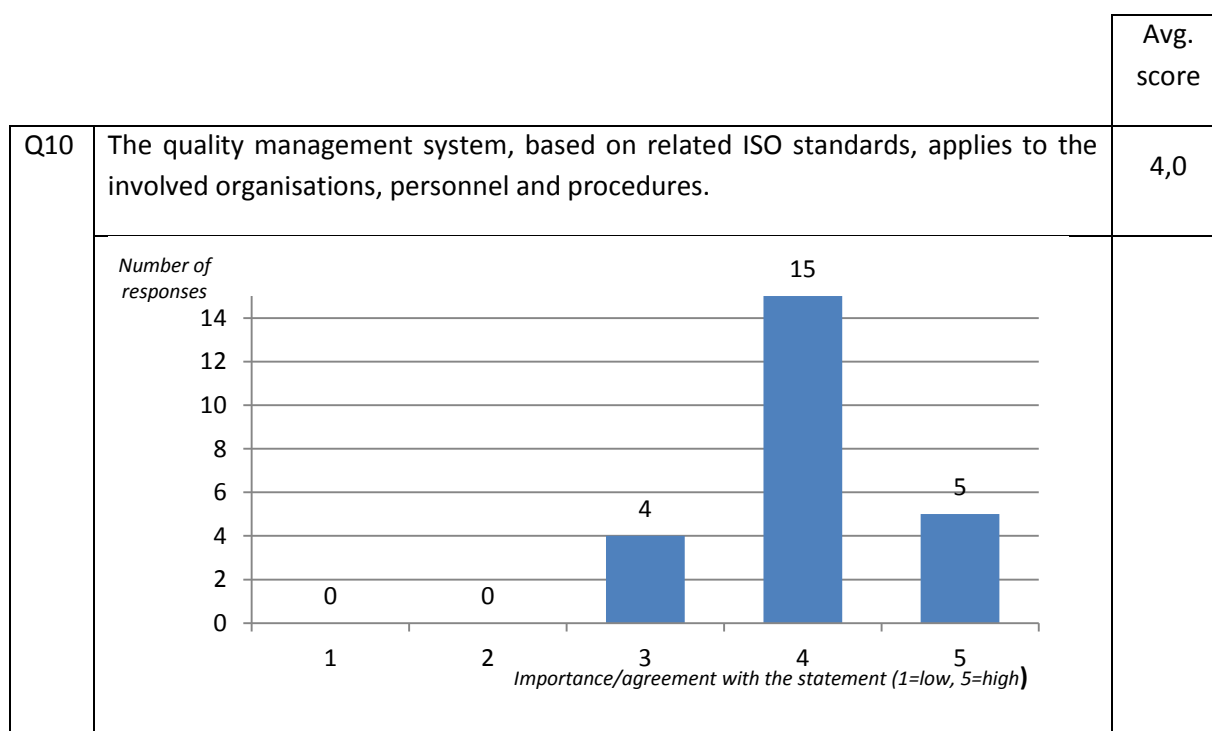
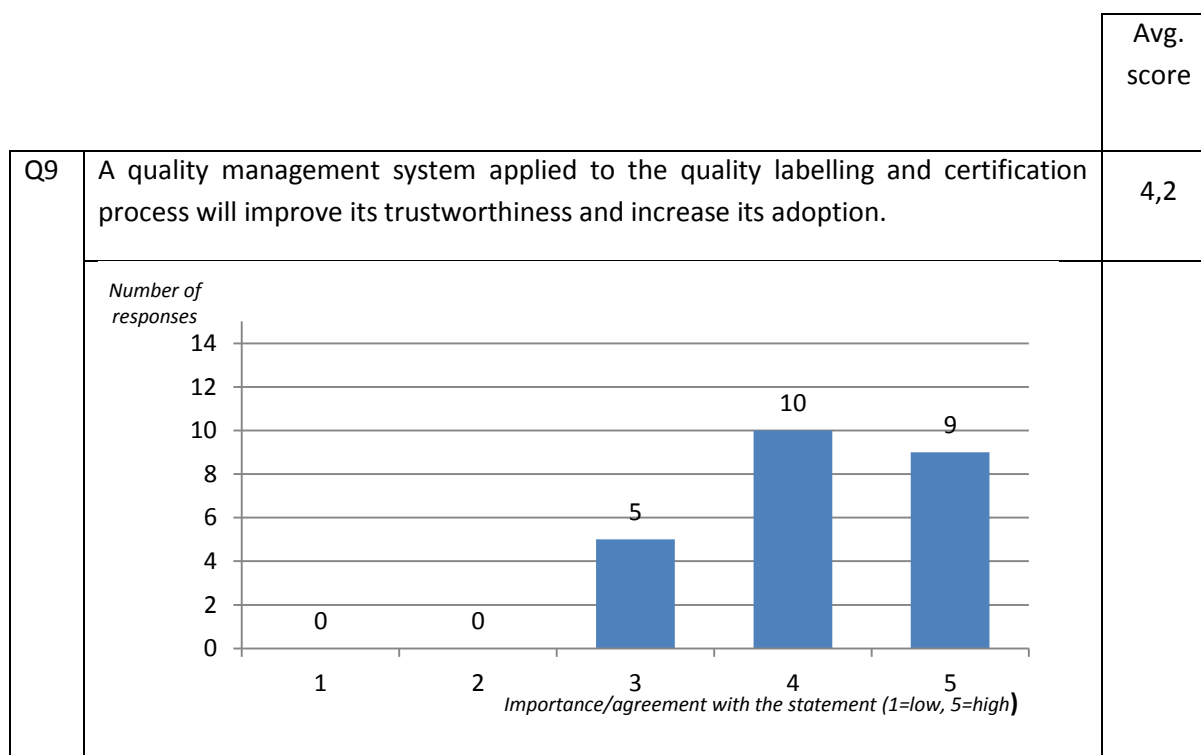
Comments:

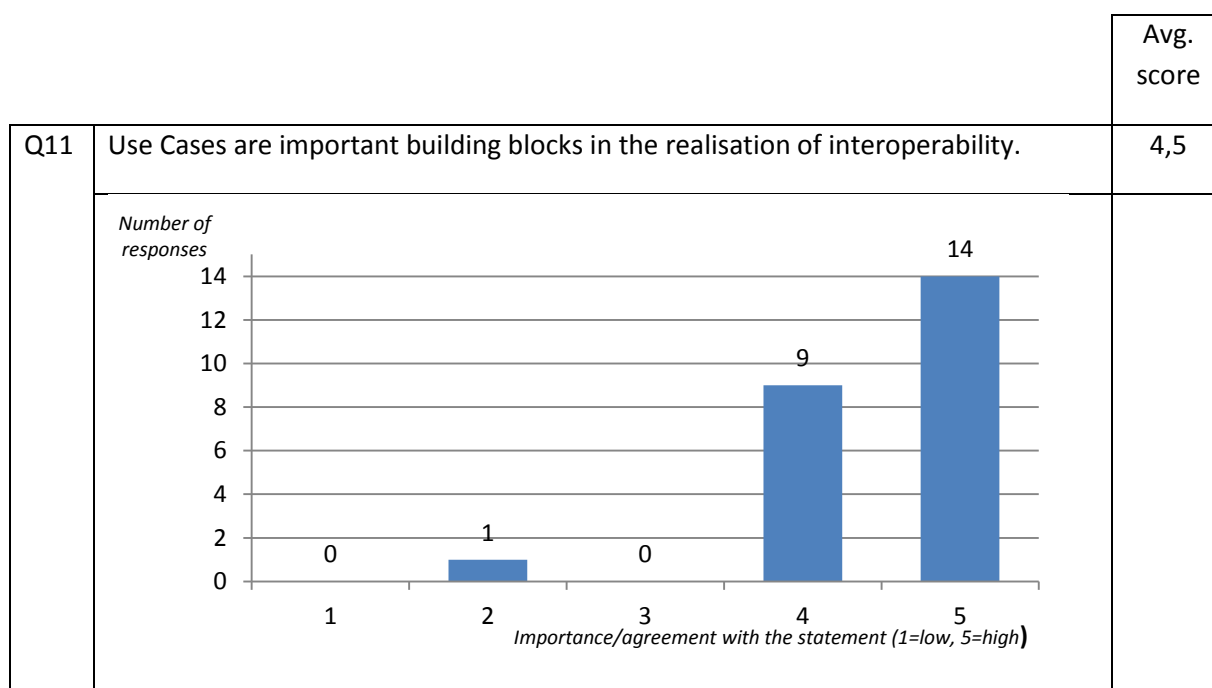
- 11. This is especially true within the country borders (99%); cross-border interoperability comes latter.
- 12. Quality tools save time and increases quality of testing, but it is not a necessary part.



Comments:

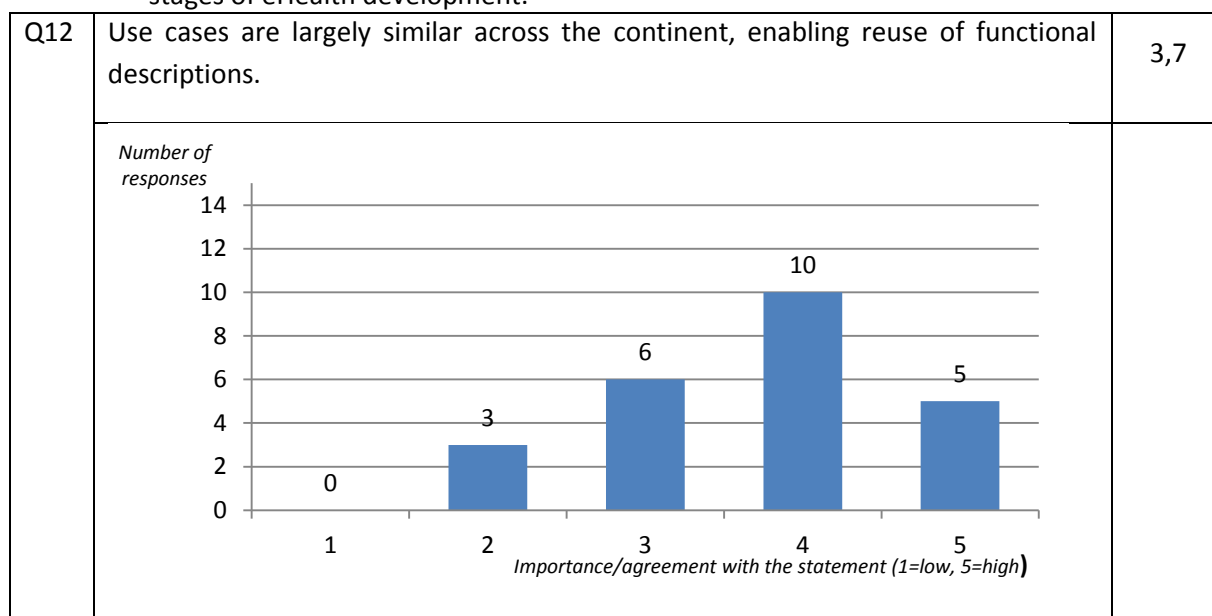
- 13. Funding?
- 14. Tools based on standards and profiles are more reliable.





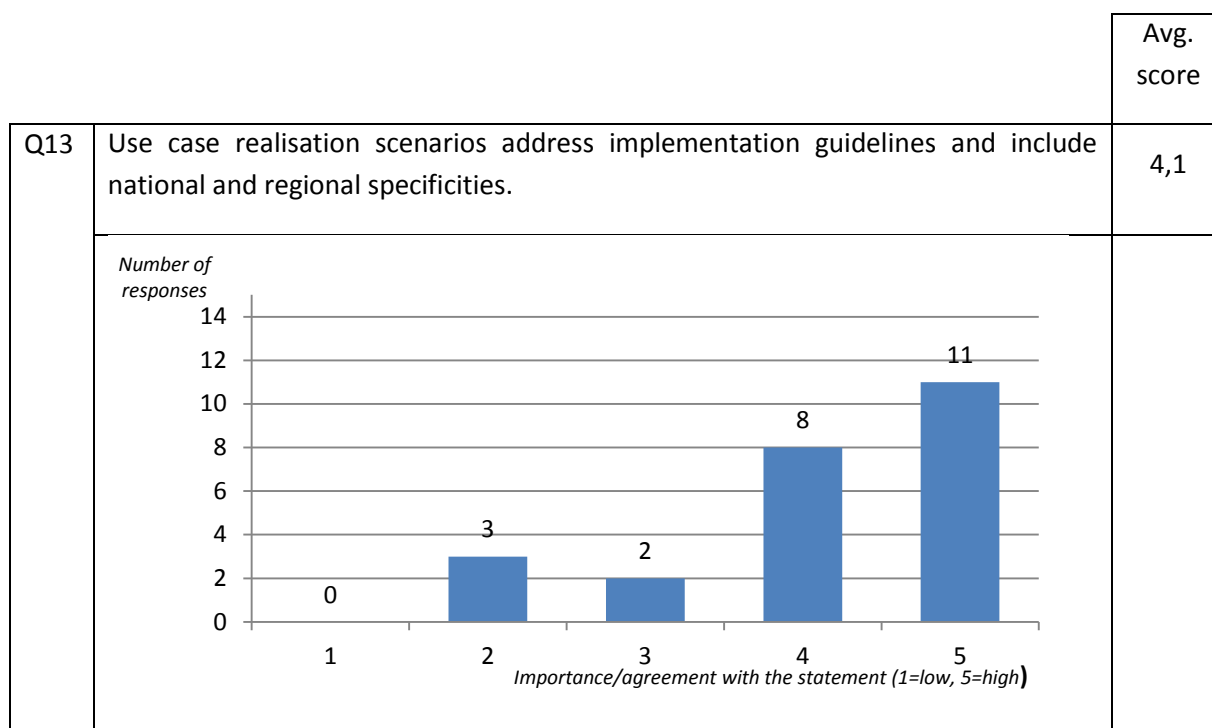
Comments:

15. Use cases could be a good starting point for the discussions in the countries with the early stages of eHealth development.



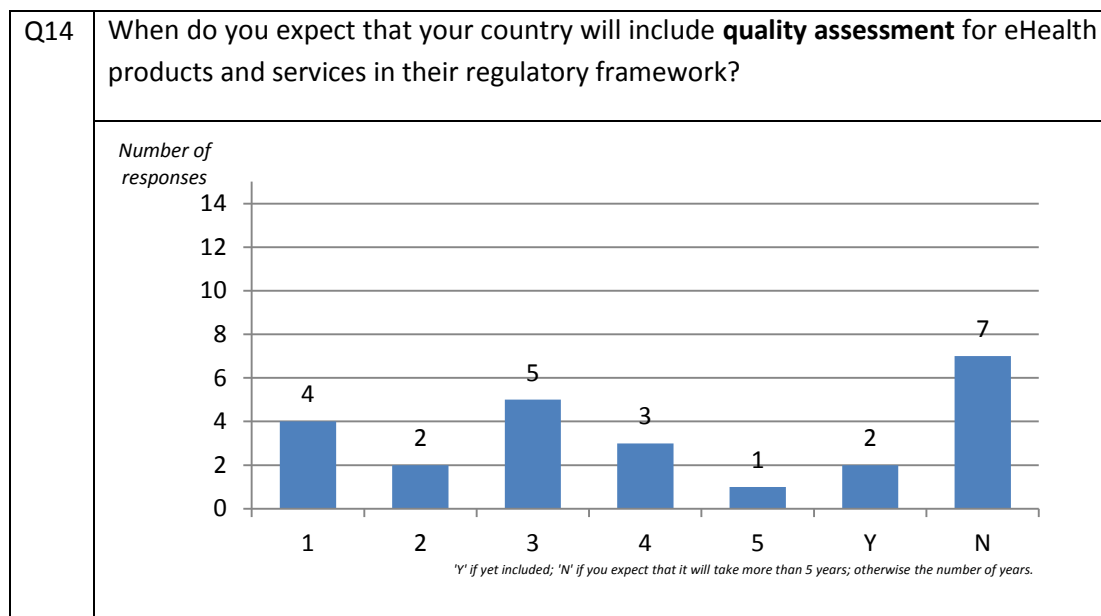
Comments:

- 16. Different healthcare organisations require different roles of physicians / pharmacists etc.
- 17. There are specifics in different countries and therefore the reuse can be difficult.
- 18. Not many Antilope use cases relate to primary HC setting
- 19. Proposal of a new use case: prevention / screening



Comments:

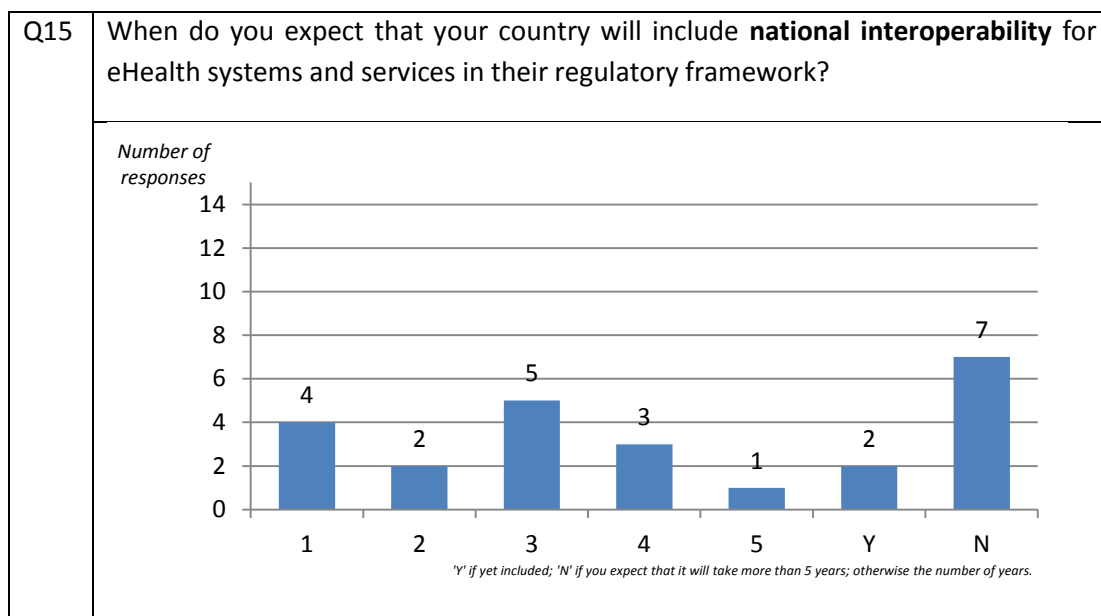
20. It is important that the national and regional specificities are taken into account.



Comments:

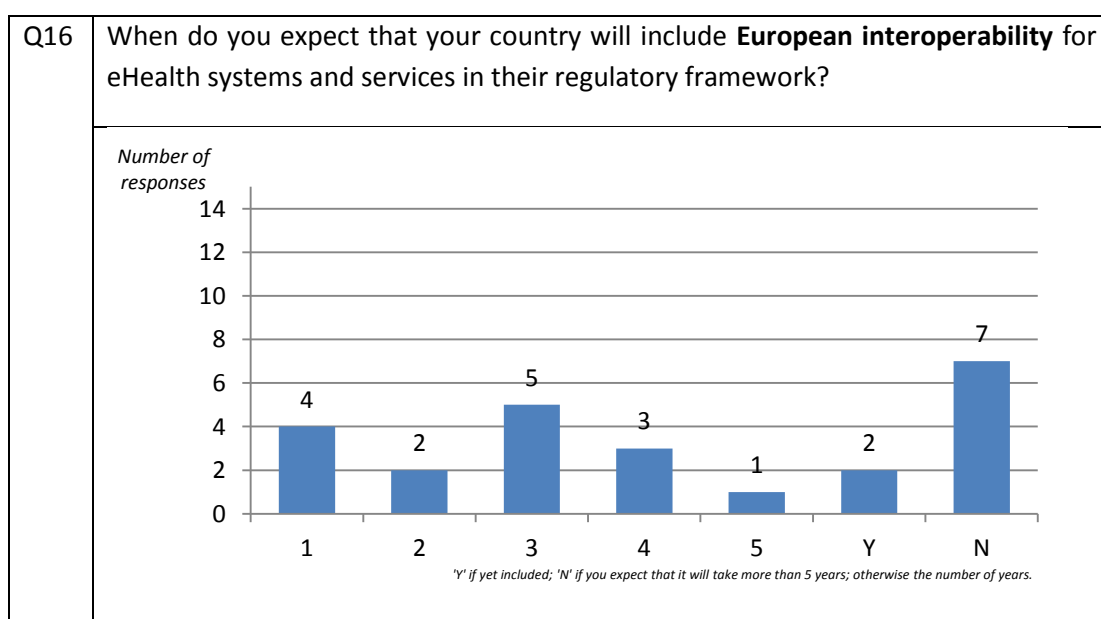
21. Debate: there is hardly any SW system that hasn't been Q assessed. However, yes, there are some, for example one-man-band SWs. The Q assessment differentiated them from the better quality SWs.

22. Serbia: Quality assessment has happened once against the initial Rulebook. Not sustainable yet (upgrades of criteria, Re-assessment, organisation, funding..)
23. Question: what is the meaning of the term “national interoperability”? Some solutions already in place, as defined in the ‘General agreement’ between the National Health Insurance Institute (the payer) and the healthcare providers.



Comments:

24. What is considered as national interoperability? Some solutions e.g. for reimbursement, reporting.. are already in place, requested by the national authorities.



Comments:

25. The European interoperability should be more precisely defined at the first place!

Q17	Do you have any suggestion, remark or proposal? Thank you for sharing this with the ANTILOPE partners.
	N/A

Comments:

26. Providing technical interoperability is easy (protocols, code tables...). Don't forget on standardization and quality of the exchanged data.

8.3.9 Main Suggestions and Conclusion from the Summit

See comments in previous section.

Also:

27. A mixture of the presentations on (i) the state of the art in the countries of the region and (ii) Antilope /European perspective of the eHealth interoperability proved to be very successful concept of the event.
28. The section with 'National presentations' seemed to be the most interesting part of the Summit.
29. Many concerns were raised about the true interest and priorities of national authorities concerning eHealth interoperability. Mostly they do recognize the need and importance of it, but the initiative is expected to come from external sources (EU?).
30. The resources available for the eHealth interoperability highly depend on the available budget for the health care in the country overall. There is a huge gap between the more and the less developed countries.
31. The topics discussed within Antilope are very important and relevant for the future eHealth developments.
32. The labels such as 'eHealth compliant' are highly important and desirable. However, it is hard to set up such labeling system without legal enforcement. Or at least incentives from the authorities.

8.3.10 Support Validation Partner's considerations

33. The Summit was a very valuable experience. Although Slovenia has a rich tradition of organizing eHealth events, such regional / international events are always well accepted.
34. The push from the EU side in organizing such events is very helpful and welcome.
35. EC should keep the momentum in setting up the eHealth interoperability scene.

8.3.11 List of Attendees

Leo Ciglenecki, ProRec.SI, Slovenia
Vesna Lešnik Štefotič, ISP, Slovenia
Mate Beštek, Slovenia
Andrej Orel, Marand d.o.o., Slovenia
Elena Nikolavčič, Vzajemna, zdravstvena zavarovalnica, d.v.z., Slovenia
Dimitar Hristovski, Univerza v Ljubljani, Medicinska fakulteta, Slovenia
Saško Mukaetovsa, Adriacom d.o.o., Slovenia
Jožica Leskovšek, Nova Vizija d.d., Slovenia
Damjan Borovnik, Nova Vizija d.d., Slovenia
Primož Koletnik, Nova Vizija d.d., Slovenia
Mirjam Kerpan Izak, List d.o.o., Slovenia
Nataša Planinc, SRC Infonet, Slovenia
Matej Goručan, SZOZD Celje, Slovenia
Marijan Kroflič, SZOZD, Slovenia
Saša Vejnović, SB Jesenice, Slovenia
Vesna Ilakovic, CSMI/ProRec.HR, Croatia
Dragan Bogdanić, Ministry of Health and Social Welfare of Republic of Srpska, Bosnia Herzegovina
Milojko Grujičić, Ministry of Health and Social Welfare of Republic of Srpska, Bosnia Herzegovina
Darko Tomaš, Health Insurance Fund of Republic of Srpska, Bosnia Herzegovina
Gordan Jelić, Ministry of Health and Social Welfare of Republic of Srpska, Bosnia Herzegovina
Svetlana Stojanovic, Ministry of Health of Government of Montenegro
Nada Teodosijevic, ProRec Serbia, Serbia
Marijan Marijanovic, Ministry of Health, Montenegro
Branko Marović, EU-IHIS project, Serbia
Aleksandra Popovic, UNOPS, Serbia
Darko Gvozdanović, Ericsson Nikola Tesla, Croatia
Goran Streny, Ericsson Nikola Tesla, Croatia
Bernard Velkaverh, IBM, Slovenia
Jos Devlies, EuroRec Institute, Belgium
Karima BOURQUARD, IHE-Europe, Belgium
Andrej Kotar, Comtrade, Slovenia
Milan Zoric, ETSI The European Telecommunications Standards Institute, France
Jelovšek Ana Marija, UKC Ljubljana, Slovenia
Zdravko Grubač, Ministry of Health and Social Welfare of Republic of Srpska, Bosnia and Herzegovina
Špela Urh Popovič, Noema Cooperating, Slovenia
Andrej Črepinšek, IBM, Slovenia
Mojca Paulin, SDMI, Slovenia
Tomaž Tušar, AUDAX d.o.o., Slovenia
Alenka Borovničar, NIJZ, Slovenia
Smiljana Vončina Slavec, ProRec.SI, Slovenia
Stane Stefancic, GENIS, Slovenia
Miran Matko, Comtrade, Slovenia
Andreja Matkun, HZZO, Croatia
Tomaž Marčun, ZZS, Slovenia
Dalibor Kesić, MoH, Republika Srpska, Bosnia nad Hercegovina
Dare Strojjan, Avitrel d.o.o., Slovenia
Edvard Demšar, Noema Coop, Slovenia

8.4 Vienna (Central Europe) Summit



Summits on eHealth Interoperability Report

Area IV – Austria, Germany

April 11, 2014

8.4.1 Introduction

The "Regional Summits on Interoperability" are, as documented in the Grant Agreement, considered as the most cost-effective way to promote the use of standards and data exchange profiles to reach interoperability between systems at National (or Regional) Level as well as at European level.

About 150 invitations were sent out to healthcare providers, authorities, insurance providers, vendors, as well as academic institutions. Overall 29 experts from Austria, Germany and Slovakia attended the summit, representing the main stakeholders in healthcare.

The summit started with a welcome and overview on the Antilope project and the goals for the summit, presented by Stefan Sauermann. This was followed by a statement from Kathrin Trunner (Austrian Ministry of Health) on the many European eHealth activities that Austria contributes to. Then the state of the art in interoperability in the regions Austria, Germany and Switzerland was presented.

Next on the agenda were presentations of the results from the four work packages in Antilope by the Antilope core team members Karima Bourquard (IHE Europe) and Milan Zoric (ETSI).

A final and large part of the summit was devoted to discussions and reflections of the Antilope concepts between attendees. This discussion was documented, especially on the specific points where agreements were reached among all attendees.

All presentations are available at <http://www.antilope-project.eu/presentations-recent-antilope-summits/>.

8.4.2 Organisational aspects

8.4.2.1 *Location*

Austria Center Vienna, Bruno-Kreisky-Platz 1, A-1220 Wien

8.4.2.2 *Date*

11th April 2014

8.4.2.3 *Invitation letter*

8.4.2.3.1 *Letter in German*

Sehr geehrte KollegInnen mit Interesse an Interoperabilität in eHealth!

Die Europäische Kommission hat 2013 das Thematische Netzwerkprojekt Antilope initiiert, um den Einsatz von Standards und Profilen für die eHealth-Interoperabilität zu fördern und deren Übernahme innerhalb der gesamten Europäischen Union voranzutreiben. Antilope unterstützt das Ziel des eHealth Action Plan 2012-2020 der EU, bis 2015 eine EU-weite Test-, Qualitätskennzeichnungs- und Zertifizierungsstruktur für eHealth-Systeme anzubieten.

Ihre Ideen und Beobachtungen sind dabei wichtig! Am Summit haben Sie die Gelegenheit aktiv mitzugestalten!

Antilope (www.antilope-project.eu) wird von führenden internationalen Normungsgremien unterstützt. 10 regionale Antilope-Summits in ganz Europa unterstreichen die wesentliche Funktion, die dem European Interoperability Framework (EIF), einem Qualitätsmanagementsystem für Interoperabilität, unterstützenden Testinstrumenten sowie Qualitätslabels und Zertifikaten für kompatible Lösungen zukommt.

Der Antilope DACH-Summit findet am 11.4.2014 im Austria Center Vienna statt und bietet Ihnen und anderen Entscheidungsträgern eine einmalige Chance, derartige Tools und die damit einhergehenden Strategien kennen zu lernen, mitzugestalten bzw. zu verstehen, warum sie erforderlich sind und wie sie Interoperabilität in Ihrem Land sowie in ganz Europa unterstützen. Die Fachhochschule Technikum Wien ist als Antilope Validation Partner im Antilope Thematic Network beteiligt und veranstaltet den Summit in Wien.

Anmeldung: <http://www.antilope-project.eu/events/19/dach-summit/>

In der Beilage finden Sie ein detailliertes Programm in Deutscher und Englischer Sprache.

Falls Sie weitere Informationen benötigen, stehen wir Ihnen gerne zur Verfügung,
petra.ernst@technikum-wien.at, stefan.sauermann@technikum-wien.at

Herzliche Grüße, wir freuen uns darauf Sie beim Summit zu treffen,

Stefan Sauermann,

Program Director
Biomedical Engineering Sciences (Master)

University of Applied Sciences Technikum Wien
Hochstaedtplatz 5, 1200 Vienna, Austria
P: +43 1 333 40 77 - 988
M: +43 664 6192555
E: stefan.sauermann@technikum-wien.at

I: www.technikum-wien.at/mbe
I: www.technikum-wien.at/ibmt
I: www.healthy-interoperability.at

8.4.2.3.2 Letter in English

Dear colleagues in the Czech Republic!

We are close neighbors and happy to see strong and productive cooperations with good friends, between our regions and institutions. In order to generate additional opportunities to meet and discuss let me invite you to a series of events in the area of medical informatics, with a focus on IT interoperability. The events are for all those involved in conceptualisation and implementation of eHealth applications like electronic healthcare records (EHRs) and telemedicine / telemonitoring on regional, national and international scales.

Please pass this on to colleagues and friends who might be interested!

Especially the Antilope workshop is intended for eHealth experts from medicine, administration/management/finance, as well as IT experts and engineers. This is in English language and free to visit for all, see below.

Everything connected to the Connectathon has a stronger "engineering" bias. However IHE methods are equally important in conceptualisation and high-level design of eHealth applications as well, long before the implementers get going. So watch out!

The IHE Connectathon visits Vienna from April 7 to 11
Open only to participants who test their software. We are happy to arrange a special introduction and a Connectathon visit if a delegation from Czechia should be interested, just contact me.
<http://www.ihe-europe.net/connectathon/connectathon-2014>

Closely connected and open for the public: IHE Day 2014, April 10th
(IHE Austria members are free)
<http://www.iheaustria.at/ihe/ihe-day-2014/>

This will provide an overview on IHE installations in Austria, and highlight the benefit of IHE for patients, users and vendors.

German language in some parts.

We are also thinking about a special "IHE Developers Day", probably April 9th

This would introduce IHE to those who intend to implement IHE conformant software and test it at the Connectathon. It will probably be organised as part of the IHE Day 2014

On a slightly different route, but closely connected and also at the Connectathon site:

EU Project Antilope Workshop (English language, no fee, please register)

<http://www.antilope-project.eu/events/19/dach-summit/>

ANTILOPE drives eHealth interoperability in Europe and beyond. Between 2013 and 2015 key national and international organisations will work together to select and define eHealth standards and specifications. They will create, validate and disseminate a common approach for testing and certification of eHealth solutions and services in Europe.

In the workshop key concepts will be presented and discussed, to generate feedback and assure that the testing and certification approach really matches the requirements of eHealth projects in EU member states.

Questions welcome, we are very happy to arrange special meetings for you, please get in touch.

Greetings from Vienna,
looking forward to meet you soon,

Stefan Sauermann

Program Director
Biomedical Engineering Sciences (Master)

University of Applied Sciences Technikum Wien
Hoechstädtplatz 5, 1200 Vienna, Austria
P: +43 1 333 40 77 - 988
M: +43 664 6192555
E: stefan.sauermann@technikum-wien.at

I: www.technikum-wien.at/mbe
I: www.technikum-wien.at/ibmt
I: www.healthy-interoperability.at

8.4.2.4 *Overview Invited Experts*

The invitation letter as well as the ANTILOPE leaflet were sent to approximately 150 addressees, representing

Healthcare Authority	✓
Health Insurance Organisation	✓
Public Health Organisation	✓
Scientific or Research Organisation – Academic Institute	✓
Healthcare Institute (management staff, e.g. of hospitals)	✓
Healthcare Professional (physician, nurse, paramedic)	✓
Health IT service provider (supplier, informatician, maintenance services)	✓
Health Industry (device suppliers, pharma, etc...)	✓

8.4.2.5 *Summit Documentation*

The following documentation was distributed

- | | | | |
|---------------------------------------|--|--|--|
| <input checked="" type="checkbox"/>] | The ANTILOPE Umbrella Letter | | |
| | <input checked="" type="checkbox"/> in English | <input checked="" type="checkbox"/> send before the meeting | |
| | <input checked="" type="checkbox"/> in National Language ⁷ : German | <input type="checkbox"/> distributed at the meeting | |
| <input checked="" type="checkbox"/>] | The ANTILOPE Umbrella Document | | |
| | <input checked="" type="checkbox"/> in English | <input type="checkbox"/> send before the meeting | |
| | <input type="checkbox"/> in National Language ⁸ : | <input type="checkbox"/> distributed at the meeting | |
| <input checked="" type="checkbox"/>] | The ANTILOPE Educational Material | | |
| | <input checked="" type="checkbox"/> send before the meeting | <input type="checkbox"/> distributed at the meeting | |
| <input checked="" type="checkbox"/>] | The ANTILOPE Summit Questionnaire ⁹ | | |
| <input checked="" type="checkbox"/>] | The ANTILOPE Questionnaire | | |
| | <input checked="" type="checkbox"/> send before the meeting | <input checked="" type="checkbox"/> distributed at the meeting | |
| <input type="checkbox"/>] | Other: describe | | |

⁷ Multiply in case of distribution in more than one local / national language

⁸ Multiply in case of distribution in more than one local / national language

⁹ Strictly addressing issues related to the Summit

8.4.2.6 *ANTILOPE Leaflet*

Antilope DACH Summit on eHealth Interoperability

The European Commission launched the Thematic Network project Antilope in 2013 in order to promote the use of standards and profiles for eHealth interoperability and foster their adoption across the European Union. Antilope supports the goal of the EU eHealth Action Plan 2012-2020 to propose an EU interoperability testing, quality labelling and certification framework for eHealth systems by 2015.

Antilope www.antilope-project.eu is supported by leading International standardisation bodies. 10 regional Antilope summits throughout Europe will highlight the critical role played by the European Interoperability Framework, by an interoperability Quality Management System, by supportive testing tools and by quality labels and certificates for interoperable solutions.

The Antilope DACH Summit will be held at Austria Center Vienna and will provide you and other decisionmakers a unique opportunity to learn about and understand why such tools and associated policies are required and how they will support interoperability in your country and across Europe.



Invitation Antilope DACH

Summit

Date: Friday, 11.4.2014

Venue:

Austria Center Vienna,
Bruno-Kreisky-Platz 1, A-1220 Wien

Register:

<http://www.antilope-project.eu/events/19/dach-summit/>

Who should attend:

- Persons working in health care, government and industry, involved in setting up eHealth applications
- Persons interested in setting up interoperable IT solutions in healthcare
- Persons and organisations responsible for selecting, decisionmaking and implementing eHealth standards.

Background material:

www.antilope-project.eu/resources

What do you get from the summit:

- Overview on standards, testing, quality labeling and certification for IT interoperability in eHealth
- Role of interoperability testing and certification in Europe, future perspectives
- Discussions of issues from your environment, networking

The Antilope DACH summit is arranged by



Local contact: petra.ernst@technikum-wien.at

Antilope is a thematic network partially funded by the European Commission under the ICT Policy Support Programme (ICT PSP) as part of the Competitiveness and Innovation Framework Programme (CIP)

8.4.2.7 *Agenda***Antilope DACH-Summit - Freitag, 11.4.2014, Austria Center Vienna**

08:30	Anmeldung, Kaffee	
09:00	Begrüßung - Einführung	Kathrin Trunner, BM f. Gesundheit (angefragt)
09:15	ANTILOPE - Hintergrund, Zweck, Auswirkungen	Stefan Sauermann, FH Technikum Wien
09:30	Der Stand der Technik in Österreich, Deutschland, der Schweiz	Martin Prager, UBIT, Österreich Georg Heidenreich, IHE Deutschland
10:15	AP1 – Nutzungsbeispiele als Grundlage für die Einrichtung von Interoperabilitätstests und deren Organisation	
10:35	Kaffeepause	
11:00	AP2 – Die Kernbotschaften. Qualitätsmanagement und Aufbau von Interoperabilitätstests.	Morten Bruun-Rasmussen, MEDIQ, Dänemark
11:40	AP3 – Instrumente für Interoperabilitätstests. Bestehende Tools und solche, die noch zu entwickeln sind	Milan Zoric, ETSI
12:15	Mittagspause	
13:15	AP4 - Einführung von Kennzeichnung und Zertifizierung. Prozesse und Organisationsaufbau.	Karima Bourquard, IHE Europe
13:45	Einführung in die Diskussion	
13:55	Diskussion auf der Grundlage der Kernbotschaften von ANTILOPE: 20 Minuten pro Thema / AP	Moderation: Stefan Sauermann, FH Technikum Wien
15:15	Kaffeepause	
15:45	Die wichtigsten Schlussfolgerungen	
16:00	Feedback - Fragebogen	
16:30	Abschluss des Summits	

Antilope Partners:

Antilope Validation Partners:

8.4.2.8 *Partner organisations in the different countries of the Area*

The summit took place at the venue of the IHE European Connectathon 2014. Synergy resulted from cooperating with IHE Austria during the organisation of the venue and catering.

8.4.2.9 *Supporting organisations*

Austria

- IHE Austria
- HL7 Austria
- GS1 Austria
- Austrian Standards Institute, ProRec Austria, Fachverband Elektro- und Elektronikindustrie (FEEI)
- Fachverband Unternehmensberatung Buchhaltung IT (UBIT),

Germany

- IHE Germany
- HL7 Germany
- GEMATIK (Germany)
- VDE

8.4.3 Attendees

The following stakeholder groups were represented at the Workshop:

Healthcare Authority	✓
Health Insurance Organisation	✓
Public Health Organisation	
Scientific or Research Organisation – Academic Institute	✓
Healthcare Institute (management staff, e.g. of hospitals)	✓
Healthcare Professional (physician, nurse, paramedic)	✓
Health IT service provider (supplier, informatician, maintenance services)	✓
Health Industry (device suppliers, pharma, etc...)	✓

8.4.4 Presentations

List of the presentations and presenters.

- Welcome – Introduction to the Summit : Stefan Sauermann, UAS Technikum Wien, Antilope SVP; This presentation also included an introduction on Antilope WP1 – Use Cases as basis for setting up interoperability testing and organisation
- eHealth: International initiatives & projects: Kathrin Trunner, Austrian Ministry of Health
- State of the Art in Austria: Martin Prager, UBIT
- State of the Art in Germany: Georg Heidenreich, IHE Germany
- State of the Art in Switzerland: Stefan Sauermann, UAS Technikum Wien, slides were provided by Dr. Sang-Il Kim, eHealth Suisse
- WP 2 –Key messages. Quality Management and how to set up interoperability testing: Milan Zoric, ETSI, Antilope core team member

- WP3 –Tools for testing interoperability. Existing tools and tools to be developed: Milan Zoric, ETSI, Antilope core team member

- WP4 - Setting up labelling and certification. Processes and how to set up the organisation

Karima Bourquard, IHE Europe, Antilope core team member

All presentations are available at the Antilope website:

<http://www.antilope-project.eu/events/19/dach-summit/>

<http://www.antilope-project.eu/presentations-recent-antilope-summits>

The presentations are made available

On the web site of the Supportive Validation Partner:

On the web site of ANTILOPE: ☐

Other: Presentations are available on USB sticks which were distributed at the meeting together with an Antilope flyer.

8.4.5 Antilope Questionnaires

8.4.5.1 Feedback Questionnaire on Organisational Aspect

8.4.5.1.1 Number of answers and profile of the attendees

Below are answers represented by percentage. 10 people answered the questionnaire.

Q2: Are you professionally (please select no more than 2 types of activity):		
Representing a public authority/organisation?	4	44%
Public servant?		0%
Representing a care organisation or institute?	1	11%
Healthcare professional?		0%
IT professional?	4	44%
Industry - Supplier?	2	22%
Total	11	122%

Attendees could answer more than one option. Therefore the total percentage is more than 100%.

8.4.5.1.2 Detailed analysis

Q3,4,5: Please provide your appreciation about the:	NG (not good)	G (good)	VG (very good)	NG (not good)	G (good)	VG (very good)	Total Num	Total %
Invitation letter		2	5	0%	29%	71%	7	100%
other channels for information on the summit (web site, mail,..)		5	3	0%	63%	38%	8	100%
Logistics		3	5	0%	38%	63%	8	100%
Project information availability		3	5	0%	38%	63%	8	100%

Total	0	13	18	0%	42%	58%	31	100%
-------	---	----	----	----	-----	-----	----	------

Comments: reservation confirmation should refer to date and location

Q6: First part of the ANTILOPE presentation	NG	G	VG	NG	G	VG	Total Num	Total %
Content of the presentation		2	6	0%	25%	75%	8	100%
Quality of the presentation material		2	6	0%	25%	75%	8	100%
Presenter		3	5	0%	38%	63%	8	100%
Total	0	7	17	0%	29%	71%	24	100%

Q7: Second part of the ANTILOPE presentation	NG	G	VG	NG	G	VG	Total Num	Total %
Content of the presentation		5	2	0%	71%	29%	7	100%
Quality of the presentation material		5	2	0%	71%	29%	7	100%
Presenter	1	3	2	17%	50%	33%	6	100%
Total	1	13	6	5%	65%	30%	20	100%

Q8: Introduction to the debate	NG	G	VG	NG	G	VG	Total Num	Total %
		1	4	0%	20%	80%	5	100%

Q9: The ANTILOPE Debate	NG	G	VG	NG	G	VG	Total Num	Total %
Moderator's role			5	0%	0%	100%	5	100%
Involvement of the attendees		2	3	0%	40%	60%	5	100%
Total	0	2	8	0%	20%	80%	10	100%

Q10: Audience	Y	N	Y	N	Total Num	Total %
Did we research the decision makers or the people that can easily access to the decision makers?	3	1	75%	25%	4	100%
Is there a need for a follow-up meeting (in your country)?	4	2	67%	33%	6	100%
Are you willing to provide contact information and/or to support attempts to connect with important decision makers?	3		100%	0%	3	100%

Comments: How do I know if "the decision makers" are present?

8.4.5.1.3 Conclusion by the SVP on Organisational Aspect

The results from the questionnaires clearly indicate that the organisation and the summit itself have satisfied the requirements of the attendees. The clear majority of answers is on the "good" to "very good" side.

It is also good to know that the attendance was balanced between the important types of stakeholders.

No questionnaire was submitted from a "healthcare professional". However, the Austrian Medical Chamber was represented by a delegate. Other healthcare institutions were also represented. Nevertheless it is clear that "end-users" of healthcare IT were underrepresented. On a large part this seems to result from the fact that typical "end-users" from the medical professions either are not involved in procurement of ICT, especially in hospitals. Procurers are typically more interested in quality and certification of products. They were represented to a better degree on the summit.

No resident doctor was present, although represented via the medical chamber. Typically resident doctors have developed longstanding cooperations with their individual software vendor and have developed trust during that time. They therefore rely on their technical partner to take care of all things ICT. This may result in a feeling of "the professionals will take care of this, so I do not need to attend" on the side of resident doctors.

75% of answers indicate that "the decision makers" were found for the summit, although some comments indicate that it is hard to tell who "the decision makers" actually are. A lot of effort was invested to attract administration and insurance representatives to the summit. This seemed to result in some success. However the topic of quality and certification still seems to be perceived as "high level", "not my problem" to the experience of the organisers. eHealth technologies still did not reach the main public. The relevance of eHealth itself, as well as quality and certification may therefore need additional communication efforts towards users from the medical profession as well as to the general public.

8.4.5.2 Questionnaire regarding the project as such content of the presentations

8.4.5.2.1 Origin of the answers

Q1: Country of residence and comment	%	Count
Austria	77%	10
Germany	15%	2
Slovakia	8%	1
Total	100%	13

Comment: Very perfect performance

Q2: You are (please rank in case of more than activity applicable)	%	Count
Representing a public authority/organisation?	33%	5
Public servant?	7%	1
Representing a care organisation or institute?	13%	2

Healthcare professional?	0%	
IT professional?	33%	5
Industry - Supplier?	13%	2
Total	100%	15

8.4.5.2.2 Detailed analysis

Q3: Quality assessed interoperable eHealth services are essential to realise expected added value and to increase their adoption.	%	Count
1	0%	
2	0%	
3	17%	2
4	25%	3
5	58%	7
Total	100%	12

Comments

- Yes, at least one element is quality, to realise value in general, but adoption is not guaranteed, though ...
- Medical community consensus is a foundation for interoperability.

Q4: Recognised Quality Labelling and Certific. org. (certification and conformance assessment bodies) and standards based quality assessed test procedures will increase reliability and acceptance of eHealth services nationally as well as across Europe	%	Count
1	0%	
2	0%	
3	17%	2
4	42%	5
5	42%	5
Total	100%	12

Comment

- The sentence contains two distinct topics - this is not good. Organisations and test procedures and organisations. Reliability: Yes, agreed, acceptance is influenced by labels and certification, but much more dependent from other things, especially use
- "will increase reliability": YES! Acceptance: NO!

Q5: A European interoperability quality label and certification process is crucial to support the deployment of cross border eHealth services	%	Count
1	0%	
2	8%	1
3	17%	2
4	33%	4
5	42%	5
Total	100%	12

Comment

- Yes AND no! Yes: the certification process will ensure that e.g. security standards are reliably in place. No: crucial to certify the important interoperability aspects -> but: importance is depending on many things: privacy, healthcare quality, emergency, ...
- It is needed only for the cross-border interfaces and high-level use cases between countries!

Q6: Harmonizing existing quality label and certification processes in Europe will take in account national and regional requirements.	%	Count
1	0%	
2	17%	2
3	17%	2
4	25%	3
5	42%	5
Total	100%	12

Comment

- This is a MUST requirement, but on the other hand very challenging, depending on the type of regulator
- Let us focus on processes with not too much national or regional determined (Comment from organiser: most likely expresses that there should be only very few regional differences)
- National and regional requirements HAVE TO be taken into account!!!!

Q7: Comparable and trustworthy interoperability quality labelling and certification requires the use of quality assessed testing tools.	%	Count
1	0%	
2	8%	1
3	8%	1
4	33%	4
5	50%	6
Total	100%	12

Comment

- Yes, if testing can be automated. Some interoperability aspects (legal view, semantical (partly)) are hard to be tested with tools. So required in which areas of interoperability
- You cannot manage what you cannot measure.

Q8: The use of existing and the development of new tools to test interoperability based on standards and profiles should be promoted.	%	Count
1	0%	
2	9%	1
3	0%	
4	36%	4
5	55%	6
Total	100%	11

Comment:

- Hm, seems right, but has no impact. What's the reason? Statement should have a "because" part added.
- I am a fan of testing and I believe that extensive testing always reduces overall time of work!

Q9: A quality management system applied to the quality labelling and certification process will improve its trustworthiness and increase its adoption.	%	Count
1	0%	
2	0%	
3	25%	3
4	33%	4
5	42%	5
Total	100%	12

Comments

- Why? How does QM increase adoption?
- Change sentence: A quality management system applied to the quality labelling and certification process will improve its trustworthiness and increase its adoption by HCPs, not necessarily by patients.
- This is definitely the case, as seen at the processes around the IHE Connectathon tests (concerning labelling)

Q10: The quality management system, based on related ISO standards, applies to the involved organisations, personnel and procedures.	%	Count
1	0%	
2	0%	

3	17%	2
4	33%	4
5	50%	6
Total	100%	12

Comment

- Fine, challenging! (Question should be rephrased: The quality management system, based on related ISO standards, has to cover the involved organisations, personnel and procedures.)
- You have to get together all involved staff for raising quality.

Q11: Use Cases are important building blocks in the realisation of interoperability.	%	Count
1	0%	
2	0%	
3	8%	1
4	17%	2
5	75%	9
Total	100%	12

Comment

- Absolutely. But defining actors / roles is crucial, because they differ from country to country (Nurse is not nurse!!)
- Unless you start with use cases, built solutions eventually will not cope with the needs of real life! This is essential!

Q12: Use cases are largely similar across the continent, enabling reuse of functional descriptions.	%	Count
1	0%	
2	8%	1
3	17%	2
4	33%	4
5	42%	5
Total	100%	12

Comment

- When it comes to claims and reimbursement similarities will diminish.
- I do not think so. They should be but our own experience showed that this is difficult even within organisations of a certain size.

Q13: Use case realisation scenarios address implementation guidelines include national and regional specificities.	%	Count
--	---	-------

1	0%	
2	9%	1
3	0%	
4	36%	4
5	55%	6
Total	100%	11

Comment

- ?
- Clinical use cases are very similar from the functional point of view, legal regulations are country specific and constitute the main challenge for interoperability.
- ??? Use cases may reflect national / regional specificities. This realisation scenarios as well as implementation guidelines must include / cope with these use cases as well.

Q14: When do you expect that your country will include quality assessment for eHealth products and services in their regulatory framework?	%	Count
Y (if yet included)	0%	
N (if you expect that it will take more than 5 years)	27%	3
1 year	18%	2
2 years	9%	1
3 years	18%	2
4 years	0%	
5 years	27%	3
Total	100%	11

Comments

- Hard to tell
- ?
- Austria is on the right way for it, but the next 5 years have to focus on ELGA
- I guess this will be necessary in the context of ELGA when general practitioners have to join ELGA since there are many different IT systems to be connected.

Q15: When do you expect that your country will include national interoperability for eHealth systems and services in their regulatory framework?	%	Count
Y (if yet included)	33%	3
N (if you expect that it will take more than 5 years)	11%	1
1 year	11%	1
2 years	11%	1
3 years	11%	1
4 years	11%	1
5 years	11%	1

Total	100%	9
--------------	-------------	----------

Comments

- In AT: just in a first step happened
- N/A, because the healthcare system is only regulated indirectly by the legal framework in Germany.
- now ELGA is starting
- ELGA law

Q16: When do you expect that your country will include European interoperability for eHealth systems and services in their regulatory framework?	%	Count
Y (if yet included)	8%	1
N (if you expect that it will take more than 5 years)	50%	6
1 year	0%	
2 years	0%	
3 years	17%	2
4 years	8%	1
5 years	17%	2
Total	100%	12

Comments

- hard to tell
- hard to say. Not before 2020, I guess

Q17: Do you have any suggestion, remark or proposal? Thank you for sharing this with the ANTILOPE partners	6
---	----------

- Perfect idea! It is interesting to keep in touch on the IHE profiles!
- It needs a European regulation not just a directive
- Sentences in English are still hard to understand. It would be helpful to add a reason or an impact description. But the approach is helpful and straightforward - Good!! Recommendations / results of Antilope should be summarised similarly, to allow easy understanding and adoption.
- See above: Medical community consensus is a foundation for interoperability.
- Good initiative!
- I would appreciate very much not to install a further board for driving development of Antilope methods and tools, but to (re-) use existing boards and working groups! In Austria I think IHE Austria would be the appropriate board, probably also at international level. IHE groups could be the right place for that. This would foster that testing issues are worked out together with use case specifications. The final goal should be automated testing.

8.4.5.3 *Main Suggestions and Conclusions*

During a large part of the summit the attendants discussed the details of the Antilope concept, using the questions from the questionnaire as a basic guideline. This discussion

is documented in the attachment R_Minutes_20140411_AntilopeDACHSummit_V00.02.docx. For a complete view on the discussions please refer to these minutes.

Some main agreements were reached in consensus. These are listed here. The numbers of the questions of the questionnaire are listed here for information, however the questions were re-formulated in some instances, following the consensus of those present.

The discussion also reflected the Antilope deliverables.

8.4.6 Suggestions and Conclusions from the debate

8.4.6.1 *Related to the questionnaire*

- Q3: "Quality assessed interoperable eHealth services are essential to realise expected added value and to increase their adoption"
 - Security and safety are very much connected to interoperability.
 - Security needs to be considered right from the start of a project at all levels.
- Q6: Harmonizing existing quality label and certification processes in Europe will take into account national and regional requirements.
 - The question must be changed to: "Harmonizing existing quality label and certification processes in Europe must take into account national and regional requirements."
 - We will not reach harmonised requirements in the EU soon.
 - The process may be harmonised but we need local labels that represent local requirements.
- Q7: Comparable and trustworthy interoperability quality labelling and certification requires the use of quality assessed testing tools.
 - Yes. You only know that a test is comparable if you exactly know about the tools and methods that were used.
- Q8: The use of existing and the development of new tools to test interoperability based on standards and profiles should be promoted.
 - Profiles and standards should drive the selection and development of test tools.
- Q10: The quality management system, based on related ISO standards, applies to the involved organisations, personnel and procedures.
 - Yes.
- Q11: Use Cases are important building blocks in the realisation of interoperability.
 - Yes! Strong agreement!
- Q17: Do you have any suggestion, remark or proposal? Thank you for sharing this with the ANTILOPE partners.
 - We need a platform for the discussion and harmonisation effort. This platform should be faithful to the principles "**Openness, Consensus, Balance, Transparency**" as they are listed in Chapter 2 of the "WHITE PAPER Modernising ICT Standardisation in the EU - The Way Forward", Brussels, 3.7.2009, COM (2009) 324: See: http://europa.eu/legislation_summaries/information_society/internet/si00_13_en.htm The white paper is based on the WTO "Agreement on Technical Barriers to Trade" (TBT Agreement) of November 2000, see: http://www.wto.org/english/docs_e/legal_e/17-tbt_e.htm

The principles **coherence, transparency, openness, consensus, voluntary application, independence from special interests and efficiency ('the founding principles')** are also reflected in "Regulation (EU) No 1025/2012 of the European Parliament and of the Council of 25 October 2012 on European standardization", see: <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32012R1025>

8.4.6.2 *Suggestions and Conclusions from discussions on Antilope deliverables*

- Antilope D1: Refinement of eEIF, Use Cases
 - Use cases need to be further developed and extended continuously in the future.
- Antilope D2: Quality Manual
 - The QMS will need to be further developed and extended continuously in the future and reviewed within perpetual learning cycles.

8.4.7 **Comments and Conclusions by the Supporting Validation Partner**

- One main concern of attendees was the further development and governance of the testing, labelling and certification scheme. The challenge is to cover both European as well as regional concerns. The attendees agreed that a "one fits all" European scheme is not possible because the legal frameworks are regionally different.
- Looking especially at the recommendation under Q17 in 8.4.6 the attendees strongly recommended to establish a platform for the discussion and harmonisation effort. This platform should be faithful to the "founding principles" coherence, transparency, openness, consensus, voluntary application, independence from special interests and efficiency according to Regulation (EU) No 1025/2012.
- It was further noted from some attendees that existing boards and discussion platforms are definitely preferred. It is important that these platforms have a strong regional network. On the other hand there must be straightforward links and strong communication to the activities at EU level. The workforce with the required expertise is very limited. This harmonisation effort should therefore be organised in a lean and efficient way.
- The Antilope deliverables were received well as a strong contribution to the implementation of eHealth in Europe. However it was pointed out that above interoperability many additional requirements like usability and function of ICT systems must be satisfied. Adoption by large populations does not only depend on interoperability.
- Attendees agreed that the deliverables as they are available now are good foundations for further work. However much more work is necessary. It is expected that many challenges will only become gradually visible as certification becomes mandatory on large scales over time.

8.4.8 List of Attendees

Stefan Sauermann	UAS Technikum Wien
DI Dr. Stefan Rausch-Schott	Krankenhaus der Barmherzigen Schwestern Betriebsges.m.b.H
Kathrin Trunner	Austrian Ministry of Health
Pavol Rieger	Narodne centrum zdravotnickych informacii
Rainer Steinlesberger	Siemens
Martin WERNER	SIEMENS
Peter Plessing	www.kages.at
Dr. Georg Heidenreich	IHE Deutschland
Mag. Andreas Trubel	Privat
Paul Timotheus Zimmert	IBM
Martin Asenbaum	SVC
Dr. Walter Gall	Medical University of Vienna
Michael Nöhammer	Österreichische Ärztekammer
Johannes Dehm	VDE e.V.
Wolfgang Keck	Future Network, e-Gov, e-E-Health and Compliance Officer / PVA /SV
Michaela Endemann	Freie Journalistin ÖKZ
Jacqueline Fedy	Agfa Healthcare
Schebesta Eduard	UBIT
Martin Prager	Prager Consult
Sunil Babu	IBM SW Group Austria
Katharina Salzlechner, BSc	IBM
Herwig WALUS	IBM Österreich Ges.m.b.H.
Andreas Grode	gematik Gesellschaft für Telematikanwendungen der Gesundheitskarte mbH
Walter Prinz	BMVIT
Gudrun Haider	Johanniter Österreich Ausbildung und Forschung
Christoph Mecklenbräuker	TU Wien, Institut für Telekommunikation
Cor Loef	IHE Services
Karima Bourquard	IHE-Europe, Belgium
Milan Zoric	ETSI, France

8.5 London (UK) Summit



Summit on eHealth Interoperability

Report

Area I – UK/Ireland

(England, Scotland, Northern Ireland, Wales and Irish Republic)

April 30th, 2014

8.5.1 Introduction

This report covers the very successful and well attended summit organised by SVP IHE-UK for the four UK countries of England, Northern Ireland, Scotland and Wales. It was intended that the Republic of Ireland would have its own summit but, due to political, Department of Health and the Health Service Executive changes, our partner, Irish Computer Society (ICS), was requested to delay until after a new healthcare IT strategy was announced for the Republic. As such IHE-UK took the view that the UK summit would be sufficiently representative of views especially given the closeness of the Celtic countries (Scotland, Wales) and Northern Ireland to the Republic of Ireland.



Opening address by Ed Conley at the UK summit which was attended by NHS England NHS Wales, Department of Health, Social Services and Public Safety Northern Ireland, Hospital and Supplier executives from across the spectrum of the market. NHS Scotland cooperated throughout but was unable to attend the summit

8.5.2 Organisational aspects

8.5.2.1 Location

The summit was organised in conjunction with a number of partners (listed below) including the British Computer Society (BCS) at whose London offices and conference facilities the event took place. A central London location was deemed to be best as it was



closest to mainline rail termini, several airports and the Eurostar terminus. The only problem experienced was travel within London that day due to a strike by Underground rail staff which had the effect of reducing the number of attendees from the expected 85 to 70.

A view across part of the audience at the start of the summit.

8.5.2.2 Date

As planned, the UK summit took place on the 30th April. It was originally planned to hold a separate event for Ireland but for the reasons indicated above this could not be arranged. It is, however, hoped that Antilope will be discussed and presented at the HISI conference in Dublin during November 2014

Antilope was introduced to UK and Irish healthcare organisations at two earlier events

- IHE-UK Interoperability workshop – 3rd February 2014 (http://www.ihe-uk.org/Interoperability_Meeting_Slides)
- HISI Ireland – 20th November 2013 (<http://www.hisi.ie/news/view/824>)

8.5.2.3 *Invitation letter*

The invitation was announced through several channels of communication. The main route was email using a list of all healthcare organisations within the UK numbering over 200. In addition our partner EHI (the media organisation – see later) advertised the event as part of their Digital Health Festival (<http://www.digitalhealthfestival.com/>)

Invitations by email were sent to approximately

Healthcare Authority	200 plus
Health Insurance Organisation	n/a
Public Health Organisation	4
Scientific or Research Organisation – Academic Institute	10
Healthcare Institute (management staff, e.g. of hospitals)	Included above
Healthcare Professional (physician, nurse, paramedic)	Included above
Health IT service provider (supplier, informatician, maintenance services)	Included above
Health Industry (device suppliers, pharma, etc...)	30

8.5.2.4 *Summit documentation*

The following documentation was distributed

[x] The ANTILOPE Umbrella Letter – *IHE did not use this letter but instead widely emailed the specially designed programme/agenda (see below) to CIOs in all UK health organisations (300 plus) and selected key senior health executives*

<input type="checkbox"/> in English	<input type="checkbox"/> send before the meeting
<input type="checkbox"/> in National Language ¹⁰ :	<input type="checkbox"/> distributed at the meeting

[x] The ANTILOPE Umbrella Document

<input checked="" type="checkbox"/> in English	<input type="checkbox"/> send before the meeting
<input type="checkbox"/> in National Language ¹¹ :	<input checked="" type="checkbox"/> distributed at the meeting

[x] The ANTILOPE Educational Material

<input type="checkbox"/> send before the meeting	<input checked="" type="checkbox"/> distributed at the meeting
--	--

[x] The ANTILOPE Summit Questionnaire¹²

[x] The ANTILOPE Questionnaire

<input type="checkbox"/> send before the meeting	<input checked="" type="checkbox"/> distributed at the meeting
--	--

[x] Other: describe – IHE-UK produced a specially designed folder in which was inserted the agenda, list of attendees, speaker bios, and information about IHE and Antilope

¹⁰ Multiply in case of distribution in more than one local / national language

¹¹ Multiply in case of distribution in more than one local / national language

¹² Strictly addressing issues related to the Summit

8.5.2.5 *Agenda of the session / meeting*

The programme was used both as the agenda and as a flyer for the mailings to all invitees and is provided below



FLYER-FINAL-v2.02-
IHE-UK-Summit-30th-

8.5.2.6 *Partner organisations in the different countries of the Area*

- NHS England
- NHS Wales - <http://www.wales.nhs.uk/hi-profile/event/8085>
- Department of Health, Social Services and Public Safety Northern Ireland
- NHS Health Scotland
- Irish Computer Society (iCS)

8.5.2.7 *Supporting organisations*

IHE-UK determined that to attract the widest representation of interests the summit should be organised with certain specific partners. We selected the BCS both to provide the venue for the summit and because they have an active Health IT group. IHE-UK had used the facilities earlier in the year for a workshop on interoperability which was well attended and so we could promote the Antelope summit as a follow up to this. The UK computing supplier's association TechUK was invited to partner but declined.

Our other main partner was the on-line media organisation EHI (<http://www.ehi.co.uk/>) which is the UK's leading healthcare IT e-journal. Coincidental with our arrangements for the summit EHI was organising its first 'Festival' of health IT innovation (<http://www.digitalhealthfestival.com/>)

8.5.3 Attendees

The following stakeholder groups were represented at the Workshop:

Healthcare Authority	X
Health Insurance Organisation	n/a
Public Health Organisation	X
Scientific or Research Organisation – Academic Institute	n/a
Healthcare Institute (management staff, e.g. of hospitals)	X
Healthcare Professional (physician, nurse, paramedic)	X
Health IT service provider (supplier, informatician, maintenance services)	X
Health Industry (device suppliers, pharma, etc...)	X

8.5.4 Presentations

The presentations used during / as introduction to the Workshop are listed in the agenda.

The presentations are available on the IHE-UK web site (<http://www.ihe-uk.org/native/Cross->

[UK%20and%20International%20eHealth%20Systems%20Interoperability.pdf](#)) , and are on the web site of ANTILOPE:

The presentations are

8.5.5 Antilope Questionnaires

8.5.5.1 *Questionnaire on Organisational Aspects*

8.5.5.1.1 Number of completed questionnaires and profiles

Of the total number of attendees a total of 36 Questionnaires were returned:

Representation:

Representing a public authority / organisation?	20	56%
Public servant?	0	0%
Representing a care organisation or institute?	9	25%
Healthcare professional?	2	6%
IT Professional	0	0%
Industry Supplier	5	13%
Other	0	0%

8.5.5.1.2 Detailed figures

Invitation and logistics:

3a	Invitation letter/email etc.	VG / G / NG / ---	5	31	0	
3b	Other channels for information (website, mail, ...)	VG / G / NG / ---	0	36	0	
4	Logistics	VG / G / NG / ---	15	20	0	0
5	Project information availability	VG / G / NG / ---	4	32	0	0
6a	Content of the presentation	VG / G / NG / ---	8	27	0	0

Content and speakers:

Content of the presentation	VG / G / NG / ---	8	20	5	0
Quality of presentation material	VG / G / NG / ---	3	30	2	0
Presenters	VG / G / NG / ---	8	22	5	0
Comments and suggestions		0	0	0	30

Antilope debates:

Moderator's role	VG / G / NG / ---	10	24	0	0
Involvement of the attendees	VG / G / NG / ---	8	28	0	

Audience:

Did we reach the decision makers or the people that can easily access to the decision makers?	Y / N / -Y/N- / -- -	4	27	4	0
Is there a need for a follow-up meeting (in your country)?	Y / N / -Y/N- / -- -	15	17	3	0
Are you willing to provide contact information and/or to support attempts to connect with important decision makers?	Y / N / -Y/N- / -- -	10	2	31	

Other comments:

The debate was moderated by the Managing Editor of our partner eHealthMedia who performed an excellent role in creating and stimulating a very productive debate that could have lasted for much longer than time permitted. In summary all those present representing all stakeholders in eHealthIT delivery agreed that interoperability is a direction of travel and complex. The four countries are each tackling the challenge from their own priorities and local country needs



Lyn joined eHealth Media as managing editor in 2008, after several years as a freelance journalist, editor and project manager working for both newspapers and magazines and think-tanks. She is an LSE graduate, holding an MSc (with distinction) in

The debate moderator subsequent to the summit published her own appraisal of the summit and issues debated which are contained in the following transcript



Joining up is hard to do.pdf

8.5.5.1.3 Conclusion by the SVP on Organisational Aspect

- The agenda must reflect the status and local country priorities if it is to attract an appropriate representation
- Attracting senior health executive decision makers to what is a 'technical' subject matter summit is difficult and so the agenda needs to be balanced so that there is a mix of Antilope and more high level material
- The summit allowed an exchange of views across the countries that hitherto had not taken place
- Working with partners who extended the reach of the summit through media was a valuable way to broaden the messages and visibility of Antilope

8.5.5.2 *Feedback on the content of ANTILOPE and the Summit*

8.5.5.2.1 Number of completed questionnaires and origin

The 36 completed questionnaires have been analysed and the comments are summarised in the section below2 below. Of all the questionnaires the majority were from England, with only 1 each from Wales and Northern Ireland

8.5.5.2.2 Main Suggestions and Conclusions

The following comments are taken direct from the questionnaires and the debate and are not stated in any particular order or priority so they are given equal weightings

- For those new to the challenges of interoperability they would be helped by having research information available
- NHS England senior people must get involved in this
- Lack of key stakeholder personnel committed to facing this challenge
- Policy makers at the Department of Health must get involved

- Slides in a number of the presentations were far too detailed
- Not sure if the summit reached the decision makers
- Until there are standards the need remains for a lobby group
- Very interesting to hear the views in the debate from such a varied cross section of people
- Not a decision maker but now prepared to discuss this with my NHS management
- Needs to be followed up to keep the momentum
- As a clinician I would like some real world examples of standards in action especially in relation to quality and patient safety
- Follow up needed – related to the issues we (NHS) faces
- The debate exposed a lot of concern about the subject (interoperability)
- Representation from the government would have been great
- There needs to be an agreed standard. Commissioners are unclear about what their providers (hospitals etc.) should use to enable roll-out of interoperability

In summary the very lively debate highlighted many issues both technical and cultural/organisational surrounding the whole question of interoperability. It was recognised that IT practitioners and clinicians understand the need yet gaining engagement senior stakeholder management and politicians is extremely difficult and often frustrating.

8.5.6 Comments by the Supporting Validation Partner

The summit took considerably more effort to organise in relation to gaining the commitment of individual presenters from the four UK countries and attracting the volume of attendees we required for a successful event. In part this was due to the fact that the subject matter had been previously covered at numerous healthcare IT conferences and seminars over the previous few years.

We attempted to gain the attendance of senior NHS executive directors but the detailed nature of Antilope presentations etc. was deemed to be at level reserved for IT management and not policy decision makers, even though we tailored the agenda to provide more of a balance.

Nevertheless, the summit was a success in that it further raised the importance of the subject and provided for a very positive debate.

8.5.7 List of attendants

<u>First Name</u>	<u>Last Name</u>	<u>Organisation / Trust</u>
Edward	Adamowicz	Birmingham Community Health Care NHS Trust
Alastair	Allen	Kainos
Mike	Andersson	Andstrom Consulting Ltd
Morten	Bruun-Rasmussen	MEDIQ SPEAKER
Alan	Budge	Organiser
Chris	Bull	Purple Fish Consultancy
Gary	Bullock	NHS Wales SPEAKER
Tony	Carter	Integrated Software Solutions Ltd
Paul	Charlton	Digital Spark Ltd
Ed	Conley	South West AHSN SPEAKER
Raymond	Denis	NHS
Jos	Devlies	EuroRec SPEAKER
Jon	Devonport	Informatics Merseyside
Alejandra	Diaz	NHS
Richard	Dobson	HSCIC SPEAKER
Mike	Downes	GE Healthcare
Ian	Dugdale	Health and Social Care Information Centre
Matthew	Evans	Berkshire Healthcare NHS Foundation Trust
Kehinde	Falade	
Alison	Findlay	InterSystems
Paul	Fletcher	Univeristy Hospitals Birmingham
Arun	Gupta	NHS LEWISHAM
Greg	Hallett	Dorset County Hospital NHS Foundation Trust
Laura	Harper	Walsall NHS Healthcare Trust
Donald	Harrison	Birmingham Community Health Care NHS Trust
Dave	Harvey	Medical Connections
Ian	Hay	Orange SPEAKER
Melanie	Hirsch	General Dynamics Information Technology Ltd.
Gary	Hotine	South West AHSN
William	Jones	CSC
Gary	Leeming	GM AHSN
Anthony	Lundrigan	The Princess Alexandra Hospital NHS Trust
Susan	Marchant	Organiser
Dawn	MacDermid	INPS
Shelley	McIndoe	Dorset County Hospital NHS Foundation Trust
Ian	McNicoll	FreshEHR
Raymond	Mensah Padi	Volant Energy Management
Damian	Murphy	Health and Social Care Information Centre
Hirenkumar	Nakawala	Kent Community Health NHS Trust
Oliver	Nutt	General Dynamics Information Technology Ltd.

Desmond	O'Loan	HSC N. Ireland SPEAKER
Louise	Parberry	InterSystems / HL7 UK / IHE UK
Richard	Paskin	University Hospitals Birmingham NHS Foundation Trust
Manesh	Patel	System C Healthcare Ltd
Simon	Pizzey	Health Innovation Network
Laura	Rathbone	University Hospitals Birmingham
Jon	Reed	The IT Health LLP
Graham	Riley	Somerset CCG
Neil	Robinson	White Raven Associates
Paulette	Robinson	White Raven Associates
Emma	Robinson	White Raven Associates
Franck	Schmidlin	Allscripts UK
Amnon	Shabo (Shvo)	HL7
John	Sherwood	HSCIC
Indi	Singh	NHS England SPEAKER
Chris	Smith	Abbott Nutrition
Chris	Smith	NHS
Tom	Spencer	InterSystems
Martin	Spotswood	Health & Social Care Information Centre
Lee	Storer	Allscripts UK
Les	Sweetman	CECSU
Assad	Tabet	General Dynamics Information Technology Ltd.
Prashant	Trivedi	Health and Social Care Information Centre
Jonathan	Turner	City University London
Richelle	Underwood	Restart Consulting
Vincent	Van Pelt	NICTIZ, Netherlands SPEAKER
Fabien	Van 't Woudt	Fenestrae bv
John	Victor	Carestream Health
Pat	Village	IHE - UK Secretariat
Roger	Wallhouse	CHAIRMAN and SPEAKER
David	Weatherby	NHS HSCIC - GS1 UK
Anthony	Whitaker	Cambridgeshire and Peterborough CCG
Lyn	Whitfield	EHl SPEAKER
Milan	Zoric	ETSI, France SPEAKER

8.6 Athens (South Eastern Europe) Summit



Summits on eHealth Interoperability

Report

Area 5 – South East Europe

(Bulgaria, Cyprus, Greece, Romania, Turkey)

May 13, 2014

8.6.1 Introduction

This is the report of the ANTILOPE South East Europe Summit, addressing the comments, the reactions and the remarks made on the event, regarding the organisation, the agenda, the material, the presentations and the participation.

The "Regional Summits on Interoperability" are, as documented in the Grant Agreement, considered as the most cost-effective way to promote the use of standards and data exchange profiles to reach interoperability between systems at National(or Regional) Level as well as at European level.

This document should be considered as a standard reporting template to be submitted by the responsible Supporting Validation Partner to the WP5 Leader within the 10 working days following their Regional Summit to the WP5 Leader.

This reporting does not relieve the "Supportive Validation Partner" to repetitively inform the WP5 Leader on progress and/or problems during the set-up of the Regional Summit.

The purpose of the deliverable is to collect at European Level comparable feedback on the ANTILOPE Roadmap to Interoperability from decision makers. These feedbacks will be centralised and discussed at ANTILOPE Final Conference, December 2014 in Brussels.

The deliverables will be incremental after 12 months, 18 months and 24 months.

8.6.2 Organisational aspects

8.6.2.1 *Location*

Greece Athens,
Megaron Athens International Conference Centre,
Leoforos Vasilissis Sofias and Kokkali 1

The Summit was integrated in the Ministerial eHealth Conference

8.6.2.2 *Date*

Tuesday, 13.5.2014

8.6.2.3 *Invitation letter*

The following invitation letter was used

Dear xxxxxx,

We send to you the preliminary program of the S-E Europe Antilope Summit to which **HL7 Hellas** is responsible. Antilope project (<http://www.antilope-project.eu/>), is a Thematic Network project launched by the European Commission in 2013, on which HL7 Hellas participates as Supportive Validation Partner. Everything is now finalized expect from some fine tuning in the program concerning the countries participating in our region.

We want to have a strong presentation of people from your country (Academia, Policy Makers, Public representatives, Industry leaders, etc), so we would be grateful if you could inform your country's e-Health community on Antilope and the EU developments.

Anyone who wants to participate to the Antilope summit can do so free of charge, provided that s/he registers at:

<http://antilope.hl7.org.gr/user/register> . Nevertheless, we recommend to people to register also to the **eHealthForum2014** conference (<http://ehealth2014.org/>) as well, since everything will be in one place for 3 days (Attention, this event is under registration fees, but read below as we have done our best to reduce that for our guests!).

HL7 Hellas came into arrangements with the conference organizers so that all People Participating in Antilope Summit (registered there) are considered guests of HL7 Hellas. As a consequence, we propose to them to register for the eHF2014 at <http://www.eiseverywhere.com/ehealth2014.org> and use promotion code of HL7 Hellas, **HL7gr-ehealth2014**. By using this code the registration fees are **fixed at 195€** (i.e. 50% discount) per participant for the WHOLE conference and parallel events.

Attention!: Registration to the Antilope Summit registration at <http://antilope.hl7.org.gr/user/register> Is mandatory to get the discount.

Feel free to contact us as well for any further information or clarifications you might need. We will be happy to help.

With Best Regards,
The SE Europe Antilope Team

This invitation letter was sent to approximately 90 addressees, representing

Healthcare Authority	10
Health Insurance Organisation	5
Public Health Organisation	10
Scientific or Research Organisation – Academic Institute	15
Healthcare Institute (management staff, e.g. of hospitals)	25
Healthcare Professional (physician, nurse, paramedic)	10
Health IT service provider (supplier, informatician, maintenance services)	10
Health Industry (device suppliers, pharma, etc...)	10

8.6.2.4 *Summit documentation*

The following documentation was distributed

[X] The ANTILOPE Umbrella Letter

[X] in English	[X] send before the meeting
[] in National Language ¹³ :	[] distributed at the meeting

[X] The ANTILOPE Umbrella Document

[X] in English	[X] send before the meeting
[] in National Language ¹⁴ :	[] distributed at the meeting

[] The ANTILOPE Educational Material

[X] send before the meeting

[X] distributed at the meeting

[X] The ANTILOPE Summit Questionnaire¹⁵

[X] The ANTILOPE Questionnaire

[] send before the meeting

[X] distributed at the meeting

8.6.2.5 *Agenda of the summit*

09:30	Registration	
Chaired by Alexander Berler, HL7 Hellas Jos Devlies, Eurorec		
10:00	Welcome – Introduction to the Summit	Christina Papanikolaou, General Secretary of Public Health, Hellenic Ministry of Health Prof. George Pangalos, President of IDIKA Alexander Berler, HL7 Hellas Chair
10:15	ANTILOPE - Background, purpose, outcome	Jos Devlies, Eurorec, Belgium
10:30	Greece eHealth Strategy under public consultation	Mina Boubaki, Ministry of Health, Greece
10:45	Cyprus eHealth Strategy	Andriana Achilleos, Ministry of Health, Cyprus
11:00	Current eHealth activities in Turkey	Dr. Gokce Banu Laleci, SRDC, Toupkia
11:15	Current activities and eHealth Strategy in Bulgaria	Rostislava Dimitrova, Vice President of the Center for eHealth and Innovation, Bulgaria
11:30	Current activities and eHealth Strategy in Romania	Dr. Mircea Focşa, President Prorec Romania
11:45	Coffee Break	
12:00	WP1 – Use Cases, European Interoperability Framework	Michiel Sprenger, NICTIZ, Holland
12:20	WP2 – Key messages. Quality Management	Morten Bruun Rasmussen, Mediq, Denmark
12:40	WP3 –Tools for testing interoperability	Milan Zoric, ETSI, France
13:00	Lunch Break	
14:00	WP4 - Setting up labelling and certification Processes	Karima Bourquard, IHE Europe, Belgium
14:20	Debate based on the ANTILOPE key messages	Moderators: Alexander Berler, HL7 Hellas, Jos Devlies, Eurorec, Ib Johannsen, Medcom
15:00	Main conclusions	Alexander Berler, HL7 Hellas

15:15	Feedback - Questionnaires	All
15:30	Closing of the Summit	

Agenda of the Summit is also available in Greek

- in English:

http://antilope.hl7.org.gr/system/files/Antilope_South_East_Europe_Summit_Announcement_E_V00.02_1.pdf

- in Greek:

http://antilope.hl7.org.gr/system/files/Antilope_South_East_Europe_Summit_Announcement_GR_V00.02_1.pdf

8.6.2.6 *Partner organisations in the different countries of the Area*

- ProRec-RO Romania
- SDRC Turkey

8.6.2.7 *Supporting organisations*

- MEDIQ
- NCZI
- TicSalut
- IHE
- ProRec-BE
- Interop Sante
- FH Technikum Wien
- HL7 Hellas
- ProRec-SI
- Assinter Italia

8.6.3 Attendees

The following stakeholder groups were represented at the Workshop:

Healthcare Authority	X
Health Insurance Organisation	X
Public Health Organisation	X
Scientific or Research Organisation – Academic Institute	X
Healthcare Institute (management staff, e.g. of hospitals)	X
Healthcare Professional (physician, nurse, paramedic)	X
Health IT service provider (supplier, informatician, maintenance services)	X
Health Industry (device suppliers, pharma, etc...)	X

8.6.4 Presentations

Hereby the list of the presentations, as listed in the agenda, with hyperlink for download.

- [Adoption and take up of standards and profiles for e-Health Interoperability-Jos Devlies EuroRec.pdf](#)

- [Greek eHealth Strategy under public consultation Mina Boubaki Ministry of Health Greece.pdf](#)
- [eHealth Strategy and Initiatives in Cyprus-Andriana Achilleos.pdf](#)
- [Healthcare Information Technology Infrastructures in Turkey Gokce Laleci Erturkmen SRDC.pdf](#)
- [eHealth Strategy and Implementation in Bulgaria Rostislava Dimitrova Center for eHealth and Innovation.pdf](#)
- [Current activities and eHealth Strategy in Romania-Mircea Focsa.pdf](#)
- [Quality Manual for Interoperability Testing-Morten Bruun-Rasmussen.pdf](#)
- [Antilope refinement of the eEIF-Vincent van Pelt.pdf](#)
- [Quality Label and Certification Processes-Karima Bourquard.pdf](#)
- [Antilope Testing tools Milan Zoric.pdf](#)

36. On the web site of ANTILOPE:

<http://antilope.hl7.org.gr/documents/athens-summit-presentations>

8.6.5 Questionnaires

8.6.5.1 *Questionnaire on organisational aspects*

8.6.5.1.1 Feedback Questionnaire on Organisational Aspect

Most of the attendees were very satisfied with the Invitation letter, as well as with other information channels regarding the summit such as the website and the mail list.

The highlight of the summit itself was the Debate, since it was received with great enthusiasm from the attendees. The content and the quality of the ANTILOPE presentation was in high standards, with its first part being rated more positive as the second part by most of the participants.

Below are answers represented by percentage. Up to 14 people answered the questionnaire. Not all the questions were answered by all the people attending.

Q1: Country of residence and comment	%	Count
Netherlands	7%	1
Greece	50%	7
Cyprus	15%	2
Romania	7%	1
Turkey	7%	1
Croatia	7%	1
Bulgaria	7%	1
Total	100%	14

Q2: You are professionally (more than one answer possible)	%	Count
Representing a public authority/organisation?	18%	4
Public servant?	5%	1

Representing a care organisation or institute?	9%	2
Healthcare professional?	27%	6
IT professional?	32%	7
Industry - Supplier?	9%	2
Total	100%	22

Q3,4,5: Please provide your appreciation about the:	NG	G	VG	Total
Invitation letter		2 (17%)	10 (83%)	12 (100%)
other channels for information on the summit (web site, mail,...)		4 (33%)	8 (67%)	12 (100%)
Logistics		4 (33%)	8 (67%)	12 (100%)
Project information availability		2 (17%)	10 (83%)	12 (100%)

Q6: First part of the ANTILOPE presentation	NG	G	VG	Total
Content of the presentation		4 (33%)	8 (67%)	12 (100%)
Quality of the presentation material		4 (33%)	8 (67%)	12 (100%)
Presenter	1 (8%)	2 (17%)	9 (75%)	12 (100%)

Q7: Second part of the ANTILOPE presentation	NG	G	VG	Total
Content of the presentation		4 (33%)	8 (67%)	12 (100%)
Quality of the presentation material	1 (8%)	2 (17%)	9 (75%)	12 (100%)
Presenter	1 (7%)	3 (23%)	9 (70%)	13 (100%)

Q8: Introduction to the debate	NG	G	VG	Total
		2 (18%)	9 (72%)	11 (100%)

Q9: The ANTILOPE Debate	NG	G	VG	Total
Moderator's role		1 (9%)	11 (91%)	12 (100%)
Involvement of the attendees		2	10	12 (100%)

Q10: Audience	Y	N	Total
Did we research the decision makers or the people that can easily access to the decision makers?	10 (73%)	2 (17%)	12 (100%)
Is there a need for a follow-up meeting (in your country)?	10 (76%)	3 (24%)	13 (100%)
Are you willing to provide contact information and/or to support attempts to connect with important decision makers?	11 (92%)	1 (8%)	12 (100%)

8.6.5.1.2 Conclusion by the SVP on Organisational Aspect

In conclusion, the attendees rated the summit very positively, mentioning that the target person in their targets were reached and declaring that most of them are willing to provide contact information and to support attempts to connect with the important decision makers in their country.

8.6.5.2 *Questionnaire on the content of the project*

8.6.5.2.1 Participants

Q1: Country of residence and comment	%	Count
Netherlands	7%	1
Greece	50%	7
Cyprus	15%	2
Romania	7%	1
Turkey	7%	1
Croatia	7%	1
Bulgaria	7%	1
Total	100%	14

Q2: You are professionally (more than one answer possible)	%	Count
Representing a public authority/organisation?	18%	4
Public servant?	5%	1
Representing a care organisation or institute?	9%	2
Healthcare professional?	27%	6
IT professional?	32%	7
Industry - Supplier?	9%	2
Total	100%	22

8.6.5.2.2 Analysis of the figures

Q3: Quality assessed interoperable eHealth services are essential to realise expected added value and to increase their adoption.	%	Count
1	0%	
2	0%	
3	8%	1
4	15%	2
5	77%	10
Total	100%	13

Q4: Recognised Quality Labelling and Certific. org. (certification and conformance assessment bodies) and standards based quality assessed test procedures will increase reliability and acceptance of eHealth services nationally as well as across Europe	%	Count
1	0%	
2	0%	
3	30%	4
4	0%	
5	70%	9
Total	100%	13

Q5: A European interoperability quality label and certification process is crucial to support the deployment of cross border eHealth services	%	Count
1	0%	
2	7%	1
3	21%	3
4	15%	2
5	57%	8
Total	100%	14

Q6: Harmonizing existing quality label and certification processes in Europe will take in account national and regional requirements.	%	Count
1	0%	
2	0%	
3	7%	1
4	57%	8
5	36%	5
Total	100%	14

Q7: Comparable and trustworthy interoperability quality labelling and certification requires the use of quality assessed testing tools.	%	Count
1	0%	
2	0%	
3	0%	
4	29%	4
5	71%	10
Total	100%	14

Q8: The use of existing and the development of new tools to test interoperability based on standards and profiles should be promoted.	%	Count
1	0%	
2	9%	
3	0%	
4	30%	4
5	70%	9
Total	100%	13

Q9: A quality management system applied to the quality labelling and certification process will improve its trustworthiness and increase its adoption.	%	Count
1	0%	
2	0%	
3	8%	1
4	38%	5

5	54%	7
Total	100%	13

Q10: The quality management system, based on related ISO standards, applies to the involved organisations, personnel and procedures.	%	Count
1	0%	
2	0%	
3	8%	1
4	46%	6
5	46%	6
Total	100%	13

Q11: Use Cases are important building blocks in the realisation of interoperability.	%	Count
1	0%	
2	0%	
3	0%	
4	16%	2
5	84%	11
Total	100%	13

Q12: Use cases are largely similar across the continent, enabling reuse of functional descriptions.	%	Count
1	0%	
2	8%	1
3	23%	3
4	46%	6
5	23%	3
Total	100%	13

Q13: Use case realisation scenarios address implementation guidelines include national and regional specificities.	%	Count
1	8%	1
2	0%	
3	16%	2
4	30%	4
5	46%	6
Total	100%	13

Comment

- I cannot understand the question

Q14: When do you expect that your country will include quality assessment for eHealth products and services in their regulatory framework?	%	Count
Y (if yet included)	8%	1
N (if you expect that it will take more than 5years)	68%	9
1 year	0%	
2 years	8%	1
3 years	8%	1
4 years	8%	1
5 years	0%	
Total	100%	13

Q15: When do you expect that your country will include national interoperability for eHealth systems and services in their regulatory framework?	%	Count
Y (if yet included)	7%	1
N (if you expect that it will take more than 5 years)	36%	5
1 year	0%	
2 years	29%	4
3 years	7%	1
4 years	14%	2
5 years	7%	1
Total	100%	14

Q16: When do you expect that your country will include European interoperability for eHealth systems and services in their regulatory framework?	%	Count
Y (if yet included)	7%	1
N (if you expect that it will take more than 5 years)	58%	8
1 year	0%	
2 years	14%	2
3 years	7%	1
4 years	7%	1
5 years	7%	1
Total	100%	14

Comments

- hard to tell
- hard to say. Not before 2020, I guess

Q17: Do you have any suggestion, remark or proposal? Thank you for sharing this with the ANTILOPE partners	2
---	---

- Great Organization! The welcoming introduction by the president of idika seemed a little bit out of context of the project.
- The TESTBATN testing tool can be considered (please check www.srdc.com.tr)

8.6.5.2.3 Comments and Conclusions of the attendees

Most of the attendees were certain about the role of the quality assessed testing tools in trustworthy interoperability quality labelling and certification. Also, the importance of the use cases in the realisation of interoperability was outlined in the most submits of the questionnaire. Also, the statement that received a high score was that in order to harmonize existing quality label and certification processes in Europe, need to take in account national and regional requirements.

On the other hand, Recognised Quality Labelling and Certification organizations (certification bodies, conformance assessment bodies) and standards based quality assessed test procedures will increase reliability and acceptance of eHealth services and A European interoperability quality label and certification process is crucial to support the deployment of cross border eHealth services seemed to be less important. Also, most of the participants stated that the adoption and the trustworthiness of the quality labelling and certification will not be increased by a quality management system applied to it.

Most of the others statements of the questionnaire were rated as important.

8.6.6 Main Suggestions and Conclusions

One of the most important and interesting outcomes of the questionnaire was that although most of the attendees think that the use cases have differences across the continent, they don't think that national and regional specificities shall be addressed as implementation guidelines.

8.6.7 Comments of SV partner

The Summit has received very positive comments from the participants, but also from other listeners that were taking part in other events of the eHealthForum2014 which took place in the same Venue. Despite this, the number of participants that filled the questionnaires was unfortunately relatively small, and therefore the conclusions that can be made are limited.

8.6.8 List of attendees

Last Name	First Name	Country	Organization
Geropoulos	Spiros	GREECE	Areteion Hospital
Passa	Georgia	GREECE	Primary Health Care (Π.Ε.Δ.Υ.)
Katehakis	Dimitrios	GREECE	ICS-FORTH
Dimitrova	Rostislava	BULGARIA	Center for eHealth and Innovation
Aggelopoulou	Vasiliki	GREECE	General Hospital "Elena Venizelou"
Toma	Gabriel-Matei	ROMANIA	UTI GRUP
Tsimpida	Dialehti	GREECE	OPEN UNIVERCITY OF CYPRUS
Fotopoulou	Xanthi	GREECE	International Online
Votsi	Eleni	GREECE	gsevee
Kyriakoulakos	Nikos	GREECE	HL7 Hellas
Papadopoulos	Kyriakos	GREECE	Antilope
Anastasiou	Athanasios	GREECE	National technical university of Athens
Eliopoulos	Costas	GREECE	CCS s.a.
Berler	Alexander	GREECE	HL7 Hellas
Kakoulidis	George	GREECE	Apollo SA
Giokas	Kostas	GREECE	National Technical University of Athens
Konstantopoulos	Perilis	GREECE	Computer Control Systems
Konnis	Georgios	CYPRUS	S&G IGENIUS LTD
Chatzidimitriou	Stelios	GREECE	Computer Control Systems S.A.
Karkaletsis	Kostas	GREECE	GNOMO
Kaggelides	Kostis	GREECE	Gnomon Informatics S.A.
Tagaris	Anastasios	GREECE	National Technical University of Athens
Dionysopoulos	stefanos	GREECE	Oracle
Anastassopoulos	Dimitris	GREECE	ORACLE HELLAS
Bizopoulos	Paschalis	GREECE	National Technical University of

			Athens
Maxim	Gabriela	ROMANIA	UTI GRUP
Karathanou	Elpida	GREECE	CCS SA
Mohora	Alexandru	ROMANIA	UTI GRUP
Pavlopoulos	Sotiris	GREECE	ICCS-NTUA
Andronikou	Vassiliki	GREECE	ICCS/NTUA
Matthiesen	Mie Hjorth	OTHER	MedCom
Bruun-Rasmussen	Morten	OTHER	MEDIQ
Focsa	Mircea	ROMANIA	Univ of Medicine Timisoara
Zoric	Milan	OTHER	ETSI
Ioannou	theocharis	CYPRUS	Ammochostos Hospital
Dellis	Georgios	GREECE	Hellenic Center Disease Control and Prevention
Boubaki	Mina	GREECE	Ministry of Health
Fonseca	Marcelo	OTHER	iUZ
Cruz	Isabel	OTHER	iUZ Technologies
Xanthopoulakis	Charalampos	OTHER	Philips Research
Kouroubali	Aggelina	GREECE	FORTH-ICS
Devlies	Jos	OTHER	EuroRec
Achilleos	Andriana	CYPRUS	Ministry of Health
Samiotakis	Yiannis	GREECE	UniSystems A.E.
Psylla	Ioanna	GREECE	National Technical University of Athens
Michael	Antonia	CYPRUS	IBM
Tzimis	Leonidas	GREECE	Chania General Hospital, Crete
Chronaki	Catherine	OTHER	HL7 Foundation
Karapetakos	George	GREECE	CCS
Vassilopoulos	Dimitris	GREECE	Intrasoft International
Balian	Aram	GREECE	Intrasoft International
Kioussis	Kostas	GREECE	Intrasoft International
Papadiamantopoulos	Christos	GREECE	Intrasoft International
Erturkmen	Gokce	TURKEY	srdc ltd
Tsoukalis	Achilleas	GREECE	Micrel Medical Devices
Makrigiannis	Panagiotis	GREECE	ote
Mpilliris	Antonis	GREECE	DATAMED
Agrotou	Anna	CYPRUS	YTA
Haritou	Maria	GREECE	Biomedical Eng. Lab.
Tsitoyanni	Kiki	GREECE	Computer Team
Yiapatou	Eleni	CYPRUS	Nicosia General Hospital
Alexiou	Valia	GREECE	
Tsoukas	Tend	GREECE	
Malet	Gianpiero	ITALY	
Di Prisco	Carmela	ITALY	

8.7 Paris (France & Switzerland) Summit

CIP-ICT PSP-325077

Thematic Network ANTILOPE



Summit on eHealth Interoperability Report

France Switzerland

May 20, 2014

8.7.1 Introduction

The "Regional Summits on Interoperability" are, as documented in the Grant Agreement, considered as the most cost-effective way to promote the use of standards and data exchange profiles to reach interoperability between systems at National(or Regional) Level as well as at European level.

8.7.2 Organisational aspects

8.7.2.1 Location

The summit took place in Paris (Mercure Paris Vaugirard Porte de Versailles).

Remarks :

- Two preliminary meetings were organised in order to make a first review of Antilope documentation before the Summit ;
- Those meetings took place respectively in Bern and Paris ;
- Two informations webinars were also organised.

8.7.2.2 Date

20th of May 2014

8.7.2.3 Invitation letter

A copy of the invitation letter is added to this deliverable in Annex A (A1, A2, A3). A1, A2 and A3 refer to newsletters sent to the members and affiliates of Interop'Santé website. This 1500 people list has been completed with a list of people directly involved in healthcare informatics.

This invitation letter was sent to approximately 1500 addressees, representing:

Healthcare Authority	X
Health Insurance Organisation	X
Public Health Organisation	X
Scientific or Research Organisation – Academic Institute	X
Healthcare Institute (management staff, e.g. of hospitals)	X
Healthcare Professional (physician, nurse, paramedic)	X
Health IT service provider (supplier, informatician, maintenance services)	X
Health Industry (device suppliers, pharma, etc...)	X

8.7.2.4 Antilope Flyer



Antilope

France & Switzerland eHealth Interoperability SUMMIT

The European Commission launched the Thematic Network project **Antilope** in 2013 in order to promote the use of standards and profiles for eHealth interoperability and foster their adoptions across the European Union.

Project **Antilope** – see <http://www.antilope-project.eu/> - is supported by leading International standardisation bodies and will through 10 regional summits throughout Europe highlight the critical role played by a European Interoperability Framework, by an interoperability Quality Management System, by supportive test tools and by quality labels and certificates for interoperable solutions.

The **Antilope** Summit will be held in PARIS, (**Mercure Paris Vaugirard Porte de Versailles - 69 boulevard Victor - 75015 PARIS**) and will provide you and other decisionmakers a unique opportunity to learn about and understand why such tools and associated policies are required to deploy interoperability in your country and across Europe.



Antilope is a project partially funded by the European Commission under the ICT Policy Support Programme (ICT PSP) as part of the CIP Programme.

We are inviting you to France & Switzerland **Antilope** summit

Date: Tuesday, 20-th of May, 2014

Venue: Mercure Paris Vaugirard Porte de Versailles
69 boulevard Victor - 75015 PARIS

Registration and travel info at:
<http://www.antilope-project.eu/events/25/france-summit/>

Who should attend:

- People from Government or governmental organisations responsible for national eHealth policy.
- People from national competitive centres responsible for selecting and implementing national eHealth standards.
- People from organisations interested in eHealth interoperability testing, labeling and certification.
- People from hospitals responsible for regional or local eHealth interoperability.
- People from eHealth industry.

Background documents for the summit are available at:

<http://www.antilope-project.eu/resources/>

What do you get from the summit participation ?

- Overview of the actual eHealth interoperability standards, eHealth interoperability testing methods, eHealth interoperability testing tools, eHealth interoperability labeling and certification.
- Good ideas for establishing eHealth interoperability testing, labeling and certification in your country.
- Answers to your questions regarding the eHealth interoperability standards, eHealth interoperability testing, labeling and certification on international, national, regional and local level.
- Networking with eHealth experts from France and Switzerland.

8.7.2.5 *Agenda*

Summit agenda		
10 :00 -10 :30	Registration - Coffee	
10 :30 – 10 :45	Welcome – Introduction to the Antilope Summit	Gérard Domas, Interop’Santé, France
10 :45 – 11 :15	Antilope project – background, purpose, outcome	Jean-Charles Dron, Interop’Santé, France
11 :15 – 12 :15	eHealth Interoperability testing in France and in Switzerland Short presentation of each country on actual status	François Macary, ASIP santé, France
		Stefan Wyss, “eHealth Suisse”, Suisse
		Nicolai Lütschg, Office fédéral de la santé publique (OFSP), Suisse
12 :15 – 12 :35	WP1 Presentation Use Cases as basis for setting up eHealth interoperability testing, labeling and certification	Karima Bourquard, IHE Europe, France
12 :35 – 13 :00	WP1 Review Discussion with summit participants and review of published remarks	
13 :00 – 14 :00	Lunch Break	
14 :00 – 14 :20	WP 2 Presentation Quality Management and how to set up eHealth interoperability testing	Milan Zoric, ETSI, France
14 :20 – 14 :50	WP2 Review Discussion with summit participants and review of published remarks	
14 :50 – 15 :10	WP3 Presentation Testing tools for eHealth interoperability testing. List of existing tools and proposal on tools to be developed.	Milan Zoric, ETSI, France
15 :10 – 15 :40	WP3 Review Discussion with summit participants and review of published remarks	
15 :40 – 16 :00	Coffee break	
16 :00 -16 :20	WP4 Presentation Setting up labelling and certification. Process and how to establish a testing, labeling and certification authority	Karima Bourquard, IHE Europe, France
16 :20 – 16 :50	WP4 Review Discussion with summit participants and review of published remarks	
16 :50 – 17 :10	Sum up of debates & main conclusions	Jean-Charles Dron, Interop’Santé, France Stefan Wyss, “eHealth Suisse”, Suisse
17 :10 – 17 :30	Feed back - Questionnaires	Jean-Charles Dron, Interop’Santé, France

France & Switzerland eHealth interoperability summit is organised by **Interop’Santé** (<http://www.interopsante.org>)

8.7.2.6 *Summit documentation*

The following documentation was distributed

[X] The ANTILOPE Umbrella Letter

[] in English

[X] in National Language¹⁶:

[X] send before the meeting

[X] distributed at the meeting

[x] The ANTILOPE Educational Material

¹⁶ Multiply in case of distribution in more than one local / national language

- ☒ send before the meeting ☐ distributed at the meeting
☐ The ANTILOPE Summit Questionnaire¹⁷
☐ The ANTILOPE Questionnaire
- ☐ send before the meeting ☒ distributed at the meeting
- ☒ Other: describe
- ☒ The WPs review from Swiss partners (output from the preliminary meeting in Bern)
- ☒ in English ☒ send before the meeting
☒ in National Language: ☒ distributed at the meeting
- ☒ The WPs review from French partners (output from the preliminary meeting in Bern)
- ☒ in English ☒ send before the meeting
☒ in National Language: ☒ distributed at the meeting
- ☒ 3 newsletters
- ☐ in English ☒ send before the meeting
☒ in National Language: ☐ distributed at the meeting

All the distributed documentation is available on the dedicated space http://www.interopsante.org/412_p_37486/antilope.html of the Interop'Santé website.

8.7.2.7 *Agenda of the session / meeting*

Agenda is provided in Annex B.

8.7.2.8 *Partner organisations in the different countries of the Area*

- Interop'Santé (France)
- eHealth Suisse (Suisse)
- Office fédéral de la santé publique OFSP (Suisse)

8.7.2.9 *Supporting organisations*

- ASIP Santé (France)

¹⁷ Strictly addressing issues related to the Summit

8.7.2.10 *Attendees*

The following stakeholder groups were represented at the Workshop:

Healthcare Authority	X
Health Insurance Organisation	
Public Health Organisation	X
Scientific or Research Organisation – Academic Institute	X
Healthcare Institute (management staff, e.g. of hospitals)	X
Healthcare Professional (physician, nurse, paramedic)	X
Health IT service provider (supplier, informatician, maintenance services)	X
Health Industry (device suppliers, pharma, etc...)	

8.7.2.11 *Presentations*

The presentations used during / as introduction to the Workshop are listed in Annex C of this Deliverable.

- C1_Jean-Charles Dron_Interop'Santé_PrésentationSummit.pdf
- C2_Stefan Wyss_eHealth Suisse_Stratégie Cybersanté Suisse.pdf
- C3_Nicolai Lutschg_OFSP_LDEIP.pdf
- C4_François Macary_ASIP Santé_Les tests d'interopérabilité pour la e-santé en France.pdf
- C5_Karima Bourquard_IHE Europe_D1.2a Educational material presentation.pdf
- C6_Jos Devlies_Eurorec_Quality Manual for Interoperability Testing.pdf
- C7_Milan Zoric_ETSI_Présentation WP3.pdf
- C8_Karima Bourquard_IHE Europe_WP4.pdf

All the distributed documentation is available on the dedicated space http://www.interopsante.org/412_p_37486/antilopec.html of the Interop'Santé website

The presentations are made available

- On the web site of the Supportive Validation Partner:
http://www.interopsante.org/412_p_37486/antilopec.html of the **Interop'Santé website**
- On the web site of ANTILOPE: **Yes**
- Other: they are also available on the projectplace at
<https://service.projectplace.com/pp/pp.cgi/0/869243259#folder/980370672>
In the folder "2_Summit Presentations"

8.7.3 Questionnaires

The consortium paid a big importance in getting feedback from the Summits. Two questionnaires were defined and made available to the SVP. A first questionnaire is about organisational aspects. The second questionnaire is more about the project and its interoperability related statements.

8.7.3.1 *Feedback Questionnaire on Organisational Aspects*

8.7.3.1.1 *About the number and origin of answers*

Detailed results and attendees remarks are available on the ANTILOPE Project Place
Questionnaires returned: **8** (some attendees did not provide us their fulfilled questionnaires)

Switzerland / French representative ratio : **62 % / 38 %**

Representation:

Representing a public authority / organisation ?	4	40%
Public servant ?	2	20%
Representing a care organisation or institute ?	0	0%
Healthcare professional ?	2	20%
IT Professionnal	2	20%
Industry Supplier	0	0%
Other	0	0%

8.7.3.1.2 Feedback by the attendees

Invitation and logistics:

3a	Invitation letter	VG / G / NG / ---	3	3	0	2
3b	Other channels for information (website, mail, ...)	VG / G / NG / ---	2	5	0	1
4	Logistics	VG / G / NG / ---	6	2	0	0
5	Project information availability	VG / G / NG / ---	4	4	0	0
6a	Content of the presentation	VG / G / NG / ---	5	3	0	0

Content and speakers :

Content of the presentation	VG / G / NG / ---	5	3	0	0
Quality of presentation material	VG / G / NG / ---	3	3	1	1
Presenter	VG / G / NG / ---	4	3	0	1
Comments and suggestions	VG / G / NG / ---	0	0	0	8
Content of the presentation	VG / G / NG / ---	6	2	0	0
Quality of presentation material	VG / G / NG / ---	5	3	0	0
Presenter	VG / G / NG / ---	7	1	0	0

Antilope debates :

Moderator's role	VG / G / NG / ---	4	4	0	0
Involvement of the attendees	VG / G / NG / ---	5	2	0	1

Audience :

Did we reach the decision makers or the people that can easily access to the decision makers ?	Y / N / -Y/N- / ---	4	2	1	0
Is there a need for a follow-up meeting (in your country) ?	Y / N / -Y/N- / ---	5	1	1	0
Are you willing to provide contact information and/or to support attempts to connect with important decision makers ?	Y / N / -Y/N- / ---	4	2	0	1

8.7.3.1.3 Other comments :

Attendees underlined the lively debates that followed every intervention done during the summit.

The exchanges between both countries were very fruitful and it was very interesting to confront the French kind of centralized approach with the more federated Swiss approach.

8.7.3.2 *Conclusion by the SVP on Organisational Aspect*

- A full day was not too much to address all the program.
- Based on the feedback of the attendees, organisational aspect was a success.
- Organising the summit during HIT (French Health Information Congress) was also a good strategy to have people coming from the whole territory to the Summit.
- Switzerland was represented at the summit by a 3 people delegation, very active in the debate, and in the information exchange about the situation in their country.

8.7.3.3 *Feedback from the Summit*

8.7.3.3.1 ANTILOPE Questionnaire

Detailed results and attendees comments are available in the project place site.

Questionnaires returned: **8** (some attendees did not provide us their questionnaires)
Switzerland / French representative ratio : **62 % / 38 %**

8.7.3.3.2 Scores obtained for the different statelets

N°	Question	Average mark
3	Quality assessed interoperable eHealth services are essential to realise expected added value and to increase their adoption.	4,4
4	Recognised Quality Labelling and Certification organizations (certification bodies, conformance assessment bodies) and standards based quality assessed test procedures will increase reliability and acceptance of eHealth services nationally as well as across Europe.	4,3
5	A European interoperability quality label and certification process is crucial to support the deployment of cross border eHealth services.	4,1
6	Harmonizing existing quality label and certification processes in Europe will take in account national and regional requirements.	4,1
7	Comparable and trustworthy interoperability quality labelling and certification requires the use of quality assessed testing tools.	4,4
8	The use of existing and the development of new tools to test interoperability based on standards and profiles should be promoted.	4,9
9	A quality management system applied to the quality labelling and certification process will improve its trustworthiness and increase its adoption.	4,1
10	The quality management system, based on related ISO standards, applies to the involved organisations, personnel and procedures.	4,3
11	Use Cases are important building blocks in the realisation of interoperability.	4,7
12	Use cases are largely similar across the continent, enabling reuse of functional descriptions.	3,3
13	Use case realisation scenarios address implementation guidelines include national and regional specificities.	4,0

Remarks :

Question 14 to 17, please refer to the excel spread sheet

"D1_D2_Antilope_Questionnaires.xls" cause results cannot be exploited and synthetized in a simple table.

8.7.4 Main Suggestions and Conclusions

Antilope has contributed to build a very effective exchange platform about interoperability between concerned regions.

We should have expected a higher participation for the summit, but this apparent low attendance must be balanced with the fact that two information webinars and two preliminary meetings were organised before.

8.7.5 Your comments as SVP

Organising two preliminary meetings to address the quality of the deliverables before the meeting was really useful to prepare the summit. Each attendee had a deep understanding and knowledge about the job done, so the debate was of very high quality.

8.7.6 List of attendees

Surname	Name	Mail	Institution
Walid	AHMED	Walid.Ahmed@bag.admin.ch	Office Fédéral de la Santé Publique OFSP
Abdramane	BAKAYOKO	abdramanebakayoko@yahoo.fr	Groupe MANSKOU
Eric	BORDART	eric.bordart@ch-perpignan.fr	CH de Perpignan
Karima	BOURQUARD	karima.bourquard@in-system.eu	IHE EUROPE
Edouart	BRIS	Edouard.Bris@santeos.com	SANTEOS
JOS	DEVLIES		EUROREC
Gérard	DOMAS	gerard.domas-vasserot@editions-pci.fr	INTEROPSANTE
Jean-Charles	DRON	jean-charles.dron@interopsante.org	INTEROPSANTE
Eric	JAROUSSE	Eric.Jarrousse@cegedim.fr	CEGEDIM
Nicolai	LUETSCH	nicolai.luetschg@bag.admin.ch	Office fédéral de la santé publique OFSP
François	MACARY	Francois.MACARY@sante.gouv.fr	ASIP SANTÉ
Esther	MALKA		AXWAY
Norbert	PAQUEL	norbert.paquel@gmail.com	EDISANTE
Jean-Marie	RODRIGUES	rodrigue@univ-st-etienne.fr	AIM
Jean-Luc	THELL		AXWAY
Stefan	WYSS	Stefan.Wyss@e-health-suisse.ch	eHealth Suisse
Milan	ZORIC	Milan.Zoric@etsi.org	ETSI

8.8 Benelux Summit – Delft – June 6, 2014

8.8.1 Introduction

This document reports on the Benelux Summit addressing organisational aspects as well as issues related to the "content" of the educational material as well as the deliverables prepared within the ANTILOPE project..

This Summit was jointly organised by ProRec-BE and by NICTIZ. The Summit was actively supported by eSanté from Luxembourg.

The number of attendees was not so high but all the public authorities involved in the domain were represented: the Ministries, the National Health Insurance, the Sick Funds, some health professional as well health professionals organisations. Up to 70% of the attendees were linked to the health authorities (including health insurance and sick funds).

One of the regional authorities in Belgium (Flanders) was also represented by a delegate and a presentation.

As for the other Summit, the exchange of information between neighbouring countries was considered as one of the most important results of the Summits.

8.8.2 Organisational issues

8.8.2.1 *Location*

Het Meisjeshuis
Oude Delft 112
Delft
The Netherlands

8.8.2.2 *Date*

6th of June 2014

8.8.2.3 *Invitation letter*

The invitation included a copy of the Umbrella Letter as included here, a copy of the Benelux Antilope Flyer and the Agenda.

For the letter, see the intro of this deliverable.

This invitation letter was sent to approximately 200 addressees, representing

Healthcare Authority	X
Health Insurance Organisation	X
Public Health Organisation	X
Scientific or Research Organisation – Academic Institute	X
Healthcare Institute (management staff, e.g. of hospitals)	X
Healthcare Professional (physician, nurse, paramedic)	X
Health IT service provider (supplier, informatician, maintenance services)	X
Health Industry (device suppliers, pharma, etc...)	X

The attendance was on invitation. This means that invitations were launched in "waves" considering that some invited persons suggested a second and/or third person to be invited.



Antilope

E-Health Interoperability – SUMMIT

The European Commission launched the Thematic Network project *Antilope* in 2013 in order to promote the use of standards and profiles for eHealth interoperability and foster their adoptions across the European Union.

Antilope www.antilope-project.eu is supported by leading International standardisation bodies and will, through 10 regional summits throughout Europe, highlight the critical role played by a European Interoperability Framework, by an Interoperability Quality Management System, by supportive test tools and by quality labels and certificates for interoperable solutions.

The *Antilope* Summit BENELUX will be held at “Het Meisjeshuis” in Delft, Netherlands and will provide you and other decision makers a unique opportunity to learn about and understand why such tools and associated policies are required to deploy interoperability in your country and across Europe.



Read about [NICTIZ](#)
Read about [ProRec-BE](#)
Read about [eSanté](#)

Antilope is a thematic network partially funded by the European Commission under the ICT Policy Support Programme (ICT PSP) as part of the Competitiveness and Innovation Framework Programme (CIP). Summit organised by:

Betere zorg
door betere informatie



Invitation

Antilope summit of the BENELUX

Date: Friday, 6th of June 2014
Venue: Het Meisjeshuis
Oude Delft 112, Delft
Register: <http://www.antilope-project.eu/events/16/benelux/>

Who should attend:

- Persons interested in setting up Interoperability testing.
- Persons and organisations responsible for selecting, decision making and implementing eHealth standards.
- People from Government and industry.

Background material:

www.antilope-project.eu/resources

What do you get from the summit:

- Overview, testing methods, testing tools.
- Good ideas for establishing interoperability testing.
- Network.

Travel info:

<http://www.antilope-project.eu/events/16/benelux/>

8.8.2.4 *Summit documentation*

The following documentation was distributed

- | | | | |
|---------------------------------------|---|---------------------------------------|----------------------------|
| <input checked="" type="checkbox"/>] | The ANTILOPE Umbrella Letter | | |
| | <input checked="" type="checkbox"/> in English | <input type="checkbox"/>] | send before the meeting |
| | <input type="checkbox"/>] in National Language ¹⁸ : | <input type="checkbox"/>] | distributed at the meeting |
| <input checked="" type="checkbox"/>] | The ANTILOPE Educational Material | | |
| | <input type="checkbox"/>] send before the meeting | <input type="checkbox"/>] | distributed at the meeting |
| <input type="checkbox"/>] | The ANTILOPE Summit Questionnaire ¹⁹ | | |
| <input type="checkbox"/>] | The ANTILOPE Questionnaire | | |
| | <input type="checkbox"/>] send before the meeting | <input checked="" type="checkbox"/>] | distributed at the meeting |
| | <input checked="" type="checkbox"/>] Other: the Antilope USB with the actual versions of the ANTILOPE Deliverables was distributed to the attendees at the meeting | | |

¹⁸ Multiply in case of distribution in more than one local / national language

¹⁹ Strictly addressing issues related to the Summit

8.8.2.6 *Agenda of the session / meeting***Antilope summit of the BENELUX**Friday, the 6th of June 2014

09:15- 10:00	Registration - Coffee.	
10:00- 10:20	Welcome - Introduction to the Summit.	Michiel Sprenger, Nictiz
10:20- 10:40	ANTILOPE - Background, purpose, outcome.	Jos Devlies, ProRec-BE
10:40- 11:00	Interoperability & Testing in The Netherlands.	Lies van Gennip, Nictiz
11:00- 11:20	Interoperability testing in Belgium.	Luc Nicolas, FOD/SPF Santé
11:20- 11:40	Interoperability testing in Luxembourg.	Heiko Zimmermann, Agence Santé
11:40- 12:00	Coffee Break.	
12:00- 12:20	Use Cases as basis for setting up interoperability testing and organisation.	Vincent van Pelt, Nictiz
12:20- 12:40	Quality Management and how to set up interoperability testing.	Morten Bruun Rasmus- sen, MEDIQ, Denmark
12:40- 13:40	Lunch Break.	
13:40- 14:00	Testing tools for Interoperability testing. List of existing and tools needed to be developed.	Milan Zoric, ETSI, France
14:00- 14:20	Setting up labelling and certification. Process and how to establish an organisation.	Karima Bourquard, IHE-Europe
14:20- 15:00	Completing the questionnaires + coffee break	Jos Devlies, ProRec-BE
15:00 -15:20	Introduction to debate. Sum up of presentations.	Jos Devlies, ProRec-BE
15:20- 16:00	Debate based on the ANTILOPE key messages.	Michiel Sprenger, Nictiz
16:00- 16:30	Main conclusions.	Nictiz + ProRec-BE

Partners in *Antilope*:

An additional presentation was given by the Flemish Region (Belgium) on their project VITALINK. The project offers a service of shared medication regimen/schema.

8.8.2.7 *Partner organisations in the different countries of the Area*

The Agence eSanté and the Centre Henri Tudor are official institutes from the Luxembourg Government. They are responsible for all eHealth related strategic decisions. The Agence eSanté is also a partner in the epSOS project.

8.8.2.8 *Supporting organisations*

CEN/NEN, HL7 and IHTSDO supported the Summit by their presence and active participation in the debate.

8.8.2.9 *Attendees*

The following stakeholder groups were represented at the Workshop:

Healthcare Authority	X
Health Insurance Organisation	X
Public Health Organisation	X
Scientific or Research Organisation – Academic Institute	X
Healthcare Institute (management staff, e.g. of hospitals)	X
Healthcare Professional (physician, nurse, paramedic)	X
Health IT service provider (supplier, informatician, maintenance services)	X
Health Industry (device suppliers, pharma, etc...)	X

8.8.2.10 *Presentations*

The presentations are made available

37. On the web site of the Supportive Validation Partner:

38. On the web site of ANTILOPE

39. Other: on project place

<https://service.projectplace.com/pp/pp.cgi/0/869243259#folder/980370711>

8.8.3 Feedback Questionnaire on Organisational Aspects

20 forms "Questionnaire regarding the ANTILOPE Summit on interoperability" were processed. One form being empty 19 forms are counted for the overview.

The first two questions 'identifies' the role(s) of the attendee. The following questions are about organisational aspects of the Delft Summit.

8.8.3.1 *About the attendees*

We have 8 forms completed for Belgium, 9 forms for The Netherlands and 2 forms from Luxembourg. This seems to be optimal.

The next overview specifies the role(s) of the attendees.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Public Authority		x	x	x	X		X	X			x	x	x		x	x	x		
Public Servant																		X	
Care organization														x					
HC professional									X										
IT professional						x	X		X										X
Industry								x	X										
Other										x									

It's obvious that we succeeded to get all different stakeholders represented as well as our main target group prominently represented.

8.8.3.2 *Overview of the responses*

The individual questions were quoted NG (not good), G (good) or VG (very good). This has been translated in numeric scores of 0, 1 and 2, in order to facilitate the analysis if the data.

Some attendees did not give an answer for some of the questions. A few attendees did put a "?", more especially for question 10a, regarding reaching the targeted decision makers.

The questionnaire is further split in three blocks:

40. First set of questions related to the invitation and the way information has been made available
41. The second set is about quality assessing the Summit : organisation and content
42. The last set of questions is about the potential impact of the Summi.

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	
3a	Invitation letter	2	2	1	1	–	1	1	1	1	1	1	1	1	1	1	2	1	1	–	20/17
3b	Other channels for information on the Summit (web site, mail,...)	2	2	1	1	–	–	1	1	1	1	1	0	1	1	1	1	1	1	–	17/16
4	Logistics	1	2	2	1	1	1	1	1	1	1	2	2	2	1	1	2	2	2	–	26/18
5	Project information availability	2	2	2	2	1	1	1	1	1	1	1	2	1	1	1	1	2	1	–	24/18

6a	Content of the presentation	1	2	2	2	1	1	1	1	2	1	–	1	2	2	1	1	1	1	1	24/18
6b	Quality of presentation material	1	2	1	2	1	1	1	1	2	1	–	1	1	1	1	1	1	1	1	21/18
6c	Presenter	1	2	2	2	1	1	1	1	2	–	–	1	1	1	1	1	1	1	1	21/17
7a	Content	1	2	1	2	1	1	1	2	1	1	–	1	1	1	1	1	1	0	1	21/18
7b	Quality	1	2	1	2	1	1	1	1	1	1	–	1	1	1	1	1	1	0	1	20/18
7c	Presenter	1	2	1	2	1	1	0	1	1	1	–	1	0	1	1	1	1	1	1	18/18
8	Introduction to the debate	2	1	1	2	1	1	–	1	1	1	–	1	2	1	1	1	2	1	1	21/17
9a	Antilope Debate: Moderator's role	1	2	2	2	2	2	–	1	–	1	–	1	2	2	1	1	2	1	1	23/18
9b	Antilope Debate: Involvement of the attendees	1	2	1	2	2	1	–	1	–	1	–	2	2	2	1	2	2	1	1	25/17

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
10a	Did we reach the decision makers or the people that can easily access to the decision makers?	Y	Y	Y	Y	?	Y	Y	Y	Y	?	Y	Y	Y	–	N	Y	Y	?	Y
10b	Is there a need for a follow-up meeting (in your country)	?	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	N	–	N	Y	N	N	Y
10c	Are you willing to provide contact information and/or to support attempts to connect with important decision makers?	Y	Y	Y	Y	Y	–	Y	Y	Y	Y	Y	Y	Y	–	2	Y	Y	N	Y
		B	L	B	B	N	N	N	N	B	N	B	N	B	B	N	N	L	B	N

Additional comments provided, with reference to the attendee and to the question.

Form	Question	Comment
2	10c	Mike Schuebag Françoise Berthet Raymond Wagner
15	10A	I am not sure. I see a lot of experts from the Antilope partners. No representative of the Dutch Government participated.
17	10B	Not yet but maybe in the next step of our national work.
17	10c	Will share outcomes/deliverables with different stakeholders in LU, to disseminate and share information and rise awareness

8.8.3.3 *Conclusion by the SVP on Organisational Aspects*

The attendees appreciated the logistics and organisational aspects of the conference.

The debate, based on some "statements" did obtain a high score too.

The consortium is particularly happy with the answers on question 10a. Only one attendee answered with N on the question if we reached the decision makers. Two other attendees only did not have an opinion on that issue.

8.8.4 Content related feedback

This questionnaire had three sections too:

- 43. Section 1 highlighting the role of the attendee in his country
- 44. Section 2 addressing ANTILOPE statements regarding eHealth interoperability
- 45. Section 3 about the expectations of the attendees regarding effective implementation of eHealth interoperability solutions and tools

8.8.4.1 *About the attendees*

21 forms were returned, two more than for the questionnaire on organisational aspects. All attendees returned the form. A lot of attention was given to the questionnaire during the Summit, discussing publically the questions, as apart of the agenda. See presentations.

9 completed forms were produced by Belgian attendees (with), 10 by Dutch attendees (green) ones and 2 from Luxembourg (brown).

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Public Authority		x	x	x	x		x	x			X	x	x		x	x	x		x	x	x
Public Servant																		x			
Care Organiz.														x							
HC Profession.									x												
IT profession.						x	X		x												
Industry								x	x											x	
Other										x											

8.8.4.2 *The ANTILOPE statements*

The ANTILOPE statements regarding eHealth interoperability are given a score of importance, a score of agreement.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
3	5	5	5	5	5	5	5	4	4	4	5	5	5	3	5	4	-	5	-	5	3
4	5	5	4	5	5	3	5	4	4	4	5	3	4	4	5	4	4	4	-	4	5
5	5	5	4	5	4	3	4	4	4	2	5	3	4	3	5	2	4	4	-	5	4
6	5	5	5	4	5	5	5	4	4	4	4	3	4	5	4	4	5	3	-	4	5
7	4	5	5	4	5	2	5	4	5	3	5	4	4	3	5	5	5	4	-	4	3
8	4	4	5	4	5	2	5	5	3	4	4	5	5	3	5	3	5	4	-	5	4
9	4	5	5	4	4	4	5	3	2	4	4	3	3	3	4	4	4	4	-	3	4
10	3	4	4	4	5	3	2	3	3	4	4	4	3	4	4	2	2	4	-	3	5
11	4	5	5	4	4	5	5	4	5	4	5	5	5	5	4	4	5	5	-	5	5
12	3	4	4	2	4	3	3	5	5	3	4	5	3	2	4	5	3	5	-	4	5
13	5	4	3	3	4	5	3	3	3	4	5	4	4	4	4	3	5	4	-	5	5

This results in the following average scores

N°	Question	Average score
3	Quality assessed interoperable eHealth services are essential to realise expected added value and to increase their adoption.	4,579
4	Recognised Quality Labelling and Certification organizations (certification bodies, conformance assessment bodies) and standards based quality assessed test procedures will increase reliability and acceptance of eHealth services nationally as well as across Europe.	4,300
5	A European interoperability quality label and certification process is crucial to support the deployment of cross border eHealth services.	3,762
6	Harmonizing existing quality label and certification processes in Europe will take in account national and regional requirements.	4,143
7	Comparable and trustworthy interoperability quality labelling and certification requires the use of quality assessed testing tools.	4,000
8	The use of existing and the development of new tools to test interoperability based on standards and profiles should be promoted.	4,000
9	A quality management system applied to the quality labelling and certification process will improve its trustworthiness and increase its adoption.	3,619
10	The quality management system, based on related ISO standards, applies to the involved organisations, personnel and procedures.	3,333
11	Use Cases are important building blocks in the realisation of interoperability.	4,429
12	Use cases are largely similar across the continent, enabling reuse of functional descriptions.	3,619
13	Use case realisation scenarios address implementation guidelines include national and regional specificities.	3,810

The high scores are the statements 3, 11 and 5. These statements are statements 'in principle'. The statement are linked to the quality assessing eHealth product, more especially their ability to be interoperable..

The low score statement are 10,9 and 12, the first two addressing the need for a quality management system applied to the quality labelling and certification process (9) based on ISO standards (10).

The following comments are copied from the completed forms.

Stat.	Form	Comment & suggestion	Comments
4	6	Standards and requirements must be clear	Agree
	10	Condition is to learn from existing models for accreditation and certification. We don't need a separate model for healthcare interoperability	Agree only up to certain level of functionality
	12	End user attitude on eHealth needs other stimulans	Agree
5	5	The process can also be a hurdle to overcome	Quality assessing a product requires some resources and time
	9	A pragmatic approach will win from standards. Organisations will do business & later formalise the way they share information	This may be reality but is not first choice for Antilope
	10	Not if it's set-up separately from what is already existing in other domains	Ok
	12	As for 4	
	19	Due to political issues, this will delay the process	
	20	Worldwide, not only European. We are a worldwide patient.	Ok
6	12	National requirements far exceed (desirable) international harmonisation	Ok
7	6	To use (testing) tools you must be able to be specific (regarding user requirements / specifications)	
	8	It is a precondition	
	10	The test tools need to be mature & tested before taken into use	
8	6	Testing can start before: review specifications before development starts	It is indeed not because no tools are available to address all aspects of quality and interoperability
	16	They should be free available as well (no barriers)	
9	10	Look at existing quality management systems	
10	19	Adoption of standards is on the working floor. We should not reach	

		out to a higher level	
11	8	The functionality is the purpose of the whole process	.. not the data exchange as such
	10	But there needs to be alignment with existing standard. At some point best practices from use cases can be included in (formal) standards for future reference.	
	14	Important, but not the only approach	
12	10	Yes & no: we see both regional and national use cases	

8.8.4.3 *Questions regarding implementation of the interoperability options*

The three last questions are about when the attendee expect interoperability features to be implemented in his/her country.

An existing service / application equals a Y(es) as well as for a service expected to be available within 5 years from now.

The next table documents the answers to the question 13, 14 and 15, 221 forms in total.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
14	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	?	Y	Y	Y	Y	N	Y	Y	Y
15	Y	Y	Y	Y	N	N	Y	N	Y	N	Y	Y	Y	Y	Y	Y	-	Y	-	Y	Y
16	Y	Y	N	N	N	N	N	N	N	N	N	N	Y	N	N	N	-	y	-	N	N
	B	L	B	B	N	N	N	N	B	N	B	N	B	B	N	N	L	B	N	N	B

The totals are documented in the next table

		Y	N	?
14	When do you expect that your country will include quality assessment for eHealth products and services in their regulatory framework?	18	2	1
15	When do you expect that your country will include national interoperability for eHealth systems and services in their regulatory framework?	15	4	2
16	When do you expect that your country will include European interoperability for eHealth systems and services in their regulatory framework?	4	15	2

The following comments were added by the attendees

14	3	Y	Already in place	
	9	Y	Before including assessment there must be incentives in place to use / convince all stakeholders to use the products and the services	
	10	Y	In the Netherlands : alignment with	

			requirements set in "kwaliteitswet zorginstellingen"	
15	2	Y	This is done or in progress	
	3	Y	In process	
16	1	Y/4	Relating to "epSOS like" specifications	
	2	Y/3	Hard to give expectations at this time	
	3	N/7	From the moment European Interoperability is real and usable	
17	3		Like in all improving EHR's we may not forget to involve their users and the education of the users into a good use of their EHR so that interoperability is more possible and successful.	This is an important facilitator to reach interoperability
	5		It would be nice to feedback on the previous summits	
	10		What are your toughs from the new privacy regulation which is now under discussion in the European Parliament?	A bit out of scope. Can be a negative factor.
	12		Ultimate customers, i.e. citizens, should be part of discussion and suggested benefits	
	16		To me it's unclear what the involvement of the industry is in Antiope	

8.8.5 Main conclusions from the attendees

The answers to the questionnaire were representative for the persons attending the Summit in Delft, as all the attendees were granted a small local present after handing over a completed form. Sufficient time was spent on discussing each of the questions.

Some interesting positions were defended:

1. The use of standards is out of any doubt, but standards should be unambiguous, should cover the complete domain of the health and should be available for free.
2. The use of profiles is at least recommended for data exchange. They should be flexible and easily customised to national / regional requirements.
3. Most delegates believe that interoperability requirements will be included in national regulation before the end of the decade.
4. The same majority of delegates believe that this will NOT happen at E.U within that same period of 5 years.
5. Quality assessing eHealth products is essential to reach interoperability.
6. The quality assessment should make use of quality assessed tools. The absence of such tools cannot be a reason for not validating eHealth products.

8.8.6 Debate

An animated and interesting debate was chaired by Michiel Springer for NICTIZ and Jos Devlies from ProRec-BE.

Some "provocative" statements were used to initiate some discussion:

1. We all want quality. Antilope is addressing interoperability. Quality is never granted for free and needs to be proven. Third party quality labelling and certification is the most objective way to do so.
2. Objective QL & C requires the use of quality assessed tools.
3. The QL & C process is subject to comply to standards too.
4. Implementing interoperability quality assessment should consider use case based approach.
5. Reaching interoperability will only be realised when addressing all stakeholders & all levels of interoperability.

The presence of IHTSDO, CEN/NEN and the responsible public authorities of the three countries (plus one region) was important for the

8.8.7 Conclusions by the SV Partner(s)

One of the acquired advantages of the ANTILOPE summits is that authorities (from the public administration mainly) get acquainted to each other and start to be aware what happens in neighbouring countries.

The Benelux Summit was therefore successful, considering the presence of most of the public authorities competent for eHealth services out of each of the three countries.

There was a large consensus on the importance of quality assessment of eHealth products, EHR systems included.

8.8.8 List of attendees

31 delegates and important stakeholders attended the regional Summit.

Beek	John van Beek	jvb@ihtsdo.org	IHTSDO
Beirlaen	Peter Beirlaen	Peter.Beirlaen@xperthis.be	Xperthis
Bonte	Bonte Pierre	Pierre.bonte@riziv.fgov.be	RIZIV/INAMI
Bourquard	Karima Bourquard	karima.bourquard@ihe-europe.net	IHE-Europe
Brand	Jeroen van den Brand	jeroen.van.den.brand@z-index.nl	Z-Index
Buyse	André Buyse	abconsulting@skynet.be	Skynet
Chang	Linda Chang	lindachang@kpnmail.nl	KPN
Danhardt	Samuel Danhardt	samuel.danhardt@agence-esante.lu	Agence eSanté
Dequae	Miet Dequae	miet.dequae@prorec.be	ProRec-BE

Devlies	Jos Devlies	jos.devlies@eurorec.org	EuroRec
Gennip	Lies van Gennip	gennip@nictiz.nl	NICTIZ
Golyardi	Shirin Golyardi	shirin.golyardi@nen.nl	NEN/CEN
Jadoenathmisier	Anil Jadoenathmisier	anil@vzvz.nl	VZVZ / Vereniging van Zorgaanbieders voor Zorgcommunicatie
Janssens	Peter Janssens	P.Janssens@benelux.int	SG Benelux
Kabbes	Bert Kabbes	kabbes@wxs.nl	HL7 NL
Lemmens	Bart Lemmens	bart.lemmens@wvgvlaanderen.be	Departement WVG Vlaanderen
Lemmens	Roger Lemmens	roger.lemmens@iminds.be	iMinds - Vlaanderen
Ligtvoet	Maarten Ligtvoet	ligtvoet@nictiz.nl	NICTIZ
Lunenborg	Hans Lunenborg	Hans.lunenborg@gs1.nl	GS1
Molenaar	Kees Molenaar	gc.molenaar@minvws.nl	Ministerie van Volksgezondheid, Welzijn en Sport
Nicolas	Luc Nicolas	luc.nicolas@health.fgov.be	FOD/SPF Ministerie
Peelen	Esther Peelen	Esther.Peelen@gs1.nl	GS1
Pelt	Vincent van Pelt	pelt@nictiz.nl	NICTIZ
Ponsaert	Frank Ponsaert	frank.ponsaert@intermut.be	Intermut
Sprenger	Michiel Sprenger	sprenger@nictiz.nl	NICTIZ
Stegwee	Robert Stegwee	robert.stegwee@capgemini.com	HL7 NL
Tjee	Tie Tjee	tie.tjee@ihe-nl.org	IHE
Vos	Johan Vos	johan.vos@novation.nl	OIZ / Vereniging van organisaties voor ICT in de Zorg
Wisnieski	François Wisnieski	francois.wisniewski@tudor.lu	Centre HerniTudor
Zimmermann	Heiko Zimmermann	Heiko.Zimmermann@agence-esante.lu	Agence eSanté
Zoric	Milan Zoric	milan.zoric@etsi.com	ETSI

8.9 Treviso (Italy, Malta) Summit



Summits on eHealth Interoperability Report

Area V – Italy & Malta

June 18, 2014

8.9.1 Introduction

This document reports on the Italian and Maltese Summit addressing organisational aspects as well as issues related to the "content" of the educational material as well as the deliverables prepared within the ANTILOPE project..

8.9.2 Organisational issues

8.9.2.1 *Location*

Italy, Treviso

Consorzio Arsenàl.IT – Villa Lorenzon

Viale Oberdan, n. 5

8.9.2.2 *Date*

18th of June 2014

8.9.2.3 *Invitation letter*

Invitation was sent by a "Save the date" email, completed with event information, agenda and registration link.

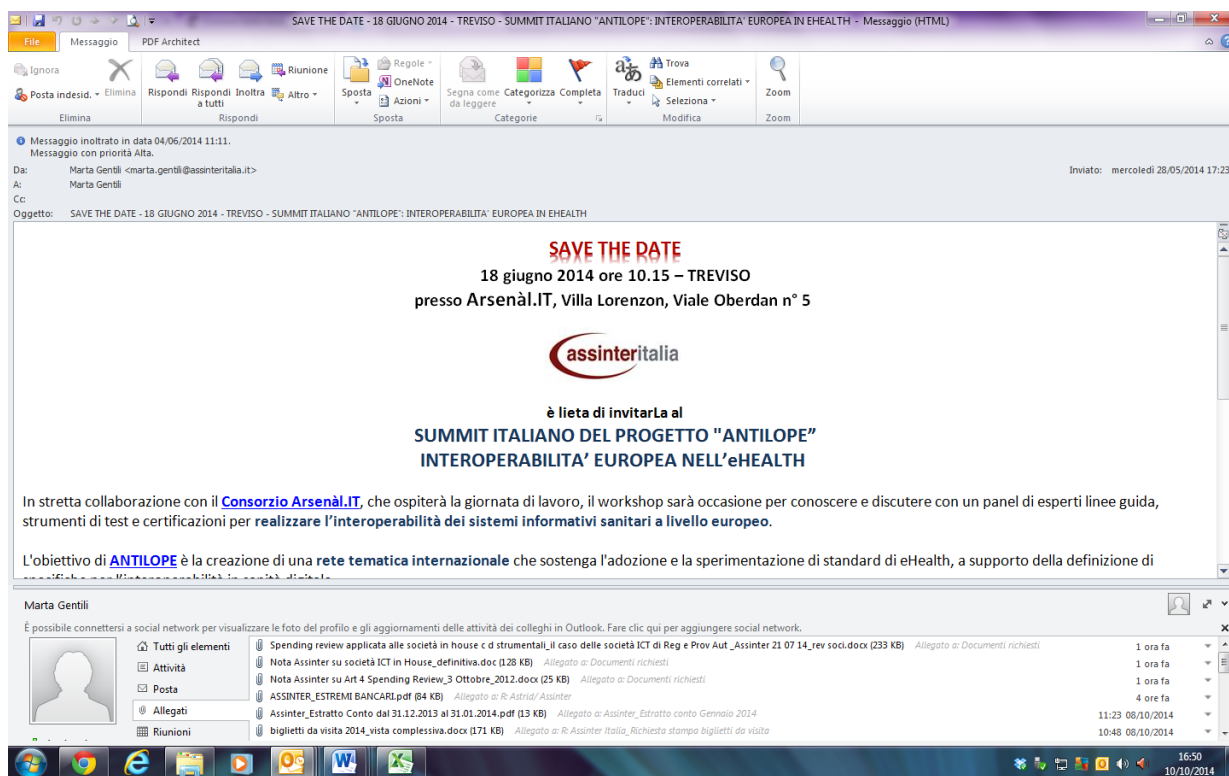
Two rounds of forwarding via email: 29/05/2014 and 09/06/2014.

A screen-shot of the invitation email is added to this section.

This email was sent to approximately 600 addressees, representing

Healthcare Authority	X
Health Insurance Organisation	
Public Health Organisation	X
Scientific or Research Organisation – Academic Institute	X
Healthcare Institute (management staff, e.g. of hospitals)	X
Healthcare Professional (physician, nurse, paramedic)	X
Health IT service provider (supplier, informatician, maintenance services)	X
Health Industry (device suppliers, pharma, etc...)	X

Screenshot of the "SAVE THE DATE" Email. / e Original is available on Project Place.





Antilope

E-Health Interoperability – SUMMIT

The European Commission launched the Thematic Network project *Antilope* in 2013 in order to promote the use of standards and profiles for eHealth interoperability and foster their adoptions across the European Union.

Antilope www.antilope-project.eu is supported by leading International standardisation bodies and will, through 10 regional summits throughout Europe, highlight the critical role played by a European Interoperability Framework, by an Interoperability Quality Management System, by supportive test tools and by quality labels and certificates for interoperable solutions.

The *Antilope* Summit BENELUX will be held at "*Het Meisjeshuis*" in Delft, Netherlands and will provide you and other decision makers a unique opportunity to learn about and understand why such tools and associated policies are required to deploy interoperability in your country and across Europe.



Read about [NICTIZ](#)
Read about [ProRec-BE](#)
Read about [eSanté](#)

Antilope is a thematic network partially funded by the European Commission under the ICT Policy Support Programme (ICT PSP) as part of the Competitiveness and Innovation Framework Programme (CIP). Summit organised by:



Invitation

Antilope summit of the BENELUX

Date: Friday, 6th of June 2014
Venue: Het Meisjeshuis
Oude Delft 112, Delft
Register: <http://www.antilope-project.eu/events/16/benelux/>

Who should attend:

- Persons interested in setting up Interoperability testing.
- Persons and organisations responsible for selecting, decision making and implementing eHealth standards.
- People from Government and industry.

Background material:

www.antilope-project.eu/resources

What do you get from the summit:

- Overview, testing methods, testing tools.
- Good ideas for establishing interoperability testing.
- Network.

Travel info:

<http://www.antilope-project.eu/events/16/benelux/>



8.9.2.4 *Summit documentation*

The following documentation was distributed

☒ The ANTILOPE Umbrella Letter

☐ in English

☐

send before the meeting

☒ in National Language²⁰: Italian

☒

distributed at the meeting

☒ The ANTILOPE Umbrella Document

☒ in English

☐

send before the meeting

☐ in National Language²¹:

☒

distributed at the meeting

☒ The ANTILOPE Educational Material

☐ send before the meeting

☒ distributed at the meeting

☒ The ANTILOPE Summit Questionnaire²²

☒ The ANTILOPE Questionnaire

☐ send before the meeting

☒ distributed at the meeting

☒ Other: USB memory stick with the materials

☒ The ANTILOPE Umbrella Letter

☒ in English

☐

send before the meeting

☐ in National Language²³:

☐

distributed at the meeting

☒ The ANTILOPE Educational Material

☐ send before the meeting

☐

distributed at the meeting

☐ The ANTILOPE Summit Questionnaire²⁴

☐ The ANTILOPE Questionnaire

☐ send before the meeting

☒

distributed at the meeting

☒ Other: the Antilope USB with the actual versions of the ANTILOPE Deliverables was distributed to the attendees at the meeting

²⁰ Multiply in case of distribution in more than one local / national language

²¹ Multiply in case of distribution in more than one local / national language

²² Strictly addressing issues related to the Summit

²³ Multiply in case of distribution in more than one local / national language

²⁴ Strictly addressing issues related to the Summit

8.9.2.6 *Agenda of the session / meeting***Antilope summit of the BENELUX**Friday, the 6th of June 2014

SUMMIT ITALIANO SULL'INTEROPERABILITA' IN SANITA'		
PROGETTO ANTILOPE		
Treviso, 18 giugno 2014		
Arsenà.IT - Villa Lorenzon, Viale Oberdan 5, Treviso (IT)		
10:15 – 10:45	Registrazione	Luciano Bastoni, Direttore Generale Arsenà.IT Clara Fantoni, Presidente Assinter
10:45 – 11:05	Saluti di benvenuto e apertura lavori	
11:05 – 11:20	Il progetto Antilope: contesto, obiettivo e risultati	Gilda De Marco, Insiel
11:20 – 11:40	Stato dell'arte dell'interoperabilità in sanità in Italia	Lorenzo Gubian, Regione Veneto
11:40 – 12:00	Stato dell'arte dell'interoperabilità in sanità a Malta	Hugo Agius Muscat, Malta
12:00 – 12:40	Alcune esperienze territoriali sull'interoperabilità in sanità	Veneto - Claudio Saccavini, Arsenà.IT Lombardia – Andrea Migliavacca, LISPA Emilia Romagna – Stefano Micocci, CUP2000
12:40 - 13:30	La rete europea per l'eHealth	Rappresentanti delle organizzazioni Continua Alliance, EuroRec and IHE
13:30 – 14:30	Pausa pranzo	
14:30 – 15:30	<p>Gli standard europei per l'interoperabilità in sanità. Le soluzioni del progetto Antilope</p> <ol style="list-style-type: none"> 1. Refinement of the eHealth Interoperability Framework & Use cases 2. Quality Management for Interoperability Testing 3. Testing Tools 4. Label and Certification process 	<p>Introducono e moderano: Andrea Migliavacca, LISPA Marta Gentili, ASSINTER</p> <p>Relaziona: Referente EU del Progetto ANTILOPE</p>
15:30 - 16:00	Dibattito: question-time, key-messages e feed-back dal pubblico	
16:00 – 16:30	Conclusioni	Lorenzo Gubian, Regione Veneto Claudio Saccavini, Arsenà.IT Referente EU del Progetto ANTILOPE

Partners in *Antilope*:8.9.2.7 *Partner organisations in the different countries of the Area*

Arsenàl.IT www.consortioarsenal.it - Veneto

CUP2000 www.cup2000.it – Emilia Romagna

Informatica Trentina www.infotn.it – Provincia di Trento

Insiel www.insiel.it – Friuli Venezia Giulia

Lombardia Informatica www.lispa.it - Lombardia

8.9.2.8 *Supporting organisations*

Editorial support by Panorama della Sanità (www.panoramasanita.it) with a on line invitation®istration form: http://www.panoramasanita.it/?tribe_events=summit-italiano-del-progetto-antilope-interoperabilita-europea-nellehealth

- Informatica Trentina Website: http://www.infotn.it/portal/server.pt/gateway/PTARGS_6_56374_2865_949_45863_43/cms-01.00/articolo.asp?IDcms=15172&s=194&l=it
- Taslab.eu Website: <https://www.taslab.eu/il-progetto-europeo-antilope-per-l-interoperabilita-dei-sistemi-sanitari>
- On Twitter: @Consortio_Arsenal post some tweet with hastag #Antilope_IT #interoperabilità #ehealth
- Summit Video on YouTube: <https://www.youtube.com/watch?v=0MwDxu1YXYE>

8.9.2.9 *Attendees*

The following stakeholder groups were represented at the Workshop:

Healthcare Authority	X
Health Insurance Organisation	
Public Health Organisation	X
Scientific or Research Organisation – Academic Institute	
Healthcare Institute (management staff, e.g. of hospitals)	X
Healthcare Professional (physician, nurse, paramedic)	X
Health IT service provider (supplier, informatician, maintenance services)	X

Health Industry (device suppliers, pharma, etc...)	X
--	---

38 people returned the questionnaire. 72 people attended the conference

8.9.2.10 *Presentations*

Hereby a list of documents and presentations available, with the appropriate hyperk-link..

- Arsenà.IT Website: http://www.consortioarsenal.it/web/guest/in-primo-piano/-/asset_publisher/t8XZ/content/16-06-2014-comunicato-stampa%3A-a-treviso-il-workshop-italiano-del-progetto-antilopec-dedicato-all-interoperabilita-nell-ehealth/maximized?redirect=%2Fweb%2Fguest%2Fin-primo-piano%3Fp_p_id%3D101_INSTANCE_t8XZ%26p_p_lifecycle%3D0%26p_p_state%3Dnormal%26p_p_mode%3Dview%26p_p_col_id%3Dcolumn-2%26p_p_col_count%3D1%26_101_INSTANCE_t8XZ_delta%3D10%26_101_INSTANCE_t8XZ_keywords%3D%26_101_INSTANCE_t8XZ_advancedSearch%3Dfalse%26_101_INSTANCE_t8XZ_andOperator%3Dtrue%26cur%3D5
- Arsenà.IT Website: http://www.consortioarsenal.it/web/guest/in-primo-piano/-/asset_publisher/t8XZ/content/06-2014-interoperabilita-e-sanita-digitale-l-approccio-di-arsenal-it/maximized?redirect=%2Fweb%2Fguest%2Fin-primo-piano%3Fp_p_id%3D101_INSTANCE_t8XZ%26p_p_lifecycle%3D0%26p_p_state%3Dnormal%26p_p_mode%3Dview%26p_p_col_id%3Dcolumn-2%26p_p_col_count%3D1%26_101_INSTANCE_t8XZ_delta%3D10%26_101_INSTANCE_t8XZ_keywords%3D%26_101_INSTANCE_t8XZ_advancedSearch%3Dfalse%26_101_INSTANCE_t8XZ_andOperator%3Dtrue%26cur%3D4
- InsielWebsite: <http://www.insiel.it/insielinternet/portale/homeNews.asp?IDNotizia=673&Tipo=P&IDLingua=1>
- Cup2000 Website: <http://www.cup2000.it/treviso-18-giugno-summit-italiano-antilopec-linteroperabilita-europea-nelle-health/>
- Lombardia Informatica Website: http://www.lispa.it/cs/Satellite?c=News&childpagename=Lispa%2FNews%2FLI_NewsDetail&cid=1213674595025&p=1213347976259&pagenam=LIWrapper
- InformaticaTrentina Website: http://www.infotn.it/portal/server.pt/gateway/PTARGS_0_56374_2865_0_0_43/cms-01.00/articolo.asp?IDcms=15410&s=
- Informatica Trentina Website: http://www.infotn.it/portal/server.pt/gateway/PTARGS_6_56374_2865_949_45863_43/cms-01.00/articolo.asp?IDcms=15172&s=194&l=it
- Taslab.eu Wesite: <https://www.taslab.eu/il-progetto-europeo-antilopec-per-l-interoperabilita-dei-sistemi-sanitari>
- On Twitter: @Consortio_Arsenal post some tweet with hastag #Antilopec_IT #interoperabilità #ehealth
- Summit Video on YouTube: <https://www.youtube.com/watch?v=0MwDxu1YXYE>

8.9.3 Questionnaire on Organisational Aspects

The results of the questionnaire are provided in the form of graphs/charts. The 'no response' items are not included in the charts.

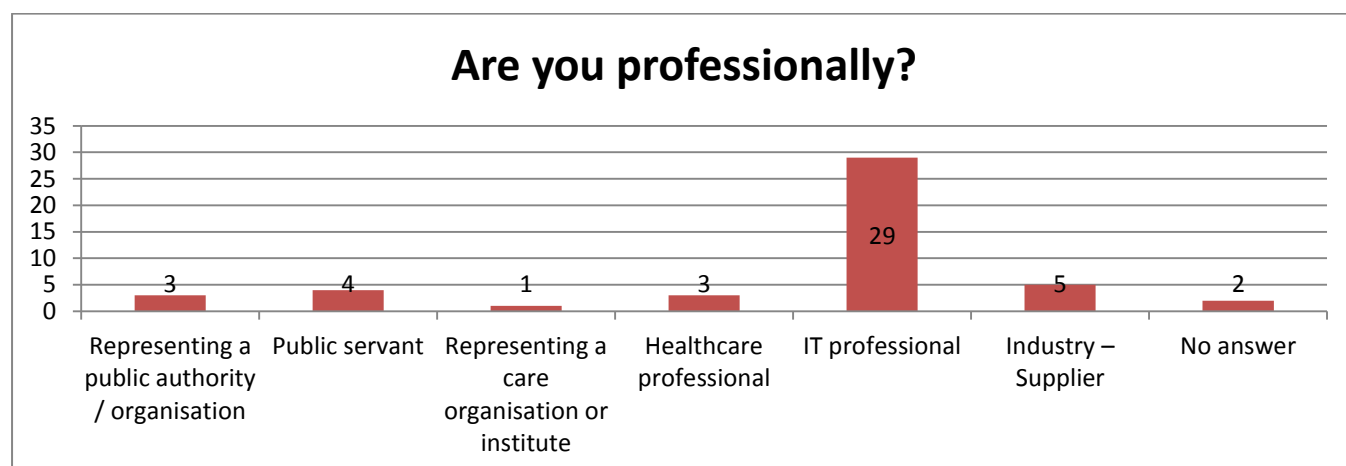
No one leave comments.

If requested, source data in numeric form are available. Write to:
marta.gentili@assinteritalia.it

8.9.3.1 *Profile of the attendees completing the questionnaire*

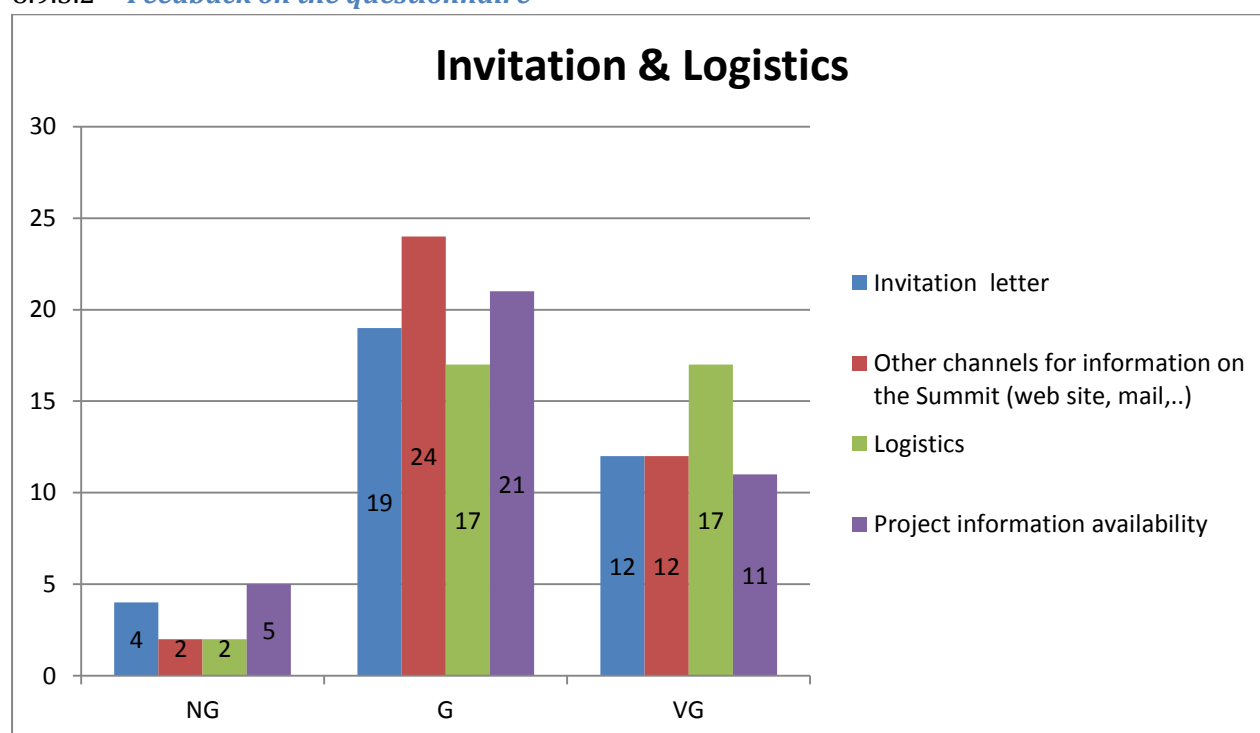
38 people answered the questionnaire.

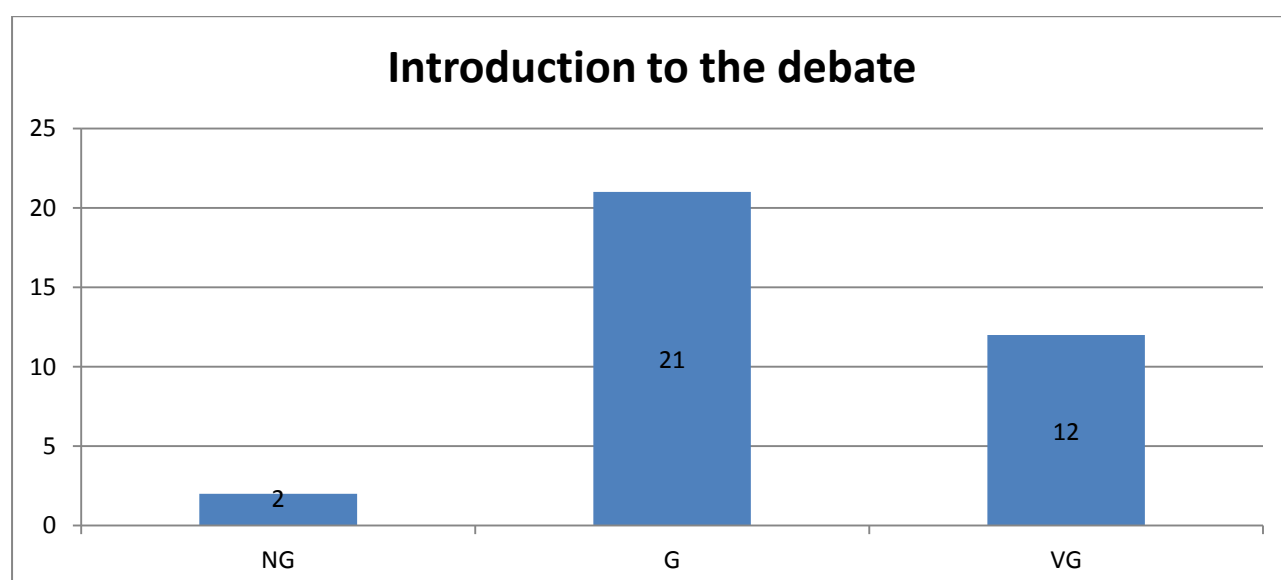
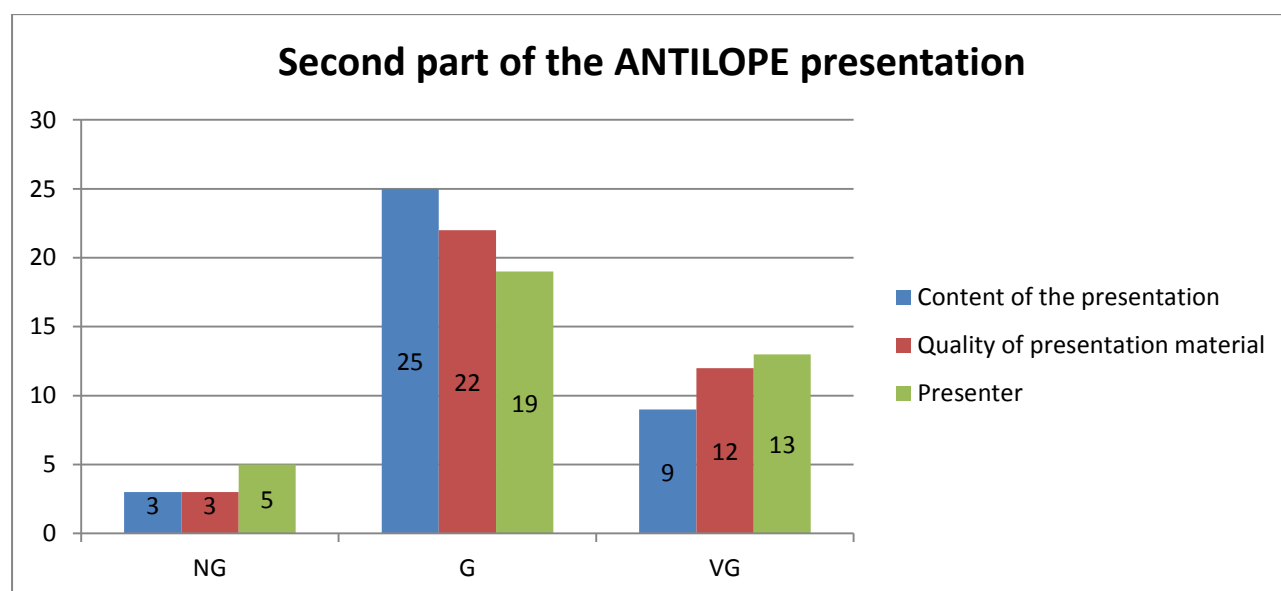
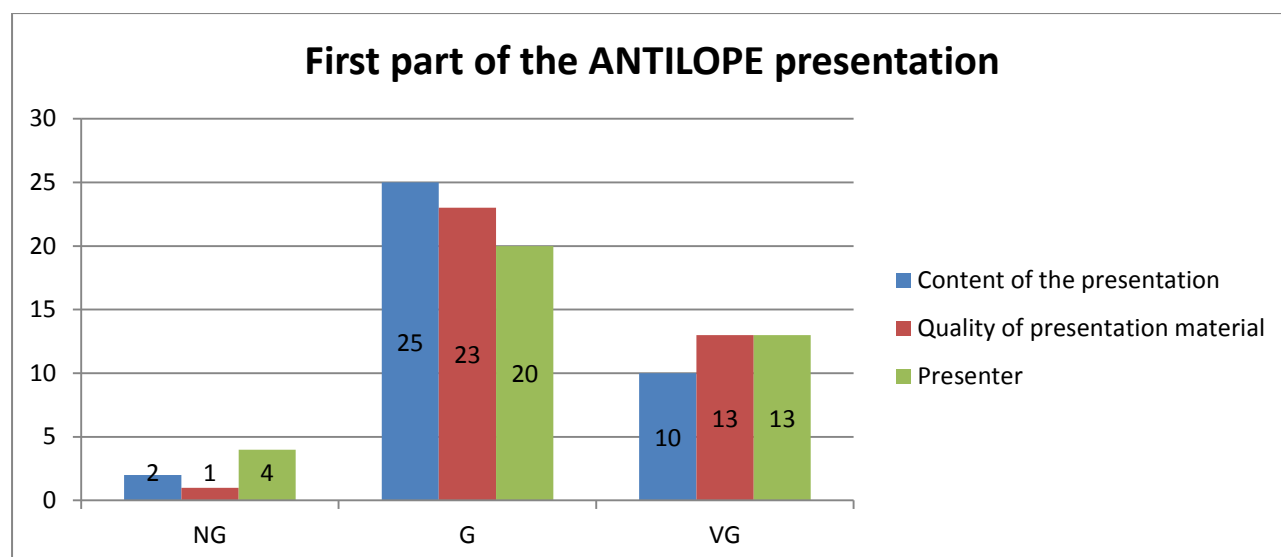
At the first part “Your background” people replied as reported below:

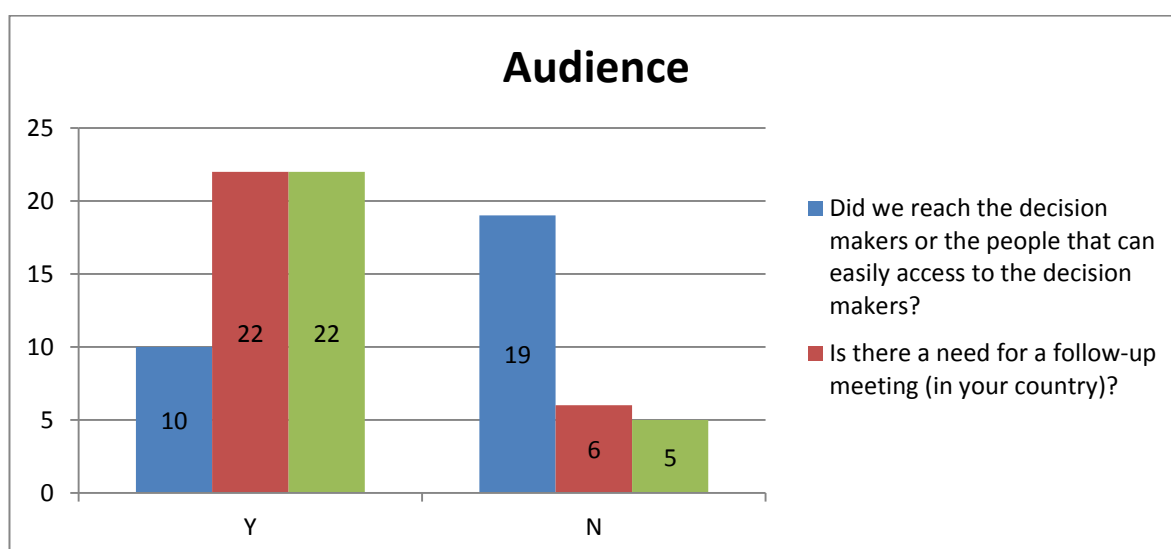
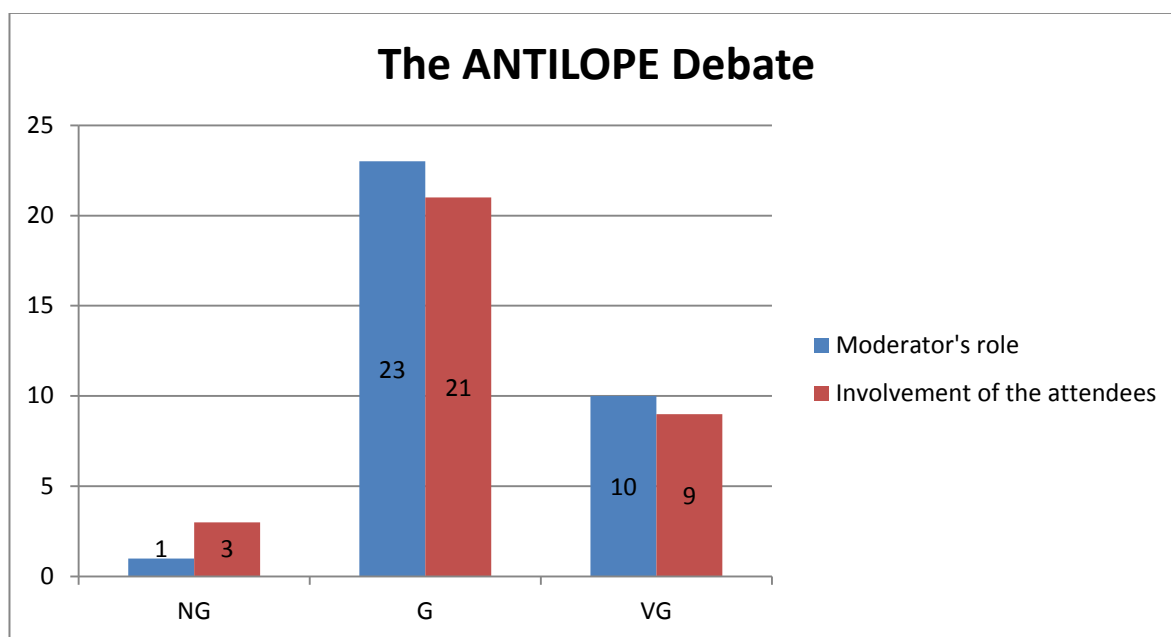


Attendees could answer more than one option. Therefore the total is more than 38.

8.9.3.2 *Feedback on the questionnaire*







8.9.3.3 *Conclusion by the SVP on Organisational Aspect*

- Results from questionnaires indicate that majority of answers concerning organizational aspects is on the “good” to “very good” side.
- Language was another limitation. We tried to overcome it by offering simultaneous translation, which was much appreciated by participants.
- Materials distributed were very much appreciated by the participants.
- The participation of Hugo Muscat (Malta), connected by videoconference, is a good result.

- Central authority and decision makers were not represented, due to the general Italian situation about eHealth, defined at the regional level. The summit has put even more emphasis on the lack of a national governance system.
- The very technical cutting of the summit has not helped to attract them.
- The presence of Lorenzo Gubian, Interregional Coordination of Health Information Systems, has made possible to center the issue of governance existing in Italy and to identify the best solution to achieve the “interoperability inter-architecture” in Italy.
- With these premises, the debate has focused on national issues in conclusion, leaving aside the technical discussion.
- The Antilope Solutions have successfully made their entry in Italy, but the summit has shown that in Italy the time is not ripe for their application.

8.9.4 Feedback about the content

8.9.4.1 *ANTILOPE Questionnaire*

The results of the questionnaire are provided in the form of graphs/charts.

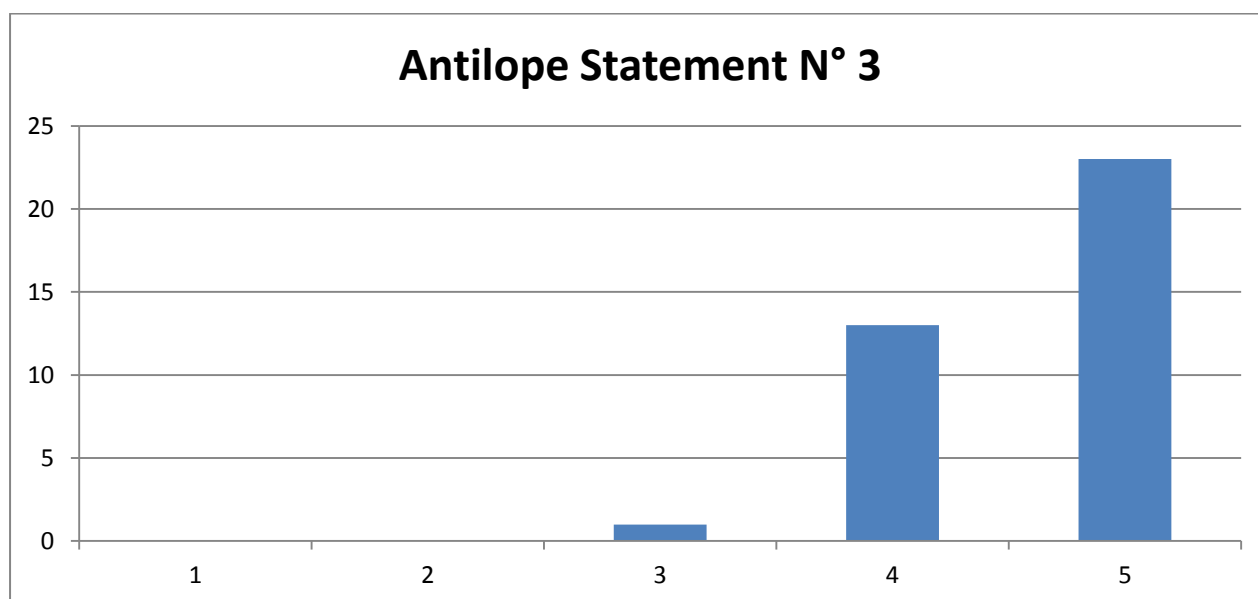
The graphs show the frequency of the agreement levels (from 1-disagree to 5-totally agree) with the Antilope Statements.

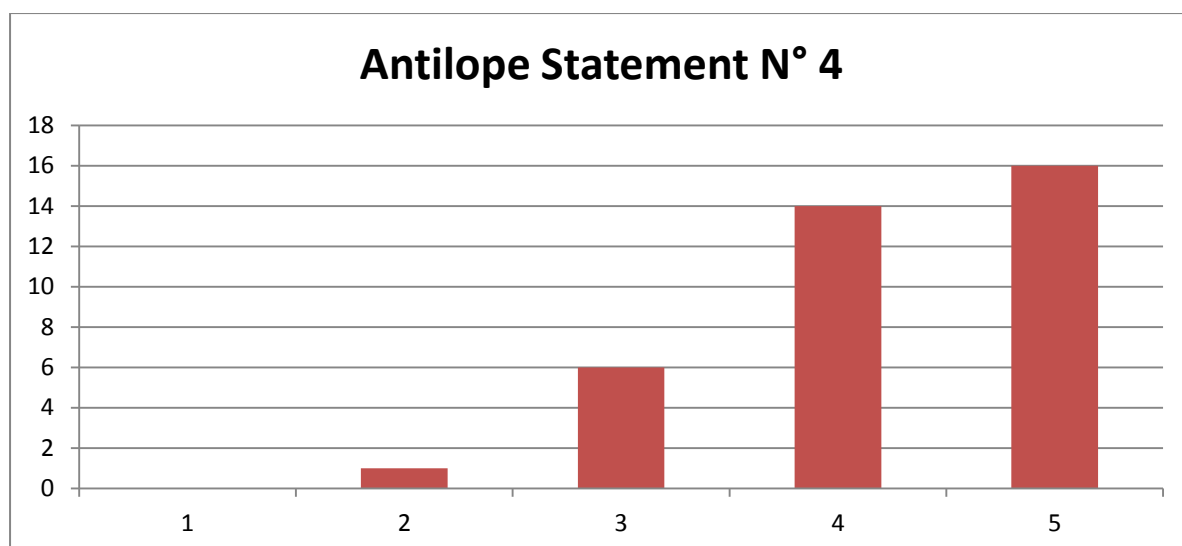
The 'no response' items are not included in the charts.

No one leave comments or any suggestions.

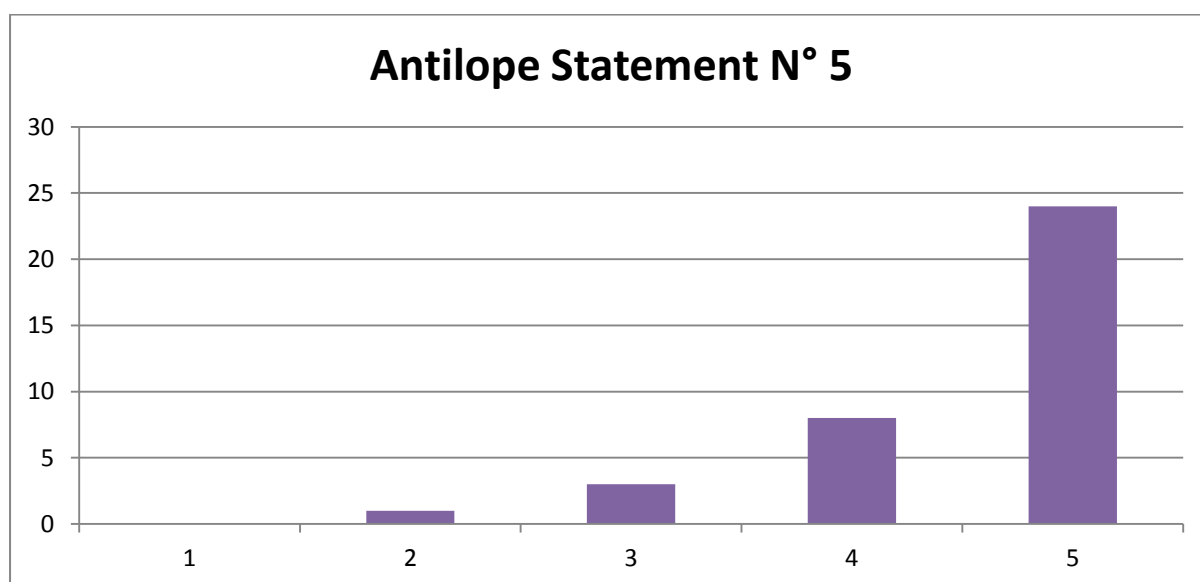
If requested, the source data in the numeric form is available.

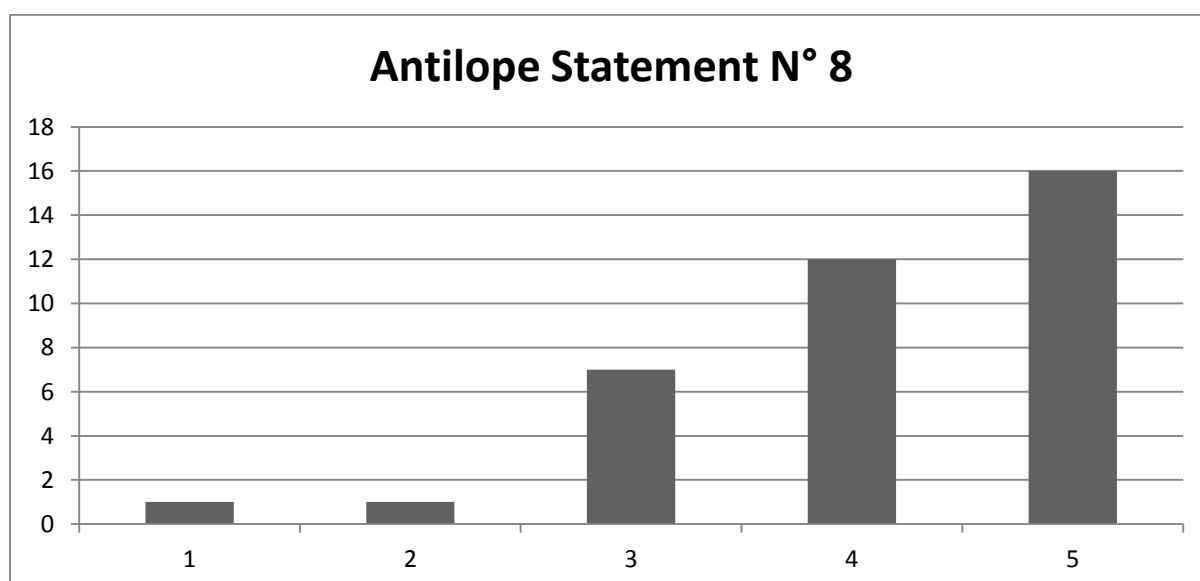
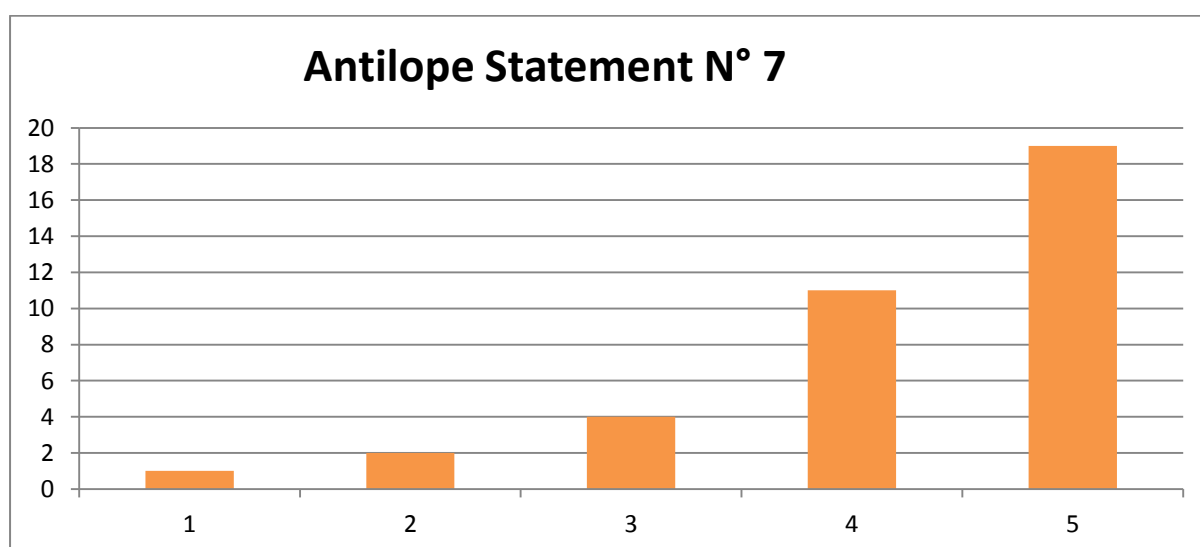
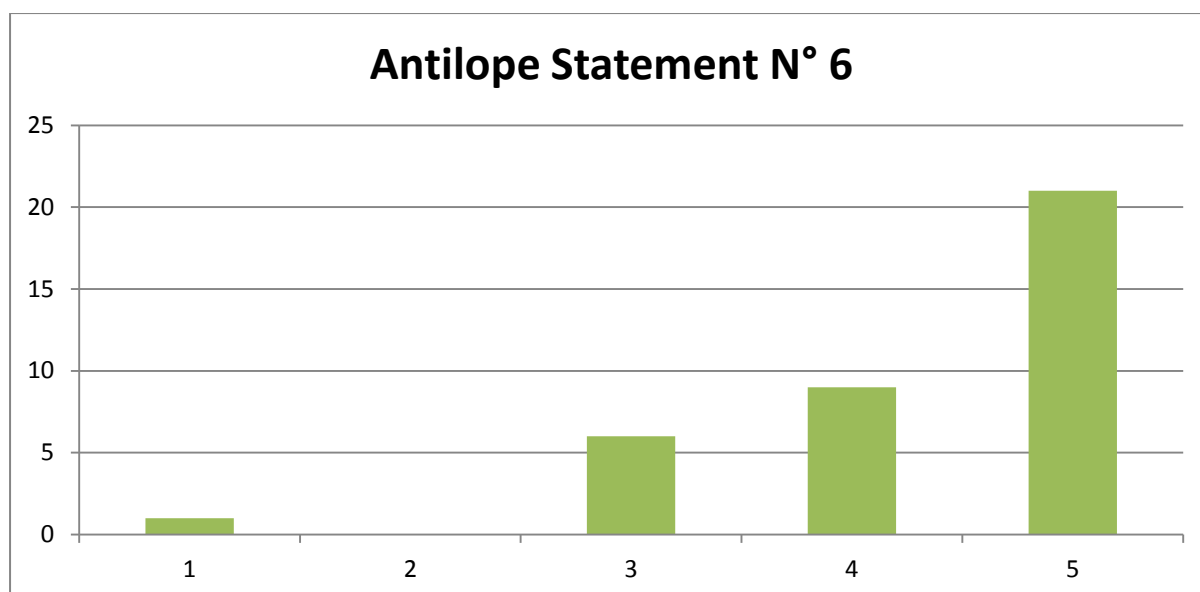
Write to: marta.gentili@assinteritalia.it

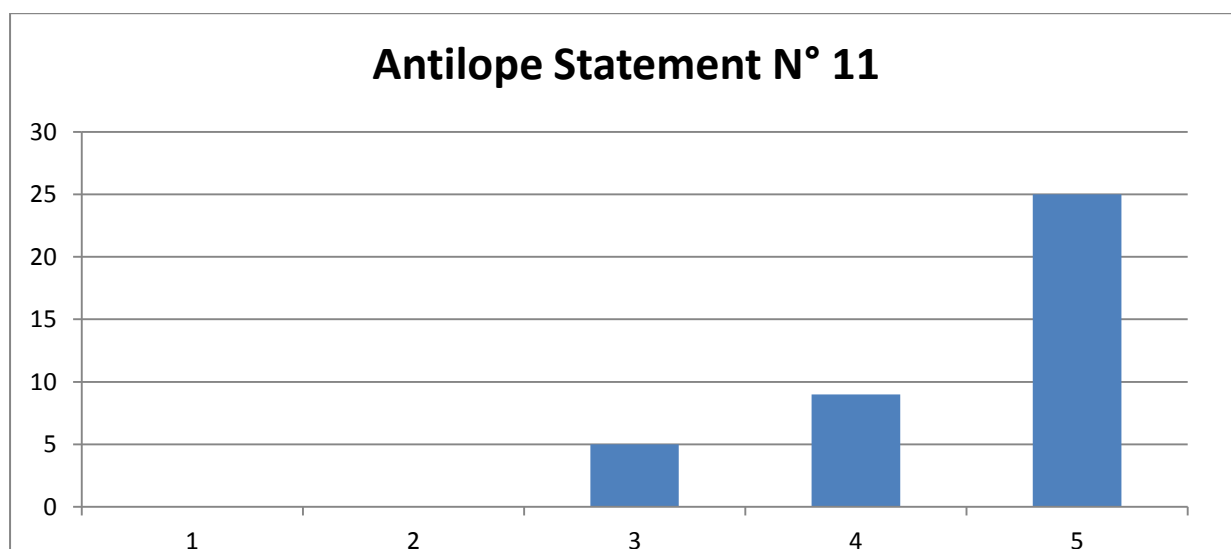
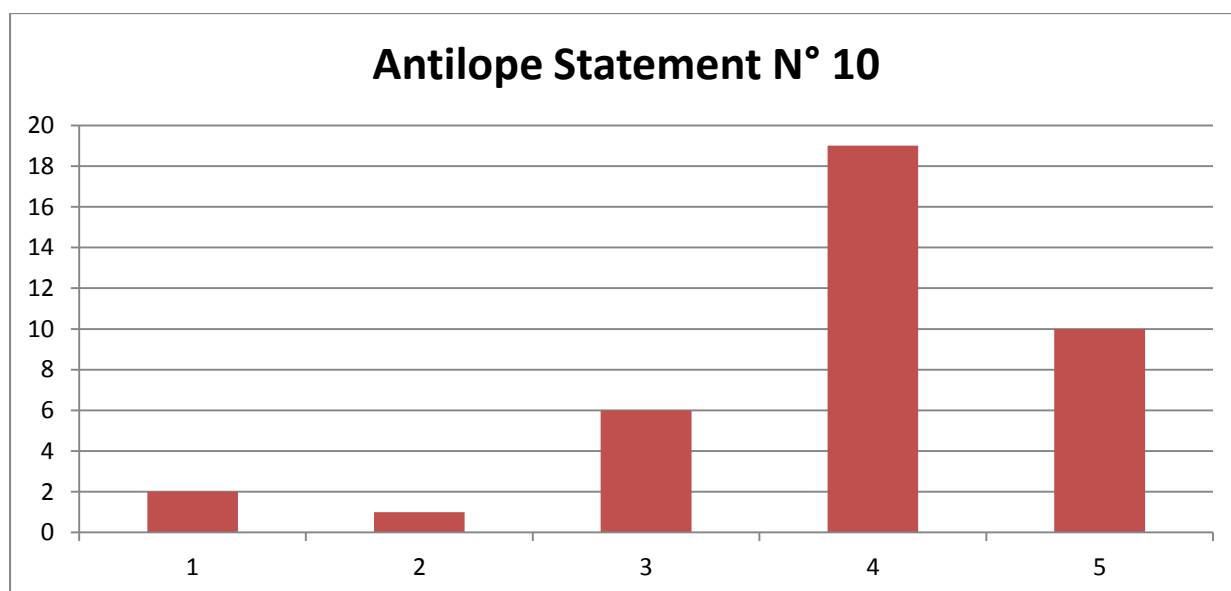
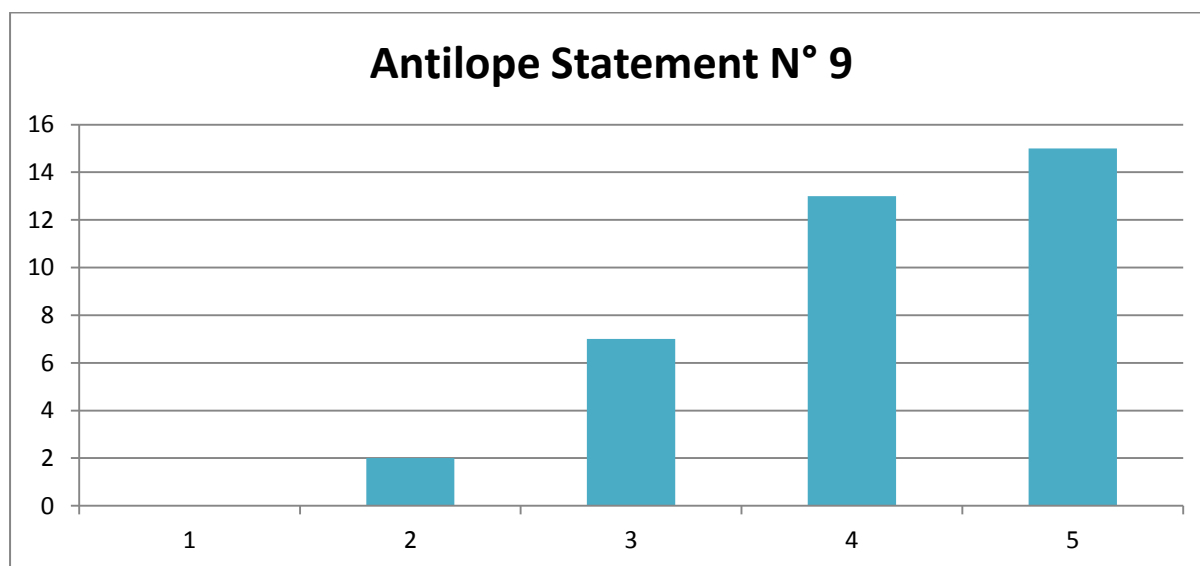


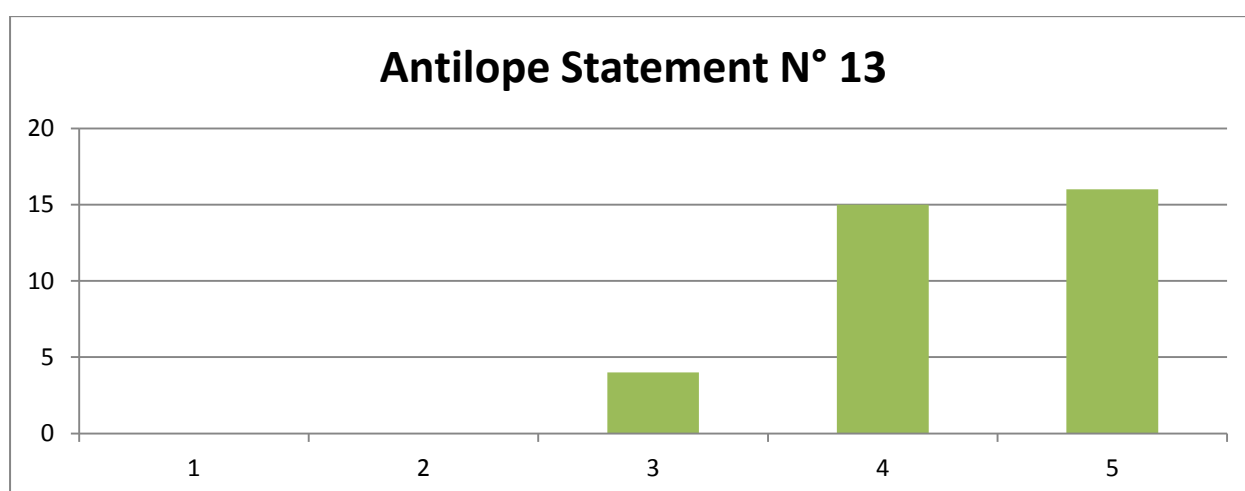
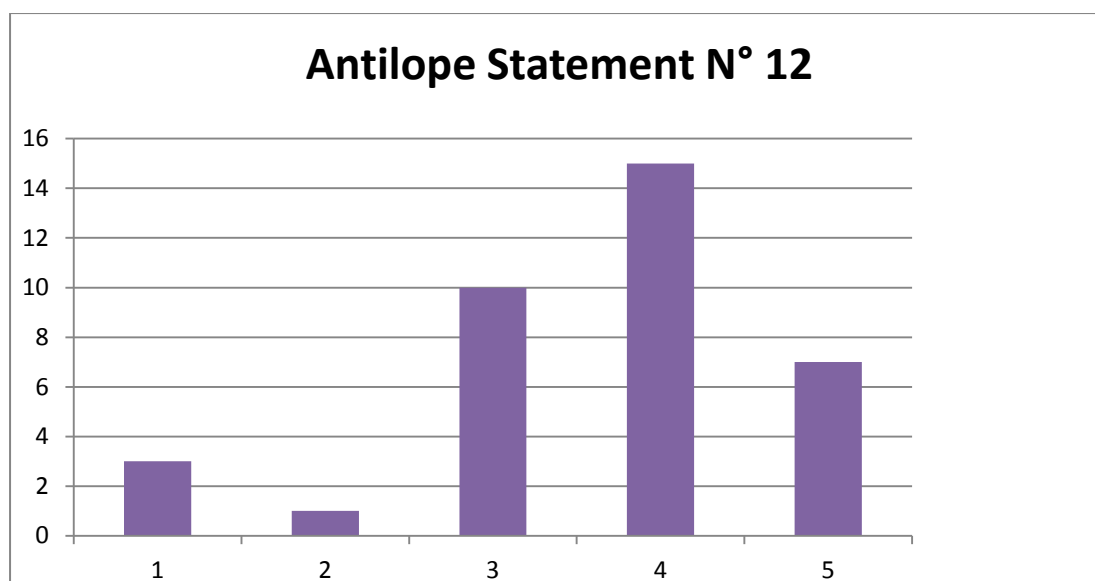


umber f

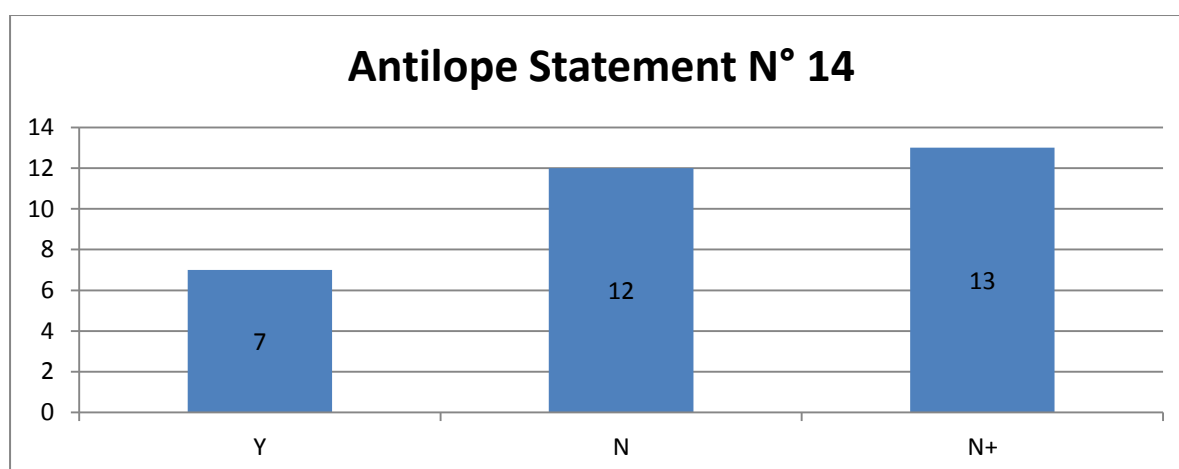


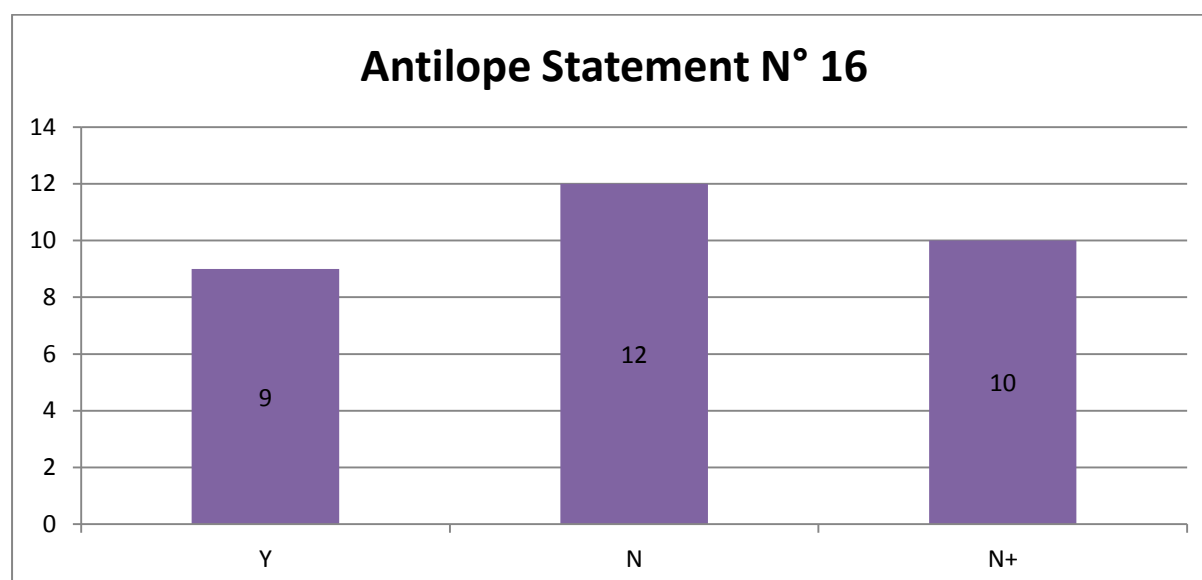
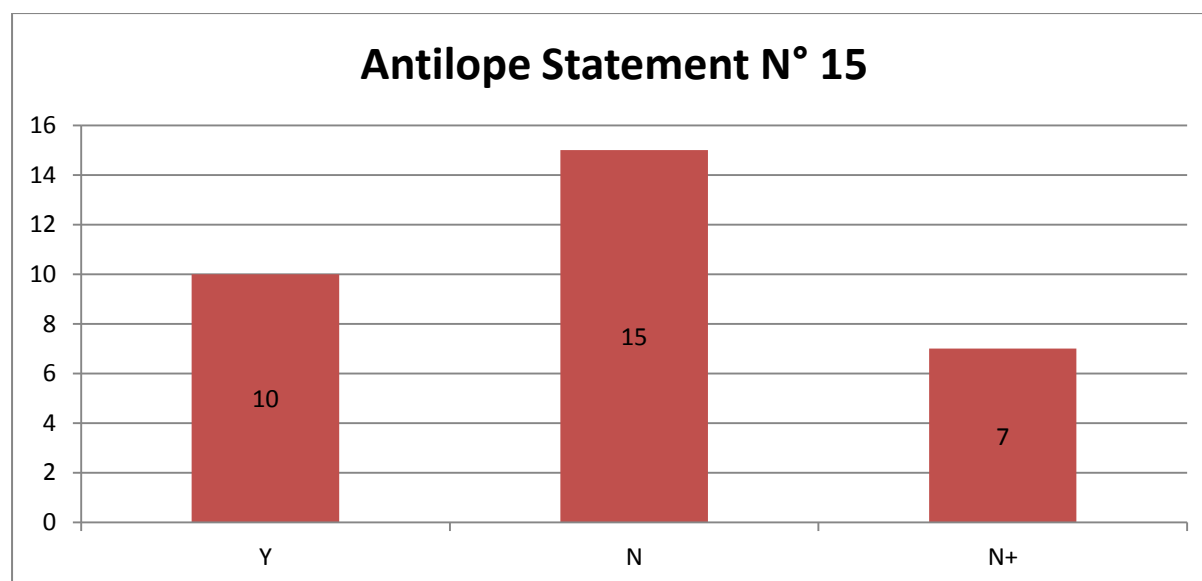






Legend for next graphs: Y=present; N= not present; N+= presenter after 5 years or more





8.9.4.2 *Main Suggestions and Conclusions*

- eHealth and the digitalisation of SystemCare seem to be a “killer-application” for Italy and Europe, too.
- To deal the issue at regional / national and European level seems to be a good solution to address the lacks of national government.
- Italy need local labels that represent local requirements, but the initiative is expected to come from external sources (EU?).
- The resources available for eHealth interoperability highly depend on the available budget for the health care in the Italian regions. There is a huge gap between the more and the less developed regions.
- The labels such as ‘eHealth compliant’ are highly important and desirable. However, it is hard to set up such labeling system without legal enforcement. Or at least incentives from the authorities.

- The challenge facing Italy today is to build a technology architecture for eHealth from what regions have already achieved at the local level. There is a decree dedicated to Electronic Health Records that already provides this mode of operation. We hope that future determinations will maintain this bottom-up approach.
- In spite of everything, within national territories, professionals and appropriate skills are widespread. They would be ready to innovate and modernize the national health through solutions and process related to eHealth and interoperability.

8.9.5 Your comments

- One main concern of attendees was the further development and governance of the testing, labelling and certification scheme. The challenge is to cover both European as well as regional concerns. The attendees agreed that a “one fits all” European scheme is not possible because the legal frameworks are regionally different.
- The Antilope deliverables were received well as a strong contribution to the implementation of eHealth in Europe. However it was pointed out that above interoperability many additional requirements like usability and function of ICT systems must be satisfied. Adoption by large populations does not only depend on interoperability.
- Much more work is necessary. First of all at the national level. Graphs for Antilope Statement N° 13-14.15 find little confidence in the country's ability to achieve the objectives in the short term.
- All attendees agree with Antilope Sentences and understand the importance of giving new impetus to the process of change in the digital healthcare

8.9.6 List of attendees

	Nome	Cognome	Azienda	L'azienda è:	Ruolo professionale
ANTILOPE ITALIAN SUMMIT: ON LINE REGISTRATION TOT.	Michela	Gabrieli	Arsenà.IT	Privata	Resp. comunicazione Responsabile Affari Regolatori e Rapporti Istituzionali
5/23/2014 9:24:46	Silvia	Barbieri	Assinter Italia	Privata	
5/29/2014 11:15:26	marta	Gentili	ASSINTER	Pubblica	segreteria
5/29/2014 13:28:31	LAURA	PREVEDELLO	Arsenà.IT	Pubblica	amministrazione
5/29/2014 13:33:59	Marco	Solfa	A-thon srl	Privata	Direttore tecnico
5/29/2014 13:45:35	Sandro	Girolami	Me.Te.Da. Srl	Privata	General manager
5/29/2014 13:45:41	Maria Lucia	Schirinzi	Arsenà.IT	Pubblica	Project Engineer
5/29/2014 14:08:30	Claudio	Beltrami	Regione del Veneto	Pubblica	IT Manager
5/29/2014 14:49:14	Giulia	Pellizzon	Arsenà.IT	Pubblica	Ingegnere
5/29/2014 15:32:44	Gregorio	Mercurio	CNR	Pubblica	Consulente

5/29/2014 15:41:14	Glauco	Brandolino	Consorzio Arsenàl.IT	Pubblica	Project Engineer
5/29/2014 16:13:08	Lara	Tramontan	Arsenàl.IT	Pubblica	Project engineer
5/29/2014 17:07:33	Lodovico	Paganizza	ULSS 17	Pubblica	Collaboratore Amministrativo Esperto
5/29/2014 18:36:11	MARCO	BACCHINI	FEDERFARMA VENETO	Privata	SEGRETARIO
5/30/2014 10:36:50	Domenico	Galia	Confimi Impresa Digitale	Privata	Presidente nazionale
5/30/2014 11:20:36	Barbara	Battistella	Arsenàl.IT	Privata	Addetta stampa
5/30/2014 17:56:03	Luca	Tosati	Santer Reply	Privata	Sales
6/4/2014 10:58:31	CLAUDIA	CARRARO D'AMORE	AZIENDA ULSS 5	Pubblica	ADDETTO STAMPA
6/4/2014 11:06:01	martina	Rodaro	ulss9	Pubblica	amm
6/5/2014 17:54:57	Raffaele	Russo	Santer Reply	Privata	Project Manager
6/5/2014 18:09:45	Stefano	Gobbato	Cogit di Gobbato Stefano	Privata	titolare
6/5/2014 18:15:54	claud.io	Beltrami	Regione del Veneto	Pubblica	it manager
6/5/2014 19:50:26	Emanuela	Blundetto	ASL12	Pubblica	MMG
6/5/2014 20:49:44	Evelino	Zanella	ULSS 5 regione Veneto	Pubblica	dirigente medico
6/5/2014 21:24:58	Cristina	Bedon	TeleMedware	Privata	Sviluppo sw
6/6/2014 9:13:36	Fabio	Benvegnù	INFO. C.E.R. SRL	Privata	Direttore Tecnico
6/6/2014 9:52:50	CELIO	LAZZARINI	ULSS 10 VENETO ORIENTALE	Pubblica	MEDICO
6/6/2014 17:28:58	Alessandro	Borgato	Solinfo	Privata	Sales Manager
6/6/2014 18:16:14	Davide	Lucchi	Insiel Mercato	Privata	Product Manager
6/8/2014 19:01:18	Roberto	Da Dalt	NOVESERVIZI srl	Privata	Referente Area
6/9/2014 14:56:33	Stefano	Magi	Zucchetti Centro Sistemi SpA	Privata	Division Manager
6/9/2014 15:14:10	Simone	Nosi	Zucchetti Centro Sistemi	Privata	Division Manager
6/9/2014 18:12:32	elio	Soldano	Ulss n. 9 - TV	Pubblica	responsabile SI
6/10/2014 9:37:52	Alberto	Daprà	Lombardia Informatica	Pubblica	Senior Advisor
6/10/2014 10:11:32	Tullio	Carretta	Sigma Informatica Spa	Privata	Direttore Divisione Sanità
6/10/2014 10:24:35	Gazzarata	Roberta	Università di Genova	Pubblica	Assegnista di ricerca
6/10/2014 11:56:17	Manuel	Benedetti	Informatica Trentina	Pubblica	Consultant
6/10/2014 12:23:02	Andrea	Simioni	Informatica Trentina Spa	Pubblica	Collaboration Manager

6/10/2014			SIGMA		
15:08:51	DANILO	CECCHINI	INFORMATICA		PROJECT
			SPA	Privata	MANAGER
6/11/2014					Resp. progetti
10:49:28	Teresa	Gallelli	CUP 2000	Privata	EU di ricerca
6/11/2014					
13:21:50	Sergio	Manzana	GPI SPA	Privata	Consigliere
6/11/2014					
14:31:11	Maurizio	Gianordoli	Social IT srl	Privata	Amministratore
6/12/2014					
7:54:16	Michelangelo	Marullo	Consorzio SITEC	Privata	Presidente CDA
6/12/2014					Project
15:32:01	Federica	Dessi	Arsenàl.IT	Privata	Engineer
6/13/2014					
9:55:34	elena	Luisotto	arsenàl.IT	Pubblica	amministrativo
6/13/2014					
15:29:23	Giulia	Pellizzon	Arsenàl.IT	Pubblica	Ingegnere
6/13/2014			Consorzio		Project
15:33:02	Samantha	De Biasio	Arsenàl.IT	Pubblica	Engineer
6/13/2014					
15:34:37	Oriella	Pallottino	Arsenàl.IT	Privata	Project engineer
6/13/2014			Consorzio		
15:34:54	Enrico	Dal Pozzo	Arsenàl.IT	Pubblica	Antropologo
6/13/2014					Project
15:35:42	Francesca	Vernucci	Arsenàl.IT	Pubblica	Engineer
6/13/2014					
15:36:04	Elisa	Visentin	Arsenàl.IT	Privata	statistica
6/13/2014					Project
15:36:30	Anna	Fiore	Arsenàl.IT	Privata	Engineer
6/13/2014					Project
15:36:28	Cristina	Benetti	Arsenàl.IT	Privata	Engineer
			Azienda		
6/13/2014			Provinciale per i		Direttore
15:52:46	Leonardo	Sartori	Servizi Sanitari -		Sistemi
6/13/2014			Trento	Pubblica	Informativi
16:07:53	Francesca	Altieri	Consorzio		Project
6/13/2014			Arsenàl.IT	Privata	Engineer
16:21:26	MARIANNA	DI PAOLO	Arsenàl.IT	Pubblica	staff tecnico
6/13/2014					
16:29:39	sara	Valongo	arsenal.IT	Pubblica	project manager
6/13/2014			CONSORZIO		
16:45:32	Glauco	Brandolino	ARSENAL.IT	Pubblica	Project engineer
6/13/2014					
17:04:40	Chiara	Grigoli	Arsenàl	Privata	Bioinformatica
6/13/2014					
17:17:54	Alessandro	Pin	Studio VEGA srl	Privata	titolare
6/16/2014					
9:25:37	MARIA	RIGANELLI	ARSENAL	Pubblica	INGEGNERE
6/16/2014					
10:02:38	Girardello	Matteo	Arsenàl.IT	Privata	Informatico
6/16/2014					
10:19:48	Gianni	Rangoni	trilogis srl	Privata	Presidente
6/16/2014					direttore
10:20:37	Nicola	Giuliani	trilogis srl	Privata	commerciale
6/16/2014					
12:10:46	Renato	Calamai	eHealthTech srl	Privata	Consulente IT
6/16/2014					Project
12:21:14	gilda	de marco	insiel	Pubblica	Manager

6/16/2014 12:55:40	Claudio	Magnani	ONIT GROUP	Privata	Commerciale Responsabile tecnico prodotti sanità
6/16/2014 13:16:05	Mattia	Romagnoli	Onit Group Srl Informatica	Privata	Responsabile comunicazione Direttore
6/16/2014 15:36:51	Mauro	Piffer	Trentina S.p.A.	Pubblica	Tecnico ed Organizzativo specialista ICT- bioingegneria
6/17/2014 0:18:31	FLAVIO	AGANETTO	AZALEA net srl Consorzio	Privata	
6/17/2014 8:56:10	Elena	Costa	Arsenà.IT Informatica	Privata	
6/17/2014 10:46:28	Giorgia	Fasanelli	Trentina	Pubblica	comunicazione

8.10 Iberian Summit, September 24, 2014

8.10.1 Introduction

The "Regional Summits on Interoperability" are, as documented in the Grant Agreement, considered as the most cost-effective way to promote the use of standards and data exchange profiles to reach interoperability between systems at National (or Regional) Level as well as at European level.

This document should be considered as a standard reporting template to be submitted by the responsible Supporting Validation Partner to the WP5 Leader within the 10 working days following their Regional Summit to the WP5 Leader.

This reporting does not relieve the "Supportive Validation Partner" to repetitively inform the WP5 Leader on progress and/or problems during the set-up of the Regional Summit.

The purpose of the deliverable is to collect at European Level comparable feedback on the ANTILOPE Roadmap to Interoperability from decision makers. These feedbacks will be centralised and discussed at ANTILOPE Final Conference, December 2014 in Brussels.

The deliverables will be incremental after 12 months, 18 months and 24 months.

8.10.2 Organisational aspects

8.10.2.1 Location

Salón de Actos de la Gerencia Regional de Salud
Valladolid
Spain

8.10.2.2 Date

24th September 2014

8.10.2.3 Invitation letter

This invitation letter was sent to approximately 245 addressees, representing:

Healthcare Authority	27
Health Insurance Organisation	3
Public Health Organisation	46
Scientific or Research Organisation – Academic Institute	25
Healthcare Institute (management staff, e.g. of hospitals)	16
Healthcare Professional (physician, nurse, paramedic)	
Health IT service provider (supplier, informatician, maintenance services)	85
Health Industry (device suppliers, pharma, etc...)	40



Buenos días,

Desde la Fundación TicSalut, nos ponemos en contacto con usted para invitarle a la jornada de INTEROPERABILIDAD en eHEALTH que tendrá lugar el próximo miércoles 24 de setiembre en el Salón de Actos de la Gerencia Regional de Salud de Valladolid.

Dicha jornada, enmarcada dentro del proyecto ANTILOPE, financiado parcialmente por la Comisión Europea bajo el Programa de Apoyo a las Políticas de TIC (ICT PSP), dentro de la Competitividad y el Programa Marco de Innovación (CIP), contará con un amplio panel de expertos tanto nacionales como internacionales.

Encontrará más información sobre la jornada, su agenda y registro gratuito en el documento adjunto, así como en la siguiente web:

<http://www.ticsalut.cat/actualitat/agenda-de-actos-y-cursos/seccio/32/54/antilope-e-health-interoperability-iberic-summit>

Espero que le sea de su interés.

Atentamente,

TicSalut



ANTILOPE eHealth Interoperability – SUMMIT

ANTILOPE - Adoption and take up of standards and profiles for eHealth Interoperability

www.antilope-project.eu

ANTILOPE is a Thematic Network project supported by leading International standardisation bodies, in order to drive the adoption, validate and disseminate a guideline and common approach for testing and certification of eHealth standards and profiles for eHealth interoperability mentioned in the eHealth European Interoperability Framework (eEIF).



Denmark, Norway, Sweden, Finland, Iceland, Estonia, Lithuania, Latvia
Poland, Czech Republic, Slovakia, Hungary
Ireland, United Kingdom
Belgium, The Netherlands, Luxembourg
France, Switzerland
Germany, Austria
Slovenia, Croatia, Serbia, Bosnia, FYE, Macedonia, Montenegro
Italy, Malta
Portugal, Spain
Romania, Bulgaria, Greece, Cyprus, Turkey

ANTILOPE through 10 regional summits throughout Europe, will highlight the critical role played by a European Interoperability Framework (eEIF), by an Interoperability Quality Management System, by supportive test tools and by quality labels and certificates for interoperable solutions.

The **ANTILOPE** Summit **IBERIC** will be held at "Gerencia Regional de Salud" in Valladolid, Spain and will provide you an opportunity to learn about the common approach for testing and certification of eHealth solutions and services in Europe and understand the importance of its implementation.

Invitation

ANTILOPE Iberic summit

Date: Wednesday, 24th of September 2014

Venue: Salón de Actos de la Gerencia Regional de Salud, Pº de Zorrilla, 1, 47007 Valladolid, Spain

Register: <http://www.ticsalut.cat/actualitat/agenda-dactes-i-cursos/seccio/32/54/antilope-e-health-interoperability-iberic-summit>

Background material:

www.antilope-project.eu/resources

Who should attend:

- Persons interested in setting up Interoperability testing
- Persons and organisations responsible for selecting, decision making and implementing eHealth standards
- People from Government and industry

Antilope is a thematic network partially funded by the European Commission under the ICT Policy Support Programme (ICT PSP) as part of the Competitiveness and Innovation Framework Programme (CIP)

8.10.3 Summit documentation

The following documentation was distributed

<input checked="" type="checkbox"/>	The ANTILOPE Umbrella Letter		
	<input checked="" type="checkbox"/> in English	<input checked="" type="checkbox"/>	send before the meeting
	<input type="checkbox"/> in National Language ²⁵ :	<input type="checkbox"/>	distributed at the meeting
<input checked="" type="checkbox"/>	The ANTILOPE Umbrella Document		
	<input checked="" type="checkbox"/> in English	<input type="checkbox"/>	send before the meeting
	<input type="checkbox"/> in National Language ²⁶ :	<input checked="" type="checkbox"/>	distributed at the meeting
<input checked="" type="checkbox"/>	The ANTILOPE Educational Material		
	<input type="checkbox"/> send before the meeting	<input checked="" type="checkbox"/>	distributed at the meeting
<input checked="" type="checkbox"/>	The ANTILOPE Summit Questionnaire ²⁷		
<input checked="" type="checkbox"/>	The ANTILOPE Questionnaire		
	<input type="checkbox"/> send before the meeting	<input checked="" type="checkbox"/>	distributed at the meeting
<input checked="" type="checkbox"/>	Other: Flyer Summit presentation. In Spanish and English language		
<input checked="" type="checkbox"/>	Other: Agenda. In English language		

²⁵ Multiply in case of distribution in more than one local / national language

²⁶ Multiply in case of distribution in more than one local / national language

²⁷ Strictly addressing issues related to the Summit

8.10.3.1 *Agenda of the session / meeting*

ANTILOPE REGIONAL SUMMIT ON INTEROPERABILITY 24 th September 2014		
Salón de Actos, Gerencia Regional de Salud Paseo de Zorrilla, 1, 47007 Valladolid, Spain		
09:00 – 09:15	Registration	
09:15 – 09:25	Welcome	Health Minister of Castilla León
09:25 – 09:55	ANTILOPE Overview	Mr Jos Devlies
09:55 – 10:10	Spanish State of the Art (1)	Mr Jose Carmelo Albillos Merino
10:10 – 10:25	Spanish State of the Art (2)	Mr Francisco Pérez
10:25 – 10:55	Portuguese State of the Art	Mr Licinio Mano
10:55 – 11:05	Catalan State of the Art	Mr Manel Domingo
11:05 – 11:15	Andalusia State of the Art	Mr José Román Fernández Engo
11:15 – 11:25	Castilla y León State of the Art	Mr José Manuel Morales Pastora
11:25 – 12:00	Coffee Break	
12:00 – 12:20	WP I: Adoption and take up of standards and profiles for eHealth Interoperability	Mr Michiel Sprenger
12:20 – 12:40	WP II: Quality Management for Interoperability Testing	Mr Jos Devlies
12:40 – 13:00	WP III: Testing Tools	Mr Milan Zoric
13:00 – 14:00	Lunch Break	
14:00 – 14:20	WP IV: Quality labelling and certification	Mrs Karima Bourquard
14:20 – 14:30	Introducing the Questionnaires	Mr Enric Llopis
14:30 – 14:45	Introduction to the debate	Mrs Paula Toledo Mr Alberto Maldonado Mr Carlos Tomas
14:45 – 15:45	Debate based on the ANTILOPE key messages	<i>All participants</i>
15:45 – 16:15	Main conclusions	Mrs Paula Toledo Mr Alberto Maldonado Mr Carlos Tomas
16:15 – 16:25	Any other issue	<i>All participants</i>
16:25 – 17:00	Completing Questionnaire I & II	<i>All participants</i>



8.10.3.2 *Partner organisations in the different countries of the Area*

TicSalut Foundation was the single partner in charge of the organization of the Iberic Summit that included Spain and Portugal

8.10.3.3 *Supporting organisations*

To organize the Iberic Summit TicSalut Foundation collaborate with Castilla y León Health department, Sacyl (<http://www.saludcastillayleon.es/es>) and HL7 Spain

8.10.3.4 *Attendees*

The following stakeholder groups were represented at the Workshop:

Healthcare Authority	10
Health Insurance Organisation	
Public Health Organisation	5
Scientific or Research Organisation – Academic Institute	4
Healthcare Institute (management staff, e.g. of hospitals)	7
Healthcare Professional (physician, nurse, paramedic)	
Health IT service provider (supplier, informatician, maintenance services)	29
Health Industry (device suppliers, pharma, etc...)	7

8.10.3.5 *Presentations*

The presentations used during / as introduction to the Workshop are listed in the agenda and available as described:

- 46. On the web site of the Supportive Validation Partner: YES
- 47. On the web site of ANTILOPE: YES
- 48. Other: were send them to all attendees by mail

8.10.4 **Feedback Questionnaire on Organisational Aspect**

8.10.4.1 *Stakeholders involved*

18 attendees did specify the country of origin: 17 from them were from Spain, 1 only from Portugal.

Regarding the professional background we have of the people completing the questionnaire

Representing a public authority / organisation ?	9	27%
Public servant ?	4	12%
Representing a care organisation or institute ?	2	67%
Healthcare professional ?	1	3%
IT Professionnal	13	39%
Industry Supplier	4	10%
Other	-	

8.10.4.2 *Analysis*

The results of the questionnaires are summarised in the following table

3a Invitation letter			12	5
3b Other channels for information on the Summit (web site, mail,...)		2	13	3
		2	25	8
4 Logistics			9	9
5 Project information availability		1	12	5
6a Content of the presentation		1	11	5
6b Quality of presentation material		1	14	3
6c Presenter			14	3
		2	39	11
7a Content of the presentation		1	10	7
7b Quality of presentation material		1	11	6
7c Presenter			13	5
		2	34	18
8 Introduction to the debate			11	5
9a Moderator's role			15	2
9b Involvement of the attendees		1	11	2
		1	26	4

The three last questions requires a different table

		Y	N
10a	Did we reach the decision makers or the people that can easily access to the decision makers?	10	4
10b	Is there a need for a follow-up meeting (in your country)	7	8
10c	Are you willing to provide contact information and/or to support attempts to connect with important decision makers?	15	1

8.10.4.3 *Suggestions and remarks*

The result of the first questioners had been analysed and represented in different graphics included in one presentation document (Annex D) named Antilope Questionnaire.

Overall the results show a good or very good assessment of the Summit and the different aspects of organization.

As the only negative aspect detected from TicSalut is the little audience came from Portugal. After analysing the causes of this fact, we have concluded that the most appropriate channels were not used.

The channels used to promote the event in Portugal were mainly contact with umbrella organizations related to the different topics of the SUMmit for them to do promotion among its members.

However, note that attendance has been significant and have assisted organizations covering the major stakeholders of the project, highlighting the IT professionals (40%) and representatives of public authorities (27%).

8.10.4.4 *Conclusion by the SVP on Organisational Aspect*

TicSalut, as organizer of the Summit, believes that both the organization and attendance has been a success. In later conversations with the audience, the feedback has always been positive, and also one of them have even been suggest to organize one similar Summit in Portugal.

From TicSalut we want to highlight the great support we have received from the Core Team and Expert Team of the Antilope project in both accessibility and quick response and delivery of material (memory sticks).

8.10.5 Feedback from the Summit Content

8.10.5.1 *Stakeholders involved*

17 attendees did specify the country of origin: 16 from them were from Spain, 1 only from Portugal.

Regarding the professional background we have of the people completing the questionnaire

Representing a public authority / organisation ?	8	27%
Public servant ?	4	13%
Representing a care organisation or institute ?	2	7%
Healthcare professional ?	1	3%
IT Professionnal	12	40%
Industry Supplier	3	10%
Other	-	

8.10.5.2 *Analysis of the scores obtained*

Like the results of the Questionnaire on Organisational Aspect, the answers given by the participants in the summit have been processed and analyzed.

Overall, the vast majority of answers for all questions are concentrated among a score of 3, 4 and 5. Next table give an overview of these scores

	0	1	2	3	4	5	
3				2	11	6	80
4				4	8	6	74
5			1	4	5	8	74

6				6	6	6	72
7				2	4	12	82
8				2	6	10	80
9				5	8	5	72
10			1	4	8	5	71
11			1	3	4	9	72
12		1	3	6	6	2	59
13			2	6	6	3	61

It has to highlight a significant dispersion of opinions in the responses of the questions 14 and 16. In both some participants anticipated that incorporation will be long-term (10 years) opposing the vast majority of responses that foresee a short to medium term.

14	1		2	3	4	4					2
15	3	2	1	3	2	3					
16	1	1	2	1	3	4					2

8.10.5.3 *Main Suggestions and Conclusions*

The main conclusions of the discussion are:

- At Spanish and Portuguese level, each region has its own health provision model, which involves a huge variety of IT systems, which do not interoperate or interoperate little between them.

Currently some interconnectivity test , more or less advanced, had been started at regional level. These tests are still new, and in general, they are based on local specifications instead of in international standards. Therefore, in general, those pilots cannot be generalized at the national and international levels.

- In some regions, the most basic integration profiles (identified by Antilope and/or the ehealth interoperability framework) are already implemented and well established. There is likely not to be modified to fit the standard, therefore does not make sense to think of standard test as proposed Antilope..
- In general, the few new projects that are undertaken are focus on few basics areas of interoperability like pathology, radiology image distribution, hospital at home and others. It is important to point out that there are profiles areas like pathology, that interoperability processes are more complicated than others like radiology.

One reason of the absence of new projects may be the lack of uniformity in the processes of health among different territories, so the involvement of management in defining clinical processes and nomenclature are strongly necessary. Another necessity is creating a common global dictionary.

In addition, all the participants concluded that it is needed to pass a real and simulated test in all projects, since too many real variables may be difficult to simulate. Moreover, it should be needed for interoperability testing conducted the test on a large scale.

Another factor that hinders this type of projects is the lack of funding.

- It must be considered that there are many types of interoperability (business, technology, etc.) that are linked. The projects are working on many fronts that seem not to advance, but when they begin to converge, we are going to see the results.
- There is not anticipated demand for services not related to "interoperability testing" that is based on international standards for the next three years. However, it is essential to develop clear and concise rules of action that do not lead to doubt or misinterpretation. The opinion of a great number of participants in the debate was that we currently stay in a transition period in which there are many great technologies competing between them to be the predominant, and in a few years it will be defined the predominant.

However, to start to use interoperability testing we cannot wait that it is developed the predominant technology completely. We have to start developing interoperability protocols, and go to adapted, improve and expand the scope in collaboration with suppliers.

- Create incentives for providers, developers, etc. to interoperate has to be a must to promote the use of interoperability.
- Finally, it is pointed out the lack of standard education and training of students in the universities.

8.10.5.4 *The conclusions of the SVPs*

In conclusion, the assessment of the Summit, from TicSalut point of view is positive, especially for The conclusion of participation and interest generated by the debate.

However, there were some negative aspects as little assistance from representatives of Portugal, due to the use of unsuitable promotional channels there.

Finally, from TicSalut we appreciate the great support received by the Core and Expert Team of the project.