



Advancing eHealth
Interoperability

Hand Over Workshop
January 29th, 2015

Work Package “Validation and Adoption”

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- Introduction
- Overview of the Summits
- The French – Swiss Summit
- The Western Balcan Summit
- Opportunities for takeup and adoption
- Conclusions



- Task
 - Validation of the “educational” material
 - Favour / stimulate “adoption of standards for interoperability”
- Methodology
 - Nominate SVPs (Support Validation Partners)
 - Make them organising “Regional Summits”
 - Combining the IHE and the EuroRec networks
 - Getting support of other organisations as we have EHTEL
 - Focus on decision makers
 - 500 attendees
 - Most SUMMITS between 25 and 50 attendees



MEDIQ

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



Nr.	Region		Date	Countries	Organising partner
1	Nordic	Odense, Denmark	2014.01.21	IS, NO, S, FIN, EE, LV, LT, DK	Mediq
2	Eastern Europe	Bratislava Slovakia	2014.02.26	PL, CS, SVK, H	NCZI
3	Western Balkan	Ljubljana, Slovenia	2014.04.03	SLO, RS, BH, MO, HR	ProRec-SI
4	Central Europe	Vienna, Austria	2014.04.11	A, D	Technicum Wien
5	United Kingdom	London, England	2014.04.30	GB	IHE-UK /ProRec-UK
6	South Eastern Europe	Athens, Greece	2014.05.13	RO, BG, GR, TR, CY	HL7-Greece
7	French	Paris, France	2014.05.20	F, CH	InteropSanté
8	Benelux	Delft, The Netherlands	2014.06.06	B, NL, L	ProRec-BE / NICTIZ
9	Italy / Malta	Treviso, Italy	2014.06.18	I, MT	AsserItalia
10	Iberian Peninsula	Valladolid, Spain	2014.09.24	E, P	TICSalut
11	Irish	Dublin, Ireland	2014.10	IE	ICS



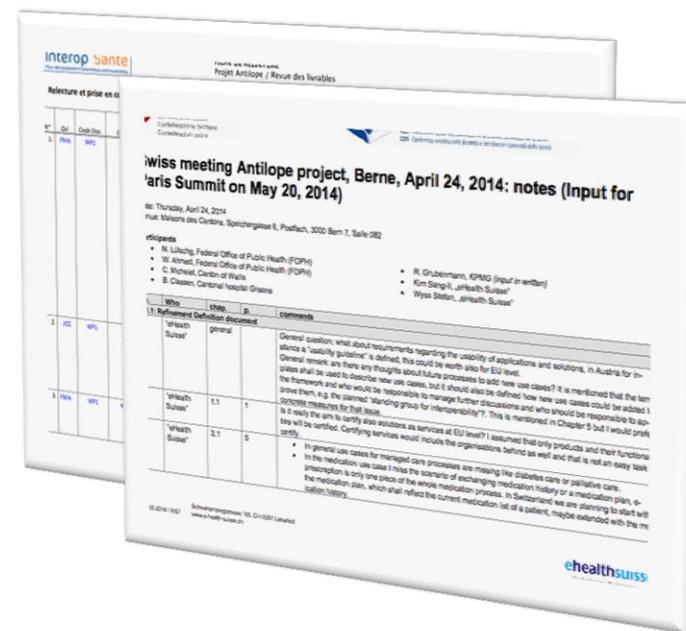
- Increase comparability of the Summits by
 - Same invitation flyer
 - Same agenda
 - Same questionnaires
- Involve attendees: debate
 - Sometimes initiated by some provocative statements
- Involve attendees: questionnaires
 - The same for all the Summits
 - One on Summit logistics
 - One on a number of statements



Our action plan for Antilope : a slightly different approach ...

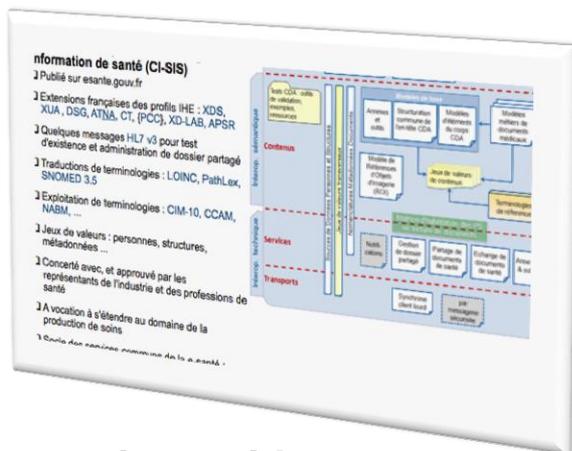
- Dedicated Information space on Interop'Santé website
- 2 introducing webinars to present the project and to recruit experts (06 et 12 February 2014)
- 2 meetings with experts to review work packages contents and to prepare the Summit (Bern and Paris)
- 3 information letters (*2000 contacts)
- Summit in Paris (in May)

→ Detailed review of the content of all deliveries and proposition of a review report for the expert group



France overview

Interoperability framework (CI-SIS, ASIP Santé)



Interoperability testing

- **Operational**
 - Sésam Vitale agreement (Billing data exchanges between practitioners and social security)
 - DMP Compatibility agreement (national EHR)
- **Ongoing projects**
 - ASIP Santé - 2014 / 2015 : A label for Hospital softwares within the new Digital Hospital Program (hôpital numérique)



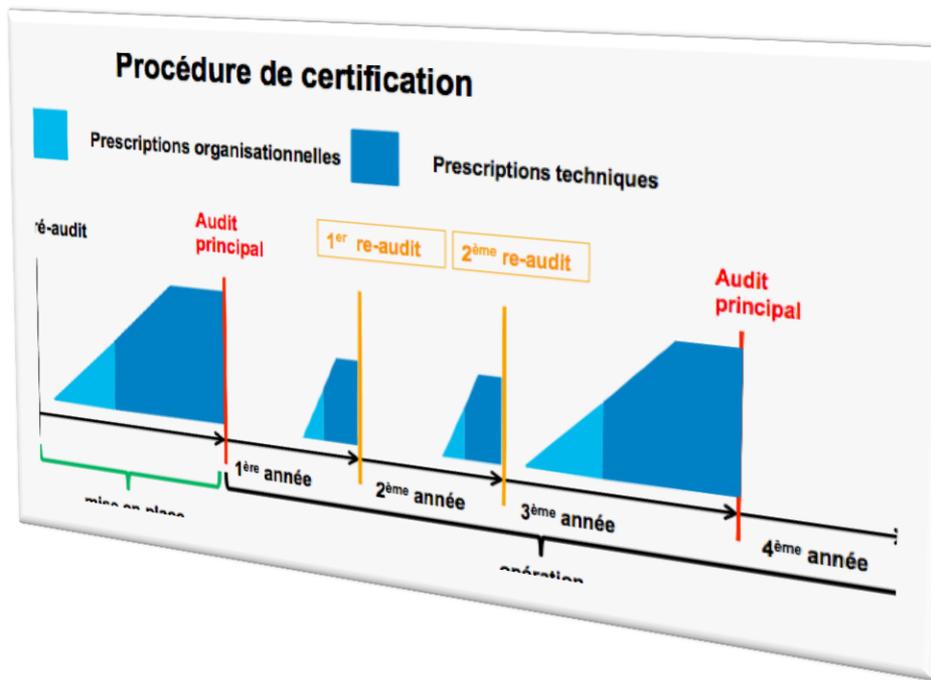
- First, a label for HIS software providers which demonstrate their ability to provide a high level of quality and services delivery,
- Then, HIS softwares labeling approach based on functional perimeter, security and interoperability assessment
- Based on a cartography of 110 functional blocks
- Based on CI-SIS ad on Interop'Santé implementation guide
- Interop'Santé – BP6 (Interoperability good practices)
 - A set of recommendation to address interoperability issues between system providers and customers (RFPs)
 - A qualification platform to validate integration and national profiles extensions (WIP- Gazelle ?)

Implementation guides



Switzerland overview

- Governance : « eHealth Suisse » (Swiss Coordination Office for eHealth)
- Starting point : « Swiss eHealth Strategy » (2007)
- Federal Law on the electronic health record (Loi fédérale sur le dossier électronique du patient (LDEIP)), planed to be operational in 2017
- Decentralized model in line with the Swiss federal development approach (« IHE Affinity Domains »)
- Electronic patient record labeling process as a major part of the whole process, but work is still in progress
- Strategic must for Switzerland to be in line with European coordination (several cross border health regions)



Lessons learned

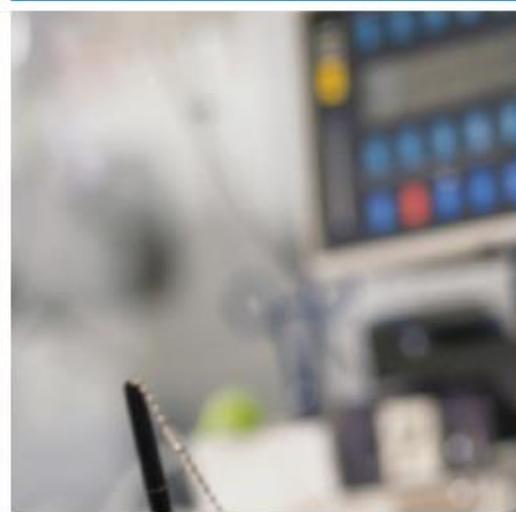
- Pre Summit
 - Organising two preliminary meetings to address the quality of the deliverables before the meeting was really useful to prepare the summit.
 - Each attendee had a deep understanding and knowledge about the job done, so the debate was of very high quality.
- Summit
 - The exchanges between both countries were very fruitful and it was very interesting to confront the French kind of centralized approach with the more federated Swiss approach.
 - A full day was not too much to address all the program.

Conclusions

- Antilope has contributed to build a very effective exchange platform about IOP between concerned regions.
- How can you disagree with the overall objectives of Antilope ?
 - As both countries are already involved in eHealth IOP development programs, the Antilope initiative is of course warmly welcome
 - But some points like quality labeling and certification operational organization raises questions
- Did we fully fulfilled the expectations of the summit ? Not really ...
 - The pre summit work was more about content of the work packages, the summit was more about exchanges between different approaches
 - Addressing the potential gap between national already engaged strategies and Antilope recommendations was not fully addressed
- Follow up ?
 - We are now discussing the opportunity to organize a Summit debriefing in Switzerland to follow the first summit discussion.
 - A Swiss Delegation will also come in Paris January 2015.



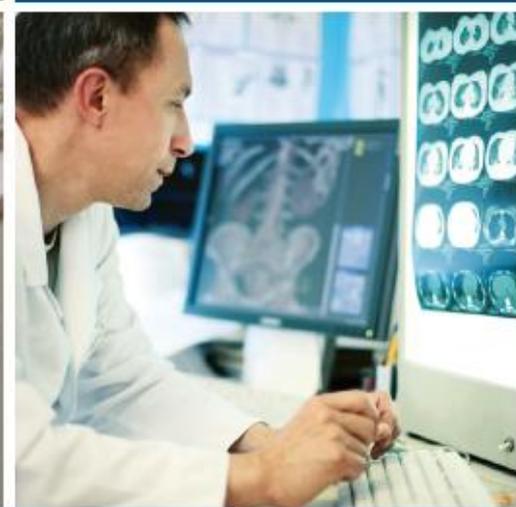
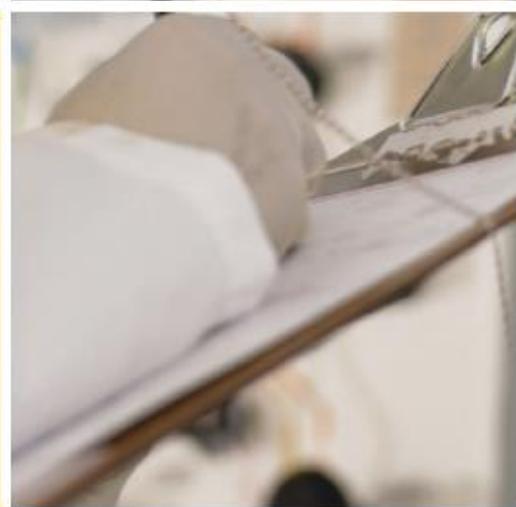
Participer
à l'élaboration
des standards et
des profils d'intégration




Faciliter
l'implémentation
des normes et
des standards




Organiser
la concertation
avec les utilisateurs



Pour des systèmes d'information communicants



Advancing eHealth
Interoperability

Review of the
**Western Balkan Summit
on eHealth Interoperability**

Leo Ciglencečki



Antilope Handover Workshop,
Ghent, Belgium, January 29, 2015





The AIM of this presentation:

1. Present the **Antilope/our approach to the Summit**
2. Present **experiences and key messages** from the Western Balkan Summit

It was the variety of participating countries' backgrounds that made our Summit a bit special.



Summit held at the premises of Medical Chamber of Slovenia, 4 Apr 2014

48 participants from five countries – former republics of Yugoslavia

- Slovenia (SLO)
- Croatia (CRO)
- Bosnia & Herzegovina - Republic of Srpska (BA)
- Serbia (SRB)
- Montenegro (MN)



Each country requires special considerations:

- A variety of socio-economic backgrounds (cultures, languages, two alphabets)
- Slovenia and Croatia are EU members. Other countries are at different stages of accession negotiations.
- Non-EU countries are less bound to the EU agreements / legislation



Slovenia

- **eHealth Services & Projects**

- All ten ANTILOPE interoperability use-cases are being addressed by different services
- SLO participated in epSOS (PS)

- **Infra & info structure**

- Identity and PKI Infrastructure in place (Health Insur. Inst. of SLO)
- Health Insurance Cards, Health Professional Cards
- zNET – secure health network (MoH, eZdravje/eHealth)
- Interoperable backbone (MoH, eZdravje)
- National (data) registries



- **eHealth governance structure in place** (...is it?)
 - Ministry of Health
 - SIZ Health Informatics Council
 - OZIS Health Informatics Standardization Board
 - CIZ Centre for Health Informatics
- **Testing / Q labeling and Certification Activities in eHealth**
 - zNET & Interoperable Backbone compliance assesment
 - EuroRec Seal 2 labeling
- **Plans and challenges:**
 - A plan to certify health SW solutions to be “eZdravje compliant” (legal enforcement needed)
 - A need for a better collaboration of all eHealth players
 - A need for standardization activities



Croatia

Croatian National healthcare IS

- Integration of the Central eHealth platform **CEZIH** with ISs of the Croatian Health Insurance Fund (CHIF), pharmacies and HC providers – began in Apr 2010

eHealth governing structures

- CHIF (appointed by MoH)
- CHIF operates central IS, data replication, PKI, coding list management





- **eHealth Interoperability Cases / Projects**

- ePrescription/Dispensing - changes made to be 'epSOS compatible'
- Lab eReferrals
- Referral and Discharge reporting from/to PHC - already being sent to CEZIH
- Patient Summary – pilot in 2014/2015(?). Procurement needed, Patient consent issues to be regulated

- **Also supported:**

- Encounter summary from primary HC physicians
- eWaiting Lists and eOrdering
- Sickness reports
- National prevention programs

- **Certification activities in Croatia:**

- Each HC SW solution to connect to CEZIH needs to be certified
- Certification is organized and conducted by CHIF



Serbia

- The basic pillars of the Integrated Health IS (IHIS) established. Dynamic development since 2005 (with the EU and World Bank support):
 - WAN/LAN for the National Health Insurance Fund and HC providers
 - IS implemented in all primary HC centers and in most hospitals.
 - LIS, RIS/PACS...



- Participation in international projects

International conference ‘EHR Systems

Quality Labelling and Certification‘

15 CEE countries, Belgrade, November 2011

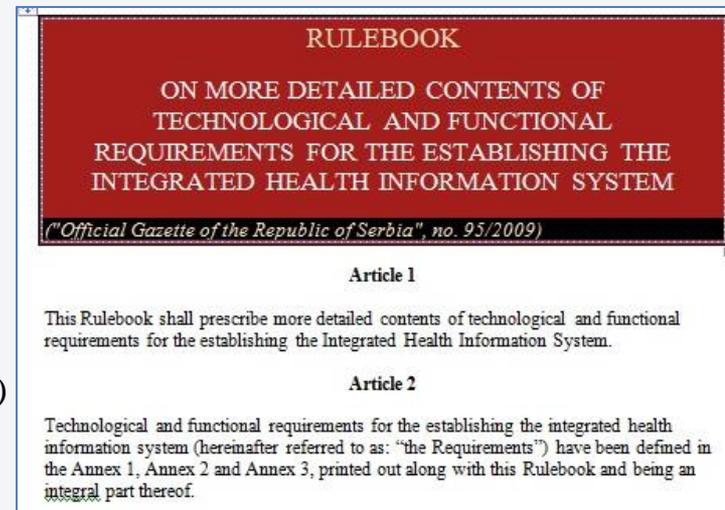




eHealth IS standardization and certification in Serbia

- „National **IT Rulebook** on more detailed contents of technological and functional requirements for the establishing the integrated health information system“ (since 2009)
 - Mandatory SW compliance with the IT Rulebook (for all SWs)
Testing done by a MoH workgroup.
 - The Rulebook comprises:
 - technical requirements
 - functional requirements for PHC and hospitals
 - coding systems
 - minimal data set
 - ...more to come (LIS, ISMS, additional EuroRec criteria)

■ EuroRec Seal-2





Montenegro

- Small country, 0,6 mio inhabitants
- Primary HC level
 - A single integral SW solution implemented for the primary HC level (together with stomatology and pharmacy).
 - E-prescription, e-referral, e-notes of remittance for sick-leave, e-billing system in place
- Secondary and tertiary HC
 - SW solution for general hospitals in place; but not yet for the Clinical center
- Private HC providers
 - Not connected to the public HC system







- Many concerns raised about the true interest and priorities of the national authorities concerning eHealth IOP. Mostly they do recognize the need and importance of it, but the initiative is expected to come from external sources (EU?)
- (Q6) It is important for the user satisfaction to take into account the national and regional requirements (dependent on local business specifics).
- (Q7) Comparable and trustworthy interoperability Q labelling and certification are the priority within the country borders; Cross-border interoperability comes latter.





- 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.
- EC should keep the momentum in setting up the eHealth interoperability scene.



- Sharing experiences is important
- Hunger for guidance, best practice examples...

Thank you!

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- The larger the country the slower and difficult the implementation of IOP services
 - => start regional, merge to interregional
- Cross border issues are considered as important but sometimes as an additional
- Neighbouring countries are eager to learn from each other
 - To solve their problems “in the same way”
 - Less to exchange data cross border



- <Lessons learned (1 slide)>



- <Opportunities for adoption (3-5 slides)
 - At national/regional level
 - For a specific project
 - Other usage>



All Antilope deliverables are
available on the Antilope website:
<http://www.antilope-project.eu/resources/>