

**eTEN**

# ***eHealth***

## ***The role of eTEN***

***Trans-European,  
interoperable,  
deployment of services***

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# The EU mandate:

## Actions of the European Commission ..... take root in the Treaty

- Adherence to principles, especially subsidiarity
- Articles 3.(p) & 152 of the Treaty defining ...  
**a contribution to the attainment of a high level of health protection**
- Such action shall cover the fight against the major health scourges, by promoting research into their causes, their transmission and their prevention, as well as health information and education and ...  
**in deploying appropriate services .... putting patients at the centre**

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# Achieving an EU perspective

Several activities of the Commission brings forward EU perspective and opportunities:

- “Lisbon agenda” : eEurope 2005 Action Plan
- Mobility of the patient: health insurance, EHR
- Public health programme
- Regional funds
- Research projects (in life sciences, IST)
- eTEN projects: service validation & deployment
- Standardisation of activities

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# eHealth: challenges & expectations

- Citizens have an increasing expectation (and need) of care  
e.g. ageing population (by 2051, ~40% of EU population will be older than 65)
- Reality of inelastic health budgets / need to set priorities
- Increasing mobility of both patients & health professionals  
give a Trans-European dimension, i.e. borderless healthcare
- Reduction of the total impact of disease and ....  
.... faster response to emerging disease risks
- Issue for public authorities to invest both in technology and  
in essential organisational and back-office changes
- Managing and providing secure access to huge amounts of  
health information, particularly at time/place of care-giving

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# eHealth: some realities

**“eHealth” is a reality that is strengthening by the day**

**... is much more than tele-medicine**

**... is a means to redesign healthcare processes**

**... is a way to change healthcare habits/practices EU wide**

**... is a growing e-Business**

**... will represent 5% of the total health budget of EU25 by 2010**

- **Health professionals benefit increasingly from applications that improve the services they offer & that reduce medical risks**
- **A top priority (pressure) for health providers is to speedily implement eHealth whilst guaranteeing high-quality results/impact**
- **Yet from a European perspective eHealth is “locally” implemented**
  - at best nationally
  - much fragmentation and lack of harmonised infrastructures
- **There are many opportunities for exchange of good/best practices**
  - need to further develop exchange frameworks / mechanisms
  - increase visibility (e.g. conferences/awards: eHealth 2003, 2004 amongst others)

# eHealth: some fragmentation

- Insufficient .... standardised architectures  
.... or health care process  
.... or in accreditation of products
- Different national regulations
- Health care systems highly regulated through different forms of national regulation yet, there is a well recognised need for improving legal certainty and make feasible cross-border medical care
- Recognised need for improving legal certainty regarding the conditions for reimbursement of medical costs incurred in another Member State
- Legal capacity to access records across borders

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# eHealth : some interoperability issues

- Interoperability is too broad a subject to be tackled all at once
- Need to breakdown on sub-issues and focus on core sub-set to approach issues in a common way “step-by-step”
- All EU projects “aim” at EU-wide deployment ..... but can’t access national or European level infrastructures
- Improved “return on investment” hampered by fragmentation
- Interoperability should deliver:
  - seamless integration of heterogeneous eHealth systems;
  - secure and fast access to comparable public health data and to patient information located in different places over a wide variety of wired and wireless devices;
  - standardisation of system components and services such as health information systems, health messages, electronic health record architecture, and patient identifying services;
  - Improved international cooperation and implementation efficiency
  - better networking of medical reference centres
  - improved cooperation between medical institutions



# Some implementation Priorities

- Top priority for health providers in using an e-Health system is speed in getting the desired, high-quality results;
- Requirement for confidentiality makes health information systems security critical;
- Importance of ensuring broadband connection for online health services and infrastructure for regional health information networks;
- EHR (and EHR tools) have become the cornerstone of many Member State eHealth plans;
- User friendliness: configuring personal preferences to ensure usability is also key.

**BUT HOW TO AVOID A PLETHORA OF SOLUTIONS ?**

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# Example eTEN Project: Health Cards



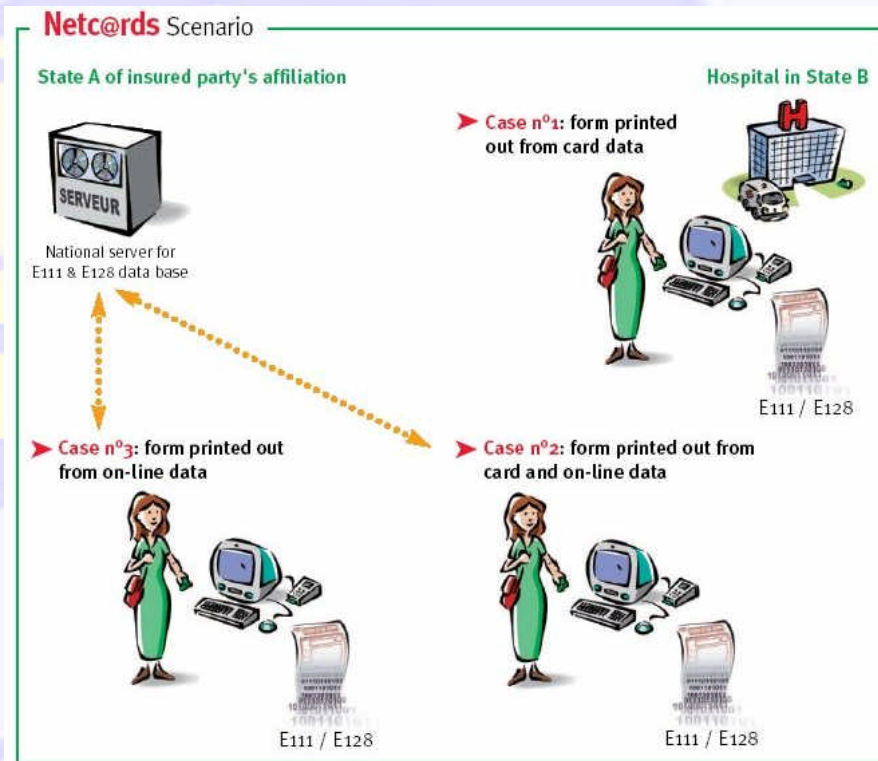
**A Trans-European project that will provide access facilities to health care services within the European Union.**

*The European Netc@rds project was launched in September 2002 with the aim of studying dematerialising paper forms E111 and E128 which are currently required for admission to health care in foreign countries. Germany, Austria, Greece and France originated this project which is jointly financed by the European Commission.*

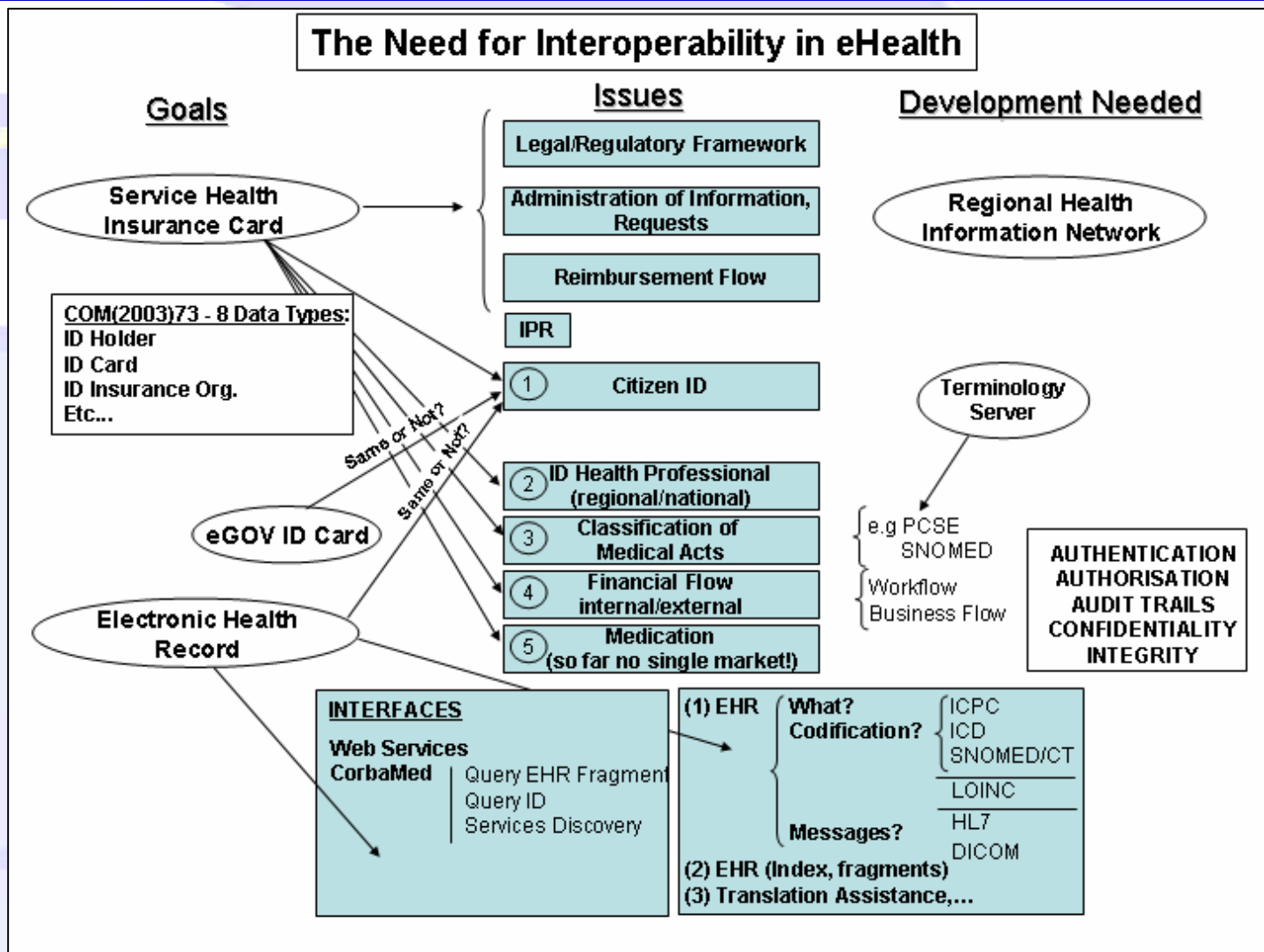
## FACTS

- **Validation, 2002-2003, 250K€ funding**
- **Based on IST project NETLINK with Franco-German & Franco-Belgian pilot**
- **Commission Communication on Healthcards mentions NetC@rds (SAINCO, EMPLOY)**
- **Interest from other Member States, Accession & Third Countries (Canada)**

**France, Germany, Austria, Greece  
Italy, Czech Rep, Slovakia, Slovenia, Hungary, Finland**



# Complexity illustration: Health Cards



# The mandate of the eTEN Programme

- ✓ Designed to stimulate, validate and support the roll-out of Trans-European e-Services
- ✓ Orientated to the main public service goals of the eEurope 2005 Action Plan since 2002
- ✓ Operates in "open call" mode selecting best quality proposals in thematic areas (e.g. eGov, eHealth, etc). This is essentially a "bottom-up" modus-operandi
- ✓ Has successfully stimulated e-Service validation projects that are 95% of eTEN programme inventory (2000-2004)
- ✓ To further stimulate (and facilitate) deployment projects the Commission proposed to raise the funding ceiling from 10% to 30%, with the objective of achieving half the project inventory in deployment. **(not yet approved by Council)**

# eTEN: A Reflection

- Observations

- ❑ eTEN has a budget of ~45M€/year (a limited funding)
- ❑ eTEN addresses 6 thematic areas – eHEALTH is 2<sup>nd</sup> largest
- ❑ Since 2001, 24 eHealth projects launched (funding ~25M€)
- ❑ Open call approach especially good for innovative services
- ❑ Open call not really designed to implement coherent structures

- Questions

- ❖ How to further stimulate deployment ?
- ❖ How to really deliver interoperable broad-use solutions ?
- ❖ How to extend the Trans-European dimension ?  
How to secure the engagement of implementing authorities ?
- ❖ How to best use the 2005 & 2006 budget (90M€) ?

- Key issue

- Agreement on common approach & commitment to implement

# Potential changed role of eTEN

- Establish an additional set of actions to provide a “top-down” complement to the present system of open calls
  - Use options existing in the legal base of eTEN (as foreseen in the financial regulations and guidelines)
- Focus on inter-operability of services (i.e. Trans-European) Using an “open coordination method” to build stakeholder groups working to define a limited number of core services
- Stakeholder groups agree terms of reference to develop common specifications, platform & implementation schedule
  - could use “Call-for-Tender” to implement reference platform
- Aim to support projects by “early adopters” to pilot services to build showcases of common deployment
  - experiment during 2005 & 2006 as preparatory experience for a programme beyond the present eTEN

# Actions Foreseen (Autumn 2004)

- **Identify “limited” subset of deployment focus areas**
  - ❑ within eGovernment & eHealth
- **Establish deployment focus group mandates, terms of reference and timetables**
- **Invite membership of relevant stakeholders**
- **Activate open coordination group activities**
- **Process to continue in 2005 and 2006**
- **Deliverables to include:**
  - ❑ Deployment roadmap & platform/core-service definition
  - ❑ Implementation timetable
  - ❑ Platform/ core-service specification (by tender ?)
  - ❑ Early adopter/Implementer commitments & agreements
  - ❑ Pilot implementation (by tender ?)

# Discussion topics

- Does this make sense in the eHealth context ?
- Can priority focus topics be identified & agreed ?
- What constitutes a critical mass (x/25 MS) ?
- How long are the National decision processes ?
- Policy papers could support the processes ?
- Can this workshop indicate its support ?

**Reflect on the above during this workshop**

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