



## eHealth Interoperability Workshop — the Government and Expert View —

Initiated by the German Government  
together with the Austrian, Czech, Dutch, French, Norwegian and Slovak Governments

Hosted by the European Commission,  
organized by EHTEL



in co-operation with the eTEN project Netc@rds  
and the CEN/ISSS eHealth Standardization Focus Group

Brussels, 1 June 2004

# Minutes

*v1.0 of 2 August 2004*

### Remarks:

- *These minutes only include speeches, comments and opinions expressed by the speakers and all participants to the meeting.*
- *As these minutes only reflect the understanding of the Rapporteurs of what has been said during the meeting, proposals for improvement are welcomed and the Rapporteurs will be delighted to issue a new version of this minutes early September.*
- *All presentations and the full Proceedings are available on the EHTEL Web site, at [www.ehtel.org](http://www.ehtel.org), under the section "Activities".*

## A Workshop Welcome and Introduction

### A.1 Welcome and introduction by the workshop chair and the organisers

The workshop chair, Dr Gottfried Dietzel, Federal Ministry of Health and Social Security, Germany welcomes all participants to the eHealth interoperability workshop. He expresses his great honour and pleasure that so many government officials and experts have joined this workshop. This is an excellent proof for the necessity of such a meeting. Participants will be able to exchange recent experience on the subject and use this as a background to define a roadmap for future activities.

On behalf of the organisers, Mats Larson, President of EHTEL, highlights the central role of interoperability for eHealth services for European citizens and patients. From its beginning, the EHTEL Association has supported the EU wide use of standards in eHealth through white papers and work group activities. Hence the support of this event by the EHTEL organisation and management has been a straightforward decision for the EHTEL board of Directors. He welcomes the cooperation with the EU Commission and the presence of many high level government officials at this workshop.

### A.2 eHealth: The role of eTEN. Trans-European, interoperable, deployment of services\* (David Broster, EC DG INFSO)

[\*Full presentation, at [www.ehtel.org](http://www.ehtel.org)]

## B Workshop Sessions

### B.1 Session 1: Need for interoperability: Patient-centred policies, scenarios and services (Moderators: Johan Beun, NICTIZ, NL; Petr Zinek, Charles University, CZ)

#### B.1.1 Introduction by the Session Moderators

In their short introductory statements both moderators emphasize the essential need for interoperability as it is implied by the vital interests of the European citizens/patients.

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#### B.1.2 Cross-border co-operation of medical hospitals in Europe\* (Henri Lewalle, AIM, BE)

[\*Full presentation, at [www.ehtel.org](http://www.ehtel.org)]

#### B.1.3 Healthcare of patients travelling across Europe – particularly in emergency situations: part 1\* (Petr Zinek, Jiří Kofránek CZ)

[\*Full presentation, at [www.ehtel.org](http://www.ehtel.org)]

#### B.1.4 Healthcare of patients travelling across Europe – particularly in emergency situations: part 2 (Michèle Thonnet, FR)

Michèle Thonnet, representative of the French Ministry for Health and Social Protection, highlights the current status and the importance of mobile patients/citizens for European health systems and healthcare. The mobility implies a need to have access to patients/citizens medical data where it is needed, i.e. ubiquitous access; not only when travelling abroad but also nationally i.e. use and access to digital data in healthcare is needed. Activities e.g. in France are related to multiple services. Once key applications have been identified, they have to be taken into account by all implementations; interfaces and intermediate services have to be foreseen. There is a need for a structured organisation around Europe to facilitate those achievements.

#### B.1.5 ePrescribing and cross-border medication management\* (Louis Schilders, MediBRIDGE, BE)

[\*Full presentation, at [www.ehtel.org](http://www.ehtel.org)]

#### B.1.6 Discussion, summary, key issues and conclusion by the Session Moderator

Commentary of moderator Johan Beun: We need to start working e.g. on cross border treatment, on a legal structure ... Work for interoperability should however be recognised and paid and not be voluntary as currently it is!

**B.2 Session 2: Enabling interoperability**  
(Moderator: Pascal Collotte,  
EC, DG INFSO )

**B.2.1 Towards an EU eHealth Area\***  
(G rard Comyn, EC, DG INFSO)

[\*Full presentation, at [www.ehtel.org](http://www.ehtel.org)]

**B.2.2 Telematics framework architecture as a modern way to achieve interoperability – the roadmap for Germany\***  
(Dittmar Padeken, DE, Fed. Ministry)

[\*Full presentation, at [www.ehtel.org](http://www.ehtel.org)]

**B.2.3 Telematics framework architecture for The Netherlands – AORTA\***  
(Jos Baptist, NL, NICTIZ)

[\*Full presentation, at [www.ehtel.org](http://www.ehtel.org)]

**B.2.4 Statement from the UK<sup>1</sup>**  
(Peter Drury, UK, NHS-IA)

[\*More details on this intervention have been included in the Proceedings available at [www.ehtel.org](http://www.ehtel.org)]

What are the drivers for trans-national cooperation?

- ⇒ Patient mobility,
- ⇒ Access to foreign payment information (health insurance side)
- ⇒ Physicians mobility
- ⇒ Public health issues (e.g. SARS).
- ⇒ Protection against bio-terrorism

In a trans-national cooperation context, the KISS principle should be applied (Keeping Information Subsidiarity Simple)

**B.3 Session 3**  
**The achievement of interoperability: Integrating politics, medicine and technology**  
(Moderator: Mich le Thonnet, FR)

<sup>1</sup> The intervention of Peter Drury replaces the speech “Interoperability and EU-Grid” which has been cancelled just before starting the meeting.

**B.3.1 The introduction of the European Health Insurance Card – an integrated political-legal-technological process\***  
(Marc Berthiaume, EC, DG EMPL)

[\*Full presentation, at [www.ehtel.org](http://www.ehtel.org)]

**B.3.2 Existing concepts and experiences with interoperability initiatives\***  
(Geert Claeys, IHE Europe)

[\*Full presentation, at [www.ehtel.org](http://www.ehtel.org)]

**B.3.3 CEN/ISSS eHealth Standardization Focus Group, targets and work plan\***  
(Bernd Blobel, CEN/ISSS eHealth Standardization Focus Group)

[\*Full presentation, at [www.ehtel.org](http://www.ehtel.org)]

**B.3.4 Questions from the plenary and summing up**

During the discussion, the need for the involvement of patients in interoperability and standardisation processes has been emphasised.

**B.4 Panel Session 4:**  
**Introduction of a Draft Action Plan on eHealth Interoperability by Workshop Rapporteurs (Marc Lange, Stephan Schug, Karl Stroetmann)**

[\*Full presentation, at [www.ehtel.org](http://www.ehtel.org)]

Please note that this draft action plan – while having been prepared together with a small drafting committee of government representatives – was only intended to initiate a discussion for elaborating an eHealth action plan. Therefore, its content is not binding in any manner.

A revised version of a proposal for Action Plan will be circulated after the meeting, taking into account all comments from the participants, with a view to build step by step a consensus between the government representatives of what should be done in the field of eHealth interoperability.

#### B.4.1 Comments from the government representatives on “HowTo” for Europe-wide interoperability

Comments were submitted by delegates from

**Austria:** This process needs now to receive an official character. This should be a task for the European Commission.

**Belgium:** Working on interoperability requires a legal basis. This does not contradict the fact that work should be started on a small scale basis and the legislation should only be adapted afterwards. Agreed core datasets would be helpful.

**Cyprus:** A legal framework is needed.

**Czech Republic:** Cross border interoperability should be supported by a common architecture for both health information and reimbursement claims.

**Estonia** would be supportive on working on interoperability.

**Finland** does already actively support interoperability through a respective centre. Some of the proposed activities go too far: i.e. to create a legally binding interoperability charter. Finland is in favour of the follow-up by the Commission; exchange of best practices would be more needed than legal activities.

**France:** Informal recommendations to be circulated; There is a further need for agreement based on a written paper which would:

1. specify clearly the goals; they should be limited and precise (not as huge as mobility).
2. define clearly the kind of results and by when to achieve them.
3. describe the environment; there are already a lot of activities and groups; how will these be influenced by this discussion? A realistic agenda and links with other committees are needed.
4. start from the needs: use simple scenario for health services; derive ap-

plications and infrastructure, define interoperability on this basis

The proposed paper should be subject to an email discussion in the coming months with a view to come to an agreement.

Legal basis would then be taken care off.

**Germany:** Supports France’s position. All stakeholders, health professionals, industry, also the governments are to be involved, e.g. by drawing a “map of interest” of these stakeholders. A top-down approach is to be combined with a pragmatic one, with short iteration cycles delivering results for all stakeholders.

**Ireland:** Welcomes the initiative

**Italy:** Agrees with the strategic approach outlined above and welcomes the initiative

**Norway:** Important to focus on a stepwise approach and small areas of interest, to create a cross-national network.

**Slovakia:** Recommendations are acceptable, but need to be further details.

**Slovenia:** Welcomes and strongly supports the initiative; recommends setting priorities and defining small steps

**Spain:** interoperability is a key issue for national health systems; supports the many proposals given above

**Switzerland:** The free, unrestricted use of standards is a necessary and implicit precondition for interoperability.

**The Netherlands:** Supports France’s views. Need for an umbrella. This could be the eEurope action plan or the recent ehealth communication. There are needs to

- define a clear relationship between the implementation work and the standardisation one
- agree upon measurable objectives.

Interoperability and standardisation issues are language problems, medical terminology and common IDs.

**United Kingdom:** Supports the idea, that the commission should support this activity; the work should focus on international interoperability issues and not on national interoperability issues (although both are linked). Short, simple deliverables should be identified as a starting point; more complex and fundamental questions are then to be assessed later on.

#### **B.4.2 Other Representatives**

David Piggott: PICNIC has addressed interoperability as part of the projects activities, two conferences – also dealing with interoperability – were held in Paris in the year 2002; PICNIC has also piloted cross-border cooperation. Emphasis is on framework architecture. While the technical agenda seems to be well advanced, there are needs on the legal and administrative aspects of interoperability. In addition middleware architectures need standardisation; work for this should be mandated by the National governments.

#### **B.5 Plenary discussion and recommendations for the draft action plan and its implementation (Moderator: Reinhold Mainz, BMGS,DE)**

R. Mainz suggested starting the next steps by making all ehealth activities transparent to other Nations.

D. Broster (CEC): Member States have to decide what eTEN should do. As no committee members of the eTen programme are present, he recommended that participants establish contacts with their respective committee members. Barriers to interoperability should not only be “minimised” – they should be removed. “Cross-border” interoperability should be extended to trans-European interoperability. A framework for identification of best practices should be set up. A suitable method would be to start with a prioritized list of small steps. A measurable, tangible, realistic roadmap is needed before deciding what the group will be able to deliver.

G. Klein (CEN TC 251): There is no interoperability without standards; CEN as a confederation of 28 member states is the framework for these developments. Most of the need to communicate is within countries; but standards are needed to create a European market.

#### **B.6 State of interoperability in Europe: Conclusions from the meeting and next steps (Closing Note by the Chair, Gottfried Dietzel)**

There is a unique chance to define a roadmap on eHealth interoperability. Interoperability is triggering cooperation between Member States and countries. This roadmap could focus on two priority areas where interoperability is an issue

- ⇒ Electronic Medication Management
- ⇒ Electronic Health Records

*Establish the legal basis and a suitable platform:*

- ⇒ The question of the need for a legal framework/responsibility should be re-considered
- ⇒ The European Commission is proposed to take the lead from now on.

A “legally binding charter” might be a problem. While the commission has a clear mandate in some fields, other actions have to be done by the member states, or organisations like CEN. The Open Method Co-ordination might be suitable.

As an outcome and recommendation from the meeting it is evident, that responsibility has to be shared. The Commission should suggest a certain procedure and an umbrella mechanism for cooperation on the subject of interoperability. Communication COM(2004) 356 and the action plan suggested therein should be considered.

The meeting has been closed with a Thank you to all those present by Mats Larson, EHTEL President.

**Speakers, Moderators and Organisers**

Baptist, Jos; NICTIZ, The Netherlands

Berthiaume, Marc; European Commission, DG Employment

Beun, Johan; Session Moderator, NICTIZ, The Netherlands

Blobel, Bernd; Chair of CEN/ISSS eHealth Standardization Focus Group

Broster, David, European Commission, DG INFSO, Head of Unit D6

Claeys, Geert; Co-Chairman IHE Europe

Collotte, Pascal, Session Moderator, European Commission, DG INFSO, Unit D6

Comyn, Gérard; European Commission, DG INFSO, Head of Unit C4

Dietzel, Gottfried; Workshop Chair; German Federal Ministry for Health and Social Security

Kofránek, Jiří ; Speaker, Czech Republic

Lange, Marc; Workshop Rapporteur & EHTEL Manager, Brussels, Belgium

Larson, Mats; Organiser & EHTEL President, Brussels

Lewalle, Henri, Association Internationale des Mutualités, Brussels, Belgium

Mainz, Reinhold; Session Moderator, Federal Ministry for Health and Social Security, Germany

Padeken, Dittmar; German Federal Ministry of Health and Social Security

Schilders, Louis; MediBRIDGE nv-sa, Brussels, Belgium

Schug, Stephan; Workshop Rapporteur & EHTEL Manager, Brussels, Belgium

Stroetmann, Karl; Workshop Rapporteur, empirica, Bonn, Germany

Thonnet, Michèle; Session Moderator, French Ministry for Health and Social Protection

Van Doosselaere, Céline; Organisation, EHTEL Liaison Officer, Brussels, Belgium

Zinek, Petr, Charles University, Prague, Czech Republic

**Full presentations and updated information:**  
**<http://www.ehtel.org>**