



“Borderless Communication for a Healthy Europe”

Is supported by EHTEL together with the partners of the i2-Health project – co-ordinated by empirica, Germany – through the Interoperability Initiative for a European eHealth Area.

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[...] As a follow-up to the successful “eHealth Interoperability Workshop – the Government and Expert View” on 01.06.2004, the i2-health project has been defined and is receiving funding from the eTEN programme of the European Commission. It is supporting high-level health policy goals.

- ⇒ Citizen mobility and borderless care are key European Union policy priorities, which are supported by the European eHealth Action Plan.
- ⇒ While healthcare is being thoroughly transformed, proper interoperability measures have to assure that patient information in digital form is at least as accessible and usable as paper based data.
- ⇒ Health policy makers, health professionals, healthcare providers and the IT-industry have to work hand in hand to assure the meaningful and secure exchange of medical data.

i2-health will identify requirements and submit recommendations for the deployment of interoperable eHealth infrastructures and services for trans-European use through the definition of a generic eHealth interoperability framework and common approaches to

- ⇒ patient/professional identifiers
- ⇒ ePrescribing and health data messages.

i2-Health will call on all the relevant stakeholders to join forces.

i2-health will review existing approaches and pilot solutions, analyse use cases, perform need and gap analyses, and develop a concrete work plan towards a pan-European solution.

i2-health is an initiative funded by the eTEN Programme of the European Commission.

[project website: <http://www.i2-health.org>]

eHealth & eGov. News

ePrescribing to reach record level



The use of electronic prescriptions has reached a record level in Sweden. According to recently published statistics, more than a million e-prescriptions were sent by doctors to Swedish pharmacies in March. 45% of all prescriptions are now sent electronically, up from 32% in September 2004 and 9% in November 2001. “Now that the electronic prescriptions have passed the million mark, our next goal is to have over half of all prescriptions from the medical services be transferred electronically”. cf. [eGovernment Observatory site](#) (© Eur. Communities)

Electronic Health Records in Germany – Pilot in Rhineland-Palatinate –



An early pilot in the context of the German electronic health insurance card was kicked-off November 2004 in the state of Rhineland-Palatinate. 13 months ahead of the expected countrywide launch of the card. The pilot will involve 16 general practitioners, 31 specialists, 2 hospitals, 4 psychotherapists and be funded by the State Health Department and by health insurance companies (cf. [eGovernment Observatory site](#) (© EC)

ePrescribing Pilot in Portugal started



The Portuguese Government has announced it would pilot electronic prescriptions in the city of Portalegre starting in January 2005, with a view to generalise the system to the entire country by the end of the year. If successful, the electronic prescription system will be progressively phased-in throughout the Portuguese territory during 2005. The adoption of e-prescriptions is part of a wider health policy that aims at rationalising healthcare and the use of medication by implementing ICT applications and promoting generic medication. cf. [eGovernment Observatory site](#) (© Eur. Communities)

eHealthNews: eHealth 2005 in Norway



By Marc Lange,
EHTEL Manager:
eHealth 2005 has
been of course an

exiting and successful conference. Just look at the figures: 500 delegates and 37 different countries as well as 9 Ministers and 2 Commissioners competent for eHealth and 36 working hours (i.e. from 08:00 am up to 02:00 am on the first day since it was the Midnight Sun period and a lot of us were still discussing very late in the night)!

It is worthwhile to report the bet initiated by Ansgar Gabrielsen, Minister of Health and Care Services, Norway and Mars Di Bartolomeo, Minister of Health, Luxembourg, and chair of the Council of Health Ministers during the Luxembourg Presidency: "Seven years were needed to reach the moon, let's bet that in 2012, there will be no border anymore for health information"!

The conclusions of the conference can be summarized as follows: "eHealth matters. It can improve access to healthcare and boost the quality and effectiveness of the services offered."

"In a Europe where our citizens are increasingly mobile - whether within the borders of their own Member State or among different countries - we need to raise awareness of the pressing need for a more integrated and interoperable European health information space". The Ministers commit to taking up this challenge in a staged and structured approach over the next five-year period.

EHTEL was deeply involved in the preparation of this event. We were indeed in charge of the preparation and the chairing of a sub-session dedicated to **smart cards** and titled "eHealth, the shift towards increased interoperability". It was made up of the views of:

- ⇒ The Ministry of Health in Slovenia on the current and future positioning of their card in their eHealth strategy
- ⇒ The GIP CPS, the certification authority for health professional in France
- ⇒ The Università di Roma (Italy) on the relationship between eID cards and eHealth.

EHTEL also contributed to the background paper of the conference "Building on Strength to Provide Better Healthcare Anytime Anywhere" (soon to be available at www.ehtel.org). We have pleaded for an interoperable eHealth infrastructure with a particular focus on the role of smart cards and their use within a framework of secure identification, authentication and electronic signature services (IAS).

**eHealth 2006 is scheduled for
10 - 12 May 2006 in Malaga (Spain).**

Patient Safety – Making it Happen



Luxembourg Declaration on Patient Safety

"Access to high quality healthcare is a key human right recognised and valued by the European Union, its Institutions and the citizens of Europe. Accordingly, patients have a right to expect that every effort is made to ensure their safety as users of all health services."

The maintenance of patient safety and risk-management are multi-faceted processes comprising many aspects of structural, process and outcome quality in healthcare. ICT and eHealth play only one – but indeed a crucial role as is evident by some citations from the declaration (download full declaration from www.ehtel.org):

[...] The conference recommends to the National Authorities [...]:

- ⇒ To provide patients with full and free access to their personal health information whilst ensuring data accuracy and that patients fully understand their treatment. It is acknowledged that "informed patients" are well positioned to safeguard their own health.
- ⇒ To optimise the use of new technologies, for example, by introducing electronic patient records. Such records would include the personal medical profile and decision-making support programs for health professionals with a view to reducing medication errors and increasing compliance rates.

Task Force Progress Report EHTEL Patients Task Force at the Luxembourg Conference

By David Garwood, EHTEL Patient Task Force: EHTEL was represented at the recent conference on Patient Safety in Luxembourg through its Patient Task Force. The Task Force presented a paper of issues surrounding patient safety in information systems that drew on the Group's Patient Charter for Information Systems. The key message was that while confidentiality remained an important issue, the presence of inaccurate information (integrity) or the unavailability of key data through system failure presented a much more direct threat to patient safety.

These messages attracted a high degree of interest from the audience leading to a request that these issues should be directly addressed by the Luxembourg Declaration on Patient Safety. Unfortunately, due to time constraints, this was not possible. The Task Force represented by David received a number of requests to present the Group's views at future conferences.

Task Force Progress Report "Reimbursement and Incentive Structures" – Managing the change towards eHealth services

By David Lloyd-Williams, EHTEL Board Member: EHTEL is committed to helping eHealth happen for everyone, creating a forum for exchanging information and ideas, developing new models, communication, educating, identifying the best and finding ways to make these available as widely as possible, bringing people together...

One of the items on the critical path to success for eHealth is involvement, participation, motivation, support. We will need this from all the stakeholders involved. The technology may be the best, the funding may be adequate, the programme management focussed and professional, the political will may be there, but if people do not want to use it, are not comfortable with it, if it does nothing to make their lives better or their jobs more satisfying, if it gets in the way of caring for patients- then we will not get the take up needed to transform the quality, accessibility and cost effectiveness of health provision.

In parallel to other work being done to take eHealth forward, EHTEL believes it is important to take a view of encouragement. How will we persuade people to use eHealth? - and to use it to transform healthcare into real high quality citizen centred care which can cope with demographic pressures, resource shortages, increasing complexity, higher incidence of chronic disease and other challenges that face the health sector?

It cannot be done by imposition, by selling the wonders of technology, by new and clever solutions; it will have to be done by working together, individuals, communities and organisations. When life gets tough in implementing eHealth, we will need to have thought carefully about encouragement, incentives, education, packaging of services and even the intelligent use of financial rewards.

EHTEL believes that we need to start thinking about this now, looking at how incentives and disincentives work in Europe at the moment, bringing together good practice, talking to stakeholders about how they see this, looking for opportunities to try some of these out in real life and relating these to eHealth in practice. This will provide those responsible for making all this happen with a sound knowledge base which can be applied at different levels, for different audiences and participants.

This is all part of the EHTEL programme for eHealth - moving on from the Why to the How.

► **The initial report of the Task Force is available at www.ehtel.org. All those who are interested in taking part in the future activities of this Task Force are invited to contact the EHTEL management team or send an email at info@ehtel.org.**

Stakeholder Group News ELO Meeting in Tromsø (NO)

By Jacob Hygen, EHTEL/ELO Chairman*: The EHTEL/ELO group took the opportunity to meet in Tromsø immediately after the eHealth 05 conference. Nine delegates from eight nations met together with EHTEL vice president Karl-Jürgen Schmitt and EHTEL manager Marc Lange.

Important elements of the group's objectives and activities are networking and briefings on issues in each nation. At this meeting two other topics of common interest to the members were discussed: An European attitude to SNOMED CT, and National follow-up of the report from the CEN/ISSS eHealth standardization focus group. Johan van Beek from SNOMED gave an introduction to the first topic, and Johan Beun from NICTIZ (The Netherlands) to the other (eHSFG).

The ELO group was also challenged by Marc Lange on its future ambitions, pure networking or also to play a part in forming EHTEL positions? Another question is the membership base of the ELO group; competence centres and/or national associations? These issues will be discussed more in-depth at the next ELO meeting in Rome on October 12. ELO material is available to the members of EHTEL at www.ehtel.org

*Since EHTEL president Mats Larson, also the former ELO chair, has stepped down from his ELO-role, Jacob Hygen from KITH (Trondheim, Norway) was elected chairman for a period of two years.

EHTEL eHealth Proceedings Follow-Up to the eHSFG

By Stephan Schug, EHTEL Manager: As also evident from the ELO meeting (see above) the debate on the results of the CEN/ISSS eHealth Standardization Focus Group (eHSFG) is still ongoing. Today EHTEL is contributing to this process through the i2-Health project and by supporting the EHTEL Health Care Authorities Group in their effort to establish a European coordination for eHealth Interoperability.

As one element of the public commenting process the conference "ehealth - interoperability in Europe" was held in Amsterdam on 15.12.2004 under the patronage of the Dutch EU presidency. Based on the consultations with our members we presented the EHTEL viewpoint to the eHSFG-report. While supporting the key messages of the report we are asking for concrete outcomes and deliverables. The confer-

ence results and the assessments of all our members were embodied in our final statement, which was submitted by EHTEL in January 2005. Overall EHTEL was very supportive to the eHSFG mission and recommendations.

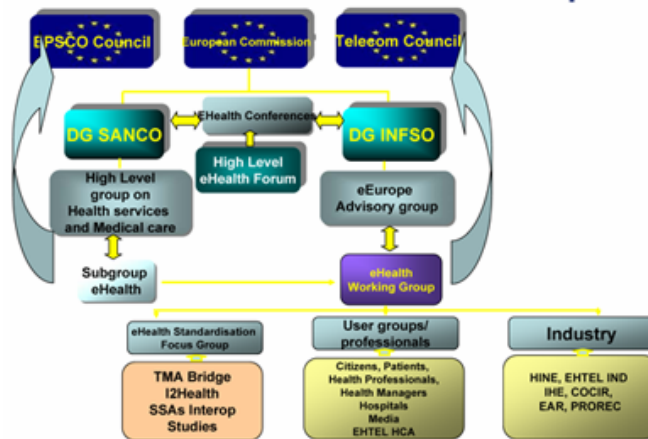
After the final report had been issued on 01.03.2005 the eHSFG has not been officially dismantled. Recently an informal competition on the best ideas to implement the European platform foreseen in the recommendations is ongoing. We are in the loop and will keep you informed.

The CEN/ISSS eHSFG is available through our site www.ehtel.org or at www.cenehealth.org.

EHTEL eHealth Proceedings Follow-up to the EU eHealth Action Plan & the European Interoperability Initiative

By Marc Lange, EHTEL Manager: A lot happened since the eHealth Action Plan (COM 356) has been issued by the European Commission and all observers unanimously agree that eHealth is today higher than ever on the political agenda.

Coordination of eHealth Action Plan in Europe



The European Commission is preparing every year, together with the Member States, a follow-up report to the eHealth Action Plan and has circulated in advance of this report, some cartography of the formal working organisation in place for ensuring this follow-up. Please find above the most recent draft version of this cartography dated from 7 June and kindly provided by DG INFOS. The drawing illustrates the relationship between two different General Directorates, but also between the European Commission and the Member States. If you have seen earlier versions of this diagram, you will notice that this structure has taken into account the need for a better coordination of eHealth working groups noted by several Ministers at the Tromsø conference.

EHTEL will significantly contribute to this working organisation at European level: two of its stakeholder groups, the Health Care Authorities Group and the Industry one (under reconstruction) as well as the i2-Health project will support the functioning of the eHealth Working groups. Other "user organisations" will also be associated to this work. However, when it goes about implementing, in the field, cross-border in-

teroperable services, this cartography represents only the formal part of the work, i.e. the visible part of the iceberg. There is indeed some preparatory work needed before proposing a particular solution to formal endorsement in view of its implementation in the field. A collaborative platform may therefore be useful here where the development and feasibility of interoperable or integrated solutions to concrete problems can be organized and studied by those who will be in charge of their implementation in the field.

This all is currently in the focus of the intensive discussions between members of the Health Care Authorities Group of EHTEL how to optimally construct an "Interoperability Initiative".

Stakeholder Group News Healthcare Authorities Meeting in Budapest

By Stephan Schug, EHTEL Manager: The EHTEL HCA (Healthcare Authorities): Stakeholder Group met on 4-5 April in the splendid environment of the Hungarian Ministry of Health in Budapest. 32 participants from 18 countries represented national health care authorities,

the European Commission and selected projects. The main focus of the group was the European coordination for eHealth interoperability and reflections on the I2-health and other projects.

The HCA group will meet again in The Hague (NL) on 15-16 September 2005. For more information, please contact management@ehtel.org.

EHTEL eHealth News HEALTHWARE project started

By Marc Lange, EHTEL Manager: The Healthware project has been launched on 1 May 2005 and its website (<http://healthware.alcatel.net/>) is on-line. Healthware is an EU co-funded project from the 6th FP whose target is to implement and test pilots for a "Standard and interoperable satellite solution to deploy HEALTH care services over Wide AREAs". Within the consortium led by Alcatel, EHTEL is in charge of liaising with hospitals, whose telemedicine applications (i.e. services at home, medical training, second opinion and teleconsultation) may be potential users of the pilots or future operational services.



A call for expression of interest has been published and sent to the members of EHTEL and friends who may be interested by the project.

► **Through this 3 years project, EHTEL would also like to gather a group of experts in telemedicine in order to discuss priorities and work join the current debate on cross-border interoperability. Please liaise at info@ehtel.org.**

Improving Health Infrastructure in an Enlarged Europe

By Karl-Jürgen Schmitt, EHTEL Vice President: A change of paradigm is taking place: health expenditure is no longer considered a burden, but must be seen as an investment in the future of a country. Health as a driver for economic growth and development meets the demand of the population and is also a key to reducing social inequalities and catching up with the economic development of the EU-15. The new Member States made considerable progress in preparing their countries for accession to the EU. As healthcare was not part of the conditions for joining and therefore not a very high priority, the health sector in these countries is severely underinvested. Medical equipment, physical conditions in health institutions as well as the specific health challenges of individual countries require considerable improvement in order to reach levels comparable to those of the EU-15.

EU Structural Funds, especially the Fund for Regional Development, will be eligible to fund investment in healthcare from 2007. Health Ministries are in need of a platform for exchange with peers about sensible investment strategies, the use of innovative technologies, the possibilities for cross-border cooperation, etc. A conference organized by the European Health Forum Gastein, being an established partner for health authorities, is providing such a platform, please refer to: <http://www.healthinvestment.org>

Join EHTEL: Become a Member

EHTEL is an international, non-profit, non-political association of members representing all categories of stakeholders for eHealth in the health and social care domains.

Joining EHTEL means:

- ⇒ enabling the cultivation of partnerships and networking across the eHealth domain;
- ⇒ being a part of an independent organisation, influencing eHealth policies in Europe;
- ⇒ an opportunity to share experiences and to hear the lessons learned by others.

Members are also entitled to such benefits as reduced registration fees to seminars, workshops and other events, email notifications of important news in the eHealth field, as well as individualized access to EHTEL's website, www.ehtel.org.

If you'd like to hear more about EHTEL or about becoming a member, please call us at +32 2 230 96 50 or email us at info@ehtel.org. We look forward to hearing from you!

Call for Papers

Improving Care for Chronic Conditions - the added value of eHealth - EHTEL International Conference Rome, Italy, 10-11 October 2005

The treatment for chronic conditions and the care for disabled and dependent persons are the most demanding factor for health and social care in the modern, "greying", societies. Hence disease management and long term care are vital issues also on the European agenda. Yet the means and the resources to maintain optimal quality of life for chronically ill and to support the individual and independent living in the private environment for frail elderly people are becoming an issue.

eHealth and eServices for the social domain may help out in this dilemma of quality goals vs. resources: Optimal medical care for long term conditions implies an intensive communicative and documentation effort, which can be efficiently handled through the use of modern information and communication technologies. This is particularly true for the cross-sectorised healthcare involved by state of the art disease management for conditions like diabetes, chronic heart failure, chronic obstructive pulmonary disease, cancer and their consequences. While the most important method and technology contributed by ICT in healthcare or eHealth is described by the three simple letters "EHR", i.e. the Electronic Health Record, the use of eHealth in routine health and social care is still neither sufficiently organised and financed nor is it effectively implemented.

In this conference jointly organised by EHTEL and the National Research Council of Italy, represented by the Institute for Biomedical Technology together with ESQH (European Society for Quality in Healthcare) and NIZW (Netherlands Institute for Care and Welfare) the added value of eHealth to improve the care for long term conditions will be highlighted by internationally recognised experts. The conference will alternate plenary sessions with invited speakers and parallel sessions with free contributions, to be selected by an international Program Committee.

While the opening and the second day will be composed of plenary sessions, three main topics will be explored in parallel sessions on the afternoon of the first day of the conference:

- (1) Managing the Culture Change in Health and Social Care
- (2) Tailoring eHealth Services to Disease Management
- (3) ICT in Care for long term conditions: state of art on tools, standards and interoperability.

To download the Call for Papers and for more information, please refer to <http://www.ehtel.org>.

The EHTEL Annual General Meeting will take place immediately following this conference at the same venue in ROME.

AGM 11.10.2005: Please mark your diaries

eHealth Diary 2005

June 28-29, Brussels (BE),
Impact Analysis and Perspectives of the European Health Insurance Card"
cf. <http://www.ehtel.org/Events>"

July 8-10, Desio, Milano (IT),
eGeH 2005, e-GOVERNMENT & e-HEALTH
2. International Conference and Exhibition
mailto: associazione-aitim@libero.it

August 28 - September 1, Geneva (CH),
MIE 2005, Medical Informatics Europe,
19. International Congress of the European Federation for Medical Informatics (EFMI),
co-organised by the Swiss Society for Medical Informatics: <http://www.mie2005.net>

September 15-16, The Hague (NL),
EHTEL HCA Health Care Authorities Group Meeting (upon invitation only)
[http://www.ehtel.org/Tasks & Resources](http://www.ehtel.org/Tasks%20Resources)

September 29 - October 4, Vicenza (IT)
SAT EXPO 2005 "Space and Advanced Telecommunications" Fair & Conference Event including "medmatic@" event on Advanced Telemedicine: <http://www.satexpo.it/>

October 4, Bad Hofgastein (AT)
1. Health Care Infrastructure Congress Gastein
"Improving Health Care Infrastructure in an Enlarged Europe" (EHFG-Preconference)
<http://www.healthinvestment.org/>

October 5-8, Bad Hofgastein (AT)
8th European Health Forum Gastein
"Creating a better future for health in Europe"
<http://www.ehfg.org/>

October 10-11, Rome (IT),
"Improving Care for Chronic Conditions - the added value of eHealth-" EHTEL International Conference: <http://www.ehtel.org>

October 11, Rome (IT),
EHTEL Annual General Meeting

October 25-28, Vancouver (CAN),
"Innovating for Quality", 22. International Congress of the International Society for Quality in Health Care (ISQua),
cf. <http://www.isqua.org/Conferences>"

November 8-9, Brussels (BE),
Electronic Patient Records in Europe - Practical Steps to Implementation
cf. <http://www.eyeforhealthcare.com>

November 16-19, Düsseldorf (DE),
MEDICA 2005, The world's largest medical fair: <http://www.medica.de>

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