

a Decade for eHealth
1999 2009



EHTEL

EUROPEAN HEALTH TELEMATICS ASSOCIATION

Landscape of Pan-European eHealth Programs

Marc Lange, Secretary General

2nd Asia Pacific Forum on Smart Health Schemes

8 April 2009

Summary

- ▶ **EHTEL**

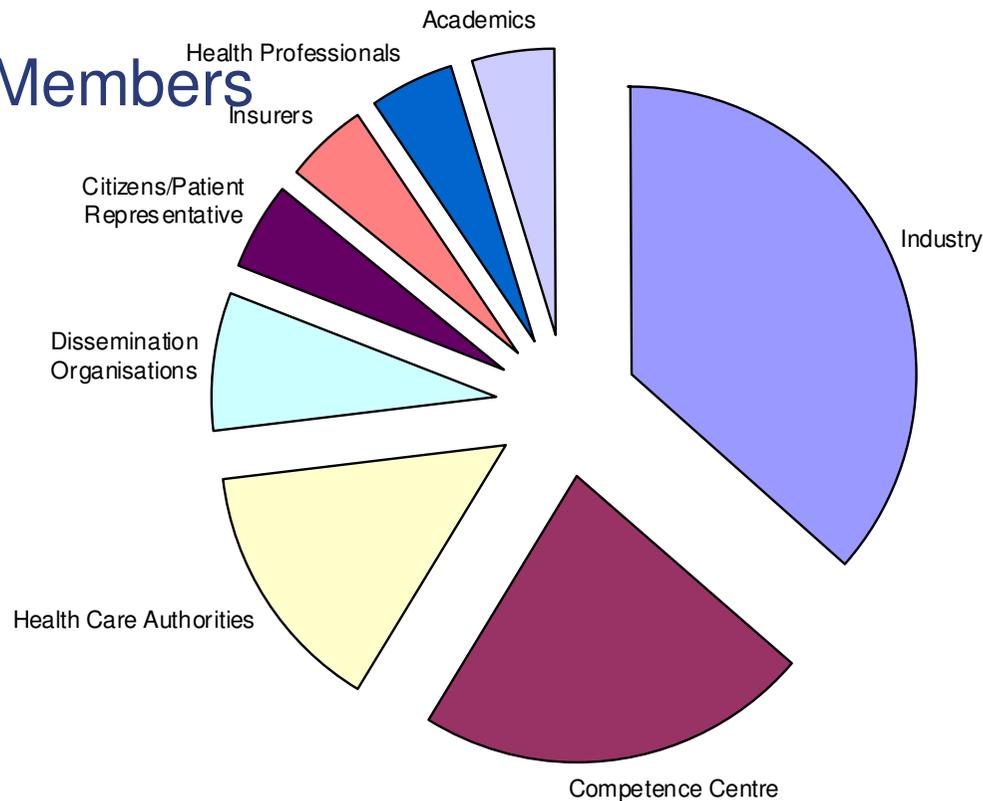
- ▶ **The Landscape in Europe**
 - **Smart Cards as an enabler for eHealth**
 - **eHealth services (EHR, ePrescribing ...)**
 - **Telemedicine services (consultation, monitoring ...)**

- ▶ **Reflection from “A Decade for eHealth”**

European Health TELmatics

- ▶ The European Health Telematics Association is a **pan-European & multi-stakeholder forum**

- ▶ **Our Members**



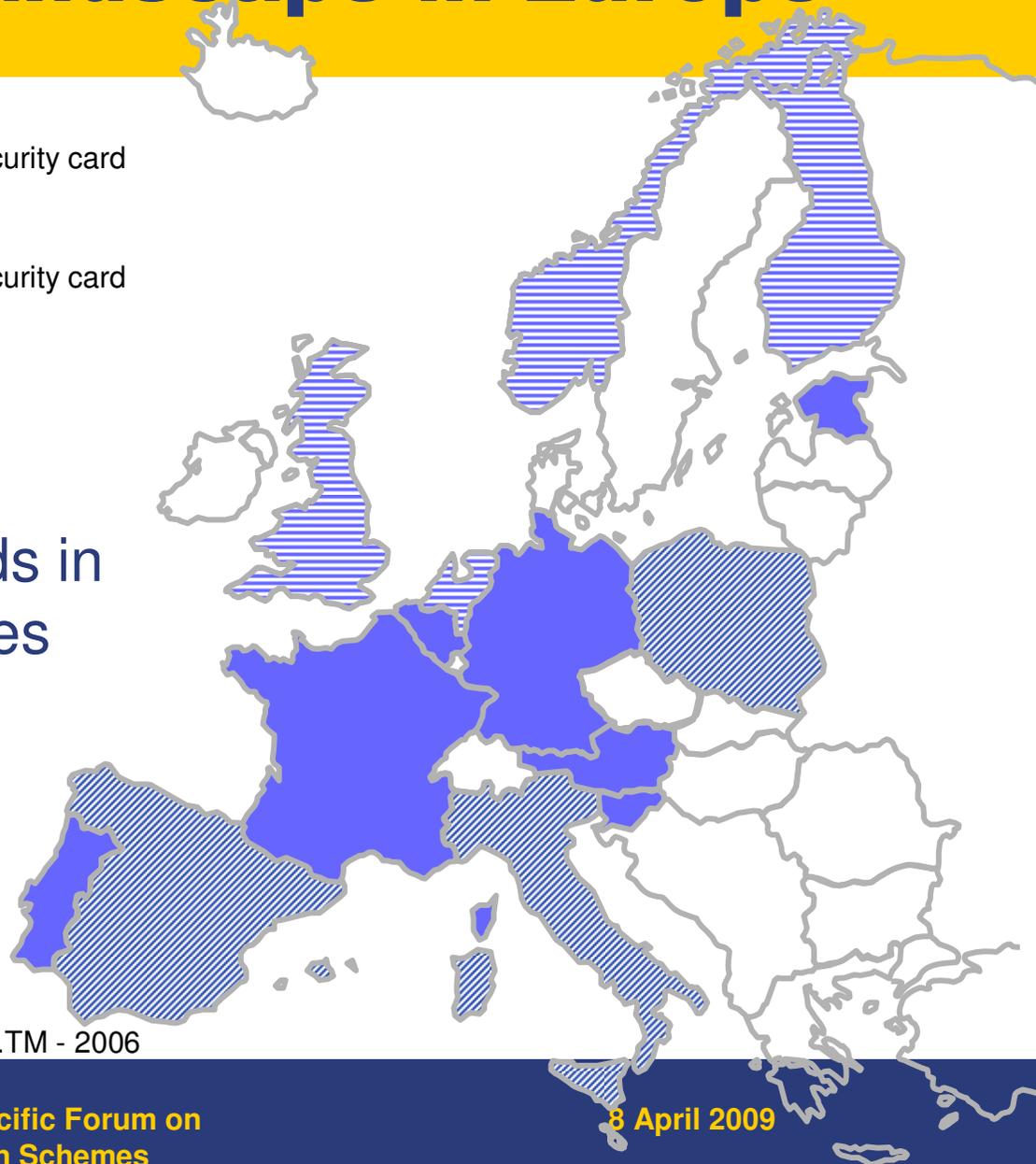
EHTEL's Mission

- ▶ To be the “grid” which creates trust, coherence and consensus between all stakeholders who are interested in using ICT as an enabling tool
- ▶ Founded in 1999, EHTEL is celebrating its **10th Anniversary**

The Landscape in Europe

-  • Member States where an electronic health insurance/social security card has been deployed
-  • Member States where an electronic health insurance/social security card has been deployed in one region
-  • Member States where only an electronic health professional card has been deployed

▶ Smart Cards in HP Practices



Source: eEHIC Ad Hoc Group of CA.SS.TM - 2006

Cross-Border Smart Cards

The diagram shows an EHIC card with the following fields and callouts:

- Insured person identity details:** Points to the name 'Murphy' and the date of birth '16/04/1943'.
- Electronification:** Points to the smart card chip on the left side of the card.
- Card related details:** Points to the card identification number '80372000010001065400' and the expiry date '30/5/2005'.
- Application specific data:** Points to the country code 'IE' and the personal identification number '0791922D'.

Field	Value
3 Name	Murphy
4 Given names	John, Joseph
5 Date of birth	16/04/1943
6 Personal identification number	0791922D
7 Identification number of the Institution	001 - ERHA
8 Identification number of the card	80372000010001065400
9 Expiry date	30/5/2005

European Health Insurance Card

- ▶ Nearly 200 Millions of eye-readable EHIC in EU
- ▶ “From EHIC to eEHIC” under discussion
 - eEHIC is a data set recorded electronically in a national or regional smart card with visual EHIC data on the reverse side of the card

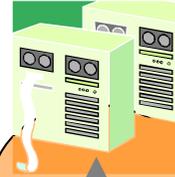


eEHIC with EESSI

Home Member State



Social Security Institution



National (Social Security) Network

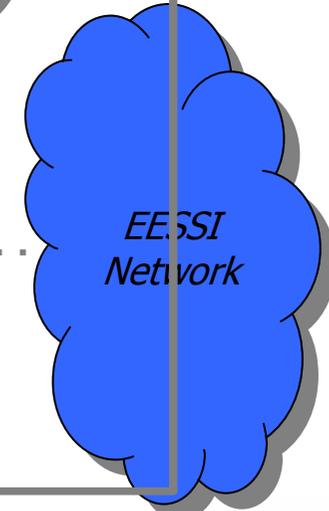
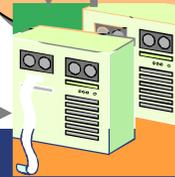
Health Care Professional



National (Social Security) Network



Social Security Institution



Host Member State



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eEHIC Objectives

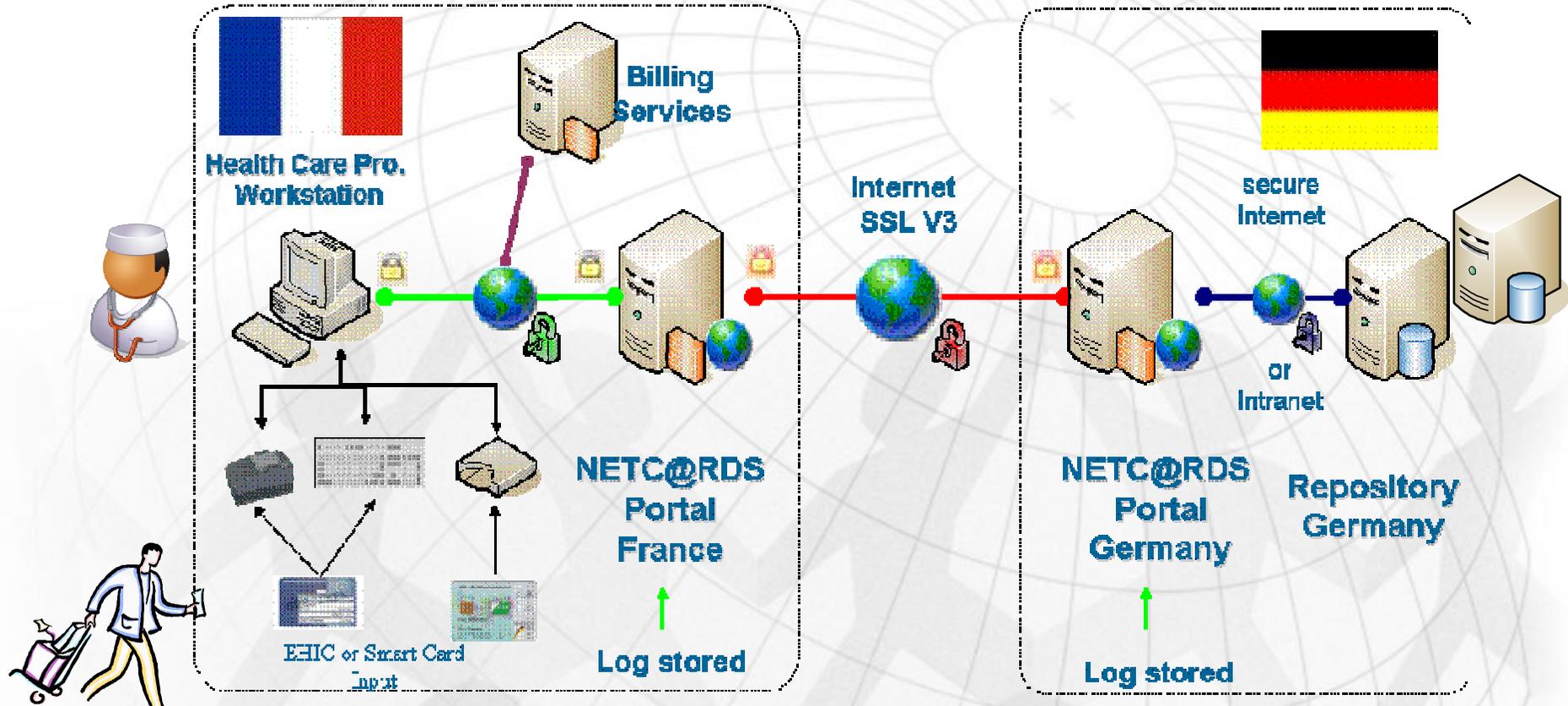
- ▶ From an administrative point of view:
 - Providing citizens with an easier and better accepted way to proof their entitlement to receive care when travelling abroad
- ▶ From a technology point of view:
 - Providing an automated, more reliable data entry and transmission system for insured person's identification data
- ▶ Remark
 - EHIC and eEHIC is not an identification document, but can be included in/combined with an identification document

eEHIC CEN Workshop Agreement

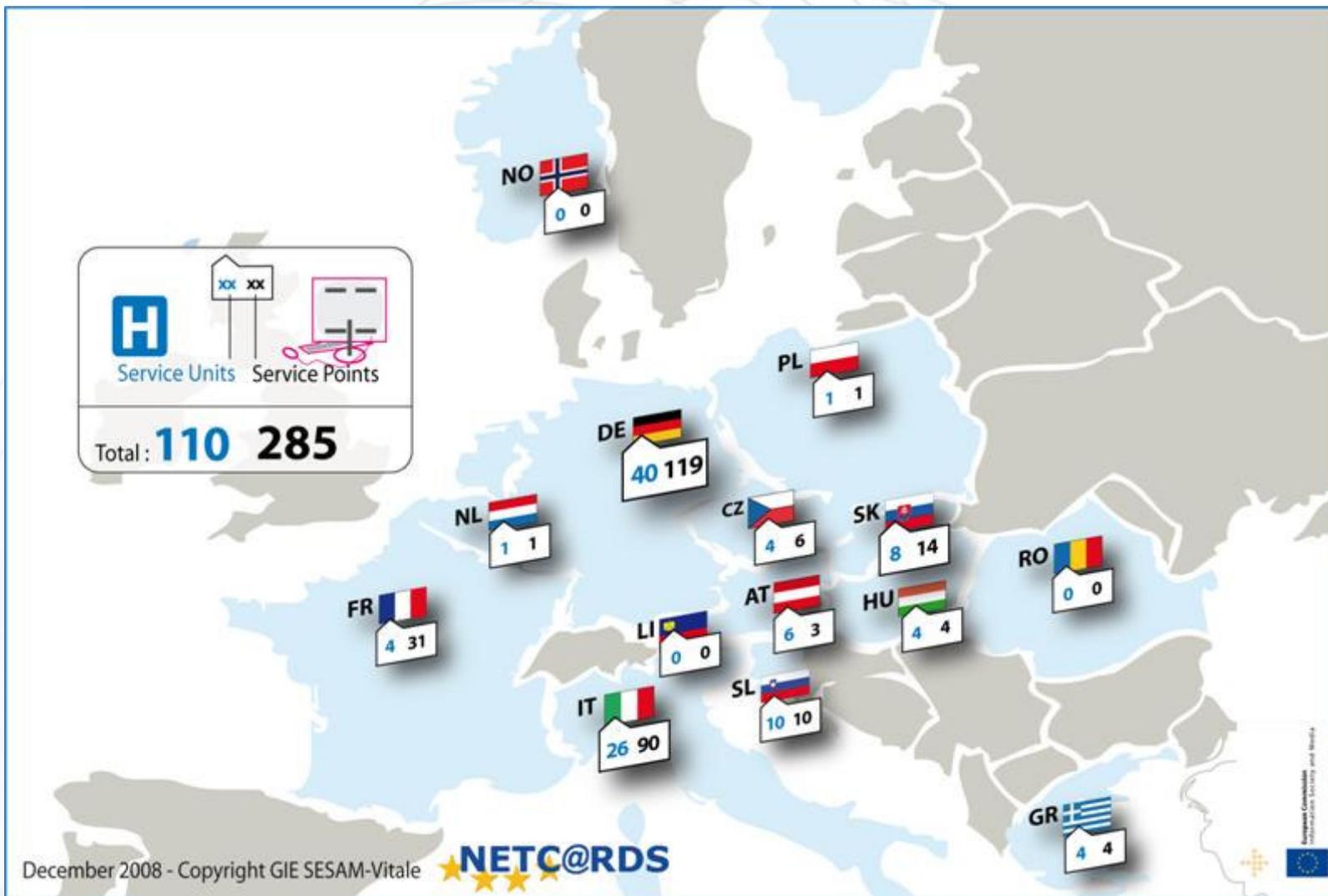
- ▶ CWA specifications are based on ISO/IEC 24727 and ECC
 - Low cost and non-vendor specific middleware
 - Personalization of logical data structures (discovery information)
 - Possibility for security mechanisms with minimal impact on card reading infrastructure

- ▶ They allow existing cards and infrastructure to be used as eEHIC
 - The implementation costs would therefore only includes costs for adapting their systems and infrastructure

- ▶ A MS may however used the eEHIC specifications as a basis for developing a smart card system for national purpose



Service Points

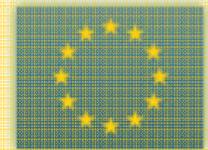


NETC@RDS

★ ★ ★ ★ **NETC@RDS**



eHealth services

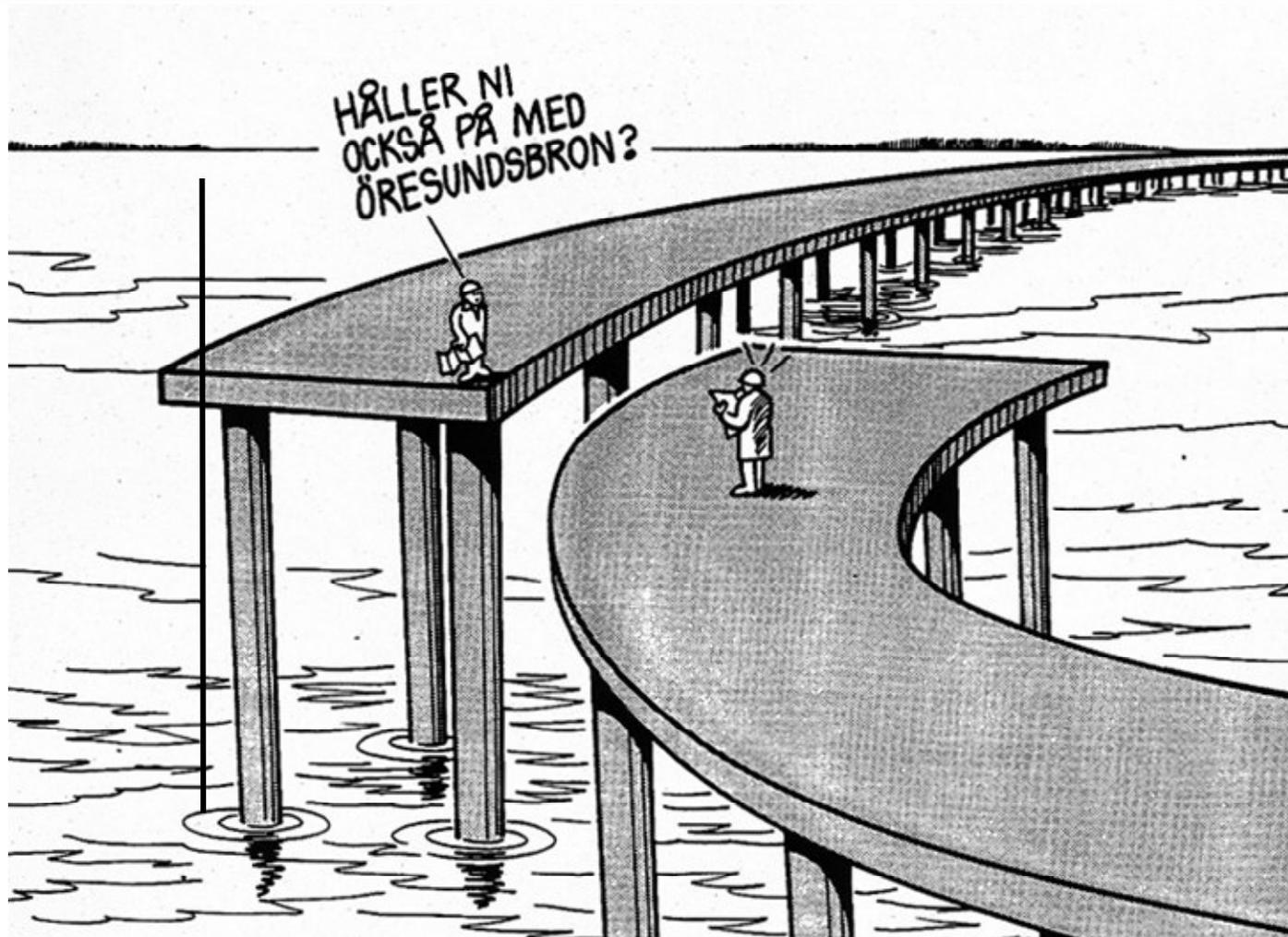


epsos

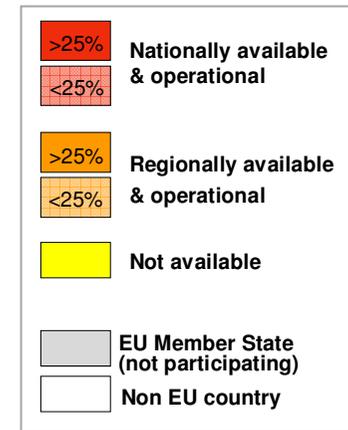
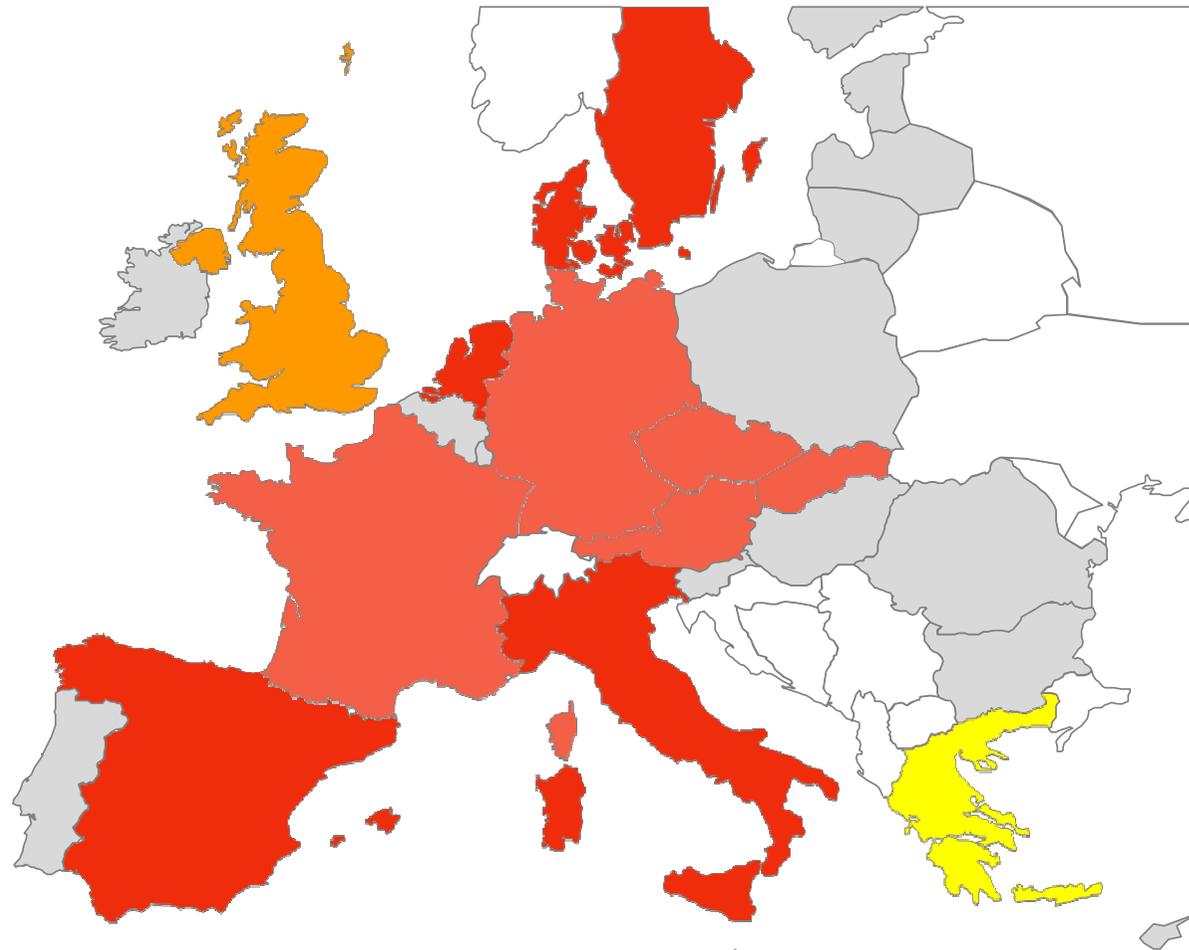
**EUROPEAN PATIENTS
SMART OPEN SERVICES**



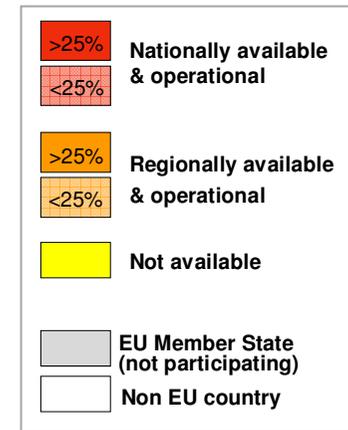
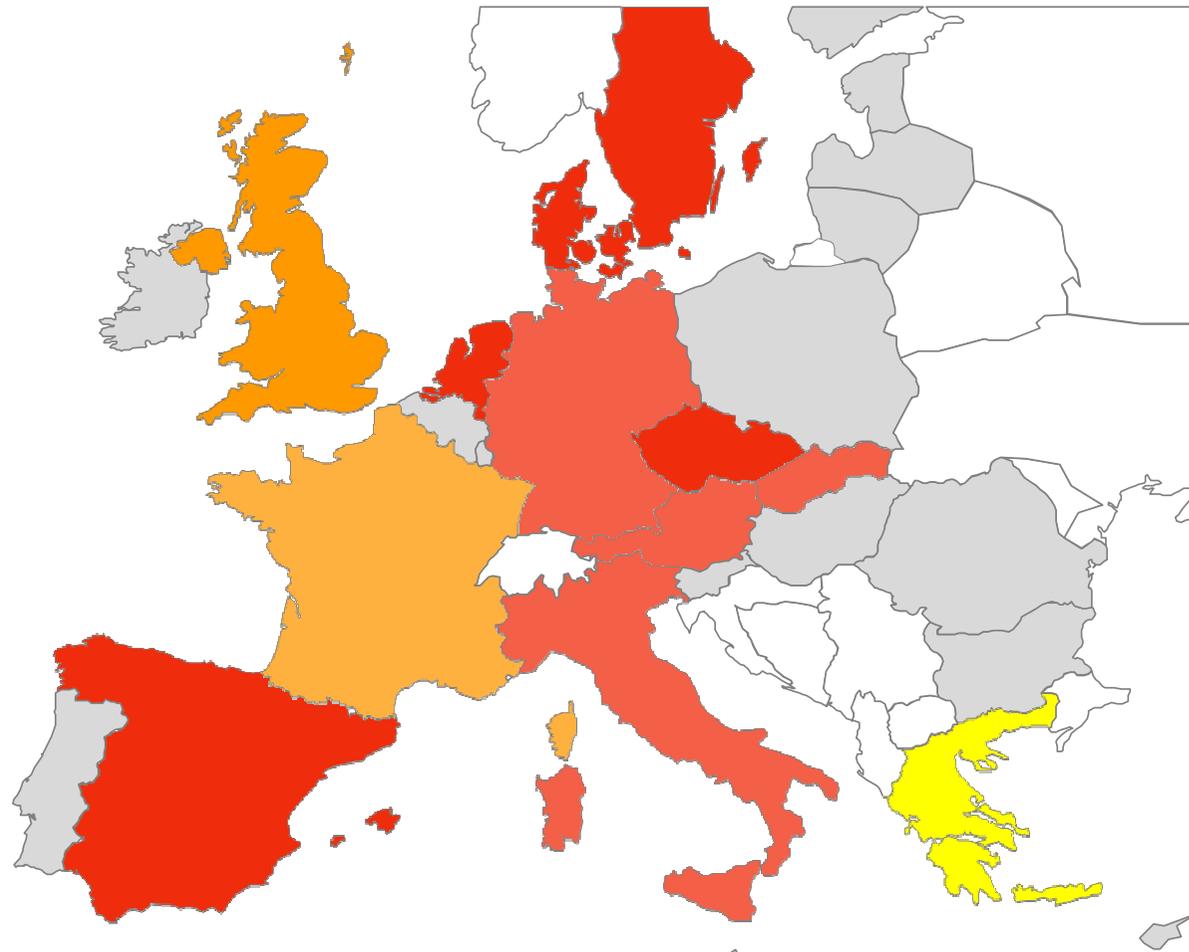
Cooperation is Necessary



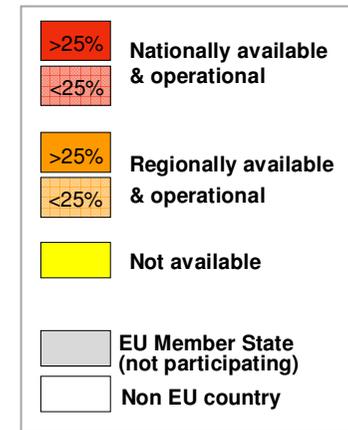
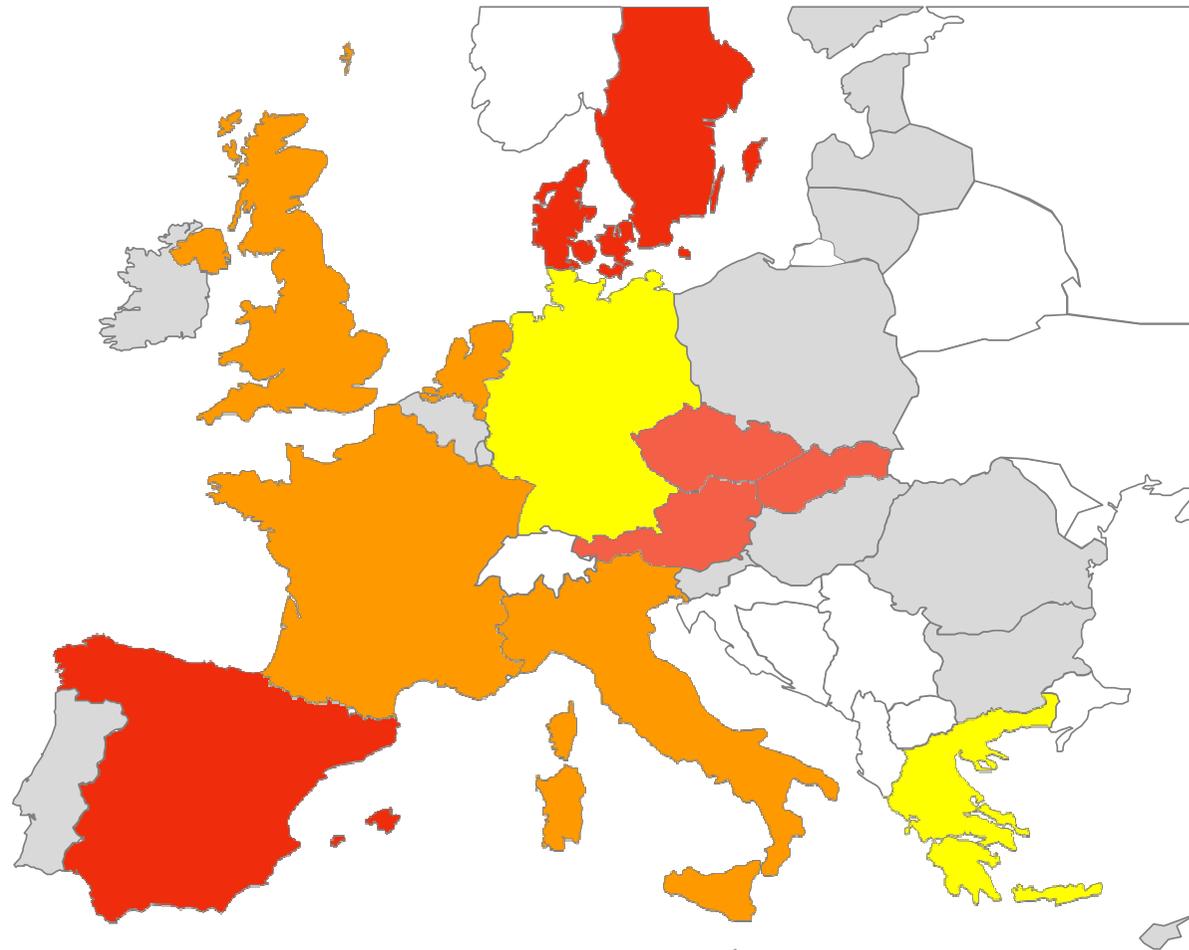
Transfer of Prescription in 2010



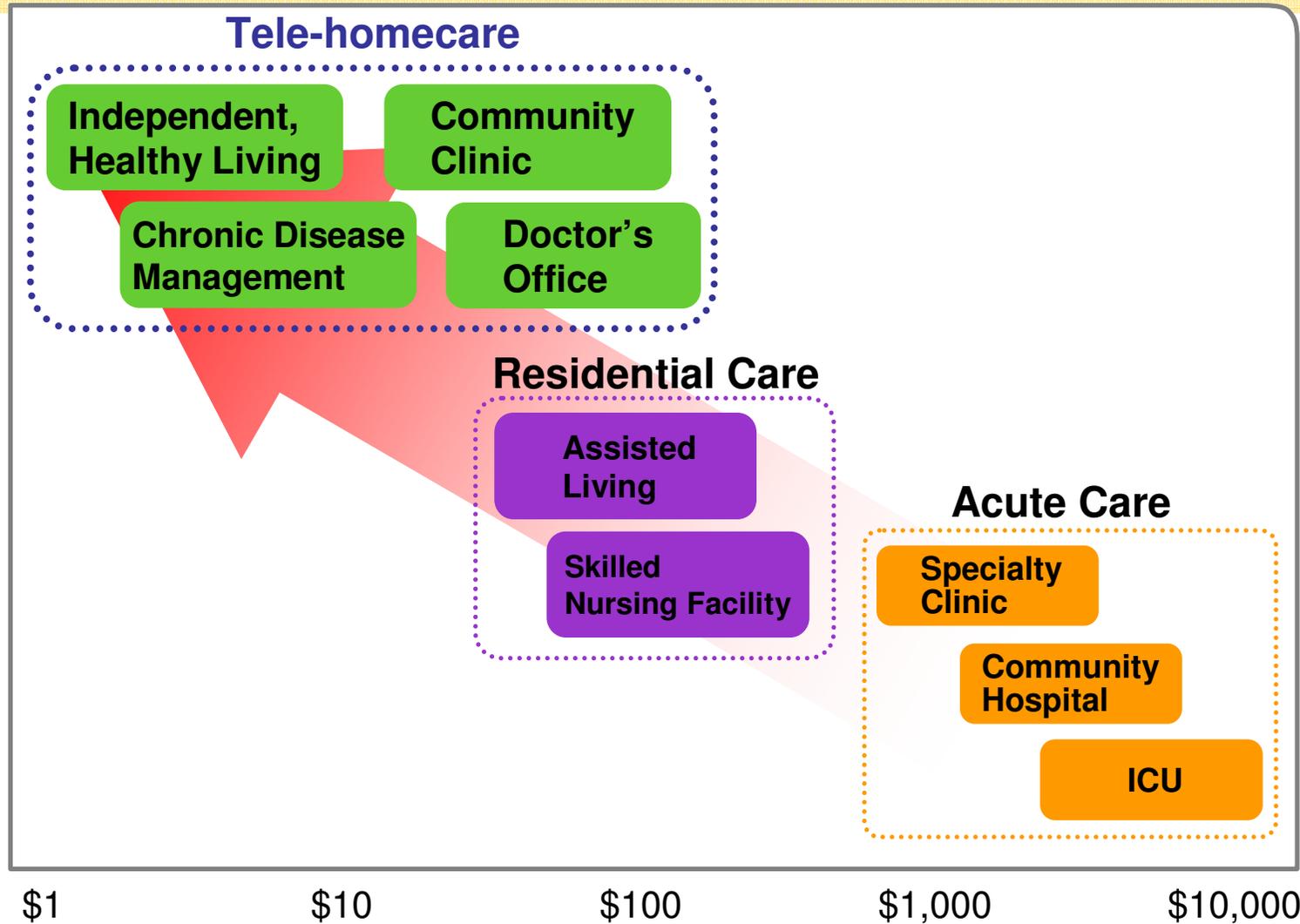
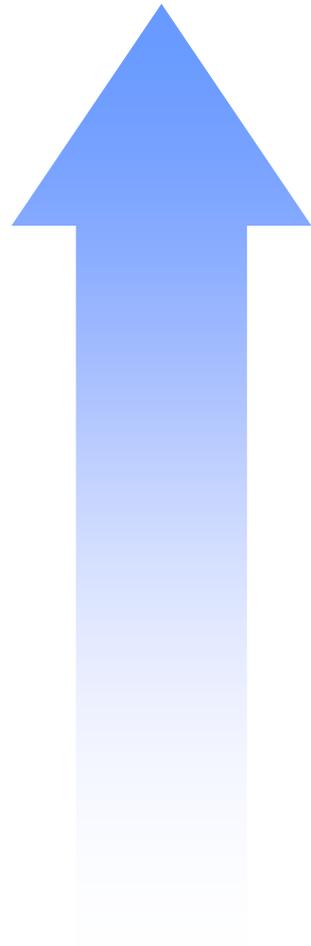
Patient Summary in 2010



Medication History in 2010



Telemedicine services



By courtesy of Intel

Telemedicine as an Add-on (predominant since 99)

- ▶ Characteristic
 - Originating from existing healthcare structures and processes as an “add-on” without intention of changing structures or healthcare systems
- ▶ Current stage of development: small scale deployment
 - Tele-consultation (Triage & Diagnostic)
 - Tele-monitoring & Disease Management
 - Tele-counselling by involving specialists

Integrated Telemedicine Services (under deployment since 2009)

- ▶ Services integrated into clinical use cases
 - Chronic disease management e.g. chronic heart failure, diabetes ...
 - Support for quality of life of elderly people living @home
- ▶ Interconnectivity enabled thanks to progresses in the field of eHealth infrastructure
- ▶ These services are aimed at being deployed on large scale and will be geared at being for wide and routine use

Reflection from “A Decade for eHealth”

The three ages of eHealth

- discovery
- acceptance
- deployment



and eventually a fourth age when the e prefix is no longer needed and IT is an integral day to day part of delivering, managing and receiving care.



The age of Discovery 1989 – 1999



- ▶ A health community was starting to develop which saw IT as more than just patient administration
- ▶ The idea of technology for health is emerging: Health Telematics
- ▶ Lots of local, national and some European initiatives
- ▶ The goal was common platforms, standards and networks
- ▶ But, enthusiasm not enough - need for structure, stakeholders, vision and some high level encouragement.

The age of Acceptance 1999 – 2009



- ▶ Health Telematics is there
 - MEDinfo, MIE are well established conferences
 - 1000+ people were working on health IT standards
- ▶ Out of this emerged EHTEL, encouraged by EC
- ▶ Technology offering eHealth capabilities
- ▶ Demographic / chronic disease / medical advance pressures:
 - Finite resources facing demand curve
 - Demand for better accessibility, quality of care, patient empowerment
- ▶ **Transformation is needed but is impossible without information**

The age of Acceptance...

The trailblazers



- ▶ eHealth & Telemedicine services are in operation in
 - England, Andalucía, Slovenia, Lombardy, Veneto, Sweden, Demark, Norway, Northern-Westphalia

- ▶ Observations show that
 - Operational deployment is easier for areas with 5 – 10 millions inhabitants
 - A central EHR system would be viable for a population of about 5 millions

- ▶ Regions ... an appropriate level in the chain to connect with the local situation!

The age of Acceptance

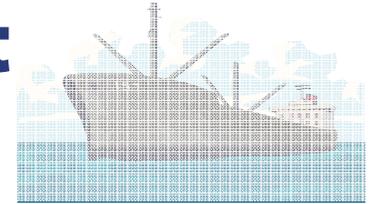
In ten years, we have not ...



- ▶ Proved the value business case for eHealth
- ▶ Found a way to make eHealth understandable, a “must have” & a “can do”
- ▶ Brought the stakeholders working together in mainstream eHealth
- ▶ Agreed practical standards, deployment & innovation good practice
- ▶ Made eHealth part of professional development for all health people

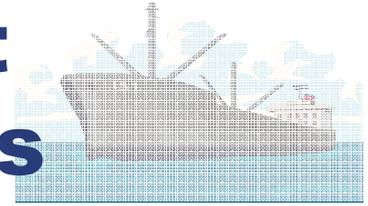
The age of Deployment

Where are we?



- ▶ We have **trailblazers**
- ▶ Aware there are **no simple answers**, no one way forward, no panacea.
- ▶ Clear that eHealth / technology just one **enabler** for Transformation
- ▶ Close to having the technology we need, but not yet the change mentality / **commitment**
- ▶ Starting to see stakeholder **awareness** that they are all in this together
- ▶ Agreed about direction but roadmap still unclear
- ▶ A long way from making it happen globally

The age of Deployment Critical Success Factors



- ▶ Common sense and working together
- ▶ Making industry an effective stakeholder
- ▶ Making technology the servant of care
- ▶ Local / SME driven innovation
- ▶ Effective subsidiarity for eHealth at EU, national, regional, local, individual level
- ▶ Programme of continuous education
- ▶ Managing innovation and risk
- ▶ Putting the citizen / patient first

A decade of eHealth

- ▶ Thank you for your attention
- ▶ More on some EU-wide projects
 - www.netcards.eu
 - [EHIC](#)
 - [eEHIC specifications](#)
 - www.epsos.eu
- ▶ For continuing the discussion
 - Marc.Lange@ehtel.org
 - www.ehtel.org



Marc Lange
Secretary general

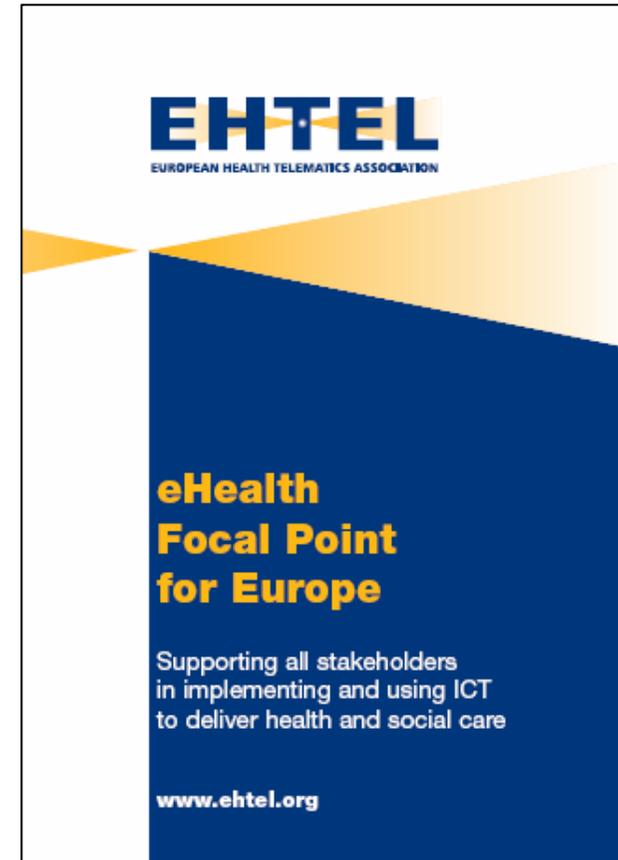
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For continuing the discussion after the meeting

Not to be shown during the lecture

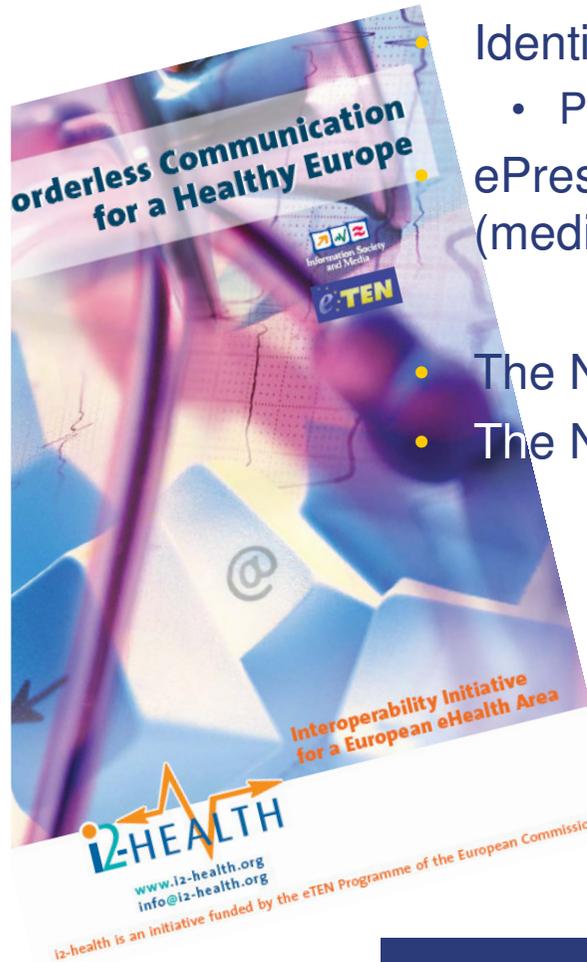
EHTEL is there as a forum for
All Stakeholders

- ▶ Several publications of
EHTEL are available at
www.ehtel.org



Interoperability Initiative

- Available publications (co-authored) (2006)
 - Identification management in eHealth
 - Proceedings of the 2006 Expert Workshop in Amsterdam
 - ePrescribing (medication record, transfer of prescription, decision support)



- The Navigator newsletter (2005)
- The Navigator – Collector edition (2007)



**2nd Asia Pacific Forum
Smart Health Scheme**

Sustainable Telemedicine

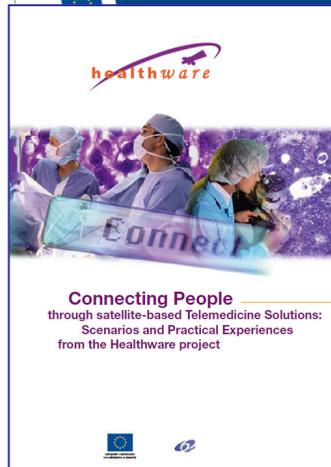
Available Publications (2008)

- “Sustainable Telemedicine: paradigms for future-proof healthcare”
- “Connecting People through satellite-based Telemedicine Solutions: Scenarios and Practical Experiences from the Healthware project”



The Navigator newsletter - 2008

- Navigator fact sheet - 2008



Empowering the Citizens

► Past achievements

- 2003: “Patient Charter for eHealth Information Systems”
- 2006: EHETEL Satellite session at WoHIT “eHealth: Getting it Right for the Patient – Three examples providing views, issues and concerns”
- 2007: Comments on the draft EU Data Protection Guidelines for EHR, through the eHealth User Stakeholder Group

Available publications (2006)

- 3 Briefing Papers: Care at the home, Patient Safety, EHR
- The Navigator Newsletter (2004)



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User Acceptance

- ▶ Past achievements (2007)
 - **The “4 Cs in Healthcare”**
 - Continuity of care
 - Collaboration between stakeholders,
 - better Communication
 - safeguarded Confidentiality

- ▶ Available publication
 - Press Release on Conference Conclusions – Rome, May 2007
 - The Navigator newsletter (2005)

