



## CPME 2010/032

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**eHealth Background Paper**

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### CONCERNING / CONCERNE

WG eHealth

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**Information**

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## e-Health – where we are now

As we start a second phase of CPME policy-making on e-Health, it might be helpful to review what progress has been made in health IT, how existing CPME policy has influenced progress. This should help us identify which areas we need to concentrate on, and also whether our policy needs to be reviewed in some areas so as to take account of what is a rapidly-changing area of healthcare.

Looking at current CPME policy ([CPME 2008/180 FINAL](#), [CPME 2008/181](#), [CPME 2008/193](#)), we have secure views on the importance of e-Health complementing the patient/doctor relationship, and on security and consent issues. Our policy has served us well in terms of ensuring that CPME has relevant positions on the principles of e-Health implementation. What we lack are detailed organisational and ethical policies that will be needed as the implementation of practical projects, notably [epSOS](#), takes place. A great deal of work on interoperability, the legal and ethical aspects of e-Health, and the question of semantics are being undertaken by the Commission, Council and European presidencies - notably by the Czech Republic ([CPME Info 035-2009](#)) and Sweden ([CPME Info 133-2009](#), whose initiatives are now being taken forward by Spain).

Key recent developments have been the development of the [epSOS](#) and [CALLIOPE](#) projects, significant support for e-Health from the Swedish Presidency (see for instance the document [“eHealth for a eHealthier Europe”](#), and the [2009 Council conclusions on accessibility, the need for political leadership, and on patient safety](#)).

In 2009, the EPSCO Council adopted the “Council Conclusions on eHealth”([CPME Info 237-2009](#)). The Conclusions represented a political mandate for a more consolidated approach to co-operation on e-Health in the EU. At the High-level meeting on EU e-Health Governance in Stockholm on 23 October, there was a strong consensus from political representatives from 28 European countries that Member States should lead on setting up a new mechanism for e-Health Governance, through a Joint Action and a Thematic Network.

The outgoing Swedish and the incoming Spanish presidencies have worked with the Commission to prepare the ground for this governance initiative, which was discussed in detail on January 21<sup>st</sup>, following the latest “i-2010” meeting held by DG INFSO. Since the past president of CPME has been elected chairman of the e-Health users’ stakeholder group (minutes of last meeting: [CPME Info 028-2010](#)) CPME will have access via this group to the i-2010 group (and hopefully any successor body) as well as a more “hands-on” role in e-Health strategy being offered to stakeholders by the Commission. In addition, another important up-coming event is the e-Health conference held in Barcelona on 15 to 17 March 2010. It will be important to monitor activities and the conclusions that are adopted at the conference.

Outstanding or unresolved issues in terms of e-Health strategy are the precise placing of stakeholder groups within the governance hierarchy, and, for the users’ group, how we can influence the implementation of e-health at MS level.

This leads on to the most visible e-Health project, which is [epSOS](#). A call is now out for proposals and bids related to an extension of [epSOS](#) in size, and beyond 2011. The current project will deliver pilots on the transfer of electronic patient summaries, and e-Prescribing, between 12 EU countries, piloting starting in 2011. CPME is involved in influencing this through the users’ group, and also in a related project, [CALLIOPE](#), which is looking at interoperability. The need for more convergence on these two projects has been recognised by the relevant European Commission DGs in setting up “[CALLePSo](#)”, which is - among other tasks – looking at how the main obstacles to the pilots’ implementation can be overcome. This is where it is suggested that CPME’s efforts should be concentrated, as the success (or otherwise) of the first stage of [epSOS](#) will influence the future roll-out of e-Health on a wider scale.

It has been recognised that the main obstacles to a wider Member State adoption of e-Health, both at national level, and in terms of better support for cross-border care are:

- Legal and ethical issues
- Standardisation
- Semantic issues
- Identification and authentication

For CPME, the “legal” issues are important, as they deal with data security, information governance and patient confidentiality, all of which have significant legal aspects that can affect the individual doctor. However, of more practical relevance are the *ethical* considerations, which include consent for data sharing. In a project such as epSOS, this has a new and difficult element, which is that when a patient moves from one country to another, the electronic record may be handled differently (in terms of data security and information governance) in the two member states involved. Arguably this places a responsibility on the “referring” doctor to have some knowledge of how data is collected, held and shared in the country delivering care, a responsibility most doctors will not wish to have, or which they have little knowledge about.

The other three “obstacles” are mainly technical, but we would wish to be saying that without standardisation of systems and process, common semantics in terms of recording diagnoses and medication, and identification procedures that will reliably identify the patient, then patient safety will be compromised.

On the new governance structure being implemented by DG INFSO, Michael Wilks, as chair of the users’ group, will be developing ideas on how users can contribute more strategic input into e-Health strategy. The “joint action” process, in which Members States will work together to agree more common methodology for e-Health implementation, needs clear themes and direction. For CPME, it is suggested that in advising the Commission what common themes should be developed, an important one would be to analyse what the practical obstacles are to local implementation, how to improve the uptake of health IT, and how to improve trust, both by doctors and by patients (European Patients Forum is a member of the users’ group.)

If the working group agrees that these are useful areas of work, then we can have a period of reflection and discussion, with the aim of developing policy for the April Board. WG members are invited to react to this proposal, but also to identify areas of work that are felt essential.