

25/09/2012



**EUROPEAN PATIENTS
SMART OPEN SERVICES**

*making
healthcare
better.eu*





- Healthcare has been and still is a **strict national prerogative**
- Previously only limited co-operation on a general policy level
- Substantial **variations** between national healthcare systems, but also similar challenges are faced and....
- ...substantial **similarities** in political ambitions to reform healthcare

2008, a new era in eHealth

- eHealth **Standardisation** Mandate 403 accepted; Commission **Recommendation** on cross-border interoperability of electronic health record systems
- 1 Feb. 2011, the European eHealth Governance Initiative (**eHGI**) was launched
- 9 March 2011 European **Directive** on patients' rights in cross-border healthcare
- 8 May 2012 first meeting of eHealth Network





- Overall goal for the epSOS eHealth Project:
 - *“to develop a practical eHealth framework and ICT infrastructure [based on existing national infrastructures] that will enable secure access to patient health information, particularly with respect to a basic patient summary and ePrescription, between European healthcare systems”*
- Improved medical treatment for citizens going abroad by providing health professionals with relevant medical data in an electronic format.
- Challenges to get there (based on the EIF (European Interoperability Framework)):
 - Legal Interoperability
 - Organisational Interoperability
 - Semantic Interoperability
 - Technical Interoperability

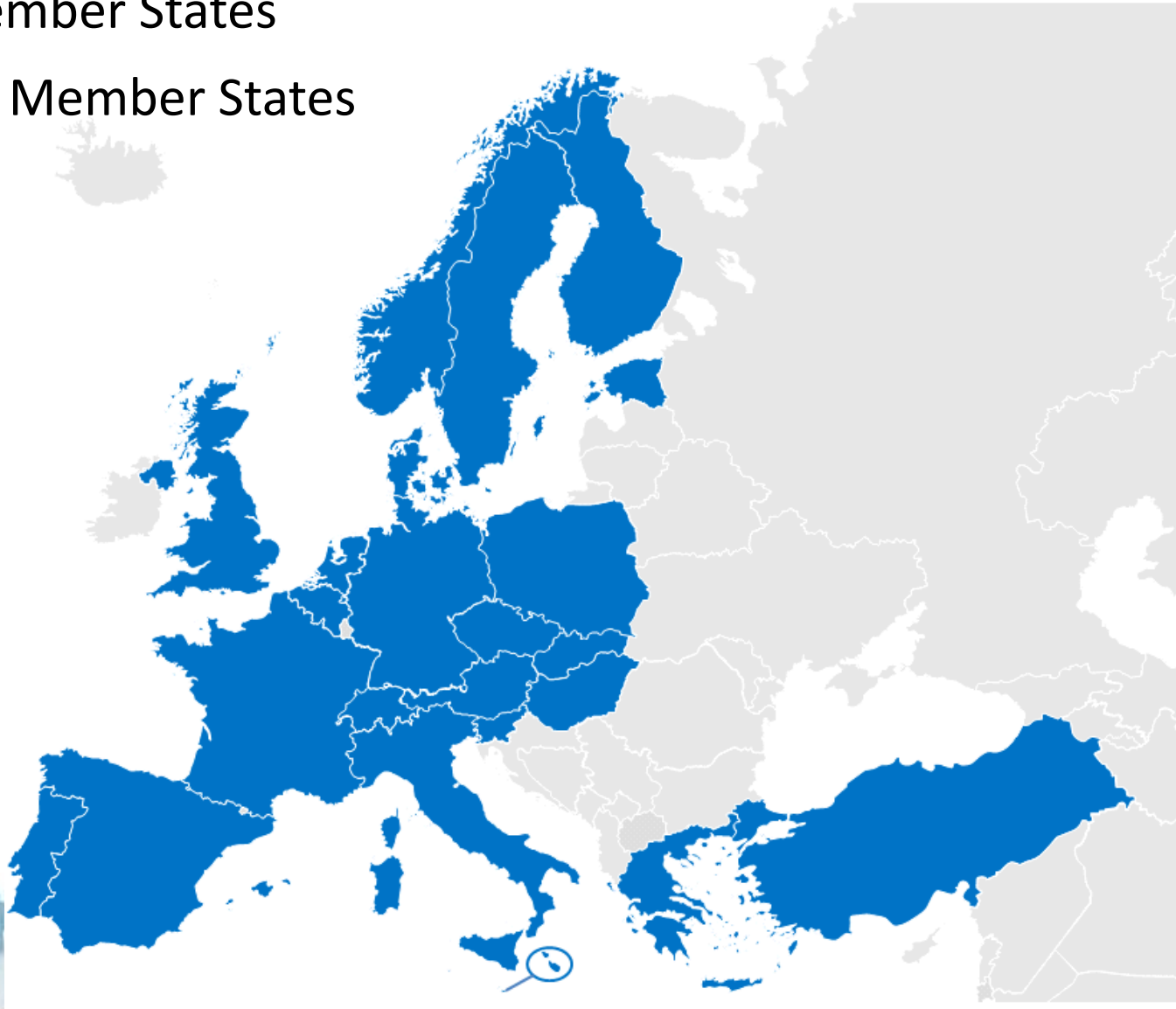


The epSOS participating nations



➤ 20 EU Member States

➤ 3 Non EU Member States





47 eHealth beneficiaries from 23 nations:

.at, .be, .ch, .cz, .de, .dk, .ee, .gr, .es, .fi, .fr, .hu, .it, .mt, .nl, .no, .pl, .pt, .se, .sk, .sl, .tr and .uk,

<http://www.epsos.eu/beneficiaries/>

Consisting of

- National ministries of health,
- national/regional competence centers,
- a consortium of industry and
- The Project Management Team





- Provide **concrete cross border services** that ensure safe, secure and efficient medical treatment for citizens when travelling across Europe
- Focus on services close to the patient:
 - **Patient Summary for EU Citizens**
 - Occasional Visit
 - Regular Visit
 - **ePrescribing for EU Citizens**
 - Medication ePrescription
 - Medication eDispensation
 - Build on **existing National eHealth Projects** and use experiences and knowledge from all Member States



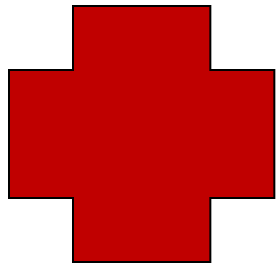


1. **Consolidate and scale up** piloted epSOS services
2. **Extend and refine** functionalities of the two core services (e.g. patient access)
3. Assess the use of the epSOS patient summary service in the context of the **European emergency (112) service**
4. Comparatively **assess the interoperability approaches** of epSOS services with those in other regions of the world





Information/dataset	Contains
Patient Identification	Unique identification for the patient in that country
Patient Personal Information	Full name Date of birth Gender
Alerts	Allergy description and agent
List of Current Problems	Problems/diagnosis that need treatment and/or follow up by a HCP
Medication Summary	Current medications
Medical Devices and Implants	Patient's implanted and external medical devices and equipment that their health status depends on.
Surgical Procedures	Surgical Procedures prior to the past six months
Country	Name of Country A
Date of creation of PS	Data on which PS was generated
Date of last updated	Data on which PS was updated
Author/Nature of the patient summary	highlight if the data is collected manually by an HCP or is collected automatically from different sources (eg: hospital doctor repository, GPs...etc) through predetermine clinical rules
Legal Entity	At least an author organization (HCPO) shall be listed. In case there is not HCPO identified at least a HCP shall be listed



**Hospital in
Dijon
(CHU Dijon)**

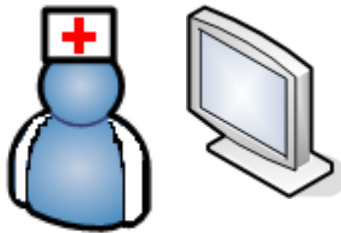


- Maria Schmidt, a 25 year old **Austrian** student enrolled in the Erasmus program, shows up at the Emergency department at the Hospital in Dijon. The chief complaint is abdominal pains following 3 to 4 hours after a meal.
- An abdominal x-rays show signs of intestinal occlusion. The overall clinical presentation is inconclusive, with a diffuse abdominal pain and not needing surgical intervention.
- The physician considers keeping the patient under observation only, or performing an exploratory laparotomy (Ex-Lap).

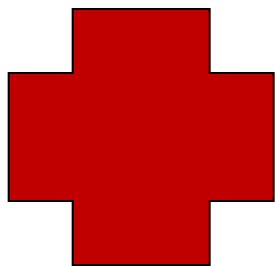




- As the physician knows that epSOS can provide more information, he searches for the patient. The search is directed towards the French National Contact Point (NCP) which in turn will provide the location of the student's Patient Summary.



French NCP



**CHU de
Dijon**





- The French NCP performs, based on protocols which are out of scope for the semantic presentation, a request for information to the Austrian NCP.

French NCP



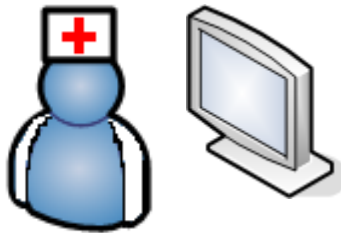
Request for information

**Austrian
NCP**





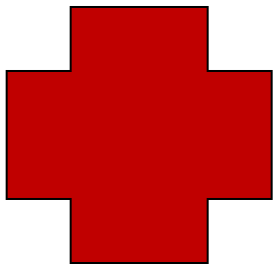
- The French physician receives after the explicit consent of the patient the original document as **pdf** in German as well as the transformed document in the **epSOS format**.



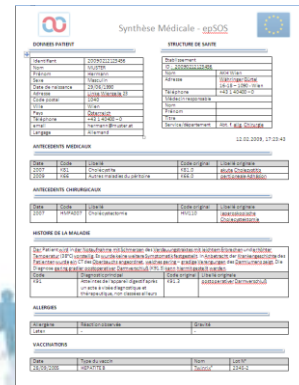
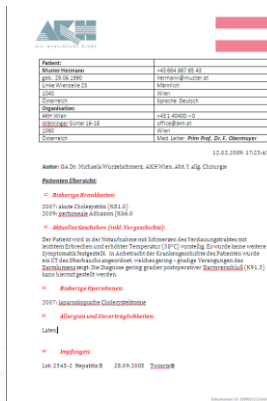
original pdf with the same CDA header

epSOS CDA

French NCP



CHU de Dijon





ANTECEDENTS MEDICAUX

Date	Code	Libellé	Code original	Libellé originale
2007	K81	Cholécystite	K81.0	akute Cholezystitis
2009	K66	Autres maladies du péritoine	K66.0	pertioneale Adhäsion

ANTECEDENTS CHIRURGICAUX

Date	Code	Libellé	Code original	Libellé originale
2007	HMFA007	Cholécystectomie	HM110	laparoskopische Cholecystektomie

HISTOIRE DE LA MALADIE

Der Patient wird in der Notaufnahme mit Schmerzen des Verdauungstraktes mit leichtem Erbrechen und erhöhter Temperatur (38°C) vorstellig. Es wurde keine weitere Symptomatik festgestellt. In Anbetracht der Krankengeschichte des Patienten wurde ein CT des Oberbauchs angeordnet, welches gering – gradige Verengungen des Darmlumens zeigt. Die Diagnose gering gradier postoperativer Darmverschluss (K91.3) kann hiermit gestellt werden.

Code	Diagnostic principal	Code original	Libellé originale
K91	Atteintes de l'appareil digestif après un acte à visée diagnostique et thérapeutique, non classées ailleurs	K91.3	postoperativer Darmverschluss

ALLERGIES

Allergène	Réaction observée	Gravité
Latex	-	-

VACCINATIONS

Date	Type du vaccin	Nom	Lot N°
28/09/2005	HEPATITE B	Twinrix*	2345-2



- The French physician sees the following helpful information in the Austrian Patient Summary obtained via epSOS services:
 - 3 years ago: emergency cholecystectomy (removal of gall bladder)
 - 1 year ago repeated sub-occlusive episodes.
- Based on these useful information an abdominal scan is done showing a peritoneal bridge occlusion.
- A laparotomy is performed.

epSOS has helped the attending physician in providing better care for the patient!



epSOS pilots operating



- **13th of April, 2012:** epSOS pilot operation start
- Testing the epSOS solutions in a real-life environment over a one-year period
- See www.epsos.eu/poc_database to find participating healthcare provider



: Hospital or medical practice
 : Pharmacy
 : Hospital or medical practice AND Pharmacy



epSOS is a Large Scale Pilot

must be of limited scope but comprehensive, robust and universally accepted across PNs, professions and cultures.

long-term operation is out of scope of epSOS

But will deliver practical guidance and recommendations on how to make the transition from the pilots to normal operation.





Beneficiaries

- Ministry of Health (Smiljana Vončina Slavec) – national authority for the project
- Institute for Public Health (Matic Meglič) – the National Contact Point in Slovenia

Scenarios to be implemented

Patient Summary as Country A and as Country B

- PsA – create PS of Slovenian citizens by general Practitioners
- PsB – view PS of foreign patients in Hospitals





Current status

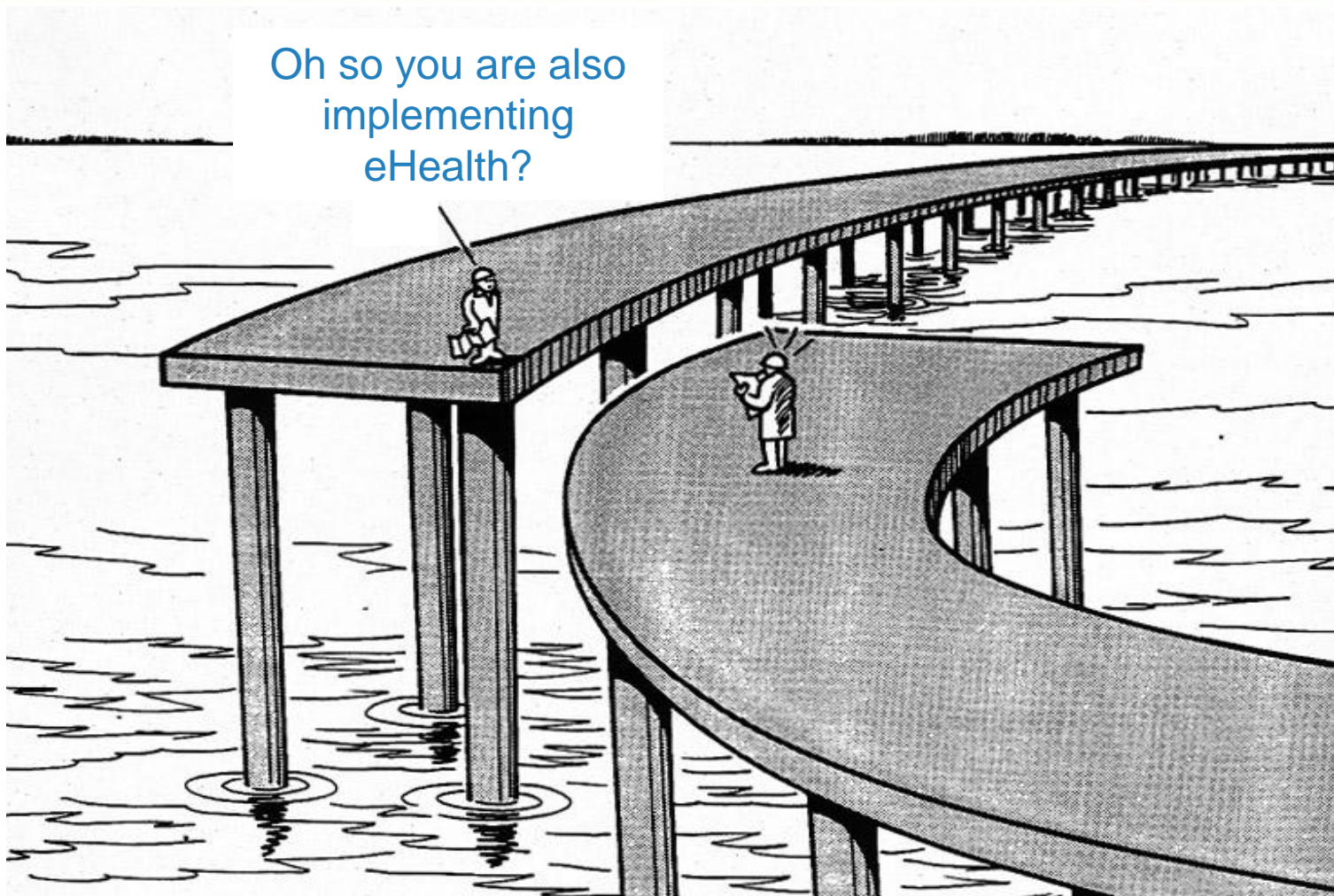
- Technical infrastructure for NCP is installing on the eHealth platform and will be connected to national infrastructure using common standards
- Translations, Classifications and mappings are ready to be uploaded in the central epSOS system
- requirements for adopting local SW solutions are ready
- Communications with SW providers are in progress

Future plan: start piloting PS-A and PS-B Q1 2013





Oh so you are also
implementing
eHealth?



base from Mikael Erlandsson



Questions???



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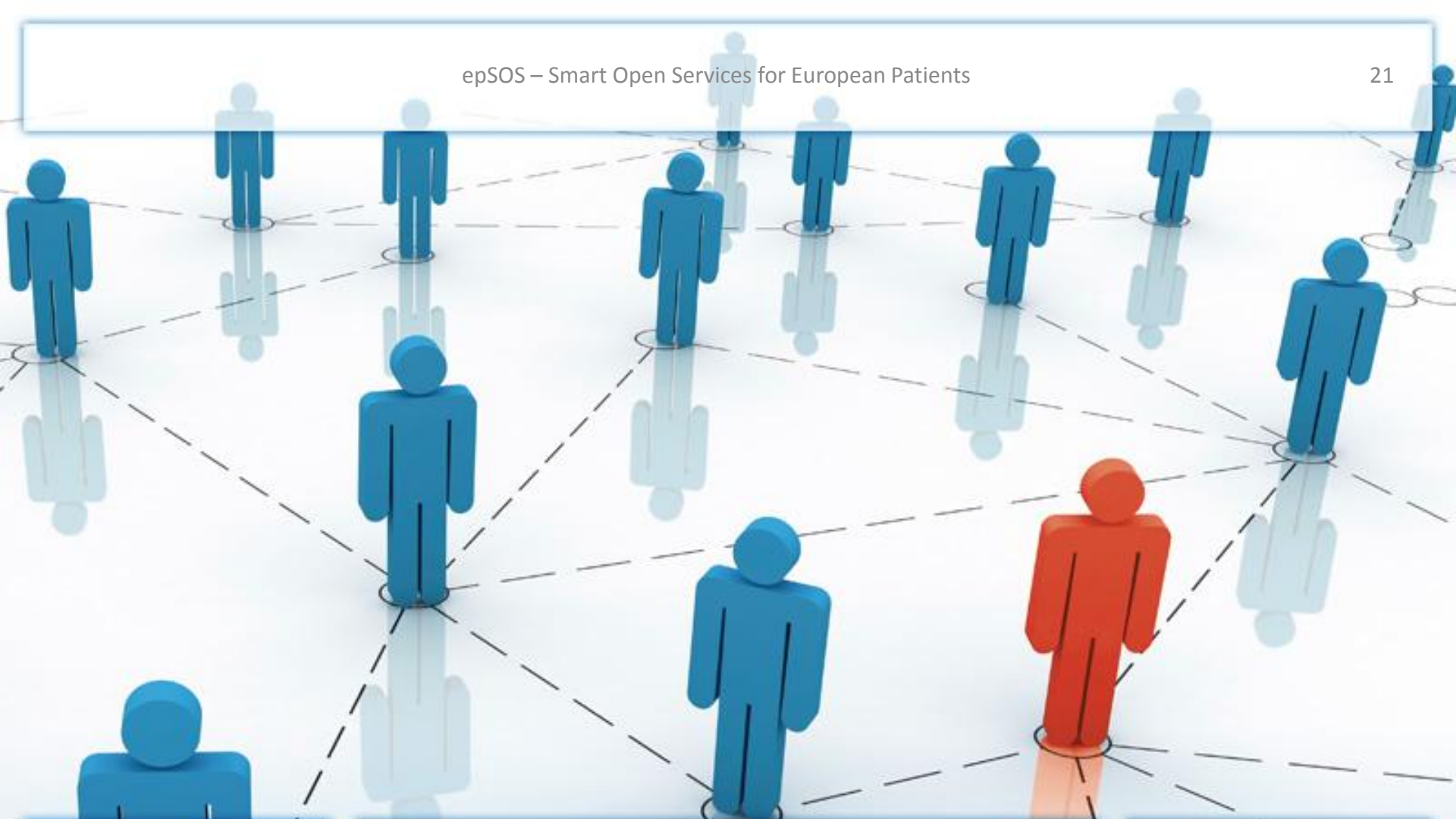
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Thank you for your attention!

