INTEROPEHRATE SCENARIOS AND DATA FLOWS

MID-TERM PUBLIC WORKSHOP

20 OCTOBER 2020

AGENDA

|	
10:00 – 10:05	**Welcome and Introduction** Workshop Facilitators: Tino Marti, Stephan Schug, EHTEL
10:05 – 10:15	**Health data sharing in Europe – strategies and implementation** Dr Ceri Thompson, Deputy Head of Unit H3 - eHealth, Well-Being and Ageing, DG CONNECT, European Commission
10:15 – 10:25	**Overview of InteropEHRate** Matteo Melideo, InteropEHRate Project Coordinator, Engineering, Italy
10:25 – 10:45	**Access to patient data at the point of care - LIVE DEMO** Vincent Keunen (Andaman7, Liège, Belgium), Adrian Bradu (SIMAVI, Romania)
10:45 – 11:00	**Decentralised data sharing for research** Stefano Dalmiani, Fondazione Toscana Gabriele Monasterio, Italy
11:00 – 11:15	**Access to patient data in emergency situations** George Petrescu, SCUBA - Clinical Emergency Hospital of Bucharest, Romania
11:15 – 11:25	**Synopsis: key features and added value of the InteropEHRate approach** Francesco Torelli, InteropEHRate Technical coordinator, Engineering, Italy
11:25 – 11:55	**Panel: Stakeholders' feedback on InteropEHRate approach and impact** Facilitator: Stephan Schug, EHTEL Panellists: Eva Turk (University of Oslo), Asija Delalic (NHS England), Sara Roda (CPME), Andrea Belardinelli (Tuscany Region Government), Ceri Thompson (European Commission)
11:55 – 12:00	**Closing and invitation for Mid-term workshop part 2 (21 October)** Tino Marti, Stephan Schug, EHTEL

SYNOPSIS:
KEY FEATURES AND ADDED VALUE OF THE INTEROPEHRATE APPROACH

Francesco Torelli

Technical coordinator, Engineering, Italy

INTEROPEHRATE OPEN SPECIFICATION
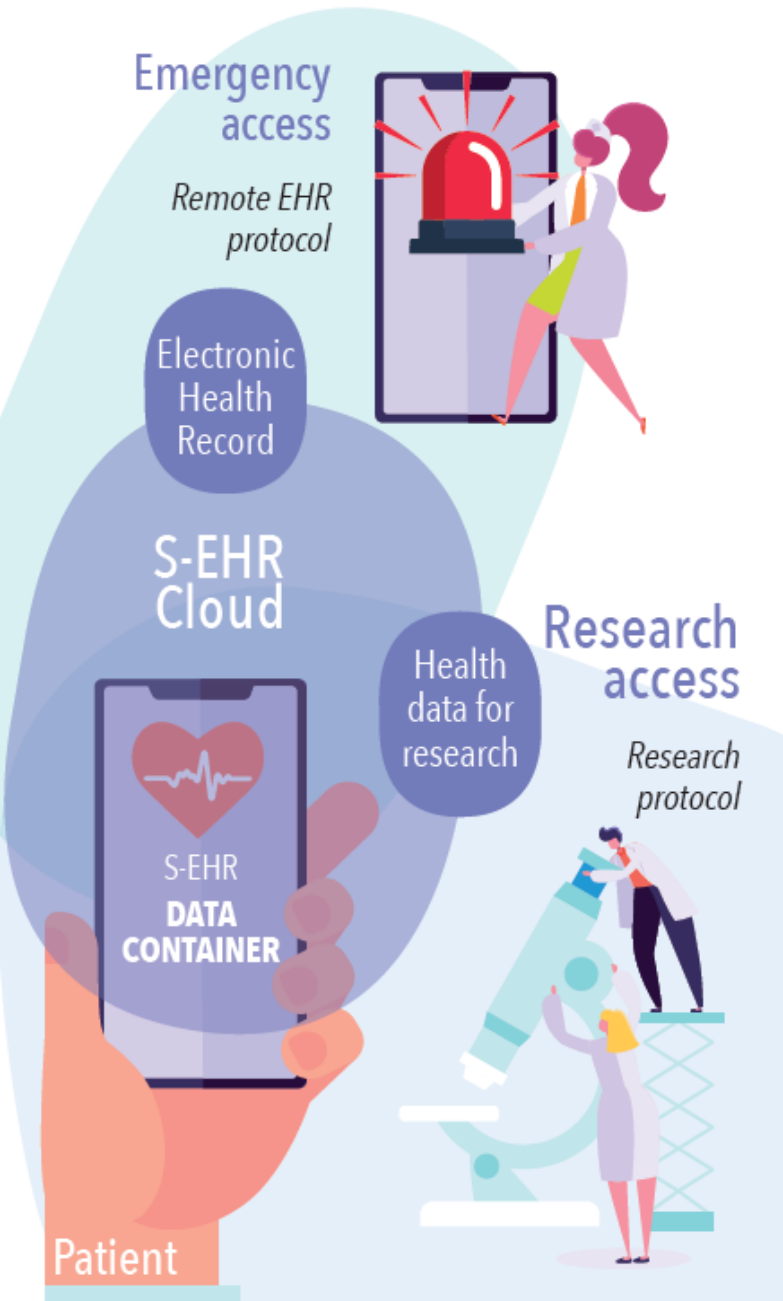
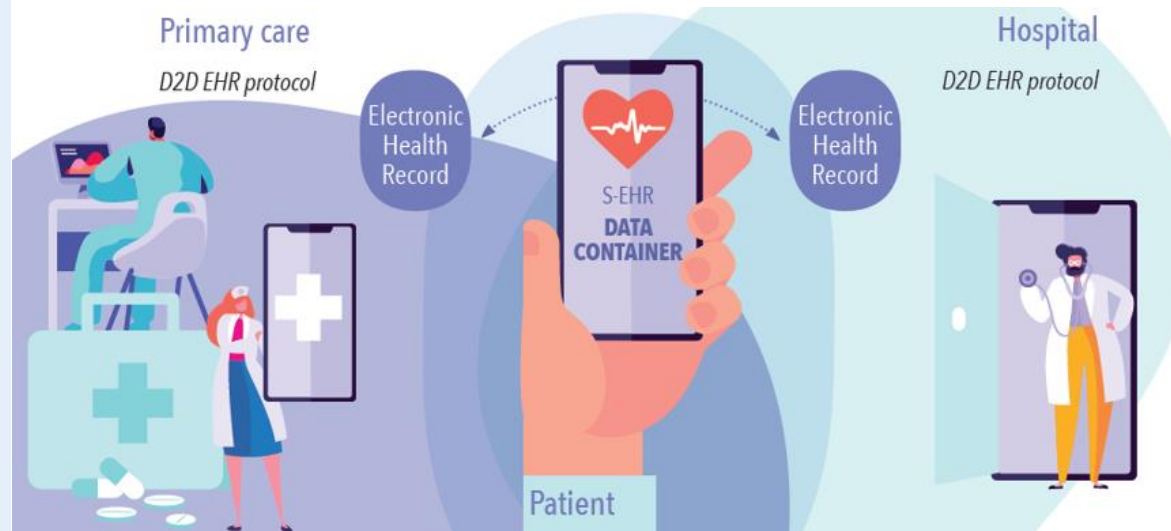**1. D2D protocol** – *applied to* **Medical visit abroad**

Exchange of health data with S-EHRs without internet connection

2. R2D protocols – *applied also to* **Emergency access**

Remote access to EHRs and to personal cloud (S-EHR Cloud)

3. RDS protocol – *applied to* **Health Research study**

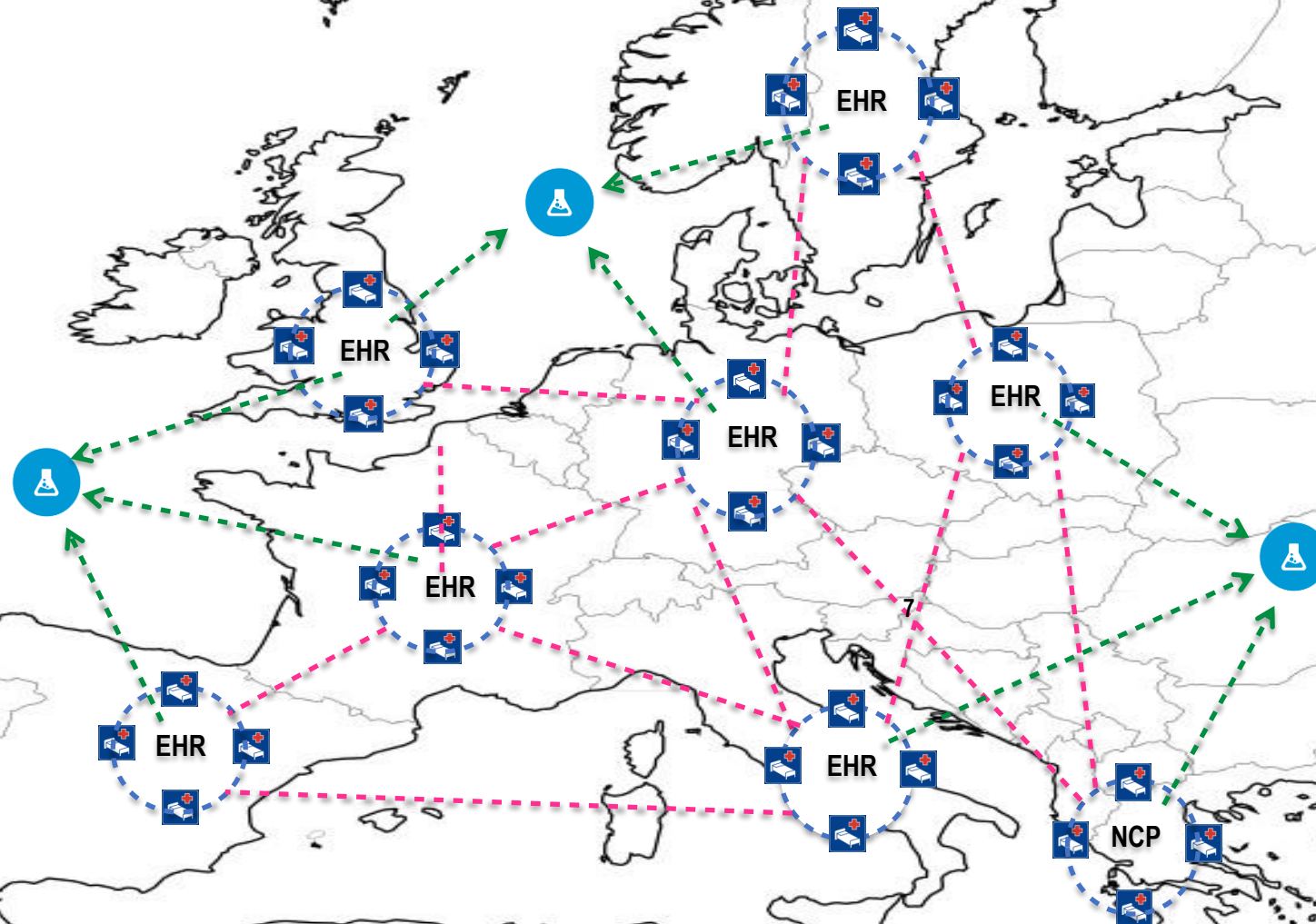*Sharing of health data from S-EHRs with specific research studies*

VISION

More synergy among two complementary approaches

- Healthcare centred

- Citizen centred

HEALTHCARE CENTRED APPROACH

Data are governed by healthcare providers

HEALTHCARE CENTRED APPROACH

Features:

- Heath data are stored within local EHR of health organisations
- Citizens and health organisations are connected to regional EHRs
- Exchange of health data is mediated by regional EHRs

Pros:

- Trustable data sources (single source of healthcare data)
- Compliance to local regulations
- Complete healthcare data

Limits:

- Citizens **cannot access** to health data produced **in foreign countries**
- Citizens have **no control on** health data exchange
- Regional EHRs usually **lacks wellness/health data** provided by third party mobile apps
- Regional EHRs have **to be maintained**
- Data exchange **depends on network** availability

CITIZEN CENTRED APPROACH

Data are governed by citizens
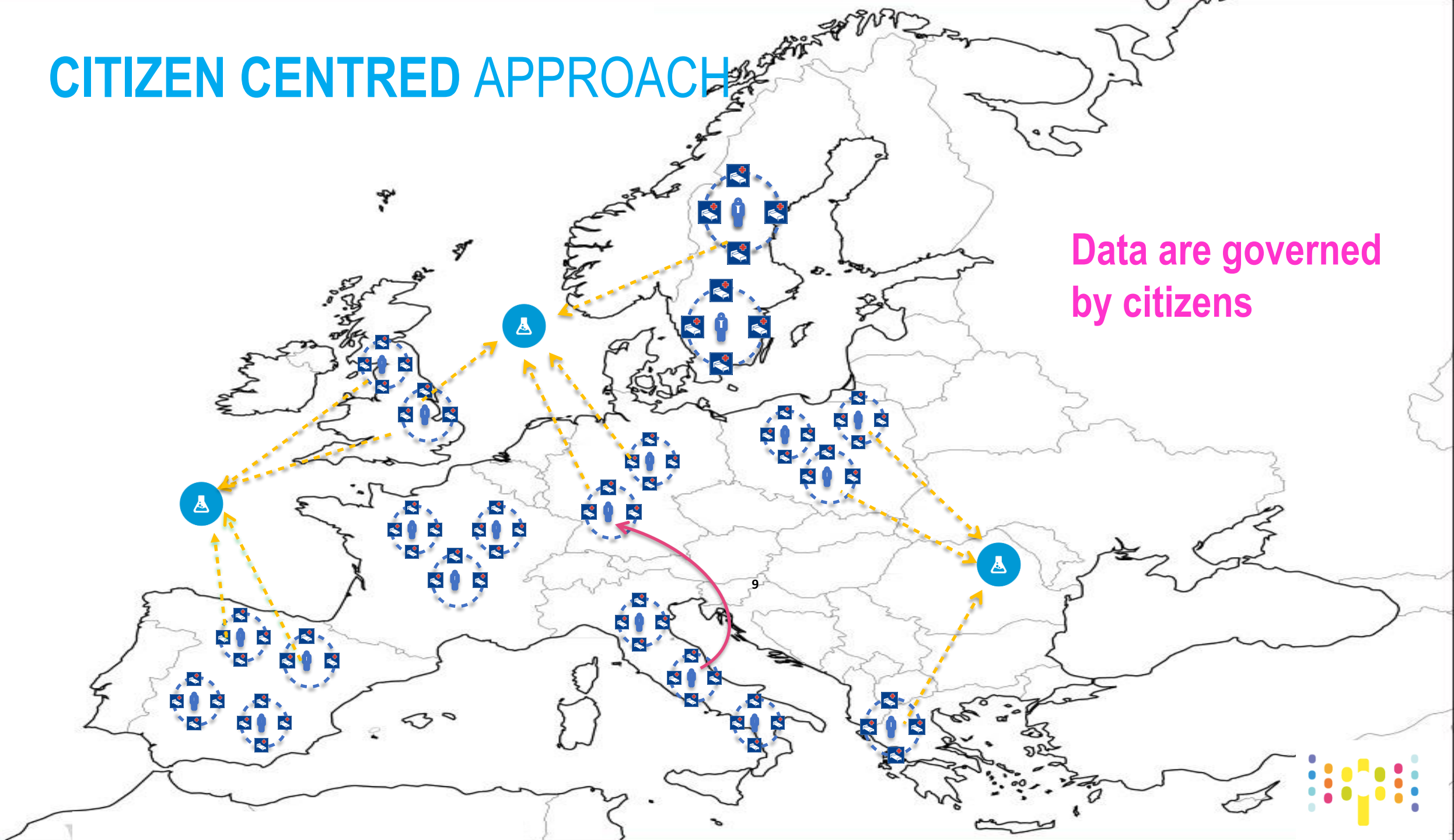
CITIZEN CENTRED APPROACH

Features:

- Heath data are stored within private S-EHRs (or S-EHR Clouds) of Citizens
- Citizens moves with their health data
- Exchange of health data is mediated by Citizens' S-EHRs (or S-EHR Clouds)

Limits:

- Depends on Citizens
- Data are duplicated (Citizen's devices are secondary sources of healthcare data)
- Large images or signals cannot be stored on current mobile devices

Pros:

- Citizens receives data produced **in foreign countries**
- Citizens have **control on** health data exchange
- Citizens and HCPs can consult health data **also offline**
- Researchers obtain consent for secondary use of data may be **directly from citizens**
- HCPs may access to **health data provided by any user app** that supports the open protocols

SYNERGY OF APPROACHES

Citizens, healthcare organisations and research centres are peers
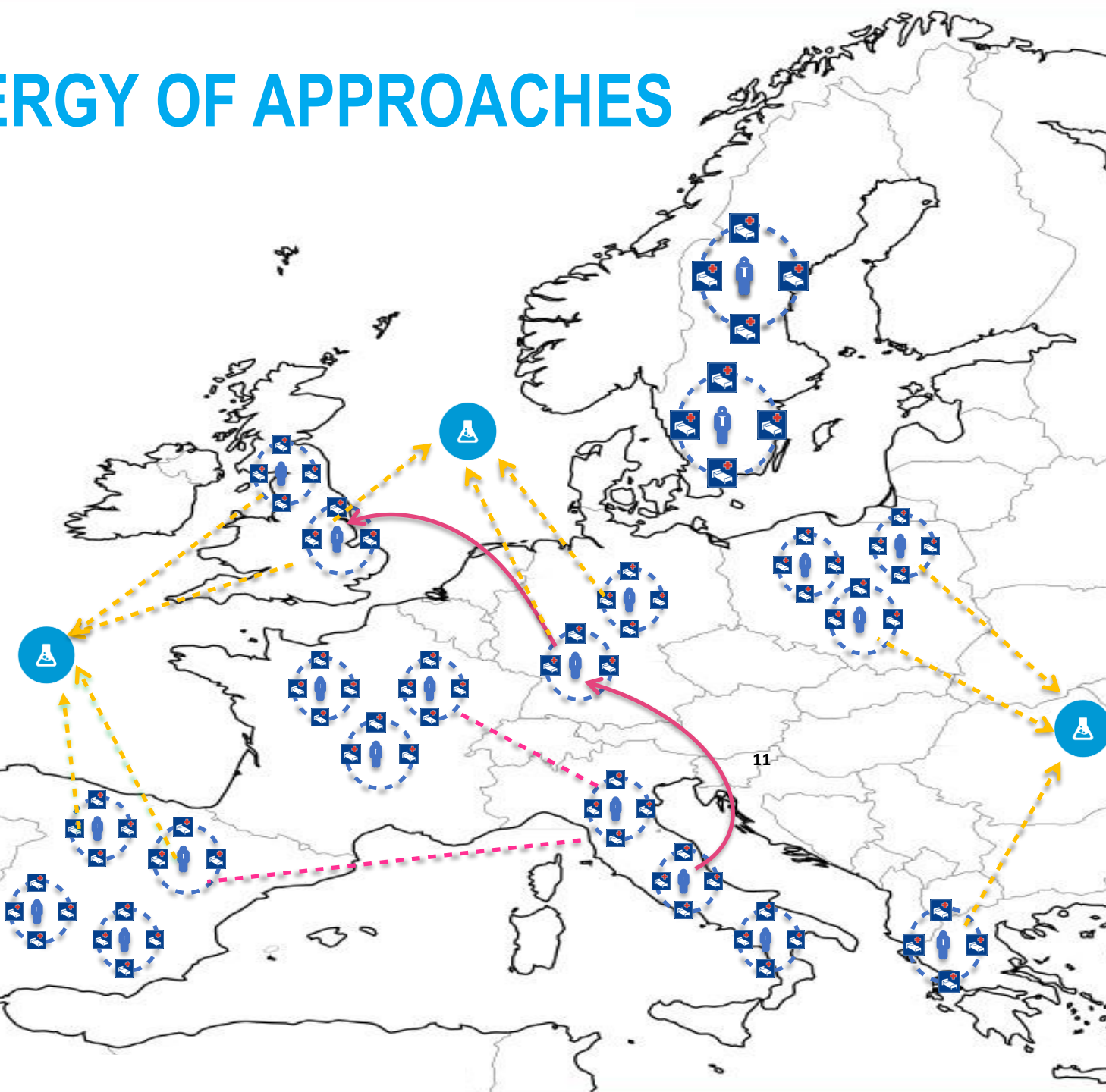
ADDED VALUE OF INTEROPEHRATE OPEN SPECIFICATION

- Non proprietary protocols **free** citizens, HCPs and Researchers **from specific vendors**

- Citizens may use **same user and password across** different EU states*

- Health data can be reliably **translated in different user languages****

- Health data **provenance is digitally certified**

** InteropEHRate supports the usage of **eIDAS-Nodes**: digital services offered by EU member states, implementing the eIDAS regulation, capable of electronically identifying users from all across Europe.*

*** Thanks to the adoption of common **International terminologies** and **HL7 FHIR** profiles.*

KEY BENEFITS OF SELF-MANAGED HEALTH DATA

Citizens: more **health alert**, higher **privacy** & **control**.

Healthcare: **more health data,** better health services.

Research: **larger studies**, richer **data** easier to collect.

THANK YOU

Francesco Torelli

Francesco.Torelli@eng.it