







2nd European EHR Exchange Format Expert Summit

Session 2: Building up the Format

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The EEHRxF and its initial specifications

Giorgio Cangioli HL7 Europe Technical Lead eHMSEG STF Architecture WG leader XpanDH WP2 leader

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Recap of previous episodes...



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Share A complex and multiform scenario Needs and expectations are different ...not a one-fits-all solution Which design strategy ? Country-Country-2 The strategy -Border Patient Usage consistent system (i.e. a federation) of Format cooperating, coherent and possibly standard-based Global specifications If exists European image: Flaticon.com Standards "The European electronic health record exchange format may have different profiles for its use at the level of EHR systems and at the level of the national contact points in MyHealth@EU for cross-If needed border data exchange". European Auth. X-Borders **HL7**[°]FHIR[°] National Auth. / Stand. unded by image: Flaticon.com 18 he European Unio

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Where are we...



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EEHRxF (art. 6): content



Xt-EHR Logical Models



MyHealth@EU Requirements Catalogue

O6.01. Create the MyHealth@EU ePrescription(s) content Creato da Nicolas CASEL, ultima modifica di John O'Neill il feb 23, 2024 Frequency Document author MyHealth@EU Business Analyst Document status date feb 23, 2024 01:41 Source document(s) eP Functional requirements











EEHRxF (art. 6): content













EEHRxF (art. 6)







































Data Set/Logical Models overview



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HL7 FHIR IGs overview



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Laboratory Report















Medication Prescription & Dispense ePrescription IHE PHARM IHE Integrating the Healthcare Enterprise HL7 INTERNATIONAL MPD Hom aligned IHE MPD (Medication Overview WORK derived HL7 HL7 AMLT FHIR AML7 FHIR HL7 Europe Laboratory Report HL7 Europe Laboratory Report $HL7_{\circ}$ eHealth Network change of health data unc Europe Cross-Border Directive 2011/24/E HL7° FHIR° **R5** HL7°FHIR°R4

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Hospital Discharge Report















Medical Imaging Report

My health @ EU eHealth Digital Service Infrastructure A service provided by the European Union	MyHealth@Eu Hospital Disch 0.0.1 - qa-preview 150		HL7 FHIF
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yHealth@Eu Hospital Discharge Report - Local Develop ersions ೆ Home	ment build (v0.0.1) built by the FHIR (HL7	'® FHIR® Standard) E	uild Tools. See the Directory of published
ficial URL: http://fhir.ehdsi.eu/hdr/ImplementationGuide	/myhealth.eu.fhir.hdr	Version: 0.0.1	
raft as of 2024-09-24		Computable Name: My	HealthEuHospitalDischargeReportIg
Note Obligations have been added to this version of the guide	only as Informative material to collect fee	dback about	Scope MyHealth@EU Design choices Navigating the profiles
their usage. For more details about obligations please refer to the Ob	ligations page		Dependencies



- Scheduled for MyHealth@EU Wave 9
- IHE Radiology activity on going (HL7 FHIR R6)
- HL7 Europe activity under evaluation





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Laboratory Report



held responsible for them.

https://build.fhir.org/ig/HL7/uv-lab-rep-ig/

https://hl7.eu/fhir/laboratory/ https://build.fhir.org/ig/hl7-eu/laboratory/

https://fhir.ehdsi.eu/laboratory/

https://build-fhir.ehdsi.eu/laboratory/



Laboratory Results











Medication Prescription & Dispense















Patient Summary



https://hl7.org/fhir/uv/ips/ https://build.fhir.org/ig/HL7/fhir-ips

https://build.fhir.org/ig/hl7-eu



Patient Summary

https://build.fhir.org/ig/hl7-eu/xpandh-ps/ (POC)

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Hospital Discharge Report

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Hospital Discharge report

https://build.fhir.org/ig/hl7-eu/xpandh-hdr/











EEHRxF (art. 6): content





























Commission









OBJECTIVES

- npower individuals through better digital access to their personal health data: support fre movement by ensuring that health data follow people
- Unleash the data economy by fostering a genuine single market for digital health services and products
- Set up strict rules for the use of individual's non-identifiable health data for research, innovatio policy-making and regulatory activities



Joint Action Formalization



eHMSEG



My health @ EU eHealth Digital Service Infrastructure A service provided by the European Union

Innovation, **Experimentation**

Cross-Border Services Infrastructure, **Deployment**















Only do the job once !





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...How to contribute



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Some Facts..

- The standardization work is a result of a highly participated multi-stakeholder effort..
- ..including, but not limited to, the most relevant European projects and initiatives..
- ...with a relevant **country coverage** (beyond the European Union)



My health @ **EU** eHealth Digital Service Infrastructure A service provided by the European Union













Some Facts..



- Laboratory Report: 113 distinct participants from 22 countries (including USA) and EC Solution Providers [average ~30 attendees]
- MPD: 114 distinct participants from 26 countries (including USA) and EC Solution Providers [average ~30 attendees]
- HDR/EPS/Common: 118 distinct participants from 22 countries (including Sri Lanka, United Arab Emirates and Saudi Arabia) and EC Solution Providers [average 66 attendees]











European Commission

Not too late to join ! Have your say on the "format"

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the European Union








How to be engaged ...













How to be engaged ...



mailto:xpandh@iscte-iul.pt



JOINING THE

MEETINGS

- Laboratory Report: (Semantic) Every other Friday 13-14.30 CET
- MPD: Every other Thursday 16-17 CET
- HDR/EPS/Common: Every Friday 10-11 CET











EEHRxF Adoption: Current Landscape and Future Directions



Maria Marques

XpanDH WP4 leader | xShare WP3 co-leader

Email: mcm@uninova.pt













Methodology Workshops Level of **Technical** Laboratory practice Results Workshops State of practice Level of **Hospital** alignment **Discharge Report** One-on-one Engagement **Future** directions **Patient Summary Online Surveys** PS, LR, HDR

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Involved Organisations

- ★ National agencies 15
- ☆ Regional agencies 3
- ★ Academic and research 9
- ✦ Healthcare providers 6
- ★ IT/EHR vendors 5
- 🛧 SDOs 3
- ✤ Industry/Health associations 3





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Involved Nacional Agencies



- NCP implemented (regions)
 - PS (12/18), eD/eP (15/18)
- National Digital EHR system
 - EU PS and Medical Summary Report structured
 - Others unstructured













Involved Nacional Agencies

Finland

- NCP implemented
- CDA and FHIR standards used, but there are differences in the structures and datasets compared to EEHRxF
- Mapping to/from code system used on national level
- PS not include all information (e.g vaccination).













Involved Nacional Agencies

Czech Republic

- NCP implemented
- eP/eD at national level with proprietary specification
 - mapped to/from European ones
 for cross-border
- PS not used internally in Czech republic
 - only for cross-border

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Involved Nacional Agencies

Belgium

- NCP implemented
- Health data exchange achieved through the use of the Belgian "Care Sets" approach
- HL7 FHIR profiles to support technically

Portugal

- NCP implemented
- Using FHIR standard at national level

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Involved Nacional Agencies

Ireland

- NCP being prepared
- Based on unstructured data and legacy systems
- Regional EHR systems being prepared

Netherlands

- NCP implemented
- Gap analysis between NL and EU













Involved Nacional Agencies

Norway

- NCP being prepared
- Gap analysis: EEHRxF vs. Norwegian eHealth solutions

Hungary

- NCP being prepared
- Use proprietary XML format and national codes
- PS compliant with the guidelines and uses common terminologies
- eP/eD can be converted from national to EU specifications













Involved Nacional Agencies

Germany

- NCP being prepared
- Centralized EHR national solution

Cyprus

- NCP being prepared
 - Considering priority categories
 - All healthcare providers will send
 information













Online Surveys

Assessment of practice for production and exchange of health information aligned with EEHRxF



EUSurvey

https://ec.europa.eu/eusurvey/runner/xPanDHPS | https://ec.europa.eu/eusurvey/runner/XpanDHLabRep | https://ec.europa.eu/eusurvey/runner/xPanDHDR

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Patient Summary

Level of Practice

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Patient Summary

Level of Alignment

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Laboratory Results

Type of organisation	Workshops	Surveys
National agencies	🛠 7	♀ 3
Regional agencies	☆ 1	<mark> </mark>
Academic and research	1 6	9 1
Healthcare providers	☆ 3	<mark>9</mark> 4
IT/EHR vendors	★ 3	Q 2
SDOs	★ 3	? -
Industry/Health associations	1 2	9 -
Academic and research Healthcare providers IT/EHR vendors SDOs	 ★ 6 ★ 3 ★ 3 ★ 3 	 ♀ 1 ♀ 4 ♀ 2 ♀ :=













Laboratory Results

Level of Practice

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Laboratory Results – Level of practice













Laboratory Results – Level of practice













Laboratory Results

Level of Alignment

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Laboratory Results – Level of alignment













Laboratory Results – Level of alignment













Laboratory Results

Level of Practice and Alignment Follow-up diabetic patients

Technical workshops and One-on-one

Hungary and Portugal

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Laboratory Report – Level of practice



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Laboratory Report – Level of alignment

Between Hungary and Portugal











2. To D



Hospital Discharge Report

Type of organisation	Workshops	Surveys
National agencies	★ 5	♀ 6
Regional agencies	☆ 1	<mark> </mark>
Academic and research	★ 3	9 -
Healthcare providers	☆ 2	<mark>9</mark> 3
IT/EHR vendors	★ 3	Q 1
SDOs	★ 3	?
Industry/Health associations	1 2	9 -

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Hospital Discharge Report

Level of Practice

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Hospital Discharge Report

Level of Alignment

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Hospital Discharge Report

Level of Alignment

Technical workshops and One-on-one

Portugal, Greece and Slovakia

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Between Portugal, Greece and Slovakia













Future Directions

Patient Summary

Laboratory Results

Hospital Discharge Report

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Additional information







Additional information for the 3 Priority Domains

Additional information		
Security and Compliance – include directly in the report or as metadata?		
Digital Signature	Digital signature verifying the authenticity of the document.	
Encryption Status	Status of data encryption for security.	
Compliance Status	Status of GDPR compliance.	
Access Permissions	Roles authorized to access the document.	
Patient education and resources		
Patient Education Materials	Educational resources provided to the patient.	
Support Services Information	Contact details for available support services.	
Feedback mechanism		
Patient Satisfaction Feedback	Mechanism for patients to provide feedback.	











Future Directions – Patient Summary

• Difficulties / Challenges

- Build and update
 - Who has responsibility for creating and updating (how frequently?) the patient summary is not clear in all countries. Responsible doctor (e.g. family doctor) vs automated systems that collect the information.
 - Different strategies for deciding what information should be included in the patient summary in fields such as results, past medicines, history of problems E.g. the most recent ones (e.g. the last six months), decision by the doctor responsible for the PS, all information available.
- Merge and harmonization
 - For the patient, it is important to have an aggregated patient summary, instead of what exists currently: information scattered across different institutions (e.g. public and private).











Future Directions – Patient Summary

Additional Field	Description	Code System		
Patient Summary header – Identification of the patient				
Preferred Language	The language the patient prefers for communication			
Report header – Contact / legal guardian → + Emergency contact				
Medical history – Previous hospitalizations				
Previous Hospitalizations	Record of past hospital stays, including reasons and outcomes. (Date, Reason for Admission, Outcome)	ICD-10, SNOMED CT GPS, ISO 8601		
Medical history – Medical history				
Family medical history	Health conditions that are prevalent in the patient's family.	SNOMED CT GPS		
Patient provided data – Observations / Measures				
Personal Measures	Measures provided by patient such as average daily steps, average daily heart rate, etc).	LOINC		
Patient provided data - Advance Directive				
Proxy Information	Contact information for the person authorized to make decisions.	Not typically coded		
Cultural Considerations	Any specific cultural considerations relevant to care.	Not typically coded		
Preferred Care Providers	Preferred healthcare providers for the patient.	hl7:Practioner		
Plan of care				
Follow-Up Appointment	Suggested future appointments for ongoing care (Date, Purpose of visit).	ICD-10, SNOMED CT GPS		











Future Directions – Laboratory Results

- Difficulties / Challenges
 - Dealing with national code systems
 - Countries with national strategy and their code systems catalogues with mapping for international ones
 - Countries with national data exchange based on unstructured data, with each laboratory using its own coding system.
 - The list of LOINC and SNOMED CT code systems is very extensive.











Future Directions – Laboratory Results

Additional Field	Description		
Report header – Provider information			
Laboratory Name	Name of the laboratory conducting the test.		
Report header – Data protection flag			
Data Protection Flag	Indicates if the report contains potentially disturbing results.		
Access Control	Determines who can access the report based on the Data Protection Flag.		
Patient Notification	Details on how patients are informed about access restrictions.		
Patient instructions and follow-up			
Patient instructions	Instructions given to the patient regarding the test.		
Follow-Up Appointment	Details of any necessary follow-up appointment related to the test.		











Future Directions – Hospital Discharge Report

- Difficulties / challenges
 - Deal with plain text
 - In many organizations, much of the information in a hospital discharge report is provided in a block in plain text and not in a structured way.
 - List of data fields very large
 - An agreement on appropriate subset (depending on specialty) can reduce the list of data fields.
 - Dealing with national code systems
 - Countries with alignment with the international code systems, considered their usage or mapping table between the national ones and the international.
 - Countries with proprietary codes that need discussion and strategies for mapping.
 - Usage of national implementations of ICD-10 is quite common.
 - The transition to ICD-11 is not expected in the short term.











Future Directions – Hospital Discharge Report

Additional Field	Description	Code System		
Patient related contact information – Preferred HP				
ID organisation	code of HP organization			
ID department	code of department in the HP organization			
Encounter - Discharge				
Hospitalisation outcome	Patient' discharge condition.	 A. Satisfactory C. Critical P. Poor S. Stable O. Other U. Unknown D. Death 		
Encounter - Admission				
Admitting weight	Weight on admission. To be completed for patients age less than 1 year.			











Thanks!





XpanDH WP4 leader | xShare WP3 co-leader

Email: mcm@uninova.pt



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2nd European EHR Exchange Format Expert Summit

Industry transformation preparing for the format

Verena Thaler & Andreas Klingler

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Industry Preparation: inside the "black box"

Dr. Andreas Klingler, Siemens Healthineers, COCIR

COCIR Cybersecurity & Interoperability WG Co-Chair MTE Interoperability WG Member IHE International Board Member IHE-Europe Deputy Vendor Co-Chair DICOM Executive Commitee Member Joint Initiative Council Past Chair











Art. 2(n) 'EHR system':

any system where the appliance/software allows to store, intermediate, export, import, convert, edit or view personal electronic health data that belongs to the **priority categories** of personal electronic health data (referred to in Art.5) and is intended by the manufacturer to be used by healthcare providers **in providing patient care** or **by a patient to access their health data**.

Art. 5 'Priority categories'

patient summaries, electronic prescriptions, electronic dispensations, medical imaging studies and related imaging reports, **medical test results** including laboratory and other diagnostic results and related reports, discharge reports.

MS may require additional categories.











MDs, IVDs, high risk Als:

Manufacturers of MDs and IVDs that claim interoperability of those devices with the harmonized components shall prove compliance with the essential requirements on the harmonized components laid down in Section 2 of Annex II. (Art.14(3))











"EHR System" Scope?













Understanding Product Livecycle Timelines













Understanding Product Livecycle Timelines













Understanding Product Livecycle Timelines













eHMSEG Support of the EEHRxF Format Uptake

Klara Jirakova

Chair – eHealth Member State Expert Group (eHMSEG) Czech Republic – National Contact Point for eHealth

















Op. subgroup

held r

TF - Taskforce





















Thank you for your support and cooperation!

Klara Jirakova (CZ)

jirakova.k@kr-vysocina.cz



Eamonn Coyne (IE)

Eamonn_Coyne@health.gov.ie













2nd European EHR Exchange Format Expert Summit

eHN support the uptake of the format

Daniel Karlsson & Panayiotis Savva

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eHealth Network Support of EEHRxF

- Guidelines Consistency
- EHDS Impact Assessment
- Support of Xt-EHR
 - Education and Training
 - Xt-EHR Consultation Hour
- EHDS Transition










Guidelines Consistency

- eHealth Network guidelines have been developed for over a decade now
- Each new version has brought improvements, but also deviation
- The work done by the subgroups have resulted in
 - New versions of guidelines with alignment in textual parts
 - A comparison of all data sets in all guidelines, handed over to the Xt-EHR Joint Action













EHDS Impact Assessment

- Assess and communicate the impacts of EEHRxF adoption on Member States
- Survey for Member States to assess readiness, identify technical and semantic challenges, and gather insights for alignment with the EEHRxF with national needs
- Provide technical and semantic support through the eHN Subgroups.
- National Architecture Adaptation
- Ensure compatibility with EEHRxF.











Support of the Xt-EHR

- eHN Organization: Overview of eHN, MyHealth@EU, Semantic & Tech IOP Subgroups.
- eHN Guidelines: Importance, reading and interpretation, implementation needs.
- Includes representatives from several EU countries and Xt-EHR stakeholders.

Xt-EHR Consultation Hour

 Monthly sessions to address specific questions from Xt-EHR Joint Action work packages, with participation from Member States, DG SANTE, and eHN Subgroups. The first session took place on October 4, 2024, bringing together 17 Member States to focus on semantic and technical interoperability solutions.









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data groups for arts of the

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exchange



EHDS transition 1

Article 71 Amendment to Directive 2011/24/EU

Article 14 of Directive 2011/24/EU is deleted with effect from 6 years of entry into force of this Regulation.





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standards and profiles.



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EHDS transition 2

2011/24/EU + Common Semantic Strategy + eHN guidelines + Xt-EHR results eHealth Network + eHN subgroups HDS board + EHDS board + EHDS Board + EHDS Board + EHDS Board subgroups + MyHealth @EU Steering Group











Xt-EHR developments and perspectives on EHR requirements

Haralampos Karanikas

Ilektroniki Diakyvernisi Koinonikisasfalisis AE (IDIKA)

Michel Silvestri

Senior Advisor/Head of Unit Swedish eHealth Agency

Vanessa Mendes

Team Leader international eHealth Projects Shared Services of the Ministry of Health, E.P.E.

Zoltan Lantos

Project Manager of National Contact Point for eHealth ESZFK Health Informatics Service and Development Center









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Universal across WPs / domain / services

- Support development of EEHRxF implementing acts:
 - Implementation guides on EEHRxF, functional and technical requirements and specifications for EHR systems
- eHN Guidelines and MyHealth@EU Requirements as basis
- Inter-WPs alignment across Xt-EHR
- Data sets, Data elements, Common Elements across Domains
- HL7 CDA \rightarrow HL7 FHIR
- Collaboration SDOs, ISO standards
- Logical model
- Conformity / Maturity model for EHR systems























WP6 Electronic prescriptions and patient summary towards EHDS

T6.1 Patient Summary: EEHRxF, requirements and specifications for EHR systems

- Task leader: ARIA (Co-lead NBHW)
- Final Deliverable Jan 2026
- Milestone 17 (draft deliverable)
 - Survey: PS vs. IPS, PS national vs. crossborder, Low conformance, Standards
 - Basic elements of PS

Implemented in MyHealth@EU

Universal aspects (see separate slide)

T6.2 ePrescriptions/eDispensation: EEHRxF, requirements and specifications for EHR systems

- Task leader: SeHA
- Final Deliverable Jan 2026
- Milestone 19 (draft deliverable)
 - Requirements analysis performed
 - Standardised representation of medication in all domains (PS etc)
 - Universal aspects (see separate slide)



SpanDH Spanding Digital Health through a WP7 New Services to FEHR systems towards EHR Services to FEHR Systems towards EHDS Share S

(SPMS)

EEHRxF, requirements and specifications for EHR systems:

- Medical test results, including laboratory and other diagnostic results and related reports (Task 7.1, VR)
- Medical imaging studies and related imaging reports (Task 7.2, NICTIZ)
- Discharge reports (Task 7.3, VR)





• EEHRxF, requirements and specifications for EHR systems:

Expanding Digital Health through a Inn-European EHRxF-based Ecosystem

Medical test results, including laboratory and other diagnostic results and related reports (Task 7.1, VR)

- Medical imaging studies and related imaging reports (Task 7.2, NICTIZ)
- Discharge reports (Task 7.3, VR)

XpanDH

(SPMS)

Logical	Code	Cardinality	Data element	Description	Data type	Preferred Code System
Logical Model WG		11				
	C.2		Health professional	Health professional (HP)	Backbone Element	
	C.2.1	0*	Identifier of the HP	An identifier of the health professional that is unique within a defined scope. Example: National health professional ID. Multiple identifiers could be provided.	Identifier	At least the name or id should be pro
\rightarrow	C.2.2	01	Name of the HP	Name of the health professional that has been treating or taking responsibility for the patient. [the structure of the name will be the same as for the patient (given name, family name / surname)]	Human Name	At least the name or id should be pr
	C.2.3	01	Address	Mailing and home or office addresses. The addresses are always sequences of address parts (e.g. street address line, country, postcode, city) even if postal address formats may vary depending on the country. An address may or may not include a specific use code; if this attribute is not present it is assumed to be the default address useful for any purpose.	Address	
	0.2.3	01	Aduress	Telecommunication contact information (addresses) associated with a person, such as	Address	-

About - EHDS Use Cases - Artifacts Table of Contents Xt-EHR, published by Xt-EHR. This guide is not an authorized 5.1.1.1 Laboratory Result Report uild. This version is based on the current content of https://g Laboratory Report heade 0 Table of Contents Laboratory Re Laboratory Report bod 0 Table of Contents - 🗋 1 Home Laboratory Report attachments 2 Common models - 3 Laboratory Report 4 ePrescription & eDispensation 5 Artifacts Summary Differential Table Key Elements Table Snapshot Table Statistics/References Al This structure is derived from Base C Description & Constrain EHDSI aboratory@enor 0..* Base Laboratory Report (mode Instances of this logical model are not marked to be the target of a F 1..1 EHDSLaboratoryReportHeader A.1 - Laboratory Report he 1..1 EHDSLaboratoryReportBody A.2 - Laboratory Report bod 0..1 EHDSAttachments A.3 - Laboratory Report attachmen Documentation for this forma

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EHR



(SPMS)

EEHRxF, requirements and specifications for EHR systems:

Medical test results, including laboratory and other diagnostic results and related reports (Task 7.1, VR)

SXpanDH Expanding Digital Health through a New Services to EHR systems towards EH

- Medical imaging studies and related imaging reports (Task 7.2, NICTIZ)
- Discharge reports (Task 7.3, VR)

XpanDH



3 Milestones achieved in October 2024, which will undergo revision. It includes:

- Initial **business requirements**, as well as preliminary functional, technical and semantics specifications
- **FHIR** as the preferred standard for the new domains in line with eHN guidelines
- Ongoing data modeling efforts to complement these developments



Next steps:

Map deliverable's sections to relevant EHDS articles and align scope

European Commission

- Refine Data Model within WP7 & with WP6
- Align with T5.4 concerning specific metadata elements
- Define requirements for data entry, display, and transmission (EHDS API)
- Support WP8 functional profiles based on data operations
- Finalize draft for stakeholder consultation











WP8 Certification and labelling framework (IDIKA SA)

WP8, in collaboration with WPs 4-7, is carrying out the necessary tasks to provide guidance in support of the forthcoming EHDS Regulation and in particular in support of Chapter 3, EHR Systems and Wellness Applications, Section 3 on conformity of EHR systems:

- Assess the results of previous and ongoing initiatives in the field of Conformity Assessment, evaluation and labelling across Europe (e.g. Label2Enable, EuroCAS, XpanDH, IHE International, national approaches to conformance and profiling in Member States, etc.).
- Development of an assessment framework and Conformity Assertions based on the XT-EHR technical specifications for the implementation of interoperability of electronic health records (EEHRxF) and Logging, taking into account functional and conformity assessment schemes for functional models and profiles of electronic health records.
 - Collaboration between stakeholders and WPs is needed on required maturity of EHR systems, both on detailed level (data elements) and higher level of abstraction (functions and data segments for data exchange and visible to users).
 - Existing models of binding between regulations and detailed requirements from member states and related projects are an important basis for the work.
- Development of guidelines to support the industry for an assessment framework for the evaluation of interoperability and security of wellness applications, taking into account in particular CEN-ISO/TS 82304-2:2021 Health software - Part 2: Health and wellness applications - Quality and reliability standard.
- Collaborate with relative projects and stakeholders in the domain based on "Stakeholders Engagement Processes" lead by the XT-EHR coordination team.











WP9 – Telemedicine under MyHealth@EU in alignment with EHDS proposal (SPMS)



Submitted Oct 31, 2024

Using MyHealth@EU services to support:



Teleconsultation between a **Patient** in their country of affiliation (Country A) and a **Health Professional (HP)** in a different country (Country B).



Teleconsultation between **two HPs**, one in Country A and the other in Country B, discussing the **case of the patient from Country** A.



Sharing a report based on the main outcomes generated during the teleconsultation from country B **to country A** – discharge report.



13 proposals generated to support this new capacity, with special focus on:

- 1. Patient identification and authentication
- 2. Data access
- 3. Reusing existing MyHealth@EU assets to minimize overall impact

MyHealth@EU requirements catalogue revised: 6 requirements need amendment + 1 new requirement











WP9 – Telemedicine under MyHealth@EU in alignment with EHDS proposal (SPMS)



Submitted Oct 31, 2024

Patient Identification & authentication



Reuse of the International Search Mask (ISM) attributes from Country-A, which are already implemented in MyHealth@EU.



Two-factor, **interoperable identification mechanisms** must be implemented for cross-border telemedicine services.



Proposed solutions were based on recommendations from eIDAS experts, consortium expertise and findings from the HEALTHeID project:

- Preferred approach involves **reconciling** patient identification and authentication information within **Country A's infrastructure**.
- **EUDI Wallet** could provide a standardized, interoperable solution for crossborder remote patient authentication. eHealth use case under testing in the POTENTIAL project.











WP9 – Telemedicine under MyHealth@EU in alignment with EHDS proposal (SPMS)



Submitted Oct 31, 2024

Patient validation for sharing data



Enable **asynchronous access** to patient data, a capability not currently supported MyHealth@EU.



Patient Information Notice (PIN) to be sent to the patient by email or other secure online transmission mechanism, prior to the teleconsultation.

Proposed solutions:

- 1. Coordinated Identification & Authentication: Requires active participation from the patient. Aligns with current identification and authentication services.
- 2. Consent form approach: Patient electronically signs a consent form using the current eIDAS framework, to authorize data access without real-time authentication. This consent should be revocable and in compliance with GDPR.
- 3. Country A's Managed Consent Process: Country A to manage a specific consent process, where citizens can authorize the use of MyHealth@EU services for cross-border telemedicine services.
- 4. Additional considerations: notification mechanism to alert the patient whenever their data is accessed, ensuring transparency and trust.







Next

steps







WP9 – Telemedicine under MyHealth@EU in alignment with EHDS proposal (SPMS)



D9.2 – Technical specifications on the availability of health data in cross-border telemedicine services:

- Advance initial proposals of D9.1, especially patient identification and authentication requirements.
- Develop / update MyHealth@EU artefacts / requirements catalogue including functional and non-functional workflows and key technical specifications.
- Analyze existing authentication mechanisms used by MS that could be leveraged for this context.



- D9.3 Requirements for Large-Scale Uptake of Telemedicine Service
 - Ongoing survey "Cross-Border Telemedicine in the EU: Information Gathering for Policy Harmonization" (<u>link</u>)



Xt-EHR deliverables of WP5-9 for stakeholder consultation

WP/ Number of Deliverable	Deliverable Name		ultation phase -> tentative or red for comments - deadline	
WP5/ D5.1	Technical Requirements for EHRs, logging component and key system interfaces	3	30.04.2025 - 11.06.2025	
WP5/ D5.2	Technical requirements for EEHRxF metadata	3	30.04.2025 - 11.06.2025	
WP6/ D6.1	Patient Summary: Implementation guides on EEHRxF, functional and technical requirements and specifications for EHR systems	5	15.06.2025 - 15.09.2025	Over summer vacation period -> longer
WP6/ D6.2	Electronic prescription and electronic dispensation: Implementation guides on EEHRxF, functional and technical requirements and specifications for EHR systems	5	15.06.2025 - 15.09.2025	consultation phase
WP7/ D7.1	Medical test results, including laboratory and other diagnostic results and related reports: Implementation guides on EEHRxF, functional and technical requirements and specifications for EHR systems	8	31.08.2025 - 12.10.2025	
WP7/ D7.2	Medical imaging studies and related imaging reports: Implementation guides on EEHRxF, functional and technical requirements and specifications for EHR systems	9	30.09.2025 - 11.11.2025	
WP7/ D7.3	Discharge reports: Implementation guides on EEHRxF, functional and technical requirements and specifications for EHR systems		31.07.2025 - 11.09.2025	
WP8/ D8.1	Classification and functional profiles of EHR systems guidelines	7	04.08.2025 - 14.09.2025	
WP8/ D8.2	EHR Conformity Assessment Scheme assertion document and checklists	7	04.08.2025 - 14.09.2025	
WP8/ D8.3	Wellness application labelling guidelines	2	30.03.2025 - 11.05.2025	
WP9/ D9.1	Requirements and use cases on the availability of health data in cross- border telemedicine services under MyHealth@EU	1	03.02.2025 - 17.03.2025	
WP9/ D9.2	Technical specifications on the availability of health data in cross-border telemedicine services under MyHealth@EU	4	29.05.2025 - 11.07.2025	
WP9/ D9.3	Requirements for Large-Scale Uptake of Telemedicine Service	3	30.04.2025 - 11.06.2025	









2nd European EHR Exchange Format Expert Summit

COFFEE BREAK

Starts again at 11:50

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