



2nd European EHR Exchange Format Expert Summit

COFFEE BREAK

Starts again at 15:40

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Session 5: Next steps for collaboration and communication

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IPS and the format evolution

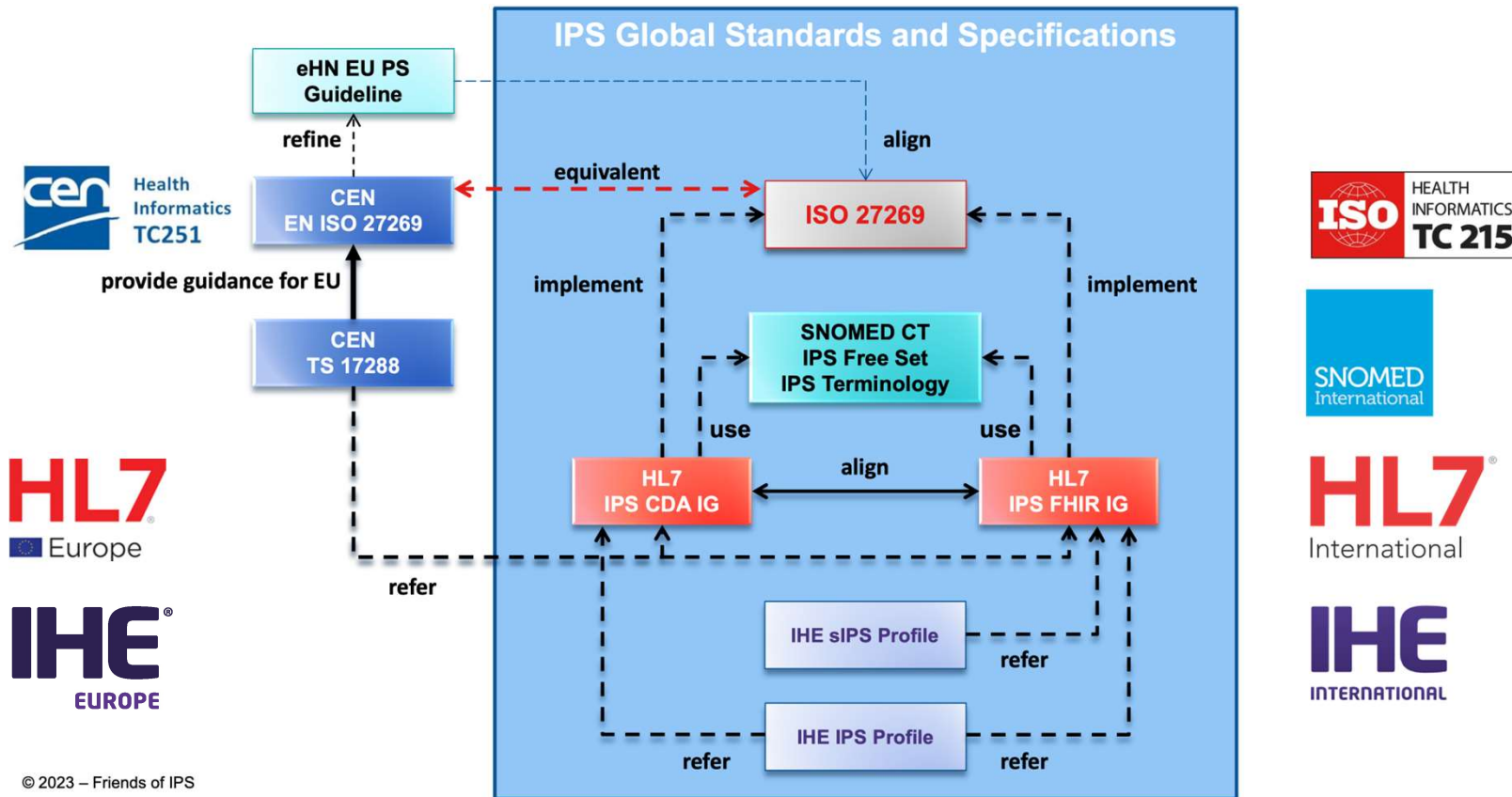
Robert A. Stegwee
Chair, CEN/TC 251 Health Informatics

EHRx_F work started in 2008

- The epSOS project launched the cross-border Patient Summary
- HL7 and IHE helped to create the specifications and profiles
- The eHealth Network published the Guideline for the Patient Summary
- The eHealth Digital Service Infrastructure (eHDSI) was launched, including the cross-border sharing of the Patient Summary
- EC requested CEN to start a project to turn the Guideline into a standard
- Worked closely together with HL7 and IHE to incorporate the learnings from eHDSI and make sure the standard could be implemented easily
- Jointly decided to call it the International Patient Summary – IPS

IPS published from 2018 onward

- HL7 CDA and FHIR Implementation Guides for the IPS are published
- CEN IPS standard EN 17269 is published
- SNOMED International publishes the IPS Free Set (and IPS Terminology)
- IHE International publishes the IPS content profile (and sIPS access profile)
- ISO adopts the IPS standard as ISO 27269 – now called EN ISO 27269 in Europe
- Revision of the EN ISO 27269 is now ongoing, with input from the EU



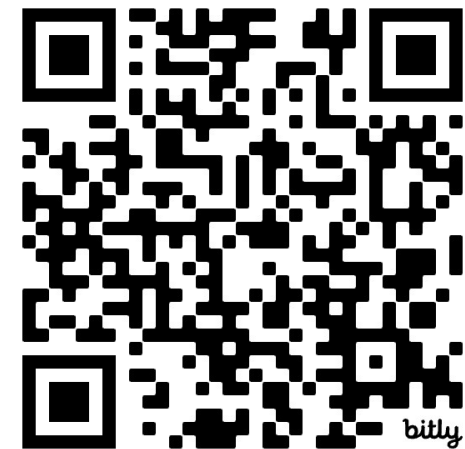
© 2023 – Friends of IPS



It's all about collaboration



Driving Digital Health Forward
**HL7 Europe and IHE-Europe
Strengthen Their Collaboration to
Enhance Interoperability**



Scan to read the press release



Working together on the IPS

- The JIC IPS Coordination Committee has been established
 - Joint Initiative Council for Global Health Informatics Standardization
 - CEN, HL7, IHE, ISO and SNOMED have delegates in IPSCC
 - Open discussion with contributors and visitors – also a website
 - JIC is reaching out to the global community on IPS stewardship
- In Europe, the PS is just one of six EHDS categories of data
 - Stewardship is different because of the link with EHDS Regulation

Working together on the format - xShare

European Health Data Space

Global Standards



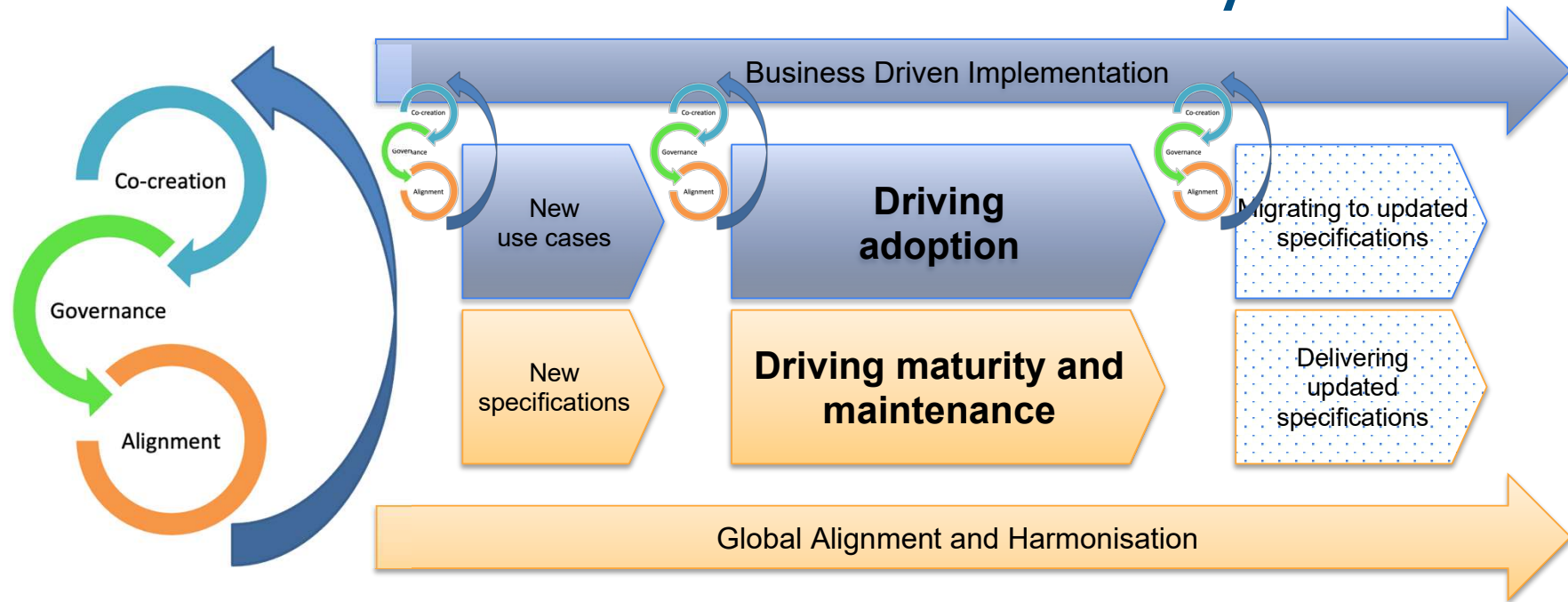
Industry Driven



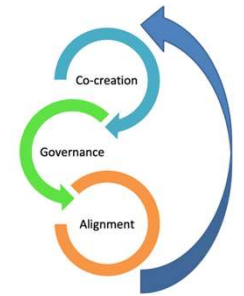
Global Digital Health Partnership



The EHRxF Standards and Policy Hub



A neutral place to evolve the EHRxF



- In the Hub we co-create, but we don't "own" EHRxF
 - Specifications are maintained by partners in the Hub
 - Tools and support are made available by partners in the Hub
 - Supporting materials are maintained by partners in the Hub
- The Hub assembles **references** to these assets, bundles them into useful combinations for health information domains, use cases, audiences, stakeholders, etc.
- Partners in the Hub **align** across these assets, making sure the EHRxF is adopted and the assets mature, within a global context

We need your input!

What does it mean for you to become a partner in the Hub?

Make sure this is addressed before formally establishing the Hub mid-2025

Ensure sustainability beyond the duration of the xShare project

Next steps for collaboration and communication

Karolina Mackiewicz, Innovation Director, ECHAlliance

- Yellow Button Campaign
- European EEHRxF Standards and Policy Hub

Yellow Button Campaign

- Campaign 1: May - June 2024
- Campaign 2: May - June 2025

Campaign 1

- Whole-of-consortium effort
- Events, webinars, social media, newsletter
- Patients / users, developers and data users, industry, regulators, policy makers, regional ministries of health, SMEs, academic and research institutions, standard developing organisations
- Reach: >8.000

Campaign 2

- May - June 2025
- Related to the release of the industry label



Are you ready for the **Button**?

xShare envisions everyone sharing their health data in European Electronic Health Record Exchange Format (EEHRxF) with a click-of-a-button – the **xShare Yellow Button**!

#xShareYellowButton



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EHDS comes true!

With the **European Health Data Space** implemented, the **xShare Yellow Button** offers a lot of opportunities for innovative services to people, for better managing their health conditions!



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Early Adopters take Action to Empower Individuals, Health Systems and Businesses in Europe

#xShare





The xShare Yellow Button

will allow our health systems to easily solve cross-border data interoperability issues.

[#xShareYellowButton](#)



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Why are we establishing a Hub?

- The **benefits** foreseen by the EHDS are dependent on the **specifications of the European EHRxF**
 - Standards-based innovation is a key policy objective across the European Union
- Users wanting to realise **interoperability for their specific use cases** will never need the full breadth and complexity of the European EHRxF
 - The Hub will provide them with dedicated guidance, compliant with the EHRxF
- **Industry** will realise **systems conformant with the European EHRxF**
 - The Hub will provide industry engagement from an early stage on
- **Regulators** need to **rely on mature specifications** for legal reference
 - The Hub will provide regulatory responsiveness and alignment with (global) standards
- **The Hub** enables a **standards-based digital health ecosystem**
 - Co-creating the health data economy in Europe

Community of Excellence



- Vibrant network of experts from various fields
- Industry, government, academia and society....
- Lasting coalition of partners dedicated to enabling policies and advance EHRxF implementation



Thank you!

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Expanding the X-Nets and maturing the ecosystem

Carola Schulz (Empirica)

Stefano Dalmiani – Hospitals on FHIR Co-Chair (FTGM)

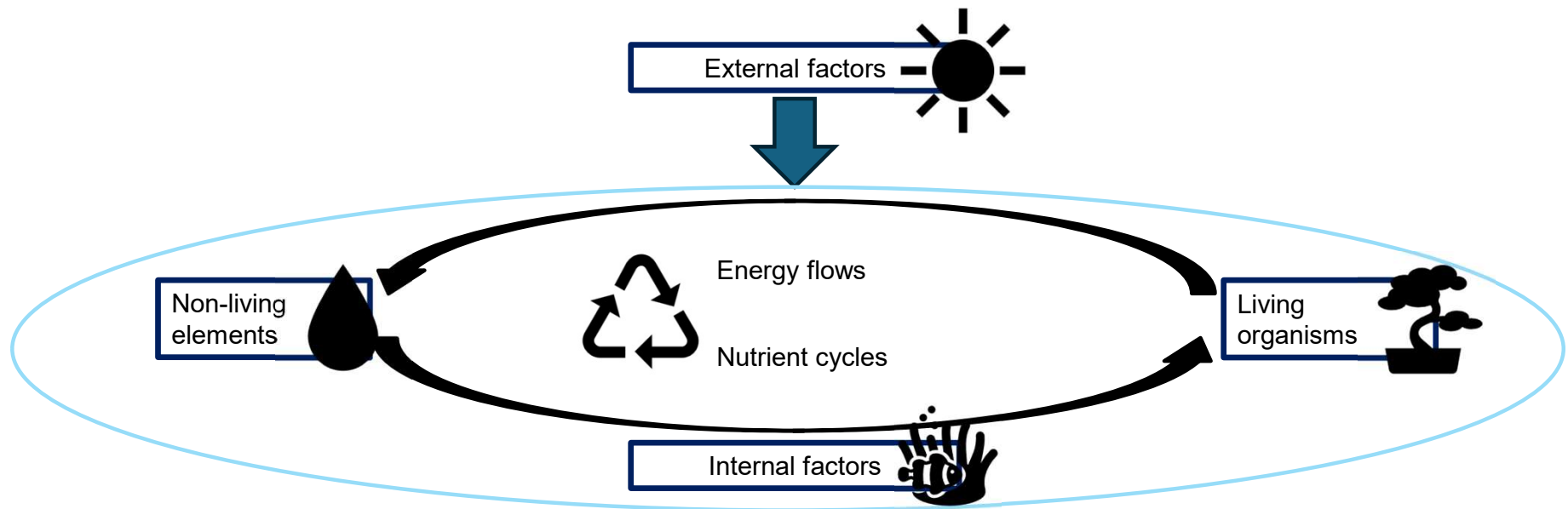
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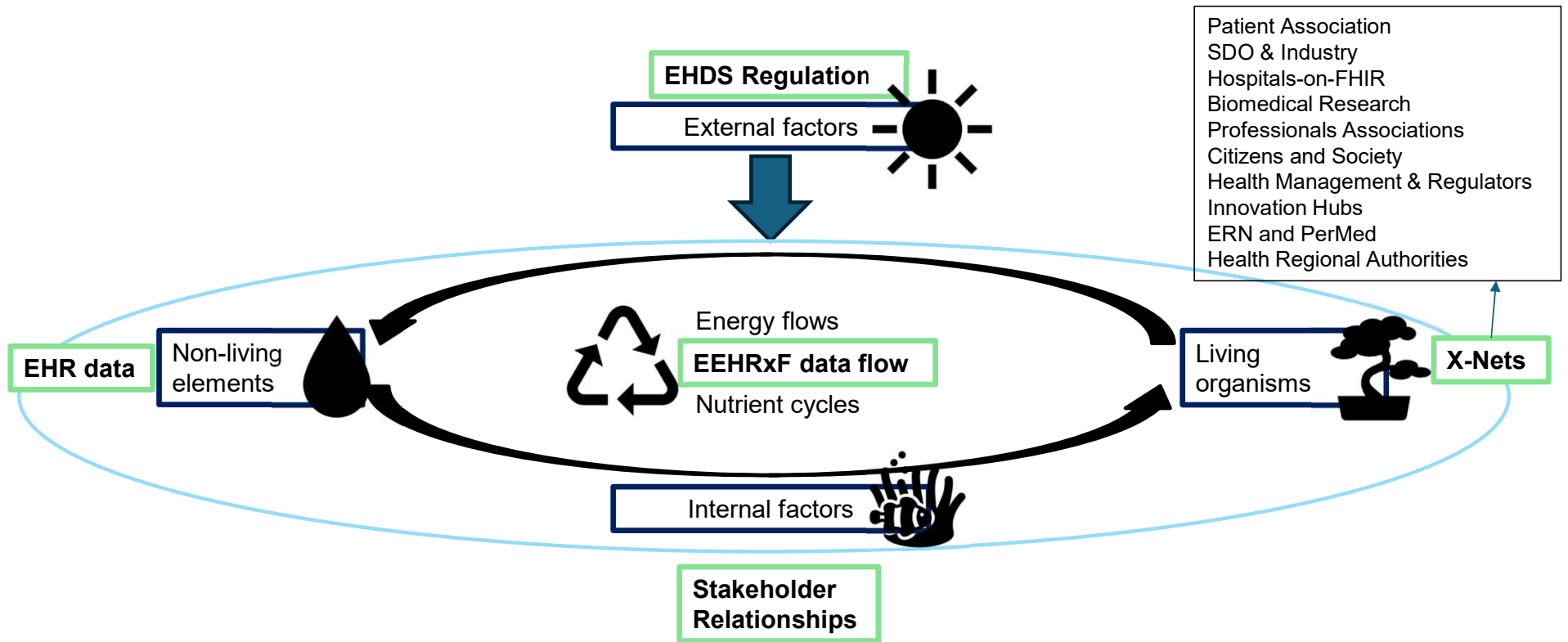
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Ecosystems are...

... system that environments and their organisms form through interaction



The EEHRxF Ecosystem is...



Joint ecosystem priorities: expectations from the EEHRxF

~30 Stakeholder Consultation Events – both group-specific and multi-stakeholder

- Improvements of standardisation -> better clinical efficiency and patient care: national and cross-border, smooth patient data flow, continuity of care, enhanced patient safety
- Patient empowerment: better accessibility to health data,
- Less cost: less redundant tasks, tests, imaging,
- Less administrative burden (e.g. through less data entry)
- Advanced disease comprehension (e.g. basis for new research methods)

Conflicting ecosystem priorities

- Quick economic wins, clear ROI
- High stakes in making data interoperable and reusable
- Expand use cases of the EEHRxF
- Broad stakeholder consultation – especially with clinicians, industry, vendors, patients
- Long-term goals of the EEHRxF
- Burden on healthcare practitioners through system/ data entry changes
- Wish for practical, immediate usability – especially for small organisations
- Efficient and agile development process

EEHRxF Ecosystem Maturation

- **Efficient energy and nutrient cycles:**
 - not there yet: many unused health data resources
 - big potential for EEHRxF as instrument of energy flow here
- **Ecosystem resilience:**
 - partially established: major steps e.g. eHN guidelines, maturity models, X-Bundles, X-Bubble experiences
 - Major changes still ahead: Implementing Acts, Member State level implementation
- **Well established relationships between organisms:**
 - hugely advanced by XpanDH
 - solid basis for future work

Hospitals  **HL7[®] FHIR[®]**
..set your hospital on FHIR..

Stefano Dalmiani
Co-Chair



STEFANO DALMIANI

Hospitals On FHIR Co-Chair
Monasterio Foundation Hospitals

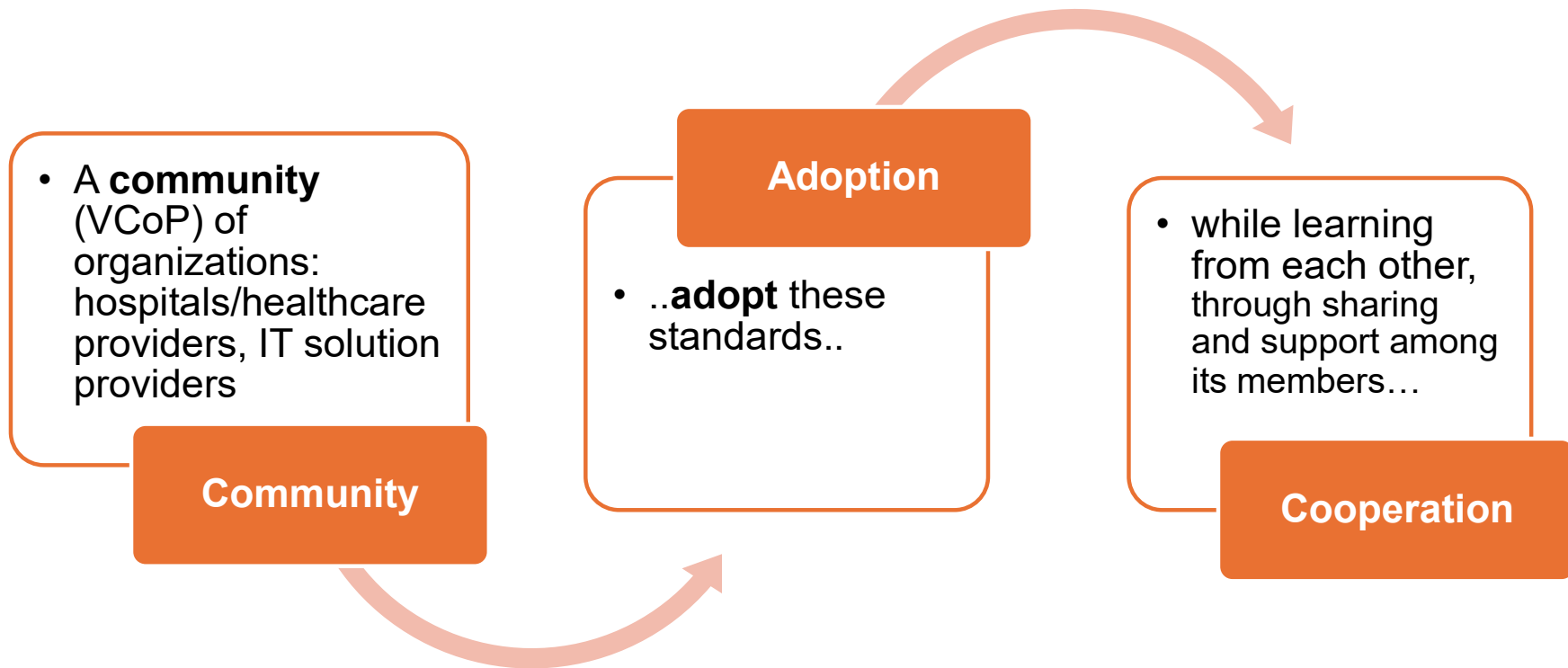


MARIA MANUEL SALAZAR

Hospitals On FHIR Co-Chair
CHU Porto

The HoF what, why and how (Maturity Model)

WHAT – Hospitals-on-FHIR is



What Hospitals-on-FHIR is not

A playground for technical geeks

- HL7 FHIR is a mean not the goal..

Just another infrastructure

- We are not selling solutions...



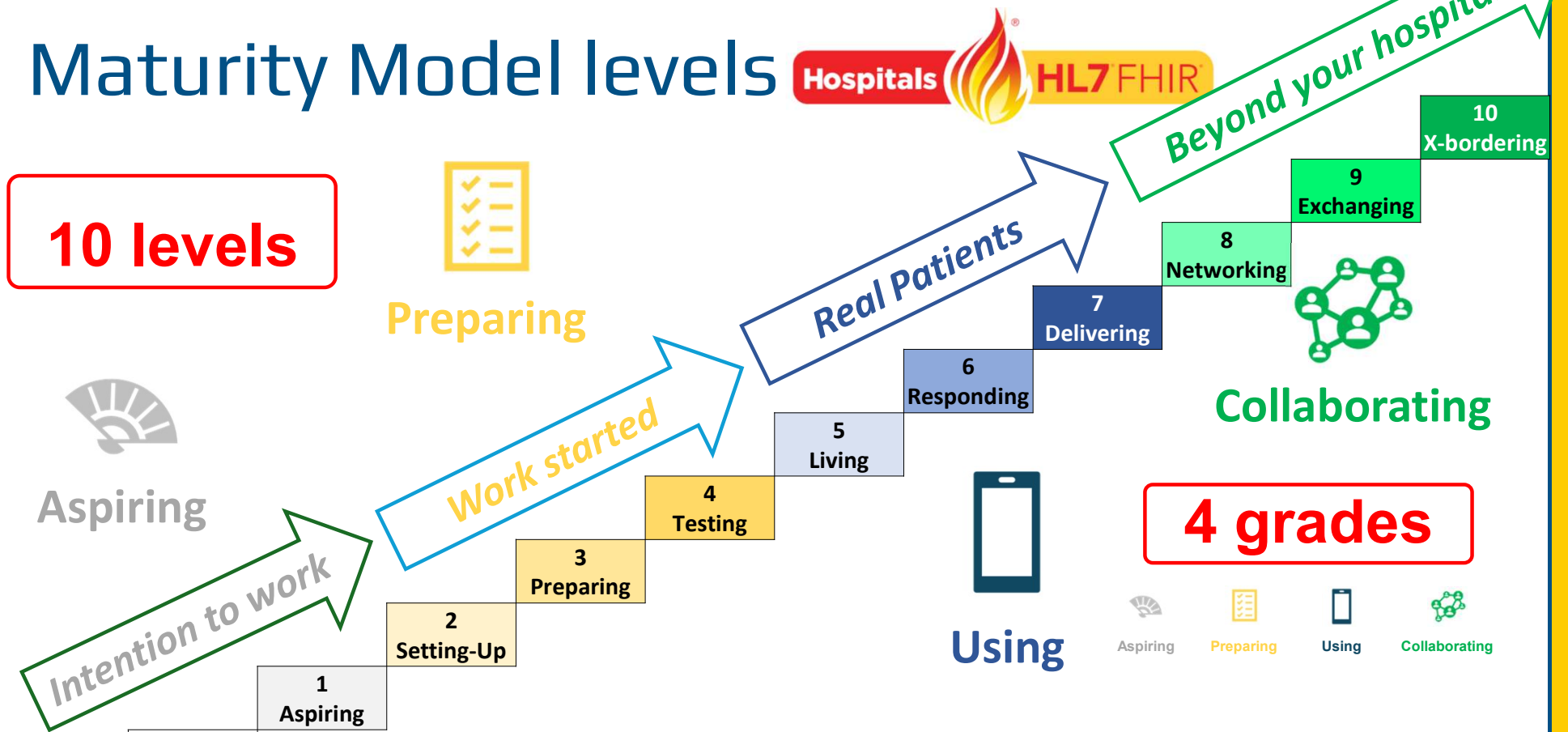
A consultancy program


- ..nor services...

An award system

- We promote cooperation not competition ..

Maturity Model levels



 <h1>Preparing</h1>		
2	Setting-Up to be On-Fhir	The hospital has performed a self assessment on conditions to establish and operate HL7 FHIR-based services.
3	Preparing to be On-Fhir	The hospital is preparing to technically have functional HL7 FHIR-based services
4	Testing to be On-Fhir	The hospital is engaging in internal and/or external testing also with external (e.g., HL7 affiliate/HL7 Europe) support



		Using
5	Living On-Fhir	The hospital is piloting or has gone LIVE and has at least one HL7 FHIR-based services is regularly used (minimum once/day).
6	Responding On-Fhir	The hospital formalized the capabilities offered by its HL7 FHIR-based services. <i>This is technically done by means of HL7 FHIR CapabilityStatement(s) and providing access to them.</i>



6

7



Using

7

Delivering On-Fhir

The hospital **implements** at least one of the relevant selected HL7 FHIR-based services.

*That is, your HL7 FHIR-based service **conforms to selected Implementation Guides** (e.g., EEHRxF Lab, IPS.)*





Collaborating

8

9

8

Networking
On-Fhir

The hospital is **networking** with other hospitals about offered HL7 FHIR-based services. This includes also mentoring activities.

9

Exchanging
On-Fhir

The Hospital is using HL7 FHIR-based services to **exchange** health data with entities (e.g. hospitals , citizens, regions..) **inside the country.**



Collaborating

10

X-bordering
On-Fhir

The Hospital is using HL7 FHIR-based services to **exchange** health data with other entities (e.g., hospitals , citizens,) **cross-border**.

- (a) *Europe (e.g., European EHRxF)*
- (b) *Global (e.g., IPS)*

Members



64 Hospitals +
Healthcare providers
4 Companies
2 Associations
In 8 countries



<https://www.hospitalsonfhir.eu>



Competitive advantages for **Hospitals** and Healthcare Organizations joining HoF



- Join a top-notch Community of Practice
- Reduce costs and effort to implement HL7 FHIR by benefiting of learning exchanges and decrease time to scale
- Place your hospital in a privileged position to participate in large scale pilots and projects once reached level 6 or more



Competitive advantages for Companies helping use HL7 FHIR and grow HoF



- Understand how hospitals and other healthcare providers evolve in interoperability desires, needs and capabilities, moving toward the acquisition of interoperable services and systems.
- Serve as a networking space for future business opportunities.
- Evolve business models, intercompany partnerships around the provision of combined IT services based on FHIR while knowing which clients are ready for them.

National Ambassadors



- **Active:**
 - France
 - Portugal
 - Belgium
 - Germany
- **In activation**
 - Spain
 - Italy
 - Cyprus
 - Greece



LUC CHATTY



FREDERIC LAURENT



KARLIEN ERAUW



EUGENIA RINALDI

Germany Ambassador
Charité



GIUSEPPE FICO

Spain Ambassador
UPM



SYLVIA THUN



VICTOR COSTA

Portugal Ambassador



Hospital on FHIR users days



○ ○ ○ ○ Hospitals  HL7 FHIR ○ ○ ○ ○

USER DAYS

A stakeholders event

25-26 November 2024
Bluepoint conference centre
Brussels

MARIA BASTOS SALAZAR
Hospitals on FHIR – Co-Chair

STEFANO DALMIANI
Hospitals on FHIR – Chair

An initiative of

HL7 Europe

.AGORIA

HL7 Belgium

IHE BELGIUM | Integrating the Healthcare Enterprise

SCT

Thank You

More information and joining Hospitals-on-FHIR: <https://www.hospitalsonfhir.eu> info@hospitalsonfhir.eu

- Let's build people interoperability around technical interoperability
- Beyond a technical standard to higher standards of Care





Recommendations for future use cases from the Community of Doers (3C3P)

George Kapetanakis (ELLOK)

Mariam Shokralla (HIMSS)

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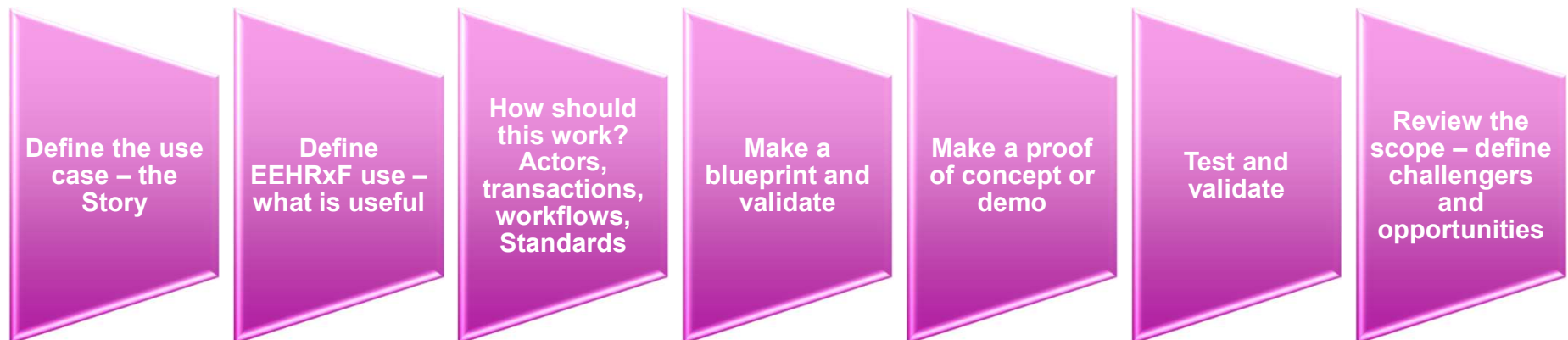


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3C-3P (community of doers)

Co-Creation Community of Patients, Professionals and Programmers

To bring together implementers and end-users of new and existing solutions
IT developers and vendors/suppliers; patients and healthcare professionals.



1 Community, 4 focus points



5+ meetings
42 participants

**Multidisciplinary Tumour
Boards** for Cancer Patients



7 meetings
10 participants

Augmented eP/eD and ePI
for patients



Biweekly meetings
10 countries

**Multi-Country WG on
Imaging - CoD** (Hosted by
IHE-Europe)

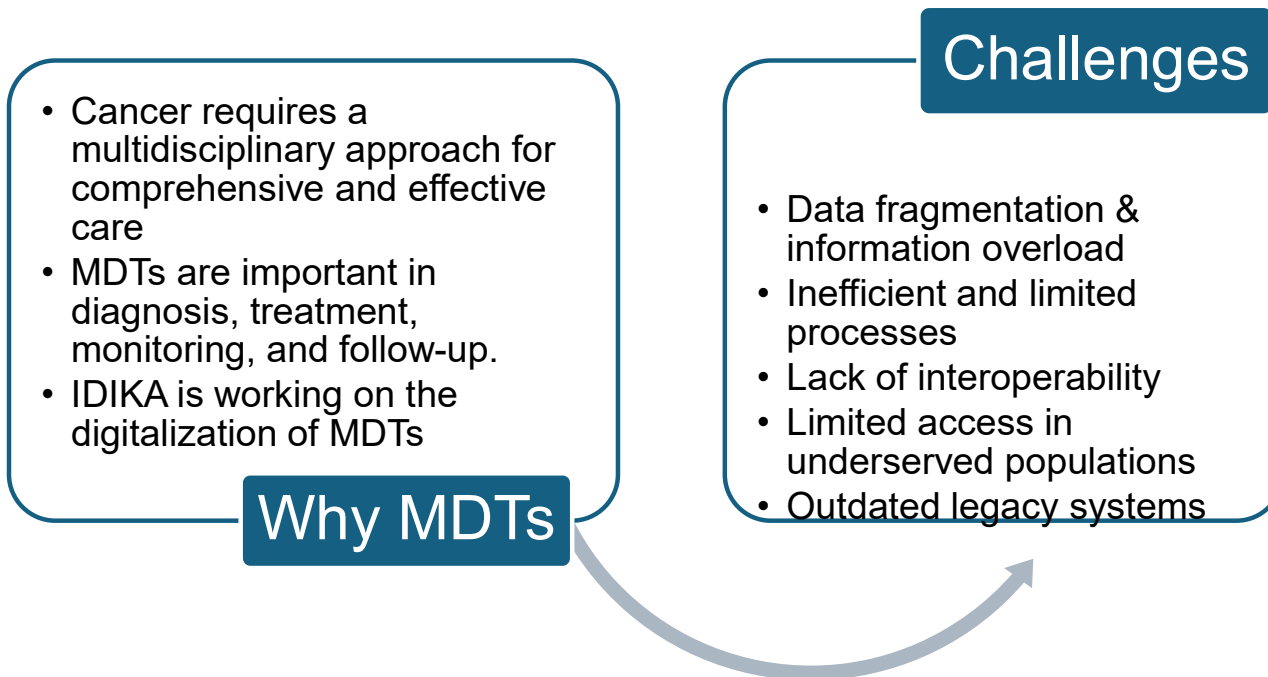


4 workshops
28 participants

Telehealth —
Teleconsultation encounter
reports

The Community of Doers comprises a large group of doers who may rejoin in plenary sessions, and smaller, focused teams developing specific topics (4) who meet periodically and aim to produce practical recommendations for developing new service evolutions.

Harmonization of oncology councils (MDT) documentation on the European Electronic Health Records Exchange Format (EEHRxF)



Community of Doers

Purpose: Development of a functional proposal to the E.U. for the proper planning of MTDs using the EEHRxF

Stakeholders involved:

- ✓ Healthcare professionals
- ✓ Healthcare administrators
- ✓ Cancer patients
- ✓ Policy makers
- ✓ Regulatory authorities
- ✓ IT developers

Duration: 6 months (July – December 2024)

Participants: 55

5 meetings up to now (2 meetings remaining)

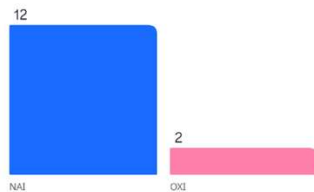


Subjects of discussion

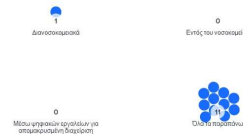
- ✓ Functional model of the MDTs in Greece
- ✓ Clinical Documents: types of documents required & their format
- ✓ Need to digitize documents
- ✓ Review flow charts
- ✓ Present the “AS-IS” status
- ✓ Suggestions for the “TO-BE” status
- ✓ Technical issues (IT infrastructure, systems integration etc)
- ✓ Patient involvement
- ✓ Legal aspects of MTDs in Greece and comparison with the EHDS

Interactive sessions using Mentimeter tool

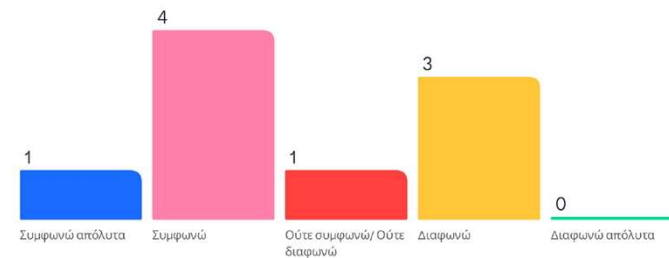
Πιστεύετε πως θα πρέπει να υπάρχει εμπλοκή των ασθενών στα ογκολογικά συμβούλια:



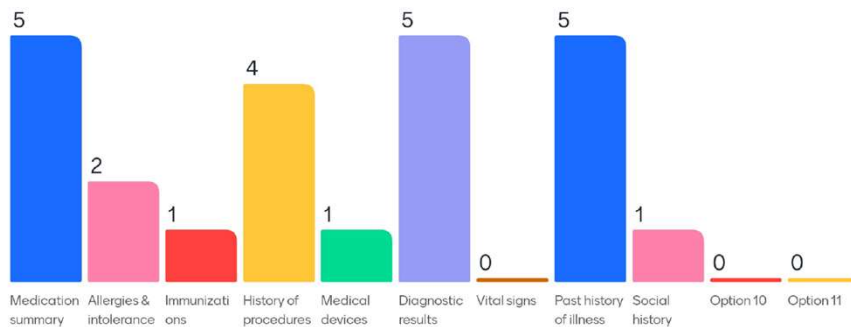
Ποιος θα ήταν ο καλύτερος τρόπος σύστασης ογκολογικών συμβουλίων;



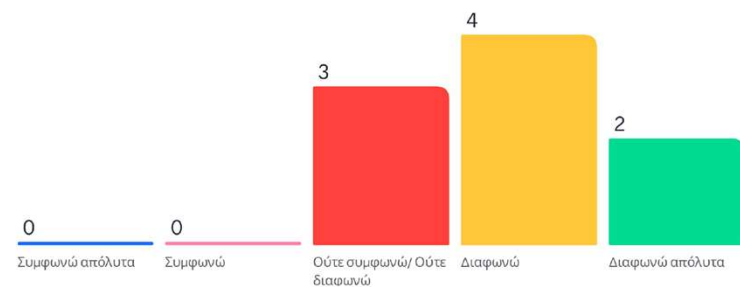
Για μια ισοτιμη σχέση γιατρού/ασθενή, και εφόσον ο γιατρός μπορεί να βρεθεί υπόλογος για τις συμβουλές του, πρέπει να γνωρίζει ονομαστικά τον ασθενή;



Έχοντας ως παράδειγμα τις ενότητες του IPS, ποιες θα προτεραιοποιούσατε ως περιεχόμενα αναφοράς των ογκολογικών συμβουλίων;

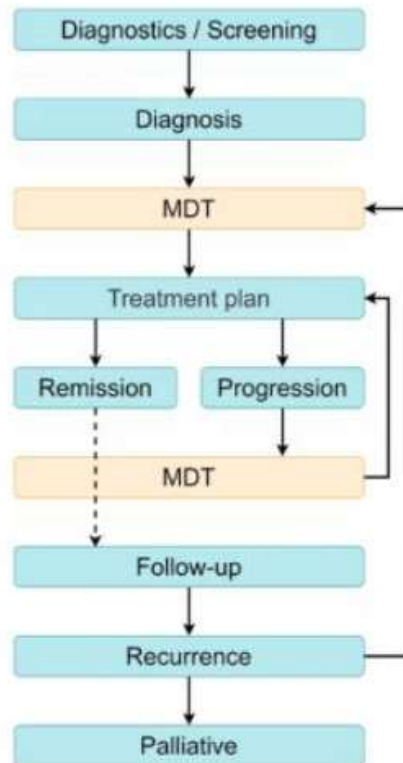


Θεωρείτε ότι η υφιστάμενη νομοθεσία και ειδικότερα το άρθρο 135 ν.4052/2012 καλύπτει τις προϋποθέσεις για την ορθή εφαρμογή του κανονισμού EHRxR;

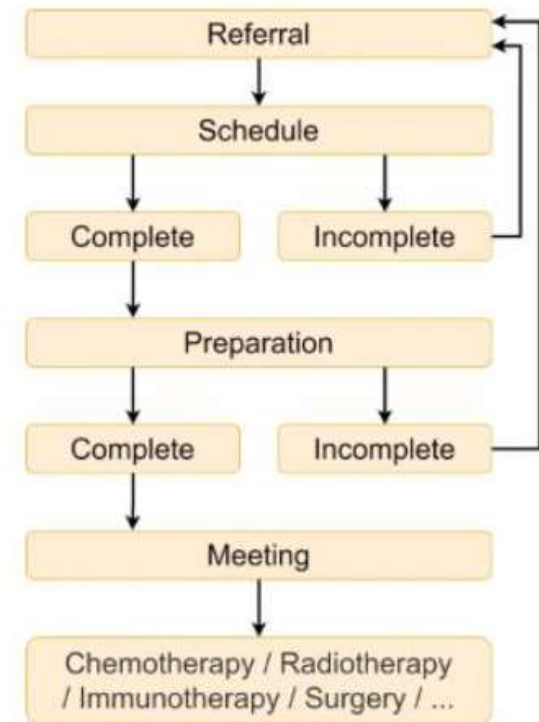


Indicative flow charts

Full High Level



Creating and MDT



Current outcomes (to be finalized until December 2024)

Legal & Regulatory

- ✓ Patient Consent & privacy
- ✓ Duty of care & physician responsibility
- ✓ Differing opinions on treatment
- ✓ Data interoperability & security (EHDS)
- ✓ Participation of oncology patients

Policy

- ✓ Collaboration between organisations:
 - Health care providers
 - Healthcare professional societies
 - Research and academic institutions
 - Patient advocacy organisations
 - Government and regulatory bodies
 - Technology providers
 - Pharmaceutical companies

Care process

- ✓ Integrated care pathways
- ✓ Multidisciplinary care plans
- ✓ Role definition and accountability
- ✓ Workflow design and mapping
- ✓ Information flow and documentation
- ✓ Decision points and evidence-based guidelines
- ✓ Quality controls

Current outcomes (to be finalized until December 2024)

Information

- ✓ Functional description
- ✓ Data elements
- ✓ Linking of data elements to terminologies
- ✓ Recommendations for implementation

Applications

- ✓ Adoption of FHIR
- ✓ Use of HL7 messaging standard
- ✓ Data security and privacy protocols
- ✓ Technical specifications
- ✓ Integration of Exchanged Information in user-friendly applications
- ✓ Data visualization, intuitive UI and UX, seamless integration with existing systems
- ✓ User-centered design approach, pilot testing, continuous updates

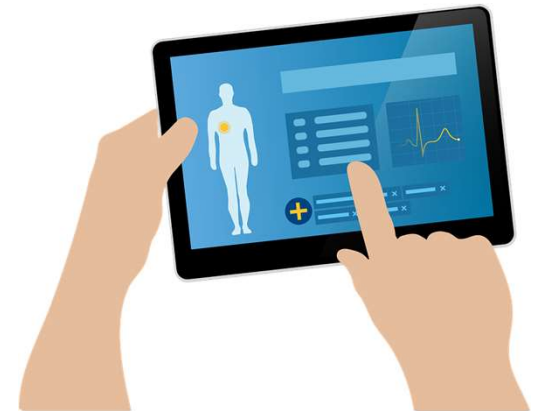
IT infrastructure

- ✓ Communication and Network protocols
- ✓ Data storage and backup solutions
- ✓ Compliance with interoperability standards
- ✓ Scalability and Flexibility
- ✓ Data Privacy and Security Measures
- ✓ Network Redundancy and Load Balancing

Innovation of CoD

Standardised Medical Document Format & Record-Keeping Practices for MDT Meetings

- ✓ To establish a consistent and standardised approach for documenting patient information, treatment decisions, and care plans during MDT meetings
- ✓ Integration with Electronic Health Records (EHR)
- ✓ Finalisation by next month





Recommendations For Future Use Cases from the Community of Doers eD/eP/ePI working group

Core group : Anne Moen-Lapo Bertini-Henrique Martins-Remko Schats-

Presented by Mariam Shokralla

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What was the task ?What we did?

What: To enable cross border eP/ eD/ ePI

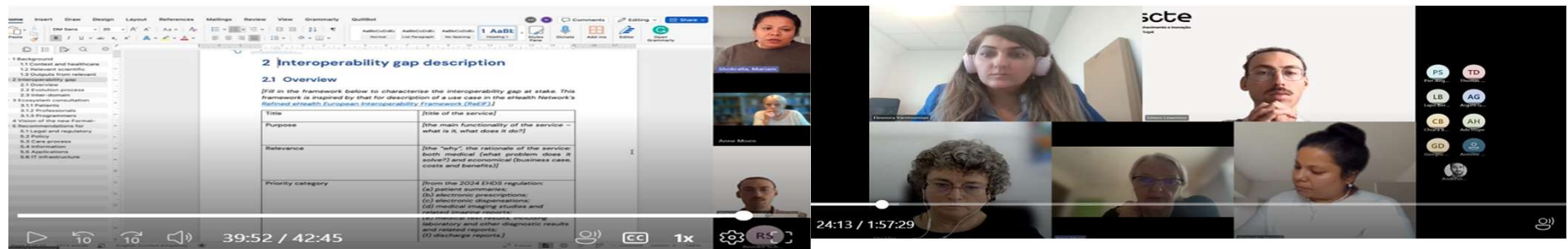
Why: People move across MSs, Cross border service care directive, Minimize medication errors.

How: Exploration, ideation, discussions and recommendations for the evolution of the next generation of the **existing eP/eD → to eP/eD/ePI augmented services** aligned with the goals of EHDS

To Build on previous EU projects: epSOS, myHealth@EU, UNICOM, Gravitare-Health, xShare, Xt-EHR

Who: The core group met weekly, collaborated on a **working document** to be finalized **end of November**.

The **Plenary group** met twice to inject further thoughts, ideas and topics to further consider.



The screenshot shows a video conference in progress. On the left, a presentation slide is visible with the following content:

2 Interoperability gap description

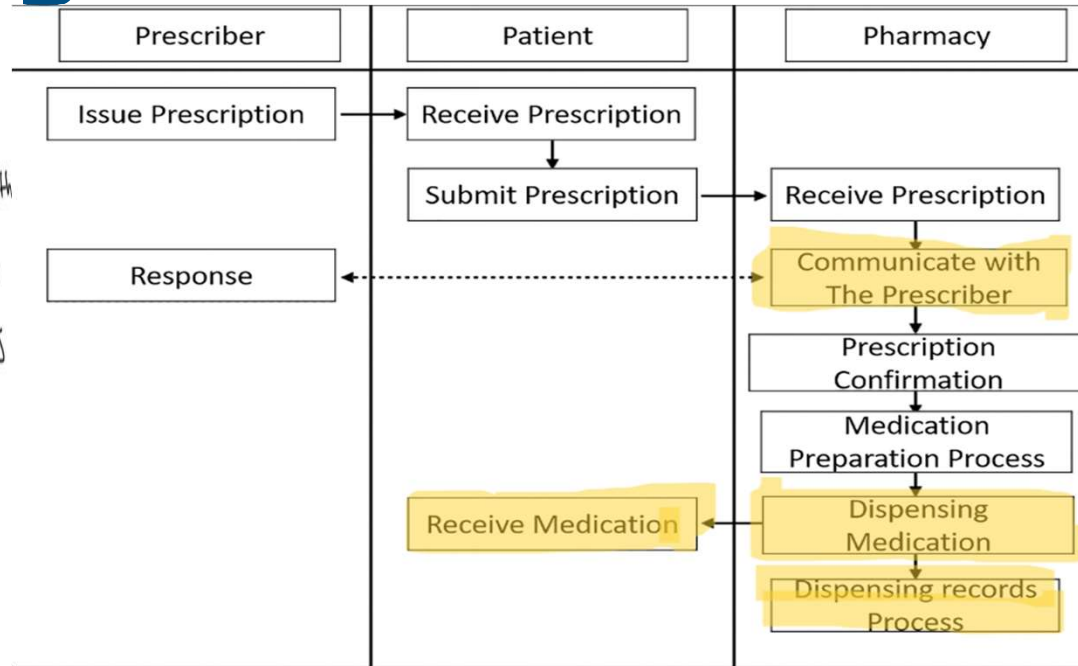
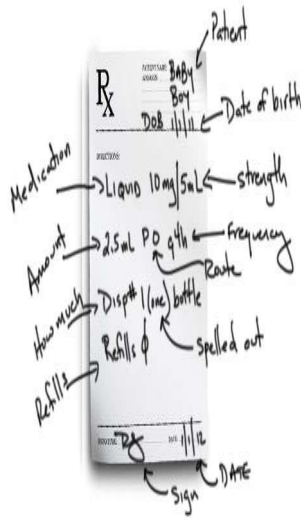
2.1 Overview

Fill in the framework below to characterize the interoperability gap at stake. This framework is inspired by that for description of a use case in the health Network as defined through European Interoperability Framework (EIF2.1)

Title	[Title of the service]
Purpose	What main functionality of the service – what is it, what does it do?
Relevance	What “why”, the rationale of the service: both medical (what problem does it address) and economic (business case, costs and benefits)?
Priority category	From the 2024 EHDS regulation: (A) patient summaries (B) electronic prescriptions (C) electronic diagnostic reports and laboratory and other diagnostic results and related reports (D) discharge reports

On the right, a grid of video feeds shows several participants. A control panel on the far right includes icons for mute, video, chat, and other meeting functions. The bottom of the screen shows a timeline at 24:13 / 1:57:29.

Background



Example 1: MyPractice ePrescription

Standard Prescription
Dr Marcus Welby
MB ChB, Dip Obst, MRNZCOG
NZMC 13619
52 Gladstone Road, Parnell, Central Auckland
Phone: 303 1806 Fax: 303 1807

Pharmacy Only (see Item Count)
Prescription Subsidy Card
Y/N
Pharmacy Stamp

Mr John Lablart
99 Ormond Road
Whatepoko Gisborne 4010
Date of Birth: 1/01/1978 1 NH: ZZZ3994
Disp Date Repeat Ints

Rx: methadone hydrochloride 5 mg/mL oral liquid
120mg daily = (24ml daily) x28 days, CoP Mon/Wed/Fri TA
Tue/Thu/Sat/Sun Start 22/12/22 End 19/01
24 Tablets (27 repeats)

16/12/2022 Dr Marcus Welby

ConnectedHealth
Page 1 of 1 Confidential 256GPCPH7231-PDRx

eD/ eP/ePI Augmented services – Assumptions and status quo ?

- All EU countries establish eP and eD services.
- International Patient Summary (IPS), patient identification and healthcare professional (prescriber) identification are in place.
- This cross-border eP/eD applicable **in temporary presence in MSs only for short periods of time** (tourism –Cross border worker)- Chronic disease medication ?
- Excludes online pharmacies and non-physical dispensations
- More in depth analysis of Status quo of national eP/eD is needed

Status ePrescription/eDispensation service

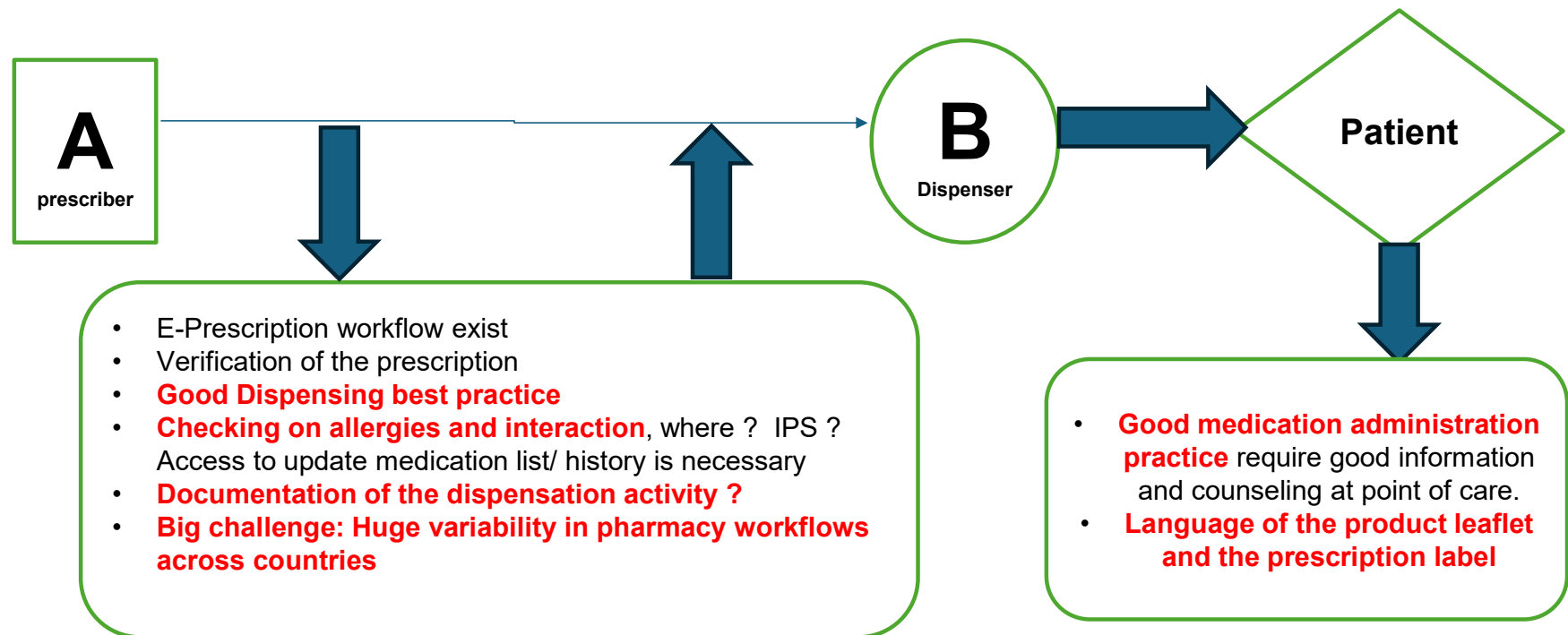
9 Member States in operation

- Croatia (A&B)
- Cyprus (A&B)
- Czechia (A&B)
- Estonia (A&B)
- Finland (A&B)
- Greece (A&B)
- Poland (A&B)
- Portugal (A&B)
- Spain (A&B)



In 2026 most Member States in the EU + Norway and Iceland will be operational with the cross-border ePrescription/eDispensation service

Concepts of cross border eD/eP/ePI services



Topics and ideas discussed ?

Good Prescription practice eP

- **E-Prescription practice ensure prescription verification, accuracy and consistent communication**
- Access to prescription in a language understood by pharmacist
- Should there be limits to what can dispensed cross border ? Narcotics- Chronic disease- Alternatives

Good dispensation practice eD

- **Standardized cross border eD service ensure safe dispensation of valid prescriptions – reduces discrepancies of e-dispensation practices between EU countries**
- Access to patient summary to assess allergies and drug interactions – Feasibility of CDSs ?
- Documentation of the dispensing activity – is it important ? How to do it ? Where it lives ?

Good administration practice ePI

- **Standardized cross border product information services will decrease medication adherence and mitigate errors of administration.**
- Prescription label in patient chosen language - Can we standardize these labels?
- Product leaflet in patient chosen language- would it be part of the service or is it manufacturer responsibility ? Role/ Feasibility of digital medication leaflet ?

Challenges

- Technical **disparities** among countries in implementing the European eHealth Digital Service Infrastructure (eHDSI) have slowed interoperability, indicating that a similar challenge **could arise with cross-border e-dispensation**.
- Each country has **unique pharmaceutical regulations**, such as **rules for prescription validity**, dosage restrictions, and **specific dispensing laws**. Harmonizing these regulations across the EU would be necessary to ensure a seamless eDispensation experience.
- Implementing and maintaining a cross-border eDispensation system demands considerable financial and logistical resources.

Would the real benefit be: “Standardization on national Level” driven by EU standardization.



References

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2nd European EHR Exchange Format Expert Summit

Session 6: Closing

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(Pre)Meeting messages

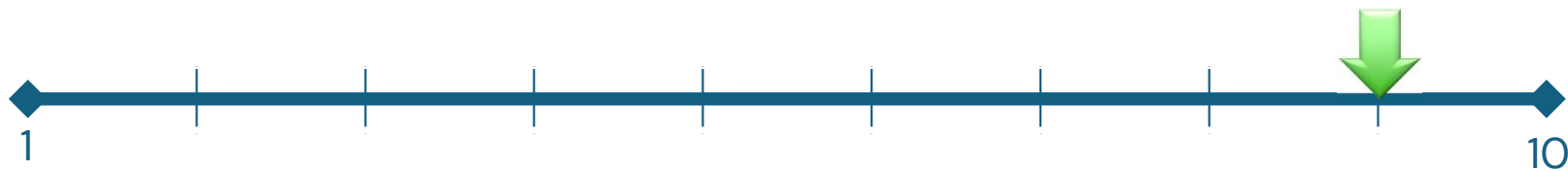


Veli Stroetmann

Director, Empirica Technology Research
XpanDH

How do you see the importance of the upcoming Implementing Acts to further define the EEHRxFormat (the Format) within the European Health Data Space?

Responses: 111 (out of 115 respondents), Average: 9



How soon do you expect the first Implementing Act to come out?

- 53 responses – already in 2025
- 39 – mid-end 2026
- 8 – 2027, 2 – 2029, 3 - 2030

What should EU projects and national initiatives focus on to advance the Format until then?

- Ensure broad understanding of the importance of using common standards as a foundation
- Focus on **pragmatic** use cases - limited complexity but **perfection** in usability and usefulness
- Clear **roadmap** regarding use cases and information models
- Pilots + training and education. Test, pilot, and demonstrate. IHE connectathons - that type of thing. Run cross-border pilot projects to test real-world usability
- Prioritise active involvement of **health professionals** from the very beginning
- Industry and national/local regulatory support, engage **vendors**
- Create **multidisciplinary working groups** with different expertise (clinicians, engineers, statisticians, patients, project managers)

What should EU projects and national initiatives focus on to advance the Format until then?

- Implementation guides, clear specifications, definitions, example demonstrators
- Gather information on the status quo in MS to enable a smooth and synergetic transition for systems
- Assessment of **readiness** level of **national infrastructures** for sharing of information, especially privacy and security, potential gaps among Member States
- Member States should build **capacity** and evolve their digital health architecture accordingly
- Focus on improving **data collection** infrastructure and data access
- **Semantic interoperability**, data catalogue, alignment of different MS rules

What should EU projects and national initiatives focus on to advance the Format until then?

- Define more precisely the **impact of the Format on national** eHealth systems /specifications
- Focus on interoperability then on a Format precise enough **without room for interpretation**
- Data Quality, terminology, concepts, data models, minimal/common data sets
- Support **new domains like careplan and telemedicine**

How do you think collaboration with/between industry partners can be further strengthened?

- Vendors are **major target audience** for most EHDS-related activities, their products will need to be ready for the Format
- Coordination and **alignment of expectations** with the industry will facilitate roll out of EHDS. transparent collaboration platforms, broad sector involvement
- Focused workshops, **focus groups every quarter**, focus on changes needed to meet EHDS requirements
- Show the **added value** of the Format and the EHDS in terms of competitive markets - **Single European EHR market**. Prepare new promising data flow scenarios between EU countries, will attract vendors
- Use cases that demonstrate how it helps hospitals or doctors with problems they have today

How do you think collaboration with/between industry partners can be further strengthened?

- Vendors cannot participate in all different projects/groups, **build one group of vendors**, where experts from projects and other groups can come and ask for consultation (done in X-Net industry and xShare)
- Offer **24/7 online reference testing environment** where all end-users and industry partners can validate and test independently against specifications, or one-by-one, one vs many. Provide testing support
- Support through **national interoperability hubs and SDO affiliates**
- US model - clear **financial incentives** for healthcare providers who support the format among the first ones procuring the required functionalities. Financial sanctions for laggards

Please indicate any significant outcomes/milestones achieved since last year's Summit

- Progress within TEHDAS2, EHDS2, Xt-EHR, xShare, XpanDH, as well as the advancement in implementing HL7 FHIR standards
- Increased awareness of EEHRxF, international standards and interoperability, many more stakeholders are involved now
- Xt-EHR - XpanDH - HL7 Europe - IHE collaboration for EEHRxF FHIR IGs (Implementation Guides). FHIR profile for Lab Reports available. Work has started on the FHIR IG for HDR (Hospital Discharge Reports)
- The Format is more mature, business use cases defined

Do you think we can go faster? How would you suggest we do it together?

■ **Yes** (only 3)

- Expanding pilot programs to more EU regions and enabling **fast-track testing** for interoperable solutions to provide real-world insights and scalability
- Open source reference implementation

■ **No**

- “**Alone you can go faster but together we can go further**”. Take more time but do it right and be sure to not leave anyone on the side
- We should not, important to continue the process with clear sustainable milestones
- Going faster could increase the resistance to change. Have to respect comitology process, different levels of maturity, additional national implementation tasks
- It goes **too fast** already. More support needed to help the countries fit all that within their own eHealth space
- Attention to **supporting change**, the transition period, the broader effects of such policies

Do you think we can go faster? How would you suggest we do it together?

- Leverage industry and user cooperation, standards and methods that already have uptake
- Open source collaboration - Focus on exchange of code / libraries / ... between industry partners (**open source components**)
- Cooperation between **eHMSEG (primary data) with HDAB (secondary data)** - data standards and archetypes
- More **dialogue between EHDS1 and EHDS2 stakeholders** to achieve better alignment
- An industry pilot in each MS to ensure that vendors in all MSs get better understanding
- Launch pilot test across hospitals and/or primary healthcare in different countries
- Attract **more experts from Member States**
- EU should continue supporting coordination and **support actions** to ensure further mobilisation of people and resources and foster adoption and uptake of the Format



2nd European EHR Exchange Format Expert Summit

Coordinators' closing address: Xt-EHR, xShare, XpanDH

Christos N. Schizas,
Mie Matthiesen,
Henrique Martins

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Xt-EHR in numbers

In 12 months of Xt-EHR...

Consortium

57 partners from **27 countries**

11 Leadership Committee/Steering Committee/Governmental Board meetings

Ecosystem building

Community of Doers:

3 Working groups and focuses

60+ active individuals

300+ informed individuals

EEHRxF Awareness raising

40+ hours of workshops

3 projects engaged

Present in **10+ events**, of which 3 were (co)organised by Xt-EHR.

Note: some numbers are approximates

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xShare in numbers

In almost 12 months of xShare...

Consortium

40 **partners** from **15 countries**, ~160 participants

2 consortium meetings, 5 project forums, 4 X-Bundle retreats, 14 deliverables, 11 executive committee meetings, >100 meetings

Ecosystem building

Preparing for the

Standards and policy hub

- Workplan and draft website
- Industry Forum
- Regulator Forum
- Community of Excellence

Spreading the word:

Yellow button campaign

Event attendance and speeches

"Under the Hub" newsletter

- 250 Post cards
- 200 pens, 100 buttons, 100 pins
- 9 Roll-ups IHE Connectathon
- 28 visuals created
- 1 paper, 20+ presentations

EEHRxF Awareness raising

10 **events**;

6+ **videos** - 138 views ytube

Social media: 1077 followers

Website: 5967 visits

Total reach achieved - **19,287**;

Experimentation

- 9 adoption sites
- 1 xShare button showcase (6 countries, 1 region, 3 hospitals, 3 digital health companies)

Note: some numbers are approximates

XpanDH in numbers

In 22 months of XpanDH...

Consortium

35 partners from **13 countries**

27 Leadership

Committee/Steering Committee
meetings

Ecosystem building

10 X-Nets:

150 active individuals

1000+ informed individuals

3 Multi-stakeholder meetings

Experimentation

11 X-Bubbles from **6 countries**, of
which 7 "in-silico" Bubbles

3 available online survey tools

Community of Doers:

4 Working groups and focuses

60+ active individuals

200+ informed individuals

EEHRxF Awareness raising

10+ hours of public webinars

400+ hours of workshops

81 projects engaged

Present in **31 events**, of which 13 were
(co)organised by XpanDH and 14 were
in-person.

1,840+ Youtube views

2,000+ followers on social media



Note: some numbers are approximates

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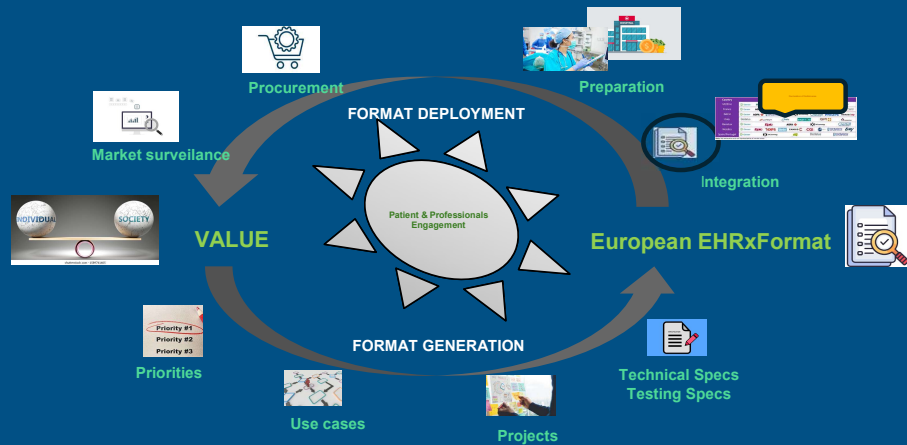


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Past and future...

1st EEHRxF Expert Summit (2023):
100 Participants on-site, 200 Participants online

2nd EEHRxF Expert Summit (2024):
120 Participants on-site, 500 Participants online



Coming up...XpanDH handover:

16-19 December in Lisbon, Portugal

European Digital Health Interoperability Days @Iscte



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2nd European EHR Exchange Format Expert Summit

EC closing address

Konstantin Hypponen,
Kyriakos Hatzaras

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