

INTEROPERABILITÀ, FASCICOLO SANITARIO ELETRONICO ED ECOSISTEMA DEI DATI SANITARI - Strumenti di gestione delle interdipendenze dei setting assistenziali

> Claudio Saccavini Managing Director

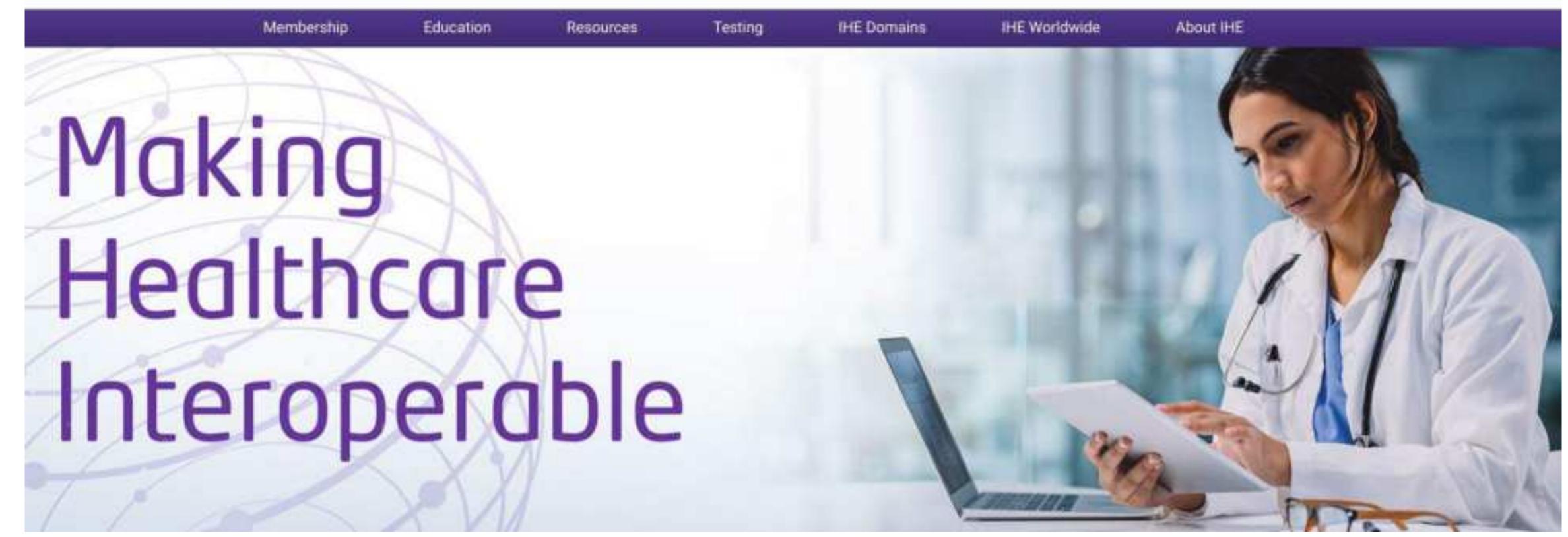








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### Evolution and role of Information Exchange in Healthcare HE CATALYST



1995-2010

Hospital

**Cross-department** 

Deliver Care

HIS

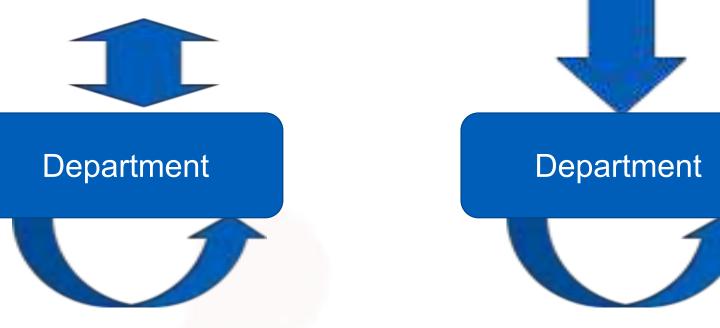
2005-2025

2020-2030





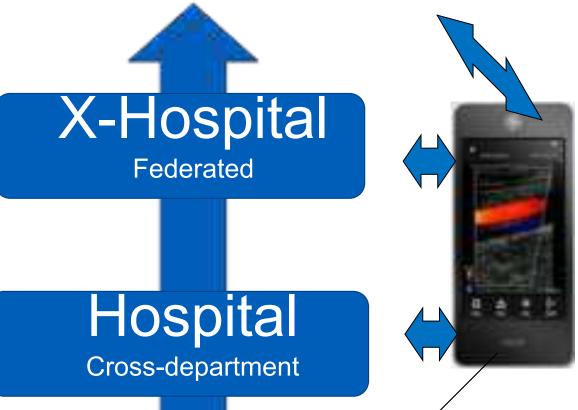
Hospital **Cross-department** 



Share Records

National Health Shared Care Record





Department

Care Coordination

Integrated Care





Reuse of Data - Cross Border

> European Health Data Space WHO Smart Vaccination Certificate

### Evolution and role of Information Exchange in Healthcare HE CATALYST



1995-2010

2005-2025

A Home Timeline

← Archived On 2 May 2013 →

Home | Services & Applications | Engagement | Newsroom | Resources | Industry | About Us | Patients

#### Community

Patients/Clinicians



Hospital

Cross-department

#### **NHS Connecting for Health**

NHS Connecting for Health (NHS CFH) is part of

Our role is to maintain and develop the NHS



the Department of Health Informatics Directorate.

national IT infrastructure.

NHS staff, the media and patients can use this site to learn about our work and its benefits.



PSNH

#### Latest news

**GPSoC** market engagement event - 6th March

26 February 2013

New independent patient record guidance published

26 February 2013

Training registration open for new service that will support QOF payments in 2013/14

14 February 2013

#### More news

THIS SITE USES COOKIES Find out more & how to manage them

Strongery Cept Recents

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e-bulletin: subscribe

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#### Most popular

Using NHSmail

Information Governance (IG)

Coding Clinic Archive

Featured services

New & upgraded sections

#### NHSmail/NHSmail 2



The NHSmail 2 project is looking at options for when the current NHSmail contract. ceases. NHSmail is the national email and directory service available to NHS staff in England and Scotland.

#### **Electronic Prescription** Service (EPS)

New content, FAQs & cases

The PSNH project will, on

behalf of the NHS, develop

options for what happens

for high-speed broadband

when the current N3 contract

networking comes to an end.

EPS makes the prescribing and dispensing process safer and more convenient for patients and staff.

# Department Deliver Care

HIS

Hospital

**Cross-department** 



Your emergency care summar Records

#### **Summary Care Records** (SCR)

SCRs provide healthcare staff treating patients, in an emergency or out-of-hours, with faster access to key clinical information.

# Electronic Prescription

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National Health Shared Ca Record

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### Evolution and role of Information Exchange in Healthcare HE CATALYST





#### Background @

- National Programme for IT (NPfIT): Launched in 2002, it aimed to introduce a single, centrally mandated electronic care record for all NHS patients and connect 30,000 general practitioners to 300 hospitals.
- NHS Connecting for Health (NHS CfH): Established in 2005, it was the Department of Health's delivery arm responsible for managing the central components of the NPfIT program.

#### Dismantling and Demise

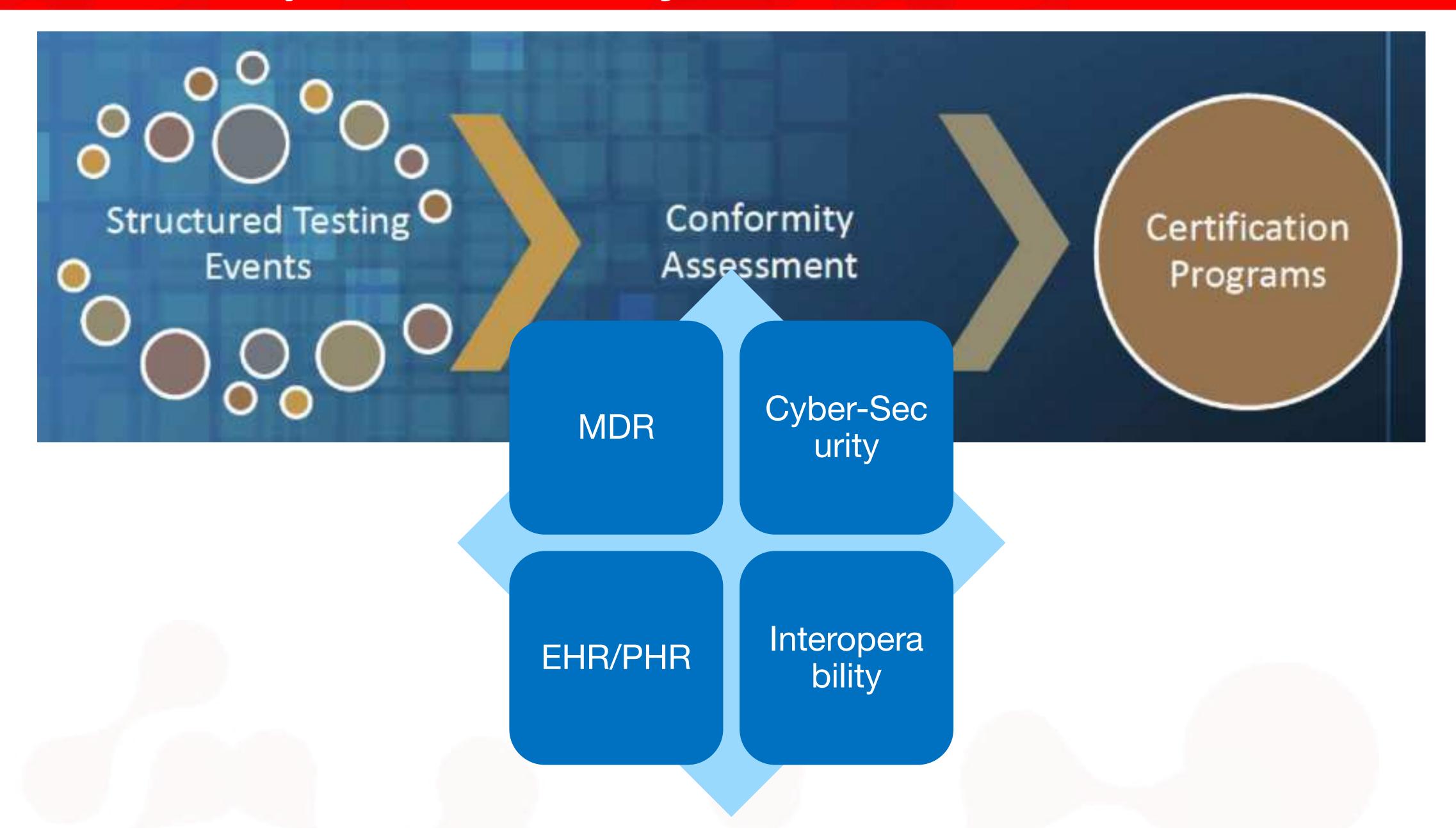
- Program Cancellation: The NPfIT program was officially dismantled in 2011 after failing to deliver its original vision of a standardized, centrally imposed system. @
- · Decentralization: The focus shifted from a national system to local trustdeveloped systems and local software solutions. @
- Official End: NHS Connecting for Health ceased to exist on March 31, 2013.

#### Reasons for Failure

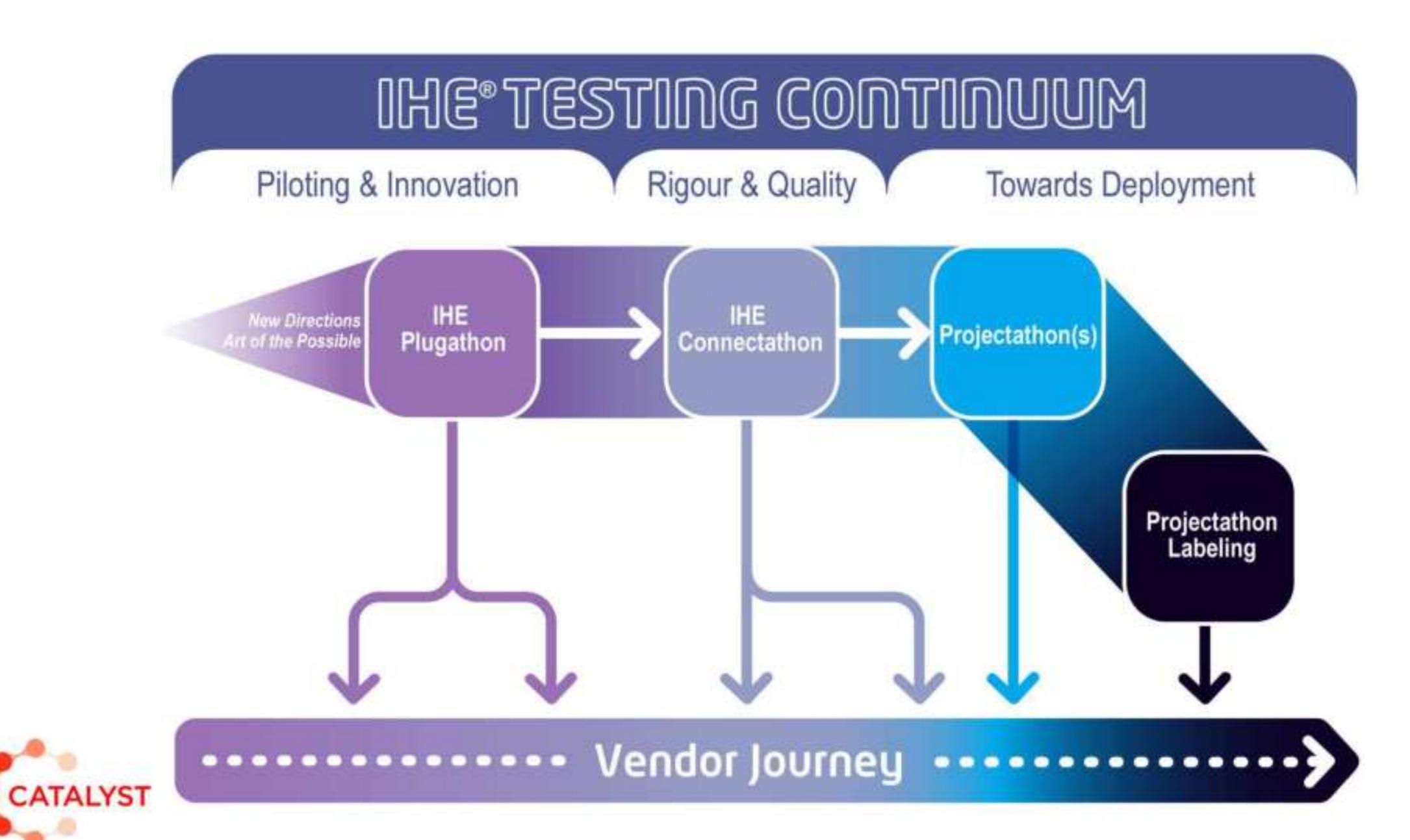
- Lack of Engagement: A key reason for the program's failure was a lack of engagement with end-users, such as doctors and patients.
- Technological Determinism: The program was seen by some as a technologically deterministic vision imposed by outsiders who lacked understanding of healthcare.
- Project Scale: The sheer scale of the project was underestimated, leading to significant delays and increased costs.

### The Vision: operate in a certified environmen.

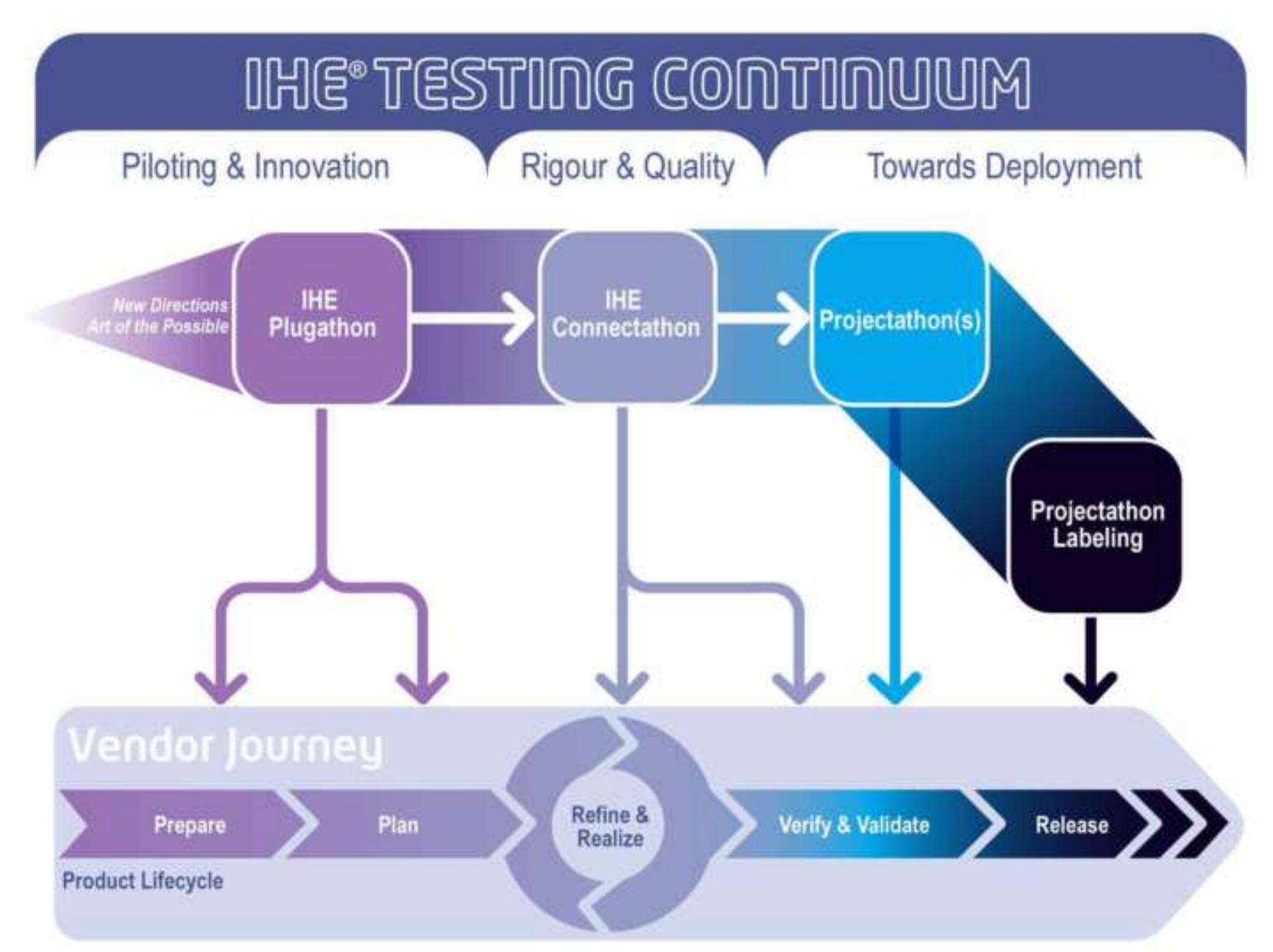




### How the Ecosystem Should Adapt

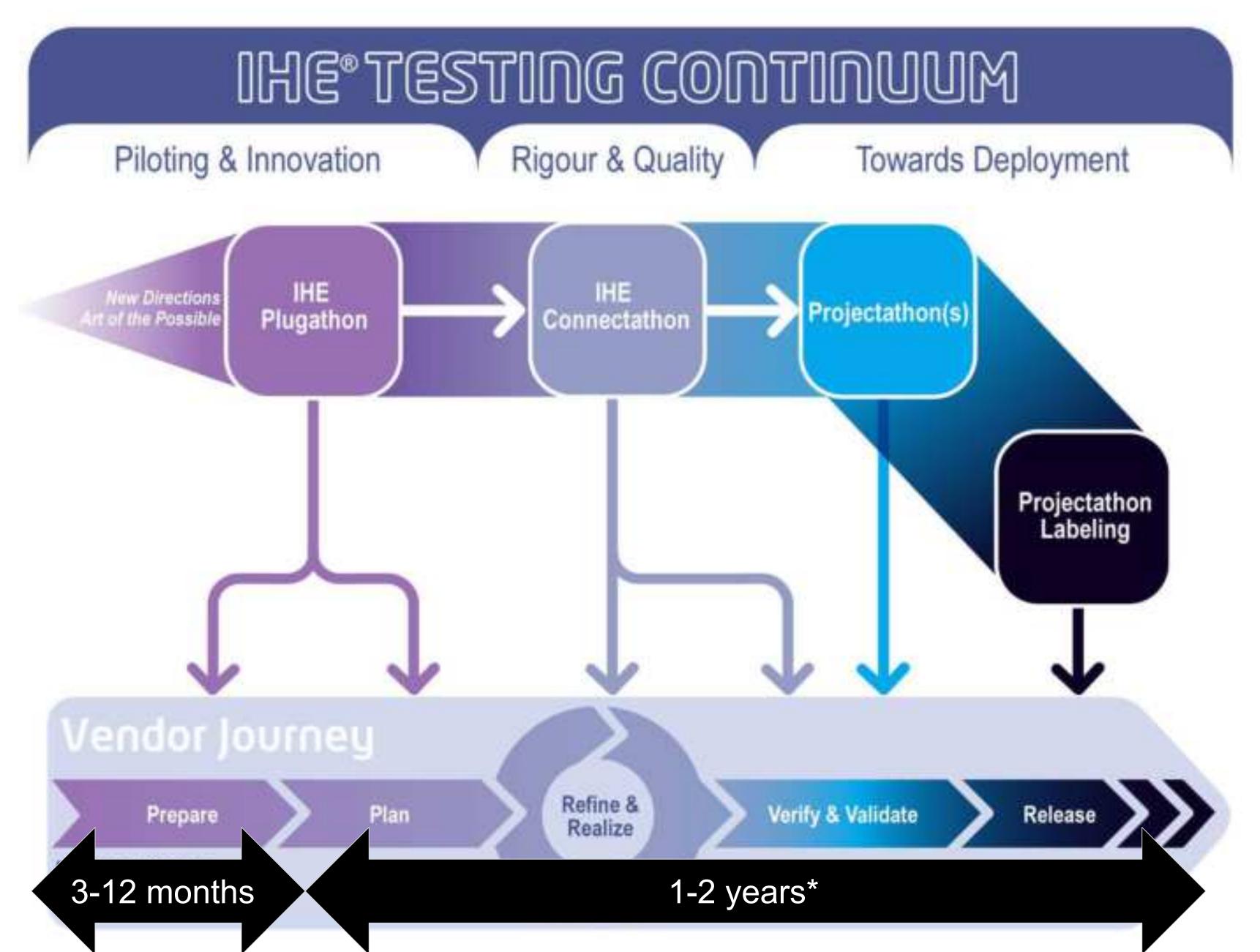


### How the Ecosystem Should Adapt





### How the Ecosystem Should Adapt





(\*) Medical Devices can have a significantly longer lifecycle given their complexity and regulatory requirements

### IHE Connectathon







### Examples of Projectathons















# epSOS/eHDSI Projectathons

epSOS projectathons since 2011









**EXPANDATHON** 

Lisbon 9-11 December 2015

http://www.expandproject.eu/expand-final-event-lisbon-ehealth-week/

Online eHDSI projectathons since 2016

### EPD Projectathon



#### Dossier électronique du patient Communautés en cours de constitution Mars 2020





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### LACPASS



# LACPass Projectathons (supported by IHE Catalyst) so far

- Chile 2022
- Sao Paulo 2023
- Bogota 2024



# More events planned until 2027

- El Salvador PH4H 2025
- Peru national 2025
- Paraguay national 2025
- Trinitad y Tobago PH4H2026
- Bahamas national 2026
- Panama PH4H 2027



## LACPASS Scope



#### Current Use Cases

- 1. Cross border IPS sharing
- 2. Digital vaccination certificates



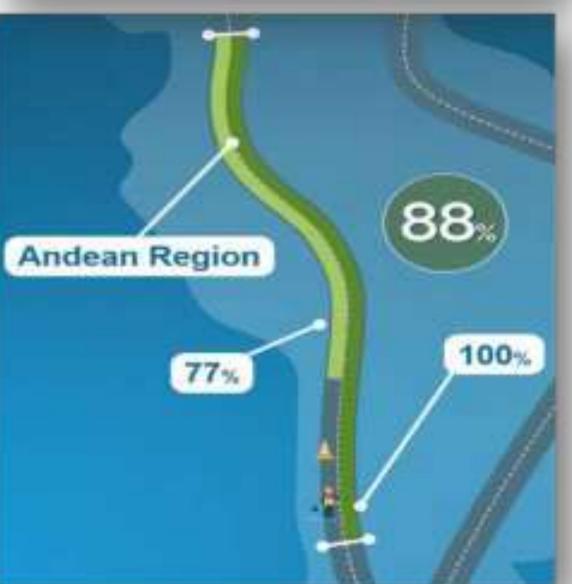
#### PH4H Use Cases

- 1. Digital immunization certificates
- 2. Continuity of Care IPS
- 3. Public Health and Research
- 4. Cross border telehealth services
- 5. Digital certification of professional credentials
- 6. Document certification (IPS/VHL)
- 7. Supply chain
- 8. Knowledge Hub

### LACPass Results 2024

















### EHDS in a Nutshell – what is it about?

- 1. Primary use = use of data for the delivery of healthcare
  - Improving patients' access to their health data;
  - Ensuring seamless exchanges for continuity of healthcare.
- Secondary use = use of data for research and public interest purposes
  - Making data available for research, policy-making etc. in a safe and secure way.
- 3. Requirements for electronic health record (EHR) systems
  - Creating a single market for electronic health records systems, supporting both primary and secondary use.



### Scope of harmonisation

EHR systems must contain two harmonised components, starting early 2029 / early 2031 for 1st / 2nd group of priority categories:

### Interoperability component

 Provides capability to import/ export data in EEHRxF as per Art. 15

### Logging component

 Provides capability to generate the logs of access as per Art. 9

Detailed specifications to be set out by COM in implementing act.

Member States remain free to have requirements on other parts of EHR systems, provided they don't interfere with the harmonised components.



### What will happen when?

#### For patients:

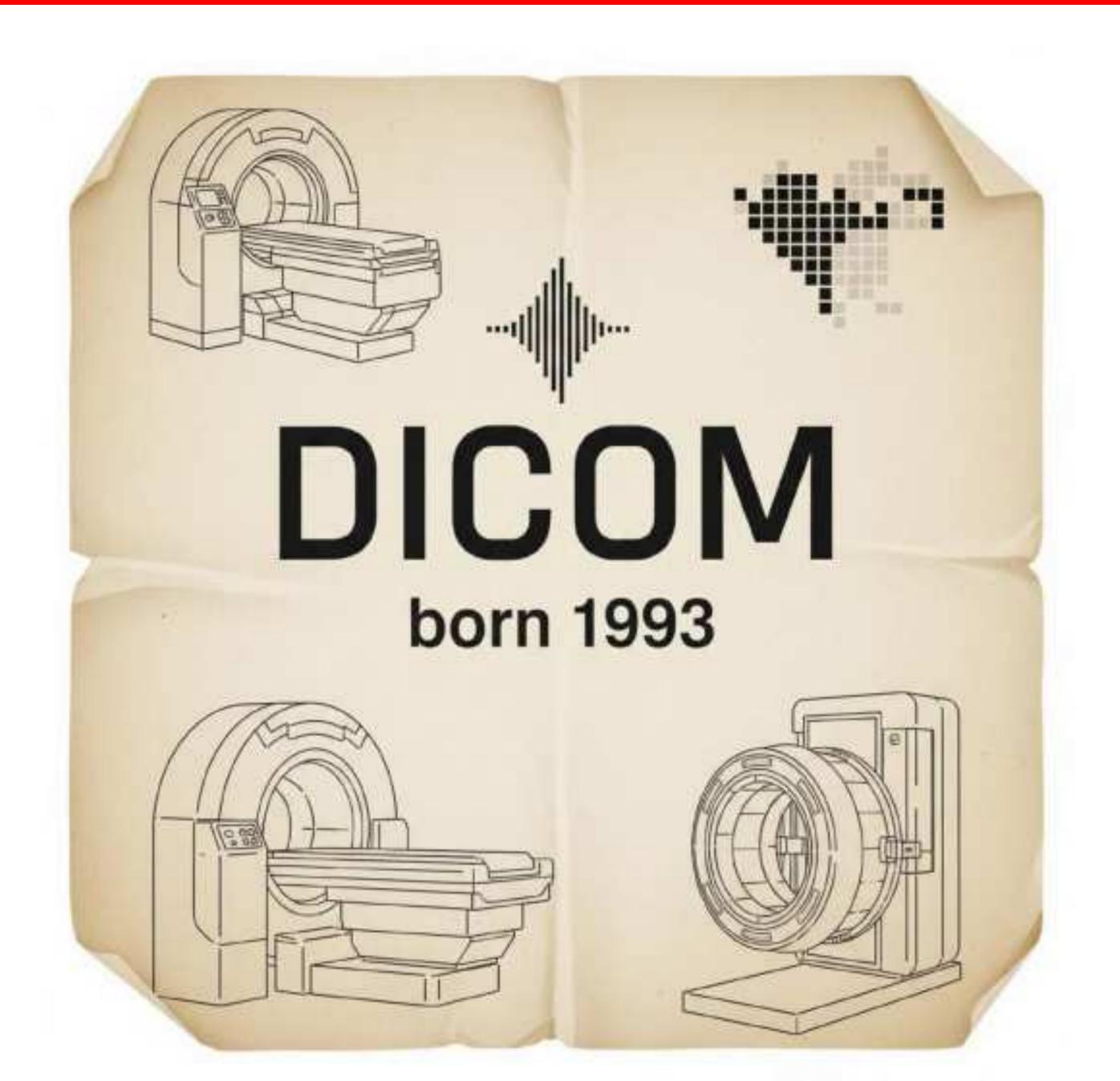
- March 2029: can use health data access services and exercise rights for 1<sup>st</sup> group of priority categories
- March 2031: go-live for 2<sup>nd</sup> group of priority categories
- For healthcare providers:
  - March 2029: for 1<sup>st</sup> group of priority categories, connect to NCP, can use health professional access services
  - March 2031: same for 2<sup>nd</sup> group of priority categories



### What will happen when?

- For manufacturers of EHR systems:
  - March 2029: only sell compliant systems for 1<sup>st</sup> group;
  - March 2031: only sell compliant systems for 2<sup>nd</sup> group;
- For Member States:
  - March 2027: designate digital health authority
  - March 2029: for 1<sup>st</sup> group, ensure they're connected to MyHealth@EU and that healthcare providers are connected to NCP; ensure that access services are up and running; provide testing environments;
  - March 2031: same for 2<sup>nd</sup> group.





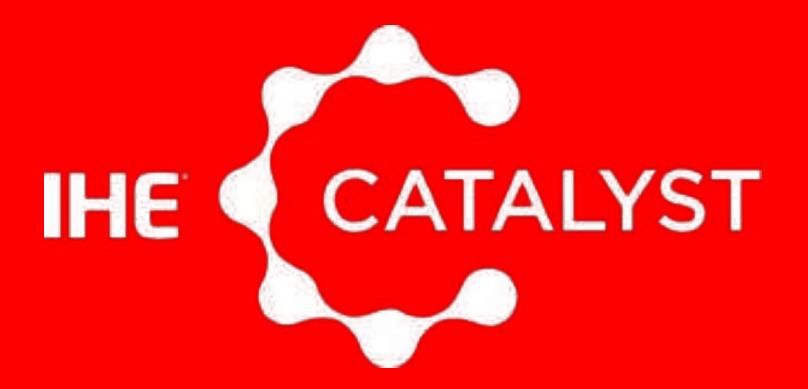


### Human Interoperability Ecosystems of Stakeholders









### Thanks

