




# Smart Open Services for European Patients

Open eHealth initiative for a European large scale pilot of  
Patient Summary and electronic Prescription

D3.D.1 Report on Activities of Technical Liaison - 2011

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Dissemination level: PU = Public, PP = Restricted to other programme participants, RE = Restricted to a group specified by the consortium, CO = Confidential, only for members of the consortium.


ABSTRACT
<p><b>D3.D.1 Annual Report - 2011 describes the activities that have been undertaken by the core team of this work package.</b></p> <p><b>This year has primarily been used to scope which projects and organisations epSOS should liaise with and within which technical areas. The resources are limited and the possible activities more or less endless. So, we have prioritized the most important seen from epSOS.</b></p>

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Version	Date	Status Changes	From	Details	Review
V0.1	20/12/2011	Draft	DKNA	Initial Report	-
V0.2	15/1/2012	Ready for QA	DKNA	After NEPC and TPM review	
V1.0	8/2/2012	Final	DKNA	After QA	
V1.1	21/02/2012	Final	APM	Removal of line numbering, editorial corrections	


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## Executive Summary

The scope of this WP has been set by focusing on the desired outcome of the liaison activities. In order to do so, we have looked at the Digital Agenda for Europe (“The Europe 2020 Strategy”), the Directive on Cross Border Healthcare, the epSOS overarching principles and of course the Description of Work Amendment IV. This gives us these overall questions to address:

*How can the work done in WP3.D be used in epSOS, in other projects/organisations, in eHGI and by the Commission?*

*How can the work in WP3.D contribute to symbioses between EU-projects to make sure that no redundant work is done?*

*How can we transport issues/ideas from a technical level to a strategic one?  
How can we synthesize strategies from technical issues and ideas?*

The aim is to describe how technical (inc Semantic) solutions/ideas can be implemented, discussed, deployed, merged and integrated in the future. The aim is to give eHGI and EC a catalogue of technical issues to be addressed in concurrent future projects.

The liaison of this work package will be within 4 technical areas:


1. Standardisation (European and international organisations)
2. Architecture (The NCP as a gateway)
3. Identification of the patient and Health Professional
4. Security

In other words, the process will be bottom-up, from the technical level to the strategic level. As mentioned above, the objective is to raise possible technical solutions and ideas to the strategic level, i.e. EC and eHGI and input to the eHealth Network as part of the Directive on Cross Border Healthcare. This could be the epSOS input to the “Pilot-of-Pilots” FUTURE PLANNING FOR THE LSP BUILDING BLOCKS, MEDIUM AND LONG TERM initiated by the European Commission .

This year the focus has been on scoping and prioritising the liaison activities and setting up a plan for the actual liaison activities for the next two years.

## Outcome of Activities in 2011

The main outcome of year 2011 – the first year of this work package – has been to scope the technical liaison activities. *Which projects and organisations do we want to approach? How do we want to approach them? What do we expect from the liaison?*

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The main output of this years work in WP3.D is the Project Initiation Document (PID). This document states the technical areas of epSOS to address and it also states which projects and organisations we will be approaching. The following is a summary of the PID. But first we would like to summarise which areas have been decided to be out of scope for this WP.

## 1.1 Out of Scope

Dissemination projects are agreed to be out of scope of the technical liaison. These include:

- ePractice.eu
- EPF
- CPME
- EHTEL

These projects will be approached through T2.2.3 Stakeholder Liaison – Openness, Transparency and Validation, Project Coordinator and/or WP1.3 Dissemination.

Standard Development Organisations (SDOs) within the area of semantics are addressed by WP1.4.10. The Task Force Group Clinical/Semantic and the Project Coordinator have a settled cooperation with relevant SDOs within the semantic area. They include e.g. IHTSDO, WHO and LOINC etc and are not included in this WP.


However, for instance former SEMIC and OSOR now JOINUP would be approached by WP3.D as this is an EC initiative on semantic interoperability in general and not a specific SDO.

## 1.2 Technical Liaison Areas

The liaison of this work package will be within 4 technical areas mentioned above. For each area more projects and organisations can be approached.

### 1.2.1 Standardisation and profiling

Primarily, the Health Level Seven International (HL7) which is an accredited Standard Development Organisation will be approached within the area of standardisation.

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The involvement of IHE Europe (as standard profiling consortium) is relevant to support a correct process of inclusion of epSOS interoperability specifications in profiles. In order to secure the sustainability of epSOS a profiles based approach is sought.

epSOS is mainly based on HL7 Standards and evolution of the epSOS services requires new specifications and possible inclusion of new areas of the standards stack.

Also cooperation with the ONC in the US has been carried out through monthly meetings and there seems to be good coverage within the content area such as LOINC, SNOMED and ICD-10.

### **1.2.2 Architecture – the NCP as a gateway**

In this technical area we will seek collaboration with European Interoperability Architecture (EIA). epSOS is seen as a given player: epSOS needs common infrastructure services, and at the same time epSOS can give input to the EIA study to stimulate the debate in the direction to reach a pragmatic and realistic approach.

### **1.2.3 Identification of the patient and the health professional**


Various projects within the EU are handling patient identification. It would be appropriate to liaise with these projects to seek convergence. This issue is very high on the European Agenda, and this WP will seek convergence and synergy from the technical approach.

In November 2011 in Athens, epSOS together with eHealth Government Initiative organised and held a workshop on eID. The workshop addressed the issue from all levels, i.e. from the political, the legal, the organisational and from the technical level. epSOS took part in organising the technical level of eID.

For the workshop, all Large Scale Pilots (PEPPOL STORK, SPOCS and e-CODEX) including EESSI and ENISA took part and presented their solution on eID.

As a follow-up from this LSP-approach to eID, WP3.D has planned a workshop especially on eID for the LSPs including EESSI and EHIC beginning of 2012.

"The overall objective of the eID workshop is to include STORK identity management in epSOS in favor of the project-specific methods that have been developed within epSOS" The aim is to try to reuse components already available for the identity management in STORK to be used in epSOS.

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epSOS and STORK already liased in STepS work group. The outcomes and demonstrators of this joint activity will be taken into consideration for WP3.D analyses.

The longer term perspective of this re-engineering can be seen as a practical use case to combine STORK technology solutions applied to healthcare. The next step could be to use STORK in a larger domain within the other LSPs.

#### 1.2.4 Security

A close collaboration with WP1.4.10 TFG Security will be necessary. Here the needs and requirements for epSOS security are addressed. This WP will liaise with other LSP projects (PEPPOL) and the ENISA agency in order to seek synergy on technical issues regarding security in cross border solutions.

ENISA was part of the above mentioned eID workshop in Athens, the epSOS and eHGI co-organised workshop.

The Project Initiation Document is included as appendix A.

## Process

### 1.3 Work approach


The approach within WP3.D is bottom-up, i.e. from a technical perspective how collaboration between epSOS and other projects/organisations can be done in practice.

When it comes to resourcing the approach has been *time boxing*, i.e. given the amount of resources for WP3.D (43 PM) how much work can be done?

The approach has been to estimate how much time is need to liaise with a single project/organisation in order to be able to describe technical overlaps and synergies. Adding to this estimation we need overhead for teleconferencing, attending Technical Project Management (TPM) Meetings (both tcons and F2F) for the work package leader.

After the first liaison activity, eID liaison, we will revise the plan and concentrate to formulate what are the main activities and needed outcomes in the coordination/liason. How large is the ecosystem of relevant organisations/projects for each technical area if we limit ourselves to the 5 projects/organisations agreed in TPM, i.e. in the Project Initiation Document (PID).



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Face-to-face meetings have been agreed to be at an absolute minimum within the core team as this can be very time consuming compared to the outcomes of these meetings. Therefore, only tcons are foreseen within the core team. When it comes to the actual liaison activities with other projects and organisations, face-to-face meetings are assumed to be a necessity.

## 1.4 Methodology

Initially, the work package team and the whole Technical Project Management team were invited for a brain storm on ideas for technical liaison. This gave good input for structuring and analysing the suggested projects and organisations. Based on this, the Project Initiation Document (PID) was written and elaborated with the team in a couple of iterations.

Finally, the PID was scoped narrowing down the projects and organisations to approximately 5. The decision on which projects and organisations to liaise with was taken at a TPM face-to-face meeting in Copenhagen 1 September 2011.

## 1.5 Planning

Below we have identified the big steps in the WP3.D work within the 4 technical areas. The following is the tentative plan for the duration of WP3.D.

### 2012


Spring: Identification of the patient (eID)

Autumn: Standardisation (European and international organisations)


### 2013

Spring: Security and Architecture (The NCP as a gateway)

Autumn: Finalising liaison activities and writing a “next steps”-report.

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## Appendix A – Project Initiation Document

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# Smart Open Services for European Patients

Open eHealth initiative for a European large scale pilot of patient summary and electronic prescription

## Work Package Initiation Document

**WP3.D**  
**Technical Liaison**

**14 September 2011**

**Document Version: v1.0**


### CONSENSUS STATEMENT

This WP kicked off by inviting to a brain storm amongst present team, TPM, PC and WP2.2.3. They presented ideas on which projects and organisation to approach for liaison. All ideas were collected, aggregated, analysed and presented to the same group for further commenting and further elaboration.

Thereafter WP2.2 Policy and Strategy has been asked to scope the work in WP3.D from a political and strategic point of view, and TPM and WPs requesting WP3.D liaison were invited to scope and prioritise their needs and desires. The result was an elaborated list including a time boxing approach.


The final scope of WP3.D was agreed at the TPM F2F meeting 1 September 2011 in Copenhagen.

**Work Package Leader:** Anni Buhr  
**Beneficiary:** DKNA

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### Document Information

<b>Project name</b>	Smart Open Services – Open eHealth initiative for a European large scale pilot of patient summary and electronic prescription
<b>Author/ person responsible</b>	Anni Buhr
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<b>Status</b>	For final approval in WP3.D

### Sub-Project Identification


<b>Work Package</b>	WP3.D Technical Liaison
<b>Working Task</b>	To seek partnership with other projects and organisations to share experience and technical knowledge in order to achieve synergy by collaboration in the common areas of interest.
<b>Document Owner</b>	DKNA

### History of Alteration

Version	Date	Type of editing	Editorial
0.1	2011-03-01	First draft	DKNA
0.2	2011-04-17	Elaborated draft with input from brain storm from participant of the WP3.D team, PC, TPM and WP2.2	DKNA
0.3	2011-06-08	Included comments received from TPM, PC, WP2.2 and WP3.D team	DKNA
0.4	2011-08-25	Input from WP3.D core team has been included	DKNA
0.5	2011-09-06	Revised based on TPM scoping at TPM F2F 1 September 2011 in Copenhagen.	DKNA
1.0	2011-09-14	As above but without track changes	DKNA

### Referring Documents

Date	Type	Description	Version	Origin	Document
2011-03-01	??	Annex I – “Description of Work” / Amendment IV		EMP/S.O.S. LSP-eHealth team	
2011-04-01	Web-links	As this WP seeks liaison with other organisations and projects we have included relevant links here			

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## 1 Introduction

The aim of this document is to describe a proposed working plan for the WP3.D to achieve the general and specific objectives defined in Annex I / Amendment IV and in this Project Initiation Document.

The sections of this document:

Section 2 describes the overall objective of this WP. What is the purpose of the WP, what do we try to achieve.

Section 3 describes the background within European eHealth, the connection to the overarching principles of epSOS and provides a copy of the Description of Work (amendment autumn 2011).

Section 4 gives the overall scoping criteria for this WP including an out of scope list.

Section 5 lists the projects and organisations that epSOS eventually will liaise with.

## 2 Objective

*How can the work done in WP3.D be used in epSOS, in other projects/organisations, in eHGI and by the Commission?*


*How can the work in WP3.D contribute to symbioses between EU-projects to make sure that no redundant work is done?*

Neither epSOS nor other projects can fully use the work in this WP, but the learning process in the cooperation between projects is valuable for all projects in cooperation.

The aim is to describe how technical solutions/ideas can be implemented, discussed, deployed, merged, integrated in the future. The aim is to give eHGI and EC a catalogue of technical issues to be addressed in concurrent future projects. In other words:

*How can we transport issues/ideas from a technical level to a strategic one? How can we synthesize strategies from technical issues and ideas?*

The approach within WP3.D is bottom-up, i.e. from a technical perspective how can a collaboration between epSOS and other projects/organisations in practice be done.

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### 3 Background

This section describes the context of the European agenda within which this WP plays a role; what are the overarching principles of epSOS in regards to this WP and what is required in the Description of Work.

#### 3.1 Digital Agenda for Europe

A Digital Agenda for Europe (The Europe 2020 Strategy) was launched in March 2010 by The European Commission.

<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2010:0245:FIN:EN:PDF>

Some of the key actions should be of guidance to this WP.

*“We need effective interoperability between IT products and services to build a truly digital society.” Enhancing interoperability through coordination. The Commission will:*

☐ **Key Action 5:** As part of the review of EU standardisation policy, propose legal measures on ICT interoperability by 2010 to reform the **rules on implementation of ICT standards in Europe** to allow use of certain ICT fora and consortia standards;

*Sustainable healthcare and ICT-based support for dignified and independent living. The Commission will:*

☐ **Key Action 13:** Undertake pilot actions to equip **Europeans with secure online access** to their medical health data by 2015 and to achieve by 2020 widespread deployment of telemedicine services;


☐ Foster EU-wide **standards<sup>57</sup>, interoperability testing and certification** of eHealth systems by 2015 through stakeholder dialogue;

##### 3.1.1 The EPSCO Council Conclusions

The Employment, Social Policy, Health and Consumer Affairs Council (EPSCO) Conclusions of December 2009 represent a strong political mandate for EU eHealth cooperation in four specific areas of interoperability:

- legal (including regulatory and ethics);
- standardisation / technical issues;
- semantics;
- identification and authentication.

The aim is to boost deployment of eHealth services in Member States. The process will be facilitated through the establishment of the European eHealth High Level Governance Initiative and the process in Europe which shall be addressed at three levels focusing on policy, strategy and cooperation. These levels of governance are interlinked

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and complementary and should together provide for specifying priorities and needed actions to be taken together at EU level to support our national implementations. At the policy level, the process will be driven by the High Level Governance Group (HLGG) of Secretaries of State. The elaboration of a sustainable EU eHealth Roadmap, “the Roadmap”, was launched as an iterative process in CALLIOPE and builds on clear common priorities from the December 2009 EPSCO Conclusions and the four areas of interoperability. The Roadmap is intended to provide the High Level Governance Group with appropriate support and the basis for related decisions.

### 3.2 The Directive on Cross Border Healthcare

The Article 14 on eHealth of the directive will be taken forward by the network within eHGI. This WP will seek to guide eHGI in questions of more technical character. eHGI (eHealth Network article 14) seeks, among other things, to work on supporting Member States in developing common identification and authentication measures to facilitate transferability of data in cross-border healthcare.

This WP seeks to proactively influence Article 14 Network (eHGI) on technical issues that can be synthesized to strategic issues.

### 3.3 The epSOS overarching Principles

The epSOS overarching principles are pursued in this WP in the following way.

The principle of *Design jointly – implement locally* is aiming beyond epSOS on the design jointly part, as this WP seeks outside projects to align the design with.

The principle of *Co-ordinate across all interoperability areas* is sought by a close link to other WP through TPM.

The principle of *Address the lack of common EU approaches to privacy, safety and quality of services* is not addressed in this WP.

The principle of *Engage industry* will be approached as a partner in epSOS as well as in other EU projects. The industry team is part of the core expert team of this WP. A close collaboration with WP3.B Implementation Strategy is also sought.

The principle of *Ensure Openness, Transparency and Validation* is sought through direct involvement of not only eHGI but also the EC as the primary “customer” of the outcomes of this WP. A very close collaboration with WP2.2 on the political and strategic dimension of this WP (T2.2.1) and also through a close link to the stakeholder liaison within T2.2.3.


The principle of *Rationalise and optimise use of resources* is sought through the working process within this WP, eg. minimizing face-to-face meetings and working with small core teams. Please see section 9.2 Allocated resources below.

### 3.4 Goals of the Work Package 3.D (copy of Description of Work amendment IV)

This work package sets up one or more Task Forces to liaise with projects and organisations

to obtain input to technical specifications. The questions to be answered in this WP are: *How can the work done in WP3.D be used in epSOS, in other projects/organisations, in eHGI and by the Commission?*



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*How can the work in WP3.D contribute to symbioses between EU-projects to make sure that no redundant work is done?*

Neither epSOS nor other projects can fully use the work in this WP directly, but the learning process in the cooperation between projects is valuable for all projects in cooperation. The aim is to describe how technical solutions/ideas can be implemented, discussed, deployed, merged, integrated in the future. The aim is to give eHGI and EC a catalogue of technical issues to be addressed in concurrent future projects. In other words:

*How can we transport issues/ideas from a technical level to a strategic one? How can we synthesize strategies from technical issues and ideas?*

The approach within WP3.D is bottom-up, i.e. from a technical perspective, how can collaboration between epSOS and other projects/organisations in practice be done. So, this WP will have an external approach and seek partnership with other projects and organisations to share experience and technical knowledge in order to achieve synergy between similar projects by collaboration in the common areas of interest.

The Expert Group is set up to liaise with projects and organisations to obtain input to technical specifications, improve interoperability across sectors and enable reuse of components, services etc.

The aim of the collaborations is to enable the implementation cooperation and standardisation efforts with other projects; to work for standardisation and simplification to the benefit of existing and coming projects within the area of eHealth. Standardisation could be in the area of identifying the patient and the Health Professional. But not limited to these!


This WP seeks to cooperate in the areas of standardisation / technical issues and identification and authentication interoperability. These areas are part of the key action areas from the Digital Agenda for Europe. This could lead to the following detailed areas seeking liaison with 5-6 project and/or organisations working within these areas as well:

- Standardisation
- The NCP as a gateway not only for PS and eP/eD.
- Identification of the patient and Health Professional
- Security

The main task within this WP is:

Task T3.D.1 Technical Liaison Coordination Group (M4 - M36) - Lead: DKNA

In general terms, this task aims at involving, e.g. in the context of European and global liaison activities, European and international organisations like HL7, and projects like STORK, .

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## 4 Scoping of Areas for Technical Liaison

### 4.1 Content identification

This document will elaborate, analyse and scope this WP as described in the DoW in order to have a structured approach to address other organisations and projects. Below, organisations and projects are listed including a short description of their scope, an analysis of what the organisation or project has of interest to epSOS and finally a goal for approaching this particular organisation/project.

So, for each organisation/project the following information is provided:

- Description of project/organisation
- Interest to epSOS and goal
- Approach

Below you find a list of European and international organisations that epSOS will seek collaboration with. The list is exhaustive, i.e. within the time and resources provided for this WP, only these organisations are approached.

The following addresses the technical issues in various areas of epSOS and tries to connect organisations and projects to a particular area.

This WP seeks to cooperate in the areas of standardisation / technical issues and identification and authentication interoperability. This leads to the following detailed areas:

- Standardisation
- Architecture. The NCP as a gateway not only for PS and eP/eD.
- Identification of the patient and the Health Professional
- Security

**Note: epSOS implementation is at present not compliant with the specified solution!**

### 4.2 Out of scope (in scope of other WPs)


Some projects are interesting to epSOS but have a dissemination scope. These projects will not be handled within this WP neither are the resource allocation for dissemination tasks handled in this WP.

#### 4.2.1 Dissemination projects

The dissemination projects include:

- ePractice.eu
- EPF CPME
- EHTEL

These projects will be approached through T2.2.3 Stakeholder Liaison – Openness, Transparency and Validation, Project Coordinator and/or WP1.3 Dissemination.

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#### 4.2.2 Standard Development Organisations (SDOs)


WP1.4.10 has a settled cooperation with relevant standard development organisations (SDOs) within the semantic area. They are listed below and are not included in this WP, eg.:

- IHTSDO (SNOMED CT)
- WHO (ATC, ICD)
- LOINC
- EDQM

As some members of T1.4.10 are also members of WP3.D they will play a key role in this collaboration. In general, this WP will cope with the overarching challenges of semantic interoperability amongst various projects. The task of T1.4.10 is specific collaboration with the SDOs that have code systems used by the epSOS MVC.

For instance, as epSOS uses SNOMED CT, IHTSDO will be approached by T1.4.10.

On the other hand, for instance SEMIC would be approached by WP3.D as this is an EC initiative on semantic interoperability in general.

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## 5 Technical Areas to elaborate

This section describes the projects and organisations that WP3.D will liaise with. The liaison will be within 4 areas:

5. Standardisation (European and international organisations)
6. Architecture (The NCP as a gateway)
7. Identification of the patient and Health Professional
8. Security

### 5.1 Standardisation (European and international organisations)

The goal of epSOS is “to develop a practical eHealth framework and ICT infrastructure”. In order to fulfill this goal it is vital for epSOS to choose the standard to be the foundation for exchange of patient health information between European healthcare systems. Also, in the future, in order to secure a sustainable solution. We have based epSOS I on HL7. For this reason a liaison with HL7 is obvious and will be one of the organisations that we will approach actively.

#### 5.1.1 HL7 International/Europe

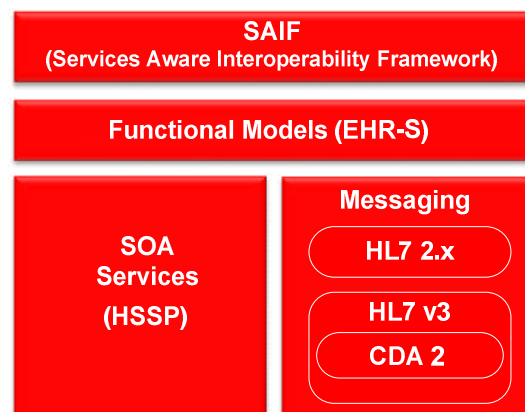
WP3.D team: Stefano Lotti, IT Team, NN

##### Description


Health Level Seven International (HL7) is the global authority on standards for interoperability of health information technology with members in over 55 countries. HL7 International is an AINSI accredited Standard Development Organization. HL7 is also cofounder of the *Joint Initiative on SDO Global Health Informatics Standardization (JIT)*<sup>1</sup> formed to enable common health informatics standards by addressing and resolving issues of gaps, overlaps, and counterproductive standardization efforts. The JIT, besides HL7, includes CEN/TC 251, ISO/TC 215, CDISC, IHTSDO and GS1. Moreover HL7 has agreements with several standization body and consortium as LOINC, IEEE, OMG (Object Management Group), DICOM.

In June 2010 HL7 Int. established HL7 Europe as private foundation in Brussels. The HL7 European foundation has been engaged in the EU eHealth Governance Initiative and in the SemanticHealthNetProject already.

The HL7 stantards stack is not limited to the messaging standard as HL7 v3 and v2 and documents (HL7v3-CDA2) and include SAIF (Service Aware Interoperability Framework), Functional Models



<sup>1</sup> See: <http://www.jointinitiativecouncil.org/>

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(EHR-S) and Services Specification (HSSP - Healthcare Services Specification Project in collaboration with OMG<sup>2</sup>).

#### Interest to epSOS and goal

epSOS is mainly based on HL7 Standards and evolution of the epSOS services requires new specifications and possible inclusion of new areas of the standards stack.

epSOS has already demonstrated that the specific epSOS business case cannot be fully covered by pre-existing profiles and Implementation Guides. So it is necessary to operate at standard level and use the appropriate standards and methods.

In general, a profile can be effectively used if and only if the real business case adheres to the use cases specified in the profile. On the other hand, profiles do not constrain the standards in general but only in the considered use case. So, when possible profiles certainly must be used, but without forcing it with the risk to adopt weak solutions, have implementation issues and lack of effective interoperability.

As the experience and the requirements of epSOS increase, a wide standard selection and investigation need to be performed to obtain the goals of sounds and really implementable solutions<sup>3</sup>.

HL7 liaison is necessary in this process and the involvement in epSOS of IHE Europe (as standard profiling consortium) is relevant to support a correct process of inclusion of epSOS interoperability specifications in profiles. In this context HL7 SAIF<sup>4</sup> framework can be a useful conceptual tool.

#### Approach

The technical contact person from WP3.D:

- ensures that the epSOS business case and specification are properly addressed by the HL7 standards and it is supported by an appropriate use of existing profiles/Implementation Guide
- addresses the appropriate inclusion of the epSOS requirements and standards, not covered by existing profiles/IG, in the IHE Integration Profiles and/or HL7 Implementation Guides or specification.

The liaison is performed by means of mutual exchange of information and knowledge and it is mainly in relation to WP3.A's work. *Ad hoc* teams may be set as needed.

HL7 Europe contact is Catherine Chronaki [chronaki@gmail.com](mailto:chronaki@gmail.com).

Stefano Lotti (WP3.D team - Lombardy) leads also the Architecture Team included in the WP3.A (WP Leader Jörg Caumann - FHGISST)


## **5.2 Architecture - The NCP as gateway**

The epSOS NCP can be viewed as a common eHealth gateway not only for PS and eP/eD but also for other eHealth information. An important issue for the future of the eHealth in Europe is making all healthcare providers connected to a common infrastructure (with common cross-border web services).

<sup>2</sup> See: <http://hssp.healthinterop.org>

<sup>3</sup> An example of a service standard that must be investigated is the CTS2 (Common Terminology Services 2) for epSOS semantic services.

<sup>4</sup> See: [http://en.wikipedia.org/wiki/HL7\\_Services\\_Aware\\_Interoperability\\_Framework](http://en.wikipedia.org/wiki/HL7_Services_Aware_Interoperability_Framework)

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Various NCP networks within the healthcare area exist: Netcards and epSOS from DG INFSO, EESSI from DG EMPLOY and future projects from DG SANCO. A closer collaboration at the EC level could be strengthened by seeking technical liaison with projects within the three DGs.

This section will also deal with using the epSOS NCP as gateway to go to the specific Patient access service in the MS, that may be separated from the standard chain of the EHR (PS/eP) service.

### 5.2.1 ISA – Interoperability Solutions for European Public Administration

WP3.D team: Stefan Gustafsson, Rasmus Melgaard, IT Team, NN

#### Description

In the context of the ISA programme action 2.1, there is a study supporting the elaboration of a common vision for a **European Interoperability Architecture (EIA)**. This action is carried out in close cooperation with Member States and concerned Commission services.

[http://ec.europa.eu/isa/workprogramme/index\\_en.htm](http://ec.europa.eu/isa/workprogramme/index_en.htm)

The study started early this year with desk research and a learning day on national and sectoral project experiences so as to raise awareness about the AS-IS situation and to study communalities among cross border interoperability solutions already in place.

The EIA Study has two deliverables: 1-Common Vision for an EIA and 2- (. In July the the first one was delivered named as: Intermediary Report – Common Vision for an EIA.

The second deliverable (Implementation plan for EIA) is planned to 4Q 2011.

#### Interest to epSOS and goal


The Objectives for the EIA Study are:

- To help elaborating with the Member States and the concerned Commission services a common vision for an architecture facilitating interoperability for European Public Services (its scope, the articulation of the main architectural building blocks and the need for interface standards between such architectural building blocks), and
- To assess the need and the relevance of having common infrastructure services as part of that architecture.

The epSOS project is here a given player. With interests from two perspectives. First of all, because epSOS needs common infrastructure services. But also based on our existing work and experience, give input to the EIA study to stimulate the debate in the direction to reach a pragmatic and realistic approach

#### Approach

The first step is to contact Serge Novaretti who is in charge of the EIA study. Together with him in a meeting agree on a plan how to interact between epSOS and EIA study.

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This include both how we receive information, but also how we bring input to the EIA study.

This meeting should be arranged asap

### 5.3 Identification of the patient and the health professional

Various projects within the EU are handling patient identification. It would be appropriate to liaise with these projects to seek convergens. As EC has already requested epSOS II to analyse and specify possible alignment with EHIC this is the most obvious project to liaise with technically. However, this is not without challenges and it has been decided to build a subgroup to look into the EHIC approach collaboration between WP1.4.2/7 and WP3.D. But also other projects working on identifying the patient are approached here.

As identification of the patient is vital to epSOS so is identification of the HCP.

#### 5.3.1 STORK

WP3.D team: Eliberto Albertini, IT Team, NN

##### Description

Secure idenTity acrOss boRders linKed. STORK has built a secure communication concept.

STORK establishes a European eID Interoperability Platform that will enable citizens to use their national electronic identities in any Member State for public eGovernment services.

Within the STORK pilots, a common specification on electronic identity (eID) has been tested. Especially two of the pilots would be interesting to epSOS:

Pilot 1: Cross Border authentication for electronic services. Pilot 1 tests that it is possible to deliver technical interoperability between the electronic services in one Member State with the eID infrastructures in other Member States via the interoperability layer provided by STORK. The operation of the pilot will provide feedback to the common specifications.

Pilot 4: Electronic Delivery – To develop cross-border mechanisms for secure online delivery of documents. This pilot makes eDelivery portals accessible through STORK compliant electronic identities and creates a basic framework enabling countries to send documents to citizens across borders using national eDelivery portals. Thus, this pilot tackles the question of how to identify and authenticate receivers of electronic deliveries by the use of STORK.


##### Interest to epSOS and goal

At least the two above described STORK pilots would be interesting to epSOS.

What is their current status? Should identification be done in accordance with the STORK solution?

##### Approach



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A technical contact person from WP3.D investigates how the epSOS specs can be aligned

### 5.3.1 EHIC and EESSI (tasks under DG EMPLOY)

WP3.D team: Andrzej Strug, IT Team, NN

#### Description

An existence of the Administrative and Technical Commissions, consisting of the representatives of all EU member states, results from the provisions of Regulation 883/04 (Art.71 - 73). These commissions are dealing with issues of pan-European coordination of social security systems. In the field of healthcare it means mainly entitlement check and reimbursement tasks. The Technical Commission (TC) concentrates on objectives related to data processing needs arising from implementation of common IT tools for electronic data exchange in this area.

The most important concepts under control of the TC are Electronic Health Insurance Card (EHIC) introduced in 2004 and the system for Electronic Exchange of Social Security Information (EESSI) being implemented just now. The start up of EESSI was planned for 1<sup>st</sup> May 2012 but probably it will be postponed until the end of 2012.

#### Interest to epSOS and goal

So far, DG EMPL seems to concentrate mainly on data exchange between financing institutions. But in the healthcare sector, unlike in other ones (pensions, unemployment, family benefits etc.), there is additional actor between financing institution and a citizen – it is healthcare provider (HCP). The issues concerning entitlement verification and reimbursement process are very important to them and are parts of their everyday operations. Not always it is sufficiently taken into account by the Commissions. Subjects dealt with by epSOS concern mainly Health Professionals. Thus, it would be very convenient to propose IT solutions that could cooperate in both aspects of their work. The common link for these two types of operations is a patient's identity. Possibilities offered by tools managed by DG EMPL (EHICs, EESSI) could be a good basis for the future solutions but some changes are needed. It is in epSOS circle interest to try to influence the directions of these changes to look for a synergy between different EU projects.

#### Approach


A technical contact person from WP3.D should be in touch with representatives of TC and DG EMPL to investigate the steps taken to develop systems in healthcare part of EESSI. The epSOS partners should also look for establishing good contacts with their national representatives to AC/TC to convince them to tighten binds with DG SANCO and DG INFSO dealing with the eHealth issues. Position of EU presidency could be used to foster activities of cooperation (present – PL, next – DK).

## 5.4 Security

As we are dealing with patient health data probably the most important issue in epSOS is security.

This part of the technical liaison will have a close collaboration with WP1.4.10 TFG Security who define the needs and requirements for epSOS security. This WP will liaise




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with other LSP projects and the ENISA agency in order to seek synergy on technical issues regarding security in cross border solutions.

A proactive approach to all the Large Scale Pilot Projects will be taken, especially on identification and security issues. These include:

- SPOCS – eServices
- STORK – eID
- PEPPOL – eProcurement
- e-Codex – eJustice

The LSP listed above will all be proactively addressed with the aim at looking for “common building blocks” of ICT solutions.

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## 6 Deliverables

The following is a description of the WP3.D deliverables.

Deliverables		
D-No.	D-Title	Description
D3.D.1	Report on activities of Technical Liaison – 2011	The report will list specific technical areas where further collaboration and convergence could be advantageous to European eHealth.
D3.D.2	Report on activities of Technical Liaison – 2012	The report will list specific technical areas where further collaboration and convergence could be advantageous to European eHealth.
D3.D.3	Report on activities of Technical Liaison – 2013	The report will list specific technical areas where further collaboration and convergence could be advantageous to European eHealth.


Milestones		
Date	Deliverable	Description
December 2011	D3.D.1	This report will contain the scope for the second and third year of epSOS II. It will include the goals, the added value and desired output/outcomes of the technical liaison with the projects and organisations approached. The goal is a maximum of 5-6 projects/organisations. The report will contain a detailed plan including the programme of work that will benefit epSOS and generally eHealth in Europe.
December 2012	D3.D.2	Standardisation, Security and architecture TBD!
December 2013	D3.D.3	Patient Identification and Healthcare Provider Identification TBD!

### 6.1 Possible Table of Contents (ToC) of Deliverable(s)

This WP delivers an annual report on activities of Technical Liaison by year end 2011 (M42), 2012 (M54) and 2013 (M66).

The table of content could be something like this:

1. Executive Summary
2. Achievements

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- a. Common approach on ...
- b.
- 3. Plan for the next year
- 4. Appendix A – Liaison with organisations approached
- 5. Appendix B – Liaison with projects approached
- 6. Appendix C – List of external contacts

## 7 Timing and expected outputs/outcomes

The overall time planning and the preparation of deliverables require an upfront definition of milestones throughout the duration of the WP.

### 7.1 Time Schedule and Milestones

Tasks:

T3.D.1 Technical Liaison Coordination Group      M34    M66


## 8 Relationships with other Work Packages

Most of the Work Packages are related to other Work Packages in matters of dependencies of whether input or output: in time schedule, in contents or concerning parallel activities.

### 8.1 Inputs required from other Work Packages

The table below depicts the necessary inputs required from other WPs and the timing when these are needed.


Work Package/task	Inputs required	Month
<b>T1.4.6</b>	Specification of Extended Services	
<b>T1.4.7</b>	Specification of Additional Service EHIC	
<b>T1.4.8</b>	Specification of Additional Service 112 Emergency	
<b>T1.4.9</b>	Specification of Service Patient Access	
<b>T1.4.10/TFG Security</b>	Requirements for epSOS Security	
<b>T1.4.10/TFG Semantic</b>	Requirements for epSOS Semantics	
<b>WP3A</b>	Specifications	

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## 8.2 Outputs expected by other Work Packages

The table below depicts the outputs to other WPs and the timing when these are expected.

Work Package/ Task	Expected Output	Date
<b>T1.4.7</b>	Specification of Extended Service EHIC	
<b>T1.4.9</b>	Specification of Service Patient Access	
<b>T1.4.10/TFG Security</b>	Requirements for epSOS Security	
<b>T1.4.10/TFG Semantic</b>	Requirements for epSOS Semantics	
<b>WP3A</b>	Specifications	

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## 9 Work Package Organisation

### 9.1 Initial resource distribution

Resources have been estimated according to Annex I - project definition for each WP, and additionally it offers an effort distribution per task.

Total for WP 3.D is 43,5 PM. PMs per beneficiary are presented in the table below:


SALAR	MTNA	DENA	NFZ	ELGA	DKNA	CATA	LISPA	THESS	IT
8	0,5	3,5	6	4	9,5	4	4	2	2

The distribution of resources within the WP to be determined.

### 9.2 Allocated resources

Based on the proposed WP scheduling, resources have been estimated for the work to be carried out to produce each one of the deliverables.

The WP would need at least one to two technical experts within each of the areas listed above. Please see section 0


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Contact List for a list of experts in this WP.

Task/Deliverable	Duration	Description	Effort (person month)	Total
WP-internal F2F meetings	20 pers * 3 hours * 3 times (1 times a years for 3 years + preparation)	A few meetings where the whole group of participants will join in order to be informed what is generally going on in the WP will be planned every 6 <sup>th</sup> month.	180 hours + 100 preparation = 2 PM	2 PM
WP-internal tcons	20 pers * 2 hours * 9 times (3 times/year for 3 years)	Coordination, follow-up	360 hours = 2,5 PM	2,5 PM
F2F meetings with organisations/projects	40 hours including preparation time per project/organisation	It is foreseen that some F2F meetings are needed when collaborating with external organisations and projects	0,5 PM per project/organisation (3 ressources)	9 PM
Investigation on content of external organisations and projects.	80 hours per project/organisation	In order to be able to understand the technical setup, architecture and structure of projects / pilots, investigations are needed	0,5 PM Per project/organisation (2 ressources)	6 PM
Describe the technical approach to convergence to another project/organisation	80 hours per project/organisation	After investigation and analysis of an external organisation/project the findings and possible benefits from collaboration are described	0,5 PM per project/organisation (2 ressources)	6 PM
WP-internal review	20 hours per review	Review of technical description, same ressource as attended the F2F meeting with the project/organisation	0,1 PM per project/organisation	1 PM
TPM overhead (F2F, tcons, preparation, reviews, etc.)	10 hours a week		0,25 PM per month (32 month excl. holidays etc.)	8 PM
PM (Production/editing of deliverables, presentation at EC evaluation etc)	+ 20%			9 PM
<b>Total</b>				<b>43,5 PM</b>

### 9.3 Proces

We do not expect any F2F meeting for the whole WP3.D team. Such meetings would be very time consuming and are not seen as the method of delivering outcomes. This WP

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seeks to have very small expert teams to be expected to work for a short but intensive time on a particular, specific outcome. However, a few “all inclusive” tcons can be expected and certainly F2F work within the core teams.

## 9.4 Quality Management

The following persons will do QA of the deliverables:


- TPM
- others?

## 9.5 Risk Managment

A risk is to establish a liaison with “the outside world” and a clear strategy of how to approach other organisations and projects.

## 10 Open Issues

Which ressources to work with which project/organisation?

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## 11 Contact List

Two contact lists are necessary. One internal listing epSOS participants in this WP and another listing contact persons in projects and organisations that this WP liaises with. The epSOS internal participant list is included here as part of the terms of reference of this WP. The external is an annex to a deliverable.

Identification of all participants and name representative for each organisation.

### PRINCIPAL MAIN CONTACT


Contact Name	Organisation	Country	Contact email
Anni Buhr WPL	DKNA	Denmark	<a href="mailto:abu@nsi.dk">abu@nsi.dk</a>
Mie Matthiesen Deputy	DKNA	Denmark	<a href="mailto:mima@nsi.dk">mima@nsi.dk</a>

### INVOLVED EXPERTS (TO BE COMPLETED)

#### Missing profiles: Patient Identification?

Contact Name	Organisation	Country	Contact email	Profile
Charles Parisot	ITeam	-		?
Stefan Gustafsson	SALAR	Sweden		System Architect
Gottfried Heider	ELGA	Austria	<a href="mailto:gottfried.heider@ehealthcon.at">gottfried.heider@ehealthcon.at</a>	JWG epSOS I
Marek Ujejski	NFZ	Poland		Security, EHIC experience
Oliver Kutin	ELGA	Austria		?
Hugo Agius Muscat	MTNA	Malta	<a href="mailto:hugo.agius-muscat@gov.mt">hugo.agius-muscat@gov.mt</a>	consultant public health physician with a Masters degree in health information science and 23 years practical experience in health information system implementation on a national scale
Rasmus Melgaard	DKNA	Denmark	<a href="mailto:rme@nsi.dk">rme@nsi.dk</a>	System Architect
Montserrat Meya	CATA	Spain		Semantics
Andrzej Strug	NFZ	Poland		EESSI, NetC@rd experience
John Mason	LISPA	Italy		System Architect
Pierre Luigi Valenti	LISPA	Italy		System Architect
Eliberto Albertini	LISPA	Italy		Security (WP3.7 epSOS I)
Michiel Springer	NICTIZ	Holland		?
Mathias Brochhausen	DENA	Germany		Ontology
Wolfgang Schramm	DENA	Germany		?
Oskar Thunman	SALAR	Sweden		Medical Informatics / Semantics
George Pangalos	THESS	Greece		Security
Stefano Lotti	LOMBARDY	Italy		HL7




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Giorgio Cangioli	LOMBARDY	Italy		HL7
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## 12 Glossary (to be updated!)


Calliope	Creating a European Coordination Network for eHealth Interoperability Implementation.
CEN	European Committee for Standardization
DG	Directorate General
DG EMPLOY	Directorate General Employment, social affairs and equal opportunities
DG INFSO	Directorate General Information Society and Media
DG SANCO	Directorate General Health and Consumers
DoW	Description of Work
EC	European Commission
EESSI	Electronic Exchange of Social Security Information
eHGI	eHealth Government Initiative
EHIC	European Health Identity Card
EIA	European Interoperability Architecture
eID	Electronic Identification
EN 13606	Electronic Health Record Standard
ENISA	Network and Information Security within the European Union
eP/eD	Electronic Prescription / electronic Dispensation
EPSCO	The Employment, Social Policy, Health and Consumer Affairs Council
epSOS	European Patient Smart Open Services
HCP	Healthcare Provider
HL7	Health Level Seven
HLGG	High Level Governance Group
HPRO	Health Professional
ICT	Information Communication Technology
IHE	Integrating the Healthcare Enterprise
IHTSDO	International Health Terminology Standard Development Organisation
ISA	Interoperability Solutions for European Public Administration
JA	Joint Action
LSP	Large Scale Pilot
M403	Mandate 403, eHealth Interoperability
MVC	Master Value Catalogue
NCP	National Contact Point
Netc@rd	Trans-European Health Care Services for Mobile Citizens
OSOR	Open Source Observatory and Repository
PS	Patient Summary
PSB	Project Steering Board
SDO	Standard Development Organisation
SEMIC	Semantic Interoperability Centre Europe
SNOMED	Systematized Nomenclature of Medicine -- Clinical Terms

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STORK	Secure idenTity acrOss boRders linKed
TPM	Technical Project Management
WP	Work Package

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## Appendix B – Minutes from tcon 3 October 2011

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Smart Open Services for European Patients - Open eHealth initiative for a European large scale pilot of patient summary and electronic prescription


## Minutes WP3.D Teleconference on the PID and Next Steps 3 October 2011

**Time:** 14.00-16.00 C.E.T.  
**Chair:** Anni Buhr, DKNA

DKNA	Denmark	Anni Buhr
ELGA	Austria	Gottfried Heider
DKNA	Denmark	Tor Bloch, Mie Hjorth Matthiesen
MTNA	Malta	Hugo Agius Muscat
DENA	Germany	Oscar Thunman
LOMBARDY	Italy	Giorgio Cangioli, Marcello Melgara, Stefano Lotti
NFZ	Poland	Andrzej Strug (part time)
Industry Team		Charles Parisot, Maarten Festen
CATA	Spain	Montse Meya
SENA	Sweden	Stefan Gustafsson

### Introduction

1. Anni introduced the Agenda of the Teleconference (distributed on ppt at <https://service.projectplace.com/pp/pp.cgi/0/655599657>) and stressed the overall objective of WP 3.D: give the EC an analysis of which other European projects have

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synergies with epSOS and make proposals for specific actions to exploit convergence opportunities thus contributing to making epSOS sustainable.

2. Anni also stressed that the work was to be "bottom up", technically relevant and constructive. She wants to identify the members of the team who will be leaders in addressing the questions posed in the PID and agree on the method of work – in particular whether and how we might be able to benefit from Requirements Management.

## Teams

3. The list of European projects and efforts, as agreed by the TPM and listed in the PID, to be investigated was discussed and a preliminary list of people to be involved in each area was established as follows:

- a. IHE/HL7\*: Stefano Lotti, Stefan Gustafsson, Gottfried Heider, Stefan Sabutsch, Charles Parisot, Giorgio Cangioli, Maarten Festen

\*Charles mentioned the IHE id schema that perhaps should be regarded in eID discussions.

- b. Architecture and ISA\*: Stefan Gustafsson, Charles Parisot

\*It was noted that other epSOS WPs, especially WP3.A and WP3.B also work in this area (scalability and sustainability) and that WP3.D will together with WP3.A and B will seek coordination and collaboration in this area. Anni will make sure that the two workshops in Athens will clarify – involving Jeremy Thorpe, ISA and the industry team, amongst others.

- c. STORK/eID: Gottfried Heider/ELGA (will come back)
- d. EESSI and EHIC: Andrzej Strug
- e. Other Large Scale Pilots (LSPs): TBD after the Athens Meeting.
- f. Security\* including liaison with KT1.4.10 TFG Security: Massi, Rainer Hörbe (ELGA).

\*Note on "security". The scope of this rather broad notion was discussed a couple of times during the meeting and it was decided that WP3.D will concentrate its work on the technical challenges in providing cross border privacy and confidentiality. The process agreed was that WP3.D will take the requirements from TFG 1.4.10 and respond by identifying and analyzing which other projects have developed solutions to address these.

- g. Out of scope projects, i.e. not on the WP3.D list, discussed:
  - i. The Netc@rds project (not on the WP3.D list) was mentioned and Andrzej Strug promised to keep the group informed. (Netc@rds had 17 partners and finished its work this summer but 7 of the partners have decided to continue running the pilot for 2 years using a rather informal coordinating structure).
  - ii. STePS (STORK-epSOS coordination): Gottfried Heider mentioned that he was part of this effort (active in 2009 but not formally terminated...)


## Teams, Next Step

It was decided that the above distribution of work in teams had to be improved and involve more people.

Anni will contact people off-line

## Report Format

4. The discussion on the report format resulted in the following agreements:

	D3.D.1_Final_v1.1.doc	Document Short name:	Annual Report 2011
		Version:	1.1
	WP3.D Technical Liaison	Date:	21/2/2012

- a. A section on Lessons Learnt should be added (Maarten)
- b. Technical Liaison implies to have a single point of contact from both epSOS (WP3.D) and the "targeted" organization. This explicit structure should be implemented for both the organizations we already know and for the new ones like HL7, ISA, STORK, EESSI.
- c. Report template: We have to start by defining in more detail which technical topics/subjects are to be liaised with which organizations (Montse). Charles agreed to make a first summary before the Athens Meeting of the organizations/projects which WP3.D will liaise with and the topics are relevant for that particular organization. This will be started as a mailing thread/discussion.

### **Athens Meeting and WP3.D**

5. Anni mentioned that there will be an eID workshop (by invitation only, WP3.D should be able to get 2-3 seats) where the participants, including EC representatives, will be looking for convergence opportunities around authentication, authorization and security in general.  
Anni is responsible for organizing the epSOS presentation and will discuss off-line with Stefan Gustafsson and Gottfried Heider how to share the presentation between volunteers.
6. There is no face-to-face meeting of WP3.D foreseen during the Athens Meeting.

### **Next Meeting of WP3.D**

7. A first draft of the report template will be circulated by Anni mid/end November after the Athens meeting 7-11 November 2011 and there will then be a teleconference invitation for the 2nd half of November with this as a key agenda item.
8. Another key agenda item will be a review of the potential usefulness of using the requirements management methodology in WP3.D. Rainer Hörbe will be invited for this. Charles Parisot emphasized that it is necessary to target the right level of granularity in order to get the most out of using requirements management.