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Europe's Health Data Exchange Pilot

The EU Member States still have their own systems of storing healthcare information; yet these systems often cannot communicate or exchange information between each other. According to the epSOS team, this situation should come to an end. The project is set to run for three years and in the end, anyone who falls ill in one country should have access to his or her health information in other European countries.

European Commission an Active Supporter

In support of this idea, Fabio Colasanti, European Commission Director General in charge of Information Society and Media confirmed that the challenge of increasing mobility of European citizens in the context of healthcare has already been addressed by the European Commission. He states that *"together with the launch of its proposal for a directive on the application of patients' rights in cross-border healthcare, the issue of its July recommendation on the cross-border interoperability of electronic health record systems and the start of the epSOS pilot, the European Commission is laying the groundwork for improved healthcare options for travelling EU citizens."*

Therefore, the key issue addressed by the ep- SOS project is that of interoperability. Seeing that some countries still struggle with interoperability within their own national boundaries, the large-scale pilot is trying to identify, and later to test "the relevant tools to make things happen." Within this context, two key cases for cross-border communication have been identified.

Patient Summary

Analysing two situations (on the one hand, the case of an occasional visitor in a foreign EU country, and on the other, a regular patient using medical services of a country other than that of his/her origin), the benefits of epSOS can be easily identified. In the first case, the occasional visitor is a person on holiday or attending a business meeting, for example. The key characteristic is that this type of visit is irregular, infrequent, and may not be repeated. Under the circumstances of an incidental encounter with the healthcare professional, one of the major problems arising is the lack of a previous medical record of the person seeking care.

A routine case can, however, be best exemplified by someone who lives in one country but works in another. The distinguishing characteristic is that this type of visit is regular, frequent, and the person seeking care may be accustomed to using services in the country where he/she works as a matter of personal convenience. This is a type of situation where the healthcare professional may have some information available from previous encounters. However, in both cases, epSOS aims to provide European citizens with the possibility to travel safely all around Europe and have optimum care in case of emergencies.

ePrescription

Within the cross-border prescription area, there are two basic use cases. The first one concerns patients who need medicine that has already been prescribed at home when they are abroad. In this case, the pharmacist should be able to electronically access the prescription from the same e-Health interface used for prescriptions ordered in the local country. When medicine is provided to the patient, the system should notify the home country node of the foreign patient about the dispensed drugs.

The second use case is aimed at the medical professional who decides to prescribe medicine to a visiting patient from another country. In order to help the medical professional make the best decision on the pharmaceutical strategy to be used, the patient's medical and pharmaceutical history from his/her home country will be available through the patient summary. When the electronic prescription is finalised, a copy of the prescription should also be sent to the patient's national node for inclusion in the national medication summary.

Based on these two key cases for cross-border communication, the methodology will strive to build a common architecture and core services for the identification of users and institutions, security and confidentiality aspects, and aim to enhance various semantic aspects of the systems. These technical activities will be prefaced by an indepth analysis of the need for the creation of an appropriate legal and regulatory framework to enable field-testing.

Conclusion

epSOS is the first European eHealth project clustering such a large number and variety of countries in practical cooperation. The countries involved in the epSOS project are Austria, the Czech Republic, Denmark, France, Germany, Greece, Italy, the Netherlands, Slovakia, Spain,

Sweden and the UK. Connecting what already exists, this pilot project represents a great incentive for the Member States, as they have to turn their heads towards their electronic health records systems and see what can be shared.

For more information, please visit: **www.epsos.eu**

epSOS (Smart Open Services for European Patients), previously known as S.O.S.

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

- is a Europe-wide project organised by 27 beneficiaries from twelve EU Member States that includes ministries of health, national competence centres and industry. It will run for 36 months from July 2008. The key goal of epSOS, developed under the Competitiveness and Innovation Framework Programme is to build a practical e-Health framework and ICT infrastructure that will permit secure access to patient health information, especially on a basic patient summary and ePrescription, between European healthcare systems. From this perspective, ep- SOS's parallels the nationwide health information network (NHIN) already underway in the US.

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