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Best Practices on the Patient Health Record Platform – Swiss National EPR

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- Establishment of nation-wide EPR is one key item of the national digital strategy established in 2007

- Federalism allows the federal government to create a national strategy and national regulations & guidelines, but implementation is delegated to regions ("cantons")

- Legal basis for the EPR at national level was created in 2017 with a federal law establishing the EPR

➢ Notion of "Regional Communities", which must be interconnected
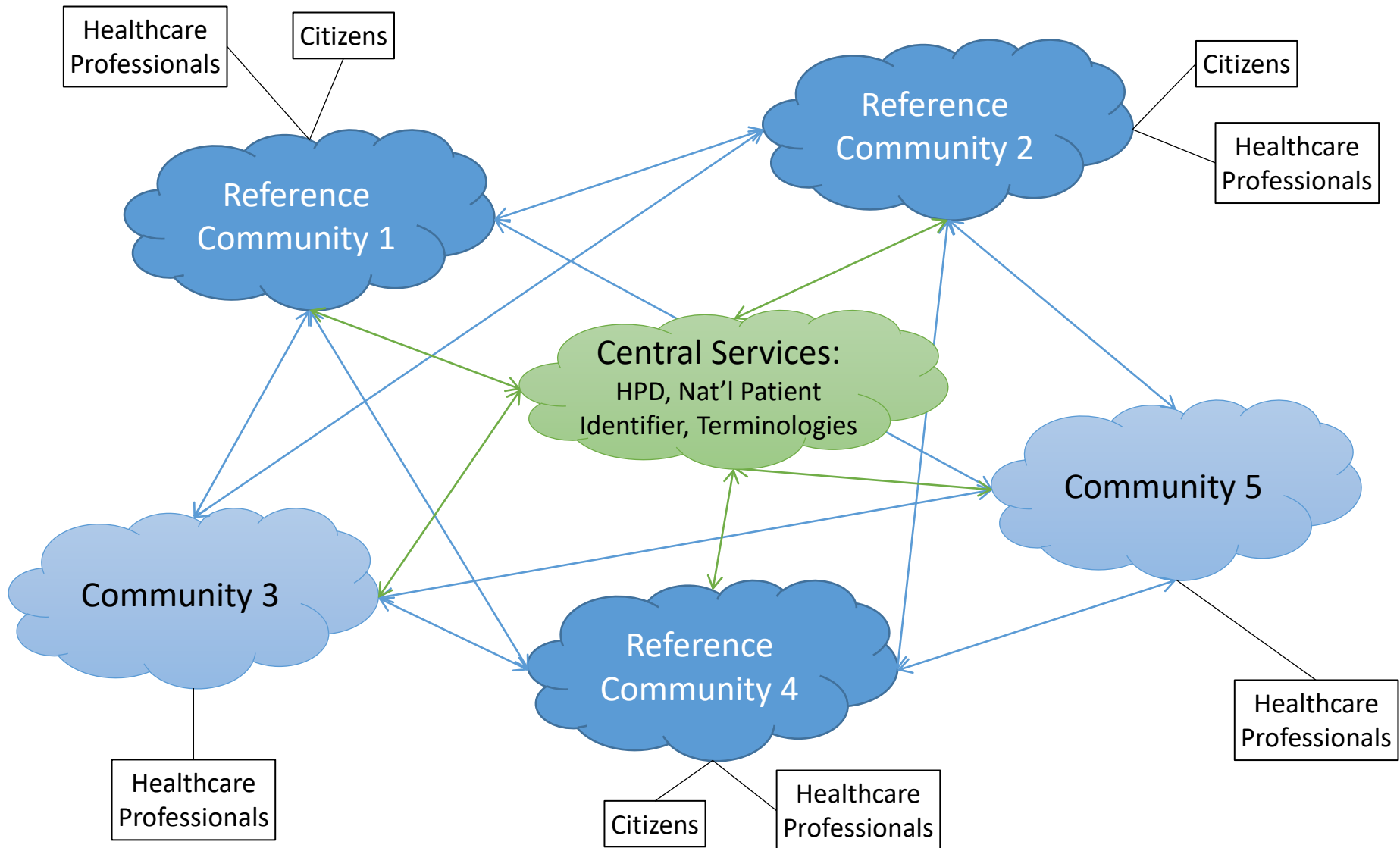
A Rigorous Certification Process has to be followed before being allowed to go live:

- Technical certification through (yearly) national projectathons
- Formal certification by an accredited auditor
    - For the service provider (technical implementation)
    - For each community (processes)
    - For some aspects within affiliated healthcare institutions
   - For the eID providers

Initial planning:

- April 2020: EPR Communities available in all regions; hospitals, including rehabilitation and psychiatric clinics affiliated
- April 2022: Birth centers and institutions for the elderly affiliated
- Opt-in for other care providers
- Opt-in for patients

Current status (June 2021):

- 4 out of the 10 foreseen EPR Communities are certified, 3 are live
- Parliament decision to remove the opt-in for other care providers

- Every *Reference* Community has to implement a (web) Patient Portal
- Certified eID is required to connect to the portals (patients as well as healthcare professionals)
- Patient has access through his/her community's portal to all documents published into his/her EPR, regardless of the community it was published into
- The patient may tag documents as sensitive or confidential
- The patient decides who can access his/her documents (and up to which confidentiality level) and may also blacklist a healthcare professional (e.g. "whole organization but …")
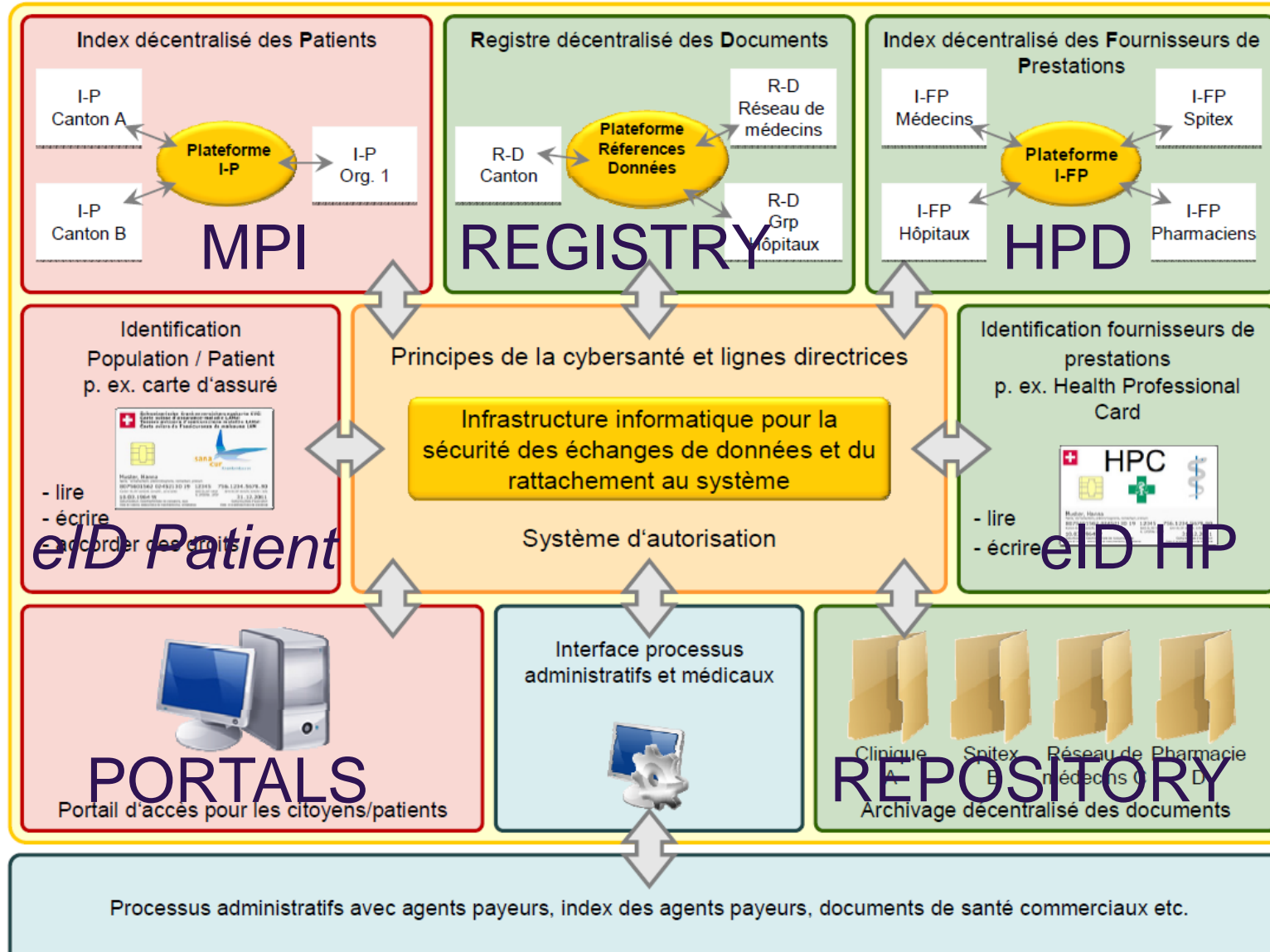
Central Components:

- National HPD, fed by communities' HPD
- National Terminology Services (shared value sets)

- National patient identifier: can be used only for communication between communities and between primary systems and communities – managed by national social security services

Used by every Community:

- Infrastructure: ATNA, CT

- MPI: PDQv3, PIXv3, XCPD

- Documents: XDS, XDS-I, XDS-MU, XDS-SD, RMU, XDM, XCA, XCA-I

- HPD: HPD

- Misc: SVS, XUA

- National extensions: CH:ADR, CH:ATC, CH:CPI, CH:PPQ, CH:PIDD

Architecture and services are not frozen

➢ Continuous evolution and addition of new services & content

Additional profiles to be supported in a future release:

■ Mobile: MHD, IUA

■ Pharmacy: MTP, PRE, DIS, PADV, PML, CMPD

■ National extensions: CH:CMPD, CDA-CH-EMED, CH-EMED

■ …

For further information:

Main Web site: https://www.e-health-suisse.ch/
Architecture & profiles: https://www.e-health-suisse.ch/fileadmin/user_upload/Dokumente/E/overview-profiles-swiss-electronic-patient-record.pdf

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