

IHE[®]
EUROPE

EXPERIENCE
SESSIONS
15-17 JUNE 2021



MyHealth@EU: Patients health data cross border exchange – status and future of the services provided to all EU citizens by the Member States and the Commission

Natalia Zylinska Puta – European Commission

DG SANTE, Digital Health and European Reference Networks Unit

Electronic prescription in Europe – a Finnish patient purchasing medication in a pharmacy abroad



ePrescription

allows citizens in Europe to retrieve their medication in a pharmacy located in another European country without having to bring the printed prescription and without being concerned about the language barrier.

Patient Summary

used while traveling abroad and being in necessity of consulting a doctor in that country.

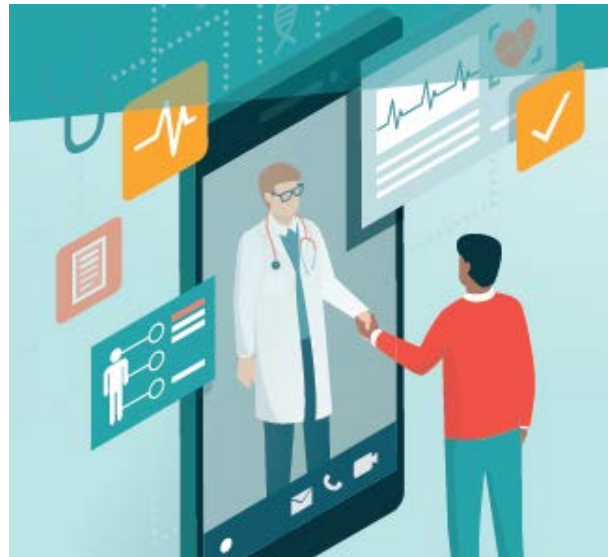
Provides information on important health related aspects such as your allergies, current medication, previous illness, surgeries.

Helps doctors to formulate an adequate treatment, avoid some possible risk (for instance in case of allergy) and overcome linguistic barriers.

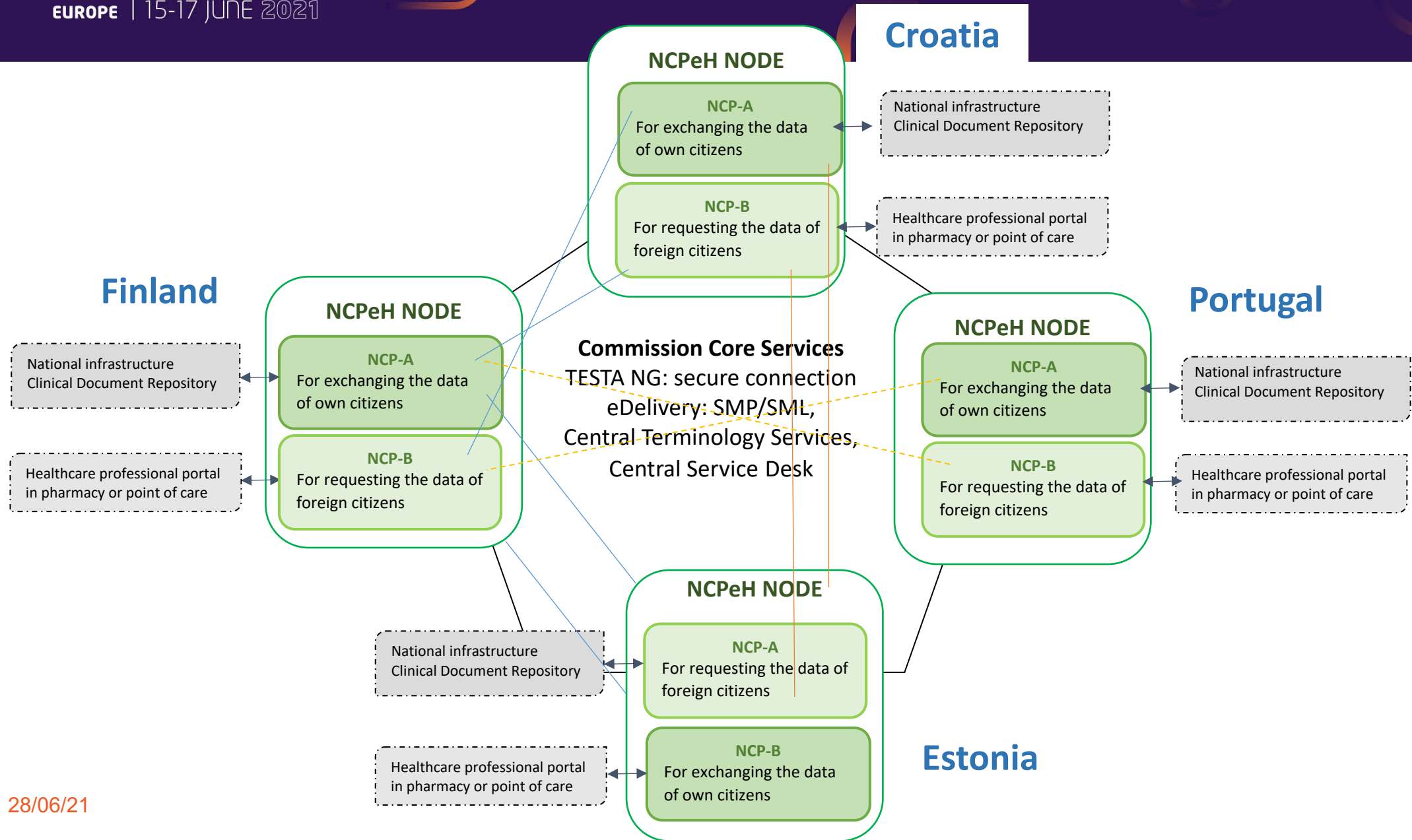


Empowers citizens

by giving secure access to
their health data abroad



Strengthens
cooperation & synergies
between Member States
and Member States and the
Commission



EUROPEAN HEALTH DATA SPACE
 Use of data for healthcare (primary use of data)
 Give citizens **better access** to their **health data**, everywhere in EU

 **My Health @ EU**
 eHealth Digital Service Infrastructure
 A service provided by the European Union

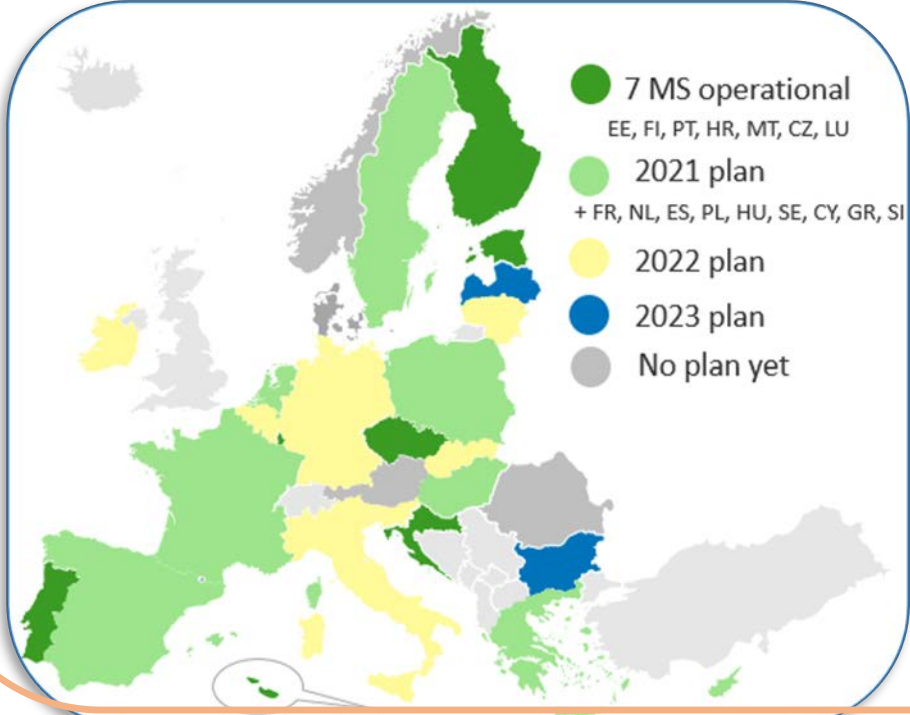


From 2019 exchange of:
ePrescriptions
Patient Summaries
 Access by healthcare professionals
 in their native language
 25 MS joined

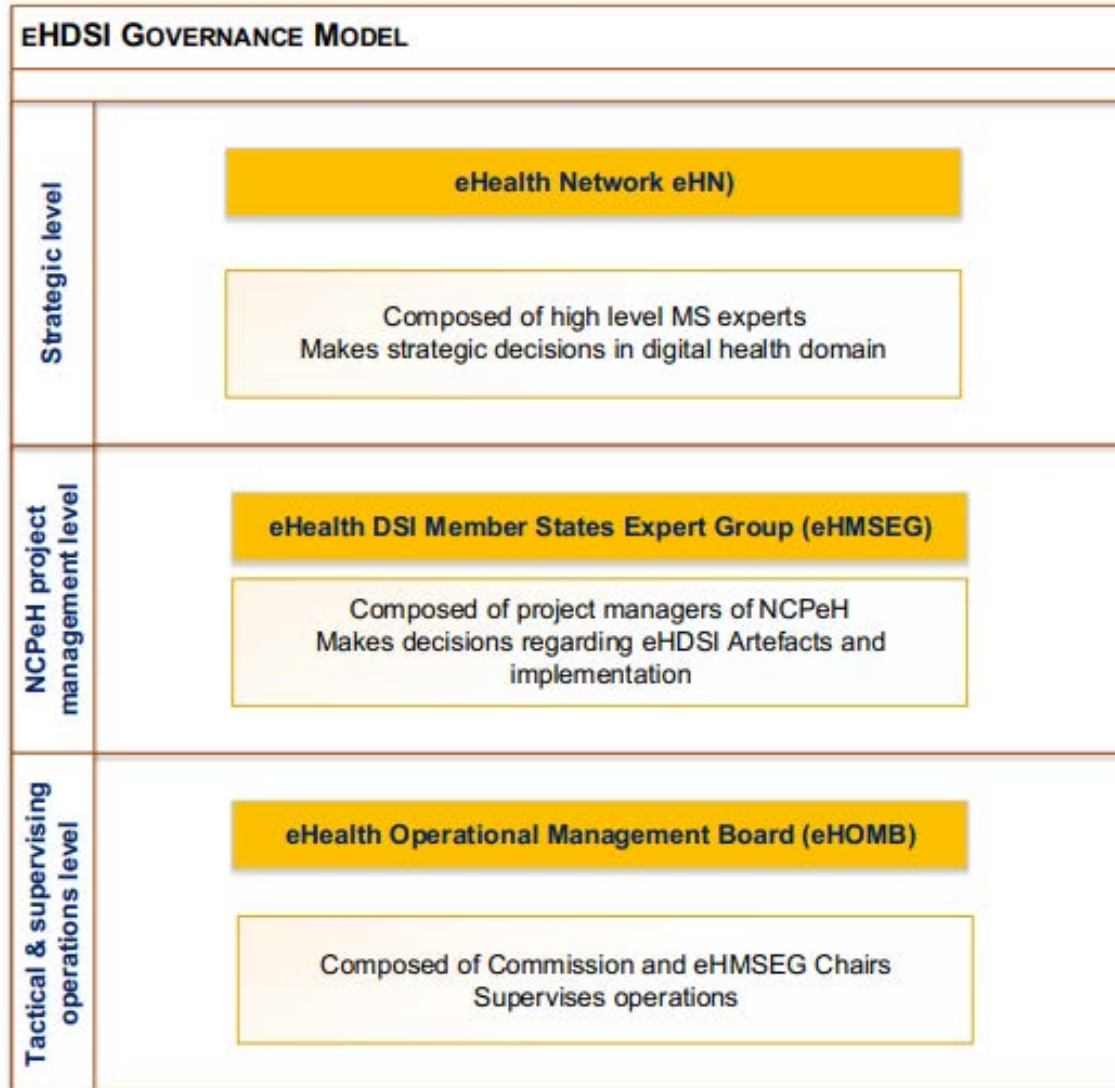
From 2022 exchange of:
Original Clinical Documents

From 2024 exchange of:
Laboratory reports
Medical images and reports
Hospital discharge letters
 in healthcare professional language

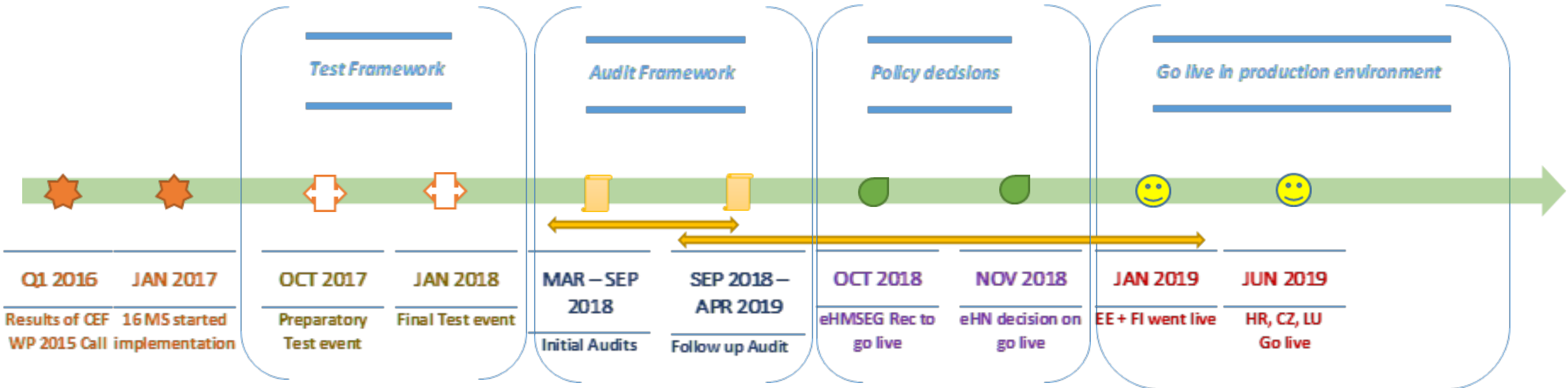
 As in Recommendation on an
 Electronic Health Record exchange format
 in cooperation with DG CNECT



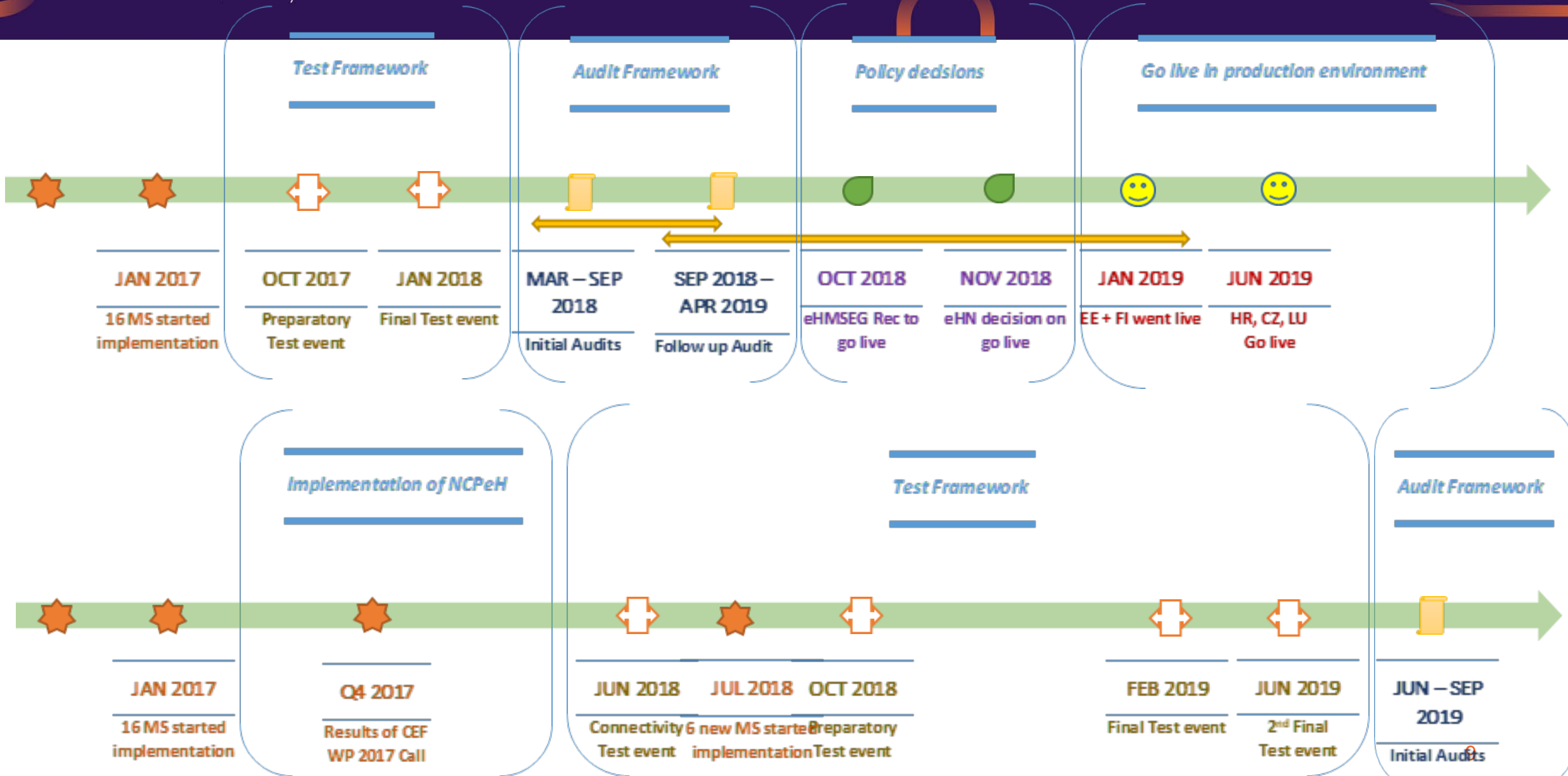
From 2021 under investigation
**PATIENTS DIRECT ACCESS TO THEIR
 TRANSLATED DATA**



How it all happens?



How it all happens?



Dossier Patient

▶ Patient

131 2019-11-22 14:35:00 (+02:00) 132 2010-10-01 Original Document Language English-UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND

▶ Clinical sections

Dossier Patient

Patient		
Prefix	Family Name	Given Name
125	Ferreira	Diana
2-1234-W4		
Gender	Date of Birth	
Femme OK	1982-05-08	

See details													
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Dossier Patient

▸ Patient

131 2019-11-22 14:35:00 (+02:00)

132 2010-10-01

Original Document Language

English-UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND

▾ Clinical sections

▸ Allergies and adverse reactions Document

▸ Relevant diagnostic tests/laboratory data Narrative

▸ Problem list - Reported

▸ History of Medication use Narrative

▸ History of medical device use

▸ History of Procedures Document

▸ History of Past illness Narrative

▸ History of Immunization Narrative

▸ Social history Narrative

▸ History of pregnancies Narrative

▸ Vital signs

Dossier Patient

▶ Patient

131 2019-11-22 14:35:00 (+02:00) 132 2010-10-01 Original Document Language English-UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND

▼ Clinical sections

▶ Allergies and adverse reactions Document

▼ Relevant diagnostic tests/laboratory data Narrative

▶ Original narrative

▼ Translated coded

Diagnostic Date	Blood Group
2019-11-22	Blood group O Rh(D) positive

▼ Problem list - Reported

▶ Original narrative

▼ Translated coded

Active Problem	Onset Date
Asthma (J45)	1994-10-03
Postprocedural endocrine and metabolic disorders, not elsewhere classified (E89)	1997-10-06
Other cardiac arrhythmias (I49)	2013-01-09
Type 2 diabetes mellitus (E11)	2013-01-09
Pre-eclampsia (O14)	2017-05-06
Acute tubulo-interstitial nephritis (N10)	2017-05-07

▶ History of Medication use Narrative

▶ History of medical device use

▶ History of Procedures Document

Dossier Patient

▶ Patient

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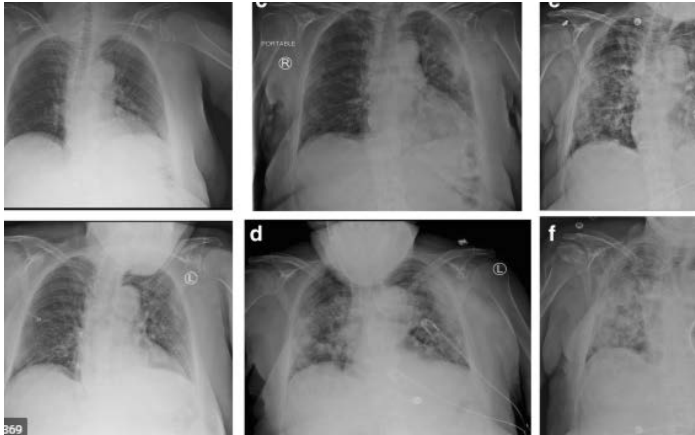
▶ Original narrative

▼ Translated coded

Vaccination	Brand Name	Vaccination Date	Administered
Hepatitis B virus vaccine	Engerix B (2294189)	1983-01-02	✓
Diphtheria + tetanus + pertussis + poliomyelitis vaccine	Tetravac (2782480)	1983-01-02	✓
Haemophilus influenzae Type b vaccine	Hiberix (2751881)	1983-01-02	✓
Human papillomavirus vaccine	Cervarix (5055173)	1994-05-20	✓

▶ Social history Narrative

Lab reports



Medical images

Blood Test Report				
	Fasting	Normal values		Observation
Complete Blood Count (CBC)	Fasting not essential			
RBC (Erythrocytes)	No	M-4.5-6.4 F-4.0-5.4 c/mm	Mil /	If less: anemia
Haemoglobin	No	M-14-18 F-12-16.4 Gm /	100 ml	
PCV (RBC)	No	M-42-52 F-37-47	%	
MCV (Mean corpuscular volume)	No	78-94	Fl. Cu	Type of anemia
MCH	No	27-32		
MCHC	No	32-38	Gms/dl %	
WBV (Leucocytes)	No	4000-11000	Per c. mm	If less: susceptibility to infection If very high in Leuc- Leukemia
Differential WBC count	No		%	
Neutrophils		60-75		If more: acute infection
Lymphocytes		20-30		If more: chronic infection
Monocytes		2-8		If more: T.B. Typhoid, urinary infection
Eosinophils		1-6		If more: allergy, cough, cold, asthma and worms
Basophils		0-1		Led poisoning, Leukemia
Abnormal cells				
Platelets	No	150000-450000	Cu. Mm	If less: bleeding disorder, dengue,
Peripheral smear	No			
Morphology of:				
RBC	No	Normochromic / Hypochromic / Anisocytosis		
Observation		Normal / Anaemia / size of RBC differs		
WBC	No			
Blood Parasites	No			MP, Filaria
Reticulocytes	No	0.5-1.5 / 0.2-2.2		If more: anemia
Color Index	No	0.85-1.15		

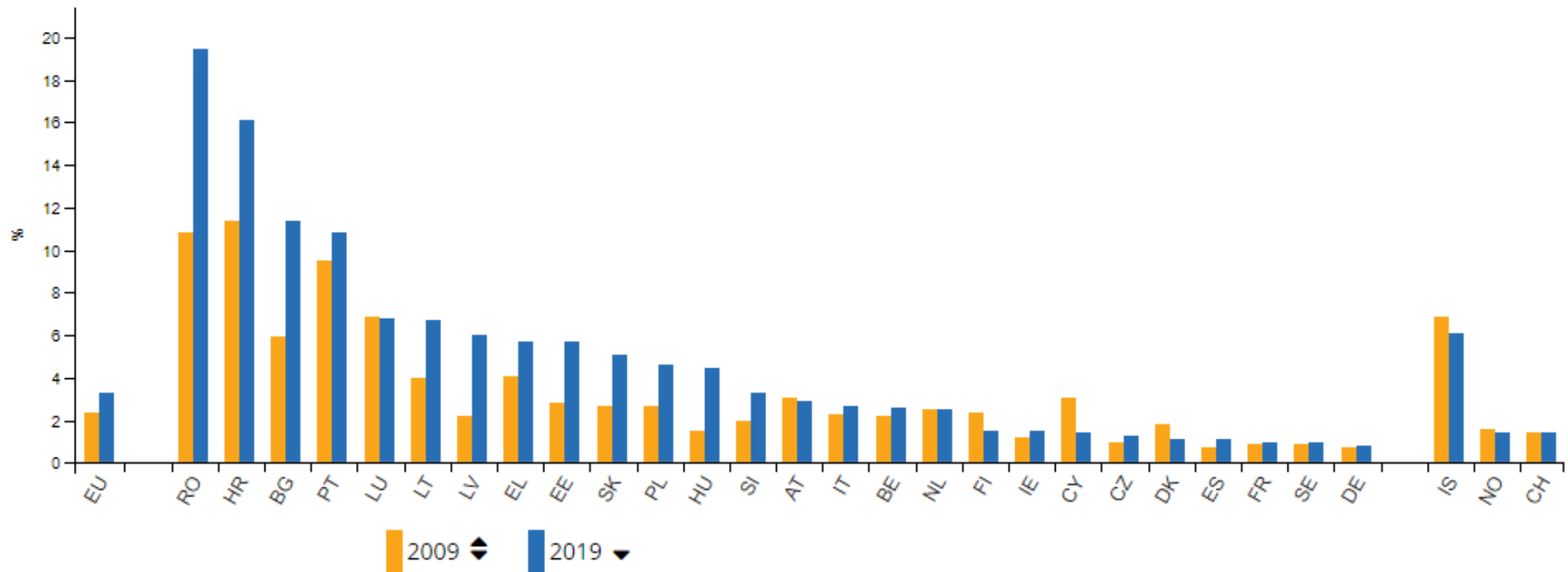
In bacterial infection with fever, WBC count may be ↑. In Toxicologic, sinusitis, bronchitis

Medical Record #: _____ Patient Name: _____ Location: _____ (Revised 10-17-00)
Admit Date: _____ Discharge Date: _____ Physician: _____

Demographic	Age: ___ years or Date of Birth: ___/___/___ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Race: <input type="checkbox"/> white <input type="checkbox"/> black/african american <input type="checkbox"/> Asian <input type="checkbox"/> hispanic <input type="checkbox"/> native american <input type="checkbox"/> multiracial <input type="checkbox"/> other <input type="checkbox"/> don't know
Cardiac Diagnosis	<input type="checkbox"/> Chest pain, r/o MI <input type="checkbox"/> Confirmed AMI <input type="checkbox"/> CHF, Pulmonary edema <input type="checkbox"/> Coronary artery disease <input type="checkbox"/> Unstable Angina <input type="checkbox"/> Syncope <input type="checkbox"/> Cerebral vascular disease <input type="checkbox"/> Peripheral vascular disease <input type="checkbox"/> Other
Procedures	<input type="checkbox"/> None <input type="checkbox"/> Cardiac catheterization <input type="checkbox"/> PTCA <input type="checkbox"/> PTCA with stent <input type="checkbox"/> PCI <input type="checkbox"/> Echocardiogram <input type="checkbox"/> RVG <input type="checkbox"/> ETT <input type="checkbox"/> Nuclear ETT <input type="checkbox"/> Coronary artery bypass graft <input type="checkbox"/> Cardiac valve <input type="checkbox"/> MUGA <input type="checkbox"/> Exercise Echo <input type="checkbox"/> Other
What does the patient's past history include?	<input type="checkbox"/> Previous MI <input type="checkbox"/> Angina <input type="checkbox"/> Heart failure <input type="checkbox"/> Hypertension <input type="checkbox"/> Diabetes <input type="checkbox"/> Renal insufficiency <input type="checkbox"/> Smoker (within the past year) <input type="checkbox"/> No regular exercise (<30min. 3x/wk) <input type="checkbox"/> PVD <input type="checkbox"/> Stroke <input type="checkbox"/> COPD <input type="checkbox"/> Atrial fibrillation <input type="checkbox"/> None of the above
Height/Weight:	Hgt: ___ inches Wgt: ___ lbs BMI: ___
Blood pressure	___ / ___ mm/Hg
Lipids, HbA1C (if diabetic)	Total Chol: ___ mg/dL HDL: ___ mg/dL LDL: ___ mg/dL Triglycerides: ___ mg/dL HbA1C: ___ mg/dL
Ejection fraction:	___ %
Discharge Status	<input type="checkbox"/> 01 - Discharge home <input type="checkbox"/> 07 - Left against advice <input type="checkbox"/> 02 - Discharge to another hospital <input type="checkbox"/> 10 - Transfer to chronic or rehabilitation hospital <input type="checkbox"/> 03 - Discharge to skilled nursing facility (SNF) <input type="checkbox"/> 11 - Discharge to mental health setting <input type="checkbox"/> 04 - Discharge to intermediate care facility (ICF) <input type="checkbox"/> 12 - Discharge other <input type="checkbox"/> 06 - Discharge home health care organization <input type="checkbox"/> 20 - Expired
Antiplatelets/coagulants:	<input type="checkbox"/> Aspirin (80-325 mg/d) <input type="checkbox"/> Coumadin (Warfarin) <input type="checkbox"/> Ticlid/Plavix/Other <input type="checkbox"/> Check if taking prior to admission <input type="checkbox"/> Contraindications
ACE Inhibitors:	<input type="checkbox"/> None <input type="checkbox"/> None contraindicated <input type="checkbox"/> : _____ <input type="checkbox"/> Taking prior to admission <input type="checkbox"/> ACE contraindicated, ARB: _____
Beta Blockers:	<input type="checkbox"/> None <input type="checkbox"/> None contraindicated <input type="checkbox"/> : _____ <input type="checkbox"/> Taking prior to admission
Cholesterol Reducer	<input type="checkbox"/> None <input type="checkbox"/> None contraindicated <input type="checkbox"/> : _____ <input type="checkbox"/> Taking prior to admission
Other meds at discharge	<input type="checkbox"/> Ca++ channel blockers <input type="checkbox"/> Other anti-hypertensive <input type="checkbox"/> Nitrates <input type="checkbox"/> Digoxin <input type="checkbox"/> Diuretics <input type="checkbox"/> Diabetes medication <input type="checkbox"/> Other <input type="checkbox"/> None
Referred to outpatient Cardiac Rehab Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

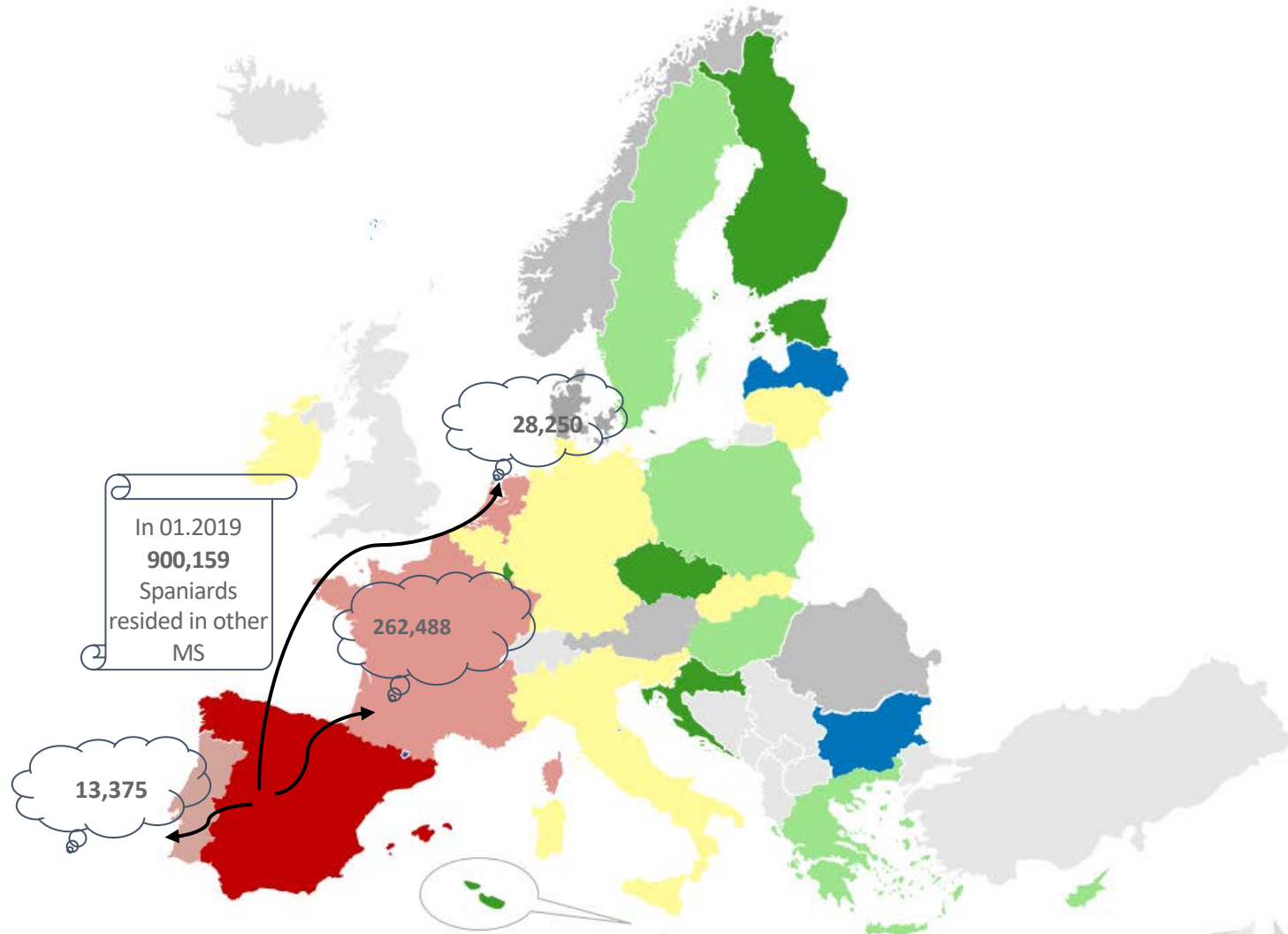
Hospital discharge letter

EU mobile citizens of working age (20-64) by country of citizenship, % of their home-country resident population



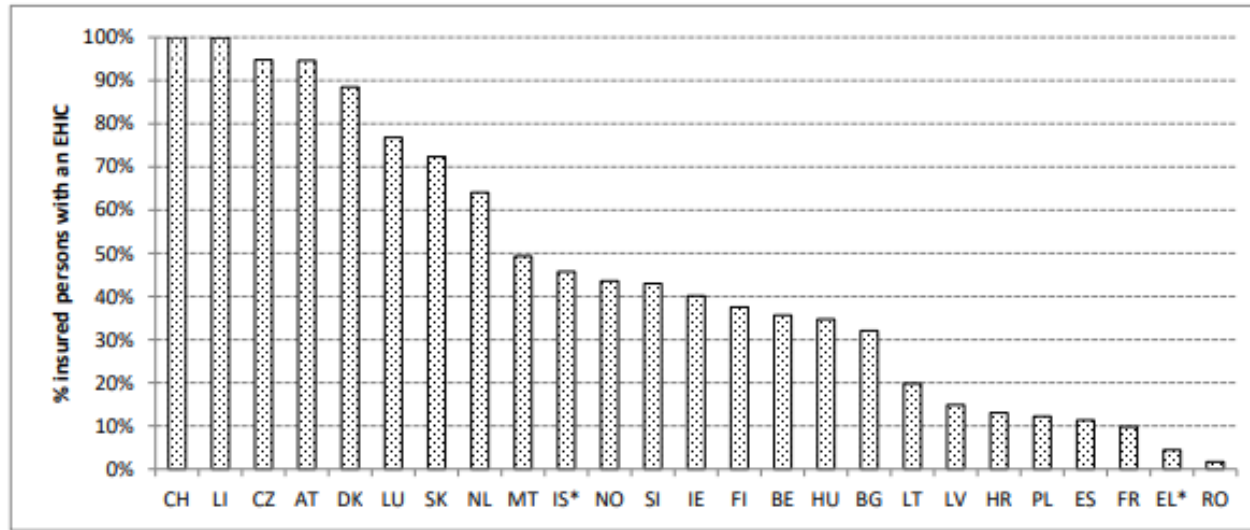
https://ec.europa.eu/eurostat/statistics-explained/index.php?title=EU_citizens_living_in_another_Member_State_-_statistical_overview#Who_are_the_most_mobile_EU_citizens.3F

What it means in terms of numbers?



In 2019 there were 250 million EHC in circulation (European Health Insurance Cards)

Figure 1 Percentage of insured persons with an EHC, EU-28, 2019



* IS and EL: data concern reference year 2018.

Source Administrative data EHC Questionnaire 2020

<https://ec.europa.eu/social/BlobServlet?docId=23780&langId=en>

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<https://ec.europa.eu/cefdigital/wiki/display/EHOPERATIONS/eHDSI+SERVICE+OFFERING>

