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Project report **CBeHIS** (Cross Border eHealth Information Services)

Period 2016

University Hospitals of Geneva (HUG) Haute Ecole de Gestion HEG / HES-SO, Geneva

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1. Technical activities (University Hospitals of Geneva)

1.1. Background

This report describes HUG activities performed during 2016 in relation with the National Contact Point. This year was an interim period between the end of EXPAND project (31.12.2015) and the formal start of Connecting Europe Facility (CEF) NCPeH (1.1.2017).

On EU side, work was undertaken mainly by JASeHN (Joint Action to Support eHealth Network) Task 5.6, eHMSEG (eHealth Network Member States Expert Group) and eHN (eHealth Network) committees.

At the last EXPAND event, Switzerland participated to the kick-off of 2016 CEF submission preparatory work and was then allowed to participate to the first two committees.

This report describes the main activities performed by HUG (University Hospitals of Geneva) in relation with JASeHN, eHMSEG and the OpenNCP community.

1.2. Main activities

Activities can be grouped into several topics:

- Related to the CEF call;
- Related to the OpenNCP community;
- Related to the maintenance of the National Contact Point.

1.3. Activities related to the CEF call

HUG actively participated to the preparation of the submission templates to be used by each country willing to apply for CEF funding (core group of 5 persons designing the common templates). A submission describing the national plan for running and maintaining a Swiss National Contact Point was prepared together with eHealth-Suisse, FOPH and HES-Genève and submitted to EC (without asking for EC funding). The submission was informally accepted (only funded NCPs got a formal acceptance).

HUG participated to all eHMSEG meetings during 2016: these meetings were dedicated to the preparation of the various documents related to the future exploitation of NCPs. HUG was also co-responsible of the revision of the change proposal process for the NCPeH (OpenNCP) and is member of the eHDSI Audit Framework Task Force.

As member of the OpenNCP and testing task forces, HUG is co-organizing with Luxembourg (Heiko Zimmermann) and DG Santé (Licio Mano Kustra, Jérôme Subiger) the OpenNCP Boot Camp of January 2017. This boot camp is an event aiming at helping all future NCP operators to better understand the structure of the OpenNCP platform, its installation, configuration, tuning and test in order to be ready for the April 2017 projectathon.

1.4. Activities related to the OpenNCP

HUG is participating to the OpenNCP development in several aspects:

- As member of the OpenNCP Technical Committee for decisions regarding the evolution of the platform;
- As member of the SMP/SML task force (configuration of the NCPs, replacement of the configuration related central services);
- As member of the OpenNCP team.

1.5. Activities related to the maintenance of the National Contact Point

The Swiss NCP is kept alive and its test instance is regularly updated in order to test the new releases of the software.

SSL Certificates have been renewed until March 2018.

1.6. Problems encountered

Thanks to the effort of the last years and especially of 2015, we were able to participate to the main groups discussing the evolution of the national contact points.

No particular problem was encountered during 2016 except the fact that more time than expected was spent in order to maintain our lead position in the OpenNCP environment. The fact that no central services are currently available was not a blocking problem as productive environment is not considered as operational by the connected countries: all tests are performed only on the test infrastructure, with ad-hoc exchange of configuration information.

Aspects related to eID and the future eIDAS national nodes were left aside as we did not install eID related components developed by eSENS project into our instance of the OpenNCP Portal. However this point will have to be handled in the coming two years as e-identification of both professionals and patients will be core functionality of the portal and will impact the national connector in the country of origin of the patients.

The signature of the Multi-Lateral Agreement (MLA) that will govern the CBeHIS (Cross Border eHealth Information Service) may require creative work in order to cope with legislative differences between EU and Switzerland as the MLA is strongly based on EU directives.

1.7. Meetings

HUG participated to 9 face to face eHMSEG or JASeHN T5.6 meetings (one in Lisbon, the others in Brussels).

We also participated to most of the OpenNCP bi-weekly teleconferences, SML/SML task force teleconferences and OpenNCP Technical Committee teleconferences.

We were informally present at the IHE Connectathon in Bochum, where several countries tested their OpenNCP platform.

1.8. Lessons learned for Switzerland

2016 was a transition year between a “project-oriented” period and a “service-oriented” future. In this regard it was a key period during which key organizational aspects were worked on.

Thanks to the work performed during epSOS & EXPAND projects and to the core elements of the national eHealth strategy (strongly based on IHE profiles and services), Switzerland is aligned with the “main track” in eHealth. In addition, our strong participation to the various committees is well recognized and welcomed.

The federalism and its consequences on the implementation of the electronic patient record over the whole country will introduce additional complexity in the connection with the National Contact Point that will have to be carefully studied in order to propose solutions applicable to each reference community.

eID infrastructures, and especially eIDAS nodes, will play a major role in the future. Most of the EU countries are not ready yet either, but will establish their production infrastructure in the coming 2 to 3 years. In order not to be isolated on this key service, Switzerland should explore the feasibility and constraints of joining eIDAS international infrastructure. A task force on this subject should be constituted in the coming months, considering the fact that this topic will be quite complex and will take time to be operational.

1.9. Next steps

As described in the workplan, a progressive go-live of the NCP functionality has been defined:

- February 2018: go-live of the Patient Summary A scenario in Geneva (i.e. patients living in Geneva will have an available PS that can be retrieved by other countries);
- February 2019: go-live of the Patient Summary B scenario (i.e. availability of a component integrated into an existing HP portal for being able to access PS of patients living in foreign countries);
- February 2020: go-live of ePrescription (A) scenario (i.e. patients living in Geneva will have available ePrescriptions that can be retrieved by other countries).

2017 will focus on three main aspects:

- Fulfilling the needs for the 2018 go-live: installation and testing of the official NCPeH release, update of the Patient Summary content, set up of exploitation infrastructure (helpdesk, surveillance, ...);
- First Audit (made by an external company mandated by DG Digit);
- Preparatory work for a transfer of the NCP infrastructure towards a federal governance and exploitation.

Some work on eID aspects should also be performed in 2017 in order to evaluate the needs for 2018/2019 and identify the key stakeholders in Switzerland.

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January 3rd, 2017*

2. Semantic activities (Haute Ecole de Gestion HEG / HES-SO, Geneva)

2.1. Background

The deployment of cross-border exchange of health data is aiming for the implementation of the project specified use-cases within the Member States infrastructures. Starting in 2016, the operation prime focus is directed towards the Patient Summary services (and ePrescription) and the governance was assigned to the eHDSI team.

Involved in the Terminology and Semantic management since epSOS and EXPAND, the HES-SO is now preparing the transmission of knowledge and services.

2.2. Main activities

2016 was a transitional year between EXPAND and CEF which implies part of the effort on monitoring the general follow-up diffused by the different boards.

Due to the relative limitations of the Carecom solution to host the terminologies (the Master Valueset Catalogue, as well as the national translations and transcoding table for some partner states), an alternative was proposed: the FH Dortmund terminology servers. We participated to the task force that supported the development of this Terminology Server and tested its deployment during the summer. Besides this, J. Gnägi and P. Ruch are involved in a national initiative, namely the Swiss Personalized Health Network (SPHN), which could provide support for such central services.

Finally, we have undertaken a communication initiative out of the project scope, and we have been or we are involved in several conferences as SNOMED roadshow, ICT conference, or Informatics for Health 2017.

2.3. Problems encountered

The main issue we faced was the ad hoc testing of the FH Dortmund Terminology Server. Due to a poor documentation, the local deployment and the use of the TS was made possible only by direct exchanges with the developers.

2.4. Meetings

Most meetings were organized as virtual meetings but the Swiss meetings, as follows:

- OpenNCP TConf (5)
- Terminology Server – Task Force (12)

- eHDSI: Architecture and Semantic work group (2)
- CBeHIS Swiss meeting (2)

2.5. Lessons learned for Switzerland

1. Today, the sharing of terminological assets within the project is made complicated by licensing issues (ownership of source terminologies, ownership of translation, stringent licensing models by some SDO, availability of data and access conditions in the CareCom platform...).
2. A central repository in the hands of a public authority and a contractual commitment for data sharing from the stakeholders and, in particular, the funding agencies is needed.
3. To move from a “closed” commercial solution to an open framework is triggering many resistances; there openness principles must be established and promoted since the beginning of the project.

2.6. Next steps

The coming steps are the following:

- We are integrating the eHDSI Semantic group to monitor the evolution of the different vocabularies.
- Define and select the project architecture for the management of terminological assets (MVC, Translation and Transcoding tables).
- Prepare the update of the MVC and the consequence on the MTC.
- Define assets and guidelines new member states.
- Leverage current developments withing SPHN, see draft proposal : https://docs.google.com/document/d/1U6VLW9xZEtqzh1nmuELN8PC756zWZDyqsD_4PsE-Yn8/edit?usp=sharing