

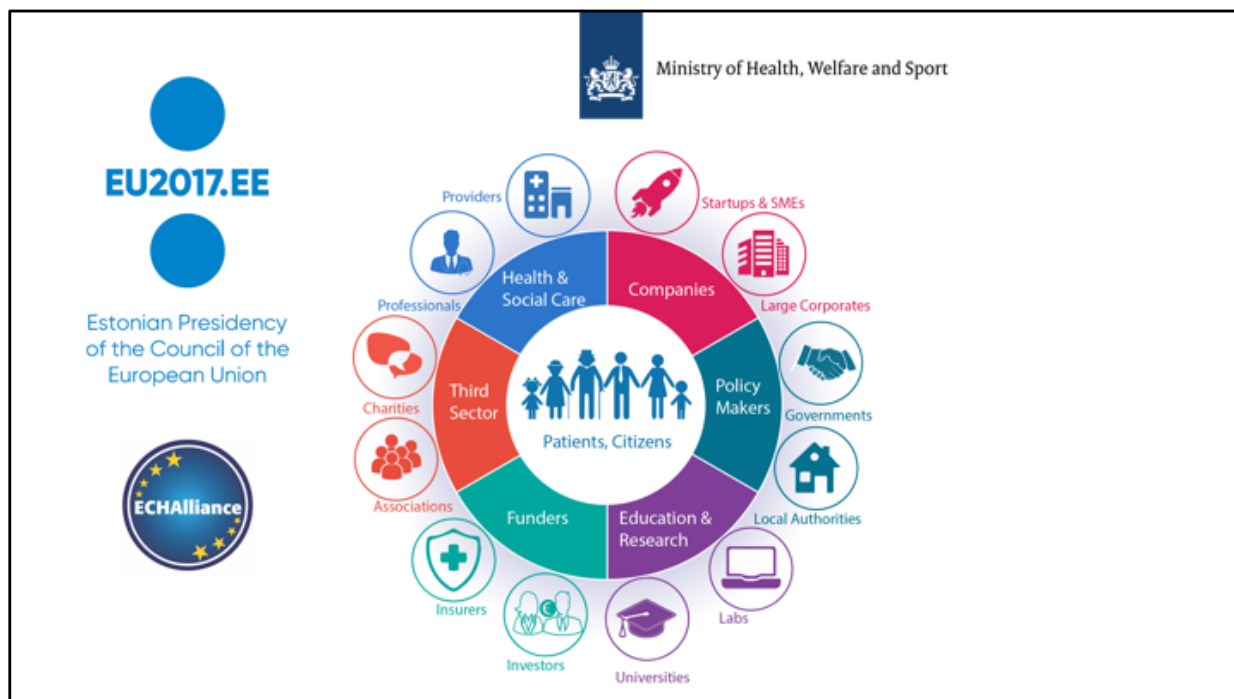


## Introduction

**Thank you Estonia and ECHAlliance for organizing the Digital Health Society. My name is Herko Coomans, and I am here on behalf of Erik Gerritsen, Secretary General of The Netherlands Ministry of Health, Welfare and Sport, who is leading the Taskforce on Standards and Interoperability.**

**My name is Herko Coomans, and I work for Mr. Gerritsen at the Ministry as an adviser to the Dutch National Health Information Council.**

**We want to take this opportunity to explain to you our intent with this Taskforce, what we want to achieve, and how everyone can participate.**



The DHS Declaration is aimed to be co-build and co-signed by all stakeholders willing to progress the Digital Health Society in Europe. It is a manifesto expressing the current main challenges for the Digital health deployment and drawing the ways and initiatives from each category of stakeholders to achieve, in a collective movement.



We see the DHS representing a dream.

A dream where health data flows safely, securely and freely.

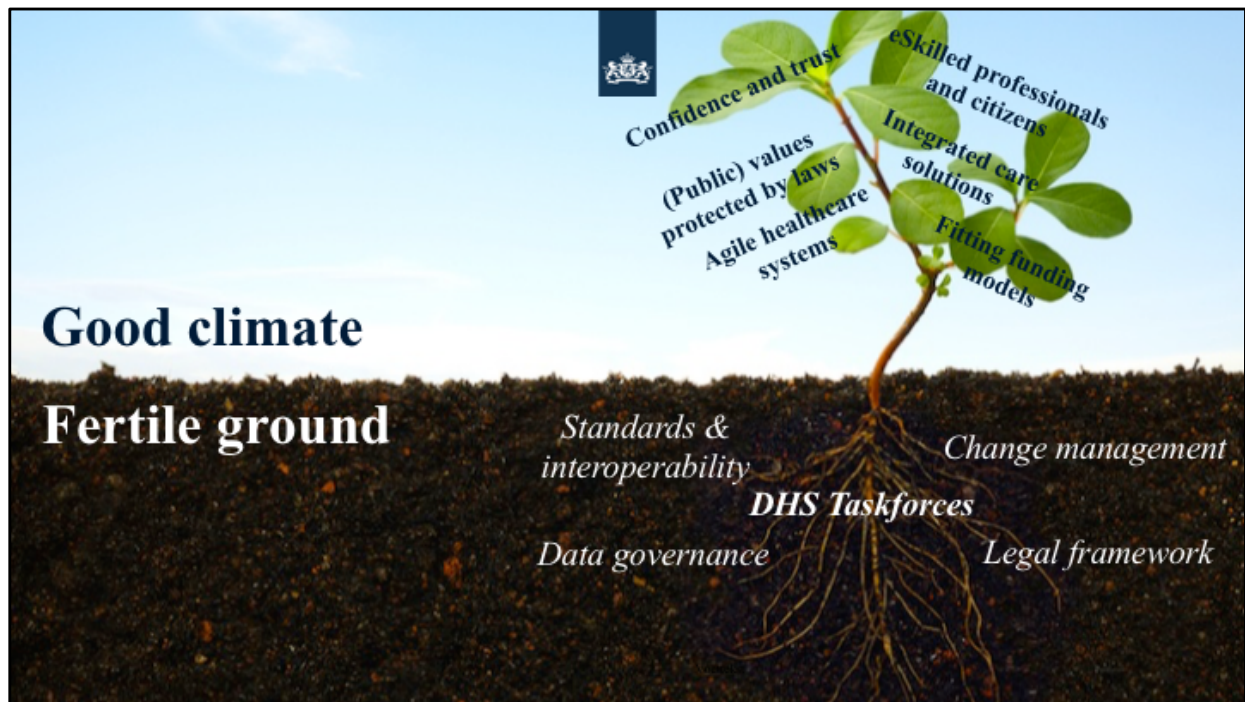
Where patients use their data to manage their own health and equal partners in managing their healthcare.

Where healthcare professionals have relevant data, at the right place, at the right moment.

Where research into new treatments for diseases is vastly improved because of safe and secure access to high quality data and a highly sophisticated information infrastructure.

Where healthcare systems are able to evolve with society and the state of the art.

Where public values such as trust, privacy and safety are protected by laws.



We also believe in this dream. In The Netherlands we refer to this as our flourishing ecosystem.

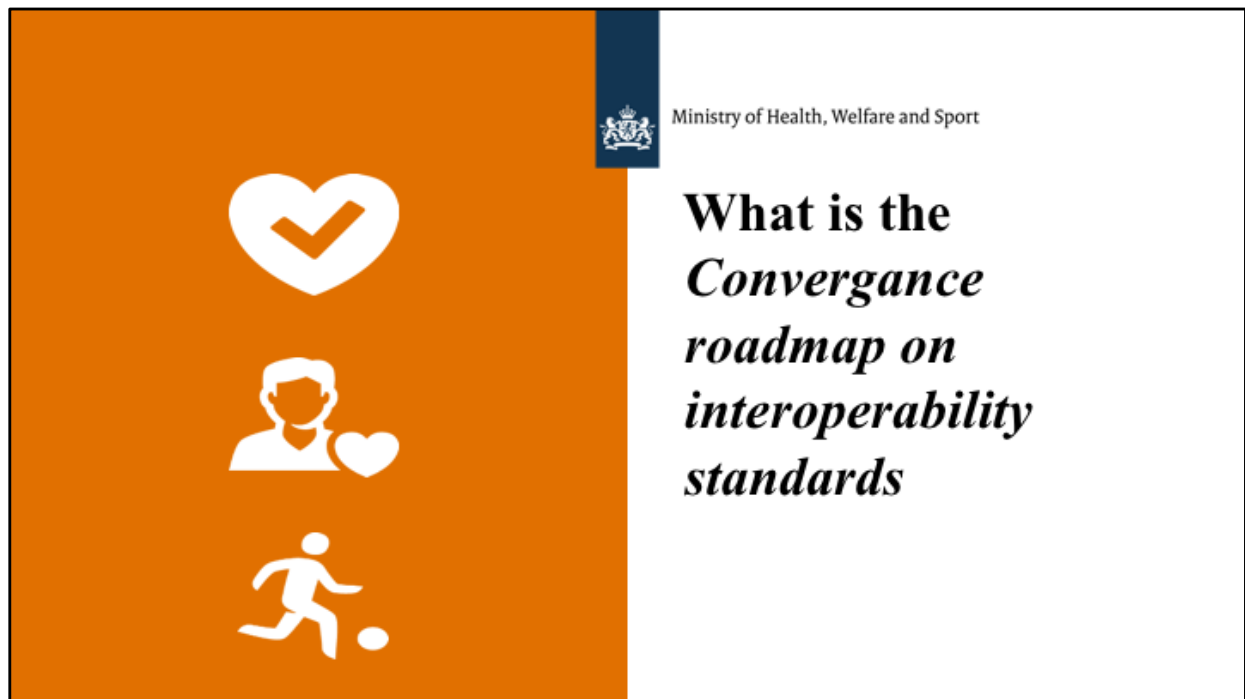
An ecosystem needs two things: a good climate and fertile ground.

The fertile ground is the foundation upon which this dream is built. It is made from the building blocks that every part of the dream uses. It consists of working solutions to barriers that we all face when we work on realizing this dream. It is where the four DHS Taskforces focus on primarily.



And the approach of the DHS is based on the simple notion of creating coalitions of the doing.

Lets bring together people, institutions, regions, systems, nations, that are actively working on removing the barriers and realising the dream. And lets share the building blocks that we all created for our foundation, for our fertile ground.



Interoperability is a recurring theme with many many facets.

Time is scarce in this industry. So we wanted to start with what everyone already has done with removing the barriers for interoperability.



1. a single, public list of the standards and implementation specifications for specific clinical health information interoperability needs
2. the results of ongoing dialogue, debate, and consensus among stakeholders when more than one standard or implementation specification could be listed as the best available
3. document known limitations, preconditions, and dependencies as well as known security patterns

We wanted to link the standards to the desired outcome, because using standards isn't a goal in itself. Compliancy and adherence to standards is a big issue in most European countries, as is implementing them. This takes time, knowledge, money and attention, that is often meant for healthcare itself.

So, when we publish a list of standards, we wanted to ensure that these actually add value to the quality of healthcare delivery and outcomes. It needs to solve an interoperability barrier.

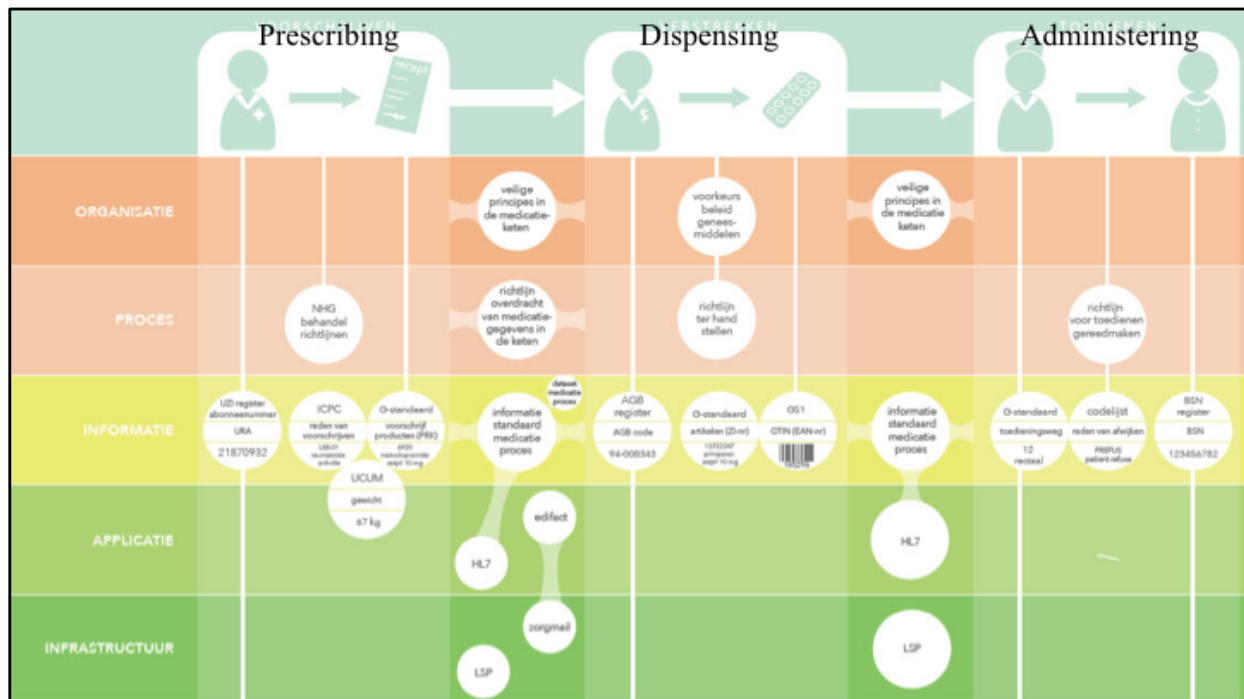
We found a tried and tested framework for this in the Interoperability Standards Advisory from the United States Department of Health and Human Services' Office of the National Coordinator for Health IT. To practice how this would work for our own standards, we took one of the areas where interoperability barriers are actually costing lives: medication safety.



## Dutch interoperability needs in medication safety

Organization policy	Medication safety policies
Healthcare process	Transfer of medication data in the chain
Information –semantic	Electronic prescription, identifying and naming pharmaceutical, medication overview, medication agreement, provision request, etc.
Information –syntax	
Application	Exchange of medication prescriptions and overviews
Infrastructure	Transport of medication data

Our list contains the standards that remove barriers in interoperability for medication safety. Standards are applicable to several levels, and we followed the structure of the European Interoperability Framework for this. And this boils down to these interoperability needs, with the most clear barriers and needs at the information-level.



This is what it looks like. This is a Dutch image, but it lists the standards and where they're applied in which part of the process: Prescribing the medication, mostly done by the general practitioner, dispensing the medication, most often by the pharmacy, and administering the medication, by the patient or a home-nurse.

This is the start of this taskforce. What we try to achieve is exchange of information. We want to know which standards you use for what.



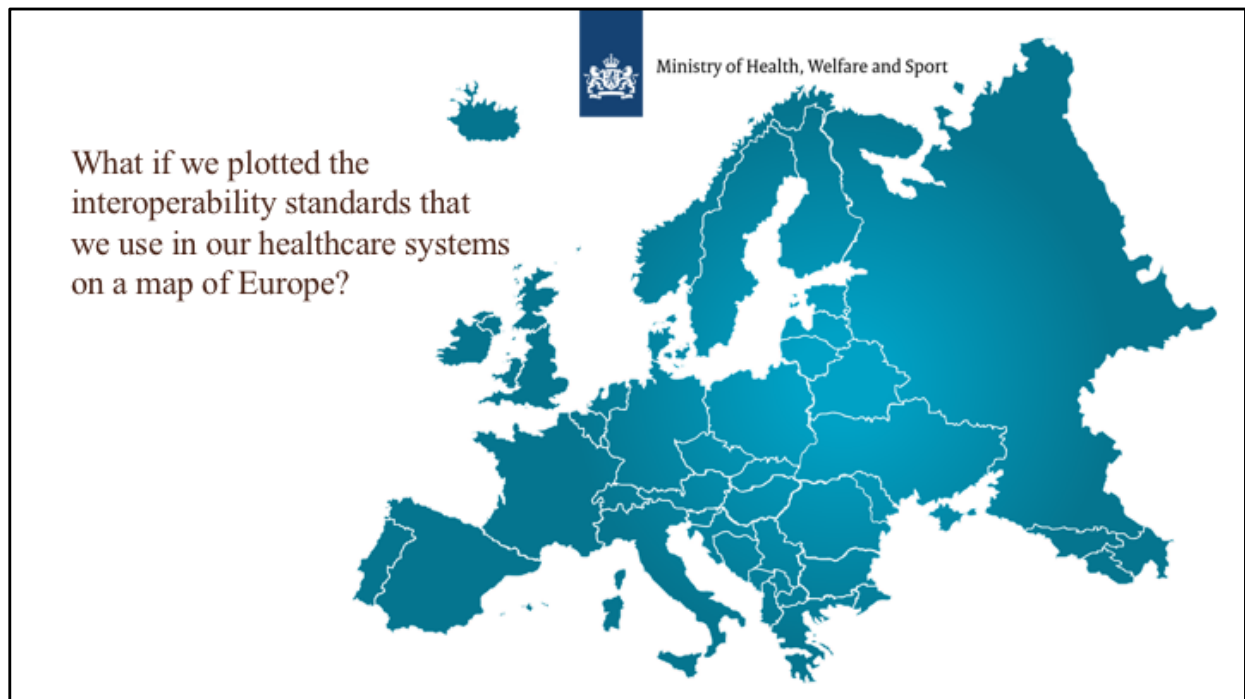
## DHS TF1 Consultation

1. What do you think of this approach and the framework we propose?
2. Please add your own use cases for interoperability needs and the corresponding standards

In the first consultation we asked two questions. What do you think of this approach, and please add your own use cases.



Where do we go from here? This webinar is part of the next steps.



What if we started off by showing what we are already doing? Which standards are we using, and for what? If we get that input from all of you, we can plot all the standards in use on a map of Europe.

This will show us at least three things

- With whom we can already communicate
- Where to look for best practices in standards adoption and use
- What the European market is for products that utilize these standards



Ministry of Health, Welfare and Sport



**To create sustainable  
solutions we need to work  
together.**

Using standards is complex and often difficult. It is for us in The Netherlands. But to get sustainable solutions in healthcare, we need to work together. The Netherlands is too small to create its own set of requirements. When we work on a European digital single market for healthcare, sharing what standards we are already using is a logical and necessary first step.