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Public stakeholder consultation on next phase of EU-US cooperation in eHealth/Health IT

Fields marked with * are mandatory.

General information

What is this survey about?

The European Commission's DG CONNECT and the United States Department of Health and Human Services (HHS) have jointly updated a Roadmap that guides European and US cooperation on eHealth (also called Health Information Technologies or Health IT).

The objective of this consultation is to gather comments and input which will be used to validate and to finalise the update of the Roadmap and its annex.

Recommended reading: the draft Roadmap and its annex.

Information about respondents

The answers below such as your name and/or the name of your organisation/company/institution and email address will not be published, they are for internal use only.

* I'm responding as:

☐ An individual in my personal capacity
☑ The representative of an organisation/company/institution

* Is your organisation registered in the Transparency Register?

☑ Yes
☐ No

* Please indicate your organisation's registration number in the Transparency Register:

8787244295308

Please tick the box that applies to your organisation and sector:

- ☐ National administration
- ☐ National regulator
- ☐ Regional authority
- ☐ Non-governmental organisation
- ☐ Small or medium-sized business
- ☐ Micro-business
- ☐ Large business
- ☐ Healthcare professionals
- ☑ European-level representative platform or association
- ☐ National representative association
- ☐ Research body/academia
- ☐ Press
- ☐ Other

My institution/organisation/business operates in:
- ☑ Austria
- ☑ Belgium
- ☑ Bulgaria
- ☑ Czech Republic
- ☑ Croatia
- ☑ Cyprus
- ☑ Denmark
- ☑ Estonia
- ☑ France
- ☑ Finland
- ☑ Germany
- ☑ Greece
- ☑ Hungary
- ☑ Italy
- ☑ Ireland
- ☑ Latvia
- ☑ Lithuania
- ☑ Luxembourg
- ☑ Malta
- ☑ Netherlands
- ☑ Poland
- ☑ Portugal
- ☑ Romania
- ☑ Spain
- ☑ Slovenia
- ☑ Slovakia
- ☑ Sweden
- ☑ United Kingdom
- ☐ United States
- ☑ Other

* Please enter the name of your institution/organisation/business (*for internal use only*).

> European Federation of Nurses' Associations (EFN)

Please enter your address, telephone and email (
for internal use only).

> Clos du Parnasse 11b, +32 2 512 74 19, efn@efn.be

What is your primary place of establishment or the primary place of establishment of the entity you represent? *(For internal use only).*

> Brussels, Belgium

Roadmap Work-stream: International Interoperability

Roadmap Item: Collaborate with international stakeholders to develop and pilot a standardized approach for an international patient summary that can be exchanged internationally.

Question 1: Do you agree with the proposed timetable and organisation of the work to create an international standard for a patient summary?

- ☑ Yes
- ☐ No

Question 2: Are there areas of technical standards work missing that would be important to the success of the international patient summary record work?

> Technical standards are not a key-priority for the EFN. Member States and the European Commission are working further on this in through the Joint Action, which we believe to be sufficient input to this topic. A more general comment on Patient Summary Records, is that they have always been too medical-oriented. Therefore, the EFN would highly recommend not to focus only on medicalisation but also on integrated care and prevention. Integrated care necessitates more than only medical data (a broader, interdisciplinary file). A Patient Summary Record can be used in a broader way to facilitate the work of various actors in the healthcare ecosystem (i.e. physicians, nurses, social care workers, informal carers).

Question 3: What are the best use cases for the International Patient Summary to address at a global scale (e.g., emergency, disaster, migration, tourism)?

> The EFN encourages the use of ICNP in the context of the International Patient Summary, which would advance and facilitate the role nurses. The ICNP is an international standard that facilitates the description and comparison of nursing practice locally, regionally, nationally and internationally. The ICNP terminology serves a critical role for ICN in facilitating representation of

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the domain of nursing practice worldwide to promote evidenced based quality
care. ICNP provides nurses with content solutions for electronic health
records (EHRs) at all levels to support data-based information for use in
practice, administration, education and research. SNOMED CT, a
multidisciplinary international healthcare terminology, is designed to support
the entry and retrieval of clinical concepts in electronic record systems and
the safe, accurate, and effective exchange of health information.
http://www.icn.ch/what-we-do/international-classification-for-nursing-practice
-icnpr/
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Roadmap Item: Identify and understand current privacy and security laws and practices surrounding the exchange of health data for the purposes of clinical care across borders.

Question 4: What specific privacy and security requirements or practices could improve and allow for the exchange of health data for the purposes of clinical care across borders?

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Although privacy is of vital importance for medical data, some of the data
necessary for care in the general sense are not highly confidential.
Therefore, different degrees of privacy should apply to different data.
Ideally, health and social care professionals should be able to access all
data as the confidentiality is already protected by their code of conduct.
Other staff (eg. support staff) should be able to access only the part of the
data that is necessary to boost continuity of care. Of course, existing
legislation such as a series of related directives and most significantly the
Data Protection Directive 95/46/EC on the processing of personal data and on
the free movement of such data should be respected. Appreciation and adherence
to the Data Protection Directive would be a crucial consideration. In
addition, where the eHealth service go beyond sharing and coordination of
information for integrated care and is concerned with implementation of
innovative monitoring equipment or other implantable devices, conforming to
the Medical Device Directive 2007/47/EC also becomes a requirement.
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Roadmap Work-stream: IT Workforce Development

Roadmap Item: Consult with qualified stakeholders to determine the skills and competencies required by each role in each setting, at each level of responsibility (in the US and EU).

Question 5: Which health IT competencies and other skills are important for the development of the following healthcare workers?

a. Clinical practitioners (doctors, nurses, etc)

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As the EFN is a member of ESCO (an EU platform which defines and categorises
skills, competences, qualifications and occupations in a standard way, using
standard terminology in all EU languages within DG EMPL), we have developed a
matrix with three categories of nursing care linked to the HCAs principles
underpinning the 3 categories (definitions and competences) derived from what
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is established by EU legislation (EU Directive 2005/36/EC, amended by 2013/55/EU) and complemented by the information provided by the EFN members. The EFN started a process to identify and define the potential skills and competences required for each category, and that information has been used to complement the ESCO platform. The matrix will be filled in with key competencies that are based on the EFN report analysis.

In order to move towards sustainable health care, it is essential to plan the health workforce and the skills mix/skills needs, key elements to set the correct staffing levels needed to deliver high quality and safe care (Social Investment Package, 2013; EFN Position Statement on Skills Needs, Skills Mix and Task Shifting in Nursing, 2012).

Within a context of growing and changing healthcare needs, health system reform, and new and more exigent requirements of care, a broader understanding of the different roles and professional categories in the nursing care is needed, next to having a clear picture of the exact and comparable numbers of the entire nursing workforce. This is the reason why the EFN has been working to get valid, reliable and professional relevant data upon which good nursing workforce policies can be developed at national level, based on the support given by EU and International Organisations.

It is important to make reference to the matrix that is described above. There are three different categories of nurses, with different qualifications and different competences. Each of those three categories will also need different skills (and therefore eSkills) for their daily practice.

The first category, the registered nurse, is legally set out by EU law, Directive 2005/36/EC, which corresponds to chapter 3 of the Acquis Communautaire. Several Member States already faced infringement procedures as they wanted to downgrade the registered nurse education. Those educational programmes fulfilling the Directive 2005/36/EC minimum requirements as set in the Article 31thereof are listed in the Annexe V of the Directive.

The Art 31 of the Directive sets out the following competencies:

• To independently diagnose the nursing care required using current theoretical and clinical knowledge and to plan, organise and implement nursing care when treating patients on the basis of the knowledge and skills acquired in order to improve professional practice;

• To work together effectively with other actors in the health sector, including participation in the practical training of health personnel on the basis of the knowledge and skills acquired;

• To empower individuals, families and groups towards healthy lifestyles and self-care on the basis of the knowledge and skills acquired;

• To independently initiative life-preserving measures and to carry out measures in crises and disaster situations;

• To independently give advice to, instruct and support persons needing care and their attachment figures;

• To independently assure quality of and to evaluate nursing care;

• To comprehensively communicate professionally and to cooperate with members of the other professions in the health sector;

• To analyse the care quality to improve the own professional practice as a general care nurse.

The second category, specialised nurses, includes all nurses that have a specialisation. Those are for example operation room nurses, cardio nurses, oncology nurses etc. Their specialisation in one field of nursing requires

them to have specific knowledge of skills that are relevant to their area of activities.

The third category of nurses are advanced nurse practitioners (ANPs). Those nurses have an advanced degree and also have more/different competences in daily practice. As health systems reform and integrated care becomes more talked about, the EFN will focus on streamlining the competences and education of ANPs.

The specific skills needed for the last two categories still needs to be identified, taking into account the differences in healthcare frameworks on a national level. The EFN is currently occupied with this identification.

b. Health Informatics professionals

This is a developing sector with many Member States and universities offering specialised programmes. We fully support those initiatives. However, it should be mentioned that these are not new professions but for many years now, nurses become HIPs, as a speciality.

c. Non-clinical and administrative staff

It is important that non-clinical and administrative staff are able to fully integrate in the eHealth ecosystem. They should support healthcare professionals by preparing all that is possible. It is again important to stress that in EFN, we understand non-clinical staff in the context of integrated care, meaning not only the staff in a hospital but also in the community, including informal carers.

d. IT professionals coming to work in the healthcare environment

The IT skills of those professionals are part of their education, they are expected to be trained on relevant subjects and perform accordingly. It is more important to put emphasis on interpersonal and communication skills. IT professionals in the healthcare sector have to be able to identify the needs of the healthcare professionals and adjust the informatics to their needs. They should constantly be open in accepting new ideas and try to adjust the given IT systems to the health and social care world.

Roadmap Work-stream: Innovation Ecosystems (for eHealth/Health IT)

Roadmap Item: Establish an EU-US working group to identify priority areas for collaboration (in innovation ecosystems for eHealth/Health IT)

Question 6: Do you consider the next 18 months to be a higher priority for collaboration among the EU and US, or the next 3 to 4 years?

- ☐ The next 18 months
- ☑ The next 3 to 4 years

Question 7: Which EU and US regions and cities do you consider likely candidates for building transatlantic innovation ecosystems partnerships over the next 12 to 18 months?

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The following EU regions/Member States are already in an advanced stage in
certain areas of eHealth. They are, therefore, more likely to build
transatlantic co-operations in their respective areas of expertise.
Electronic Health Records are currently in place in many EU MS such as Spain,
Lithuania, and Finland with success. This enables quicker access to vital
patient information such as allergies and previous health and illness history,
while also supporting test results, x-rays, and consultations. Importantly,
although such records are widely available in hospitals, there is currently a
strong move towards integrating these in community settings as well.
E-prescriptions and e-prescribing are becoming more prominent as more and more
MS now introduce nurse prescribing. Successful examples include Ireland, where
a pilot has recently concluded and it has been received very positively,
Portugal, and Sweden. Nurse prescribing shows numerous benefits, including
improved services to patients through reduced waiting times and the more
efficient and effective utilisation of the skills of nurses, all of which
leads to better patient outcomes. With the introduction of e-prescribing
solutions this movement is expected to grow further.
Some Member States are also opting for electronic patient cards. Such examples
include Austria, Malta, Germany, Slovenia, and Slovakia where patients are
provided with a 'health ID card' which allows storing of their health and
illness information. Such cards are carried by patients and taken with them
during their visits to clinicians so that these information can be accessed
timely and updated accordingly. This would ultimately lead to safer and more
efficient healthcare.
Following and keeping up to date with all these developments is certainly a
challenging task. Therefore, EFN Members are committed in supporting their
nurses through this process by facilitating access to educational activities
and IT courses in countries like Cyprus, Slovakia, and the UK. Moreover, some
MS are developing specialised Masters programmes in ICT, Health Informatics,
and eNursing. Clearly ICT skills are inevitably becoming a fundamental aspect
of nurse training and crucial for their professional development and life-long
learning.
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The questions above are for your guidance. Please feel free to give other input:

Background Documents

Annex EU-US Roadmap on cooperation in eHealth/Health IT
(/eusurvey/files/f3422f72-7911-4023-b829-bcdaa6df61a4)

Draft EU-US Roadmap on cooperation in eHealth/Health IT
(/eusurvey/files/838baabc-6da4-45d9-922c-41bff5cf20e9)

Contact

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