

Concertation meeting of Support actions and Concertation Actions

Thursday 8th September 2005

Location: Room 6/30, avenue de Beaulieu, 31, Brussels

Attendees - Projects (Short abstract of each project included in the attached document)

e-HEALTH ERA (Karl and Veli Stroetmann)

i2Health (Karl and Veli Stroetmann)

Q-REC (Georges de Moore)

RIDE (Asuman Dogac)

SEMANTIC-HEALTH (Jean-Marie Rodriguez)

SHARE (Yannick Legre)

STEP (Gordon Clapworthy)

SYMBIOMATICS (Dominic Clark and Kerstin Nyberg)

Experts

Hugo Agius Muscat (MT)

Adam Koprowski (PL)

Carlos Martinez Riera (ES)

Helene Richardsson (SE)

European Commission, DG INFSO

Gérard Comyn, Head of Unit/Acting Director

Ilias Iakovidis, Deputy Head of Unit

Octavian Purcarea, Project officer

Diane Whitehouse, Project officer

Jean-Marie Auger, Project officer

Agenda

10:00 - 10:15 - Welcome and introduction of participants

10:15 - 11:00 – Strategy and background information, DG INFSO, ICT for Health

11:00 - 12:45 - Presentation by each project

12:45 – 13:45 - Bilateral Discussions throughout a working lunch (sandwiches)

13:45 – 14:45 - Structured discussion (clustering, common actions, workshops, next steps)

14:45 – 15:00 - Wrap-up and conclusions

The event will be followed by negotiations (8 and 9 September 2005)

8 September 2005

15:00 - 18:00 First negotiation meeting of RIDE and SEMANTIC HEALTH

9 September, 2005

9:00 – 14:00 First negotiation meeting of Q-REC et SHARE

9:00 – 17:30 Annual Technical Review of eHealth ERA (9-12:30) and Symbiotics (14:00-17:15)

Each project is asked to bring maximum 2-3 powerpoint slides that they can use to describe their project in a presentation that lasts **not more than ten minutes**; printed additional information is optional.

Annex : Abstract of SSAs, CAs

1. e-Health ERA**Project abstract**

The goal of the proposed CA is to coordinate planning of national innovation-oriented e-health RTD as the basis for a common road-map and joint RTD activities, thereby establishing an effective ERA in this key IST field and important European market. Reducing the serious fragmentation of current planning can be expected to have a strategic impact on regional, national and trans-European e-health infrastructures, improve the quality of medical outcomes and hence the quality of life of citizens in Europe.

The CA emerged from an initiative involving 20+ Member States Health Ministries to improve RTD coordination and exploit the potential for European synergy. They wish to avoid barriers to patient and professional mobility in the Union threatening from uncoordinated IST uptake and ensure progress in line with the Commission's e-Health Action Plan. The consortium of 5 research management bodies - coordinated by empirica at the request of the German Ministry - will research and structure European e-health RTD, build a suitable e-health ERA portal, identify priority topic clusters, locate cooperation opportunities, identify best practice, set consensual benchmarks, propose priorities for action and draw up a coherent Europe-wide road-map and action plan, finally proposing sustainable long-term mechanisms for European coordination.

A Steering Committee, to which over 25 Ministries have already committed, will oversee and direct work, adopt priorities and road-map, initiate engagement in joint RTD activities and adopt sustainable mechanisms. The project will thus achieve greater transparency across Member States, effectively address the fragmentation of the current European e-health research landscape, counter the poor uptake record of e-Health RTD to date by being consistently innovation-oriented, and in this way make a major contribution to future European e-health RTD in IST.

Participants

Participant no.	Participant name	Participant short name
1 Project coordinator	empirica Gesellschaft für Kommunikations- und Technologieforschung, Germany	EMP
2	National Research and Development Centre for Welfare and Health, Finland	STAKES
3	Consiglio Nazionale delle Ricerche, Italy	CNR
4	Centre of Innovation, Technology Transfer and University Development, Poland	CITTRU
5	Ministerio de Sanidad y Consumo, Instituto de Salud Carlos III, Spain	ISC
6	Engineering and Physical Sciences Research Council, UK	EPSRC
(7)	(Steering Committee, participating countries)	(SC)

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2. I2Health

Abstract:

Currently various Member States (MS) are launching initiatives to introduce e-health infrastructures and applications. They are dealing with critical issues of technical, semantic and workflow interoperability almost exclusively at the regional or national level. These developments threaten to hamper the further development of a European market in e-health applications and cross-border services.

Building upon the activities in MS, the results of European RTD, and learning from international efforts, the project will *initiate a process for accelerating the deployment of interoperable e-health infrastructures and applications for trans-European use*. It will

- identify interoperability and connectivity issues and priorities, barriers and gaps, and solution approaches,
- focus on fundamental interoperability issues (like *identification* of actors, organisations, adequate measures to achieve interoperability, integration tests and certification)
- analyse similarly key topics relating to *e-prescription* and messaging
- develop a *roadmap* and concrete projects involving all relevant actors - guided by an open discussion process amongst Member State Health Authorities.

Allowing for patient mobility and cross-border medical care is a key EU policy priority and one focus of the e-Health Action Plan. Identifying needs, gaps and next steps will help to realise concrete solutions to reach these goals. Thus the project will impact on and contribute towards pan-European patient centred seamless health service processes, equal access for all, and a greater efficiency of health systems. Interoperability will allow more effective health services to be delivered wherever citizens are and wherever they may have come from in Europe.

Participants:

Participant no.	Participant name
1 Project coordinator	empirica Gesellschaft für Kommunikations- und Technologieforschung, Germany
2	European Health Telematics Association (EHTEL),
3	Work Research Centre (WRC), Dublin, Ireland
4	Zentralinstitut für die kassenärztliche Versorgung in der Bundesrepublik Deutschland (ZI), Berlin, Germany:
5	Technical University of Košice (TUK), Slovakia

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3. Q-REC

Abstract:

The main objective of Q-REC is to create an efficient, credible and sustainable mechanism for the certification of EHR systems in Europe by addressing mainly:

- **EHR Systems Quality Labelling and Certification Development**, thereby:
- producing a State of the Art Report on EHR-Certification Schemas as already implemented in at least three European countries;
- performing a Pan-European Requirements Assay;
- proposing a Labelling Terminology and Functional Profiles for EHRs to be certified;
- comparing and harmonising the EHR-Certification Procedures at a European level;
- drafting Model Certification Guidelines and Procedures;
- planning the Validation of the Guidelines.
- **Resources for EHR Interoperability**, including:
 - the register of Conformance Criteria and Guidance Documents for obtaining HER Certification;
 - an inventory and guidelines for EHR Archetypes;
 - the registration of Coding Schemes in Europe (as mandated by CEN/TC 251);
 - an inventory of relevant EHR related standards;
 - a register of XML Schemas and Open Source components for EHRs.

Benchmarking Services:

- Benchmarking Services Manual for Quality Labelling and Certification;
- preparing the Business Plan for new EHR-Certification related Services.

The co-ordinating partner is the EuroRec Institute, which is the overarching network of already existing national ProRec centres. EuroRec's main mission is to promote high quality Electronic Health Record systems (EHRs) throughout Europe. The network and its centres are platforms wherein a wide variety of stakeholders are involved.

The coordination with healthcare authorities will be done through the collaboration with the eHealth ERA consortium and its European Health Care Authorities (HCA) / Ministries groups. Both platforms (EuroRec and eHealth ERA) will assure the necessary bottom-up and top-down approaches for the adequate assessment of needs and for the optimal choice of methods for quality labelling and certification of EHRs in Europe.

(*) The Q-REC proposal follows the definition of Electronic Health Record (EHR) as given by ISO, i.e. "Repository of information regarding the health status of a subject of care, in computer processable form (source: ISO TR 20514:2004)

Participants:

Participant no.	Participant name
1 Project coordinator	European Institute for Health Records EuroRec
2	ProRec Ireland ProRec-IE
3	ProRec France ProRec-FR
4	ProRec Belgium ProRec-BE

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5	MEDIQ A/S MEDIQ
6	ProRec Germany ProRec-DE
7	Research In Advanced Medical Informatics and Telematics RAMIT
8	University College London UCL ProRec Slovenia ProRec-SI
10	ProRec Bulgaria ProRec-BG
11	ProRec Romania ProRec-RO
12	Dutch Organisation for Applied Scientific Research TNO
Subcontractors:	European Centre for Ontological Research ECOR
	Empirica DE

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4. RIDE

Abstract:

RIDE is a roadmap project for interoperability of eHealth systems leading to recommendations for actions and to preparatory actions at the European level.

This roadmap will prepare the ground for future actions as envisioned in the action plan of the eHealth Communication COM 356 by coordinating various efforts on eHealth interoperability in member states and the associated states. Since it is not realistic to expect to have a single universally accepted clinical data model that will be adhered to all over the Europe and that the clinical practice, terminology systems and EHR systems are all a long way from such a complete harmonization; the RIDE project will address the interoperability of eHealth systems with special emphasis on semantic interoperability.

In order to create RIDE Roadmap, first the European best practices in providing semantic interoperability for eHealth domain will be assessed and the quantified requirements to create a valid roadmap will be identified.

Based on these requirements, the goals, and the economical, legal, financial and technological challenges of the industry for the 21st century for achieving interoperability in eHealth solutions will be elaborated.

RIDE will also focus on the limitations of the policies and strategies currently used in deploying interoperable eHealth solutions.

A research portal for sharing resources addressing semantic interoperability in eHealth domain will be created and maintained; the key actors and stakeholders will be coordinated around RIDE special interest groups to create a wide consensus at the European level. Through eight RIDE workshops a shared vision for building a Europe-wide semantically interoperable eHealth infrastructure will be created.

After assessing the gaps between the “as-is” situation and the “to-be” eHealth vision, the emerging trends and opportunities to achieve the vision statement, the required advances in the state of the art research, technology and standards will be identified.

Participants:

Participant no.	Participant name	Participant org. short name
1 (coordinator)	Middle East Technical University, Software Research and Development Center	METU, SRDC, Turkey
2	OFFIS e.V. Healthcare Information and Communication Systems	OFFIS, Germany
3	Institute for Formal Ontology and Medical Information Science	IFOMIS, Germany
4	European Institute for Health Records	EuroRec, France
5	National Council for Research, Institute for Biomedical Technology	CNR, Italy
6	National Technical University of Athens, Institute of Communication and Computer Systems	NTUA, ICCS, Greece
7	National University of Ireland, Digital Enterprise Research Institute	NUIG, DERI, Ireland
8	IHE-D e. V., Integrating the Healthcare Enterprise – Deutschland	IHE-D, Germany

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5. SEMANTIC HEALTH

Abstract:

To efficiently implement e-health to meet the rising needs of mobile citizens, patients and providers, its fragmented interoperability initiatives must come together and coordinate with the increasing need to link clinical data to information from basic biological sciences and evidence of best clinical practice. Considering the need for interoperability at the Member State and cross-border level of the European Union – as expressed in the EU e-Health Action Plan – and for global interoperability – as represented by WHO – *it is necessary to embark on a process that will prompt the divergent initiatives to join forces for the benefit of all citizens.*

This *SemanticHEALTH* SSA develops a European and global roadmap for RTD in health-ICT, focusing on semantic interoperability issues of e-health systems and infrastructures. The roadmap will be based on consensus of the RTD community, and validated by stakeholders, industry and Member State health authorities. It

- identifies key short-term (2-5 years) and medium-term (4-10 years) RTD needs to achieve semantic interoperability of e-health systems (including issues of nomenclatures presently in use, classifications, terminologies, ontologies, EHR and messaging models, public health and secondary uses, and decision support, their relationships, mapping needs, limitations)
- analyses unsolved RTD issues arising in the context of realistic approaches to priority clinical and public health settings (reflecting on models of use, benefits expected, concrete application experience and lessons learned; relevance of open source model)
- takes into account the impact of non-technological (health policy, legal, socio-economic) aspects
- reflects and integrates results of related FP6 (*e-Health ERA*, *I2-Health* and other) studies.

The consortium and associated experts represent centres of excellence from four continents and the WHO.

Participants:

Participant no.	Participant name	Participant short name
1 Project coordinator	University of Saint Etienne, Department of Public Health and Medical Informatics, St. Etienne (FR)	USE
2	World Health Organization, Department of Measurements and Health Information Systems, Geneva (CH)	WHO
3	National Institute for Strategic Health Research, Budapest (HU)	ESKI
4	Nordic Centre for Classifications in Health Care, Uppsala (SE)	NCC
5	Radboud University Nijmegen Medical Center, Department of Medical Informatics, Nijmegen (NL)	UMCN
6	University College London, Centre for Health Informatics and Multiprofessional Education - in collaboration with the University of Manchester (UK)	UCL

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6. SHARE

Abstract:

European leadership on grid deployment is recognized at a world level. This leadership is also internationally acknowledged in the area of HealthGrid.

The concept of grids for health was born in Europe in 2002 and has been carried forward through the HealthGrid initiative. This European initiative has edited a white paper setting out for senior decision makers the concept, benefits and opportunities offered by applying newly emerging Grid technologies in a number of different applications in healthcare.

Starting from the conclusions of the White Paper, this proposal aims at identifying the important milestones to achieve the wide deployment and adoption of Healthgrids in Europe.

The proposal will devise a strategy to address the issues identified in the action plan for a European e-Health area described in the communication COM(2004) 356.

It will also set up a roadmap for technological developments needed for successful take up of Healthgrids both in the shorter term (3-5 years) and in the longer term (up to 10 years).

Grid infrastructures are designed at a world level and the consortium therefore involves American and Asian participants in order for the resulting roadmap of the proposal to have relevance beyond Europe.

Participants :

Participant no.	Participant name	Participant short name
1 (coordinator)	HealthGrid (France – International)	HGRID
2	Centre National de la Recherche Scientifique (France)	CNRS
3	University Politechnidad de Valencia (Spain)	UPV
4	University of the West of England (United Kingdom)	UWE
5	Facultés Universitaires Notre-Dame de la Paix (Belgium)	FUNDP
6	European Health Management Association (Belgium – International)	EHMA
3 rd Country Participants		
7	Argonne National Laboratory / Univ. of Chicago (USA)	ANL
8	Academia Sinica Computing Center (Taiwan)	ASCC
9	Asia-Pacific Association for Medical Informatics (Taiwan - International)	APAMI

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7. STEP

Abstract:

The Physiome Project is “grass roots” effort to provide a computational framework to facilitate the understanding of the integrative function of cells, organs and organisms that is being undertaken by the loosely coupled actions of a number of individual laboratories world wide. It aims to create an exhaustive multiscale *in silico* model of the human physiology.

STEP is designed to provide coherence to European Physiome-related activities by creating an integrated framework, the EuroPhysiome, which, while remaining true to the Physiome concept, can accelerate the progress of the European teams by avoiding redundancy, enhancing compatibility, etc. By forming the individual actions into a collective European response, it will also enable issues such as common objectives, overall effectiveness and impact, dissemination, availability of resources and long-term sustainability to be addressed, for the first time, at a European level.

STEP has recognised that tackling the whole physiome is too ambitious for a relatively small Coordination Action and will therefore exclude consideration of the brain and perceptual/cognitive aspects. Subject to this constraint, and with the assistance of the Physiome coordinators, STEP has gathered the existing European projects that are working under the Physiome umbrella into the current consortium. STEP has an inclusive philosophy and will be happy to include new projects, or existing projects somehow overlooked, into its activities.

These will consist of two conferences and several focused discussions, for which Internet-based media will be widely used. STEP will have an Advisory Board containing eminent figures from the Physiome project and representatives of industrial organisations and professional societies. It will also set up an Expert Panel with a wide scope to ensure that all shades of opinion are aired within the debates. The outcome will be a road map reflecting a coherent vision for the future EuroPhysiome.

Participants:

No	Acronym	Organisation Name	Country
1	LUT	University of Luton	UK
2	IOR	Istituti Ortopedici Rizzoli	Italy
3	ULB	Université Libre de Bruxelles	Belgium
4	SHE	University of Sheffield	UK
5	AAS	Aalborg Hospital, Aarhus University Hospital	Denmark
6	OXF	University of Oxford	UK
7	NOT	University of Nottingham	UK
8	CNRS	CNRS-LaMI	France
9	UCL	University College London	UK

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8. SYMBIOMATICS

Abstract:

Bioinformatics and medical informatics are both rapidly advancing fields. Advances in molecular biology, the starting point for bioinformatics, demand that it broaden its domain to the biology of cells, tissues, organs, organisms and populations. Within medicine, increasing understanding of the molecular basis of disease, and the effect of genotype on disease propensity and treatment efficacy, create an opportunity for convergence between the disciplines. The SYMBIOmatics Specific Support Action (SSA) is an information gathering and dissemination activity that will stimulate these developments and seek to identify and exploit synergies between bioinformatics and medical informatics as well as identifying addressable challenges for the medium term future. The project will document the state-of-the-art in biomedical informatics in Europe and identify areas of new opportunity. This will be done by systematically identifying European expert and collecting their insights. Initially this will be approached through an open-ended consultation whose output will be used to create an internet survey from which results will be summarised and presented. Simultaneously, bibliometric and data-mining methods will identify and analyse the content of the relevant scientific literature. Areas of opportunity will then be documented and prioritised. An Open meeting in July 2006 will present these findings for discussion by the wider community of bioinformatician, medical informaticians, practitioners who activities currently or in the future will intersect these domains and nationally and internationally mandated policy makers. A White Paper summarising the findings will be completed by Nov 2006 and will provide input to future European scientific and funding policy.

Participants :

Contact	Affiliation	Member State
Graham Cameron	European Bioinformatics Institute - EMBL	UK
Dominic Clark	Scientific Generics Ltd	UK
Fernando Martin-Sanchez	Institute of Health "Carlos III"	ES
Eva Del Hoyo Barbolla	The Ministry of Education and Science	ES
Manolis Tsiknakis	Foundation for Research and Technology Hellas	GR
Francesco Beltrame	University of Genoa	IT
Luciano Milanesi	Institute of Biomedical Technologies	IT
Johan Van der Lei	Erasmus Medical Center	NL
Jean-Louis Coatrieux	INSERM	FR

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