**EPF draft Position paper on eHealth**

Draft for consultation with EPF members

Contents

[1. Introduction 3](#_Toc440962142)

[1.1 Foreword 3](#_Toc440962143)

[1.2 What is eHealth? 3](#_Toc440962144)

[1.3 Why does eHealth matter for EU patients? 4](#_Toc440962145)

[1.4 eHealth policy at EU level 4](#_Toc440962146)

[2. Patient-centred eHealth 5](#_Toc440962147)

[2.1 Patient involvement in eHealth 6](#_Toc440962148)

[2.2 Patient empowerment and eHealth 7](#_Toc440962149)

[2.3 The Human and community dimensionS 9](#_Toc440962150)

[3. EHealth and patients’ data 10](#_Toc440962151)

[4. EHealth and access to healthcare 11](#_Toc440962152)

[4.1 Equitable access to eHealth 11](#_Toc440962153)

[4.2 Cross border healthcare 12](#_Toc440962154)

[4.3 Sustainability of healthcare system 13](#_Toc440962155)

[5. Safety and quality of eHealth services 14](#_Toc440962156)

[5.1 EU legislation 14](#_Toc440962157)

[5.2 Is eHealth safe and efficient? 14](#_Toc440962158)

[6. Specific forms of eHealth of particular interests for patients 15](#_Toc440962159)

[6.1 Electronic health records 15](#_Toc440962160)

[6.1.1 Informed consent 16](#_Toc440962161)

[6.1.2 Ownership of information 16](#_Toc440962162)

[6.1.3 Who can have access and input in the record? 16](#_Toc440962163)

[6.1.4 Masking or witholding data 16](#_Toc440962164)

[6.1.5 What information needs to be in the record? 17](#_Toc440962165)

[6.2 Mobile health 17](#_Toc440962166)

[7. Conclusions 19](#_Toc440962167)

# Introduction

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This paper was written following a consultation of the EPF Policy Advisory Group, and draws on the findings of various eHealth-related projects in which EPF participated over the last few years. The EPF Policy Advisory Group requested for a survey to be carried out on eHealth/electronic health records to feed further into this position paper. This is the first consultation on this position paper. Once this first consultation is over, comments will be integrated, as well as results from the above mentioned survey, in a final draft which will be circulated again for comments.

## What is eHealth?

eHealth means that electronic means are used to provide health services or information.

It can be used as a means to more effectively provide or exchange information, whether for healthcare professionals, patients, or citizens. It can also be aimed at improving the management of health systems, or the functioning of public health services.

Health services encompass:

* Services and information tools focusing on electronic provision of health and wellness information to patients
* Services aimed at supporting healthcare providers and users, for example patient-accessible electronic health records or ePrescriptions tools
* eHealth homecare and telemedicine tools and services for chronically ill citizens (patients) focusing on applications that allow citizens who are receiving healthcare to be supported in their personal environment, whether fixed or mobile, outside traditional healthcare facilities.

## Why does eHealth matter for EU patients?

eHealth is often cited as a solution towards sustainability of healthcare, in a context of growing healthcare demand due to demographic change, and of healthcare professional shortage.

In its eHealth action plan (2012-2020) the European Commission noted that eHealth could help improve chronic diseases and multimorbidity management, enhance patient centric care, foster cross-border healthcare, and increase efficiency of healthcare systems and equity of access.

While it could bring forward many benefits for patients, the action plan also acknowledges that healthcare has fallen behind in adopting ICT solutions effectively, compared to other sectors. Key obstacles include technical (interoperability) and legal barriers, and lack of user-friendly tools and services. There is also a lack of awareness and confidence in patients and healthcare professionals’ solutions.

## eHealth policy at EU level

Various initiatives at EU level have focused on eHealth:

* The eHealth action 2012-2020 plan is a roadmap that aims at addressing and removing these barriers. It clarifies the policy domain and outlines the vision for eHealth in Europe. It indicates key actions that the European Union intends to deliver to support Member States in the area of eHealth.[[1]](#footnote-1)
* The Commission has also published a mHealth green paper in 2014, to consult stakeholders on steps to take to support mHealth deployment in the EU.[[2]](#footnote-2)
* The eHealth Network is a voluntary network set up under Article 14 of Directive 2011/24 on the application of patients' rights in cross-border healthcare. The network brings together the national authorities responsible for eHealth from Member States to work on common orientations for eHealth. The aim is to ensure EU wide interoperability of electronic health systems and to ensure safety and continuity of cross-border healthcare. The network produces EU guidelines on eHealth, including a set of patients' data to be exchanged across borders, identification and authentication measures used in healthcare, and interoperability of e-prescriptions.[[3]](#footnote-3)
* The European Commission has established an eHealth Stakeholder Group, which is currently being renewed.

The EU has also co-financed many projects on eHealth through various EU funding mechanisms including Horizon 2020, the CIP ICT Policy Support Programme, and the EU structural funds.[[4]](#footnote-4)

## EPF and eHealth

EPF has been involved in various eHealth projects to collect more evidence base in this area, with a strong focus on patients’ role in eHealth as well as needs and expectations of patients towards eHealth services and tools. [[5]](#footnote-5)

Our major projects in this area include:

* **SUSTAINS - Support USers To Access INformation and Services**: The project aimed to develop and deploy a wide range of eHealth services linked to patients’ access to Electronic Health Records (EHR) in 11 regions in 9 European countries. EPF plays a key role in this project, especially in the work relating to patient requirements’ identification and the assessment of patient empowerment as a result of using the SUSTAINS services. [[6]](#footnote-6)
* **Chain of Trust:** EPF was the coordinator of this EU public health programme project. It assessed the perspective of the main end users of telehealth services across the EU to see whether and how views have evolved since the initial deployment of telehealth and what barriers persist in building confidence in and acceptance of this innovative type of services. For more information see the final report.
* **Renewing Health:** EPF was involved in the User Advisory of this project. The project implemented large-scale real-life test-beds for the validation and subsequent evaluation of innovative telemedicine services in nine European regions for patients suffering from three major chronic conditions, notably diabetes, cardiovascular diseases, and Chronic Obstructive Pulmonary Disease (COPD).[[7]](#footnote-7)

The present position paper aims to build on the evidence base collected through these various projects to ensure eHealth policies and legislation that have an impact on eHealth in the European Union correspond to patients’ needs.

# Patient-centred eHealth

Patient-centeredness is increasingly recognised as a core component of high quality care. In addition, patient-centred care models have been shown to be cost-effective as well as to increase patient satisfaction and often clinical outcomes. Patients with chronic and long term conditions develop specific needs compared to the general population. An increasing number of patients also have multiple conditions. One important element to take into account in the development of eHealth services is that care should be centred on the patient, not the disease.

There are specific challenges for the implementation of patient-centred healthcare in eHealth. One example is telehealth: through the survey carried out with patients for the Chain of Trust project, trust was identified as a key enabler for (and lack of trust a key barrier against) uptake of eHealth services. Patients and healthcare professionals pointed out that telehealth is all too often driven by manufacturers and technology, not by the need of people. One of the recommendations of the report is to ensure that service developers and health organisations assess user requirements when designing and evaluating telehealth services.[[8]](#footnote-8)

eHealth services can contribute to a shift in healthcare from disease-centred to patient-centred if they:

•help healthcare professionals maintain a closer eye on the health status of the patient and facilitate chronic disease management

•contribute to the sustainability and improvement of patient-healthcare professional relationships and do not replace direct patient-health professionals’ contacts

•are designed around the needs of the patient and not the disease (especially telemedicine services)

•helps improve adherence to treatment and life-styles and enable concordance

•facilitate/are accompanied by patient empowerment.

**Question to EPF members**

* Do you think the criteria set above are sufficient to make eHealth services patient-centred?
* Do you have recommendations to ensure developers of eHealth services follow this criteria?
* Should EPF develop essential principles for patient-centred eHealth (e.g. a checklist for eHealth services providers)?

## Patient empowerment and eHealth

EPF defines patient empowerment as “a multi-dimensional process that helps people gain control over their own lives and increases their capacity to act on issues that they themselves define as important.” Collective empowerment is “a process through which individuals and communities are able to express their needs, present their concerns, devise strategies for involvement in decision-making, and take political, social, and cultural action to meet those needs.”

The Sustains project, which focused on patients’ access to electronic health records, developed a model for patient empowerment (see box).

The Chain of Trust project also showed that 92% of patients who participated to the survey are willing to play a more active role in managing their own condition, but only 48% thought they were ready to handle the additional responsibilities presented by eHealth.[[9]](#footnote-9)

Patient empowerment is both a precondition for the large scale implementation of eHealth and a potential outcome for eHealth. Patients need the necessary skills to access and use eHealth services.

All eHealth services entail some degree of responsibility shift from health professionals to patients. Giving patients more responsibility for their own care does not necessarily mean “empowering” them if they are not provided with adequate support.

eHealth services must be implemented in a way that is respectful of patients’ choices, capacity, and willingness to participate in shared decision making.

To support patient empowerment, 3 components are needed:

* Healthcare professionals with the right skills to communicate with patients and to educate them and welcome patients’ participation
* Health literacy, which is “The ability to make sound health decisions in the context of everyday life – at home, in the community, at the workplace, the healthcare system, the market place and the political arena.”[[10]](#footnote-10). To use eHealth, digital health literacy is also needed
* An enabling healthcare environment.

### Health literacy and information

Digital health literacy or eHealth literacy sets challenges. Though an increasing number of European people use internet to find information about health[[11]](#footnote-11), digital health literacy is a wider concept that also encompasses the skills necessary to use eHealth tools.

There are various barriers to digital health literacy. A survey carried out as part of the Chain of Trust project showed that while patients who had used telehealth in the past thought it was easy to use, 32 percent of the non-users of telehealth only believed it is easy to use, which could indicate a lack of confidence in their own knowledge and skills required for using telehealth. Additionally, many healthcare professionals who participated in the survey had doubts regarding the ability of their patients to use telehealth.[[12]](#footnote-12)

There are also particular challenges for specific group of patients. (e)Health literacy of patients varies according to certain factors, including the local situation (eHealth is not developing evenly across the EU), financial stability, educational status, and family and social support of the patient. (e)Health literacy of older patients is of particular concern.

Many older people are now using the Internet for different aspects of their lives, but many of them cannot or do not access the Internet: this can be due to low income, lower education, or failing to understand the opportunity. This can be exacerbated by complicated medical conditions and/or disability. Participants said there needs to be a better understanding of older people’s situations, and what are the common issues regarding the use of information technology.[[13]](#footnote-13) Paradoxically, older patients have a strong need for more integrated care.[[14]](#footnote-14) According to the CHRODIS project, 4 out of 5 people over 65 suffer from at least one chronic disease like diabetes or cardiovascular disease. 65% of this age group suffers from multimorbidity, i.e. two or more chronic diseases. This number rises to 85% for the 85-year-old group.[[15]](#footnote-15)

The Chain of Trust project also indicated that health professionals that had received training on telehealth had more positive views on usability of eHealth services and the possibility to integrate them into care. [[16]](#footnote-16)

Whether eHealth services will ultimately be adopted on a large scale is going to depend on users, including patients’ perceptions of real benefits and interest in using them. Trust and user acceptance are important cornerstone for eHealth. Enhancing “eHealth literacy” of patients and carers is a key requirement for the acceptance and confident use of ICT-based tools.

For patients, adopting eHealth services currently entails finding information about eHealth services or mHealth apps to ensure they are quality services and useful. In addition, using eHealth services may entail new responsibilities for the patient. Therefore, from a patients’ perspective, training and information for patients needs to become a more important focus in eHealth strategies.

### Self management

The tender study Empathie explored patients’ and stakeholders’ perception of eHealth and patient empowerment through a scenario for increased cooperation in this area.[[17]](#footnote-17) The study identified that eHealth (including mHealth) services have potential to support patients’ self-management.

## Patient involvement in eHealth

Meaningful patient involvement in the development, implementation, and evaluation of eHealth services is an essential condition that needs to be met to achieve more patient -centred eHealth services. This requires more than carrying out a patient satisfaction survey once the service is deployed. In our project Value +, we had defined meaningful patient involvement as *“patients take an active role in activities or decisions that will have consequences for the patient community, because of their specific knowledge and relevant experience as patients. The involvement must be planned, appropriately resourced, carried out, and evaluated.”[[18]](#footnote-18)*

Yet too often, users are not involved or only minimally involved.[[19]](#footnote-19) This model of innovation is unsustainable, as it can result in waste of healthcare resources and can hamper the uptake of eHealth services by patients. The unique value of the patients’ perspective is still too often ignored. One recent example of this is the Joint Action on eHealth, which did not commit to involve meaningfully a patient organisation to bring the patients’ perspective into this EU wide cooperation.

Patients’ organisations often report that mobile health apps are frequently developed without an adequate needs assessment, without involvement of patient organisations, and are often of limited use to patients. For patients, it is a key principle that apps should be made to meet a demand. Apps are usually installed by patients when they will be used regularly.

**Question to EPF members**

* Was your organisation involved in the development of an eHealth service, in an eHealth project, or with the development of a mHealth app? Is so send us more information (summary of findings, links to report, etc.…)
* In your experience, is it a challenge to find information on useful apps or eHealth services? Where should patients be able to obtain such information?

## The Human and community dimensionS

The human dimension is key for eHealth. The Chain of Trust project showed that the issue of human interaction and its effect on the patient/healthcare professional relationship is often sidelined, while it is actually an important factor to building trust in eHealth.

Another important aspect that was highlighted by the Renewing Health project is that intrusiveness can be an obstacle for patients. While patients can perceive the benefit of using telehealth at home, they wouldn’t want, for example, to have to change their routine because of tele home care duties. Thus it is important to design and test such services not only in a laboratory, but also at home in order to ensure it blends in the patients’ environment.

Another dimension to take into account when deploying eHealth is the role of the community. eHealth needs to be adapted to the needs of different communities of patients, and deployment needs to take into account the community setting to be successful. For example, the eHealth stakeholder group highlighted that community institutions such as libraries have an important role to play in eInclusions in some regions.[[20]](#footnote-20)

Neglecting the human element is often highlighted as an important failure in the implementation of eHealth services.[[21]](#footnote-21)

**Recommendations**

1. We call on the EU to set user involvement as a criterion for EU projects related to ICT in Health;
2. More research is needed at EU level to set a model for meaningful patient involvement in eHealth services that are targeted for them, from the design stage through to the final evaluation;
3. To put in place an EU patient empowerment strategy encompassing health literacy, including digital health literacy (see EPF campaign PatientsPrescribE)[[22]](#footnote-22);
4. Investigate further and address meaningfully with the users the issues around user acceptance and awareness of eHealth services, and develop EU guidelines for developers of eHealth services on user requirements in eHealth (possibly through the eHealth stakeholder group).

**Question to EPF members**

* What other action is needed at EU or/and national level to ensure eHealth services contribute to patient empowerment?
* Do you agree that EU guidelines on user requirements for eHealth are needed? Or would you recommend different actions?
* What do you think are the gaps – if any- in eHealth research at EU or national level?

# EHealth and patients’ data

Undue disclosure of medical information can have very negative consequences for patients, whether at work or in other areas of their life. Stigma is still attached to some medical conditions in various EU countries.

In some countries, discrimination on the grounds of a health condition have been reported by patients, including discrimination and stigma coming from healthcare professionals. To build the necessary trust for eHealth to take up, healthcare systems need to tackle these forms of discrimination and ensure patients’ rights to protection of personal data are applied.

Patients’ personal health and genetic data are protected under the General Data Protection Regulation, which is currently in the process of being adopted. This legislation gives a number of rights to patients including: the right to have information regarding the collection and use of their data, the right to access said data, to receive a copy of the data (“data portability”), to object to the processing of data, and the right to be forgotten.

The data protection rules also set key criteria for patients’ consent to which eHealth service providers are subject. In principle, patients’ consent is required to collect and use patients’ data, except if it is part of the provision of care. Consent has to be informed, specific, freely given, and unambiguous. When consent for several matters is asked, consent for processing of data has to be presented clearly and separately from other issues.

Another issue is the secondary use of data collected originally through eHealth. Data contained in electronic health records or other platforms is increasingly used for other purposes than the original one. Save for health research or public health purposes, once the new data protection regulation enters into force, patients will need to provide informed and specific consent to allow eHealth services to process their data.

**Recommendations:**

1. EPF calls on the EU to monitor closely the application of the data protection regulation in the area of eHealth;
2. EPF recommends that eHealth service developers should consult patients to ensure they understand patients’ privacy concerns and needs and to ascertain that information they provide, including for consent, is easy to understand and corresponds to patients’ needs.

**Question to EPF members**

* Do you have further concerns related to the privacy of patient in eHealth?
* Would you have further recommendations to ensure eHealth services respect patients’ privacy?

# EHealth and access to healthcare

The potential of eHealth to reduce health inequalities and improve patients’ access to healthcare is well recognized. eHealth is often mentioned as a solution in moving towards sustainable healthcare systems, because it can be part of the response to the healthcare professional shortage.[[23]](#footnote-23) Yet eHealth could also become a factor for health inequalities, if not supported adequately by policies that aim to make eHealth part of a strategy to tackle access barriers.

## Equitable access to eHealth

The report on health inequalities from the eHealth stakeholder groups underlines that eHealth services can deepen existing health inequalities based on socio-economic status or these already affecting minorities. In addition, it also creates a new divide.[[24]](#footnote-24) Inequalities of access to internet and technology affect ability to access eHealth, though this will not ensure alone that patients can truly make proficient use of eHealth services. Regional inequalities also affect access to eHealth, for both the patients and for healthcare providers.

For patients living in remote or rural areas, some preliminary studies have shown that eHealth can increase access to services across a range of medical specialties without any detrimental effects.[[25]](#footnote-25) However, the regional differences in deployment of ICT can be an obstacle to this.

eHealth has potential for people with mobility difficulties, and with disabilities, though this is sometimes hindered by the fact that ICT tools are not very accessible.

Apps can potentially raise the same issues of health inequalities as other eHealth technologies, as they require a smartphone, or may be subject to a fee. However, they also have potential to reduce health inequalities as they can help reach specific populations of patients, like young patients or men that are more attracted towards new technologies.

eHealth service developers tend to wrongfully perceive their user as heterogeneous. [[26]](#footnote-26) Inclusion of various underserved or vulnerable groups needs to be part of eHealth policy to ensure services don’t reinforce current inequalities.

Due to their role in the care of older patients, it is essential to include family carers in training and ensure the right legislation is in place to provide them with rights in eHealth. For patients who are not able to provide consent themselves, ensuring the carer can provide this as next of kin is essential.

For patients, affordability is a key dimension of access to healthcare services. It depends on financing of healthcare services, pricing and reimbursement decision, and whether patients are asked to contribute out of pocket. There is a lack of reimbursement model for effective eHealth services at EU level, which could result in eHealth contributing to a two speed healthcare rather than reducing health inequalities.

## Cross-border healthcare

eHealth has an important role to play in cross-border healthcare and in ensuring continuity of care for patients. EU citizens are increasingly mobile, yet regional or national borders can be obstacles to continuity of care. Therefore more actions in this area are needed to ensure patients’ data are easily portable and transferable.

National health systems must work together to ensure smooth and timely sharing of information. These systems need to be interoperable in order to share patient records and medical information, exchange e-prescriptions, or provide e-consultations. The Directive 2011/24/EU established a voluntary eHealth network comprising authorities responsible for eHealth in Member States to work towards enhancing the continuity, safety, and high quality of healthcare. However it doesn’t include stakeholder representation. The network delivered guidelines on minimum dataset for eprescription and for patient summaries.[[27]](#footnote-27)

## Sustainability of healthcare systems

In the eHealth action plan, eHealth is identified as a sector with important growth potential and is also perceived as part of the solution for the sustainability of healthcare systems. Benefits have been demonstrated when it comes to managing chronic conditions according to the action plan. The study “eHealth is worth it” shows several case examples of successful eHealth projects and their economic impact as well as clinical and safety benefits.[[28]](#footnote-28)

However, better quality evidence is needed to demonstrate costs and benefits of eHealth in order to enable decision makers to choose the most effective and sustainable strategies for eHealth systems development and implementation to ultimately maximize eHealth’s beneficial impact on health systems’ performance.

For example, it was reported that major investment in eHealth rarely includes the adequate focus on evaluation and the evidence of the impact of eHealth remains insufficient.[[29]](#footnote-29)

The Renewing Health project also highlighted that the cost of treating patients with telemedicine is higher than conventional care. On average, the studies find that the cost per patient using telemedicine is 20% higher than the cost per patient in the control group. However this project was a pilot and was not run over a sufficient period of time to determine the long-term cost or savings.

eHealth may require an important initial investment, and it is essential that later savings offset this initial investment.

Interoperability is a key challenge to ensure eHealth services are sustainable, and to avoid waste both for patients and health services, like duplication of tests, information silos, etc.… that are obstacles to the safety, quality, and continuity of care. The Calliope project developed an eHealth interoperability roadmap.[[30]](#footnote-30) The EU has a particular role to play for interoperability as it requires common standards and legislations, as well as coordination of resources and common priorities.

 **Recommendations**

1. eHealth need to be integrated as part of national and European strategies to tackle health inequalities. Its deployment need to occur based on needs, not means;
2. The eHealth network created by directive 2011/24/EU should involve patients and healthcare professionals and take into account their needs when setting the work program of the network. All member states should participate in order to ensure that the potential of eHealth is harnessed for the benefits of EU patients, and to enable optimal continuity of care;
3. More research is needed on financing and reimbursement models for effective eHealth services for patient safety and quality of care;
4. The EU needs to develop an assessment framework for eHealth and/or look at the possibility to adapt health technology assessment for eHealth services;
5. The EU should take on a leading role in promoting interoperability of eHealth services across regions and countries.

**Question to EPF members**

* Do you have other concerns on equity of access to eHealth services that are not mentioned above?
* What are your views regarding access to mHealth apps, is it equitable? Do you think mHealth apps have potential to improve access to healthcare?

# Safety and quality of eHealth services

For patients, the safety and quality of eHealth services is an important concern. eHealth services need to be as safe and offer comparable quality to conventional services. In addition, eHealth needs to demonstrate added value for the patients in terms of health outcomes and/or quality of life.

## EU legislation

The safety and quality of eHealth services (including software) with a medical purpose is regulated by the EU medical devices directives that are currently under revision. This sets a number of obligations for developers of eHealth services:

* They must ensure their device functions according to the intended purpose;
* They must perform a clinical evaluation prior to obtaining the right to put their device on the market, which can take the form of a clinical investigation or study;
* They have obligations to keep track and respond to incidents that occur with their devices.

## Is eHEALTH SAFE and efficient?

Evidence collected with the Renewing Health project showed that proposed telehealth services were at least as safe as conventional care.[[31]](#footnote-31) However, the project did not demonstrate additional benefits for clinical effectiveness of pilot services in comparison with conventional care.

There is some evidence that eHealth services have the potential to contribute to patient safety. For example, electronic health record can ensure that there is more comprehensive information available on the patient.[[32]](#footnote-32)

A report reviewing available literature indicated that there is limited rigorous evidence demonstrating that eHealth improves safety and quality of care.[[33]](#footnote-33) Various factors are cited by the report as to why evidence is lacking: the evidence available is of variable quality, lack of focus on the human factors and need of end-users, and that developers very often evaluate the benefits of their technologies themselves (potential conflict of interest).

## Safety and quality of APPS

Mobile health comprises medical and public health practice supported by mobile devices, such as mobile phones, patient monitoring devices, personal digital assistants, and other wireless devices.[[34]](#footnote-34)

There are various types of use for mHealth devices:

* technologies to measure vital signs heart rate, blood glucose level, blood pressure, body temperature and brain activities;
* communication, information and motivation tools (medication reminder/ dietary advice);
* personal guidance systems.

Some mHealth apps and devices are aimed at patients, but others are aimed at healthcare professionals and the wider public.

Wellbeing apps for the wider public can be a particular challenge because they are not regulated by EU law and the validity of the information they provide or their safety and quality is not monitored. In addition, determining whether a mHealth app is a medical device can be a particular challenge and only non-legally binding guidelines exist to clarify the medical devices legislation.

**Recommendation**

1. A framework for the evaluation of the impact of eHealth services on safety and quality of care need to be developed with the involvement of stakeholders, including patients;
2. eHealth pilot projects should be highly encouraged to evaluate impact on patient safety and quality of care. This evaluation needs to take into account patient relevant outcomes as well as clinical outcomes.

# Electronic health records

Electronic health records (EHR) are “A comprehensive medical record or similar documentation of the past and present physical and mental state of health of an individual in electronic form and providing for ready availability of these data for medical treatment and other closely related purposes”[[35]](#footnote-35).

EHR can provide important benefits for patients: it can improve exchange of information between their healthcare professionals, save time for more interaction, and improve integration of care. If EHR are accessible to the patients, it can also contribute to patient empowerment and involvement in their care and shared decision making.

However, EHR is deployed unevenly across the EU. While it became the norm in some countries such as Denmark, in other countries it is only at the stage of pilot projects. Deployment is not always successful, as several projects have been delayed or interrupted in places like France or the UK.

## Informed consent

A recent study comparing electronic health records in the EU shows that many Member States do not require informed consent of the patient to establish an electronic health record, or for the sharing of the record with other healthcare professionals.[[36]](#footnote-36)

## Ownership of information

Who owns the information in the EHR is an important question. This information is personal data of the patients and as such, it grants them rights under the data protection legislation (see section 3). But healthcare providers input these data and provide their medical knowledge.

## Who can have access and input in the record?

Privacy is a key concern when it comes to keeping patients’ health (including potentially genetic) data in electronic format. Therefore it is important to define who can have access to the record to avoid breaches and undue disclosure and to maintain trust. But restrictive access can also hinder patients’ care: it can often be restricted to certain professions (medical doctors). Pharmacists do not always have access or the right to input in the EHR but granting them access could have benefits (monitoring issues around medicines’ interaction etc.…).

Another important question is patients’ access to their own electronic health records. Often, they have the right to access their record, but there may be other obstacles, for example if they can only get access through an healthcare professional, or if they don’t have internet access and no other means to access it. Patients do not always have the right to download the data. In addition, medical language can be an issue.

Patients are rarely granted the right to modify or input their electronic health records, due to liability issues and because ensuring the correctness of the data could be an issue if they erase important information. However, solutions exist to allow patients to input comments, or provide a space for patients to make their own notes and remarks.

For some patients, e.g. people with dementia or children, an informal or family carer may need access to provide support to the patient.

## Masking or witholding data

Patients may have the possibility to mask some sensitive data from their electronic health records.[[37]](#footnote-37) It is essential to discuss the modalities (what information can be masked or cannot for safety reasons, should healthcare professionals be notified that some information has been masked, etc…) that need to be decided with the involvement of appropriate stakeholders including patients and healthcare professionals.

Similarly, health professionals may have the right to withhold certain medical information from the patients. EPF believes this is justified in some situations, for example in order to ensure the patients’ diagnostic is delivered face to face. However, the rules should also be set with appropriate involvement of both patients and healthcare professionals to ensure provisions that allow withholding information are not used unduly.

## What information needs to be in the record?

A recent study comparing electronic health records laws in EU Member States showed that there are differences in the amount and type of data required. A minimum dataset is not always required. Ensuring quality data is collected is essential to ensure the safety and quality of care of patients. Format of the data and interoperability are two key issues that need to be addressed. From the patients’ perspective, it is important to remove technical barriers to the sharing of the data (while ensuring security). In addition, some common terminologies have been developed, such as SNOMED[[38]](#footnote-38).

**Note: EPF will carry out a survey to gather members’ perspective on electronic health records in 2016. Feel free to provide any comment you may have as regards electronic health records in this consultation as well.**

**Recommendations**

1. The EU should play a more important role in tackling interoperability issues, developing and encouraging the uptake of common standards for electronic health records;
2. Common ethical guidelines and principles could be set up at EU level with the involvement of appropriate stakeholders, including patients’ organisations for various aspects of the development and management of electronic health records.

# Conclusions

While eHealth holds many promises for EU patients and healthcare systems, EPF calls on the EU institutions and Member States to foster patient-centred development of eHealth, with equity of access, patient safety, and quality of care as key pillars.

# Glossary

Terms often used when discussing eHealth are telehealth, telemedicine, and mobile health.

Telemedicine refers to the delivery of healthcare at a distance, using information and telecommunications technology and specially-adapted equipment. It allows health professionals to diagnose, treat, care, assess, and monitor patients without requiring both individuals to be physically in the same location.

Telehealth includes surveillance, health promotion, and public health functions. It is broader in definition than telemedicine as it includes computer-assisted telecommunications to support management, surveillance, literature, and access to medical knowledge.

Mobile health (hereafter “mHealth”) covers “medical and public health practice supported by mobile devices, such as mobile phones, patient monitoring devices, personal digital assistants (PDAs), and other wireless devices”.

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2. https://ec.europa.eu/digital-agenda/en/news/green-paper-mobileHealth-mhealth [↑](#footnote-ref-2)
3. http://ec.europa.eu/health/ehealth/policy/network/index\_en.htm [↑](#footnote-ref-3)
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5. For more information on other eHealth projects EPF participated in please see: [↑](#footnote-ref-5)
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15. http://eurohealthnet.eu/media/chronic-diseases-and-healthy-ageing-experts-are-joining-forces-madrid#\_ftn1 [↑](#footnote-ref-15)
16. http://www.eu-patient.eu/globalassets/projects/chainoftrust/epf-report-web.pdf [↑](#footnote-ref-16)
17. See EMPATHiE final summary report 2015 <http://www.eu-patient.eu/whatwedo/Projects/EMPATHiE/> [↑](#footnote-ref-17)
18. <http://www.eu-patient.eu/globalassets/projects/valueplus/doc_epf_policyrec.pdf> [↑](#footnote-ref-18)
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