

# **Memorandum of Understanding**

## **The eHealth Consortium**

April 17<sup>th</sup> 2007

### **1. Preamble**

This Memorandum of Understanding (MoU) describes the political commitment of the Members of the eHealth Consortium. Its objective is to make a major step in the cooperation for interoperable eHealth services. The proposal for a Large Scale Pilot as described in the Competitiveness and Innovation Framework Programme, ICT Policy Support Programme of the European Commission gives the signers the tool to forward this objective.

### **2. Objectives of cooperation**

#### 2.1. Recognising that

- a. eHealth describes the application of information and communication technologies across the whole range of functions that affect the healthcare sector;
- b. eHealth can function as a lever to improve the access, cost effectiveness and quality of healthcare;
- c. eHealth as an integrated part of health shall remain a national prerogative.

#### 2.2. Members of the eHealth Consortium aim to

- a. contribute to the implementation of European wide interoperable solutions of major cross-border eHealth services;
- b. demonstrate the benefits for patients in terms of patient safety and improving continuity of high quality health care by the use of eHealth services.

#### 2.3. By means of establishing an eHealth Consortium, in which the Members shall cooperate on an agreed basis.

### **3. Participants**

- 3.1. The eHealth Consortium will involve public bodies or implementation authorities that are appropriately endorsed by their national government as being suitable members of the Consortium and who already operate nationally or regionally in the relevant areas.
- 3.2. It is essential that the relevant public bodies and/or implementation authorities having competence and expertise on the subject are involved in the definition and execution of the pilot project and in the development of the common specifications.
- 3.3. The proceedings of the Consortium will be initiated by a core group of Member States, hereafter referred to as the Initial Members:
  - a. Czech Republic, represented by the Ministry of Health.
  - b. France, represented by the Ministry of Health and Solidarities.
  - c. Germany, represented by the Federal Ministry of Health.
  - d. The Netherlands, represented by the Ministry of Health, Welfare and Sport.
  - e. Sweden, represented by the Ministry of Health and Social Affairs.
  - f. The United Kingdom, represented by the Department of Health.
- 3.4. A distinction of three founding phases of the eHealth Consortium will be made with regard to the level of participation as mentioned in article 1.
  - a. The Initial Members will undertake the activities in the first phase of the proceedings of the Consortium, as mentioned in article 6.2.
  - b. The second phase of the proceedings will be open to all EU Member States and associated members in line with article 2, clause 2.1 and 2.2.
  - c. During phase three the eHealth Consortium will be extended to comprise all necessary stakeholders in the value-chain.
- 3.5. Prior to the third phase, all stakeholders in the value-chain will be informed of the proceedings via an ongoing open dialogue. The possibility of attending meetings as an observer and the publication of possible products delivered by the Consortium will also be provided for. These activities will be aimed at facilitating the entry of new members to the Consortium.

## **4. Scope of cooperation**

- 4.1. The eHealth domain of the Competitiveness and Innovation Framework Programme, ICT Policy Support Programme (CIP ICT PSP), will be the leading principle for the Large Scale Pilot and thus for the proceedings undertaken by the Consortium.
- 4.2. The CIP ICT PSP support will go to one Large Scale Pilot action addressing two sets of services, aiming ultimately at the two following goals:
  - a. EU wide implementation of Patient's Summary to support continuity of care and patient safety.
  - b. EU wide implementation of ePrescription solutions to support continuity of care and patient safety.
- 4.3. With the objectives of continuity of care and patient safety for European citizens or patients crossing borders, the Members of the eHealth Consortium will be based on the following definitions:
  - c. The patient summary must comprise the minimum data set, including administrative and clinical information, needed in case of unexpected or unscheduled care.
  - d. The ePrescription solutions must include information on the medication history and provide decision support concerning administrative, clinical and economic data relevant to medication.
- 4.4. The cooperation of the eHealth Consortium shall focus on the following activities:
  - a. Obtaining a consensus on the prerequisites, objectives, definitions and project outcomes.
  - b. Drafting of a proposal for the Large Scale Pilot as set out by the European Commission.

## 5. Preconditions for cooperation

- 5.1. The method of proceedings will build on the currently existing national/regional solutions, thus taking into account the:
- a. EU and national legislation;
  - b. Existing organization of national and regional healthcare systems and underlying processes;
  - c. Current strategies, roadmaps and priorities on eHealth;
  - d. Architecture already in use or in planning;
  - e. Global and European standards;
  - f. Current projects, developments as well as implementation(s) of eHealth related services.

## 6. Proceedings of the Consortium

- 6.1. In order to present a generic, scalable and evolving proposal for the Large Scale Pilot, several preparatory activities will have to be undertaken. The proceedings of the Consortium are therefore divided into three separate phases.
- 6.2. During the first phase consensus amongst the Initial Members of the Consortium will have to be reached regarding:
- a. The view of the objectives, constraints, scope and outcomes of the Large Scale Pilots.
  - b. The following basic modules regarding intermediation services as an agreed foundation of the final model:
    - Identification, authentication & authorisation mechanisms
    - Security and trust ability mechanisms
    - Patient consent and
    - Semantic and syntactic interoperability between diverse codification systems and languages.
- 6.3. The second phase will focus on the actual drafting of the proposal and will deliver the following products:
- c. A conceptual model describing the dynamic and stepwise approach of the processes.
  - d. A conceptual model describing a global consistent and implementation independent architecture.
  - e. A coherent planning and related budgetary estimate.
- 6.4. The final phase will be the execution of pilot proposal.

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**SIGNATURES**

**BERLIN, APRIL 17<sup>th</sup> 2007**

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**For the Czech Republic**  
The Ministry of Health



**Fares Shima**  
Director of IT Department

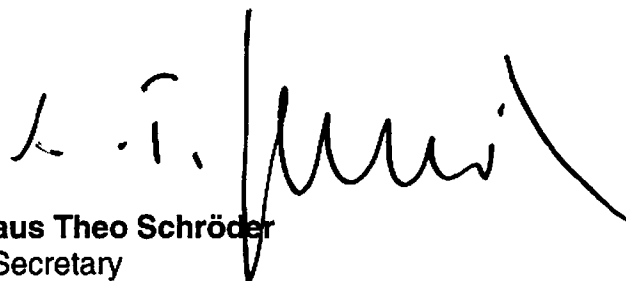
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**For France**  
The French Ministry of Health and Solidarities

**Jaques Sauret**  
Head of eHealth Department

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**For Germany**  
The Federal Ministry of Health



**Dr. Klaus Theo Schröder**  
State Secretary

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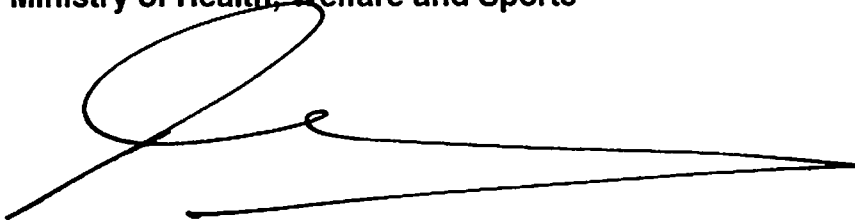
**SIGNATURES**

**BERLIN, APRIL 17<sup>th</sup> 2007**

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**For the Netherlands**

The Ministry of Health, Welfare and Sports



**Drs. Theo van Uum**

Director Macro Economic Policy and Labour Relations

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**For Sweden**

The Ministry of Health and Social Affairs



**Karin Johansson**

State Secretary

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**For the United Kingdom**

The Department of Health



To be signed

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