



## 23<sup>RD</sup> EHEALTH NETWORK MEETING 30 MARCH 2023, ONLINE

### COVER NOTE

## 2. Selection of base standard (CDA/FHIR) for new services in MyHealth@EU

### 1. Issue at stake

While current MyHealth@EU services (Patient Summary, ePrescription, Original Clinical Documents) are based on the use of HL7 CDA for content representation (and IHE XDS for content transmission), the selection of the base standards for the new use cases (laboratory results and reports, medical images and imaging reports, and hospital discharge reports) has not been done yet. The X-eHealth project has delivered draft specifications for the European electronic health record exchange format (EEHRxF) for these new use cases. HL7 CDA and HL7 FHIR were selected as two possible options for the implementation of these new use cases.

In its meeting in November 2023, the eHealth Network assigned a task to the Subgroup on Technical Interoperability to further explore these options (CDA and FHIR) in order to choose the base standard to be used.

### 2. Summary

In order to facilitate the selection of the standard for the new use cases in MyHealth@EU, the eHN Subgroup on Technical Interoperability prepared a non-paper providing information that may assist in the decision making. It also performed a survey for Member States in the eHealth Network between December 2022 and January 2023. The results of the survey were presented to the eHealth Network in its Coordinated Actions meeting on 25 January 2023.

As a result of this work, a decision was drafted, suggesting to choose HL7 FHIR for both content representation and for content transmission in the implementation of the indicated use cases.

Proposed decision:

- The eHealth Network considers that HL7 FHIR should be selected as the base standard for the implementation of use cases Laboratory results and reports, Hospital discharge reports, Medical images and imaging reports.
- For these use cases, HL7 FHIR should be used for both *content representation* and *content transmission*, as described in Scenario B in the non-paper. For content transmission, the use of FHIR REST API should be the preferred option.
- It is understood that in addition to HL7 FHIR the use of further standards may be required for the listed new use cases, e.g. DICOM for medical imaging studies.

- A decision regarding the change to HL7 FHIR for the existing use cases (ePrescription/eDispensation, Patient Summary, Original Clinical Documents) should not be taken now, considering the investments Member States have made in the development and operationalisation of these services. This can be evaluated in the future.
- The choice of HL7 FHIR as a base standard only applies to the implementation of new use cases for cross-border exchange in MyHealth@EU. It is understood that in other infrastructures and at national level other choices may be made.
- The decision is not identifying a specific version of the FHIR standard yet. A specific version (e.g. R4, R5) should be selected during the next steps of technical preparatory work.

This draft decision was endorsed by the eHMSEG on 13 March 2023 with some additional remarks:

- Many open questions around technical choices remain to be made in the next phases – many of which are not addressed in the non-paper. The eHMSEG considers more Connectathon testing would be useful to address these operational issues. Proof of concept implementation and the involvement of MS in the latter would be a useful instrument to align technical aspects.
- Concerning the timeline of implementation, the eHMSEG advises that flexibility needs to be offered to MS with the new use cases if based on FHIR, as the survey has shown that approx. 43% of MS indicated that more time would be needed.
- Regarding implementation profiles, further work on alignment between MS will be necessary and the eHMSEG understands the implementation (specifically of the content layer) differ across the EU. The eHMSEG recognises that this is both applicable to CDA and FHIR.
- The eHMSEG understands and recognises that more funding/grants may be necessary if FHIR is selected at later stages for ePrescriptions and Patient Summary.

The eHealth Network is invited to consider the adoption of the decision as presented in the non-paper and above in this note.

### **3. Format of procedure in the meeting**

*For adoption*