



# 9<sup>th</sup> International HL7 Interoperability Conference 2008

**IHIC 2008**

held jointly with the 3<sup>rd</sup> HL7-Hellas Conference

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**OCTOBER 8-11, 2008** Aldemar Knossos Royal Village Hotel, Limenas Hersonissou, Crete, Greece

## 3<sup>rd</sup> HL7-Hellas Conference

**The New Vision of Seamless Healthcare**

### PROGRAM

#### **Wednesday October 8, 2008**

**08:30 - 13:30** Aldemar Convention Centre

**On-site Registration - Information**

**08:30 - 13:30** Room: **KALIA**

**Show me Your CDA! Interoperability Forum**

**13:30 - 15:00** Room: **HERMES**

#### **Welcome address – Greetings**

**George Patoulis**, Chair of HL7-Hellas, Mayor of Amaroussion, President of the Intermunicipality Health Network

**Dimitrios Avramopoulos\***, Minister of Health and Social Solidarity

**Fanny Palli – Petralia\***, Minister of Employment & Social Protection

**Nikos Kefalogiannis**, Head, Regional Health Authority of Crete (Host Regional Health Authority)

**Professor Vassilios Assimakopoulos**, Special Secretary for Digital Planning, Ministry of Economy

**Konstantinos Doukas**, President, Information Society SA

**Professor Constantine Stephanidis**, Director, FORTH-Institute of Computer Science (Host Founding Member of HL7-Hellas)

**Dimitris Papaioannou**, Member of the General Assembly of the Federation of Hellenic Information Technology & Communications Enterprises (SEPE)

**Panagiotis Koutsikos**, Representative of the Greek Bulgarian and Greek Turkish Chambers of Commerce

**Professor Evangelos Markatos**, Head of the W3C Office in Greece



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## Awards

**George Mergos**, Governor of the Social Insurance Institute

**Michalis Vlastarakos**, President, Panhellenic Federation of Health Scientists of Social Insurance Institute (IKA)

**Dionysios Sp. Filiotis**, President, Hellenic Association of Pharmaceutical Companies (SFEE)

**Theodoros Koletis**, President, Hellenic Pharmaceutical Industry Association

**Fokion Bravos**, President, Hellenic Association of Insurance Companies

**Professor Dimitrios Koutsouris**, Past Chairman of HL7-Hellas (2003-2008)

**15:00 - 15:30 Room: HERMES**

## Keynote Speech

**"IHE's Critical contribution standards-based Interoperability in Europe and World-wide"**



**Charles Parisot**, IHE Europe, IT Infrastructure Planning Committee Co-Chair, Manager Standards and Testing, GE Healthcare

**15:30 - 17:00 Room: HERMES**

## Workshop HL7-Hellas Members

**Introduction - Coordination:**

**Professor Dimitrios Koutsouris**

**Assistant Professor Panagiotis Bamidis**



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The scope of the workshop is to promote the positions of the HL7 members in conjunction with the currently open issues in eHealth.

**Thanos Athanasopoulos**, Special Advisor to the Minister of Health and Social Solidarity, Special Counselor to the Minister of Employment & Social Protection

**Ilias Kastritis**, Programme Officer, Managing Authority of the Operational Programme "Information Society" / «Digital Convergence»

**Panagiotis Rovolas**, Project Director, Information Society S.A., Healthcare Sector

**Athanassios Kountzeris**, Researcher at the Greek Information Society Observatory

Discussion will follow.

**17:00 - 17:30 Coffee Break**

**17:30 - 19:30 Room: HERMES**

### **Συνεδρία I: "National eHealth Strategies"**

**This Session is addressed to:**

**Hospital CEOs, CIOs, health professionals, Clinical Engineers,  
eHealth oriented companies,  
Pharmaceutical Industry,  
Social Fund and Insurances decision makers,  
Decision makers - opinion leaders**

This session will exploit the needs and opportunities that will be addressed in Greece and Europe in the forthcoming years. A panel of experts and state representatives will share their thoughts and vision. This session is moderated by the Greek Ministry of Health and Social Solidarity

**17:30 - 17:35 Introduction- Coordination:**

**Thanos Athanassopoulos**, Special Advisor to the Minister of Health and Social Solidarity, Special Counselor to the Minister of Employment & Social Protection



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**17:35 - 17:55 "ICT and ehealth: the current challenges in Greece"**

**Nicolaos Bechrakis**, Deputy CEO of the 1<sup>st</sup> Regional Health Authority of Attica

This presentation gives an overview of the ICT strategy put forth by the Ministry of Health and Social Solidarity for the 2007-2013 Programming Period. There will be a presentation of the actions that will be implemented during the 2007-2013 period, with specific axes in relation to the ICT strategy in the Health sector aiming to improve the productivity, effectiveness and efficiency of Healthcare Units and provide digital services to citizens, harmonized with the targets of the Digital Strategy and European Strategy i2010.

**17:55 - 18:15 "Ten years experience with IT strategies for the Danish Health Care service"**

**Morten Bruun Rasmussen**, MEDIQ - Medical Informatics and Quality Development

Since 1995 IT strategies have been an important instrument in Denmark to agree about what systems and services are going to be developed and implemented in large scale on national basis. During the past 10 years the focus for the IT strategies has changed and the content and focus for the four strategies have been analyzed and compared. In order to compare the IT strategies, the content has been divided into five groups and the quality of the content has been scored. The comparing is done by plotting the result of the scoring into a radar (spider) diagram. The analyze shows that none of the strategies covers all the important factors at the same time.

**18:15 - 18:35 "The DRGs in Germany"**

**Hans Theo Riegel**, International Expert

**18:35 - 18:55 "Medication Information Registry in the Netherlands"**

**Tom de Jong**, Nova Pro Consultancy, Purmerend, the Netherlands

The Dutch Institute for IT in Healthcare (NICTIZ) has chosen to implement a national infrastructure for medication information of patients as one of their main objectives. This is justified by the



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business case on medication errors. On a yearly basis, some 90,000 hospital admissions are due to prescription errors in the Netherlands. By creating a national infrastructure with which healthcare providers, including pharmacies, can view any patient's medication history, a substantial portion of these errors can be omitted.

The situation in the Netherlands is that the prescribing care providers in healthcare are automated to a certain extent. The use of computers is however not evenly distributed. Healthcare providers in the Netherlands are often divided into 'first line' healthcare, consisting of general practitioners, dentists and community pharmacies, and 'second line' healthcare, mostly hospitals. First line care providers in the Netherlands were the first to understand the importance of computerized information and personal computers have been introduced with reasonable success among these professionals. Second line care mainly used their information systems for patient administration and the reimbursement process. It is only since the last few years that the use of IT systems for supporting the primary process has become more prominent.

The NICTIZ design for the national infrastructure is a decentralized information model in which the medication information remains at the source. Through the use of a care information broker (CIB), which contains a registry of available information, including its type and source, a query can be placed. In short: the information is retrieved at the moment a care provider needs it. This pull strategy, as opposite to a push mechanism, guarantees that the most recent information is received and doesn't require large databases to contain downloaded and synchronized data. Proper authentication, authorization, as well as access logging are handled by the care information broker (CIB), to ensure a secure environment for the communication of delicate information.

At the end of 2003, a proof of concept was obtained by demonstrating the principles of the design at the MIC conference in the Netherlands. For this, a concise set of HL7 version 3 message specifications was specified, which was implemented with a group of 8 closely cooperating software vendors. Since then, work has continued in the form of an expanded set of HL7 version 3 specifications and a number of real-world implementations at a regional level.



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### 18:55 - 19:15 "Pan-Canadian EHRS Blueprint"

**Derek Ritz**, ecGroup Inc. in collaboration with Ron Parker, Canada Health Infoway and Mark Fuller from the Canadian Institute for Health Information

In May, 2008 a prototype of the pan-Canadian EHRS was demonstrated in the Interoperability Showcase at Canada's eHealth 2008 Conference. This paper describes lessons learned by the partners from their experiences building and demonstrating a working version of an SOA-based EHR system constructed according to Canada Health Infoway's EHRS Blueprint and based on the HL7v3 messaging standards.

19:15 - 19:30 Discussion

## Thursday October 9, 2008

08:30 - 9:00 Room: HERMES

### Keynote Speech :

#### "Barcodes: Standardization in the medicines' market"

**Vassilis Kontozamanis**, President, National Organization for Medicines

As of 1-1-2005, the authenticity tag on the medicines bears a bar code. Today, the tag bears also a second bar code, to provide easy access to a volume of **unique** information for each medicine packaging distributed in the Greek market.

This allows for more effective control of the medical care system, as well as the monitoring, production, storing, trading and distribution of pharmaceutical products in general, while upgrading, at the same time, the services provided to the citizens.

Finally, the administration of the system for collection, execution and insertion of prescriptions is being modernized. This, combined to the full computerization of prescriptions, supports the efforts for a more healthy, reliable and sustainable security system.



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**09:00 - 10:15 Room : HERMES**

### **Session II: "Interoperability and eServices: what do the users have to say"**

**This Session is addressed to:**  
**Hospital CEOs, CIOs, health professionals, Clinical Engineers,**  
**eHealth oriented companies,**  
**Pharmaceutical Industry,**  
**Social Fund and Insurances decision makers,**  
**Decision makers - opinion leaders**

This session will present the current situation in eHealth services in Greece. All involved parties (implementers, users, etc) will analyse open issues and possible getaways towards seamless healthcare services and interoperability. This session will try to involve medical practitioners with eHealth through the demonstration of existing best practices. This session is moderated by Information Society SA.

#### **09:00 - 09:05 Introduction - Coordination:**

**Marios Skiadas**, Information Society S.A., Member HL7-Hellas  
Board of Directors

**Catherine Chronaki**, FORTH-Institute of Computer Science,  
Member HL7-Hellas Board of Directors, International Representative



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**09:05 - 09:20** "Conclusions from the implementation of the Regional Health Information System in Central Greece"

**Dimitrios Katsikonouris**, Deputy CEO 5th Regional Health Authority of Thessaly and Central Greece

The purpose of this presentation is to identify the main factors that led to the success of the OPSY (Integrated Health Information System) project in Sterea Ellada, as well as the weaknesses and difficulties encountered in relation to its implementation, followed by administrative and operational actions carried out to deal with these problems.

The presentation will refer to the targets and results expected from the introduction of the Integrated Health Information System (OPSY) in the Health Units of the Sterea Ellada DYPE (Regional Health Administration), to the project implementation and monitoring mechanism, as well as to the first conclusions drawn from its implementation and the productive operation of these systems within Hospitals. Emphasis will be laid on points where the biggest challenges were identified, such as applying common codifications, introducing joint operational procedures, using personal prescription books and managing emergencies. Finally, there will be a presentation of proposals and conditions necessary in order to make the most of the investment, together with actions proposed for further maturing and spreading of such systems in Regional Health Units, highlighting interoperability with other IT systems both at the level of the 5<sup>th</sup> YPE (ICT Service) and at national level.



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**09:20 - 09:35 "Results and open issues on the Regional Information System of Crete"**

**Christos Melas, MSc**, Manager of the University General Hospital of Heraklion, Crete

The presentation seeks to give an overview of the course of the Integrated Health Information System (OPSY) in the Pa.G.N.H. (University General Hospital of Herakleion), especially as regards the organizational changes and administrative interventions that were required in order to introduce and utilize the OPSY. Reference will be made to the way in which difficulties encountered during the implementation of the Integrated Health Information System were dealt with, especially with respect to issues of operational and administrative nature. Reference will also be made to the medical-nursing applications, laying emphasis on the electronic ordering of drugs and materials, as well as on the gradual application of the electronic referral for laboratory tests using the HL7 protocol. Finally, there will be a presentation of anticipated results, together with proposals to fully utilize the OPSY, always aiming to improve the health services provided to citizens.

**09:35 - 09:50 "The assistance of Filippos Project for the medical practitioner"**

**Efthymios Geropoulos**, Captain (O), Navy Military Hospital, Ministry of National Defence

The project entitled "Military Hospital Health Network – PHILLIP" involves the computerization of 7 Military Hospitals (401, Naval Hospital of Athens – NNA, 251, NIMTS Hospital, 414 Pendeli, Naval Hospital of Crete – NNK, 492 Alexandroupoli) and the installation and operation of 30 telemedicine stations all over Greece. The budget for this Project amounts to €8,500,000. The Agreement with the Contractor was signed on 12/1/2007 and the project is expected to be completed in summer 2009. Apart from the computerization equipment (servers, workstations, printers etc.), it involves the installation and running of applications for the medical sub-system, patient management, as well as Hospitals' administrative-financial services. The system is now operable in the "401" Military Hospital and in "NNA – Naval Hospital of Athens", and is soon expected to become operable in other Hospitals as well.



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**09:50 - 10:05 "Presentation of Developing an Interoperability Environment Project linking Social Insurance Body and Healthcare Services"**

**George Del Toro**, Information Society S.A. Project Manager, Interoperability project of the General Secretariat of Social Security

The project "Developing an interoperability environment: a) Linking Social Insurance Bodies with healthcare services providers to control health expenditure, and b) Electronic transactions (business-to-business) between Social Insurance Bodies and Banks" is a pilot project, aiming to improve the existing procedures and operations related to the efficiency and expenditure control of medical-pharmaceutical care and nursing provided by Social Insurance Bodies to the insured and the bodies providing it (Health Services Provision Bodies – pharmacies, hospitals, laboratories – diagnostic centres), as well as to link and establish electronic communication between Social Insurance Bodies and banks (through DIAS S.A.) for effecting e-payments. The presentation will consist of the following: 1) project scope and objectives, 2) Main technical data, 3) Current situation: initial results and problems, 4) possible extensions.

**10:05 - 10:15** Discussion

**10:15 - 10:45** Coffee Break

**10:45-12:45** Room: HERMES

**Session III: "Best Practice of seamless healthcare: an industry focus"**

**This Session is addressed to:**  
**Hospital CEOs, CIOs, health professionals, clinical engineers,**  
**eHealth oriented companies,**  
**Pharmaceutical Industry,**  
**Social Fund and Insurances decision makers,**  
**Decision makers - opinion leaders**

This session will focus on presenting examples and best practice in creating eServices in Healthcare. Industry experts, analysts and major key users will explain how to get to delivering efficient eServices in the Healthcare Market by promoting interoperability and standards. This session is moderated by HL7-Hellas.



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**10:45 - 10:50 Introduction - Coordination:**

**George Kakoulidis**, CEO Apollo A.E., Vice Chair HL7-Hellas Board of Directors

**George Aggyridis**, Intracom Services SA, Board of Directors HL7-Hellas

**10:50 - 11:10 "Microsoft's Commitment to Interoperability in Healthcare"**

**Ilia Fortunov**, Microsoft Worldwide Health Industry Technology Strategist

The Microsoft commitment to interoperability and standards – demonstrated in products, community participation and providing access – has already produced significant results in the healthcare industry. Harnessing the platform-agnostic principles of the Microsoft Connected Health Framework Architecture Blueprint and capabilities of commercial products, customers and partners have designed and delivered interoperable solutions at enterprise, regional and national level.

**11:10 - 11:30 "Implementation of Interoperability architecture in integrated social security information systems"**

**Aram Balian**, Ph.D., Manager Social Security Services, Intracom IT Services

The implementation of "Social Security Solutions" is one of the main areas of the 'e-Government Solutions' specialization of Intracom IT services. The Integrated Information System (ΟΠΣ) of the Greek Social Security Agency (IKA) is a result of significant complex, large-scale IT projects with a high level of implementation complexity for both Greek and international reality.

This paper includes the description of ΟΠΣ-IKA functional architecture in matters associated with e-partnership, with IKA interactors (employers, projects, beneficiaries) and particularly with information standardization for electronic data exchange with healthcare services providers/suppliers.

IKA, the primary social security institution for Greece adopts the healthcare data electronic exchange with the HL7 international



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standard, yet another special ΟΠΣ-IKA feature. The activation of the healthcare data electronic exchange institution is a landmark for Greece-wide use of HL7 by Diagnostic Centers, hospitals and private clinics.

The paper concludes with a reference to matters in need of further investigation by the State in order to establish the HL7 electronic messages, supported by IKA, as standardisation models for the country's social security.

### **11:30 - 11:50 "Approaches to Hospital Integration"**

**Brendon Mc Alevey**, Senior Consultant Orion Health/Apollo

This presentation examines two complementary approaches to integrating hospital I.T. systems - Interface Engine and Clinical Portal. An Interface Engine can be a powerful tool for linking disparate applications and routing/mapping data. For many health informaticians and managers the Clinical Portal is probably less well-known as a concept, but offers significant benefits to clinical users who need access to data from multiple systems in order to provide care. The presentation looks at how Rhapsody Integration Engine and Concerto Clinical Portal work alongside each other, and illustrates both approaches with case studies from hospitals in South Africa and Spain.

### **11:50 - 12:10 "SAP's approach to Interoperability in Healthcare"**

**Dr. Bettina Lieske**, PhD, Solution Manager Healthcare, SAP AG Germany

SAP for Healthcare is a portfolio of state-of-the-art software solutions tailored to the specific standards, processes and challenges of the healthcare industry built since more than 15 years.

Offering a strong solution for both, healthcare provider organizations (SAP Patient Management is implemented at more than 1000 organizations around the world), and for networks (Connection package for CHN, available since 2007), interoperability has always been a key success factor for SAP.



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Based SAP NetWeaver platform on the one hand and on the applications of the healthcare portfolio on the other, SAP has built the Business Process Platform for Healthcare as a means of fostering more flexible support for healthcare processes and interfacing with partner applications based on Service Oriented Architecture principles. This platform offers a new approach to Healthcare standards and a better quality semantic interoperability. The definition of the Healthcare SOA approach is to a large extent the fruit of SAP's Communities of Innovation where customers and partners from various countries contribute with their requirements and business knowledge.

**12:10 - 12:30 "vita-X – CompuGROUP's EHR in the model region of Trier/Germany"**

**Manfred Glanzer**, Business Development / Senior Consultant  
eHealth, CompuGROUP CEE

Electronic Health Records are one main instrument for patient-oriented medical treatment.

They help to increase quality and efficiency of medical treatment, improve communication between the different health professionals and can help to reduce costs (e.g. by avoiding double-examinations).

In the future, the patient will play a more active role in the medical treatment process. Patients will convert from (passive) receivers of medical treatment to active players.

An Electronic Health Record will support this transition, but is also an tool to improve self-consciousness of patients in terms of health-related issues.

With the vita-X Health Record, CompuGROUP provides such an instrument. Its features, advantages and operation will be presented by means of a model-region in Germany.



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**12:30 - 12:45 "The Industry Contribution to EU project epSOS"**

**Alexander Berler**, epSOS Industry Team Steering Committee Member, Director Consulting Services, Gnomon Informatics SA

Project epSOS in a Large Scale Pilot funded by the EU's Competitiveness and Innovation Programme. The Goals of the project are to provide working pilots of cross-boarder services that ensure a safe, secure and efficient medical treatment for citizens when travelling across Europe. The focus is on services close to the patient namely the European Patient Summary and ePrescribing across the EU. IHE-Europe participates as a consortium member and an active industry team of more than 30 participants has been created in order to assist IHE-Europe and the other consortium members. This presentation will point out the activities of this team.

**12:45 - 13:30 Lunch Break**

**13:30 - 16:00 Room: HERMES**

**Session IV: "Interoperability and the European Perspective: Expert Panel"**

**This Session is addressed to:**  
**Hospital CEOs, CIOs, health professionals, clinical engineers,**  
**Pharmaceutical Industry,**  
**Social Fund and Insurances decision makers,**  
**Decision makers - opinion leaders**

This Session will promote the European Efforts such as project Calliope, which is focusing on standardisation in eHealth mostly towards patient summary and ePrescription. This joint session is moderated HL7-Hellas in association with project Calliope and is the first part of the Calliope open session.

**13:30 - 13:35 Introduction - Coordination:**

**Alexander Berler**, HL7-Hellas Board of Directors, Technical Steering Committee Chair  
**Zoi Kolitsi**, Calliope Coordinator



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### 13:35 - 13:50 "EU Recommendation for the exchange of EHR records"

**Flora Giorgio**, Scientific Officer, ICT for Health Unit, DG Information Society and Media

Member State representatives, stakeholders and the European Commission itself, have widely recognised the importance of achieving interoperability between eHealth systems. The presentation will outline the main initiatives the Commission has recently adopted and plans to undertake to enable eHealth system to work with each other. In particular, it will briefly outline:

- The recently adopted "Commission Recommendation on interoperability of Electronic Health Records Systems".
- The planned "Commission Communication on Telemedicine for the benefits of patients, healthcare systems and society"
- The Smart Open Service project, aimed at testing and validating interoperability of electronic health records and ePrescription solutions.
- The role that the CALLIOPE Thematic network is expected to play in building consensus and provide technical support to the implementation of interoperable eHealth solutions across Europe.

The contribution will also look at opportunities that further research in this area can bring to healthcare and patient safety and provide some elements of the Commission strategy for the years to come.

### 13:50 - 14:05 "Introduction to the Calliope – Call for Interoperability – Project"

**Zoi Kolitsi**, Calliope Project Coordinator, Senior Advisor, Office of the Vice Minister, Hellenic Ministry of Health and Social Solidarity

The CALLIOPE thematic network has been initiated by 17 health authorities and 11 organisations representing groups of physicians, community pharmacists, patients, industry, and health insurers and is supported by the European Commission. Its aim is to be an open, structured forum, supporting the implementation of interoperable eHealth solutions across Europe. Its first objectives include the elaboration of a common Interoperability Road map; review and advancement of the EC Interoperability Recommendation and; facilitation of pre-standardisation processes through liaison with Standards Development Organisations.



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### **14:05 - 14:20 "Calliope: the focal point for eHealth in Europe"**

**Marc Lange**, European Health Telematics Association (EHTEL)

We, at EHTEL, share the vision that

- eHealth is an enabler for the necessary transformation of the Health and Social Care systems. eHealth is furthermore not only useful, but also indispensable for achieving this transformation.
- eHealth is a tool to ensure information, choice and empowerment, as requested by European patients and citizens.
- eHealth is a cooperative process intensifying and changing the interactions of all stakeholders in health and social care for the purpose of improving Continuity of Care and Patient Safety.
- eHealth must comprise multiple communication channels for ensuring both equal access to services and their ubiquity.

Since 1999, EHTEL is networking all those concerned by the deployment of eHealth services with a view to enable them voicing their views and sharing experience with their colleagues coming from Europe and beyond as well as with representatives of all other stakeholders (i.e. ministries of health, European Commission, industries, health professionals and institutions, patient representatives, insurers, academics, NGO ...).

### **14:20 - 14:35 "Collaboration of Member States for eHealth Interoperability in the framework of the eHealth initiative"**

**Michele Thonnet**, Senior Advisor, Ministry of Health, France

**14:35 - 14:45** Discussion

**14:45 - 15:00 Coffee Break**



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**15:00 - 15:15 "eHealth Consumers Trends in Europe 2005-2007: Results of the WHO/eHealth Consumer Trends Survey"**

**Catherine Chronaki**, eHealth Consumers Trends in Europe 2005-2007: Results of the WHO/eHealth Consumer Trends Survey, "WHO / eHealth Consumer trends Survey" Project Manager for Greece, FORTH-Institute of Computer Science

This presentation will discuss the findings of the WHO / eHealth Consumer Trends Survey which was carried out in 7 European countries in October 2005 and repeated in May 2007, with the aim to investigate the perceptions and attitudes of potential eHealth consumers i.e. those citizens that turn to the Internet for information and services relevant to Health and Illness (H&I). The factors that influence the selection of health professionals in Denmark, Germany, Portugal, Greece, Norway, Latvia and Poland will be presented. Attitudes towards online medical visits and access to their own Electronic Health Record will be also presented. Finally, the possible effects of accessing the Internet for H&I such as anxiety, willing to change diet or lifestyle, etc., will be discussed.

**15:15 - 15:30 "A global approach to Interoperability"**

**Mario Romao**, Continua Health Alliance

Busy lifestyles that leave little time or motivation for fitness and weight management; a rise in chronic diseases; an aging population that requires escalating levels of supervision and medical intervention - these are the lifestyle, health and demographic trends that are directly contributing to skyrocketing health care costs. Continua's mission is to establish a system of interoperable personal telehealth solutions that fosters independence and empowers people and organizations to better manage health and wellness.

**15:30 - 15:45 "The importance of standards in the Dutch infrastructure"**

**Jos J.M. Baptist**, NICTIZ, Senior Advisor Standardization Processes National ICT Institute for Healthcare in The Netherlands

Standards for communication and terminologies are the most important standards within the nationwide infrastructure in The Netherlands. Decisions for these standards include e.g. HL7 v3 and



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SNOMED CT. Decisions about standards for EHR's are more dependent on the situation in the market of healthcare information systems and will probably be a matter of the IT industry in combination with users and developers in institutions for care and cure.

The presentation will show the basic principles of the architecture for AORTA, the infrastructure in The Netherlands and the preconditions for identification, authentication and authorization. After that we start actual communication and support the operational processes in all kind of small healthcare practices or to large university hospitals. All of those can use their own systems as long as 'we' as a national community use at least the same standards for messaging and terminology.

**15:45 - 16:00 "Final Report of the ESO M403 Interoperability Mandate"**  
**Pantelis Angelidis**, Vidavo, Greece

Interoperability is a basic requirement for systems and applications. The eHealth standardisation world is rather scattered and uncoordinated at the moment. Consolidation efforts are required. In response to this need the European Commission (EC) issued a mandate (M403/2007) [3], to the European Standardisation Organisations (ESOs), namely CEN, CENELEC and ETSI. This mandate (M/403) aims to provide a consistent set of standards to address the needs of the rapidly-evolving field of eHealth for the benefit of future healthcare provision.

**16:00 - 16:30 Coffee Break**

**16:30-18:00 Room: KALIA**

**Parallel Session Va: "Calliope Open Session, part 2 – Interactive Session on Interoperability challenges"**

**This Session is addressed to:**  
**Hospital CEOs, CIOs, health professionals, clinical engineers,**  
**eHealth oriented companies,**  
**Pharmaceutical Industry,**  
**Social Fund and Insurances decision makers,**  
**Decision makers - opinion leaders**



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This Session is organized and managed by project Calliope. During this session, a set of questions on interoperability challenges identified by Calliope will be introduced for the expert audience to enable knowledge sharing in support of European eHealth implementation.

### **Introduction - Coordination:**

**Marc Lange (Calliope, EHTEL)**

Discussion will follow

**16:30-18:00 Room: HERMES**

### **Parallel Session Vb: "Primary Care and Prevention Patterns: the role of ICT and interoperability"**

**This Session is addressed to:**  
**Hospital CEOs, CIOs, health professionals, clinical engineers,**  
**eHealth oriented companies,**  
**Pharmaceutical Industry,**  
**Social Fund and Insurances decision makers,**  
**Decision makers - opinion leaders**

This session will analyze the interoperability needs in cases such as home care, telemedicine, primary and social care procedures, etc. This session is moderated by Health Units SA.

### **16:30 - 16:35 Introduction - Coordination:**

**Lefteris Thiraios**, General Practitioner, Senior Registrar of the National Health System (ESY) – Vari Health Centre, Clinical Project Coordinator at the Olympic Village Polyclinic

**Dimitris Kounakis**, General Practitioner, Primary Care Center of Anogia, 7<sup>th</sup> Regional Health Authority of Crete

### **16:35 - 16:50 "Designing a new concept: Municipal Prevention Centers: the use of ICT in favor of the Citizen"**

**Sotiris Papaspyropoulos**, Director, Intermunicipality Health Network

The primary role of the Municipalities when it comes to Health is the understanding and adoption by the habitants of a new attitude that



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promotes a healthy lifestyle. Prevention is a priority for the Municipalities because it helps the healthy population to avoid diseases, it has local features depending on the environment and the local conditions, it serves the principle of subsidiarity of the EU and pertains to a series of issues concerning the citizens' everyday life. The Municipalities' role in Primary Care should only be auxiliary to the Greek National Health System (ΕΣΥ) and concern only the poor, uninsured or economic migrants and, in general, those in need or those who face difficulties in accessing the National Health System. Based on the aforementioned, it seems reasonable to consider the creation of Municipal Prevention Centers that will gather in a specific place all health services over which they have priority jurisdiction. A necessary prerequisite for the development of these Prevention Centers is, apart from their modern infrastructure and the appropriate staff selection, the wide electronic networking with other Centers and with Hospitals and Central Administrative Agencies, such as the Ministries of Health and Social Security. The Intermunicipality Health and Social Solidarity Network of the Local Authorities has a significant role and voice in the implementation of these directions.

**16:50 - 17:05 "Total Quality in Primary Care and ICT: the care of Health Units SA"**

**Nikos Papanikolaou**, CEO Health Units S.A.

The target of qualitative services provision in primary healthcare is supported by the implementation of documented good practices, various tools and methodologies and by the systematic measurement of indicators. In this context and in order to achieve the goals touching upon the quality of Primary Health Care, a crucial factor lies with the implementation and exploitation of IT systems in terms of the various services.

The operation of the Olympic Village Polyclinic (as a body Providing Primary Health Care and Rehabilitation Services) under the management supervision of Health Units S.A. (AEMY S.A.) is a typical example of an integrated implementation of IT systems in healthcare and management (HIS, LIS, RIS/PACS, ERP, eQual/QS).

Given the commitment of AEMY S.A. to constant improvement in order for the certified Total Quality System which is implemented in the Polyclinic –and which consists of 5 Global Quality Standards– to



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be characterized by a high degree of operability for the benefit of users of such services, this paper will provide a detailed presentation of the impact that IT systems have on the specialized international tool used for evaluating Primary Health Care services, the IFPMM, according to which the Polyclinic has been certified and has obtained the highest score in Greece.

More specifically, there will be an analysis of the impact that applied IT systems can have on exploiting information (medical and administrative), safeguarding the security of data sent and received, human resources management, inter-disciplinary cooperation, response of the Body to the requests formulated by users of such services, standardization of works and overall improvement of the health unit.

**17:05 - 17:20 "KPIs in Public Health: Best Practices from NHS"**

**Kostas Skouras**, eHealth Expert

**17:20 - 17:35 "Implementation of PPP projects in eHealth"**

**Fotis Kitsios**, University of Patras, Member of the IT PPP working group, eGov Forum

**17:35 - 17:50 "Information and Communication Technologies for Health Care Services: Results, Reflections and Proposals"**

**Professor George Vassilakopoulos**, University of Piraeus, Chairman of the Telecare working group, eGov Forum

**Vassiliki Koufi**, University of Piraeus, member of the Telecare working group, eGov Forum.

The Working Group "E-Government and Health and Social Care Services: Making the most of new technologies for the benefit of society" operates within the framework of the e-government forum; its objective is to seek ways in order to serve Citizens using electronic services in the fields of primary healthcare and social solidarity.

The object of the Working Group is to evaluate current projects and



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actions in Greece and in Europe, study and take record of the relevant institutional framework and formulate proposals regarding best e-government practices and planning of new e-health and telecare services to improve the quality of life (eHealth) and reduce social exclusion (eInclusion). The presentation will show the results we have so far from studies exploring the current situation, the evaluation method used and any future actions scheduled.

**17:50 - 18:00** Discussion

**18:00 - 18:15** Coffee Break

**18:15 - 18:45** Room: HERMES

### Keynote Speech

#### “Danish eHealth Developments and EU”

**Henrik Bjerregaard Jensen**, CEO MedCom, Danish National Health Care Network, Danish Center for Health-Telematics

**Niels Rossing**, M.D., Consultant to MedCom on international activities

Denmark with 5.5 million inhabitants and administratively divided in five regions has predominantly a public health provision with 60 public and some small, but politically important private hospitals, 3000 primary care physicians (GPs), 1000 practicing specialists and 330 pharmacies not to mention dentists, physiotherapists etc. Home care, nursing homes, rehabilitation etc are municipal tasks that must integrate with the health care in a strict sense, the more so the faster patients are discharged from hospital. The buzz-word in Denmark for IT support to frail people at home is “welfare technology”.

Eighty % of the population, all health care institutions and 98 % of GPs have access to the internet. Broadband connectivity is one of the highest in Europe.

For more than 40 years all Danish citizens have received a unique personal identifier at birth. No chip card for citizens' access to



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health or health insurance has been issued.

Two or three cycles of public eHealth strategies and implementation have been on-going over the last 10-12 yrs. To-day they comprise four elements:

1. MedCom, [www.medcom.dk](http://www.medcom.dk) manages a secure health data net and intersectoral communication of more than 40 standardised message types (e-prescriptions, lab orders and answers, referrals, discharge letters etc.). All patient management systems for hospitals GPs and pharmacies have incorporated the messaging system used on the secure net after certification by MedCom. Four million messages including 80% of all prescriptions are exchanged per month. ID management and data security are handled via a 3 tier agreement system, a software based PKI infrastructure and logging of all entries.
2. The Health Portal [www.sundhed.dk](http://www.sundhed.dk) can be accessed with digital signature, different for citizens and professionals. Citizens gain access to general and personal info. Professionals have access to a number of services including reading of electronic records etc. under the ruling of Danish data protection authorities.
3. About 15 different electronic patient record systems are interoperable in the GP sector, but EPR's are still a challenge for many hospitals. Denmark hosts the new SNOMED CT organisation and central authorities focus at present on advanced IT medication support and the patient summary.
4. Telemedicine has an increasing focus on tele-homecare. Formalized consulting across the borders of the country is rare.

The globalization of medicine as a consequence of eHealth makes the clash of principles for the free EU market and the national autonomy of health provision evident, and we are aware of the rulings of the EU Court of Justice, but the country prefers bilateral transborder agreements with concrete partners.

Denmark respects the patients' and citizens' rights as recommended by Council of Europe and ratified EU directives such as 95/46, 97/66 and others, but in practice many health professionals do find the rules cumbersome, and they complain.



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Danish groups participate in many EU DG INFSO and InterReg projects leading steadily to an exploration of transsectoral, transregional and transnational interoperability and integration of services. This has been in line with documents and recommendations like "Towards Interoperable eHealth for Europe", 2005 by ESA, ITU and WHO, the "i2010" plan and the "Connected Health" document of DG INFSO. These projects have shown that integration does not depend solely on the technical framework for interoperability, but solutions must also respect the semantic, conceptual, political, legal, cultural and organizational differences.

All these aspects as well as remuneration, liability, insurance fraud and other issues are to be mastered before health care can be provided across Europe irrespective of national borders. This will clearly be demonstrated by the tendered Large Scale Pilot on European interoperability for the Patient Summary and the Medication Record.

**18:45 - 19:30 Room: HERMES**

**Closing Remarks**

\*Invited