

# Towards the European Health Data Space

14 June 2022 Markus Kalliola Project Director TEHDAS coordinator



Co-funded by The Health Programm of the European Unior



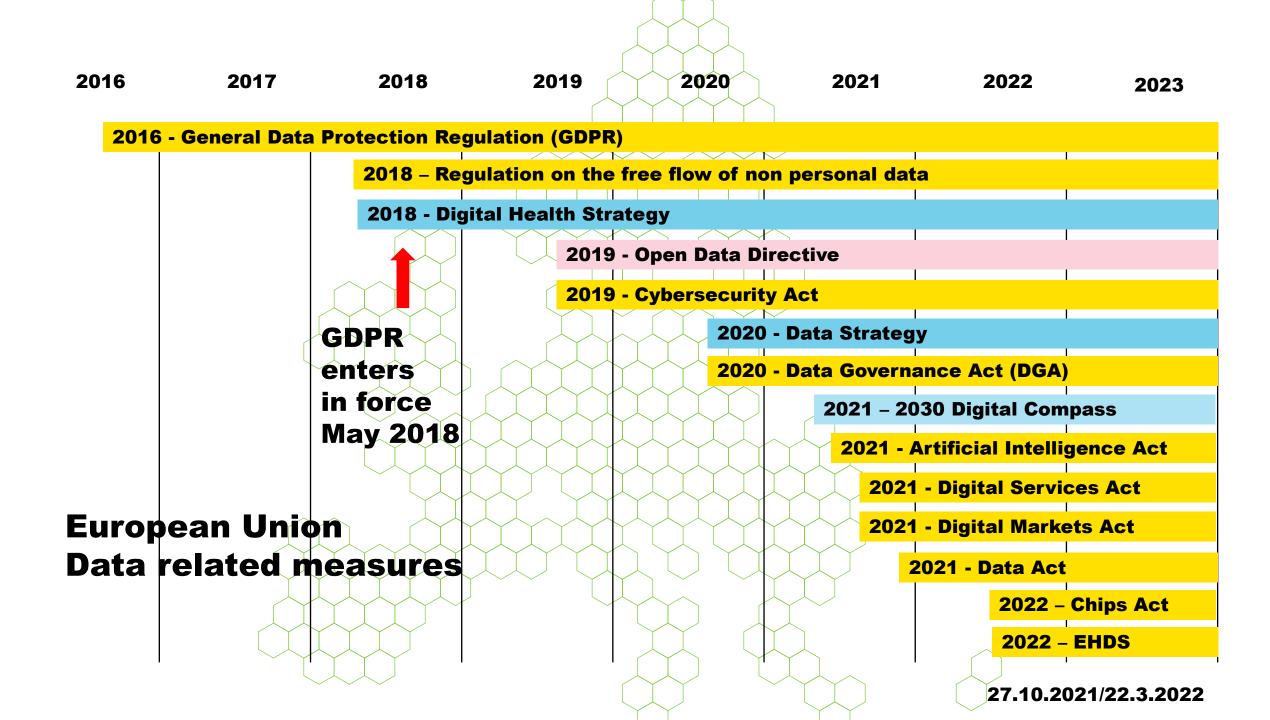


### The Finnish Innovation Fund Sitra



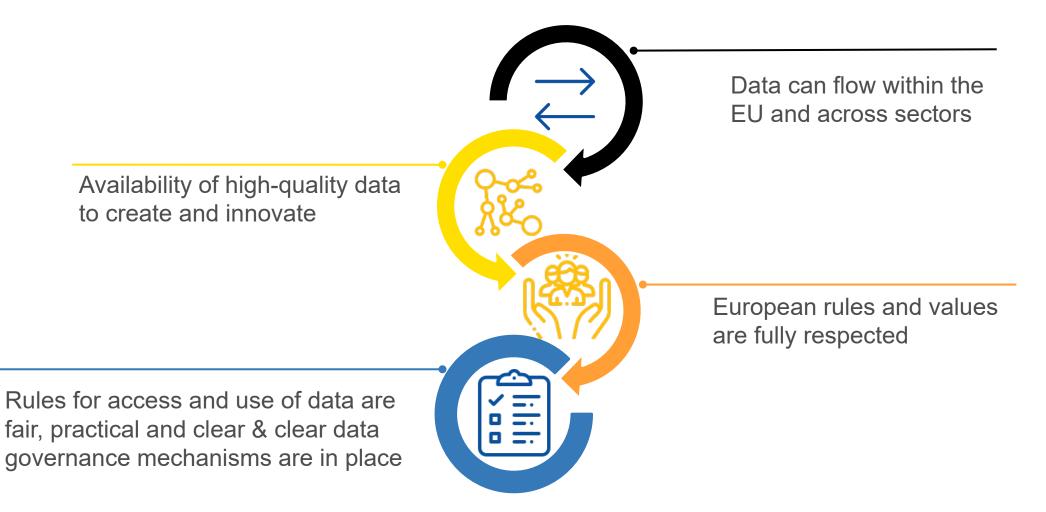






### **European Strategy for Data (2020)**

A common European data space, a single market for data





### The European Health Data Space is a health specific ecosystem comprised of rules, common standards and practices, infrastructures and a governance framework

EHDS Proposal published 03/05/2022





# European Health Data Space (EHDS)

### **OBJECTIVES**

Effective use of health data

#### **SCOPE & EXPECTED IMPACT**

Use of health data (primary, MyHealth@EU)	<ul> <li>Empower individuals to control their data</li> <li>Standardization and mandatory certification of EHR systems</li> <li>Voluntary labelling of wellness apps</li> <li>European Electronic Health Record Exchange Format</li> </ul>				Single market for health data, data protection, free movement of people, digital goods and services
Re-use of health data (secondary, HealthData@EU)	<ul> <li>Health data access bodies</li> <li>Purposes for use and forbidden use</li> <li>Data permits, secure environments, no identification</li> </ul>			n ⇒	Facilitated Research & Innovation Better Policy Making
MEANS Legal / Governance	e	Quality of data	Infrastructure		Capacity building/digitalisation



A Loss Internet barry from Internet Internet



### Joint Action Towards the European Health Data Space – TEHDAS

**Joint Action** 

Participants

Duration

**Co-funding** 

**Project coordinator** 

Supports the Members States and the Commission Develops and promotes concepts for sharing of data in secondary use

Nominated authorities from 25 European countries

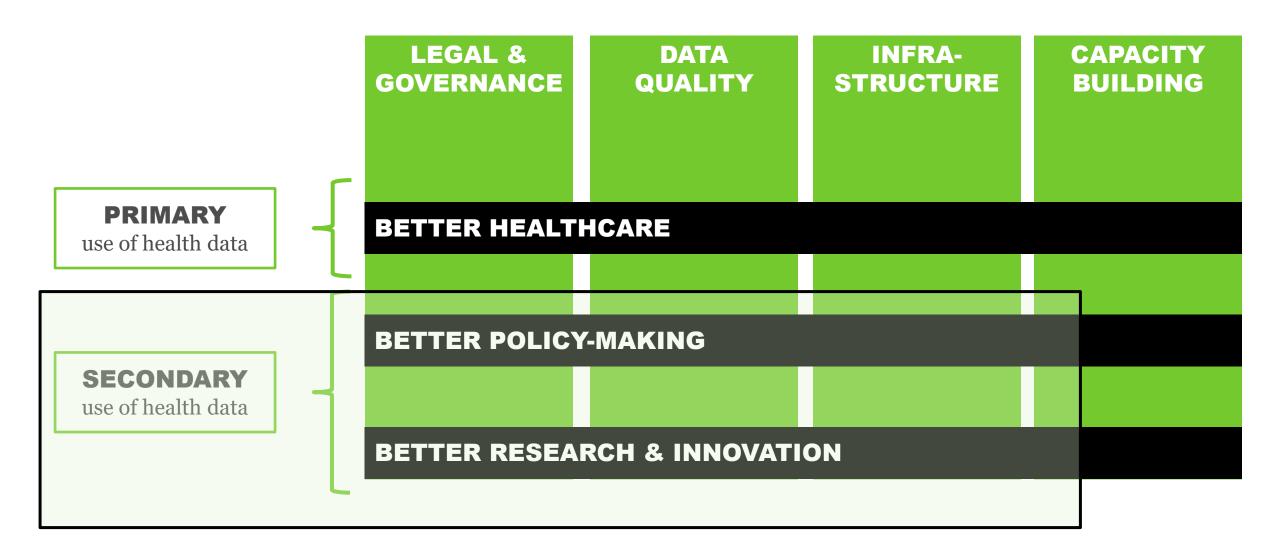
30 months from February 2021 – Summer 2023

€4 million - EU 60%, Member States 40%

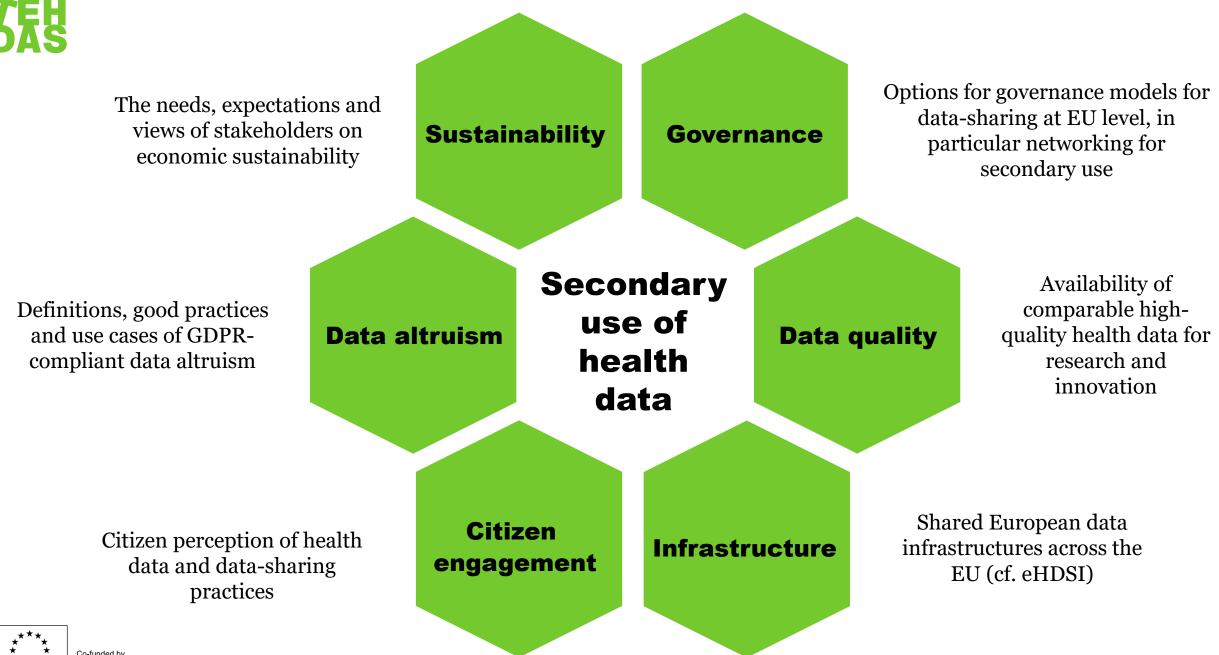
Sitra, Finnish Innovation Fund



## **Four pillars of the European Health Data Space**









# A steady flow of outputs in 2021-2023











# Why health is a specific case in data legislation?

- 1. Patient, consent, and the rights of data subjects i.e. citizens and patients.
- 2. Public health: Protection and promotion of public health.
- 3. Research and specific data types, such as genetic and biometric data.
- 4. Health data is highly sensitive data, and the need for safeguards.

- 5. Data and cyber security.
- 6. Health data in the private sector.
- 7. Semantic interoperability.
- 8. Fragmented regulatory framework at national level but the need for cross-border sharing.







### Barriers on cross-border sharing of health data for secondary use and options to overcome these

- 47 papers reviewed by 4 reviewers to identify barriers
- from 89 barriers 20 went through detailed analysis and 11 barriers were prioritized
- 23 European countries provided 113 case studies to give real-life examples of the 11 barriers on impact, issues and solution
- 6 were legal
- 3 were data/semantic related
- 1 infrastructure
- 1 trust





### Identifying those data quality features that could be legally bound

- Metadata catalogs
- Regular audits
- Processing procedures

# Identification of relevant standards

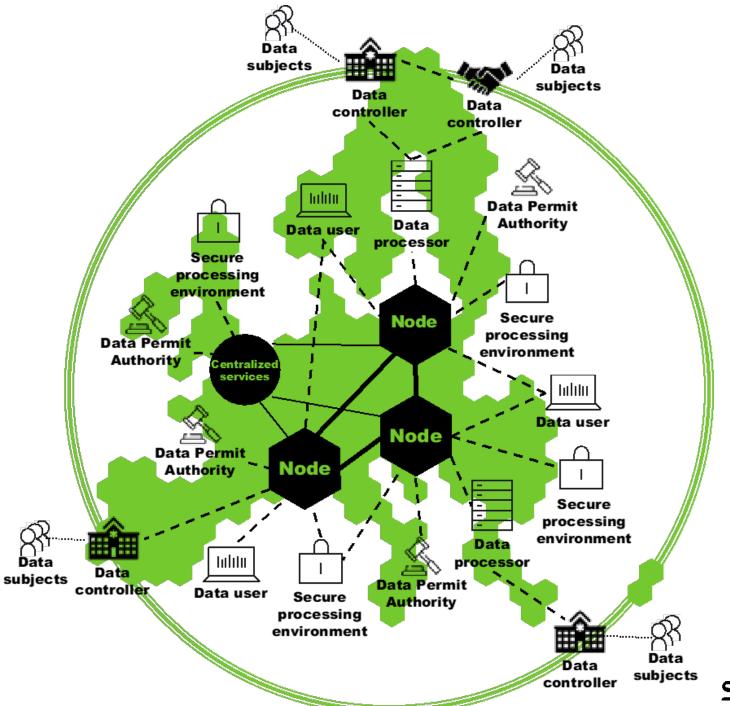
- 23 interoperability standards identified on 5 utilities
  - data discoverability (at data source and variable levels), 10 standards
  - development of common data models, 3 standards
  - communication across nodes, 6 standards
  - data provenance, 3 standards
  - taxonomy, 1 standard







## architecture



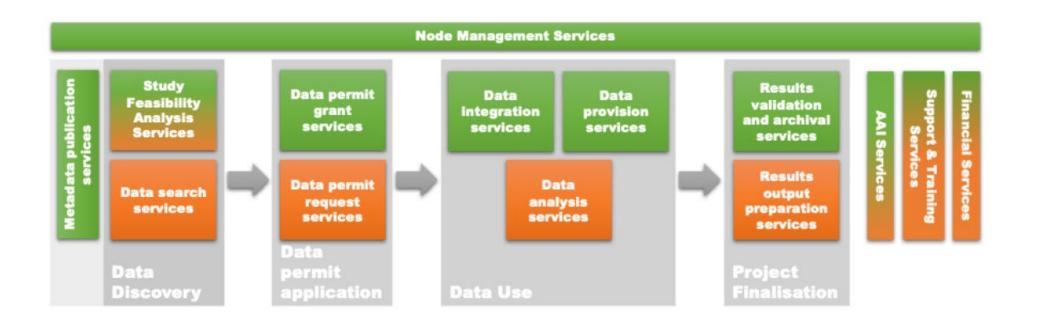


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### Steps to access the data – user journey





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### **Next steps**





