HDS: Some reflections from Belgium

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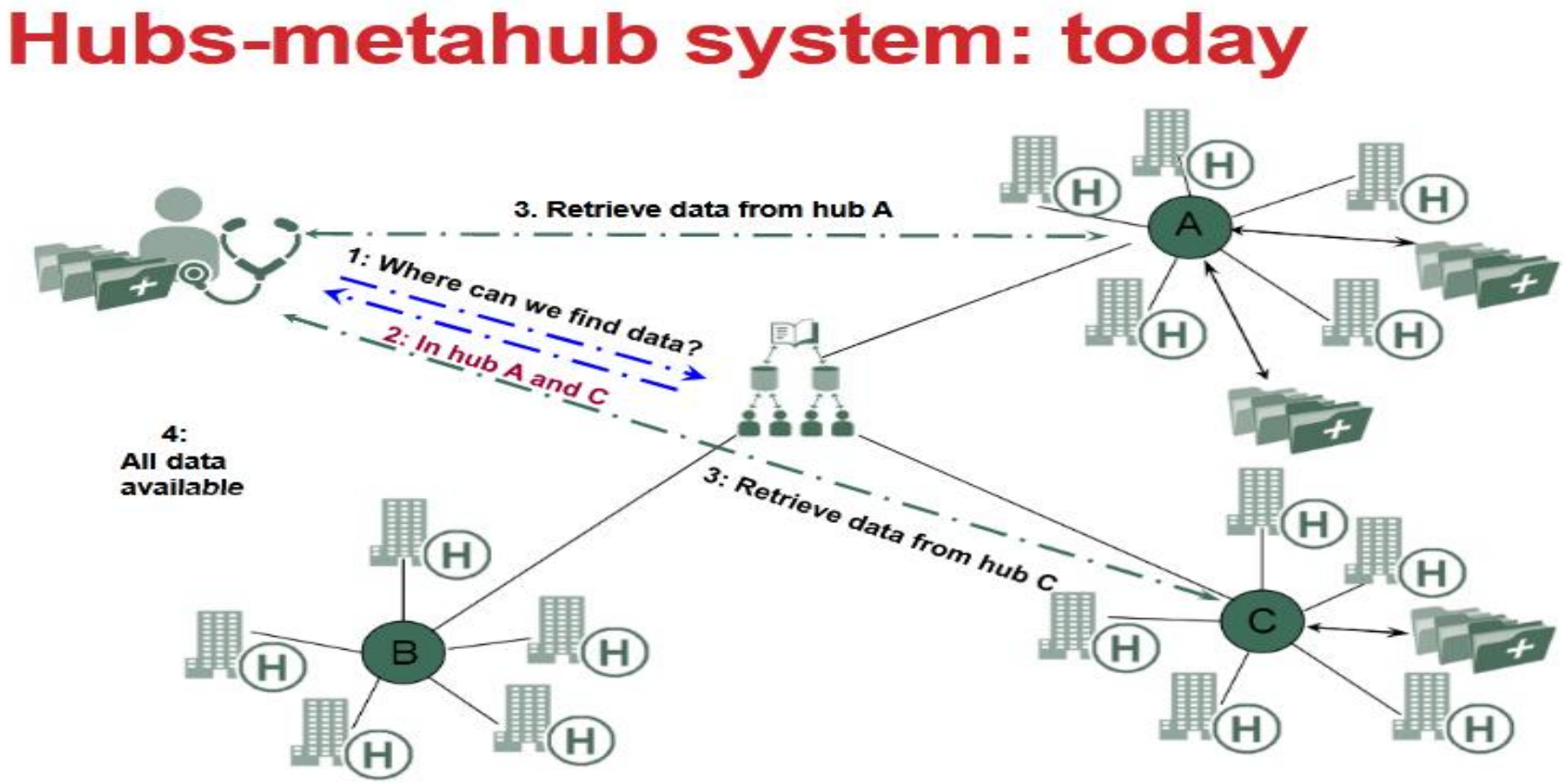
EHTEL

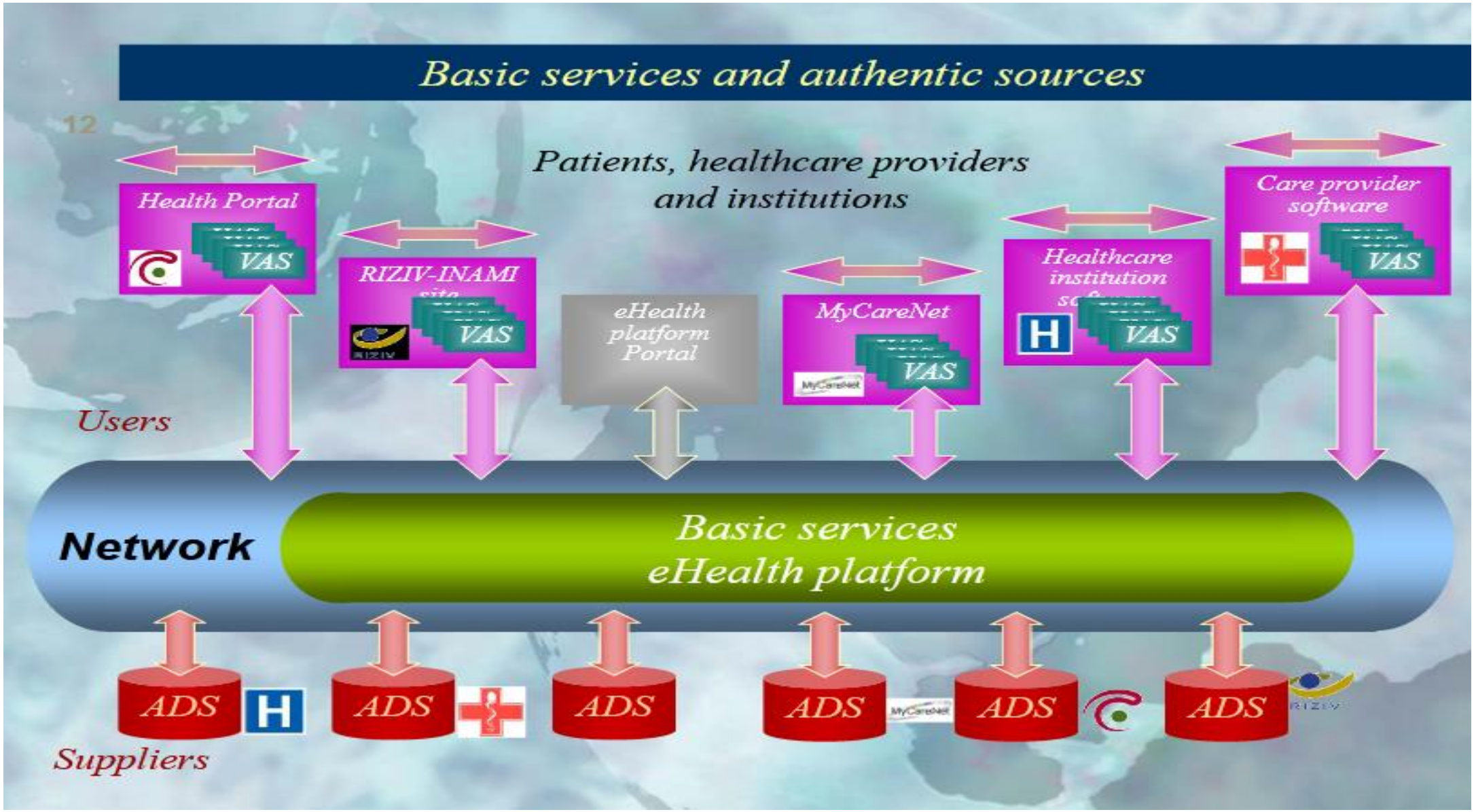
Collaborating for Digital Health and Care in Europe

20 May 2020

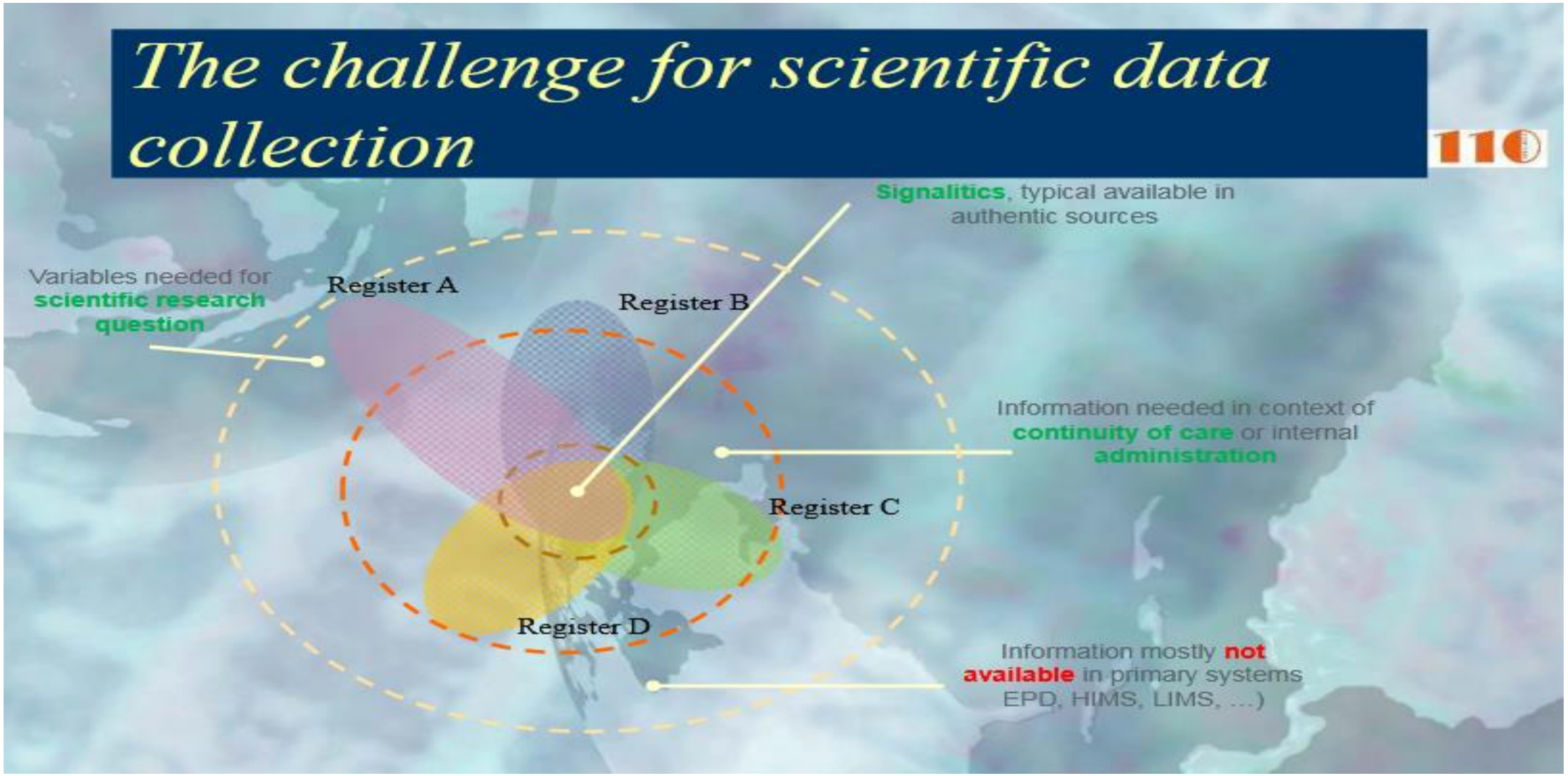
@ehtel_ehealth

A DECENTRALIZED APPROACH BASED ON CIRCLE OF TRUST AND DEDICATED GOVERNANCE which LEAVES aside the question of CLOUD USE



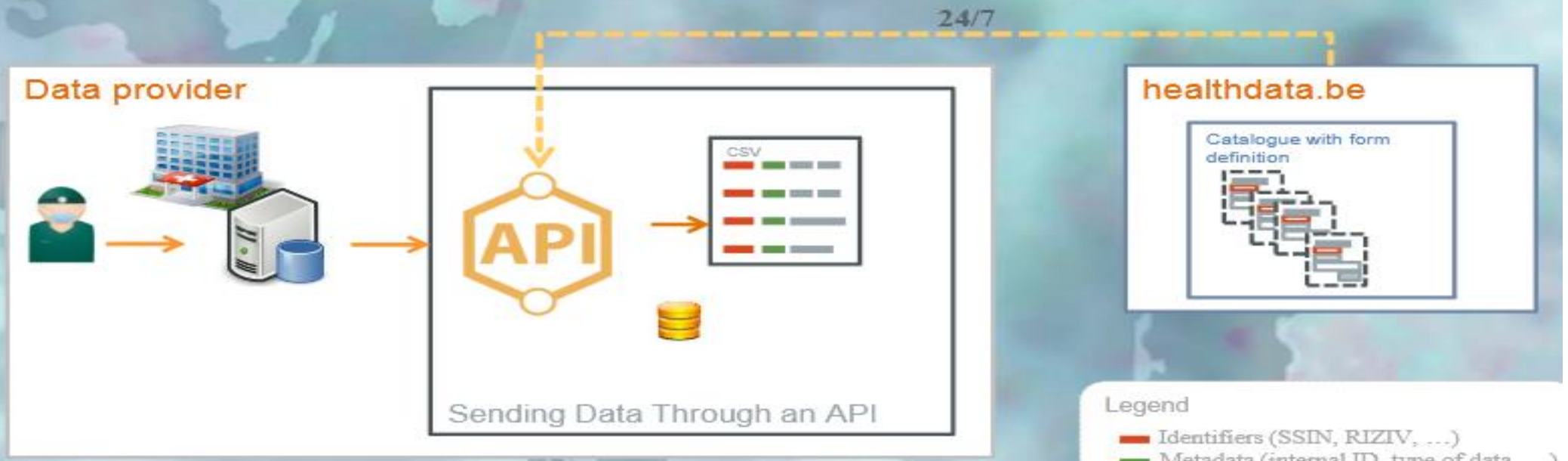

Basic services and authentic sources
12
Patients, healthcare providers and institutions
Health Portal
VAS
RIZIV-INAMI
VAS
eHealth platform Portal
MyCareNet
VAS
Healthcare institution
VAS
Care provider software
VAS
Users
Network
Basic services eHealth platform
ADS
ADS
ADS
ADS
ADS
ADS
Suppliers

A first priority for DATA REUSE from end user perspective: Avoid mutliple entries !


The challenge for scientific data collection
Signalitics, typical available in authentic sources
Variables needed for scientific research question
Register A
Register B
Register C
Register D
Information needed in context of continuity of care or internal administration
Information mostly not available in primary systems EPD, HIMS, LIMS, ...)

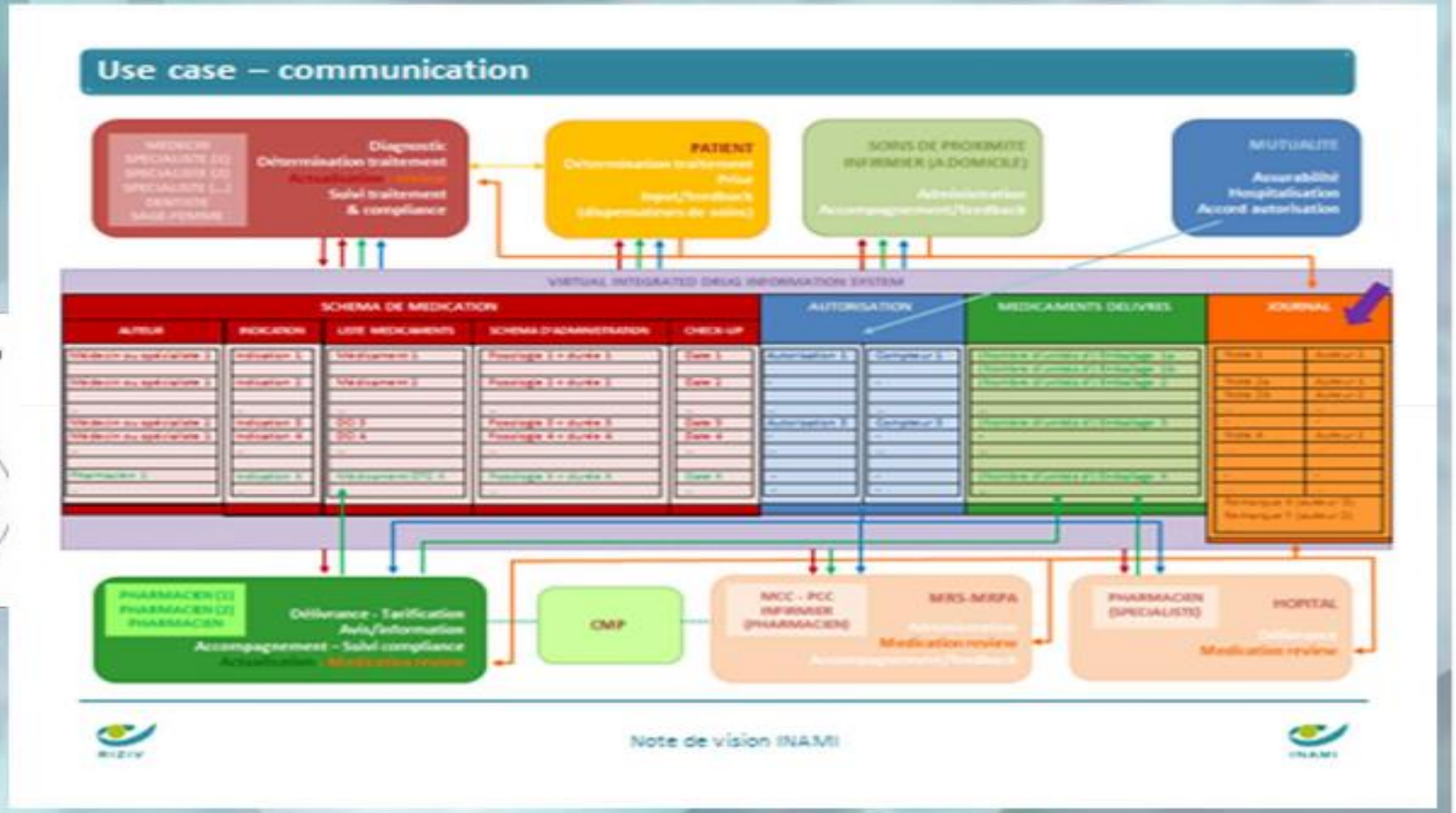
Capture Data
Automated Data Capture

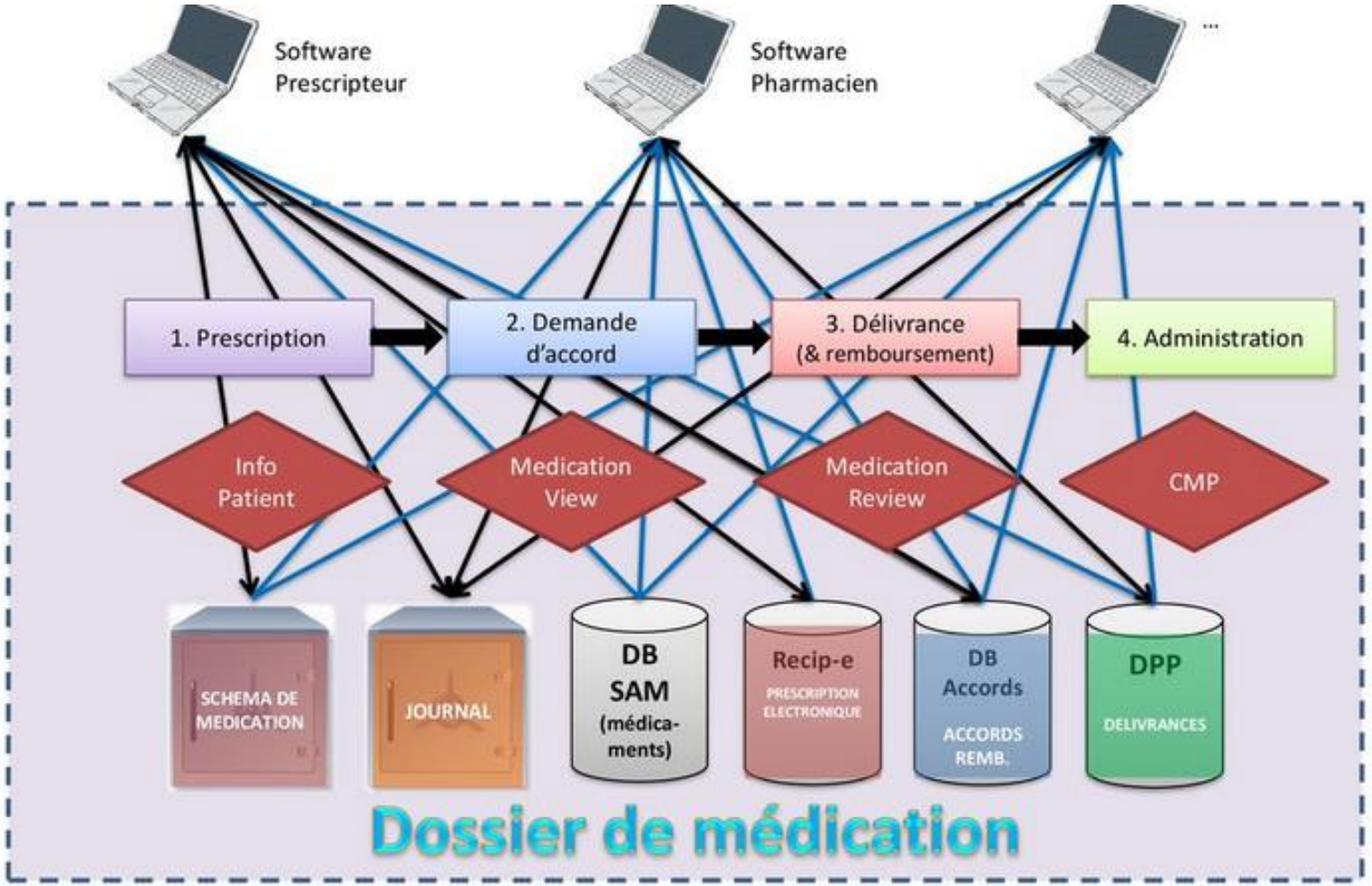
« TO BE » scenario for most registers in 2018



healthdata.be
data we care for

From exchanging to sharing




Software
Prescripteur
Software
Pharmacien
...
1. Prescription
2. Demande d'accord
3. Délivrance (& remboursement)
4. Administration
Info Patient
Medication View
Medication Review
CMP
SCHEMA DE MEDICATION
JOURNAL
DB SAM (médica-ments)
Recip-e
PRESCRIPTION ELECTRONIQUE
DB Accords
ACCORDS REMB.
DPP
DELIVRANCES
Dossier de médication

Which priority data sets ?

- *First need to better orchestrate existing « HDS » and links with sensitive new kind of datatsets (e.g. genomics)*
- *Increasing Need to connect to external trusted sources linked to health determinants such as social factors, environment, food, personal behaviour,) and to IoT.*
- *A Personal cloud space for each citizen?*