

eHealth

priorities and strategies
in European countries



Fact sheet

Belgium

March 2007

Towards the Establishment
of a European eHealth
Research Area





Belgium

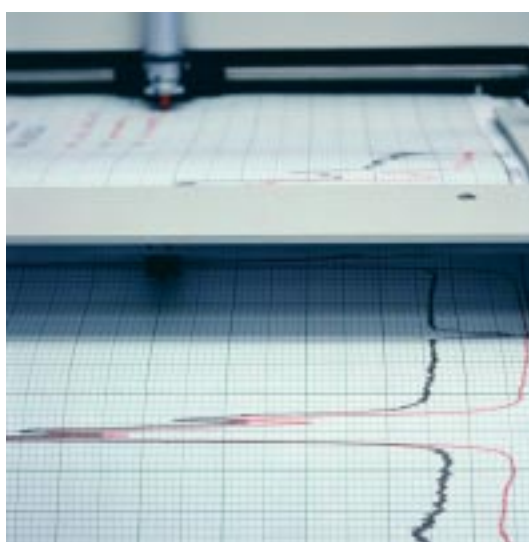
Strategic perspective

Belgium is a federal constitutional monarchy, where executive and legislative power is divided between the federal government, three regions (Flanders, Wallonia and Brussels) and three communities (Flemish, French and German-speaking). Communities are competent for personal matters (health, welfare), cultural matters, education and training, and co-operation between the communities and the regions. Each region and community has its own legislative and executive powers in its field of competence, and its own parliament and government to exercise these powers. Belgium's eHealth policy is therefore subject to several ministries. Due to the large number of participants involved and the institutional complexity, Belgium sees clear advantage and need for a concerted official national eHealth roadmap. This national roadmap is mainly sponsored by the Ministry of Health, and by the Secretariat of State for Informatics.

The objectives of the eHealth strategy have changed over time. Initially driven by the need for simplification and cost efficiencies of social security administration, the ICT for health agenda is now also seen as the opportunity for quality improvements. Demographic concerns are expected to be one of the main forces driving the acceleration of eHealth related programmes. Legislation exists in the area of patients' rights, privacy, data protection, medical devices liability and certification of patient record related software. A "Health Telematics" law is under discussion since 2005.

Implementation perspective

The approach to implementation is incremental with many health related issues, such as prevention and infrastructure, being dealt with at the regional level. Belgian hospitals also depend for part of their funding on the delivery of anonymised minimal electronic data sets related to hospitalisation description, including diagnosis and procedures. This provides a powerful incentive to



implementation of an integrated electronic hospital medical record which are then adapted to include patient-centred functionalities and information.

The main efforts coordinated by the Ministry of Health have focused on the following aspects:

- Contributions via the "Telematics Commission" to the establishment of technical norms by recognised national experts. Since early 2000, the National Commission "Telematics Standards in relation to the Health Sector" has issued nine recommendations on the basic conditions for exchanging and sharing health information.
- Establish a certification process for minimum level of quality and interoperability of authorised ambulatory care software distributed on the Belgium market.
- Adapt or develop key reference databases and codification systems for diagnostics, treatment, care and drugs.
- Define an XML implementation for health related electronic messages, compatible with HL7: "Kmehr" (Kind Messages for Electronic Health Records).



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- Initiate health networks on a “loco-regional” basis (3 initiatives “Flow”) to develop the concept of “shared health record”.
- Contribute to the establishment of the national technical platform “Be-health”.
- Ensure structural funding for operational research on key issues such as: patient identification, electronic signature implementation, certification of hospital information systems and telemedicine.
- Document needed adaptations in the legal context with concerned stakeholders.

Since 1998, all beneficiaries of the Belgian social security system use the SIS card. The primary objective of the later Carenet project, launched in 2004, is to check insurance entitlement rights of patients and allow – when possible – third-party payment. It aims to establish a 99% paperless communication between insurance funds and all Belgian hospitals. Certain health care providers such as pharmacists and all hospitals need to use a data access card in parallel (Security Access Module card). The SIS Card is also currently being used for other identification purposes, but is gradually being replaced by the Belgian eID card.

The Belgian citizen eID (Electronic Identity Card) was launched in production phase in September 2004 with the goal of achieving a roll-out of 1.8 million cards per year. Currently almost four million cards have been issued. Total national roll-out is scheduled to be completed in 2009. This will gradually replace other cards for general identification and authentication purposes. The card can be used as a key to access centrally stored information. This principle will be applied when the functionality of the current social security information card (SIS card) is integrated in the eID.

The Belgian eID is a smart card containing two certificates: one for authentication, and one for generating digital signatures. It contains identity data, more specifically the identity data that are also visible in printed form on the card, except for the address of the cardholder, which is only stored in electronic form.

As a major nationwide step towards interoperability, Belgium aims to introduce the Summarised Electronic Health Record (Sumehr). This is now already technically possible at the ambulatory care level. The current development of health networks will naturally increase the demand for the “product”. In a second phase, it is foreseen to organise a public information campaign aiming at a national roll-out.

Future activities

In 2007, two major regional networks devoted to sharing of patients records will enter their pilot phase.

The Be-Health platform will ensure interconnection of the networks and will also support needed national services such as the register of health professionals.

With basic interoperability now within reach at ambulatory care level, priority will be devoted to the development of “intelligent” applications (decision support) for general practitioners, and to the structure and codification of patient files for other practices.

ePrescription is also being studied with possible implementation tests scheduled from 2008. The legal environment is expected to be strengthened by a new law on telemedicine. Reference databanks will be further enriched and made available to the industry.

The Kmehr “cookbook” will be enlarged and upgraded.

Core resources

www.health.fgov.be/

www.health.fgov.be/telematics

<http://www.chu-charleroi.be/kmehr/htm/kmehr.htm>

National standard “Kmehr”

(Kind Messages for Electronic Health Records)

http://www.ksz-bcss.fgov.be/fr/carteSIS/sis_home.htm

<http://www.carenet.be>

<http://eid.belgium.be/>

About eHealth ERA

This fact sheet is the outcome of research in the context of the *eHealth ERA* project (Towards the Establishment of a European Research Area). The project is implemented by empirica GmbH (coordinating partner, Germany), STAKES (Finland), CITTRU (Poland), ISC III (Spain), CNR (Italy) and EPSRC (United Kingdom), based on a Coordination Action contract with the European Commission.

The European Commission, Directorate General Information Society and Media, supports this project to contribute towards greater transparency across Member States and other participating countries on eHealth strategies as well as innovation-oriented research and technology development (RTD) initiatives, including the coordination of Member States' eHealth strategy formulation and implementation.

The fact sheet is an excerpt from the report "eHealth priorities and strategies in European countries", published by the European Commission in April 2007. The complete report is available for download at http://ec.europa.eu/information_society/newsroom/cf/itemlongdetail.cfm?item_id=3346.

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