



Original in English

## **AER Contribution “Draft Recommendation on Ehealth Interoperability”**

Adopted at the Committee 2 Plenary Session in Terceira, Azores-P (23. October 2007) and at the General Assembly in Udine, FVG-I (8. November 2007)

The Assembly of European Regions (AER), representing over 250 regions from 33 European countries and 14 interregional organisations, has created a regional network on ehealth and is actively working to assist regions in developing and implementing ehealth policies and tools. Our aim is to provide a platform for sharing and disseminating our regions’ knowledge and experience and to help our members improve the quality and effectiveness of their health services through the application of ehealth tools.

On the basis of the experience of the AER member regions, we wish to make the following contribution to the European Commission draft recommendation on ehealth interoperability.

### **The role of the regions in achieving ehealth interoperability**

1. The AER welcomes and supports the European Commission’s commitment to supporting ehealth interoperability across Europe. Interoperability of health services, information and tools is an absolute condition for meeting the demands of the European citizens, patients and professionals within the health care sector.
2. The AER member regions fully support the actions proposed in the draft recommendation on ehealth interoperability. In particular, the regions are in favour of a mid-term perspective to developing interoperability, and agree that this is necessary in terms of policy consistency and making meaningful financial commitments favouring interoperability.
3. The AER reminds the European Commission that the regions have a key role in developing and implementing ehealth tools and policies and are therefore an integral partner to achieving ehealth interoperability across Europe. The Regions do however appreciate that the European Commission’s competence in ehealth is limited to directly addressing the Member States and therefore the draft recommendation is targeted at national governments and administrations.
4. The AER would therefore request that the European Commission further encourages the Member States to work with the regions for ehealth interoperability. This could be achieved by including an explicit recommendation that national governments and administrations consult and cooperate with regional authorities in this area (in the case of Member States where regions have competences for organising and/or delivering healthcare) and by including ehealth as an element to national strategies for territorial cohesion and development. The AER will work with its member regions to help them understand how they can contribute to improving interoperability within their territory, as well as across regional and national borders.
5. The AER strongly encourages the EU to ground Europe-wide interoperability in the principle of subsidiarity: a top-down approach may not take into account the variety of regional initiatives

and innovations in e-health, nor of the progress the regions have made towards achieving interoperability within their territories and across borders. In the experience of the AER, regions have taken a lead in developing ehealth solutions, with many of them implementing ehealth solutions on their own initiative, rather than in response to a national action plan on ehealth. This stored knowledge should be acknowledged, encouraged and put to use by the European Union.

6. The AER encourages the Commission to support regional cooperation, both in terms of policy tools and financing. Many AER member regions have developed ehealth tools which are interoperable at regional, national and European level and this is often a result of interregional cooperation projects. In particular in the case of regions sharing common borders, patients move between the different territories and the regions often share healthcare equipment and services. Enhanced interregional cooperation will therefore further contribute to the spread of ehealth policies and tools and the development of interoperable applications.

#### **AER comments on the text of the draft recommendation**

As regards the general content of the paper, the AER has two observations:

7. The AER suggests that the final recommendation should be centred more clearly around the patient and the citizen. Interoperability essentially remains a tool to ensuring a faster and better response to their health care needs.

8. In the experience of the Regions, ehealth interoperability is essential in responding to two trends in healthcare delivery. Firstly, healthcare delivery is becoming increasingly specialised and fragmented and as a result patients tend to move between various healthcare providers. Furthermore, there is a trend towards providing care in the patient's home and this trend is expected to intensify in light of the demographic trends towards an ageing population. Interoperable ICT solutions that provide the necessary information to patients and health professionals throughout the healthcare chain are essential tools for responding to these developments.

*The AER Secretariat thanks the County Council of Norrbotten (S) for their cooperation in formulating this AER contribution.*

*Information on the AER's activities on ehealth is available on our webpage:  
<http://www.a-e-r.org/home-en/main-issues/health/e-health.html>*

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