

Annex 2

Policy on healthcare infrastructures

There are already many data infrastructures in the healthcare sector, some with regional scope, some national. National infrastructures are available for certain specific types of information exchange, such as GP referral to secondary care. In the future, infrastructures will have to provide nationwide coverage for all care processes for which digital data exchange is mandatory. This can be achieved by linking up existing infrastructures or, where these do not yet exist, determining how they can be built.

In most cases, health information is only shared between care providers within a region. I therefore see an important role for such parties in working together at regional level on electronic data exchange and in deciding which infrastructures (regional or national) should be used. In view of the pending statutory obligation, I urge healthcare administrators to reach agreement with each other on data exchange at regional level (in so far as such agreements are not already in place), and to facilitate data exchange across regions. I am actively promoting this, for instance by supporting regional roundtables for healthcare administrators. This is crucial, because agreements have to be made in each region on the nature of data to be shared and how this is to be done before information (e.g. on medication) can be exchanged between all care providers and incorporated into existing work processes.

There are three key issues involved:

- Availability of linked-up infrastructures with nationwide coverage
A standardised infrastructure does exist in parts of the country for certain data exchange processes, such as for diagnostic imaging, but it is not yet available nationwide or linked up. In some regions, therefore, clinical handover still requires images to be copied to a DVD. Differences in available infrastructures, degree of connectivity and national coverage vary according to the type of data exchanged.
- Linking up infrastructures
Multiple infrastructures are in place for the same type of data exchange and these are not always linked up. For instance, secure email systems are not yet connected, so that care providers and patients need to use different options concurrently. I have already asked NEN to develop a technical standard for secure email exchange across all suitable infrastructures, in keeping with the prevailing security standards for the healthcare sector, in order to achieve nationwide coverage. I then want to apply the lessons learned to other data exchange processes. All care providers need to be able to communicate with each other electronically, irrespective of the infrastructure they use.
- Technological innovation
Naturally, there is enormous technological diversity among existing infrastructures. Technology advances all the time and an organisation might invest in the latest system, only to find counterparts opting for a newer alternative a short while later. For each data exchange process the roadmap will prescribe what interfaces infrastructures should have, so that older technologies that do not meet all the requirements can be phased out. Because innovation is an ongoing process, I will design the statutory obligation to always allow for adoption of new technologies and a controlled phasing out of old technologies.

Control of the overall process at national level is vital to address the issues above. This not only means encouraging regional collaboration, but also ongoing consultation with healthcare information technology (HIT) suppliers. I will also invite care professionals, patients and care purchasers to join this consultation.

Infrastructure requirements

For the time being I do not envisage a government role in the development of infrastructures. I will however set requirements for mandatory electronic data exchange infrastructures to be developed

by parties in the field. Nationwide coverage means care providers must be able to communicate with each other electronically using infrastructure that meets all the requirements. Whatever infrastructure they use to exchange data on medication, it must present the data in accordance with the field standards, so that it can be transmitted to the medication infrastructure of any other care provider in a manner that is entirely clear to the recipient.

To this end, all infrastructures need to be linked up, and to be capable of secure transmission of clear, unambiguous data. This will guarantee freedom of choice and innovation while ensuring that key requirements with regard to information security and accuracy are met.

Assessing HIT before market admission

We need to know that the requirements we agree on for systems and infrastructures are indeed applied by HIT developers. I will therefore lay down these agreements in legislation and introduce HIT certification so that suppliers can demonstrate compliance. As pledged, I have already spoken at length with NEN about the role it can play in this regard. This has resulted in the signing of a declaration of intent on establishing standards for terminology and technology. IT systems and infrastructures can be held to these standards through a system of certification.

My aim is to introduce certification for all processes where electronic data exchange is mandatory, and to ensure full transparency on which health data exchange systems and infrastructures are certified. Certification can also be a mandatory criterion of care institutions' procurement policy for IT systems or services, such as linking up with other infrastructures.

Building facilities

In my previous letter I underscored the need to facilitate the electronic exchange of health data. In some cases, government involvement may be called for, e.g. in developing an electronic address book of all care professionals, for which the national care providers register ('Landelijk Register Zorgaanbieders') set up by the Ministry of Health, Welfare and Sport might prove useful. In recent months, the sector has asked that government create an architecture for such an address book, including a standard and secure login for all care professionals. I will address this subject in greater detail in the programme that I will present to the House before this summer.