

TITLE of Good Practice/Experience		
Good Practices	<p>Under “Good Practices”, please report proven approaches to solving interoperability challenges for healthcare providers. You may wish to consult the two provided in the Ann</p> <ul style="list-style-type: none"> • Responses required 	
Organization*	NIJZ, Public health and eHealth authority.	
Name of expert & Position in the Organization	Lucija Tepej Jočić- eHealth expert	
What was the interoperability challenge for health care providers that you have addressed? (What & Why, Scope of interoperability project)*	Exchange of EHR on a national level	
How was this challenge addressed?*	National eHealth project. Establishing EHR platform and services (appointing	
	duration of the project-	Year completed-2015
What were the major enablers and pre-conditions?	EU funding; commitment of policy makers; the public nature of Slovenian healthcare system (all hospitals are MoH is the founder of hospitals, local communities are ;	
What type of tender did you use?*	Direct Award of Contracts	
	Prior Consultation	
	Public Call	✓
	Invitation by Grant Agreement	
	Other:	
Comment	In Slovenia public procurement is the only option in public sector	
Cross Border	Information exchange for cross border patient care	✓

Relevance (if any)*	Information exchange for public health and secondary use	-
	Information exchange for the patient	
Which interoperability use cases have you addressed?*	Laboratory orders/results	✓
	Imaging orders/results	✓
	Medication Prescription/dispensation	✓
	Discharge letters	✓
	Patients summaries	✓
	Patient referrals	✓
	Teleconsultation (patient/doctor)	
	Telecollaboration (doctor/doctor)	✓
	Public health reporting (reportable diagnosis & key interventions)	✓
	Other: e.g. Hospital Admissions/Bed Management at the regional level	
	Other: e.g. enter your UC name	
Other: e.g. enter your UC name		
What interoperability standards and profiles have you used for each of the above use cases?*	Laboratory orders/results	non-structured (pdf) only; national EHR platform (Central Registry of Patient's Data); IHE XDS
	Imaging orders/results	result only; exchange of images between major HCP, limited use
	Medication Prescription/dispensation	national ePrescription, fully deployed as of 2015; HL7 CDA
	Discharge letters	pdf only; non-structured (pdf) only; national EHR platform (Central Registry of Patient's Data); IHE XDS
	Patients summaries	national EHR platform (Central Registry of Patient's Data); based; combination of IHE XDS + Open EHR + HL7 CDA
	Patient referrals	national eAppointment system, for abooking appointments and reporting waiting lists for healthcare services; combination of IHE XDS + Open EHR
	Teleconsultation (patient/doctor)	VPN
	Telecollaboration (doctor/doctor)	TeleStroke, limited use
	Public health reporting	Public health data center (not related to eHealth): Statistical reporting; eHealth: Patient Summary records incl. diagnoses

		and medical procedures and
	Other: <i>e.g. Hospital Admissions/Bed Management at the regional level</i>	
	Other: <i>e.g. enter your UC name</i>	Patient web portal - access to all eHealth data
	Other: <i>e.g. enter your UC name</i>	
How did your project define its interoperability specifications?*	They were created by the project based on our own selection of standards and profiles	
	We referenced/reused the national interoperability framework	
	We ask the main vendor to set these specifications	
	Other:	✓
	Comment: Created by the project. Specifications were based on international standards. Implementation has aligned national specifics. APIs were developed to enable easier integration of HCP	
What interoperability testing strategy have you employed?*	Used a project mandated specific set of interoperability test tools before systems were interconnected?	
	Reused an existing set of interoperability test tools that were customized before systems were interconnected?	
	Tested the point of care systems by connecting them to a lab version of central systems	✓
	Other:	
What were the main implementation challenges you encountered	Spent a lot of time to connect each point of care systems	✓
	Comment:	This is an ongoing challenge due to diversity of HCP systems and processes. Far to scarce funding of ICT in healthcare. Issues with private HCP due to their lack the motivation and commitment to cooperate
	When interoperability issues occurred, it was complex to decide which system is at fault	✓
	Comment:	Ongoing challenge, addressed by national call centre (help desk). We have a multi level customer support. Coordination of SW vendors is complex
	We had long discussions on which standards to select	
	Comment:	

	Other:	diverse governance and funding of ICT systems
	Comment:	National eHealth services are financed and governed by the state. There is a free market of hospital information systems (HIS). Hospitals are free to chose their HIS-es . The state of art of HIS is poor (lack of funding, governance, competences, ...). Integration costs are often questioned-
	Other:	
Who were the perceived beneficiaries of your interoperability initiative?	Citizens/patients (e.g. improved care outcomes, improved citizen experience)	
	Health Professionals(e.g. improved workflow, access to information, re-use of data in research)	
	Hospital administration (e.g. reduction of waste, cost savings, improved monitoring)	
	Financial and social factors (e.g. market competitiveness, more jobs)	
	Health System (improved efficiency, quality and effectiveness, supporting learning systems)	
Did you use the Refined European Interoperability Framework (ReEIF) 5 layer model to analyse its interoperability	I am not aware of ReEIF: Yes	
Based on your experience, what can you recommend to others?	Small healthcare organizations (doctors, pharmacies, etc.	The diverstiy of choices depends on the situation on the MS. If national eHelath platform exists the HCP must do their best to connect and participate. If there's no national standard or initiative, follow national/regional/international standards. Professional associations may join their efforts in ICT procurement (e.g. joint procurement of eHealth SW)
	Large healthcare organizations	The diverstiy of choices depends on the situation on the MS. If national eHelath platform exists the HCP must do their best to

		connect and participate. If there's no national standard or initiative, follow national/regional/international standards. Consider multilateral cooperation, joint ICT procurements.
	Policy makers at EU level	Consider existing standards and participate in their development, Support MS to establish strong national eHealth networks (by regulatory framework and guidelines, by funding mechanisms)
	Policy makers at Member State Level	Foster strong national eHealth networks, consider existing standards and participate in their development