

# REMAINING CHALLENGES LINKED TO RESEARCH INTO RARE DISEASES







# The future Regulation of the European Health Data Area: Primary use

# Field

# **People rights**

# Obligations of states

Public and private professionals and care providers

### **Market**

# **Entities**

## **New features introduced**

- . Access, add, and transfer their data between healthcare providers
- 2. Authorize representatives manage their data
- Know access to their data
- 4. Obtain copies and transfer between healthcare systems in EU-HER format
- 1. Free Access service, with the possibility of representation
- 2. Establish access by types of professionals
- 3. Include eIDAS electronic identification
- 4. Join MiSalud@UE
- 5. Onboard all healthcare providers
- 1. Use compliant EHR systems and have updated data
- 2. Join the national MiSalud@UE system
- Manufacturers, representatives, importers => compliant EHR systems, self-declaration
- Includes well-being apps, health products and high-risk AI systems, which declare interoperability with EHRs (selfdeclaration and voluntary label)
- 1. Digital Health Authority as National contact point for connection to MyHealth@EU
- 2. Market Surveillance Authority (verification, risks and non-compliance, sanctions regarding the conformity of EHRs) with functions closer to the field of Consumer Affairs





# The future Regulation of the European Health Data Area: Secondary use (I)



**EHDS COUNCIL** 



AND COMMISSION





















# The

e future EHDS Regulation: Secondary use (II)		
	Field	New features introduced
	People rights (natural and legal)	<ol> <li>Data Access requests</li> <li>Within the scope of the Regulation (applications via HDABs, permitted purposes, evaluation of applications, pseudonymised or anonymized data), consent is not necessary</li> <li>Information process is carried out through general publication on a website</li> </ol>
	Health Data access Bodies	<ol> <li>Application management system and national data catalogue</li> <li>Annual report to the Commission</li> <li>Examination, processing and authorization of applications</li> <li>Obligation of a safe treatment environment</li> <li>Transnational collaboration (with other HDABs)</li> <li>Mutual recognition of requests between HDABs</li> </ol>
	Obligations of the owners	<ol> <li>Describe, label data and communicate to Health Data Access Body data and access</li> <li>Manage the own requests in a secure environment</li> <li>Provide the data requested by HDAB</li> <li>Provide elborated data received</li> <li>Do not provide non-personal data.</li> <li>The possibility of charging fees is contemplated</li> </ol>
	Obligations of the users	<ol> <li>Submit and justify requests, make results public, and return elaborated data</li> <li>Become co-responsible for the treatment</li> <li>Avoid prohibited uses, de-anonymization and transfer to third parties</li> </ol>
	Entities	<ol> <li>A national Health Data Access body(ies) is contemplated</li> <li>Authorized participants are considered in HealthData@EU</li> </ol>

3. The connection to MyHealth@EU is included for the national contact point





# 1) The future European Health Data Space

- Primary use => patient control over their data and add other data held by the patient, continuity of care, data sharing among healthcare professionals.
- Secondary use => new capabilities for research, a consistent framework for data usage throughout the EU, secure processing environments.

# 2) The digital transformation of healthcare

- Bringing healthcare closer to patients, especially the most vulnerable.
- Facilitating collaboration among professionals and care levels.
- Incorporating new technologies like AI supported by data in research, diagnosis, and personalized and continuous treatment (IoMT telemonitoring).

Personalized Digital Care Plan → UNIQUES Network, for pediatric rare diseases care.



















# **UE 23**

# Objectives and scope plan (Pending final approval Addendum Spanish recovery plan)

# **Areas**

# **Data Capture**

Ingestion, storage and interpretation of patient data from activity monitoring devices and **IOMT**.

# Monitorization Health

# Diagnostic Support



### **Information Generation**

Alerting, monitoring and diagnostic support tools and utilities for professionals based on monitorin patient and EHR data

# Personalized Digital Care (PDC)

Definition and implementation of **care processes** for patient groups and pathologies with **collaboration** among professionals.



# **Impact**

Analysis of the impact of the processes and tools for care and change management on the implemented use cases.













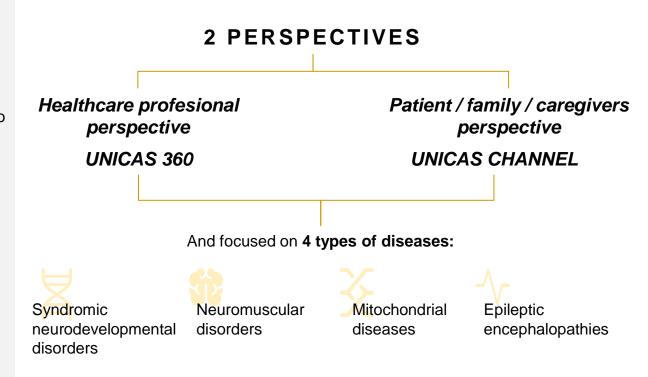
# PDC Plan use case

(Pending final approval Addendum Spanish recovery plan)

Caring for pediatric rare diseases patients in any care node of the UNICAS network as if they were treated in the reference center for their pathology, regardless of the Autonomous Community in which they reside.

### **GOALS**

- Provide comprehensive care through a network of 27 Hospitals
- Focused on pediatric patients with rare diseases
- Provide these 27 UNIQUE network nodes with tools, processes and protocols to establish a Personalized Care Model on the NETWORK.
- CoordinatesMinistry of Health, co-leads Catalonia and Madrid.
- Catalonia will develop components for all Regions on agreed tech architectures
- Participating Regions=> more than 150 experts in functional groups and ICT
- Ministry of Health =>
  - √ Governance and data quality,
  - √ information exchange services,
  - √ Terminology and ontology servers,
  - √ advanced analytics











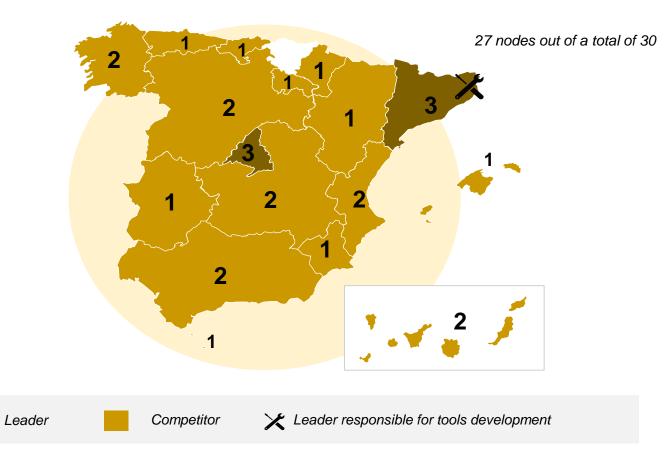




# PAC Plan use case

(Pending Addendum signing to the PRTR)

# NUMBER OF NODES BY AUTONOMOUS COMMUNITY AND THEIR ROLE











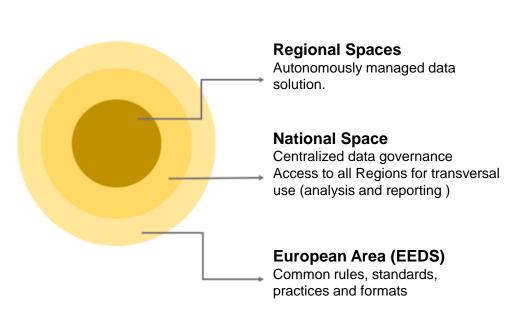
# **National Health Data Space**



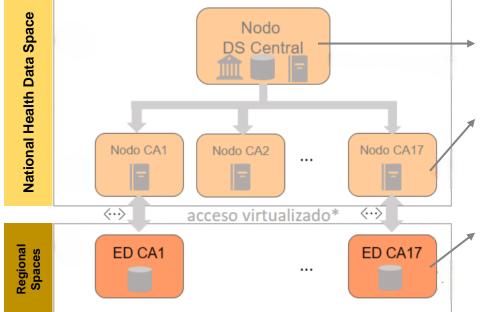
The main **objective** is to provide resources that facilitate **the development and implementation of massive data processing projects** by **Autonomous Communities, Ministry**, **research centers and units**.

# Reference model

# A scheme of **federated data spaces is proposed**:



# Architecture overview of the National Health Data Space at a high level:



### Central node

Abstraction layer to the different catalogs/Regional nodes. It will provide computation and storage.

### NHDS regional nodes

They allow the publication and access to anonymized data

# CA's (Regional) own space

Each AC/Region its own platform of data. Depending on the use case, the data can remain in the Regional spaces without the need for replication











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