

The European Health Data Space

Overview - Secondary use

Slovenian general assembly

SANTE C1

EHDS – the first sector specific European Data Space



- Driven by stakeholders
- Rich pool of data of varying degree of openness
- Sectoral data governance (contracts, licenses, access rights, usage rights)
- · Technical tools for data pooling and sharing



Personal



Technical infrastructure for data spaces

Edge Infrastructure & Services Cloud Infrastructure & Services

High-Performance Computing

Al on demand platform

Al Testing and Experimentation Facilities



EHDS in a Nutshell – what is it about?

- 1. Primary use = use of data for the delivery of healthcare.
 - Ensuring patients' right to access their health data wherever they are in Europe;
 - Ensuring seamless exchanges of health data for continuity of care.
- 2. Secondary use = use of health data for a different purpose than the one they were initially collected for.
 - Making data available for research, innovation, policy-making etc. in a secure and streamlined way.
- 3. Requirements for electronic health record (EHR) systems
 - Creating a single market for electronic health record systems, supporting both primary and secondary use with the European Electronic Health Record exchange format.



2 Secondary Use

What are the benefits for whom?
Who will have to make which data available?
How can users apply for access to data?
What are the safeguards?
What infrastructures will provide support?



EHDS in a Nutshell – Secondary Use

Secondary use = reuse of data for research and policy making

How?

- Common European rules on <u>who</u> has to make <u>which data</u> available for <u>which purposes</u> and under <u>which conditions</u>
- No need for patient consent to access data, possibility for <u>citizens to optout</u> from the reuse of their health data
- Common infrastructure: HealthData@EU
- Data catalogues of available datasets
- Permits for data use, common safeguards



Safeguards



Secure Processing Environment (SPE)

Data access only to authorised users.

State-of-the-art measures to prevent unauthorized data modification, access, or removal.

Download of personal data strictly prohibited.

Only aggregated results and fully anonymized data can be extracted.

Natural persons shall have the right to opt-out from the secondary use of their health data

at any time + without stating reasons

this right is reversible

through an easily accessible and understandable mechanism

with the possibility for MS to have rules to ensure that for **selected purposes of public interest**, on **a case-by-case basis** and under **strict conditions**, also data of opted-out people may be made available

Additional Safeguards



Legal and organizational measures to protect intellectual property and personal data.

Obligations to **inform individuals about data use** and their rights under data protection laws.

Public transparency on data processing activities and outcomes.



Data Minimization and Purpose Limitation

Access limited to data adequate, relevant, and necessary for specific, approved purposes.

Pseudonymized data provided unless anonymized data suffices, with strict controls on de-identification.



Data categories



electronic health data from EHRs;

healthcare-related **administrative data**, including dispensation, claims and **reimbursement** data

automatically generated personal electronic health data, through medical devices;
data from wellness applications;
other health data from medical devices.





population-based health data registries (public health registries);

data from medical registries and mortality registries; data from registries for medicinal products and medical devices;

health data from biobanks and associated databases.



human genetic, epigenomic and genomic data;

other human molecular data such as proteomic transcriptomic, metabolomic, lipidomic and other omic data;

Data on factors impacting health, including socio-economic, environmental and behavioural determinants of health;

Aggregated data on **healthcare needs**, **resources** allocated to healthcare, the provision of and access to healthcare, healthcare expenditure and financing;

Pathogen data, impacting on human health

data from clinical trials, clinical studies and clinical investigations subject to Regulation (EU) 536/2014, Regulation [SOHO], Regulation (EU) 2017/745 and Regulation (EU) 2017/746, respectively;



data from **research cohorts**, **questionnaires** and surveys related to health, after the first publication of results



Data holders: who is in scope?

- Any natural or legal person, public authority, agency or other body in the health or care sectors; including reimbursement services when necessary;
- Any natural or legal person **developing products or services** intended for the health, healthcare or care sectors; developing or manufacturing wellness applications;
- Any natural or legal person **conducting research** related to the healthcare or care sectors;
- Any natural or legal person acting as a mortality registry;
- As well as any institution, body, office or agency of the Union;



Having the right or obligation to process or the ability to make these data available.



Exemptions

Individual researchers and natural persons

Micro-enterprises as per Recommendation
2003/361/EC

National provisions

Possibility for MS to extend obligations to exempted entities.

Possibility for MS to designate intermediary entities to fulfill these duties.

Notification to the Commission of any relevant national legislation.



Prohibited and allowed purposes

- Making decisions detrimental to individuals or groups based on electronic health data, qualifying as decisions if they have legal, social, or economic impacts.
 - Making employment-related decisions or offering less favorable terms in goods or services based on health data, including discriminatory decisions affecting insurance, credit, or loans.
 - Conducting advertising or marketing activities.
 - Developing products or services that could harm individuals, public health, or society, including illegal drugs, alcohol, tobacco, weaponry, or addictive products.
 - Engaging in activities that conflict with ethical standards set by national law.



 Public interest in the area of public and occupational health, such as activities for protection against serious cross-border threats to health and public health surveillance or activities ensuring high levels of quality and safety of healthcare, including patient safety, and of medicinal products or medical devices;

- Policy making and regulatory activities to support public sector bodies or Union institutions, agencies and bodies, including regulatory authorities, in the health or care sector to carry out their tasks defined in their mandates;
- Statistics, such as national, multi-national and Union level official statistics defined in Regulation (EU) No 223/2009 related to health or care sectors;

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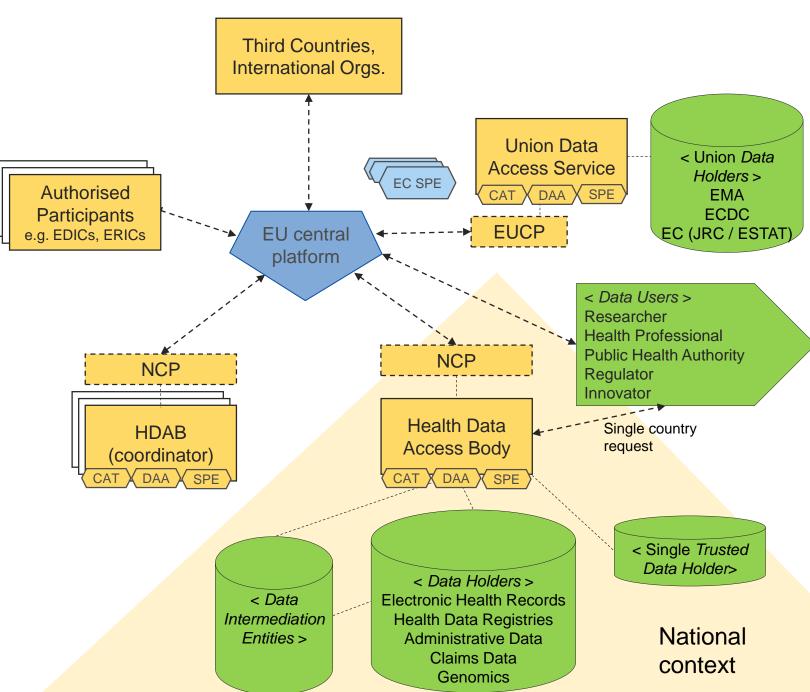
Reserved for public
sector bodies and
Union institutions,
offices, and agencies
carrying out tasks
under Union or
national law,
including third-party
data processing on
their behalf.

- education or teaching activities in health or care sectors at the level of vocational or higher;
- scientific research related to health or care sectors, contributing to public health or health technology assessment, or ensuring high levels of quality and safety of health care, of medicinal products or of medical devices, with the aim of benefitting the end-users including: development and innovation activities for products or services; training, testing and evaluating of algorithms, including in medical devices, in-vitro diagnostic medical devices, AI systems and digital health applications;
- improving delivery of care, treatment optimization and providing healthcare, based on the electronic health data of other natural persons.

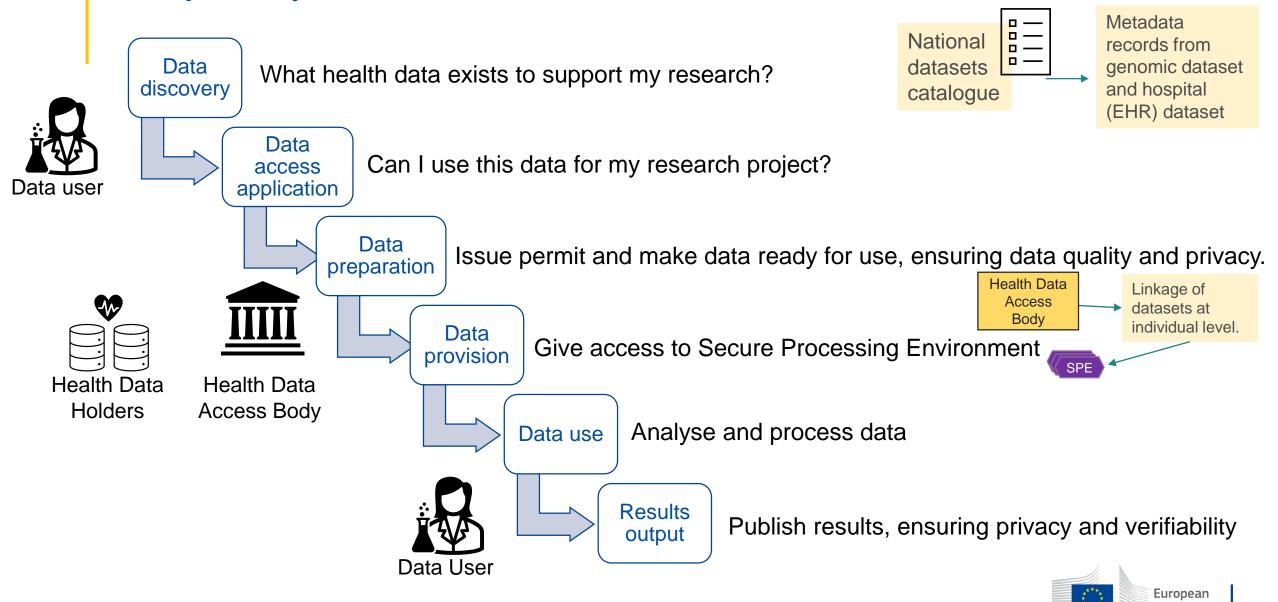
Cross-border secondary use infrastructure

HealthData@EU





User journey of a researcher



Timelines and implementation

By when will all of this happen? How do we get there?



Update on the regulation

Signature & publication in OJ

Signature 12th of February 2025

Publication in the OJ 5th of March

High-level
conference to
celebrate the
adoption of the EHDS
regulation
18th of March
Co-organised with the

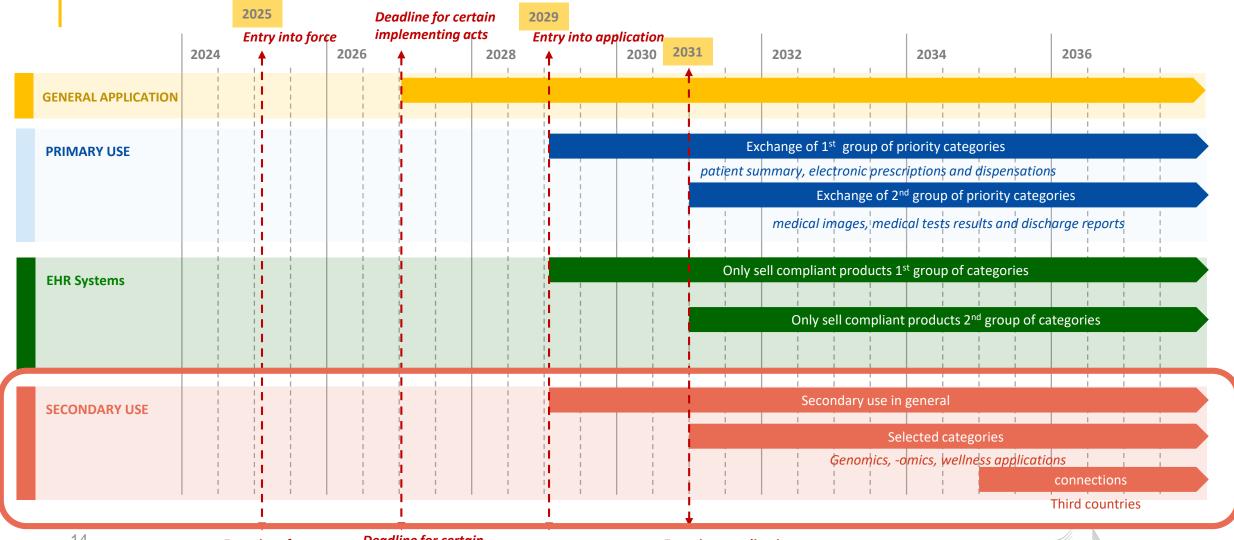
Polish Presidency in

Brussels

Entry into force
26th of March
Start of the transition
period towards entry
into application!!!

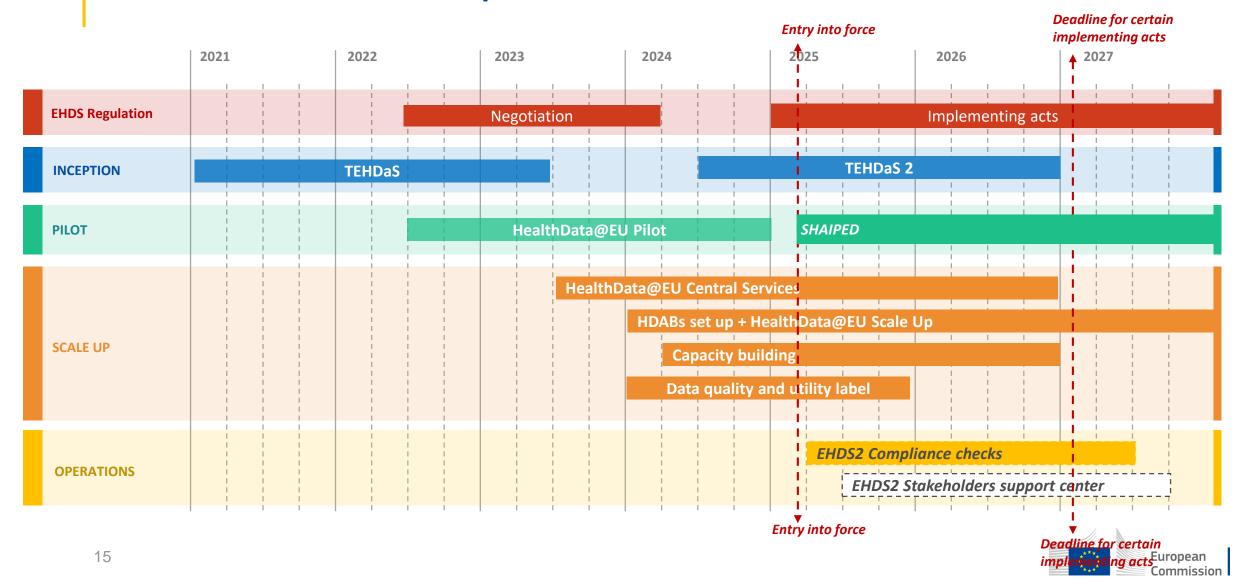


EHDS – Overall timeline for application





EHDS2 – Roadmap



Thank you!

