To:

Andri Papadopoulou Scientific Officer European Commission Joint Research Centre Directorate F - Health, Consumer and Reference Material Ispra Cc Simona Martin and Jarislow Waligora

October 30th, 2017

Dear Mr Papadopoulou,

Considering the right to access to highest standards of care, including the most vulnerable children, pediatricians and experts together at round table conference during European Academy of Paediatrics (EAP) Congress in Ljubljana, Slovenia, October 14th, 2017 would like to -Encourage the use of harmonized European data set for surveillance of preventive child health schemes in an electronic health record to enhance the diagnosis in childhood -Support an inclusive holistic medical and social approach for all children with rare and disabling conditions with semantic interoperability in medical practice where data sets can be exchanged between the different stakeholders.

Liesbeth Siderius David Neubauer Arunas Valiulis

Chair Rare Diseases Chair Ethics Treasurer and EC Member of

Working Group EAP Working Group EAP EAP/UEMS-SP Primary care pediatrician Professor at Professor at

GGD IJsselland University Childrens Hospital University Clinic Childrens Diseases

Zwolle Ljubljana Vilnius
The Netherlands Slovenia Lithuania

With contributions of:
Mitch Blair (UK)
Manfred Pretis (Austria)
Urh Groselj (Slovenia)
Breda Sustersic (Slovenia)
Jernej Zavrsnik (Slovenia)
Mojca Zerjav Tansek (Slovenia)

Contact: E.J. Siderius

Email: e.siderius@kpnplanet.nl

E.J. Siderii

Note:

A letter with the same content has been send to: Mr Seychell, Deputy Director General, DG SANTE, European Commission And the Members of Expert Panel on Effective ways of investing in Health

Background

The European Academy of Paediatrics (EAP) considers sustainable strategies to be essential to promoting child health, that build on multi-sectoral approaches for guaranteeing the rights of child. Rare diseases specificities should be integrated into national systems assessing a person's level of functioning, in line with the United Nations Convention on the Rights of Persons with Disabilities. Most rare conditions involve diagnostic confirmation and a pro-active multidisciplinary approach. During the focus on specialty care for the child, fragmentation may occur in which the role of primary care may be neglected. Chronic and rare conditions require holistic, comprehensive and coordinated joint management among primary care, specialists, and families.

The World Health Organization states that a collaborative management approach at the primary health care level involving patients, their families and other health care providers may reduce the burden of disease for the child, family, and society. (EAP statement 2011)¹.

The EU Commission Expert Group on Rare Disease on social services, stated in April 2016 that²:- Member States (MS) should promote measures that facilitate multidisciplinary, holistic, continuous, person-centered and participative care provision to people living with rare diseases, supporting them in the full realization of their fundamental human rights. MS should promote measures that support patients/families affected by rare diseases to participate in decisions regarding their care plan and their life project and transfer of information between care providers, within the limits of data protection legal frameworks.

The EAP's considers the promotion of digital innovation as a tool to enhance access to healthcare, prevention, a holistic approach of the child's health. The principles of universal data collections, have great advantages for shared and community care. In 2015 the Slovenian National Institute of Public Health (Nacionalni Inštitut za Javno Zdravje) launched the PARENT model for developing comparable and interoperable patient registries³ in clinical fields of identified importance (e.g. chronic diseases, medical technology). Interoperability is the key prerequisite. In essence, the semantic interoperability is a highly structured, rule and standard-rich segment governing terminology, knowledge, standard interpretation and document interpretation, identifiers, etc. all agreements should aim to be compliant with standards or practices dominantly accepted for a particular area, particularly if determined at EU level.

In a holistic semantic structure of primary care, hospital care and integrated person centered care all stakeholder should include the use of the terminologies identified in the PARENT project. It is evident that these structures are not in place and /or locked in vendor dependent IT systems. The openEHR is an example of open, exchangeable, non-for-profit, vendor-independent platform.

Hearing experiences presented at the round table conference on October 14th 2017 during the Congress of the EAP in Ljubljana the following should be addressed to facilitate a European holistic child health approach:

Primary Care

Defining minimal European data screening and surveillance schedules for electronic health records in the different countries including communications between primary care, specialist care and patient's families with the aim to accelerate the early diagnosis in childhood *Multidisciplinary medical approach for rare and complex disabling conditions including*:

- -General data collection for epidemiology as supposed by the **EUROPEAN PLATFORM ON RARE DISEASES REGISTRATION (EU RD Platform)** and
- -Support to implementation of standards for semantic interoperability in the EU that facilitate a mechanism of data sets exchange between the different stakeholder in specified rare and disabling conditions

Social Care

Usage of electronic ICF-meta language tool for children with chronic disabling conditions.

- $1. http://eapaediatrics.eu/wp-content/uploads/2015/12/EAP-Statement-11-12-2011-.pdf \\ 2. https://ec.europa.eu/health//sites/health/files/rare_diseases/docs/recommendations_socialservices_policies_en.pdf \\ 3. http://patientregistries.eu/$