The Standing Committee of European Doctors (CPME) represents national medical associations across Europe. We are committed to contributing the medical profession's point of view to EU and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues.

Statement on Electronic Health Record Systems

Feasible, Functional, Findable

The ongoing technical developments and complex architecture of the EHR systems render difficult to predict its implementation and consequent day-to-day interaction with doctors and across the medical specialties.

As an association that represents direct users, CPME reaffirms the importance of being involved in the conception and design of the EHR system and the European Electronic Health Record Exchange Format (EEHRxF).

European Doctors call your attention to the following key aspects for an effective electronic health record exchange:

1. The electronic health record (EHR) is an important clinical tool which needs to be efficient, structured, accurate, concise, complete to the extent possible, and validated by an identified registered healthcare professional with the appropriate competence.

2. The relevant fields in the electronic file are different for each professional and medical specialty, and those fields should be easily identified, found, selected, and sorted.

3. The EHR must be designed in a user-friendly way to support healthcare professionals in their tasks and reduce current administrative work. Accessing information should be straightforward and taking into account national access protocols. Retrieving and modifying information nationally should be through existing systems in place to limit disruption.

4. An EHR aggregates medical information of a lifetime and can become very large. EHRs must be used as a useful tool for everyday clinical practice. Overloading doctors with data must be avoided as it delays consultations.

5. The EHR and health information exchange should not become an additional digital burden aggravating administrative burnout.[1] To this end, doctors need to have an active role in the development, implementation, and governance system of the EHR, with local teams (doctors, nurses, and other direct users) requiring continuous systemic support.

6. Organisational capacity needs to be built at national level from the healthcare providers' side and across medical specialties. National Medical Associations need to propose to their governments to establish a formal communication network composed by medical doctors using current EHR systems with IT (information technology) academic competence per medical specialty who can be consulted when developing and implementing the EHR nationally. This profile of doctors needs to be promoted to advise upstream and downstream, ensure data quality, coordination and facilitate implementation. Technical and semantic specifications for national and cross-border exchange of health data cannot be made without the continuous direct user clinical involvement. The results of the consultations and discussions should be transmitted to the European fora and the European Commission.

7. EHR and interoperability improve patient safety and health system efficiency, and benefit society as a whole. However, implementation is costly. The high costs of the EHR software, hardware, maintenance, cloud storage and training cannot be paid for by healthcare professionals. So far, the funding discussed at the EU level is low compared to the expected costs and does not address individual professionals.[2] An explicit commitment in a legislative text is mandatory to provide funding at individual level. Many Members States have already invested enormous resources in the digitalisation of healthcare. The implementation of the EEHRxF must not entail unreasonable burdens on those Member States or require them to abandon well-functioning EHR's that are already in place.

[1] Doctors spend too much time on administrative work in detriment of patient time. Although with some variations, at least 40% of a doctor's time is spent on admin (15h -20h per week) which is considerably high. Please see James Barnett, *Administrative Tasks Take Up More Time than Patient Care for Many PCPs*, 17 October 2022, <https://peoria.medicine.uic.edu/administrative-tasks-take-up-more-time-than-patient-care-for-many-pcps/>; The Commonwealth Fund, *Overworked and Undervalued: Unmasking Primary Care Physicians' Dissatisfaction in 10 High-income Countries. Findings from the 2022 International Health Policy Survey,* 16 August 2023, <https://www.commonwealthfund.org/publications/issue-briefs/2023/aug/overworked-undervalued-primary-care-physicians-10-countries>; Porter, J., Boyd, C., Skandari, M.R. et al, *Revisiting the Time Needed to Provide Adult Primary Care*, Journal of General Internal Medicine 38, 147–155 (2023), <https://doi.org/10.1007/s11606-022-07707-x>.

[2] A study conducted in the Netherlands by KPMG, requested by the Dutch Minister for health, concluded that the estimated structural costs for the government for implementing the European Health Data Space (EHDS) in 5 years was up to €2 billion. For the medical community (health care providers, EHR-providers, secondary users, research institutions, industry) it would be up to €1.2 billion, "Ministerie van Volksgezondheid, Welzijn en Sport (hierna: VWS) Financiële impactanalyse European Health Data Space", 25 November 2022, <https://open.overheid.nl/documenten/ronl-188e974c295399237f91d9fa6053ed8b4850a371/pdf>.

8. Terminology standards enabling semantic interoperability[3] play a crucial role in successful clinical data preparation and many different possibilities for reuse. CPME supports the capacity to express the informational content of health data exchanges using appropriate semantic and syntactic international standards. Continued coding as per existing national protocol is advised to avoid disruption and increased workload. The European Commission should foster the implementation of semantic interoperability for medical concepts at the level of the EU and Member States. The EEHRxF should be capable of exchanging patient records in all relevant clinical cases.

9. The EHR should support trust, transparency and collaboration between patients and healthcare providers. It is crucial that the source/author of any data is clearly identified whether it be the patients or their representatives, general practitioner, or specialist. Additionally, each participant in the healthcare system should have the right to personal thoughts or notes without the obligation to share them with others. It is acknowledged that persons are legally responsible for the data they have inserted in the system.

[3] For the purposes of this statement, *'semantic interoperability is the ability of computer systems to exchange data, with unambiguous meaning. It is a requirement not only for health data* [to] *be shared between different systems or applications, but for them to be understood.'* – Please see Pan American Health Organization and World Health Organization, Introduction to Semantic Interoperability / Digital Transformation Toolkit, Knowledge tools, Washington D.C, 2021, <https://iris.paho.org/handle/10665.2/55417>.