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.

Response to Xt-EHR Joint Action Questionnaire on Cross-Border Telemedicine in the EU:

Information gathering for policy harmonisation

Questionnaire:

Xt-EHR Joint Action

Cross-Border Telemedicine in the EU: Information Gathering for Policy Harmonisation

This questionnaire is designed within the scope of the joint action Xt-EHR - The Extended Electronic Health Record as part of the deliverable ***D9.3 "Requirements for Large-Scale Uptake of Telemedicine Services****" under the initiative* ***MyHealth@EU****. The focus is to understand and map out the complexities and requirements for enhancing cross-border telemedicine services within the EU, aligning with the objectives of the proposed* ***European Health Data Space (EHDS)*** *regulation.*
The aim of ***Work Package 9,*** *which this questionnaire supports, is to lay the groundwork for implementing robust, interoperable telemedicine services across EU member states. The insights gathered from this questionnaire will directly contribute to the deliverable D9.3, helping to establish a framework that will enhance the provision of health services and data accessibility across borders.*

Purpose

The primary objective of this questionnaire is to gather expert insights and recommendations on cross-border telemedicine practices, which will help to refine policy measures and technical specifications for the ***MyHealth@EU*** *services. This information will be crucial for identifying and understanding the* ***legal, technical, and social barriers to telemedicine implementation*** *and proposing actionable, harmonized strategies to address these challenges.*

Instructions

Please answer the following 6 questions. They include:

- *Multiple-choice questions: Please select the appropriate response(s).*

- *Open-ended questions: Provide detailed responses where applicable.*

The estimated time to complete this questionnaire is approximately 10-15 minutes.
Thank you for your valuable contributions to this important initiative. Your input will play a fundamental role in shaping the future of cross-border telemedicine services within the EU. The data collected through this questionnaire will be used solely for analysis related to this deliverable and will be managed confidentially, without disclosing individual participant information.

I - General comment from CPME:

- The responses below have been collected with the support of the CPME members of the WG Digital Health, who reached out to different experts at national level. The feedback collected goes beyond CPME policies and reflects national level experiences which may not be shared across all Member States.
- For future surveys, and where appropriate to reach out a maximum number of doctors, CPME would advise to translate the questionnaires into the different EU official languages.

1. Can you please provide scholarly papers, articles, white papers or reports on cross-border telemedicine in the EU? (Please share the title and link if available.)

- CPME Policy on Telemedicine (2021), https://www.cpme.eu/api/documents/adopted/2021/3/CPME_AD_Board_20032021_012.FINAL_.CPME_.Policy.on_.Telemedicine.pdf
- Factsheet PIEZO PS-A, https://www.ncpeh.nl/documenten/publicaties/2023/04/24/factsheet-piezo-ps-a_april-2023 and video https://www.ncpeh.nl/project-ps-a
- CNOM Report on telemedicine misuse (« Mésusage de la télémédecine ») (2023), https://www.conseil-national.medecin.fr/sites/default/files/external-package/rapport/10ax7i9/cnom_mesusage_de_la_telemedecine.pdf
- For a digital periodical medical preparticipation evaluation (PPE): Ionescu, Anca Mirela, Yannis P. Pitsiladis, Sandra Rozenstoka, Xavier Bigard, Herbert Löllgen, Norbert Bachl, Andre Debruyne et al. "Preparticipation medical evaluation for elite athletes: EFSMA recommendations on standardised preparticipation evaluation form in European countries." BMJ Open Sport & Exercise Medicine 7, no. 4 (2021): e001178. https://bmjopensem.bmj.com/content/7/4/e001178

- Czech Republic: event organised in 2024 on "Innovation in Medicine: Cross-Border Cooperation between the Czech Republic, Slovakia and Poland", https://www.msk.cz/cs/kraj/mezinarodni/inovace-v-medicine--preshranicni-spoluprace-mezi-ceskou-republikou--slovenskem-a-polskem-20531/
- Lewerenz, Simon, Diogo Martins, and Henrique Martins. "Assessing Cross-Border Telemedicine Data Exchange in the European Union: A Call to Action." *Telemedicine and e-Health* 30, no. 11 (2024): 2759-2762, https://pubmed.ncbi.nlm.nih.gov/39137057
- Legido-Quigley, Helena, Nora Doering, and Martin McKee. "Challenges facing teleradiology services across borders in the European union: A qualitative study." *Health policy and technology* 3, no. 3 (2014): 160-166, https://www.sciencedirect.com/science/article/abs/pii/S221188371400029X
- Bensemmane, Sherihane, and Rita Baeten. "Cross-border telemedicine: practices and challenges." *Observatoire social européen* (2019), https://www.ose.be/sites/default/files/publications/Bensemmane_Baeten_2019_OseResearchPaper44_1.pdf
- Saliba, Vanessa, Helena Legido-Quigley, Riina Hallik, Ain Aaviksoo, Josip Car, and Martin McKee. "Telemedicine across borders: a systematic review of factors that hinder or support implementation." *International journal of medical informatics* 81, no. 12 (2012): 793-809, DOI: 10.1016/j.ijmedinf.2012.08.003
- Aaviksoo, Ain, and Priit Kruus. "Cross-border potential of telemedicine solutions." *Eurohealth* 19, no. 4 (2013): 24-26, https://iris.who.int/bitstream/handle/10665/332990/Eurohealth-19-4-24-26-eng.pdf
- Background paper: Cross-border healthcare in the EU, European Court of Auditors, https://www.eca.europa.eu/en/publications/BP_CBH
- TeleSCoPE: Telehealth Services Code of Practice for Europe, https://interoperable-europe.ec.europa.eu/collection/ehealth/document/telescope-telehealth-services-code-practice-europe-telescope
- Joint Action to support eHealth Network, Report on EU state of play on telemedicine services and uptake recommendations (2017), https://health.ec.europa.eu/system/files/2018-02/ev_20171128_co09_en_0.pdf
- Impact Assessment on the European Health Data Space (EHDS), https://health.ec.europa.eu/publications/impact-assessment-european-health-data-space_en.

- Cross-border health care in Europe, https://who-sandbox.squiz.cloud/__data/assets/pdf_file/0009/263538/Cross-border-health-care-in-Europe-Eng.pdf

2. Can you share any best practices or successful strategies related to telemedicine services in your country?

- Czech Republic: telemedicine is gradually being implemented by individual healthcare providers. New procedures are being systematically introduced by the National Telemedicine Center of the University Hospital Olomouc, https://ntmc.fnol.cz/
- Latvia:
    - Since Covid-19 pandemic teleconsultation became a legal way of providing healthcare services in primary healthcare and secondary care, both private and state sector.
    - Paediatric surgeons use remote consultations for patients located in remote regions. Mobile technologies are also used to exchange experience, allowing medical professionals to consult remotely with colleagues and share experiences.
    - Sports physicians' online consultations during important sports events (e.g. Paris 2024 Olympic and Paralympic Games), as considered appropriate by the physician (e.g. clearer diagnostic, second opinion and treatment).
- Netherlands:
    - Landelijk Schakelpunt (National Switching Point). In the Netherlands, the exchange of medical data through the National Switching Point (LSP) is surrounded by numerous technical and organisational measures and agreements. These are laid down in the AORTA agreement system. AORTA describes all agreements and rules that apply to the infrastructure of the LSP and its use. The agreement system has come to light due to intensive cooperation between all parties involved in the healthcare field and under the coordination of the Healthcare Communications Providers Association (VZVZ). The documentation of AORTA is public. AORTA is continuously under development and has a well-documented version management.
    - Telemedicine Clinic - TMC is an organisation for reporting radiology images around the world, https://www.telemedicineclinic.com/. TMC plays a crucial role in radiology by providing remote reporting services to address the global shortage of radiologists. During the night, radiology images from the UK are sent to Australia, where TMC employs radiologists to interpret and report on the scans.

This ensures continuous, timely diagnostics while leveraging the time zone difference. Additionally, TMC offers specialised radiology services for complex cases across Europe. Highly skilled subspecialist radiologists provide detailed reports on specific imaging studies, such as advanced oncological imaging or complex musculoskeletal scans, ensuring that hospitals and clinics receive expert insights regardless of their geographic location. This model not only addresses resource constraints but also enhances the quality of patient care by providing access to top-tier radiological expertise. https://www.telemedicineclinic.com/

- Slovenia: There are many telemedicine services. During Covid-19 they became increasingly important to cope with the healthcare burden. Currently, Slovenia lacks an implementation strategy for integrating telemedicine into the healthcare system and clinical practice. Telemedicine solutions often emerge independently or within the framework of research and development projects. Many of these solutions end with the completion of their funding, while only a few, despite the absence of systemic conditions (such as sustainable financing), continue to be used in clinical practice. In a research by Rant, Živa. "Telemedicine in Slovenia." (2021), https://aisel.aisnet.org/bled2021/12/, various telemedicine services were identified as currently in use or being piloted in Slovenia's healthcare system. These services have been categorised into the following groups:

    1. **Telemonitoring (remote monitoring of patients)**
        - **Centre for Remote Health (CEZAR)**: Developed by the company RC eNeM d.o.o., CEZAR provides telemedicine support for patients with chronic diseases like type 2 diabetes. Since 2014, it has operated within the **Slovenj Gradec General Hospital**. CEZAR received a Silver Award for Innovation from the Slovenian Chamber of Commerce in 2017.
        - **E-Health by Telekom Slovenije**: Recognised as a best practice under the EU HOPE program, this platform facilitates telemonitoring and teleinterventions, improving healthcare access during the COVID-19 pandemic and is in clinical practice since in the **University Medical Centre Ljubljana** for telemonitoring chronic diseases – diabetes type 2, chronic heart failure, arterial hypertension and asthma and COPD.
        - **SOSTOP System**: An integrated telemedicine platform developed by Ipmit d.o.o. and Nova Vizija d.d. It connects the ProMedica healthcare information system with Vitabits telemedicine solutions. It provides continuous monitoring and medication reminders to patients.
        - **T-MED Gluco**: This service supports diabetic patients in managing their condition at home through self-monitoring and data sharing with healthcare professionals.

- **E-Car service**: Developed by Telekom Slovenije and the Slovenian Association of Pensioners, this service ensures safety for elderly individuals at home by providing emergency alerts and remote support.

2. **Remotely connecting patients with healthcare providers**
   - **doZdravnika.si**: A platform by SRC Infonet that allows patients to schedule appointments, request e-prescriptions, and conduct video consultations. Over 21,000 users are registered.
   - **Hipokrat - eCollaboration with Patients**: This service enables healthcare providers to interact with patients via documentation exchange and video consultations.
   - **PriZdravniku Module**: Allows patients to access their medical records, schedule appointments, and receive updates via SMS or email.
   - **Gospodar Zdravja (Health Manager)**: Offers secure e-communication between patients and healthcare providers and facilitates appointment scheduling.

3. **Remote healthcare professional collaboration**
   - **TeleKap (Telestroke**): A service designed for emergency physicians to consult with neurologists from the Ljubljana University Medical Centre for stroke cases.
   - **Teleradiology**: Enables healthcare providers to exchange radiological images and reports electronically, ensuring faster diagnoses and consultations.
   - **Teletransfuzija**: Used nationally for interpreting blood transfusion tests remotely, reducing the need for transfusion specialists to be physically present.
   - **TeleFarma**: Provides pharmacists with remote access to patient data, ensuring consistency in pharmaceutical care.
   - **eConsultation**: A service for primary care doctors to consult specialists electronically, reducing the need for patients to visit specialists in person.

3. Are you aware of any cross-border telemedicine initiatives, projects or pilots within the EU? If so, please provide details.

- eHealth Digital Service Infrastructure (eHDSI) and MyHealth@EU, https://health.ec.europa.eu/ehealth-digital-health-and-care/electronic-cross-border-health-services_en
- Netherlands: Project PIEZO PS-A - Dutch citizens are entitled to continuity of care abroad. The PIEZO PS-A programme will make it possible for the European Patient

Summary of Dutch citizens (PS-A) to become available for the provision of care by healthcare providers in Europe/European Economic Area (EU/EEA), provided that the citizen has given explicit consent. PIEZO PS-A is a Dutch programme that will be part of the European MyHealth@EU collaboration through European grant schemes. The programme reports to the European Commission from its grant obligations.

- Latvia:
    - Telemedicine is not used in the field of occupational medicine, and therefore there are no initiatives in this field in Latvia.
    - In the field of sports medicine, there are local uses in the daily practice, but no cross-border initiatives.
    - For paediatric surgery, Clinical Patient Management System (CPMS), https://cpms.ern-net.eu/login/?next=/insight/. However, collaboration on patient consultations in ERN CPMS networks is very slow and rather unproductive.
    - The European Patient Smart Open Services (epSOS), https://interoperable-europe.ec.europa.eu/collection/ehealth/solution/european-patients-smart-open-services

- **TeleStroke (European Stroke Network)**
  Objective: Provide real-time remote consultations for acute stroke patients, enabling neurologists from specialised centres to assist in diagnosing and managing strokes in smaller hospitals or remote regions across borders.
  Clinical Setting:
  - Utilised in cross-border regions like Germany, Austria, and the Czech Republic.
  - Allows urgent thrombolytic therapy decisions via teleconsultations and teleneurology platforms.

  Impact: Improved patient outcomes and access to timely stroke treatment.
  More Information: Various national initiatives, such as *TeleKap* in Slovenia and cross-border networks.

- **Cross-border Tele-ICU (Intensive Care Unit) Network**
  Objective: Facilitate remote monitoring and expert consultations for critically ill patients in intensive care units across EU borders.
  Clinical Setting:
  - Implemented between France and Spain (Catalonia).
  - Allows ICU specialists to monitor patients' vitals, lab results, and imaging remotely and offer guidance to local healthcare providers.

  Impact: Enhances ICU care in regions with a shortage of critical care specialists.
  More Information: Part of the *INTERREG* EU cooperation program.

- **NORDCARE – Cross-Border Cancer Care**
  Objective: Improve access to cancer treatment for patients living near borders, particularly in rural regions.
  Clinical Setting:
  - Implemented between Sweden, Finland, and Norway for oncology services.
  - Offers teleconsultations, telepathology for remote biopsy analysis, and tele-oncology treatment planning.

  Impact: Reduces the need for cross-border travel and improves access to specialized cancer care.
  More Information: Funded by the Nordic Council of Ministers.

- **ENTICE (European Network for Trauma and Emergency Care)**
  Objective: Establish a cross-border emergency telemedicine network for trauma cases and complex emergencies.
  Clinical Setting:
  - Provides teleconsultations between emergency departments in Belgium, Germany, and the Netherlands.
  - Allows trauma surgeons to assist local emergency physicians remotely during acute cases.

  Impact: Faster decision-making, improved trauma care, and better outcomes in rural border regions.
  More Information: Supported by the *EU Cohesion Fund*.

- **Teleradiology Europe**
  Objective: Provide cross-border teleradiology services, where radiologists from one country analyse medical imaging from hospitals in another country.
  Clinical Setting:
  - Widely used in the Nordic countries (Denmark, Sweden, Norway) and the UK.
  - Allows imaging centres to handle after-hours or overflow work for hospitals in other countries.

  Impact: Reduces diagnostic delays, especially in rural areas with limited radiology resources. More Information: Operates through private-public partnerships and regional health networks.

- **Telemonitoring for Chronic Diseases**
  Objective: Enable cross-border telemonitoring of patients with chronic diseases like diabetes, COPD, and heart failure.

Clinical Setting:

- Implemented in cross-border regions of Italy and Slovenia under the CEZAR (Center for Remote Health) project.
- Offers remote monitoring of patients' vital signs and adjusts treatment in real-time.

Impact: Reduces hospital admissions and improves disease management outcomes.
More Information: Recognized by the *Slovenian Ministry of Health* and the EU HOPE program

- **EUMed Platform (Teleconsultations for Rare Diseases)**

Objective: Connect patients with rare diseases in small or rural regions to specialists in larger EU hospitals.
Clinical Setting:

- Used by national healthcare systems in France, Portugal, and Greece.
- Patients receive teleconsultations and genetic counselling across borders without the need for travel.

Impact: Expands access to rare disease expertise and reduces diagnostic delays.
More Information: Developed under the *European Reference Networks (ERNs)* for rare diseases.
These projects highlight the EU's effort to improve healthcare accessibility, reduce disparities, and leverage telemedicine to provide quality care across borders.

4. Can you share any best practices or insights on validation and reimbursement strategies for cross-border telemedicine in your country?

- Czech Republic: reimbursement mechanisms for telemedicine services are currently being discussed with health insurance companies. A key outcome from the discussions is the need to certificate new technologies.
- Latvia:
  - For GPs teleconsultation is reimbursed by NHS (1 or 2 EUR, that is patient copayment compensation per consultation), otherwise they are included in capitation fee.
  - motivated and open to such development, in particular in sports medicine.

- Slovenia:
  - the national validation and reimbursement strategies took place within the framework of Slovenia – eHealth for a Healthier Society (REFORM/SC2021/061) Strategy November 2022. *"This project is implemented under the European Commission's Structural Reform Support Programme (SRSP). The project aims to*

develop an eHealth Strategy and an investment plan that will outline the objectives and priorities for the development of eHealth in Slovenia for the period 2022–2027." Source : https://digitalhealthuptake.eu/radar-repository/slovenias-ehealth-strategy-for-2022-2027/

- **The Funding of Telehealth Services in Slovenia**

  The main objectives for funding telehealth services are to:

  - Ensure uniform, standardized, effective, and innovative contracting procedures in the field of telehealth.

  - Guarantee that reimbursement for telehealth services incentivizes the planned transition from in-person to remote care, where clinically appropriate and cost-effective for the country.

  - Establish a dynamic, modern payment model that encourages both professionals and organizations to invest in telehealth.

  Key Focus: Close cooperation with the mandatory health insurance provider is essential to establish an appropriate reimbursement model, primarily focused on the type of service. Various reimbursement models are under consideration, including:

  1. Flat-Rate Per Service:
     Example: For teleconsultations performed by hospital doctors or nurses in primary care, a flat fee is paid regardless of the quantity—e.g., a fixed amount for the first 1,000 consultations, a new fixed amount for the next 4,000, and so on.
  2. Fee-for-Service:
     Example: Hospitals/clinics receive a fixed reimbursement for each teleconsultation episode.
  3. Outcome-Based Payments:
     Example: More suitable for remote monitoring or tele-assistance services, where reimbursement is linked to outcomes such as preventing hospitalizations or reducing emergency visits (common in managing chronic obstructive pulmonary disease (COPD) or other chronic conditions).
  4. Alternative Models for Asynchronous Services:
     In "store-and-forward" telemedicine (where patients share information via a portal and the provider reviews it later), a different fee structure may apply, as these services are generally less time-consuming.

     Ultimately, specific reimbursement models must be developed for various services, aiming to find the best alignment between current and future reimbursement strategies.

- **Recommendations for Future Strategies**
  - **Develop a National Telemedicine Strategy:** Slovenia needs a comprehensive strategy to streamline the validation and reimbursement processes for telemedicine services.
  - **Establish a Cross-Border Reimbursement Framework:** Collaboration with neighbouring countries and EU institutions can help create a unified reimbursement framework.
  - **Promote Stakeholder Engagement:** Involve healthcare providers, patients, insurers, and policymakers in the development and validation of telemedicine services to ensure their success.
  - These strategies and best practices provide a pathway for Slovenia to enhance the validation, adoption, and reimbursement of cross-border telemedicine services.

5. What are the main legal and regulatory barriers to implementing telemedicine across EU countries based on your experience? Please elaborate.

- Czech Republic: a legislative framework is still underway. The national Chamber of Deputies is reviewing a new version of the Health Services Act with a definition of telemedicine, among other.
- Netherlands: Lack of clarity on existing laws and regulations applicable to cross-border electronic health data exchange. Including ambiguity and uncertainty about whether patients have to give explicit consent for their data to be made available and accessed in another country.
- Latvia:
  - Lack of information, financial support for new or additional services for small businesses, such as in the field of sports medicine in Latvia. The absence of a sports medicine strategy does not contribute to the development of telemedicine in this field.
  - Consultations with experts from other countries are usually needed to facilitate the diagnosis and treatment of rare and complex patients. This process is slow, often cumbersome, and even when the patient's information is entered into the system (which takes a lot of time) there is frequently no response. The consultant should be free to simply express his/her opinion, but his/her conclusion is a

binding medical document that can be added to the patient's medical documentation, which thus leads to slower or no responses.

- Differences in reimbursement of medicines or services, different reimbursement systems, different criteria or algorithms to receive certain tests, medicine prescription or OTC status, legal rights of ordering services (doctors, doctor assistants, advanced care nurses), availability of certain medicines in EU countries.

- Slovenia:
  - **Cross-Border Healthcare Regulations**
    The implementation of Directive 2011/24/EU on cross-border healthcare presents challenges in determining jurisdiction and applicable laws when healthcare is provided remotely across EU member states.
  - **Data Protection and Privacy**
    Compliance with GDPR requirements and varying national data protection laws creates complexity in handling patient data across borders. Healthcare providers must ensure secure data transmission and storage while respecting patient privacy rights.
  - **Professional Licensing**
    Different licensing requirements across EU member states make it difficult for healthcare professionals to practice telemedicine across borders.
  - **Liability and Insurance**
    Uncertainty regarding medical liability and insurance coverage in cross-border telemedicine cases poses significant risks for healthcare providers.
  - **Reimbursement Policies**
    Varying national healthcare reimbursement systems create barriers to widespread adoption.
  - **Technical Standards**
    Different technical requirements and interoperability standards across member states complicate the implementation of unified telemedicine platforms.
  - **Language and Cultural Barriers**
    Legal requirements for providing healthcare information in local languages and addressing cultural differences in healthcare delivery pose additional challenges.
  - **Prescription Regulations**
    Different regulations regarding electronic prescriptions and medication dispensing across borders create obstacles for comprehensive telemedicine services.
  - **Quality Assurance Standards**

Lack of unified quality standards and accreditation requirements for telemedicine services across the EU creates uncertainty in service delivery and acceptance.

6. Would you like to add any additional comments or insights related to cross-border telemedicine services within the EU?

- Latvia:
  - In order to ensure high-quality and detailed remote consultations, binding the doctor and the patient, it is necessary to create a team of doctors who regularly devote time to this process. This is very time-consuming. There should be precise regulation about this process, with binding legal contracts, time allocated for work and payment for such work.
  - Suggests the possibility to use further in sports medicine, as it had an enormous influence on citizens health and physical activity.
  - More practical experience and understand legal rights is required.

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