



eHealth

Relations between Needs and Applications



Introduction

The document „eHealth Strategic Goals“ was authorized on 16.07.2008 by Slovak government. This document gave mandate for establishment and realization of National eHealth Programme for 2009 – 2013. Currently, first phase of the Programme is running and first results are expected in May 2010.

eHealth projects are in all EU countries perceived as the most risky IT projects. One of the most frequent reasons of projects failure is insufficient understanding of the real stakeholders needs in the process of citizens' health care. These needs are very often replaced by technical needs for specific eHealth applications. Based on the RUP methodology, one of the key disciplines for IT solutions implementation is Needs & Requirements analysis.

Above mentioned reasons leads work team at the beginning of the Programme to preparation of the document “Catalogue of eHealth needs and requirements”, in which stakeholders needs were identified not only from the eHealth view, but mainly from Health view. This document was discussed not only among professionals, but also among citizens, and all of the suggestions were taken into consideration. Document becomes the basis for content and scope specification of the National eHealth Programme.

This publication consist of identified stakeholders needs in the process of citizens health care and of analyzed potential for needs fulfillment by specified eHealth applications.

Following an overview of stakeholders with identified needs can be found:

I. range

- Person (citizen, insuree, healthcare recipient, ...)
- Healthcare Providers
- Healthcare Professionals
- Health Insurances
- Healthcare Surveillance Authority
- Public Health Authority
- Ministry of Health SR
- National Health Information Centre
- Government
- Municipalities

II. range

- State Institute for Drug Control
- Professional and Corporative Organizations
- Educational Institutions
- EÚ and its institutions
- WHO
- Other bodies of public administration and municipalities
- Scientific and Research Institutes

III. range

- Suppliers
- Employers (mainly because of Safety in Work)
- UN ILO (International Labor Organization)
- Other subjects

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Relations between Applications and Needs

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
Needs (Citizen)												
1.1	To be informed about potential health threats, prevention, healthy lifestyle, symptoms of health violation and possible remedies at health violation.	X								X	X	X
1.2	To have support for decision making about next steps in own or relatives healthcare (e.g. whether to switch individual to professional care).	X		X	X	X	X		X	X	X	X
1.3	To obtain drugs, preparations, appliances and services with added value – without physical attendance to them.	X	X									
1.4	To observe own health parameter levels (e.g. blood pressure, temperature, weight, heartbeat, biochemical values).	X		X		X					X	
1.5	To assess actual value of own health parameters and recommendation of next steps.	X							X			
1.6	To have systems and applications that reduce the range of hospital stay and dependency on professional care.	X				X			X		X	
1.7	To have devices and equipment that reduce the range of hospital stay and dependency on professional care.					X						
1.8	To have possibility for consultancies on further steps in own or relatives home care.	X		X					X			
1.9	To have the possibility for optimizing dosage of prescribed drugs at chronically ill without physician visit.	X	X	X								
1.10	To have the possibility of advice on self-help at emergency cases before the rescue service arrives.	X				X			X			
1.11	To possess that level of knowledge to be able to give first aid.	X									X	
1.12	To have advices on prevention, health protection, and health insurance at environment change – travel, vacation, work in abroad.	X								X		
1.13	To have actual information for donors (e.g. appeals for blood donors).	X										
1.14	To have the information considering particularity of given community: threats, prevention, symptoms of health violation and possible remedies at health violation.	X								X	X	X
1.15	To have support for decision making on further steps in care for community member in range of the community.	X		X					X		X	X
1.16	To have possibility for monitoring and assessment of health parameter levels of community members.	X		X					X		X	X

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.17	To have systems, applications, devices and equipment that reduce the range of hospital stay and dependency of community members on professional care and the range of community care.	X				X					X	
1.18	To gain information on non-profit organizations focused on field of community healthcare.	X										
1.19	To establish membership of a virtual community of people with similar health problems (e.g. with cystic fibrosis).	X										X
1.20	To have specific IT support for disadvantaged communities.	X	X	X	X	X	X	X	X	X	X	X
1.21	To have easy access to information on subjects relevant for needs of given community (including HCP).	X							X			
1.22	To have direct communication and link in sense of providing healthcare between community and entity providing nursing care (bridge between ambulatory and hospital care – agencies – general, specialized).	X			X				X			X
1.23	To have the information on risk factors in work and possibility of their elimination.	X									X	
1.24	To have the information on occupational health service.	X										
1.25	To have the information on protective working appliances related to Safety and Health Protection at Work.	X										
1.26	To have the information on obligations of employers related to Safety and Health Protection at Work.	X										
1.27	To have the information on possibilities to solve perceived problems and limitations related to Safety and Health Protection at Work.	X										
1.28	To have the information on individual risk factors (7 main according to EU action plan: tobacco, alcohol, high blood pressure TK, high cholesterol level, overweight, low consumption of fruit and vegetable, lack of physical activity).	X		X			X		X		X	X
1.29	To have the information on external health determinants, their values (e.g. pollen situation for those with allergies, pollution in cities, ozone status, quality of drinking and bathing water, extreme weather oscillations, areas with tick occurrence, and similar) , and resulting risks.	X		X			X			X	X	
1.30	To have the information on factors of work and working environment, and their influence on health.	X		X			X				X	
1.31	To have an early warning in case of epidemics or other serious health related circumstances (e.g. chemical or radioactive threat).	X								X		

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.32	To have an early warning against dangerous food and products.	X								X		
1.33	To have the identification of hidden health determinants and their range of health impact (e.g. impact of herbicides on male fertility, impact of hormonal contamination, impact of electromagnetic smog).	X	X	X			X		X			
1.34	To have the option to raise a claim on activities influencing or threatening health.	X										
1.35	To have the definition of norms, assurance of their fulfillment and control in range of Safety and Health Protection at Work.	X										
1.36	To have information on valid legislation in healthcare for the disposal.	X								X		
1.37	To be provided with healthcare minimizing risk of ones mortality, morbidity, permanent and temporary sequels.	X	X	X	X	X	X	X	X	X	X	X
1.38	To be facilitated upon request for urgent healthcare for himself or other citizen every time, every place.	X				X						
1.39	To be provided with urgent healthcare without ones intentional request in the shortest time from occurrence of this need with the guaranty of upper time limit (even in heavily accessible terrain).		X	X		X						
1.40	To have guaranty of blood or organ donation from donors in case of need.	X										
1.41	To be provided with social and healthcare in period when resulting from violated health is unable temporarily or permanently to take self-care (e.g. if immobile after injury).	X	X	X		X						
1.42	To be provided with necessary healthcare in a largest possible time span (e.g. in unbroken emergency facility out of surgery hours), with the shortest possible waiting time, and available distance from ones address.	X	X	X	X	X		X				
1.43	To have possibility to reduce risk of disease by means of preventive health precautions and acts.	X	X	X		X					X	X
1.44	To be provided with protection and health promotion at natural disasters (e.g. floods) and technologic breakdowns.	X									X	
1.45	To have existing guaranty of healthcare quality provision.	X										
1.46	To have the continuity of care provision recorded in a way to assess correctness of provision in auditing process retrospectively.		X	X	X	X						
1.47	To have option to raise a claim at a presumption that healthcare wasn't provided in adequate quality, and force adequate compensation in case that fact was approved.											

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.48	To have waiting period for health output (waiting list) with minimal impact on health status.			X	X							X
1.49	To be adequately informed on all alternatives of treatment process.	X	X	X			X		X		X	X
1.50	To be given detailed information about ones disease, possible treatment modes and risks before the treatment onset.	X	X	X			X	X	X		X	X
1.51	To have detailed information on healthcare providers dealing with the given disease.	X										
1.52	To have information / notification on health status of relatives in case of their significant health change at earliest.			X			X	X				
1.53	To have option of decision in process of healthcare provision (choice of insurer, care provider, physician, treatment and rehabilitation alternatives, possibility of treatment refusal, health record checking).	X	X	X								
1.54	To have possibility to obtain information on qualification of health professionals providing him with care.	X										
1.55	To have option to reconcile the provided healthcare with ones value system (e.g. preference of mobility rather than safety, refusal of certain healthcare forms, preference of palliative care rather than treatment, ...).	X		X							X	
1.56	To have option to decide spending part of the treatment or rehabilitation process at home without significant harm on quality of care.	X	X	X	X	X	X		X		X	X
1.57	To minimize waiting times (idle) in individual phases of healthcare provision.	X	X	X	X	X		X	X			
1.58	To obtain drugs, preparations, appliances and services without physical attendance to them.		X			X						
1.59	To consult ones actual health status and further health questions with physician, pharmacist or other healthcare provider without physical attendance to them.		X	X		X		X	X			
1.60	To have the information on healthcare providers, their availability, surgery hours, range and quality of provided services.	X			X							
1.61	To have the information on availability of medical first aid service, hospital emergency services, and pharmaceutical first aid service.	X			X							
1.62	To have option to book visit at a physician without direct contact with HCP (physician).	X			X							
1.63	To have a reminder tool for long term planned physician visits.				X							
1.64	To have the possibility for an anonymous conversation on problems with a specialist.			X				X	X			

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.65	To have the information on quality of each HCP including personnel and technical equipment.	X										
1.66	To have the information on all relevant fact related to diagnosed disease, including information on HCP quality dealing with that disease.	X	X	X			X	X				
1.67	To have the information on surcharge for drugs and outputs, on generics and alternatives to prescribed drugs, on availability of drugs in pharmacies.	X	X									
1.68	To have the information on interaction and contraindication of drugs, comprehensible and well legible PIL (Patient Information Leaflet) and SPC (Summary of Product Characteristic).	X	X									
1.69	To have the information on mode of living with respect to ones permanent health sequels and impacts.	X	X	X					X		X	
1.70	To reduce time for access to healthcare provision.	X	X	X	X	X					X	
1.71	To protect of health data, which are regarded as personal data, mainly for special category of personal data against violating of confidentiality.	X		X			X				X	
1.72	To have a tool enabling safe communication with individual subjects within eHealth.	X		X			X					
1.73	To have a simple and mobile device enabling authorized access to eHealth services with a powerful authentication.	X										
1.74	To have a right to allow part of the health record to a third party.		X	X		X	X	X				
1.75	To have history tracking of one's health status and findings including feedback to health record and need for flexible access to one's health.		X	X	X	X		X				
1.76	To have easy accessible and complete information on vaccination history, that of one's children and next relatives.	X	X	X								
1.77	To have ones health data summarized in highly available PHR, disposable to ones discretion, extendible in area of wellness, OTC drugs and preparations, and personal records.	X	X	X		X	X	X			X	
1.78	To have availability of one's EHR resp. PHR also in abroad in an applicable form, or to have a certain subset translated at least into main languages – English, German, French, Spanish.	X	X	X		X		X				
1.79	To have the possibility of being referred to a specialist without attendance to ones primary physician.			X	X							
1.80	To have the possibility to express oneself to the content and scope of eHealth.	X										

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
Needs (Citizen as insuree)												
1.81	To use a single health insurance pass valid for HCPs in SR as well as at request for handling/ treatment implicit from public health insurance with HCPs in abroad (in EU/EFTA member states).		X	X								X
1.82	To be insured in a Health Insurance with best fulfillment of expectations and needs.	X										
1.83	To execute the act of insurance with selected Health Insurance electronically.	X										
1.84	To change the Health Insurance electronically.	X										
1.85	To have information on health outputs related to oneself, and on drugs reimbursed by Health Insurance.	X							X			
1.86	To have option to simply verify actual data related to the role of insuree in the respective insurance (e.g. correctness of permanent residence after a change).	X							X			X
1.87	To have information on health insurance default from the side of employer.	X							X			X
Needs (Citizen - Foreigners)												
1.88	To have possibility to obtain information on HCP without knowledge of Slovak language.	X										
1.89	To have possibility to provide HCP with health relevant facts without knowledge of Slovak language.	X							X			X
1.90	To have possibility to understand information on health relevant facts at healthcare provision without knowledge of Slovak language.	X		X					X			X
1.91	To have possibility to give prove on ones right for healthcare provision at a HCP.	X		X								
1.92	To have possibility to enable parts of ones EDS / EHR to a HCP in a comprehensible form although data are presented in ones native language.			X								
Needs (Citizen – Citizens with Dysfunction and Elderly Citizens)												
1.93	eHealth to enable reduction of social exclusion (e.g. by connection to Internet, engagement in virtual communities).	X				X			X			X
1.94	eHealth to enable achievement of higher rate of independence from surrounding (e.g. drugs through Internet, other products through Internet, electronic booking at a physician)	X	X		X	X			X	X	X	X
1.95	eHealth to maintain disparity between them and citizens without dysfunction.	X	X		X	X			X	X	X	
1.96	To have the possibility to use eHealth services on level very close to level of people without dysfunction, option to transfer request on organizing eHealth services to other person (e.g. to call centre operator).	X	X		X	X			X	X	X	

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.97	eHealth services design to consider variability of dysfunction.	X	X		X	X					X	X
1.98	Option to perform routine monitoring of health parameters / health status at home and their sending to HCP.			X		X			X			
1.99	Option to have drugs delivered without physical attendance to the pharmacy.		X									
1.100	Option to consult ones health status with ones physician in home environment.					X			X			
1.101	Option of voice activated access to eHealth services.	X				X			X			
1.102	To have a simple but safe identification and authentication of access to eHealth services.	X	X	X	X	X	X	X	X	X	X	X
1.103	To have at disposal appliances and services enabling routine activities in household of the disabled.					X						X
1.104	To have at disposal appliances and services minimizing given dysfunction.					X						X
1.105	To have at disposal a tool enabling incase of need a simple space orientation (e.g. getting lost in town, Alzheimer disease).					X						X
1.106	To have tools at disposal to minimize home health threats (in Intelligent house) – e.g. indicator of leaking gas, non-barrier floors.					X						X
1.107	To have option to provide a video record on situation (e.g. someone coming as a gas company representative – perhaps a fraud).					X						X
1.108	To have a permanent possibility to call HCP / Rescue service that one had an injury or other health case (panic button).					X						X
1.109	To have tools at disposal that automatically notify urgent health status to Rescue service.					X						X
1.110	To have option to decide spending part of the treatment or rehabilitation process at home without significant harm on quality of care.					X						
1.111	To have possibility to reduce social exclusion by means of Internet and Web 2.0 services (chat, virtual community, daily press, discussion forms, communication with distant friends and relatives ...).	X				X			X			X
1.112	To have a tool at disposal for drug consumption management at home (dosage monitor, left-outs or double usage).					X						X
1.113	To have a tool at disposal to remind tasks and duties (e.g. eReminder from NHP).	X										X
Needs (Healthcare Providers)												
1.114	To have possibility to rapidly and unequivocally identify the treated person.			X								

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.115	To have possibility to rapidly and trustworthy validate / gain all relevant information related with the role of treated person as insurree.			X								
1.116	To have a rapid and reliable system for approving possible reimbursement of planned health output with related Health Insurance.	X										X
1.117	To have possibility to record, backup, archive and reuse basic data on treated person.			X								
1.118	To have possibility to use information and communication technologies (phone, cell phone, fax, internet, e-mail, ICQ, copy machine, others) with aim to increase quality of healthcare.		X			X			X		X	
1.119	To have rapid, reliable and trustworthy channel for exchange of documents and reports with Health Insurances, National Health Information Centre, Healthcare Surveillance Authority, Ministry of Health, Statistical Office, Public Health Authority, eventually with other subjects within eHealth.	X										X
1.120	Need of interconnection with other HCPs and Laboratories to share data in real time, e.g. test results, laboratory examinations and similar.					X		X				X
1.121	Need for free communication of unstructured content (mail, images, free text, document, sound) with all professionals within eHealth.					X						X
1.122	To have rapid access to all relevant facts related to health status of the patient with consideration to just performed health output (principle of need-to-know).		X	X	X	X	X	X				
1.123	To have rapid access to scientific relevant knowledge related to actually performed health output (EBM support, systems of decision support, system of searching support).			X		X	X				X	X
1.124	To have patient records secured to avoid violence of confidentiality, availability and integrity.			X	X		X					
1.125	To have such IT support to avoid rerecord once given data, and minimize paperwork with documents to legally demanded range.	X	X	X	X	X	X	X	X	X	X	X
1.126	To have rapid access to integrated registries / code systems containing necessary data for fulfilling tasks in healthcare provision.	X										
1.127	To have connection and access to next central eHealth services.	X										X
1.128	To have possibility to check on-line validity of health insurance pass in SR / patient right to provision of material fulfillment from public health insurance of foreigners from EU/ EFTA countries when requesting treatment / examination at HCP in SR.	X										X

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.129	To have possibility to report healthcare as a service including its real price by form of electronic invoice for offered healthcare towards existing account of the payer – insurance, or subject of international level at foreigners from EU / EFTA countries.											X
1.130	Need for semantic interoperability (based on unified terminology) among all HCPs and health professionals in SR..	X	X	X	X	X	X	X		X		X
1.131	Need for certain rate of semantic interoperability in frame of EU (at least towards English).	X	X	X	X	X	X	X	X	X	X	X
1.132	Need for unified health record templates for insurance and statistical purposes for interoperability and reduction of administrative burden.		X	X	X							X
1.133	To have possibility to book patients without their physical attendance in time of booking.	X		X	X	X						
1.134	Minimization of administrative acts performed on behalf of healthcare provision.			X	X	X			X			
1.135	To have access to statistical assessment of disease incidence, occurrence of adverse effects, complications in range of own examinations and treatment orders or medical interventions – surgeries, and to compare them with worldwide averages – a feedback towards own activity.	X										X
1.136	To have access to assess prevention periodicity and searching – with inviting certain patients from the covered region to a preventive inspection, if it was forgotten.	X		X								X
1.137	To have access to information on existence of a certain drug in pharmacies.	X	X									X
1.138	To have information on valid healthcare legislation.	X										
1.139	To have possibility to discuss content and range of eHealth.	X										
1.140	To have tools for monitoring, assessment and planning of human resources in range of healthcare provision.	X			X							X
1.141	To have possibility to discuss content and range of pre gradual and post gradual learning of health professionals.	X									X	
1.142	Need of activity integration of stakeholders, chambers and educating establishments in area of provision and assessment of unbroken learning of health professionals.	X									X	X
Needs (Healthcare Providers - Ambulatory Care)												
1.143	To have fast available and structured information on patient (Allergies and their past manifestations, overcome transferable diseases, usage of addictive substances, surgeries and injuries in past, implanted devices and substitutions (pacemaker, joint replacement, other), actually used medicines, mainly thrombolytic, antidiabetic, psychiatric and hormonal medication, and contraceptives)			X								

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.144	To have fast access to legible, structured and authentic data from the health record of the patient (source: practitioner, dentist, specialist, nurse, other...), discharge records, History of recent treatment with actual medication and indicating to the ordering physician			X								
1.145	To have fast access to history and authentic results (Biochemical and hematological examinations, ECG, X-ray, CT, NMR imaging examinations, Endoscopic examinations, Cytological and histopathological examinations, Results of other examinations)			X			X	X				
1.146	To have possibility to place request for a special examination of the patient in electronic form.				X							
1.147	To have possibility to access distant image information related to health status of the patient directly from ones office.			X		X	X	X				
1.148	To have information system for creation of electronic record on examination (EMR), with a possibility to write, archive and confidentially share the final record on this healthcare episode (subjective, objective, performed examinations, examination results, diagnostic summaries, therapy, recommendations, prescribed drugs, appliances, other).			X								X
1.149	To have information on closest contact person (name, surname and phone number).			X								
1.150	To have fast access to the list of dispensarized patients with following treatment management.			X								
1.151	To have access to the list of executed mandatory vaccination with searching of absenting – automatic call in.			X								
1.152	To have access the list of medical preventive inspections related to health and occupation with control upon missed inspections and automatic call in (inspection planning).	X		X								
1.153	To have access to specific health information of family members with following search and examination of possible risk (e.g. emboli in lower age, MI in lower age – congenial hypercholesterolemia and similar). Need to systematically identify and assess genealogic links among relatives – genealogic module.			X								
1.154	To have access / possibility of evidence of expositions and risks in occupational environment of the patient.			X						X		
1.155	To have a possibility to report adverse effects of medicines to the competent authority.	X		X						X		
Needs (Healthcare Providers – Rescue Health Service)												
1.156	To have guaranteed connection with other subjects of Rescue health service and adequate communication tools.					X			X			X

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.157	To have secured coordination with other components of IRS.	X										X
1.158	To have tools for minimization of positive false alarms – requirement on Rescue health service is not adequate, negative false alarms – adequate requirement on Rescue health service is assessed as inadequate as well.											X
1.159	To have possibility to guarantee line availability of emergency calls.	X										X
1.160	To have possibility to rapidly locate the calling person (mobile / fix line).	X										X
1.161	To have information on possible obstacles in drive to the patient.	X										X
1.162	To have tools for selection of timely effective route to the patient.	X										X
1.163	To have information on possible risks and their reduction in site of intervention (e.g. in a chemical factory).	X										X
1.164	To have information at earliest on presumed number of affected and severity of affection (accident with mass affection).	X										X
1.165	To have contacts with relatives of the affected for the purpose of event, health status and place of delivery messaging.			X								
1.166	To have information on actual position of Rescue health service stations (GPS).	X										X
1.167	To identify the potential patient as soon as possible (e.g. already in time of reporting to the centre).			X					X			
1.168	To have rapid access to Emergency Data Set.			X								
1.169	In case identity of patient was taken, to have his subEDS (part of EDS with data relevant or intervention) already during the ride to place.			X								
1.170	To have possibility of rapid approval of identity of non-communicating person with aforementioned data.			X								
1.171	To have possibility to offer consulting support to persons present at the person in need of urgent care before arrival of the rescue service based on defined and approved guidelines.			X					X			X
1.172	To have possibility to rapidly identify number of persons in threatened zone (at accident with mass affection, at crisis status).											X
1.173	To have possibility to consult the specialist in pre-hospital care with option of data transfer from monitoring, aiming to recommend further steps.								X			

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.174	To have informational assurance of auditability of pre-hospital care provision process, and creation of pre-hospital part of EHR.			X								X
1.175	To have tools for rapid determination of optimal hospital for patient admission.								X			X
1.176	In case of mass accident to have tools for rapid patient distribution planning in to several hospitals.								X			X
1.177	To have informational assurance of interoperability with the hospital where the urgent patient is being transported (including electronic data hand-over).								X			X
1.178	Assurance of IS interoperability among IRS, NHS and eHealth.	X										X
1.179	To have possibility to give information to citizens (e.g. on NHP).	X										
1.180	To have possibility to educate citizens (first aid, guidelines at mass accident).	X							X		X	
1.181	To have backup solutions for all possible violence of Rescue health service operations.								X			X
Needs (Healthcare Providers – Institutional Care)												
1.182	Rapidly available and structured information on patient (Allergies and their past manifestations, overcome transferable diseases, usage of addictive substances, surgeries and injuries in past, implanted devices and substitutions (pacemaker, joint replacement, other), actually used medicines, mainly thrombolytic, antidiabetic, psychiatric and hormonal medication, and contraceptives)			X								
1.183	To have rapidly available access to legible, structured and authentic data from the health record of the patient (source: practitioner, dentist, specialist, nurse, other...), discharge records, History of recent treatment with actual medication and indicating to the ordering physician.			X								
1.184	To have rapid access to history and authentic results (Biochemical and hematological examinations, ECG, X-ray, CT, NMR imaging examinations, endoscopic examinations, cytological and histopathological examinations, other examinations)			X								
1.185	To have possibility to place request for a special examination of the patient in electronic form.			X	X							
1.186	To have possibility to organize a consultancy with physically distant specialists.					X			X			
1.187	To have possibility to access image information related to health status of the patient directly from the office via electronic form.			X		X		X				

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.188	To have information system to create electronic record on examination of the patient (EMR) with a possibility to write, archive, and confidentially share the final episode report (subjective, objective, executed examinations, examination results, diagnostic summaries, therapy, recommendations, prescribed medicines, appliances, other).			X								X
1.189	To have information on closest contact person (name, surname, address, phone).			X								
1.190	To have information system for electronic document management of the hospitalized – diagnostic -therapeutic hospitalization plan, informed patient consent, daily report, daily treatment, examination plan, laboratory results (electronic interconnection and sending results with marked and highlighted pathologic values), image results (PACS), electronic orders for related consultancy and other examinations, creation of discharge records, archive of recent patient documents with data storage for at least 20 years.			X								X
1.191	To have a consistent record on medication and disposables allocated to name and ID from the aspect accurate cost of treatment and diagnostics with a link to the drug template, ATB template, template for disposables, with information on stock supply. A cross-link to bookkeeping software is recommended to generate financially demanding treatment.		X	X								X
1.192	To have access to the database of registered drugs, eventually with a software assessing combined treatment.	X										X
1.193	To have access / possibility of exposition and risks evidence in occupational environment of the patient.	X		X								X
1.194	To have the possibility by means of information system to perform electronic data processing on diagnosis, treatment, costs of treatment, length of stay, hospital quality indicators, statistical reports, acute and scheduled healthcare after the discharge.			X								X
1.195	To have a system of electronic scoring and invoicing in relationship with insurances with aim to exclude errors from this process.	X										X
1.196	To have possibility with insurances to read and consult waiting lists, and schedule surgical outputs electronically.	X			X				X			X
1.197	To have information interconnection between Rescue health service and related structures in hospital (urgent reception, ICU, surgery, ...) since the moment of emergency car departure.	X							X			X

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.198	To have system for automatization of documents and templates in medical praxis – e.g. discharge record, referral, summary from health record.											X
1.199	To have information infrastructure providing HCP management with update of drug, ATB and disposables' templates, passportization of equipment, overview of reserves in blood bank, update of output price lists and calculation lists, overview on economics of cost centres, overview on status and number of patients and beds, information on need for sources per given period, reporting on drug adverse effects to competent body system of monitoring healthcare provision quality.											X
Needs (Healthcare Providers – Pharmaceutical Care)												
1.200	To have tools to univocal identification of insuree, related HCP and prescribed item.			X								
1.201	To have rapid and safe access to central database of prescriptions with usage of public storage services.	X	X									
1.202	To have possibility of safe communication with all other HCPs and insurances, and exchange files electronically signed.	X										
1.203	To have possibility to offer new pharmacy services with usage of ICT (e.g. via NHP).	X										
1.204	To have patient history and medication history, and to have authorized access to them through eMedication.		X	X								
1.205	To have access to required data from EDS.			X								
1.206	To setup accreditation and certificate process for pharmacy IS to disable unethical and illegal actions.											X
1.207	To provide data access for HCPs on presence of a certain medicine in particular pharmacy.	X	X									
1.208	To have possibility to report adverse effects of drugs to the competent body.	X								X		
Needs (Healthcare Providers – National Transfusion Service)												
1.209	To have possibility to univocal identification of a potential donor.			X								X
1.210	To have information related to a performed or rejected act of donation (lock after blood taking, donor exclusion and similar, executed not only on sites of NTS, but also nationally (other workstations) on level of National blood donor registry.			X								X
1.211	To have possibility to approve existence of a donor in National excluded blood donor registry (donors excluded for serious reasons – e.g. HIV, and similar).			X								X

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.212	To have in process of blood donation independent access to all relevant circumstances related to health status of the donor considering currently executed blood take (diseases, surgeries, transfusions, i.e. information so far being captured from the donor questionnaire before the blood take).			X								
1.213	To assure authorized donor consent with the blood take.											X
1.214	To have donor records secured in a way to eliminate violence of confidentiality, availability and integrity.											X
1.215	To have possibility to receive electronic request on examination of biological material of patient by means of referral from another HCP, and to have possibility to return examination results to another HCP in electronic form.				X							
1.216	To have possibility of electronic communication with health insurance (reported outputs, limits and similar)	X				X			X			X
1.217	To have possibility to receive electronic request on compatibility test of patients' biologic material with particular transfusion product, and to have possibility to return results to another HCP in electronic form.				X							X
1.218	To have secured integrity of relevant feedbacks and possibility of its monitoring : attributes of transfusion product - transfusion product – beneficiary of transfusion product – compatibility test - transfusion product – blood take examinations.											X
1.219	To have possibility to offer relevant data on dispatched transfusion products, which could be used for other HCPs – recently blood banks of hospitals.											X
Needs (Health Professionals)												
1.220	HCP to secure inputs in range of needs mentioned in the part of HCPs and required for his specialized performance.											X
1.221	To have secured rapid access to authorized specialized information (Standards for healthcare provision, Pharmacopoeia and encyclopedic system of drug interactions, adverse effects and contraindications, best practice in treatment of common and rare diseases, specialized knowledge bases according to one's specialty, registry of relevant chambers by categories of health professionals, registry of chamber events by categories of health professionals, electronic library	X									X	X
1.222	To have a secured communication with inner environment of the HCP by means of communication tool or form (telephone, HCP information system, e-mail / instant messaging, Intranet, consilium).											X

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.223	To have a secured communication with outer environment by means of communication tool or form (telephone, HCP information system, e-mail / instant messaging, Intranet, consilium, transfer of examination results including image documents, diary sharing with associated referring physicians).	X							X			
1.224	To have possibility to learn by means of organized study, eLearning, eLibrary, catalogue of standard diagnostic and treatment practices, conferences / teleconferences / videoconferences.	X									X	
1.225	To have information on valid legislation in healthcare.	X										
1.226	To have a possibility to discuss content and scope of eHealth.	X										
1.227	To have possibility of fast access to education standards and terms of participation in specialized training and preparing.	X									X	
Needs (Health insurance)												
1.228	To have reliable, fast and trustworthy channel for document exchange with HCPs, NHIC, HSA, MoH, SO, eventually with other subjects in eHealth.	X										X
1.229	To enable in accordance with EESSI system electronization of insurance outputs (= inputs for HSA) based on future Action plan of EESSI implementation in SR (upcoming EC Directive to put in force 1.1.2010).											X
1.230	Existence of National strategy for plugging in of the institutions of concern to the Access Point in SR.											X
1.231	To assure the most possible validity and data completeness on insurees, payers and determination of insurance payers across the whole range of insurance for an effective functionality of insurance companies.	X										X
1.232	To have access to data indicating the insurance payer, his updated data in sense of announcing one fact to several institutions.											X
1.233	To have univocal identification of subjects in system of health insurance – insurees, insurance payers, HCPs.											X
1.234	Identification, authorization and authentication of patient and HCP in process of healthcare provision – patient adherence to insurance, place, time and length of healthcare provision. HCPs to have possibility to claim reimbursement for provided healthcare exclusively in case of identified and authenticated patient in place and time (except of defined clauses).			X								X

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.235	To execute prescription in a way to minimize interactions and contraindications, unlicensed prescription (e.g. emission of prescriptions by incompetent persons, prescription forgery), excessive drug consumption by particular patients (e.g. resulting from uncoordinated process of prescribing by several HCPs).		X	X								
1.236	To share information on health status of the patient, on results of diagnostic processes, and on services provided by particular HCPs with aim to increase efficacy of provision (elimination of duplicated examinations).			X		X	X	X				
1.237	To have effective system of ordering next healthcare resulting from treatment coordination involving more HCPs HCP (emitting requests for further examinations and handling e.g. orders for laboratory examinations, specialists' examinations, ...).				X							
1.238	To simplify and accelerate approval and permission procedures – to speed up healthcare provision in cases underlying foregoing approval of health insurance.											X
1.239	To have easy accessible information on actually hospitalized insurees.											X
1.240	To have elaborated approved and available standardized diagnostic and treatment practices for HCPs.	X										X
1.241	To have simplified and accelerated process of submitting reports on provided healthcare.											X
1.242	To unify coding, to reduce number of errors in reporting healthcare provision.											X
1.243	To have electronic invoicing of reported healthcare provision between providers and insurances without need of a paper carrier.											X
1.244	To enable electronic access for the inspecting physicians and pharmacists from insurance companies to the health records of the patient (EHR).			X								
1.245	To have access to morbidity records for comparison with worldwide statistics – for the purpose of network optimization and creation of minimal network for healthcare provision – elimination of „overtreatment“.	X										X
1.246	To have data on technical equipment of the healthcare providers.	X										
1.247	To have information on valid legislation in healthcare.	X										
1.248	To have possibility to discuss content and scope of eHealth.	X										

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.249	To have access to the Registry of inhabitants of SR.	X										
1.250	To have access to the data of Social Insurance.	X										
1.251	To have access to the data of Centre for labor, social affairs, and family of SR.	X										
1.252	To have access to the Registry of students of SR.	X										
1.253	To have access to the Registry of social help provided by the state.	X										
1.254	To have access to the Registry of organizations from Statistical Office SR.	X										
1.255	To have access to the Registry of Tax Office of SR.	X										
1.256	To have access to the Registry of Trade from Ministry of Interior SR.	X										
1.257	To have access to the Registry of job applicants.	X										
1.258	Health Insurances to have possibility to inform insurees and insurance payers on their obligations towards the Insurance.	X										
1.259	To have on-line possibility to prove with HAS the correctness of health insurance application, i.e. there is no conflict with another application at the same time.	X										
1.260	To receive, identify and claim insurance payments in an electronic form.											X
1.261	To receive electronic amounts from insurance payers in a legally relevant form.	X										X
1.262	To have ability to communicate electronically with all insurance payers.	X										X
1.263	To have ability to communicate electronically with HSA.	X										
1.264	To have electronic interconnection with the Tax Administration.	X										
1.265	To have electronic interconnection with the Trade Offices.	X										
1.266	To have electronic interconnection with the central registries of public administration.	X										
1.267	To have a rapid access to information on traffic accidents with health violation of insurees (Ministry of Interior SR).	X										X
1.268	To have access to information on self-inflicted health violation of insurees (in result of targeted or negligent performance of a third person).	X										X
1.269	To have electronic interconnection with the central registries of public administration.	X										X

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.270	To have possibility to facilitate access to health information of the insured (also from health records of subjective sources) in a user-friendly form with an option of interactive consultation with the inspecting physician of the Insurance.											X
1.271	To have possibility of an effective electronic communication with insurance payers.	X										X
1.272	To have possibility to provide insurees with approved interactive (on-line) information on possibilities of scheduled healthcare.	X										X
1.273	To have possibility to create a transparent on-line management waiting lists related to the scheduled healthcare.	X										X
1.274	To have electronic interconnection with the central registries of public administration.	X										
1.275	To have rapid access to results of status analysis and impacts on health status of the population, and other services provided by Public Health Authority.	X										X
1.276	To have rapid access to monitor availability of healthcare.	X										X
1.277	To have rapid access to information from assessment of healthcare availability.	X										X
1.278	To have rapid access to communicate effectively with HCPs in terms of reported and provided healthcare (on-line syntactic and semantic checking of transmitted lines of provided healthcare amounts).											X
1.279	To have possibility to offer on-line consultancy on financial and expert correlations at provision of financially demanding healthcare.					X			X			X
1.280	To have access to health records of the insuree, submitted by HCP for dispensarization enrollment.			X								
1.281	To have possibility to offer on-line consultancy on financial and expert correlations at provision of healthcare to insurees enrolled for dispensarization.											X
1.282	To have access to acute outputs of HCPs provided to the insuree with a minimal time delay from that output itself (optimally on-line).			X								X
1.283	To have possibility of a flexible electronic communication with HCP at the process of planning and approving elective healthcare.											X
1.284	To have access to health records of insurees managed by the HCPs.			X								X
1.285	To have possibility to assess performance of HCPs from various dimension aspects.	X										X

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.286	To have information on health determinants status in each region	X										X
1.287	To have access to the diagnoses made for insurees on general, regional and national level.	X										X
Needs (Healthcare Surveillance Authority)												
1.288	To proactive secure on-line availability of data on provided healthcare and health status (on national and international levels) focused on quality efficacy, reporting and healthcare availability.											X
1.289	To monitor efficacy of measures for elimination of ascertained shortages.											X
1.290	To have proactive oversight upon public health insurance and its fulfillment.											X
1.291	To have on-line connection to lists managed by HAS with other health systems for assurance of univocal identification of HCPs, insurees/patients and insurance payers.											X
1.292	To gain enough of background for rapid and relevant decisions at solution of particular impulses from the audited records.											X
1.293	To strengthen integrating and analytic function of HAS in relationship with insurances aiming to unhide negative impacts on healthcare funding.											X
1.294	To secure compatibility with information systems of health insurances, MoH, Public Health Authority, and NHIC.	X										X
1.295	To have connection for assigning codes to HCPs, connections to other components of state administration and municipalities, entities competent for emission of licenses for particular health facilities and entities competent for auditing those facilities. To have connection to health insurances and registries of their contractual partners.	X										X
1.296	To have possibility to discuss content and scope of eHealth.	X										
1.297	To have interconnection to Ministry of Health SR, its database, registries and employees for purpose of accelerated information flow in legislative process, methodical guidelines, and communication at document drafting.	X										X
1.298	To secure expert background for healthcare provision (e.g. lessons learned, new trends, problems, failures).	X							X		X	X
1.299	To secure expert background for assessment of provided healthcare related to standard diagnostic and treatment practices from local and foreign sources.	X							X		X	X

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.300	To secure expert background and a system for surveillance provision of healthcare provision and provision of oversight over health insurances.	X									X	X
1.301	To secure background for coordination of material funds for healthcare.	X									X	X
1.302	To secure expert background for coordination of healthcare provision with other central bodies of state administration.	X									X	X
1.303	To secure expert background for international cooperation in healthcare provision.	X									X	X
1.304	To become a partner to all eligible subjects in SR (on the level of health section, including subjects with inter-sectional operations) at provision of fair data associated with healthcare provision and data on health status.											
1.305	To have data on technical equipment of healthcare providers.	X										X
1.306	To have possibility to monitor healthcare availability.	X										X
1.307	To have possibility to assess healthcare availability.	X										X
1.308	To have access to information on human resources of HCPs.	X										X
1.309	To have possibility of education in field of informatics, statistical methods, statistical and space modeling.	X									X	
1.310	To have access to healthcare quality assessment.	X										X
1.311	To have access to quality assessment of healthcare providers.	X										X
1.312	To have possibility to monitor financial costs for provided healthcare.	X										X
1.313	To have access to efficacy analyses of healthcare provision.	X										X
1.314	To have access to k quality impact analyses of HCPs on health status of the population.	X										X
1.315	To have access to REGOB – population registry (newborn children vs. vaccination outputs, randomized selections for cross-population surveys).	X										
Needs (Public Health Authority)												
1.316	To have information on health status of the population.	X										X
1.317	To have possibility to analyze health status of the population and its subgroups.											X
1.318	To have access to data of health insurances concerning diagnoses.											X

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.319	To have access to data from registries of patients with assigned diagnoses on general, regional and national levels.											X
1.320	To have access to performance of HCPs and results of occupational health service.											X
1.321	To have data on technical equipment of the healthcare providers.	X										X
1.322	To have possibility to assess performance of HCPs from various dimension aspects.											X
1.323	To have possibility to assess impacts of life and occupational environment factors on health.	X										X
1.324	To have information on demographics and social-economic factors.	X										X
1.325	To have access to data on mortality (from death certificate), to have possibility to monitor acute mortality.	X										X
1.326	To have possibility to assess impacts of health determinants (factors of life and occupational environment, life style, social-economic and genetic factors, healthcare) on health.	X										X
1.327	To have possibility to monitor status of health determinants in particular regions based on objective data.	X										X
1.328	To have possibility to gain, collect and use results of life and occupational terms objectification.	X										X
1.329	To have possibility to monitor population burden and its groups by chemical and physical environment factors – biomonitoring.	X										X
1.330	To have possibility to monitor labor conditions and occupational environment factors (suspected occupational diseases, risky jobs, working environment, health protection t work, occupational health services).	X										X
1.331	To have access to results of clinical microbiology / NRC.											X
1.332	To have access to data on cases of transferable diseases, to have possibility to evaluate epidemiologic situation.	X								X		X
1.333	To have access to information in sense of international health regulations.	X										X
1.334	To have possibility to monitor status of the environment (drinking water, bathing water, internal environment, noise, ionizing and nonionizing radiation,...) /to have access to information on environment status (water, air,...).	X										X
1.335	To have access to information on waterworks infrastructure (water sources, water mains, sewage, waste water treatment plants).	X										X

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.336	To have access to information on application of fertilizers, preparations for plant protection, waste water sediments (section of agriculture).	X										X
1.337	To have IT support for consumer health protection (food, cosmetic products, wrappers and objects of common usage, food processing devices) and to have mutuality with other sections in this field.	X										X
1.338	To have IT support for radiation protection.											X
1.339	To have connection to the system of veterinary surveillance.	X										
1.340	To have connection to the registry of chemical substances and biocides.	X										
1.341	To have possibility to analyze health impacts by methods of statistical modeling and space modeling (GIS technologies).	X										X
1.342	To have possibility to assess health impacts (HIA – Health Impact Assessment).											X
1.343	To have possibility to publish threats, hazards and impacts by means of GIS technologies.	X								X		X
1.344	To have possibility to communicate and coordinate with associated sections in case of threat.	X								X		X
1.345	To execute international health regulations (IHR).	X										X
1.346	To cooperate on programmes of health protection and promotion	X										X
1.347	To assess health protection and promotion programme results.	X										X
1.348	Social inclusion and strengthening of citizens.	X										X
1.349	To have possibility to identify socially weak groups of citizens.	X										X
1.350	To communicate with associated section.	X										X
1.351	To have electronic support for state health supervision.	X										X
1.352	To have access to the results of analyses of health status and impacts on health status of the population.	X										X
1.353	To have possibility to monitor availability of healthcare.	X										X
1.354	To have possibility to assess availability of healthcare.	X										X
1.355	To have access to information on human resources in HCPs.	X										X
1.356	To have possibility to store data on human resources in public health	X										X

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.357	To have possibility to effectively develop and observe education and level of human resources.	X									X	X
1.358	To have possibility to learn in field of informatics, modern epidemiologic methods, statistical methods, statistical a space modeling for needs of public health.	X									X	X
1.359	To have possibility to monitor quality of provided healthcare.	X										X
1.360	To have possibility to monitor provided healthcare.	X										X
1.361	To have possibility to monitor quality of provided occupational health services.											X
1.362	To have possibility to monitor financial provided healthcare.											X
1.363	To have possibility to analyze efficacy of provided healthcare	X		X								
1.364	To have access to data of HAS.											X
1.365	To have possibility to analyze impact of HCP quality on health status of the population.											X
1.366	To have possibility to analyze impacts of interventions (preventive programmes) on health status of the population.											X
1.367	To have possibility to monitor service quality of public health.											X
1.368	To have possibility to analyze and interpret actual status by means of GIS technologies.	X										X
1.369	To have access to research results on international level.	X										X
1.370	To have possibility to follow research result application.											X
1.371	To have possibility to effectively evaluate and manage reactions on possible threats.									X		X
1.372	To have access do REGOB (newborn children vs. vaccination, randomized selection for cross-population surveys, data on vital status in cohort surveys).	X										X
1.373	To enable citizens to express their opinion on public level of healthcare including eHealth as such.	X										
1.374	To have access to Registry of Healthcare Providers.	X										X
1.375	To have access to Trade Registry.	X										X
1.376	To have possibility to discuss content and scope of eHealth.	X										
Needs (Ministry of Health of the Slovak Republic)												
1.377	To secure relevant background for proposals of essential directions and priorities of state health policy development mainly from Public Health Authority.											X

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.378	To secure expert background for professional directing of healthcare provision (e.g. lessons learned, new trends, problems, failures).	X										X
1.379	To secure expert background for emission of standard diagnostic and treatment practices from local and foreign sources.	X										X
1.380	To secure expert background for management of national programmes focused on protection, maintenance and recovery of health.	X										X
1.381	To secure expert background for coordination of research in health, and implementation of research results in use.	X										X
1.382	To secure expert background for management of continual education of health professionals (minimum learning standards, accreditation of learning programmes, internal and external assessment of education provider quality – audits, inspections, observation, benchmarking).	X									X	X
1.383	To secure expert background and system for execution of supervision over healthcare provision.	X										X
1.384	To secure expert background for coordination of material funding for healthcare.	X										X
1.385	To exchange information with EU as a notification body in terms of continual education; for annotations to European Commission, member states of EU and member states of EFTA, list of diplomas, certificates and other documents on gained specialties and degrees emitted Slovak Republic corresponding to criteria settled by a special regulation including alterations and amendments, certificates and other documents on gained specialties and degrees, not corresponding to settled criteria, and education in which was stopped.	X										X
1.386	To secure expert background for concept of development and integration of information system in healthcare.	X										X
1.387	To secure expert background and system for leadership of national health registries.	X										X
1.388	To secure a system for management and storage of special health records.											X
1.389	To secure expert background for ethic committee for assessment of ethic questions arising at healthcare provision including biomedical research.	X										X
1.390	To secure expert background for coordination of healthcare provision with other central bodies of state administration.	X										X

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.391	To secure expert background for international cooperation in healthcare provision.	X										X
1.392	To secure expert background for directing transfer of state administration output performed in section of healthcare in field of the self-governing units.											X
1.393	To secure expert background for a system for unified preparing of healthcare for state defense, preparing of the section in crisis situations, and fulfilling measures of economic mobilization.											X
1.394	To secure expert background for pricing of healthcare outputs, for categorization of drugs, dietetic food, individually manufactured drugs, medical appliances and materials.	X										X
1.395	To secure expert background for tracking consumption of narcotic and psychotropic substances.	X										X
Needs (National Health Information Centre)												
1.396	To operate secured highly available NHIS, NHP and implement further eHealth solutions, in form of a programme management.	X										X
1.397	To operate basic infrastructure for new processes and forms of healthcare and health services.	X										X
1.398	To certify IT producers in range of eHealth requirements.											
1.399	To implement standards of healthcare informatics and statistics and assuring interoperability of deployed solutions in range of EU countries.											X
1.400	To monitor healthcare, health services and health status of the population.	X										X
1.401	To support scientific and research activity and cooperation at creation of expertise databases.	X										X
1.402	To provide expert analyses, expert analytic outcomes and information on health status of the population.	X										X
1.403	To communicate in the field of health information in accordance with requirements and suggestions of EU with benefit to WHO, OECD, EUROSTAT and selected foreign professional institutions.	X										X
1.404	To become partner to all entitled subjects in SR (on the level of section including subjects with cross-sectional featuring) at provision of fair data associated with population healthcare and data on health status.											
1.405	To assure flexible information and actual publishing activity.	X										X

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.406	To open and manage electronic discussion on particular eHealth topics, and regular assessment.	X									X	X
1.407	To assure communication with public by means of all communication channels utilizing ICT.	X									X	X
1.408	To develop professional librarian-informational and research services with support of modern ICT.	X									X	X
1.409	To cooperate at implementation of eLearning with professional association in healthcare and to educate institutions with aim to create system of certified education by particular areas and by range of eHealth usage.	X									X	
1.410	To support education of public with aim to improve the communication between citizen and physician.	X									X	
1.411	To assure cooperation with local and foreign operators of health IS.											
1.412	To assure cooperation with foreign managers/ creators of health standards.											
1.413	To assure cooperation with foreign educating institutions.										X	
Needs (Government)												
1.414	To gain background for assessment of social events changing health level as basis for various state levels for purpose of changes, adjusting societal norms (e.g. traffic accidents, alcohol and cigarette consumption, working burden with resulting cost-benefit, as well as exposure to industrial hazards – legalization, limits and other).	X										X
1.415	To monitor efficacy of spending funds from public sources for healthcare.											X
1.416	To assure background from health area for crisis management.											X
1.417	To comply with eHealth when building eGovernment.	X										X
Needs (Municipalities)												
1.418	To gain background for assessment of social events changing health level as basis for various municipalities for purpose of changes, adjusting local directives and edicts (e.g. influencing traffic accidents, alcohol and cigarette consumption, exposure to industrial hazards – legalization, limits and other).	X										X
1.419	To monitor efficacy of spending funds from municipality sources for healthcare.											X
1.420	To assure background for tracking consumption of narcotic and psychotropic substances.											X

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.421	To assure background from health area for crisis management in range of municipality.											X
1.422	To have possibility to connect to eHealth services particularly in area of public health and education.	X									X	X
1.423	To have background for preparing of regional preventive programmes.	X										X
1.424	To have access to health registries.	X										
1.425	To have enough background for emitting permissions for healthcare provision in nonstate health facilities.											X
1.426	To have tools to monitor, assess and plan human resources in healthcare in range of municipality.											X
1.427	To have tools to take over and store up health records from void outpatient units in electronic form before handing over to a new HCP.			X								X
1.428	To have background and tools to monitor and evaluate the minimum network of health facilities.	X										X
1.429	To have possibility to assure eHealth services for associated secondary medical schools.	X										X
1.430	To have background and tools to supervise duty compliance of HCPs.											X
1.431	To have tools to control nursing documentation in electronic form.			X								X
1.432	To have tools for telemedicine to promote development of home care, community care, and independent provision of nursing occupation.			X		X						
1.433	To have tools for executing surveillance upon pharmacy care provision.											X
1.434	To have tools for providing health facilities with information on shortages in drug or medical appliances quality, on suspend of drug registration and withdrawal of drug or medical appliances also in electronic form.	X										X
1.435	To have possibility to discuss content and scope of eHealth.	X										
Needs (State Institute for Drug Control)												
1.436	To assure near-online background for execution of state surveillance in field of pharmacy, supervision of production and wholesale distribution of drugs and medical appliances.											X
1.437	To assure background for judgments at drug registration and at assessment of material, space and personal equipment of applicant or holder of a permission for drug handling.											X
1.438	To have supported system for monitoring of clinical trials.											X

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.439	To have a monitoring system for suspended drug or medical appliance, and withdrawn drug or medical appliance (connection to ePrescription).	X	X									X
1.440	To have a monitoring tool for advertisement for purpose of control.											X
1.441	To have supported system for inspection of adherence to good manufacturing practice, good clinical practice, good laboratory practice, good distributing practice and good pharmaceutical practice, and adherence to Slovak Pharmacopoeia at manufacturing of corporately prepared drugs and individually prepare drugs.											X
1.442	To manage an actual list of registered drugs and approved medical appliances.	X										X
1.443	To have supported system for publishing of National Pharmacopoeia and pharmaceutical codex and transformation of European Pharmacopoeia into the national pharmacopoeia.											X
1.444	To have a system for verifying and announcement of reference materials for articles of Slovak Pharmaceutical Codex - a national specific.											X
1.445	To have supported system for laboratory surveillance of registered drugs, corporately prepared drugs and individually prepare drugs and approved medical appliances.											X
1.446	To have supported system for fulfilling function of Slovak National Centre for Monitoring of Adverse drug Reactions.											X
1.447	To have possibility to discuss content and scope of eHealth.	X										
Needs (Professional and Corporative Organizations)												
1.448	To assure expertise background for provision of professional, juridical and economic counseling associated with execution of health profession.											X
1.449	To assure expertise background for representation of members in front of courts, state administration and municipalities associated with execution of health profession.											X
1.450	To assure respective eHealth services for the members.	X										X
1.451	To assure electronic identifier for the members usable also in EU countries.											X
1.452	To assure expertise background and system for management of member list.											X
1.453	To assure actual background and system for management of registry of health professionals by specialties, and their continual education.	X										X

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.454	To assure authenticity of released confirmation of record to the registry.											X
1.455	To assure provision of updated data from the registry to Ministry of Health for the purpose of state statistical findings.											X
1.456	To assure authentic and IS compatible confirmation on execution of health profession on the territory of Slovak Republic for respective bodies of member states for purposes of health occupation in other member state.											X
1.457	To assure background for cooperation with municipalities at creation of public network in case it is smaller than the minimum network.	X										X
1.458	To have information on valid legislation in healthcare.	X										
1.459	To have possibility to discuss content and scope of eHealth.	X										
Needs (Specific Needs of Slovak Medical Chamber – Professional and Corporative Associations)												
1.460	To access MIS outcomes, statistical overview and summary information on health status of the population in a suitable breakdown.	X										X
1.461	To have access to outcomes analyzing financial flows between healthcare providers and insurances.											X
1.462	To have access to information from the section of public health.	X										X
1.463	To have access to MIS in field of monitoring availability of healthcare and usage of eHealth tools for improving availability through NHP, call centre and other means.	X										X
1.464	To have access to catalogue of laboratory examinations and its monitoring.	X										X
1.465	To have access to catalogue of drugs and its monitoring.	X										X
1.466	To have access to catalogue of outputs and its monitoring.	X										X
1.467	To have on-line access to information on employment of qualified force, physicians in particular HCPs.	X										X
1.468	To have access to electronic records on monitoring of continual education of health workers, and particularly chamber members.	X									X	X
1.469	To enable creation of educational programmes in environment of eLearning in field of IT, and also in vocational items for postgradual education.	X									X	
1.470	To enable writing, following and assessment of publication and conference activities of health professionals, in particular physicians, in frame of eLearning and monitoring of continual education.	X									X	

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.471	To enable monitoring of global level of human resources from the view of learning within the segment, and give recommendations for educating entities and MoH for improving quality of human resources in section.	X									X	X
1.472	To enable submission of physician applications to the Chamber through NHP and following processing in electronic form.	X										
1.473	To cooperate at creation of MIS elements to form and enable observing of KPI for monitoring of provided healthcare quality on the level of physician, ward, HCP, region, system as such.	X										X
1.474	To cooperate at monitoring in range of quality with HAS and to have possibility to comment work results of HAS committees concerning members of SMC.											X
1.475	To have access to submissions and claims of patients related to physician performance addressed to ethical committee prior to the conclusions of HAS.	X										
1.476	To cooperate with relevant state bodies at execution of surveillance upon HCP, and background to claims towards ethical committees of SMC.											X
1.477	To process methodology and tools for monitoring radiation burden of patient at receiving healthcare.											X
1.478	In cooperation with research institutes and faculty workplaces to create programmes for statistical monitoring of influence of new practice, new drugs, new methods with measurable indicators in range of health and life of citizens.											X
1.479	To assure informational support of SMC.	X										X
1.480	To access part of NHP for health professionals for needs of SMC activity presentation.	X										
1.481	To have tools for creation and maintenance of Registry of Health Professionals in sense of § 49 legal act.											X
1.482	To have possibility to register and maintain member database in feedback with Registry of physicians.											X
1.483	To present expert successes of SMC members on NHP.	X										
1.484	To have space and interface on NHP to edit topics and projects, research tasks identified by SMC.	X										
1.485	To adopt applications developed by SML for segment needs into NHIS.	X										

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.486	To visualize SMC activities at commenting MoH, legislation activities, and other actors in field of healthcare using form of guided blog and forum.	X										X
1.487	To settle status of a consiliar physician and his competence at patient data access in frame of EHR.			X								
Needs (Educational Institutions)												
1.488	To have access to information necessary for teaching from other subjects in healthcare (HCP, PHI, HI, HSA, NHIC, and others).	X										X
1.489	To have secured informational infrastructure for on-line access to information sources worldwide as well as enabled access to those sources.	X										X
1.490	Need for distant learning.	X									X	
1.491	To have access to planned eHealth applications to enable future and recent health professionals with a sufficient advance.	X										X
1.492	To have information on needs of HCPs, municipalities, MoH SR in range of human resources.	X										X
1.493	To have possibility to share pilot eHealth implementations in frame of scientific-research activity.	X										
1.494	To have material-technical coverage (including ICT) on level enabling education on advanced level.											
1.495	To have early information on trends in evolution of medicine and eHealth.	X									X	X
1.496	Need for close cooperation with HCPs in practical training (also in range of eHealth), mainly with FH.	X							X		X	X
1.497	To have at disposal anonymized / pseudonymized EHR data for training needs.	X		X							X	
1.498	To have at disposal applications of telemedicine in eHealth for training needs.	X				X					X	X
1.499	To have link and access to other central eHealth services.	X										X
1.500	To have at disposal tools for sharing knowledge and experience.	X									X	
1.501	To have at disposal information on valid legislation in healthcare.	X										
1.502	To have possibility to discuss content and scope of eHealth.	X										
Needs (EU and its institutions)												
1.503	To have at disposal healthcare background requested from SR in given time and quality, mainly in the field of statistics.											X

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.504	To receive from SR claims, ideas and comments to activities related to healthcare in EU, especially with eHealth.	X										X
1.505	To be partner to SR in solution of health topics.	X										
1.506	To have access to relevant data at creation and assessment of action plan and policy progress, and national programmes.	X										X
1.507	SR to assure interoperability of IS in healthcare with IS of EU.	X										X
1.508	SR to assure data interoperability on level of EHR, EDS, ePrescription and other eHealth applications.	X	X	X	X	X	X	X	X	X	X	X
1.509	SR to support mobility of EU citizens from aspect of healthcare provision.	X									X	X
1.510	SR to actively participate on EU eHealth programmes (e.g. epSOS).	X									X	X
1.511	To transfer dynamically health legislation of EU into national legislation.	X										X
Needs (WHO)												
1.512	To have at disposal healthcare background requested from SR in given time and quality, mainly on relevant data at creation and assessment of action plan and policy progress, and national programmes.											X
1.513	To have at disposal healthcare background requested from SR in given time and quality, mainly on evidence of influence of risk factors on population as such, and children especially.											X
1.514	To receive from SR claims, ideas and comments to activities related to WHO, especially with eHealth.	X										X
1.515	To be partner to SR in solution of health topics.	X										X
1.516	To have access to relevant data at creation and assessment of action plan and policy progress, and national programmes.	X										X
1.517	To have access to evidence of influence of risk factors on population as such, and children especially.	X										X
Needs based on SR and WHO Cooperation, Priorities for 2008-2009												
1.518	To have at disposal tools for monitoring, assessment, and planning of human resources in healthcare.											X
1.519	Need to gain authentic data and background for periodic publication „Health in transition“ – HIT.											X
1.520	To have at disposal tools for monitoring, assessment, and planning of health education.											X

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.521	To have at disposal tools for monitoring, assessment, and planning of public health capacity.											X
1.522	To have at disposal tools for monitoring of institutionalizing and learning in crisis management, and drug policy.											X
1.523	To have at disposal tools and methods for measuring health system response effectivity on serious nontransferable diseases.											X
1.524	To have at disposal DALYs for particular categories of diseases.											X
1.525	To have an action plan created for reinforcing healthy life style promotion.											X
Needs (Other bodies of public administration and municipalities)												
1.526	To gain background for assessment of social events changing health level as a background for various state levels for purposes of adjusting social norms (e.g. traffic accidents, consumption of alcohol and tobacco, work load with resulting cost-benefit, as well as exposition to hazards in industry – legalization, limits, and other) on municipality level.	X										X
1.527	To assure background from health area for crisis management on municipality level.											X
1.528	To assure informational interoperability of Social Insurance with health sector at provision of healthcare and social care.											X
1.529	Interoperability of HCPs in sector of Interior and Defense with eHealth.											X
1.530	Interoperability of MTPT related to telecom infrastructure and communication of public administration with citizens in written with eHealth.	X										X
1.531	Interoperability of Office for Personal Data Protection with eHealth, whereas occurrence of personal data in healthcare is extremely high, and it is necessary to work out security projects for healthcare informatization in accordance with legal act on personal data protection.											X
1.532	Interoperability of MoF and MoH at financial planning and drawdown in frame of eHealth, at defining of informational security requirements in frame of Strategy of Informational Security sponsored by MoF, at coordination of eGovernment architectures and eHealth.											X
1.533	Interoperability of Office of Government and MoH at building of Informational Society.											X
1.534	To assure inputs from health sector to relevant entities in range given by the valid legislation.											X

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.535	To have a possibility to discuss content and scope of eHealth.	X										
Needs (Scientific and Research Institutes)												
1.536	To have secured informational infrastructure for on-line access to information sources worldwide as well as enabled access to those sources.	X										X
1.537	To have possibility to use modern technologies in educating of adults (e.g. auditive, visual or audiovisual presentations, distant study, and similar).	X				X			X		X	X
1.538	To exchange information with scientific and research institutes in abroad.	X							X		X	X
1.539	To have efficient tool for transfer of scientific and research knowledge into standards for education of health professionals and standards for healthcare provision and health promotion.	X									X	X
1.540	To have bilateral communication and information access to other actors in healthcare - HCP, HI, PHA.	X										X
1.541	Availability of relevant communication channels for dissemination of scientific and research results into practice.	X										X
1.542	To have possibility to share pilot implementations of eHealth in range of scientific and research activity.	X										X
1.543	To have technical coverage (including ICT) on a level to enable science and research on a top level.											
1.544	To have early information on trends in evolution of medicine and eHealth.	X							X		X	X
1.545	To have fast access to integrated registries / code lists containing data necessary for tasks of teaching.	X										X
1.546	To have at disposal anonymized / pseudonymized EHR data for purposes of research.	X		X								X
1.547	To have connection and access to next central eHealth services.	X										X
1.548	To have at disposal tools for sharing knowledge and experience.	X				X			X		X	X
1.549	To have possibility to use ICT (telephone, mobile phone, fax, internet, e-mail, ICQ, copy machines) for work.	X				X			X			X
1.550	To have rapid access to scientific relevant knowledge related to subject of activity (EBM support, decision support systems, and explorers).	X				X			X			X

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.551	To have rapid access to integrated registries / code lists containing data necessary for task fulfilling	X										
1.552	To have possibility to publish the created standard diagnostic practices and methodical directives.	X										X
1.553	To have access to tools and data for electronic surveillance.	X							X			X
1.554	To have at disposal tools for electronic communication with partner entities in EU (reporting surveillance results).	X							X			X
1.555	To have at disposal tools for cooperation with field laboratories.	X							X			X
1.556	To have at disposal information on valid legislation in healthcare.	X										
1.557	To have a possibility to discuss content and scope of eHealth.	X										
Needs (Scientific and Research Institutions, Area of Organ transplantations)												
1.558	Need for registry of necessary data related to transplantation.	X										X
1.559	Need for rapid gaining of relevant information on donors.	X										X
1.560	To have possibility to authorize and process electronic request creation and update inputs in registry of organ and tissue donors, and provide information from the registry to eligible subjects on a secured way.											X
1.561	To have possibility to authorize and process electronic request creation and update inputs in registry of persons who refused to donate organs after death.											X
1.562	To manage and publish information from transplantation waiting lists on a secured way.	X										X
Needs (Suppliers)												
1.563	To have possibility to connect to eHealth services.	X										X
1.564	To have on-line access to registries related to healthcare.	X										X
1.565	To have access to statistical data from eHealth in the scope of their competence.	X										X
1.566	To know the limits determined for HCPs from HI for purposes of consumption planning.											X
1.567	To have early information on terms for accreditation and certification.	X									X	X
1.568	To have at disposal statistical processing of supply claims.											X

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.569	To have at disposal information on valid legislation in healthcare.	X										
1.570	To have possibility to provide relevant information for other subjects via NHP.	X										
1.571	To have at disposal updated information on valid IT standards in health informatics.	X										
1.572	To have early information on planned standards.	X										
1.573	To have early information on terms for accreditation and certification of IS.	X										
1.574	To have possibility of connection to eHealth services.	X										
1.575	To have at disposal eHealth architecture.	X										
1.576	To have at disposal detailed specification of interfaces for eHealth.	X										
1.577	To have at disposal a clearly determined security policy for the area of personal data protection within eHealth.	X										
1.578	To have at disposal a method to manage information security, and risk management in field of health facilities/ health informatics / within eHealth.											X
1.579	To have a possibility to discuss content and scope of eHealth.	X										
Needs (Employers)												
1.580	To minimize employee dropouts resulting from morbidity and injuries.											X
1.581	To have at disposal data on particular risks in working process.	X										
1.582	To have at disposal methodical guidelines for minimizing risks for employees in working process.	X										
1.583	To have at disposal information on newly appearing risks for employees.	X										
1.584	To have information on health status of job applicants in range determined by general binding legal regulations.			X								
1.585	To have information on health status of employees in range determined by general binding legal regulations.			X								
1.586	To have at disposal information on conclusion of preventive medical inspection related to work (assessment on health ability for performance of particular activity).	X										
1.587	To have at disposal information on valid legislation in healthcare and in field of safety in work and fire protection.	X										

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.588	To have at disposal easy available information on updated requirements on employers in field of safety in work.	X										
1.589	To have at disposal updated information and directives on health protection of employees in slough (e.g. industrial accident, chemical plant influx, leakage of hazardous substances).	X										
1.590	To have at disposal tools for monitoring, assessment, planning and further training and development of human resources, concerning safety in work and fire protection.	X									X	X
1.591	To have a possibility to discuss content and scope of eHealth.	X										
1.592	By means of a contractual HCP and contractual occupational health service to enable record-keeping of opening health inspection of an employee.											X
1.593	To create and maintain list of employees with obligation of opening and repeated medical inspection due to requirements of job description with introduced terms, and periods of preventive inspections.			X								X
1.594	To create output set of employees identified with obligation for health inspections and their status.											X
1.595	To enable a synoptical set of employees with reduced working capacity which could influence their assignment to job performance.			X								X
1.596	To generate e-calling/print of invitation to repeated medical inspections.			X	X							X
1.597	To facilitate employees of HCPs a training on Safety in work with a possibility to generate a certificate of successful completing via eLearning.										X	
1.598	To enable output sets of employees completing Safety in work training.											X
1.599	To generate e-calling/print of invitation to repeated Safety in work training, as long as the working place and law require.											X
1.600	To record automatically a report on completing Safety in work training into electronic record and monitoring of continual education of sector professionals.										X	X
1.601	To enable writing, monitoring and assessment of gained levels of employees in frame of e-learning and monitoring of continual education.										X	X
1.602	To enable ordering and monitoring of overreaching healthcare usage – as a bonus for employees.											X
1.603	To have access to terms, description and providers of overreaching healthcare.											X

eHealth / OPIS Phases		1/2/3	1/2/3	1/2/3	1/2/3	2/3	2/3	2/3	2/3	1/2	1/2/3	2/3
ID	eHealth Key Domain Applications	National Health Portal	ePrescription eMedication	National PHR	eBookings	Telemedicine	Genomics	PACS	eConsulting	eWarning	eLearning	Other appl.
1.604	Automatic notice to employer on employee's start and closing disability to work.											X
1.605	Automatic notice to employer on results of rule-keeping in disability sent by supervisory bodies.											X
1.606	To have possibility to independently judge the assessment physician's decision on disability.			X								X
Needs (Other Subjects)												
1.607	To have possibility to connect to eHealth services.	X										
1.608	To have on-line access to registries related to healthcare.	X										X
1.609	To have access to eHealth data in range of their competence.	X										X
1.610	To have possibility to provide relevant information for other subjects on NHP.	X										
1.611	To have possibility to discuss content and scope of eHealth.	X										



NATIONAL
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