



NOVEMBER 2012

CED RESOLUTION

eHEALTH

// INTRODUCTION

The Council of European Dentists (CED) is a European not-for-profit association which represents over 340,000 dental practitioners across Europe through 32 national dental associations and chambers in 30 European countries. Established in 1961 to advise the European Commission on matters relating to the dental profession, the CED key objectives are to promote high standards of oral healthcare and dentistry and effective patient-safety centred professional practice.

A guiding vision of CED regarding the future of dentistry is that every European has access to quality oral health care provided by well-educated, skilled and fully competent dental practitioners, in a comfortable and cost-effective manner, using the most appropriate technology. In this context, the CED welcomes the European Commission's initiative included in the eHealth Action Plan 2012-2020 to develop eHealth systems with the aim to achieving better information exchange and efficient data usage in healthcare.

// PATIENT DATA

To ensure patient safety and effective interoperability of eHealth systems, the CED:

1. Considers that dental practitioners must have access to patients' relevant medical data;
2. Supports the definition of a minimum common set of patient data for the exchange of core information, consisting of:
 - a) General information: name, date of birth and gender;
 - b) Medical information: allergies, including allergies to dental materials, medical devices and implants, list of current health problems, major surgical procedures and medication summary;
 - c) Dental information: oral status, diagnosis (namely on periodontal, caries, occlusion and erosion indices) and performed treatments;
3. Stresses that dental practitioners should not be allowed to change any data about procedures that they have not carried out themselves;
4. Argues that dental practitioners can only be liable for the information included in the dental record by them;
5. Supports the EPSOS pilot-project¹ in coordination with CED Members.

¹ EPSOS is the main European electronic health interoperability project co-funded by the European Commission which aims at improving medical treatment for European citizens abroad by providing the health professional with the necessary patient data in a secure electronic format. This is based on the patient's consent to the health professional. Two services will be developed during the course of the EPSOS project and tested in practice: *Patient Summary* – access to important medical data for further treatment of patients, and *ePrescription* – cross-border use of electronic prescription services. A list of all participating points of care (hospitals/health professional's offices) can be found on www.epsos.eu.

// CODIFICATION IN ORAL HEALTHCARE

A uniform codification is required to communicate electronically. It gives the possibility to transfer and to consult information from different kinds of software and different nations across Europe. The CED:

1. Considers that oral status should be complete and supported with the use of uniform codification for diagnosis (particularly on periodontal, caries, occlusion and erosion indices), localisation (charting) and performed treatment;
2. Recognises that it is very difficult to develop a uniform codification system for diagnosis and treatments to achieve interoperability of e-Health systems in dentistry.
3. The CED has studied the existing codes for treatment and diagnosis and will continue to monitor these developments (particularly ICD-10, ICD-11, SNOMED CT / SNODENT and ISO 3950:2009²);
4. Supports the expansion of ISO 3950:2009 standard to include areas not covered like tooth surfaces, supernumerary teeth and so on;
5. Supports preferably the development of common codes or, as an alternative, correspondence tables in Member States with regard to treatment codes, in order to develop the interoperability of services in cross-border healthcare;
6. Recommends that the DMFT/S index for the measurement of caries (decayed, missing, filled teeth) is generated by the software used;
7. Supports the development of common codification for oral status, localisation (charting) and treatment to achieve the interoperability of eHealth systems.

// DENTAL SOFTWARE

The CED:

1. Highlights that software standards currently in use, such as XML-HL7 V2 and V3, ISO 13606 for electronic health record communication and DICOM (Digital Imaging and Communications in Medicine standards) for x-rays, are often not specific enough to assure interoperability. Furthermore, they may not be complementary, or even contradictory. The same conclusion was reached on the basis of the final European progress report on *“European countries on their journey towards national eHealth infrastructures”*, point 5.3.3 *“Standards in use”*, January 2011;
2. Recommends the implementation of national certification procedures for dental software in the context of use, reimbursement, communications and in order to ensure compliance with national legislation;
3. Stresses that it should be possible for all patient data to be exported into an open and standardised format to ensure competition and to avoid loss of patient data (e.g. in case of closure of a dental practice, necessity to move data to another dental practice or software provider, etc.).

² ISO 3950:2009 is currently most commonly used for localisation (charting) purposes.

// DATA PROTECTION AND SAFETY OF DENTAL RECORDS

The CED wishes to recommend guidelines to protect patient data in-office and to safely exchange information between health professionals. In this context, the CED carried out a survey among its Members to investigate who has access to dental records, what should be seen and stored, if patient data should be linked to the internet, etc. The CED:

1. Notes that patients must have access to their medical data;
2. Notes that patient data is highly sensitive and must be secured appropriately;
3. Notes that access to patient data must be limited to healthcare professionals with appropriate and traceable permission;
4. Recommends that, in case of exchange of information, an appropriate level of security must be ensured (e.g., secure encryption process, sender and recipient identification and authentication)
5. Recommends the back-up of dental records outside of the dental practice. This is to avoid unexpected circumstances such as fire, break-in, flooding, etc. Any back-up needs to be subject to stringent security regulations in accordance with EU data protection legislation;
6. Notes that if patient data are used for statistical purposes relevant EU data protection legislation and anonymity for both patients and healthcare providers have to be ensured.

// INITIATIVES TO BOOST eHEALTH

The CED:

1. Notes that practice costs for implementation of ICT tools are likely to impact on patient fees, and the financial burden should be kept at a reasonable level for dental practitioners. The financial impact on all dental practices, specially related to clinic size, needs to be recognised appropriately;
2. Notes that ICT costs connected to reimbursable treatment must themselves be reimbursed;
3. Supports the provision of financial incentives to dental practitioners to implement ICT tools;
4. Supports measures to stimulate competition among companies providing eHealth solutions as a way of reducing prices over time;
5. Recommends that, if a secure healthcare network is established in a Member State, oral healthcare providers should be given the opportunity to be included whereas both patients and dental practitioners must be guaranteed a voluntary participation.

Unanimously adopted by the CED General Meeting on 23 November 2012