

Global Connected Care Use Cases

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8th ZIMAM DIGITAL HEALTH FORUM

ADVANCING TALENT-CENTRIC
DIGITAL HEALTH INNOVATIONS



4-8 NOV
2025



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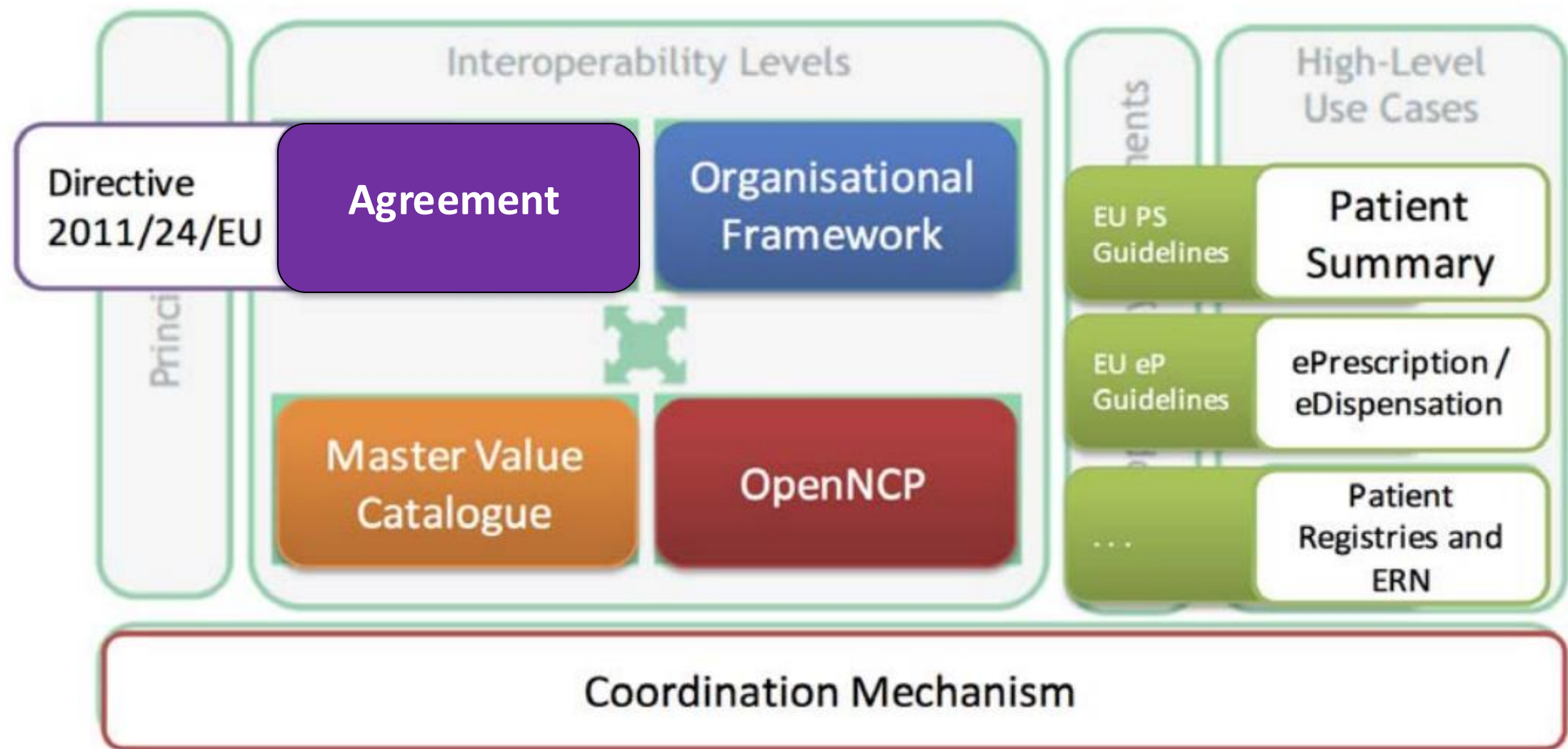


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iH10 General Secretary (SMC); IHE Catalist Ambassador for the GlobalEHR
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Professor with 20+years of experience in teaching and researching in Digital Health, Leadership and Management education for Medical Students and Health Professionals. He is past president of Portugal's Digital Health Agency (7 years), and former Member States co-chair of the EU eHealth Network, the highest policy body on eHealth in the Union. Currently he works as an Academic, on individual consulting projects in Digital Health. He is the Director of BRU-DHI at Iscte University and coordinator of the recently-ended XpanDH and recently-started XiA and i2X projects, among other initiatives such as the General-Secretariat for iH10 initiative (collaborating under Samsung Medical Center)

eHealth Digital Service Infrastructure (eHDSI)



The 2022 proposal for EHDS and MyHealth@EU

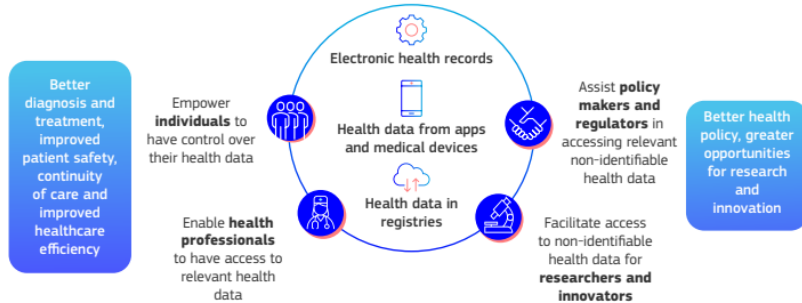


EUROPEAN HEALTH DATA SPACE

#EUDigitalHealth

OBJECTIVES

- ✓ Empower individuals through better digital access to their personal health data; support free movement by ensuring that health data follow people;
- ✓ Unleash the data economy by fostering a genuine single market for digital health services and products;
- ✓ Set up strict rules for the use of individual's non-identifiable health data for research, innovation, policy-making and regulatory activities.

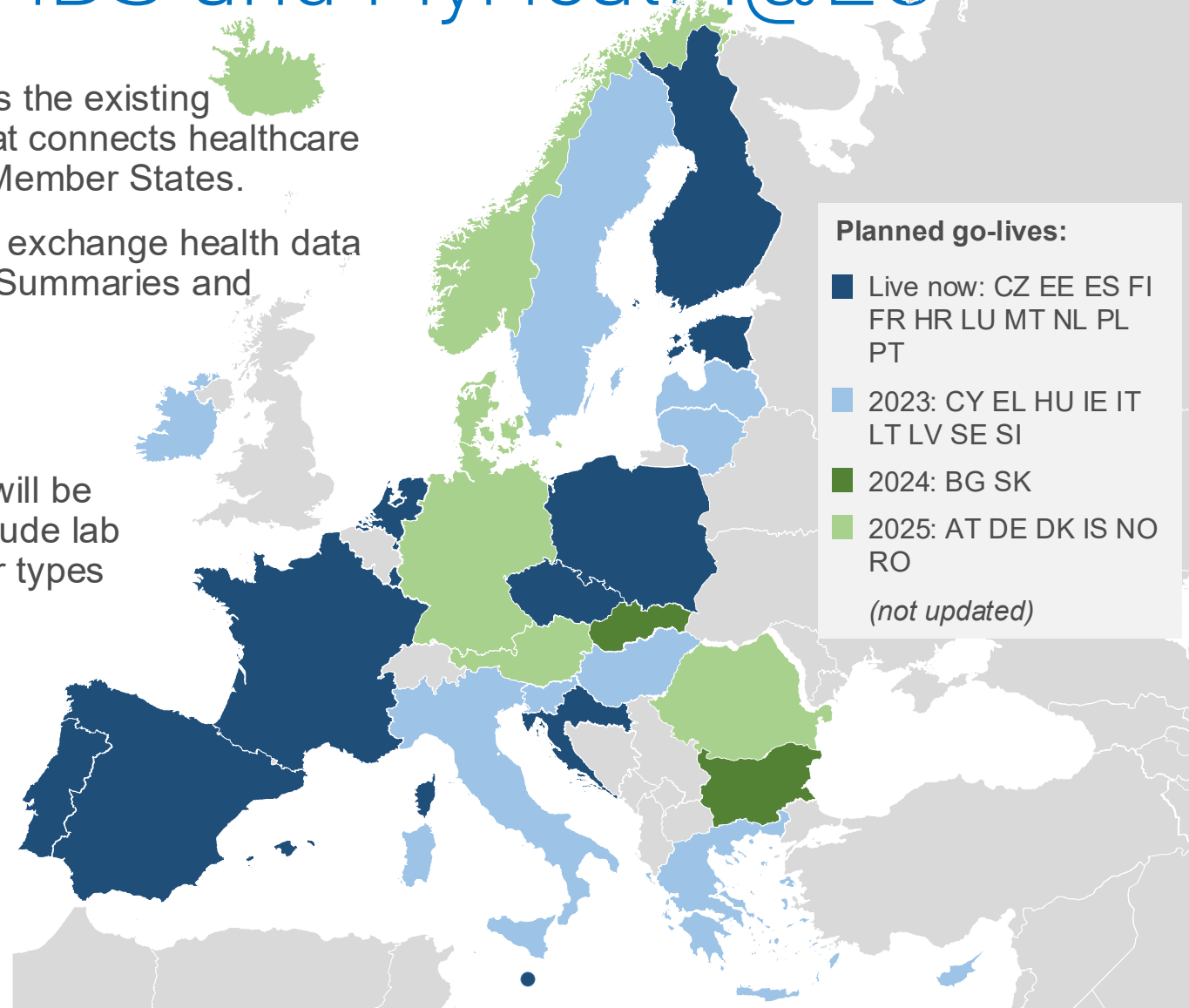


GROWTH POTENTIAL OF THE HEALTH DATA ECONOMY

MyHealth@EU is the existing infrastructure that connects healthcare providers in 16 Member States.

It allows them to exchange health data such as Patient Summaries and ePrescriptions.

These services will be expanded to include lab results and other types of health data.



Cross-border e-Prescription in action

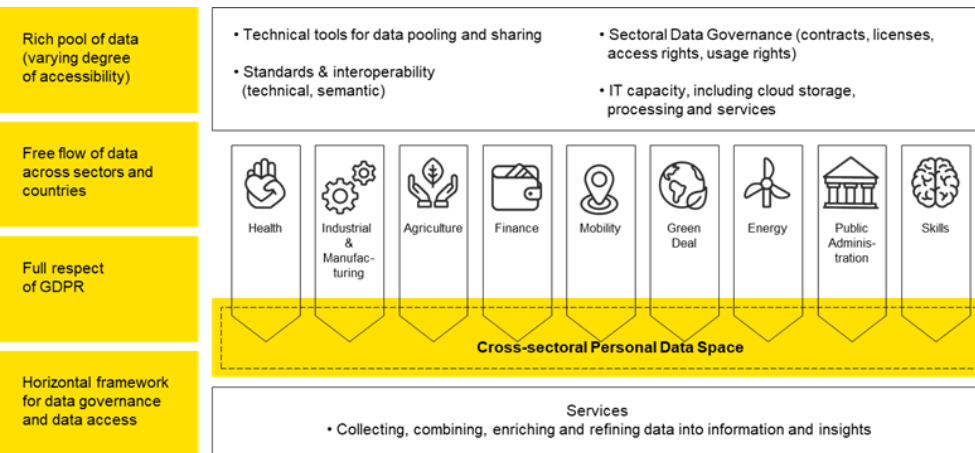


My Health @ EU
eHealth Digital Service Infrastructure
A service provided by the European Union



The **European Health Data Space** is a health specific ecosystem comprised of rules, common standards and practices, infrastructures and a governance framework

EHDS Proposal published 03/05/2022



European Health Data Space (EHDS)

OBJECTIVES

Effective use of health data

SCOPE & EXPECTED IMPACT

Use of health data
(primary,
MyHealth@EU)

- Empower individuals to control their data
- Standardization and mandatory certification of EHR systems
- Voluntary labelling of wellness apps
- European Electronic Health Record Exchange Format

Single market for health data, data protection, free movement of people, digital goods and services

Re-use of health data
(secondary,
HealthData@EU)

- Health data access bodies
- Purposes for use and forbidden use
- Data permits, secure environments, no identification

Facilitated Research & Innovation
Better Policy Making

MEANS

Legal / Governance

Quality of data

Infrastructure

Capacity building/digitalisation (MFF)



“Health” Data Space was the first to be legislated, much also because of previous work and COVID-19

EU Priority categories

VS other Priorities
VS non-Health actors

- Group 1
 - Patient summaries
 - Electronic prescriptions
 - Electronic dispensations
- Group 2
 - Medical imaging studies and related imaging reports
 - Medical test results, including laboratory test and related reports
 - Discharge reports

USE "parts of the IPS" (e.g
vaccinations only or ...

USE "parts of the IPS" (e.g
Allergies (food) only for
AIRPLAIN Companies.. ...

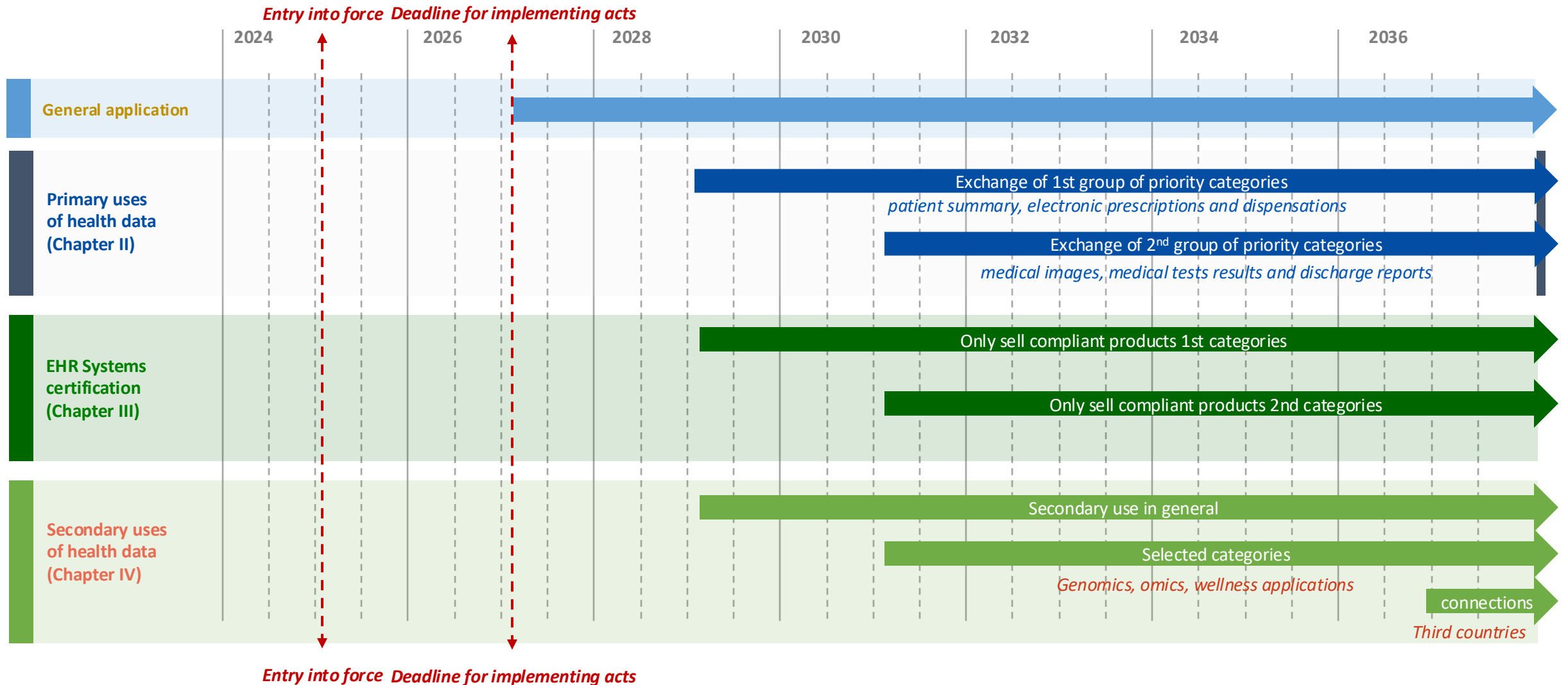
Reimbursement

Reimbursement

Insurance status

Implementation of the EHDS Regulation

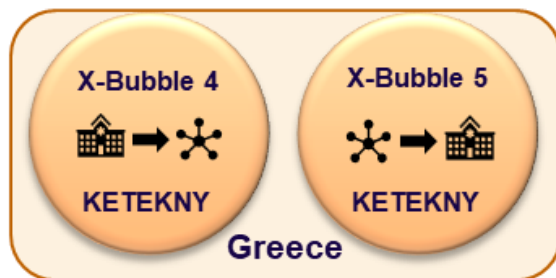
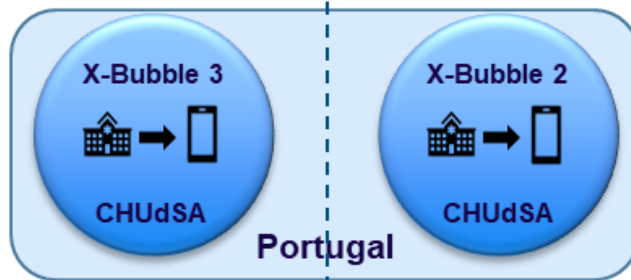
Timelines are indicative.



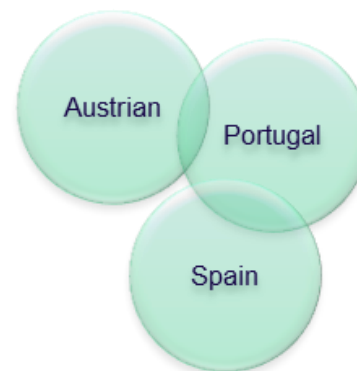


Bubbles of experimentation

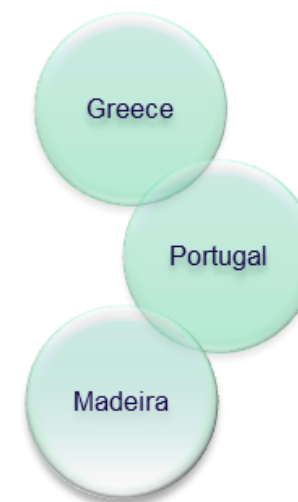
Discharge Reports



Laboratory Reports



Patient Summary





Example of Experimentation in Laboratory Report

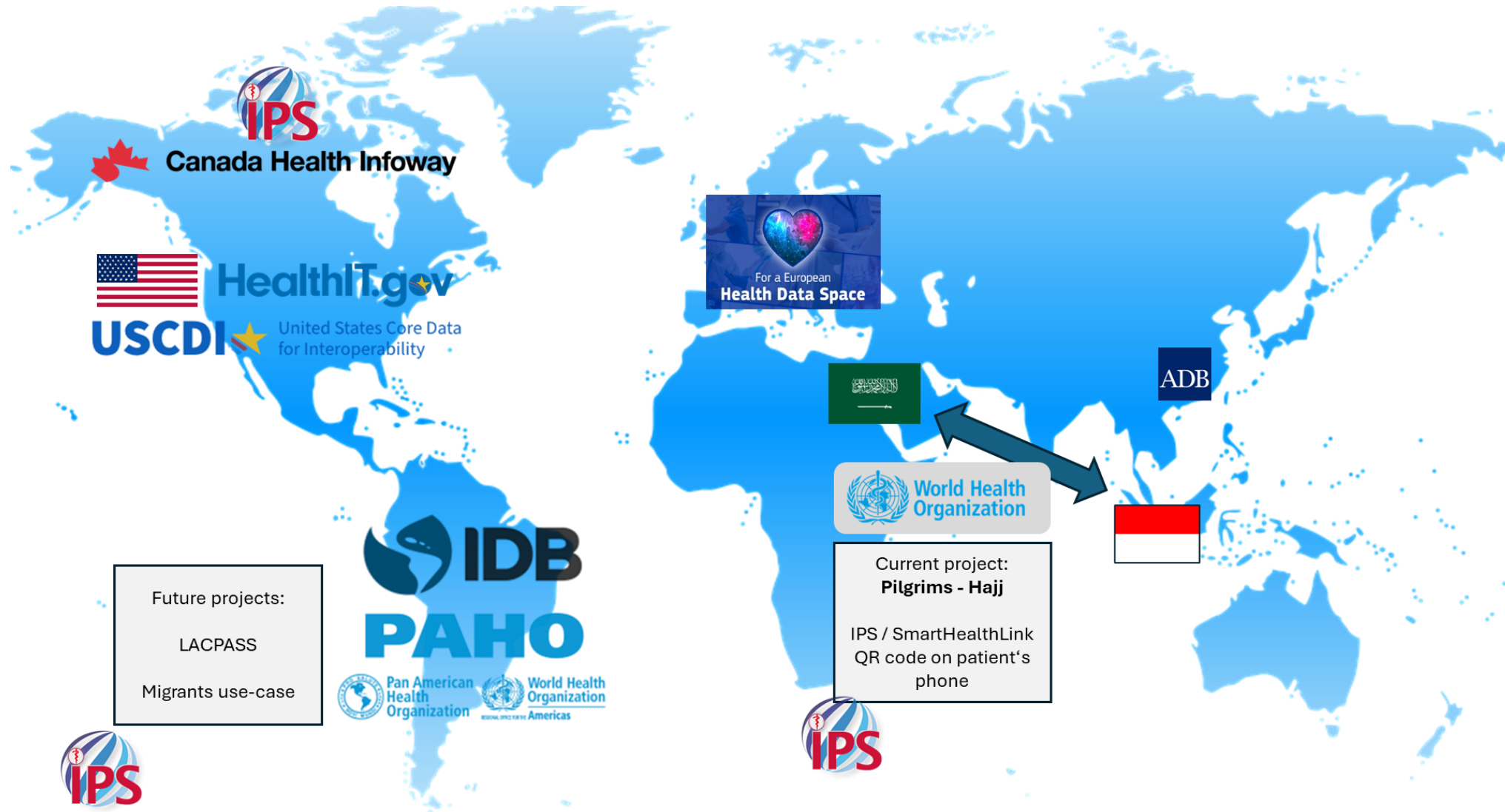
• Organization to Organization – National context

X-Bubble ID	X-Bubble 1													
Target Group	Diabetes patient		TO-BE situation	Continuity of care for diabetic patients is supported by structured data exchange, saving much time for the physician by providing an integrated view of the patient's condition through time, providing alerts based on the structured data etc.										
Stakeholders	Clinicians													
Context of use	Continuity of care													
AS-IS situation	Currently, it is obligatory for healthcare providers and EESZT to make patient data available through the technical specifications: on SOAP for healthcare records pertaining to the patient's data stored as PDF document. Semantic elements: Hungarian implementation of ICD-10 for billing purposes, Master datasets and providers and health insurance implementation of ICPM (separate for inpatient and outpatient care), Hungarian implementation of ICD10 and a partial national implementation of LOINC. The PDF is for human use only, no underlying structured document (e.g. EHR according to EN/ISO 13606) is available. The laboratory systems typically use LOINC for internal purposes and use the Hungarian implementation of ICPM for reporting to the health Insurance Fund.		Description	Necessary steps to move from current situation to the target situation: 1. The document structure is defined. 2. The EESZT interface <u>has</u> to be updated to such structured documents. 3. The EHR component of the system has to validate such structured documents. Note: step 1 is possible without step 2, but step 2 is not possible without step 1.		Objectives and contributions to overall XpanDH objectives	Pilot structured data exchange supporting continuity of care for diabetic patient.							
	Actors and their Roles	Actor		Trigger	Flow		X-Bubble Major Challenges	Developments in EESZT and HIS necessary for structured document handling.						
		Objectives and contributions to overall XpanDH objectives		Patient	Laboratory information system	EESZT			1. Physician: uses hospital information system to retrieve already existing structured documents of the patient. 2. Hospital information <u>system</u> ; retrieves already existing structured documents of the patient from EESZT. 3. Laboratory and/or hospital information <u>system</u> : sends structured laboratory results to EESZT. 4. EESZT: validates and stores the structured laboratory results, provides access to stored structured documents. 5. Patient: may use the patient portal of EESZT to retrieve structured documents.					
					Preconditions				• Doctor • EESZT • Laboratory information system					
									Post conditions		Continuity of care documents are available in EESZT.			
									Requirements		User requirements Same as for EESZT which is already used in the portal. Technical requirements Structured document specification (other value set to be used) for the laboratory system. Operational requirements Only the already existing EESZT is needed. Ethics requirements Medical data <u>has</u> to be sent to the healthcare encounters and healthcare provision providers.			
									Architecture					



Funded by
the European Union

IPS Examples



Why, How and What is the Global EHR?

- A global electronic health record (G-EHR) is a **set of interconnected digital systems and services that support the sharing of personal health data across the globe** to support primary use of health data regardless of geographical, jurisdictional and language barriers creating an electronic health record support environment as similar as possible to that experienced by the individual and his/her caregivers in his home country. It is based on standards and is a *de facto* promotion of data harmonization leading up to a potential “Global Health Data Space” of nominal/anonymized health data for its potential secondary and tertiary use.
- A global electronic health record (G-EHR) is not something utopic. It requires focus, concrete steps, value creation and determination to explore the following elements.
 - 1) Creating a worldwide voluntary patient and health professionals’ registries
 - 2) Setting up a **global regime/governance forum for the advancement of agreements and common creations**
 - 3) Using a **common exchange format** (possibly inspired in the European EHR exchange format?)
- Source: H. Martins 2020:
<https://healthmanagement.org/c/healthmanagement/issuearticle/digital-health-diplomacy-in-chained-globalised-health-context>



The Global-EHR and First Steps for a Global Treaty on Digital Health

Global Digital Health Diplomacy: The Global-EHR and First Steps for a Global Treaty on Digital Health

<https://jas.bayern/index.php/jair/article/view/169>



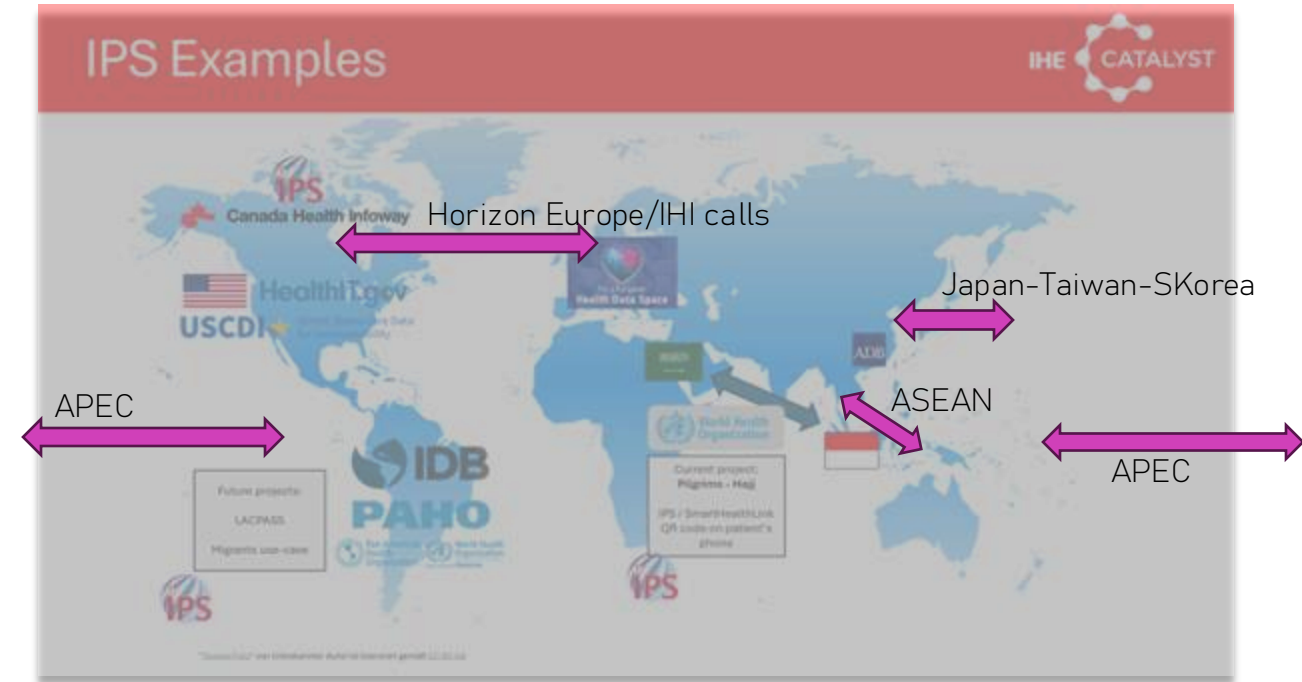
- 1) Knowledge & Experience Sharing
- 2) Piloting together
- 3) Creating a “trust basis” and “sharing” legal/organizational mechanisms

Digital Health Diplomacy refers to the concentrated international efforts towards supranational interoperability in eHealth/Digital Health. These may include international agreements for mutual health data transmission, recognition of information systems or common approaches to the use of international standards.

Iscte BRU_Digital Health International

Contributing to the Global EHR initiative by:

- maturing concepts
- engaging Policy Makers (e.g GDHP, WHO, EC, ASEAN, APEC etc).
- developing education and capacity building in interoperability
- connecting people and ongoing “connecting” initiatives (e.g. Pan-American Highway for Digital Health, GCC efforts etc)



Our interdisciplinary team comprises global leaders with proven track records in **policy-making, project coordination, and academic research** across Europe and beyond, with individual backgrounds stemming from Portugal, Brazil, France, Germany, Italy, Pakistan, USA, and Ethiopia.



bru _ Digital
Health International

From Monday, 23 March to Friday, 27 March 2026

Brussels, Belgium

Where?

The EGG, Rue Bara 175, 1070 Brussels

About a 10-minute walk from Brussels-South Station (Gare du Midi)



Iscte BRU_Digital Health International

Visit us!

<https://brudhi.iscte-iul.pt/>

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Coordinating  **XiA**
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