



NÁRODNÍ STRATEGIE  
ELEKTRONICKÉHO  
ZDRAVOTNICTVÍ

# Action Plan for National eHealth Strategy 2016-2020



MINISTERSTVO ZDRAVOTNICTVÍ  
ČESKÉ REPUBLIKY

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## 1. Introduction

### 1.1. Basic information about the Action Plan

<b>BASIC INFORMATION ABOUT THE ACTION PLAN</b>	
<b>Name of created Action Plan</b>	Action Plan for the National eHealth Strategy of the Czech Republic 2016-2020
<b>Submitter</b>	Ministry of Health of the Czech Republic
<b>Administrator of creation of the Action Plan</b>	MUDr. Tom Philipp, Ph.D., MBA, Deputy Minister of Health
<b>Strategy creation coordinator</b>	Ing. Jiří Borej, CGEIT, chief architect of eHealth
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<b>Date of approval</b>	
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<b>Last update</b>	
<b>Governing legislation</b>	Government Decree No. 1054 of 28.11.2016 (National eHealth Strategy of the Czech Republic for the period 2016 - 2020)
<b>Implementation period</b>	2017 – 2020
<b>Responsibility for implementation</b>	Ministry of Health of the Czech Republic
<b>Implementation</b>	Builds on National eHealth Strategy of the Czech Republic

## 1.2.Context of the Action Plan with National eHealth Strategy

The Action Plan is an implementing document of National eHealth Strategy of the Czech Republic for the period 2016 - 2020.

National eHealth Strategy of the Czech Republic (hereinafter referred to only as NSEH) successfully underwent the interdepartmental comment process, was then approved by the Minister of Finance on 11 October 2016 and submitted for discussion at the governmental meeting of the Chamber of Deputies of the Czech Republic and there approved by Government Decree No. 1054 of 28.11.2016.

By completion and approval of NSEH, the Ministry of Health created a medium-term strategic document, which formulates strategic objectives and a programme for support of these for a period of at least five years on the basis of knowledge of the Czech health service, social conditions and development trends on the level of the European Union and the Czech Republic.

## 1.3.Purpose of the Action Plan

The Action Plan elaborates selected measures, tasks and activities and precedes the creation of what are usually one-off independent action or implementation plans resolving a specific issue, determining detailed objectives, measures and the method of their implementation and evaluation. The point of the above-mentioned NSEH plans will be to elaborate their objectives into tasks, projects and activities and to define procedures, implementation structure, a schedule, financial resources, a budget, to determine the method of evaluation of meeting of objectives and fulfilment of measures, incl. sets of indicators and dates. This system of plans is a condition for implementation of NSEH. Within this framework, both national factors and also initiatives on the level of the European Union will be taken into consideration.

**From the point of view of the EU level, the Action Plan** reflects the requirement of the EC from 2012 consisting in increase in the speed of changes and improvement of the quality of healthcare by clarifying areas where legal uncertainty reigns, improving interoperability between systems, increasing awareness and improving knowledge among patients and healthcare workers, placing patients in the forefront of interest with the aid of initiatives relating to healthcare and support for research in personalised medicine and finally, by facilitating free legal consultancy in the field of eHealth.

On the level of the European Commission, work is continuing on the eHealth Network platform, which the MoH regularly participates in as well as participating in the Connecting Europe Facility (CEF) project with the Vysočina Region.

**From the point of view of the Czech Republic,** the Action Plan for National eHealth Strategy for the period 2016 – 2020 is a document which presents a plan for implementation of the individual objectives of this strategy, illustrates the relationship of the planned projects to this strategy and the set performance indicators.

This plan must take into consideration the changing surrounding influences and environment which will continue to develop. This means that this Action Plan will also have to be continuously updated. Some examples of these influences are:

- changes in the legislation; foreseeable changes are planned by individual departments; e.g. application of the eIDAS directive and GDPR (personal data protection); unforeseeable changes according to the resulting legislative acts;
- changes in priorities arising from changes in political representation;
- financing options; EU grant programmes significantly influence the structure of projects implemented, it is often necessary to adapt the timing and scope of measures and projects implemented to the purpose and schedule of individual calls by the ESI funds;

- projects of other departments; departments are continuously creating new electronic services for citizens, or gradually meeting their obligations from the Action Plan for Development of the Digital Market, in some cases the department concerned is the Ministry of Health and its cooperation is required, in some cases it will be advantageous for the department to use the newly created electronic services of the state; one example of this is the eSick Note;
- restrictions arising from the Act on Civil Service; implementation of projects often for hundreds of millions of crowns requires significant staffing capacity in the field of information and communication technologies, which there is an ever-increasing lack of in state administration.

***The Action Plan builds on the National eHealth Strategy of the Czech Republic for the period 2016-2020 and specifies measures, tasks and activities in priority areas for a shorter period of time within the framework of NSEH. In doing so, it is based on the already accepted documents and decisions. It thus serves as a guideline for the next steps in computerisation of the ministry and for creation and implementation of plans creating new IT services in the ministry.***

In order to perform the activities of the Action Plan, we assume that computerisation of public administration is linked to computerisation of the health service in many respects, primarily sharing of eGovernment IT services which offer possibilities which were not feasible in the past such as use of basic registers and resolution of identities etc.

Computerisation of the health service will clearly contribute towards an increase in the efficiency, quality and availability of healthcare services, will help to ensure the availability of healthcare information in the right place and at the right time, but also in the right quality. Computerisation also supports the specific field of cross-border movement of people and patients, increases the interoperability of healthcare information systems (i.e. even for example that information gained in one healthcare facility will be comprehensible for the information system of a different healthcare facility), but will in particular be a tool strengthening the standing of patients and citizens in the healthcare system.

The benefits of computerisation of healthcare are obvious and indisputable in countries where this has already been established. It offers significant financial savings in consumption of pharmaceuticals, reduces duplicity of examinations, helps to reduce the duration of patient stays in hospitals and reduces the frequency of visits to out-patient clinics. It improves access to healthcare services for all groups of citizens.

## 2. Activities in the project plan

### 2.1. Starting points and priorities

The basic starting points for drawing up the Action Plan are:

1. National eHealth Strategy approved in November 2016, which:
  - a. specifies a system objectives and measures and measurable indicators;
  - b. specifies the schedule of priority areas in relation to the system of objectives and measures of NSEH and the grant programmes of the ESI funds;
  - c. states the approved priority areas of the MoH for implementation of NSEH.
2. Options for financing projects from EU funds discussed with the governing body of the IROP and governing body of the Operational Programme Employment. Whereas the Ministry of Health of the Czech Republic plans to primarily activate providers of healthcare services to use grant programmes. Including the option of financing from the state budget.

3. Output from the Enterprise Architecture of Key Areas in the Ministry of Health project (in particular in directly controlled organisations of the MoH). Within the framework of inventory of the current status of key components of the architecture, a model was created of provided services and their relationships. Principles were set, as were rules for interoperability and development of the infrastructure and proposal was made for development of key infrastructure components.
4. External stimuli, e.g.
  - a. transfer of activities from the Coordination Centre for Health Sector Information Systems (CCHSIS) to directly controlled organisations of the Institute of Health Information and Statistics of the Czech Republic (IHIS);
  - b. newly established eGovernment services (National Identity Authority (NIA), services for eIDAS on “electronic identification and services creating confidence in electronic transactions on the internal market”).
5. Fulfilment of risks identified in NSEH

Priority areas defined by the Ministry of Health in NSEH:

- **Creation / amendment of reference registers** which will be the equivalent of the eGovernment Basic Registers and which will be an authoritative source of data for identification of entities, setting of their rights and responsibilities in eHealth.
- **Resolution of electronic identity** of healthcare workers, which ensures and strengthens legal and organisational certainty and continuity of work with electronic documents and medical documentation. Procedure will be followed in line with resolution of electronic identity under eGovernment.
- Ensuring uniform access to eHealth services in line with the principles of eGovernment.
- **ePrescription** – prepare gradual roll-out of fully-fledged electronic prescriptions. This task will require amendment of the legal regulations.
- **Establish / create a National Centre for Electronic Healthcare** the task of which will be, in a programme based and economical manner, to coordinate and support development of digitisation, to maintain and develop the concept of the national system of eHealth.

Within the framework of implementation of the Action Plan for National eHealth Strategy, priorities are primarily focused on creation of the basic building blocks of computerisation (the information infrastructure) and the required control structures.

The submitters of individual computerisation projects will proceed in line with the principles defined by the Enterprise Architecture for computerisation of the Ministry of Health and in line with the higher-level principles of establishment of eGovernment.

The basic principles of development of computerisation of healthcare according to the concept of the Enterprise Architecture adopted in NSEH are:

- To create a comprehensive and integrated eHealth system by means of such projects which fall in line with the National Departmental Architecture and are able to mutually share data and efficiently use the existing data resources and IT services of the ministry and eGovernment.
- Division of the complicated eHealth environment into three key areas which are logically linked: Strategy, Architecture, Projects.

- Interconnection of these three areas via a common model. It must be clear how strategic objectives are projected across the individual layers of the architecture. It must also be clear which transformation projects implement these objectives and what their correct order is.
- To create architectures in such a way that they are based on the relevant national frameworks, both methodical and substantive. In particular on the National Architectural ICT Plan for Public Administration of the Czech Republic (Department of the Chief Architect of the MoI).

Six principles of computerisation of healthcare adopted in NSEH will be complied with:

- 1) The primary objective of development of eHealth must be benefit for patients and quality of healthcare.
- 2) The right of the patient to provision of the appropriate care, protection of personal dignity and protection of personal data must not be weakened by introduction of eHealth, but strengthened.
- 3) Doctors and other healthcare professional must already be involved in the project in the phase of preparation of plans, during planning and creation of draft solutions. The opinions of the professional public must be actively gained within the framework of the project and adequately taken into consideration.
- 4) Before introduction of new eHealth tools and services into practice, their usability, quality, stability and performance must be sufficiently verified and evaluated.
- 5) Introduction of eHealth on the basis of obligations determined across-the-board is in principle incorrect. While introducing new eHealth services and tools, use must in particular be made of positive motivation and introduction of new technology gradually and thoughtfully in such a way that there is no threat to the fluency and safety of operation, no risk to the patient or deterioration of working conditions for healthcare workers.
- 6) Everywhere where possible and expedient, it is necessary, while creating new solutions, to use all available scientific and research knowledge and tried and tested technology, including standards for exchange and display of healthcare information.

At the same time, while introducing eHealth, the following principles (strategic objectives) of eGovernment specified in “Strategy for development of ICT services in public administration and its measures for streamlining of ICT services” shall be complied with in line with the commitments from NSEH:

- 1) From uncoordinated management of state ICT to coordinated management built on uniform architecture and uniform rules.
- 2) From dependence on suppliers to our own competences for effective management of development and operation of ICT in the Czech Republic.
- 3) From independent and non-uniform processes in public administration to standardised, linked, high-quality, efficient and measurable public administration services.
- 4) From specialised official counters to digital self-service facilitated by coordinated publication of user-friendly ICT services.
- 5) From isolated data to linked and open data in public administration and to linked and open public administration data and to qualified decisions leading to greater efficiency of services in public administration.
- 6) From isolated computer systems to shared ICT services.

- 7) From isolated identity systems to uniform identity systems for users of public administration services and civil servants.
- 8) From passive adoption of legislation and EU ICT projects to active participation in preparation of new legislation and EU ICT projects.

## 2.2. Logic of the Action Plan

**The activities of the Action Plan for National eHealth Strategy are based on the system of strategic and specific objectives of NSEH shown in Graph 1.**

The basis of this system is constituted by the four following strategic objectives:

- 1) Increase in involvement by citizens in care for their own health;
- 2) Increase in the efficiency of the healthcare system;
- 3) Increase in the quality and availability of healthcare services;
- 4) Creation and development of the Information infrastructure and management of eHealth.

The Action Plan primarily concentrates on fulfilment of the priority areas specified in the previous chapter and subsequently describes the chosen activity, consistently based on NSEH, leading towards implementation of priorities.

Specific risks are given by the availability of sources of financing from the programmes of the EU funds which are available at a certain time, not absolutely corresponding to the requirements of the implementation projects.

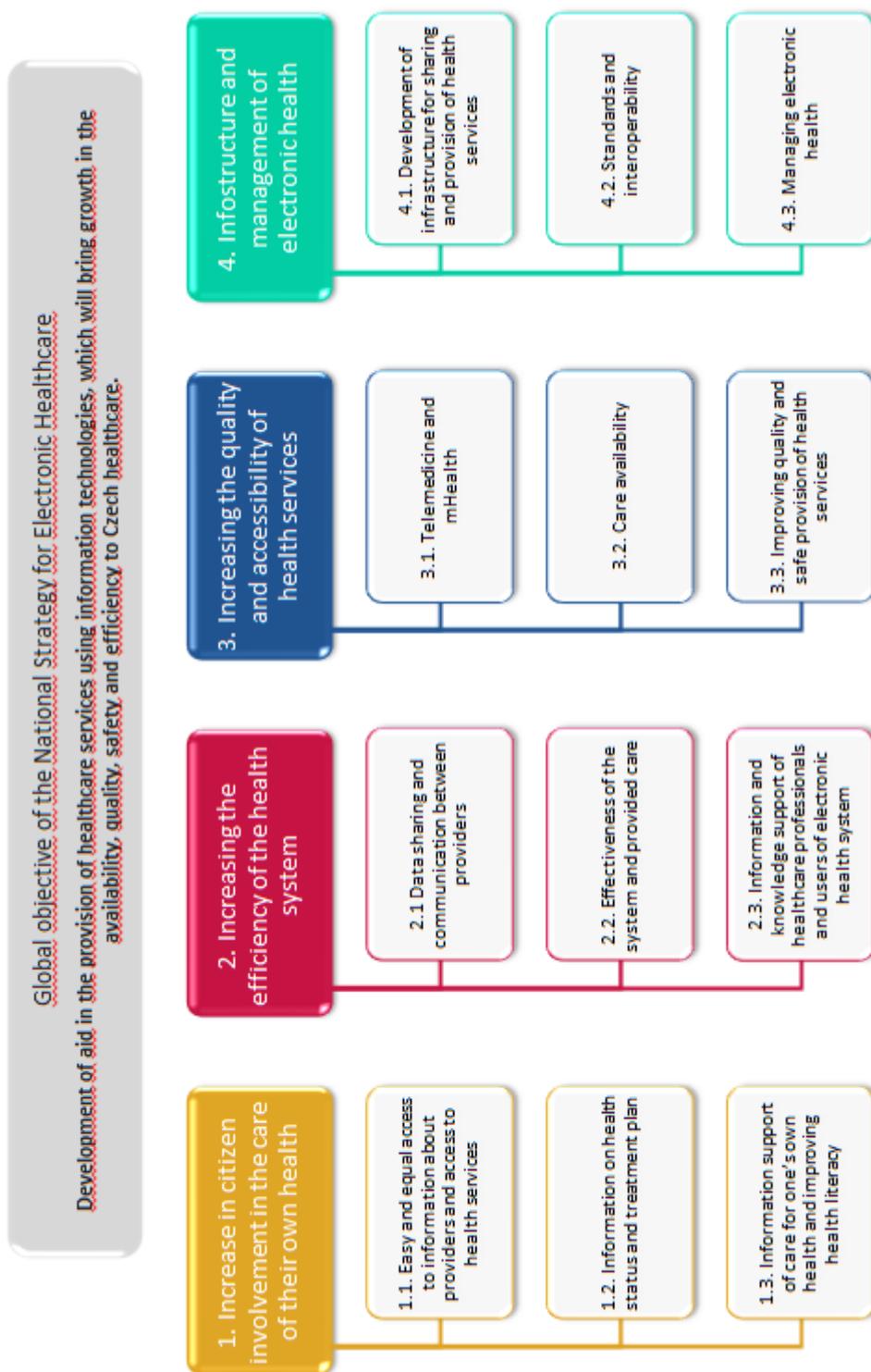
The possibilities of the Action Plan are significantly determined by the limited ability of state administration to come to terms with the requirements on resources and work capital needed for administration and management of individual implementation projects, in particular in the case of centrally managed projects. Cooperation by the MoH and other organisations involved is thus of crucial importance for the feasibility of the plans.

**The Action Plan introduces three basic activities covering the above-mentioned priority areas of the MoH:**

1. Strategic management of development of eHealth in the Ministry of Health (specific NSEH objective number 4.3, Administration of eHealth)
2. ePrescription (NSEH measure number 2.1.2 Electronic and efficient prescriptions)
3. Establishment of a basic eHealth information infrastructure - departmental data interface for communication of transaction information systems

It also specifies the following activities for implementation of priority objectives and measures of NSEH:

4. Sharing medical documentation, implementation support for healthcare providers
5. Cyber security
6. Telemedicine
7. Establishment and development of a public health and eHealth information system ("Portal")



**Graph 1** System of objectives of National eHealth Strategy

### 3. Description of activities leading towards fulfilment of the priority objectives of NSEH

A condition for implementation of computerisation projects is creation of a key organisational structure of the **National Centre for Electronic Healthcare (NCEHS)** which will bear overall liability for preparation and establishment of eHealth.

#### 3.1. Activity no. 1 – Strategic management of development of eHealth in the Ministry of Health

***Establish / create a National Centre for Electronic Healthcare the task of which will be, in a programme based and economical manner, to coordinate and support development of digitisation, to maintain and develop the concept of the national system of eHealth.***

The National Centre for Electronic Healthcare will be equipped not only with professional competences and responsibility, but also the respective powers to promote the basic principles of computerisation in line with the adopted national strategy. It will be necessary to create a professionally independent team which is sustainable over the long term within the organisational structure.

This centre will cooperate with other organisations, such as professional organisations creating the information base, National centre for nomenclature and classification, accredited testing and certification authorities for the field of electronic information systems in healthcare, regional authorities, directly controlled by the organisations of the MoH and other ministries and their organisations (MoI, MoLSA, Czech Social Security Administration etc.).

The National Centre (NCEHS) will include a department (institute) of the **Chief Architect of eHealth** which will create and administer the architectural concept for development of computerisation built on the principles of Enterprise Architecture (hereinafter referred to also as “EA”), which is the starting point for controlled development of computerisation. This department will coordinate development of computerisation and guarantee the interoperability of new solutions, including use of existing shared services in the ministry and eGovernment IT services. The department will also have tools for promotion of the ministry's plans in the field of healthcare to ensure that a duplicate infrastructure and IT services are not created, this wasting public funds. Another important task of this department will be to ensure the added value of IT projects for healthcare workers and citizens of the Czech Republic. New services must support the objectives of national strategy, the method of their implementation must not endanger the quality of services provided, and if costs should increase in the healthcare system, this must be compensated for by indisputable benefits in healthcare services.

The National Centre will supervise measures implemented accommodating the categorical requirement that computerisation of healthcare does not increase but reduce the administrative burden on all participants in the healthcare system, i.e. in particular citizens/patients on the one hand and doctors, pharmacists and other healthcare workers on the other hand.

##### 3.1.1 Steps to implementation with dates

In 2017, implementation of activity no. 1 will be divided into three steps:

1. The first step is discussion and approval of organisational provisions for the NCEHS ensuring due functioning of the eHealth system, including competences and responsibilities of the higher-ranking

strategic body with the working name “eHealth Council”, representing the key stakeholders in healthcare.

- The organisational department of the MoH will be commissioned with performance of the activities of the NCEHS during the first step.
- Further institutionalisation (transformation into a separate organisation) under the management of the higher-ranking strategic body with the working name “eHealth Council”, representing the key stakeholders in healthcare, will depend on the legislation adopted.

DATE: April 2017

2. The second step is organisational provisions for the NCEHS with professional capacities, including external workers.
  - DATE: continuously from April 2017 (risk of dependence on the labour market)
3. The third step is establishment of a system of cooperation between the key institutions and competence centres and all parties concerned in such a way that preparation and implementation of the eHealth system is as transparent and as efficient as possible, fully in line with the requirements of its users.

DATE: December 2017

### 3.1.2 Budget and sources of financing

The National Centre for Electronic Healthcare will be financed from two sources:

- State budget – within the framework of the budget of the MoH
- Operational Programme Employment – Project “Strategic management of development of eHealth in the Ministry of Health” (commencement 1.4.2017, 37 months, reg. number CZ.03.4.74/0.0/0.0/15\_025/0006212). Participation in financing from the state budget CZK 9,238,402.00, total ESF in the amount of CZK 39,036,677.00.

### 3.1.3 Responsibilities and main tasks of the National Centre for Electronic Healthcare

The intention of the MoH is, in line with NSEH, to gradually create a National Centre for Electronic Healthcare with Statutes, for regulation of the standing of the National Centre for Electronic Healthcare, its basic internal and external relations and definition of its basic subject of activity and purpose of existence, which will be able and authorised to perform the following activities:

- Evaluation of prepared projects for computerisation of healthcare financed or co-financed using public resources (national and European) from the point of view of compliance of the given project with the national concept. Promotion of the standpoint of the NCEHS as an essential condition for implementation of projects.
- Evaluation of compliance of prepared projects with the current legislative requirements and where applicable, initiation of amendment of the legal regulations essential for implementation of individual projects.
- Preparation and provision of a feasibility study of all aspects of computerisation of healthcare.
- Coordination and management of priorities of implemented computerisation projects in such a way that they can build on each other and thus utilise the output from projects which have already been implemented.
- Management of in-house projects and methodical management, support and supervision of projects implemented by other entities (project office), methodical support for computerisation of healthcare.
- Coordination of development of computerisation of healthcare from a central level in such a way that the established systems and investments made are preserved as far as possible. The aim is

strengthening of interoperability, introduction of the required standards and certification, or another model of verifying the compatibility of information systems.

- Coordination and harmonisation of administration of all key national eHealth systems including possible provision of administration of its selected parts.
- Creation of new services or procedural modification of existing eHealth services in such a way that key eHealth services and eHealth services guaranteed by the state comply with the defined principles of introduction of public administration services and can be developed in line with development of public administration services. This plan includes integration of selected eHealth services into the eGovernment environment, in particular those which have the nature of execution of administrative decisions.

#### **Continuous and control activities**

- Proposals for legislative amendments from the point of view of the requirements of eHealth (comments on proposals).
- Evaluation of continuous fulfilment of the individual objects of NSEH, monitoring of qualitative and quantitative parameters of performance.
- Measuring the benefits of electronic tools using objective methods.
- Administration of the (future) national eHealth information portal, including administration of knowledge, administration of information for patients/citizens, healthcare workers and other workers in the field of healthcare.
- Management of in-house projects and methodical management, support and supervision of projects implemented by other entities (project office).

#### **3.1.4 Performance indicators**

Performance indicator of this objective specified in NSEH:

- Establishment of a **National Centre for Electronic Healthcare** including creation of roles and the institute of the **Chief eHealth Architect** which will support development of new IT services in line with the legislation and will ensure the interconnection of individual processes and projects implemented.

#### **3.1.5. Main obstacles and risks**

The main risk is not finding sufficient political agreement on the final method of creation of the National Centre, its establishment and form of management. If it is not possible to create a functional organisation with the relevant specialisations and experts, the government will not be able to fulfil the objectives of National eHealth Strategy or meet the commitments of Action Plan no. 11 Computerisation of healthcare in National Strategy Health 2020 and the commitments of the Action Plan for development of the digital market in the Czech Republic in the field of computerisation of healthcare.

### **3.2. Activity no. 2 – ePrescription**

***Prepare gradual roll-out of fully-fledged electronic prescriptions including planned functionalities of the 2nd stage of ePrescription.***

The currently prepared solution is:

- ensuring implementation of the maximum scope of required functionalities within the framework of the effective legal regulations,
- fully respect the already existing eGovernment systems and use of their services to the maximum extent possible (Basic registers, Data boxes, Czech Point, National Identity Authority etc.),
- modular open system which will be prepared in the appropriate manner to react to any possible changes in the legislation and setting new systems into operation within the framework of state administration and in particular in the field of eHealth.

### 3.2.1 Steps for implementation

The steps described below document the current course of action for resolution of electronic prescriptions by the State Institute for Drug Control in cooperation with the MoH.

#### The first stage of launch of ePrescription in accordance with the valid legislation in January 2018 – planned extension of functionalities

- facilitation of handover of comments by the pharmacist to the doctor,
- use of a web interface for selected groups of users,
- use of mobile applications for selected groups of users (access by doctors to prescriptions without the need to be in “their” medical system in the clinic),
- facilitation of access by the patient to all prescriptions drawn up and issued to him/her,
- facilitation of approval of a prescribed prescription by the reviewing doctor,
- facilitation of notification of the patient by mobile phone or e-mail in selected cases with his/her consent,
- shortening of the ePrescription identifier – 12 figure alphanumeric code with exclusion of certain objectionable characters,
- four ways to hand over the identifier to the patient (SMS, e-mail, accompanying document, web/mobile application),
- full use of eGovernment systems and functionalities (Basic registries, JIP/KAAS, ISDB, PACP – CzechPoint, CSP, eIDAS - NIA),
- elimination of the need for the user (pharmacies) to use routers for communication.

#### Second stage of provision of access to patient pharmaceutical records (2018 – 2021)

- change to the Act on Pharmaceuticals and the Act on Addictive Substances and the respective decrees,
- launch of the patient pharmaceutical record – amendment of the legislation, definition of access rights (scope of authorised parties),
- check on duplicity – depends on launch of patient pharmaceutical records,
- interaction – depends on the patient pharmaceutical record and on the professional standpoint how interactions will be defined,
- extension of the number of prescription items on ePrescription – amendment of the legislation,
- ePrescriptions for NPS (prescription for narcotic and psychotropic substances) – amendment of the legislation.

Use is planned in the second stage of shared services of the state and Ministry of Health. This in particular concerns use of the National Register of Health Professionals, the National Register of Healthcare Providers and services for central provision of identities of healthcare workers and identities of patients and the system for registration and administration of patient consent. These functionalities will be introduced after

implementation of the projects stipulated in specific objective of NSEH number 4.1. “Development of the infrastructure for sharing and providing healthcare services”.

### 3.2.2 Schedule

1. I. stage of ePrescription - roll-out of basic obligatory services
  - April 2017 – provision of access to the test environment
  - July 2017 – trial (pilot) operation for pharmacy SW
  - August 2017 – trial (pilot) operation for medical SW
  - September 2017 – commencement of pilot operation in selected locations
  - November 2017 - December 2017 – launch of routine operation
  
2. II. stage of ePrescription - provision of access to pharmaceutical records, continuously implemented 2018 – 2021.

### 3.2.3 Performance indicators

NSEH specifies the following indicators:

- share of electronic prescriptions issued in all prescriptions issued (85%),
- share of electronically issued pharmaceuticals in all issued prescription pharmaceuticals (95%),

### 3.2.4 Main obstacles and risks

One risk is insufficient communication of the campaign by the State Institute for Drug Control and MoH. A risk in the second stage of implementation, for provision of access to pharmaceutical records, is that the required eHealth infrastructure will not be established in time – in particular the NRHP and NRHCP as authoritative sources of data and other parts of the so-called departmental identity system and system for registration and administration of patient consent.

A risk in the second stage is elaboration of the respective legislation in good time.

## 3.3. Activity no. 3 - Establishment of a basic eHealth information infrastructure - departmental data interface for communication of transaction information systems

Activity number 3 covers the following three priority areas of NSEH:

- **Creation / amendment of reference registers** which will be the equivalent of the eGovernment basic registers and which will be an authoritative source of data for identification of entities, setting of their rights and responsibilities in eHealth.
- **Resolution of electronic identity** of healthcare workers, which ensures and strengthens legal and organisational certainty and continuity of work with electronic documents and medical documentation. Procedure will be followed in line with resolution of eID under eGovernment.
- Ensuring uniform access to eHealth services in line with the principles of eGovernment.

The solution is based in particular on specific objective of NSEH number 4.1. Development of the infrastructure for sharing and providing healthcare services and on specific objective number 4.3. Standards and interoperability.

This specific activity will be implemented by means of a project plan for creation of an Integrated Departmental Data Interface (IDDI), which will create a so-called departmental service bus and the related infrastructure. Similar department service buses are created by other government departments, proceeding in terms of this in line with recommendation by the Chief Architect of state and public administration established under the responsibility of the MoI and thus implementing the shared data fund of the Czech.

The IDDI project is, in line with NSEH, conceived in such a way as to in particular:

- provide the basic technical infrastructure needed for development of eHealth services including modifications to the departmental data centre;
- provide authoritative data for information processes in healthcare and resolution of situations in life, development is anticipated of reference registers needed for computerisation of agendas, currently the National Register of Health Professionals and the National Register of Healthcare Providers;
- provide shared services, in particular to departmental organisation and healthcare workers:
  - ensure identification of the patient, insured person, healthcare worker and worker in the Ministry of Health;
  - ensure identification of the healthcare facility (healthcare provider)
  - ensure use of the data fund of the Czech Republic (reference data, data funds of public authorities (PAUT));
- ensure communication to eGovernment shared services;
- ensure authentication, authorisation and management of authorisation on the part of healthcare workers;
- ensure management of consent and powers in healthcare;
- ensure support services for guaranteed data exchange;
- provide authoritative data;
- provide open data.

The IDDI project covers and connects other existing and future departmental information systems, including operational and basic systems such as e-mail, accounting, HR, file service, directory services, intranet and eLearning etc.

The IDDI project also provides support for ensuring the interoperability of information systems and services in the Ministry of Health, connection to eGovernment services, in particular connection to services such as the Basic registers, eGON Service Bus and the National Identity Authority as well as interoperability within the EU (e.g. in terms of the epSOS project and for the National eHealth Point of Contact, established in the CEF Telecom project).

### 3.3.1 Steps for implementation

The project plan of IDDI determined for financing from IROP was prepared in 2016 for appraisal by the Chief Architect at the MoI (project plan A1 in National eHealth Strategy, see Table 7 in NSEH on p. 156, applicant CCHSIS). After dissolution of the CCHSIS in 2017, amendments were made to the project application before it was again appraised by the Chief Architect at the MoI. The applicant will be IHIS.

1. The first step is submission of the application to the Chief Architect at the MoI and subsequently submission of the application to the governing body ensuring financing of IROP projects.
  - Date: 1st half of 2017

2. The second step will be preparation and commencement of implementation
  - Date: 2nd half of 2017 – 1st half of 2018
3. Project implementation
  - Date: 2018 – 2021

### 3.3.2 Performance indicators

Performance indicators are based on NSEH and are simplified for the purposes of this plan:

- Setting into operation of the NRHP, the NRHCP as authoritative sources of data.
- Elaboration of Enterprise Architecture for the IDDI solution and ensuring its compatibility with planned development in the Ministry of Health in line with the Architecture approved by the MoH.
- Functional authentication services for healthcare workers and provision of an authentication mechanism for healthcare service clients by connection to the authentication services provided within the framework of eGovernment.
- Completion of a functional and reliable infrastructure for the data centre at the Ministry of Health;

Note: Specific performance indicators of the project application will be specified in the project application.

### 3.3.3 Main obstacles and risks

NSEH specifies several risks and obstacles for fulfilment of the relevant specific objectives 4.1 and 4.2. For the purposes of this plan, they are combined and divided according to severity into critical and significant risks:

- Critical risks
  - Insufficient capacities with the required knowledge and skills on the part of the applicant and MoH given by the difficulty of finding ICT experts in state administration. Insufficient flexibility on the part of state administration in acquiring the required resources.
  - Time sequence for implementation IDDI – a lot of departmental organisations are currently having to ensure in-house resolution of services which the project implements as central and this leads to inconsistent development of computerisation and ineffective spending. An example of this is resolution of electronic identity in individual organisations of SAA and in the case of healthcare providers.
- Significant risks
  - Unpredictability of the legislative process, which could affect the resulting form of services implemented.
  - Unpredictable development in the field of resolution of electronic identity in accordance with EU regulation eIDAS.
  - Requirements for personal data protection (EU regulation GDPR) could affect certain project outputs.
  - Difficult promotion of coordinated procedure in computerisation which would enable departmental organisations to share electronic services. Departmental organisations are not prepared or do not have sufficient resources for investment into key ICT systems ensuring the running of the organisation in such a way as to allow development of ICT systems in line with NSEH in support of development of the system of healthcare and healthcare itself.

## 4. Other activities for implementation of priority objectives and measures of NSEH:

The activities stated below are based on the priorities of NSEH and on the Schedule for implementation of priority areas of NSEH (NSEH, p. 153) and on the project plans of NSEH (NSEH, p. 156). This concerns the following project plans relating to objectives and measures of NSEH:

### 4. Activity: Exchange of healthcare records

Strategic objective 2 - Increase in the efficiency of the healthcare system

(a) Specific objective 2.1 - Sharing data and communication between providers

(i) Measure 2.1.1- Facilitate secure sharing of information about healthcare

### 5. Activity: Cyber security

(a) Specific objective 4.3 Administration of eHealth

(i) Measure 4.1.2 Creation of (secure) infrastructure for exchange of healthcare information on a regional and national level

(ii) Measure 4.3.3 Protection of privacy, quality policy and security

### 6. Activity: eHealth portal

Strategic objective 1. Increase in involvement by citizens in care for their own health

(a) Specific objective 1.1. Ensuring easy and equal access to information about providers of healthcare services, ensuring the availability of services using simple electronic communication tools

(b) Specific objective 1.2 Provision of precise information about state of health and treatment plans

(c) Specific objective 1.3 Development of information support during care for one's own health and increasing health literacy

### 7. Activity: Telemedicine

(a) Specific objective 3.1 Telemedicine and mHealth

(i) Measure 3.1.1 Definition of a technical and organisational framework for telemedicine and mHealth

(ii) Measure 3.1.2 Safe and effective applications in telemedicine and mHealth

(iii) Measure 3.1.3 Creation of a framework for data security and transferability in telemedicine

(iv) Measure 3.1.4 Electronic support for treatment in the patient's home environment

### 4.1. Activity 4: Exchange of healthcare records

***Support for exchange of medical documentation is an extensive collection of activities which must be implemented gradually. This relates to all healthcare providers and requires sensitive implementation of***

***changes in order to make it possible, in a meaningful and successful way, to overcome the initial obstacles and established procedures in line with the aims of the formulated National eHealth Strategy.***

The implementation plan will to a significant extent develop from the possibilities for financing and the availability of coordination and project capacities on the part of the MoH and cooperating organisations. According to qualified estimates, it can be expected that major healthcare providers will request financing of projects relating to this activity from the currently announced IROP call no. 26 in the amount of CZK 50 to CZK 100 million. A condition for gaining financial support from grant programmes for providers of healthcare services while at the same time meeting the requirements of NSEH is provision of methodical support and other cooperation to applicants for support by the MoH.

The aim of the activity is establishment of the necessary infrastructure for exchange of medical documentation and also specification of the legislative, technical, security and content standards for implementation of a shared health record (EHR, PCEHR) and its reference implementation. The government will be the initial guarantor of the system of sharing medical data.

The activity sets itself the following objectives:

- To create a uniform platform for sharing information about a patient's state of health, to support hospitals connecting to the uniform platform and consolidation of varied forms of data in their IS for the purposes of exchange of medical data.
- To support hospitals in introduction and use of standards which will make mutual communication and exchange of medical documentation between healthcare providers easier.
- To provide a framework for integration of already existing or newly established regional or supplier networks for exchange of medical information.
- To provide a framework for exchange of documents relating to patient care (requisition forms, results, discharge reports and similar documents).
- To provide security for transferred information in accordance with legislative requirements.
- To provide a framework for involvement of providers of aftercare in the process of exchange of information about the health of patients (social services, aftercare, home care, mental care etc...).

#### 4.1.1 Steps for implementation

Implementation will consist in implementation, support and direction of several activities and projects being performed in parallel in the following structure:

- A. Projects of healthcare providers** (hereinafter referred to as PHS, in this stage this concerns providers of acute in-patient care) created by individual PHS according to the objectives and architectural aims prepared by the MoH. PHS independently submit project applications to the grant programme (IROP call no. 26). Implementation of these projects will be focused on establishment of functionalities required for introduction of exchange of medical documentation. The MoH will prepare methodological specification of requirements for these projects and provide this to providers no later than May 2017. Projects will be commenced in 2017 and 2018 with a horizon for completion within the framework of the IROP programme period.
- B. Creation of a central index of medical documentation.** Functionality of the index of medical documentation is described in NSEH and in the Enterprise Architecture of electronic healthcare elaborated by the MoH (2016). This project will be implemented within the framework of activity no. 3 of this Action Plan and its implementation plan.

- C. Commencement of connection and interconnection of individual PHS. Connection of PHS to the services of the departmental service bus will take place according to progress in implementation of these services with the aim of achieving routine operation in 2020.

#### 4.1.2 Performance indicators

Performance indicators are based on NSEH and are simplified for the purposes of this plan:

- Setting into operation of the NRHP, the NRHCP as an authoritative source of data;
- Elaboration of Enterprise Architecture and ensuring compatibility with planned development in the Ministry of Health in line with the Architecture approved by the MoH;
- Functional authentication services for healthcare workers and provision of an authentication mechanism for healthcare service clients by connection to the authentication services provided within the framework of eGovernment;
- Completion of a functional and reliable infrastructure for the data centre at the Ministry of Health;
- Setting into operation of the basic infrastructure for exchange of medical documentation;

## 4.2 Activity 5: Cyber security

The issue of cyber security on a general level relates to all organisations in the Ministry of Health. The main targeting is however in line with the wording of Act No. 181/2014 Coll. directed at organisations which are an administrator or operator of an information system in the critical information infrastructure, communication system of the critical information infrastructure or important information system. Within the framework of the

Ministry of Health, this thus currently in particular concerns the following organisations (hereinafter referred to also as “affected organisations”):

- Ministry of Health of the Czech Republic,
- Institute of Health Information and Statistics of the Czech Republic,
- State Institute for Drug Control,
- National Institute of Public Health
- Regional Public Health Authorities

The field of cyber security is regulated for by the system of control documents issued and maintained by the MoH since 2016. The basic organisational structure which reflects this fact is described by the document Information Security Policy and in relation to it, then by other top-level documents which in particular include:

- Determination of the scope of CII and IIS in the MoH,
- Determination of the security role of the MoH,
- Standards for auditing cyber security of the MoH,
- Methodology for CS risk management of the MoH,
- Cyber security policy of the MoH,
- Cyber security strategy of the MoH,
- **Action Plan for the field of Cyber Security of the MoH.**

#### 4.2.1. Steps for implementation

Detailed implementation steps are described in the Action Plan for the field of cyber security of the MoH (MoH, 2016). An important factor for implementation of cyber security projects is use of the grant programmes of the EU which have currently been announced. The aim of the MoH is to support their across-the-board use by providers of healthcare services. A condition is submission of a request for drawing on funds from the IROP programme immediately after announcement of the new call for cyber security in 2017 and commencement of projects in 2018. A schedule for introduction of the departmental system for management of cyber security is the subject of a separate Action Plan for the field of cyber security of the MoH.

#### 4.2.2 Performance indicators

The performance indicator is meeting of obligations of the MoH determined by the legislation.

#### 4.2.3 Main obstacles and risks

The main risk is a lack of experts with the required knowledge and skills on the part of the applicant and MoH given by the difficulty of finding experts in the field of cyber security in state administration, in the non-profit sector and in the economy as a whole and their general lack on the labour market. Insufficient flexibility on the part of state administration in acquiring the required resources.

### 4.3 Activity 6: Telemedicine

The aim of this activity is to establish a system of support for telemedicine programmes in CZ together with life cycle management (planning, pilot study, introduction of the programmes, monitoring of the programmes, evaluation of the programmes and innovation of the programmes) in order to ensure their maximum positive impact on the health of the Czech population together with security and efficiency.

#### 4.3.1 Steps for implementation

The project plan for support of this activity is prepared by the Ministry of Health. The plan is prepared for call 39 of the Operational Programme Employment with the aim of submitting an application in 2017 and subsequent commencement of project implementation.

### 4.4 Activity 7: eHealth portal

The aim of this activity is in particular creation of an entry point for active access by citizens to verified and guaranteed sources of information about a healthy lifestyle, about procedures and methods of healthcare, about the network of healthcare facilities and their qualitative parameters, about possibilities for protection and support of health, about prevention and preventative programmes, about illnesses, about programmes for care of the chronically ill, tools for the active role of the citizen. Ensuring reasonable orientation of citizens, healthcare professionals and workers of administrative bodies, leading towards development of use of information in appropriate sources of information. Support for resolution of situations in life in the field not only of healthcare, but also administrative agendas.

A separate implementation plan is prepared for this activity.

#### 4.4.1 Steps for implementation

The project plan for support of this activity is prepared by the Ministry of Health. The plan is prepared for the Operational Programme Employment (call 29 or 25) with the aim of submitting an application in 2017 and subsequent commencement of project implementation.

### 5. Indicator system

During monitoring of the Action Plan for NSEH, the status and progress of implementation of National Strategy will be continuously ascertained, information will be updated about the status of implementation and information will be compared with the initial values. Via interim reports on implementation of National Strategy, it will be possible to monitor progress during implementation. Interim reports will contain fulfilment of indicators, but also progress on fulfilment of the hierarchical structure of work and method of risk management

The Action Plan states identifiers for fulfilment of individual activities (project plans) which will also be monitored by submission of interim reports.

### 6. Budget and sources of financing

The primary sources of financing to ensure and support implementation projects of National eHealth Strategy are in particular the European Structural and Investment Funds, the European Social Fund within the framework of the programme period 2014-2020, or other financial mechanisms, e.g. the Norwegian Funds, the connection tool Europe CEF, WHO resources (Agreement on cooperation between the MoH and Regional WHO Office for Europe). It is necessary to use synergy and complementary relationships while ensuring financing and ensuring compliance of individual projects. This in particular concerns relationships where projects financed from IROP are supplemented with programmes linked to the European Social Fund. An aspect which is not negligible is ensuring the sustainability of implemented projects, but also the future development of the system in line with the changing requirements of healthcare. Financial provision of implementation of National Strategy will be a continuous, organisationally and professionally demanding process coordinated by the MoH in cooperation with other departments.

A detailed budget for implementation of the Action Plan for NSEH and sources of financing will be specified during creation of implementation plans for individual strategic objectives. The aim is fulfilment of the following measures:

- 1) Allocation of sufficient funds to ensure participation of all relevant parties, not only in the stage of preparation of eHealth strategy, but also over the course of its implementation and change proceedings. Facilitation of maximum involvement of future system users or their representatives.
- 2) Implementation of projects via the respective calls in operational programmes 2014+, or via other financial mechanisms.
- 3) Creation of the necessary conditions (budget, material, staffing) for the actual implementation projects and coordination of these activities via the National Centre for Electronic Healthcare.

The methodical instruction for cash flows of programmes co-financed from the European Structural Funds, the Cohesion Fund and the European Maritime and Fisheries Fund for the programme period 2014 – 2020 creates a basic framework for access to financial management of the European Regional Development Fund, European Social Fund, the Cohesion Fund and the European Maritime and Fisheries Fund.

The MoH has set aside indicative funds for key projects for computerisation for the MoH from European Structural and Investment Funds and the European Social Fund for the period 2017 – 2020. Initiation negotiations have taken place with governing bodies about project plans, which are continuously updated during creation of strategy and modification of which can be expected. This in particular concerns the following project plans or projects:

1. Strategic management of development of eHealth in the Ministry of Health. (Activity no. 1 of this Action Plan)
2. Establishment of a basic eHealth information infrastructure - departmental data interface for communication of transaction information systems (Activity no. 3 of this Action Plan)
3. Sharing medical documentation, implementation support for healthcare providers
4. Cyber security
5. Telemedicine

Other project plans which are not mentioned in this Action Plan are also under negotiation, e.g. Data and communication for protection and support of public health.

Within the framework of actual financial management, this concerns a wide range of mutually linked activities – ranging from planning, organisation, implementation and checks, all the way through to evaluation, but in particular decision-making, coordination and motivation with the aim of achieving the determined result. The following must be determined for projects:

- 1) the binding scope of the financial plan, financial resources and a detailed budget,
- 2) drawing on funds within the framework of individual items of the approved budget cannot be greater than the item budget. If there were any danger of the budgeted amounts being exceeded for certain items, a budget change must be performed to ensure that drawing on the items does not exceed their planned level. Overall exceeding of the budget is also not possible.
- 3) monitor the financial plan and course of drawing
- 4) avoid dual funding
- 5) ensure that costs correspond to conditions which provision of funding is bound to
- 6) perform a check on the legitimacy of payments, ensure effective management and monitoring of substantive progress, keep accounts in accordance with Act No. 563/1991 Coll., on Accounting, if accounts are not kept in accordance with the Act on Accounting, tax records must be kept in accordance with the Act on Income Tax, extended to include the requirements specified in the legal act.

## 7. Implementation risks

Several risks arise during implementation of individual projects which must be resolved by the project managers or key sponsors. It will thus be necessary within the framework of project management to determine a system of management of risks, their assessment and adequate escalation at the right time in order to eliminate their impacts. The National Centre for Electronic Healthcare will be responsible for the

system of risk management, which will be obliged to identify risks in a risk register, evaluate them according to categories determined in advance, propose the manner for treatment of the risks and remedial measures.

The NCEHS will also be responsible for setup of a system of risk escalation and administrative management of the flow of information and its correct interpretation and finally for communication of risks and the proposed measures to all parties concerned.

The main obstacles and risks include finding optimum paths to institutionalisation of development of computerisation; performance of legislative amendments which allow for the creation of the required eHealth information infrastructure, implementation of computerisation projects and their continuous development in the proposed target scope; timely allocation of sufficient funds for implementation of projects defined on the basis of the System of objectives and measures of National eHealth Strategy; but also a lack of qualified employees of PA needed to ensure implementation of projects; effective redistribution of benefits between eHealth users with the aim of ensuring their sustainability.

### Generally valid risks

1. Uncontrollable process of public procurement

*(Even assuming tender documentation for public contracts is prepared in a very high level of quality, handling public contracts is very complicated in terms of time from the point of view of project management. Especially due to possible misuse of reports to the Office for the Protection of Competition by applicants, even in unjustified cases.)*

2. Political risk

*(Insufficient support for implementation in the event of change in government)*

3. Non-adherence to the schedule

*(Not meeting the deadline for implementation or its individual key activities)*

4. Inappropriately set implementation plan

*(Important facts which will have a fundamental impact on implementation will be overlooked, suitable activities for achieving objectives will not be selected, a realistic schedule or budget will not be set etc.)*

5. Staff fluctuation

*(Frequent changes in the implementation team leading for example to insufficient continuity of work, delays and lower quality outputs.)*

6. Reduction of funds from the ESIF

*(Increased ineligible costs while drawing on funds from the ESIF and reduction of funds, which could have an impact on the state budget.)*

7. Inadequate quality of the implementation team

*(Insufficiently high quality/competent implementation team responsible for implementation, i.e. members of the implementation team do not have the professional qualifications and experience needed for implementation.)*

8. Creation of bad quality outputs

*(Processing of outputs which will not comply with the strategic objectives, will not have added value, will not be applicable in practice or implementation of a solution which was not recommended.)*

9. Inadequate staffing or insufficient time capacity of the implementation team

*(Inadequate staffing capacity to ensure implementation, insufficiently staffed implementation team (i.e. the number of members of the implementation team does not correspond to the scope of activities implemented) or insufficient time capacity of members of the implementation team for implementation (e.g. due to them being busy with a different agenda).)*

10. Lengthy administration of applications for support from the structural funds

11. Inadequate management

*(Inadequate management and coordination of individual implementation teams, slow decision-making and approval)*

12. Budget overrun

*(The cost of implementation exceeds its anticipated value determined in the budget.)*

13. Failure to secure financing

*(Failure to secure financing needed for implementation)*

14. Unwillingness to implement projects via financing from the ESIF

*(Although implementation via projects financed from structural funds brings with it a certain level of administrative burden while processing project applications and submission of monitored reports, it does represent significant savings within the framework of state budget chapters.)*

## 8. Procedures for monitoring and evaluation of implementation

Determination of a system of monitoring is an integral part of monitoring implementation of projects. The system of monitoring includes areas such as identification of the required data, determination of frequency of collection and setup of the system of submitting reports. Monitoring and evaluation are an integral part of preparation and implementation of the project cycle and are an integral means for meeting objectives and fulfilling measures of eHealth strategy and the projects implemented within the framework of this.

During monitoring, the status and progress of implementation projects is continuously ascertained, information is gained about the status of implementation of the project and comparison performed of information gained with the initial values and those anticipated by the plan – it focuses on financial performance of projects (financial monitoring) or performance of the substantive parts and meeting of the indicators determined for monitoring of the given interventions (substantive monitoring) and is performed via interim or final reports on implementation of the project, or interim or final reports on project sustainability.

**In the case of implementation of projects from OP Employment, the recipient informs the governing body of how implementation of the supported project is going via reports on implementation of the project. Monitoring ensures monitoring of funds from OP E being used as efficiently as possible in order to meet the objective which have been determined. It serves both recipients of support as well as the GB to identify possible risks where applicable and to prevent**

errors and discrepancies in financing of projects. The recipient is obliged to submit a report on implementation of the project for each monitoring period, usually every 6 months, precise definition is always determined in the legal act on provision of support. The content of the report is usually made up of the following groups of information:

- Basic information about the project
- Information about the report
- Contact details for the report
- Information about progress in implementation of key activities in the monitored period/or Information about performance of activities in the simplified project
- Information about meeting of indicators
- Information about progress in public contracts
- Information on checks performed on the recipient in the period which the report is submitted for (except for checks from the level of the provider of support)
- Information about ensuring the obligatory publicity
- Information about any possible problems which arose in implementation of the project over the course of the period for which this report is submitted

Changes may be made to the project budget over the course of implementation of the project. These changes must not affect the nature and main aim of the project and must be essential and effective for the project. According to the size of the amount which the recipient wants to use in a different manner than planned in the approved budget, budget changes are differentiated as minor and major. Each budget change, i.e. even minor, must be justified. Within the framework of changes to the budget, it is possible to create or cancel an item in the project budget if the rules for change to the budget are complied with.

**In the case of implementation of projects within the framework of IROP**, monitoring progress of projects is performed via:

- Interim/Final reports on implementation of the project / application for payment,
- Interim/Final Reports on project sustainability.

Together with the Interim/Final report on implementation of the project, the recipient also submits the application for payment / final application for payment. The report on implementation of the project is submitted by the recipient together with the application for payment and required documents, usually within 20 working days of the end of the stage. The final report on implementation for the last stage of the project has the same structure as the interim report on implementation of the project. The recipient submits this together with the last final application for payment within 20 working days of completion of implementation of the project. In the case of projects with several stages, completion of the last stage must be the same as the date of completion of implementation of the project specified in the legal act. Changes which have an impact on project activity, fulfilment of the purpose and objectives of the project or the period of implementation of the project must not be performed by the recipient without the prior consent of the GB of IROP. This for example concerns

- change to the statutory representative,
- changes in deadlines for completion of project implementation,
- changes in deadlines for meeting of indicators,

- changes in the target values of indicators,
- changes which influence outputs, results or impacts of the project,
- changes which influence the objectives, content or focus of the project,
- changes in project activities which have an impact on fulfilment of the purpose of the project or indicator,
- changes to financing and deadlines which cause change to distribution of drawing on the SB and ESIF in years,
- change to the ratio of investment and non-investment expenditure etc.

Within the framework of substantive / financial monitoring of the project, the following things are monitored:

#### **Commencement of project implementation**

Commencement of work relating to the project.

Implementation may be commenced before submission of an application for support if this is allowed by the call.

The deadline is explained in the Specific rules issued for the respective call.

#### **Conclusion of project implementation**

Demonstrable conclusion of all project activities.

The date of signature of the record or handover and acceptance of the work must not be later than the date of conclusion of project implementation specified in the legal act.

The deadline is explained in more detail in the Specific rules issued for the respective call.

#### **Termination of project financing**

The date by which the recipient must pay all expenses to contractors.

The date is specified in the legal act and is binding for the recipient.

#### **Final evaluation of the project**

Final evaluation of the project represents conclusion of project administration.

#### **Commencement of sustainability**

The period of sustainability is five years.

#### **Fulfilment of indicators**

Fulfilment of target values is determined by the applicant in the application for support.

The date is specified in the legal act and is binding for the recipient.

The recipient is obliged to maintain the achieved values of the indicators and to preserve the results of the project for a period of five years from the start of the sustainability period.

If the recipient fails to meet the determined deadline for achieving a target value or for sustaining it during the sustainability period, they will be penalised in accordance with the Conditions.

Monitoring is an essential condition for performance of **evaluation** for which it is a source of information and data. Evaluation and assessment is a complicated process based on careful collection of primary and secondary data and on its professional evaluation with the aim of gaining reliable materials for strategic management and management of implementation. During evaluation, conclusions and recommendations for improvement are formulated as well as the relevant settings for provision of feedback. Evaluation thus contributes towards economy while handling public resources spent on strategy and individual projects set in it. The target state of

affairs is that evaluation should serve to provide information about the results achieved in individual projects within the framework of National eHealth Strategy and their impacts on the supported participants. Methodology for management of programmes in the programme period 2014–2020 defines evaluation as a “process based on careful collection of information and on its professional evaluation with the aim of gaining reliable materials for management of implementation and strategic decision-making”. Evaluation thus contributes towards economy while handling public resources and drawing on them.

## 9. Glossary of abbreviations and terms

CEF	Connecting Europe Facility /project of the Vysočina Region and MoH financed from the EU/
CSP	Central Service Point
EHR / PHR	Electronic Health Record
eIDAS	Regulation of the European Parliament No. 910/2014 on electronic identification and trust services for electronic transactions in the internal market.
EA	Enterprise Architecture
ESIF	EU Structural Funds
GDPR	European General Data Protection Regulation
ICT	Information and communications technology
IDDI	Information and Data Departmental Interface
IROP	Integrated Regional Operational Programme
IS	Information System
ISDB	Information System of Data Boxes
PACP	Public Administration Contact Point
mHealth	Telemedicine
MoRD	Ministry of Regional Development of the Czech Republic
MoLSA	Ministry of Labour and Social Affairs of the Czech Republic
Mol	Ministry of the Interior of the Czech Republic
MoH	Ministry of Health of the Czech Republic
NCEHS	National Centre for Electronic Healthcare
NIA	National Identity Authority
NRHP	National Register of Health Professionals
NRHCP	National Register of Healthcare Providers
NSEH	National eHealth Strategy
OP	Operational Programme
OPE	Operational Programme Employment
SAA	State Administration Authority
PAUT	Public Authority
PHS	Provider of healthcare services
GB	Governing Body
SB	State Budget
PA	Public administration

Strategy website: <http://www.nsez.cz>

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