



**Extending the acceptance of Health Smart Cards
from the regional to the European-wide scale**

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Context & Challenges



- Pan-European initiatives to foster mobility & skills inside the E.U with common rules for social protection
- Since June 2004: common EU Health Insurance Card (EHIC) – ensures access to health care when abroad inside the EU & the EEA
- **EHIC:** Eye-readable document – minimum common denominator – only a temporary solution on the way forward to an e-EHIC
- Announced decision on long-term course – 2008+ to introduce an electronic EHIC that will progressively replace the eye-readable EHIC
- But in 25 Member States + other EFTA countries – different health systems and care entitlement, different levels of IT infrastructure -
- **NETC@RDS challenge:** to demonstrate potential of same service for all EU/EFTA citizens based on different but interoperable national/regional IT infrastructures



Basic Concepts

Proposed definition

An electronic European Health Insurance Card (e-EHIC) is a digital process with the result of a trustworthy data set for entitlement at the healthcare provider

It can be used for associated inter-state back office e-billing reconciliations as well

Thus, the introduction of a new specific health insurance smart card is not necessary whilst the e-EHIC trustworthy dataset can be obtained either by scanning the eye-readable EHIC or by reading national/regional health smart cards then by checking data on-line



Project at a Glance



- **Consortium of 26 partners from 15 EU/EFTA countries** : *Austria, Czech Republic, Finland, France, Germany, Greece, Hungary, Italy, Liechtenstein, Norway, Poland, Romania, Slovak Republic, Slovenia*
- **Partners**: statutory health insurance institutions, technical or economical organisations, hospitals, health practitioners associations.
- **Budget**: 20 M€ co-funded by the EC DG INFSO e-TEN Programme
- **Time table**:
 - *Phase A1 Market Analysis & Technical Requirements (2002 – 2003)*
 - *Phase A2-A3 Validation of the Service (2004 – 2006)*
 - *Phase B Initial Deployment (2007 – 2009)*
 - *Phase C Full Deployment of the Service (2010+)*
- **Common objective for phases A, B & C**:
 - *A stepwise approach on the way towards introduction of the e-EHIC*



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Selecting an ad hoc terminal equipment (keyboard, OCR or SCR)

Capturing EHIC data from card (eye-readable EHIC, national/regional smart card)

Identifying the beneficiary (patient)

Checking patient entitlement (if on-line)

Registering the transaction ID (if on-line)

Trustworthy dataset

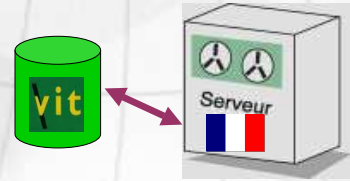
HP either to complete the regional/national billing form with dataset information (in case of third party payment) or to send an e-receipt to the competent institution in the patient home country (in case of direct payment)



EHIC scanning

Typing-in data

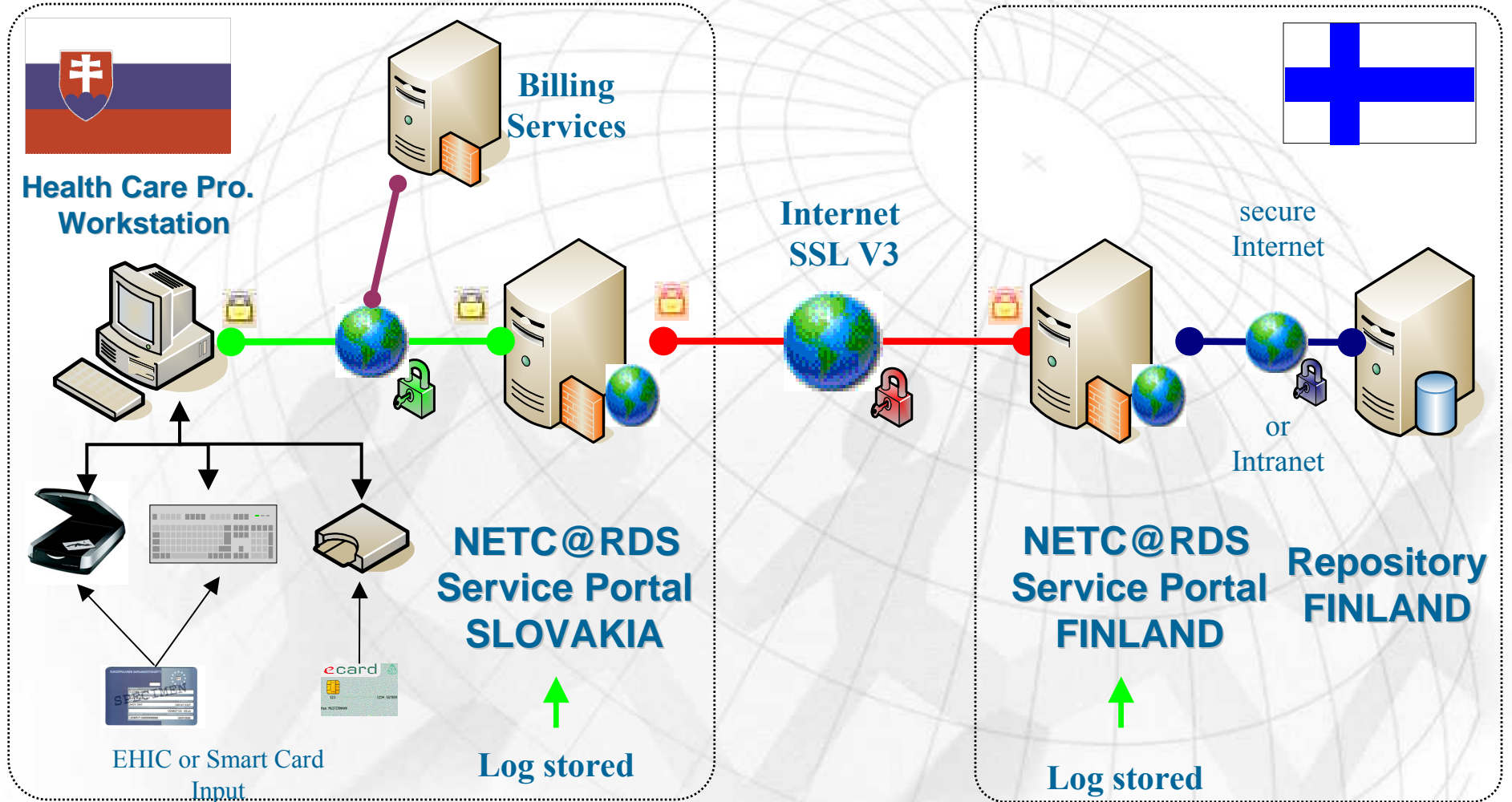
Reading card data



Entitlement data repository

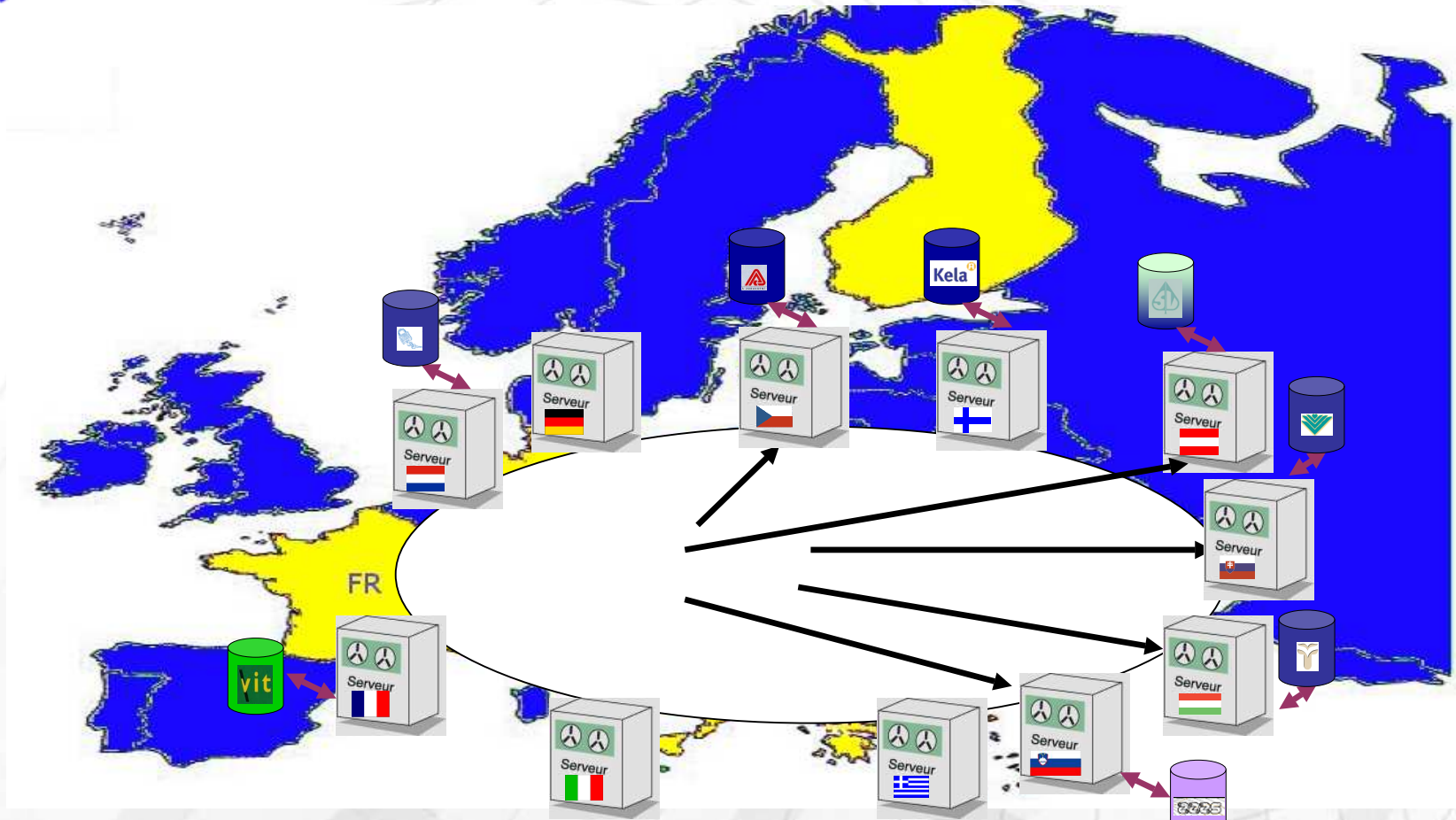


NETC@RDS on-line application





NETC@RDS Infrastructure



| | | | |
|--|----------------------|--|--|
| | Portail en service | | Base de données Cartes nationales (à puce) |
| | Base de données CEAM | | Bases de données Cartes nationales et CEAM |

11 portails nationaux



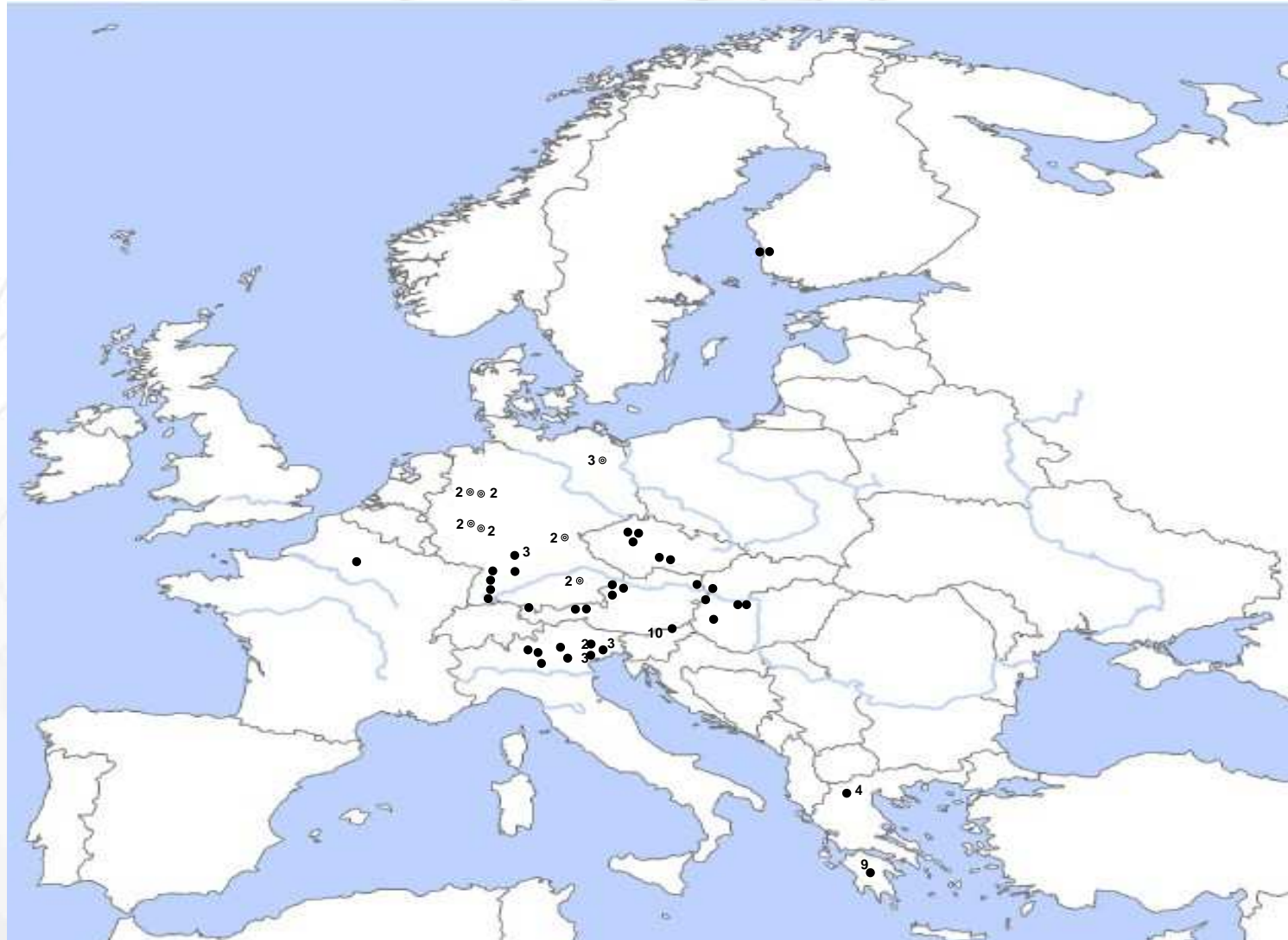
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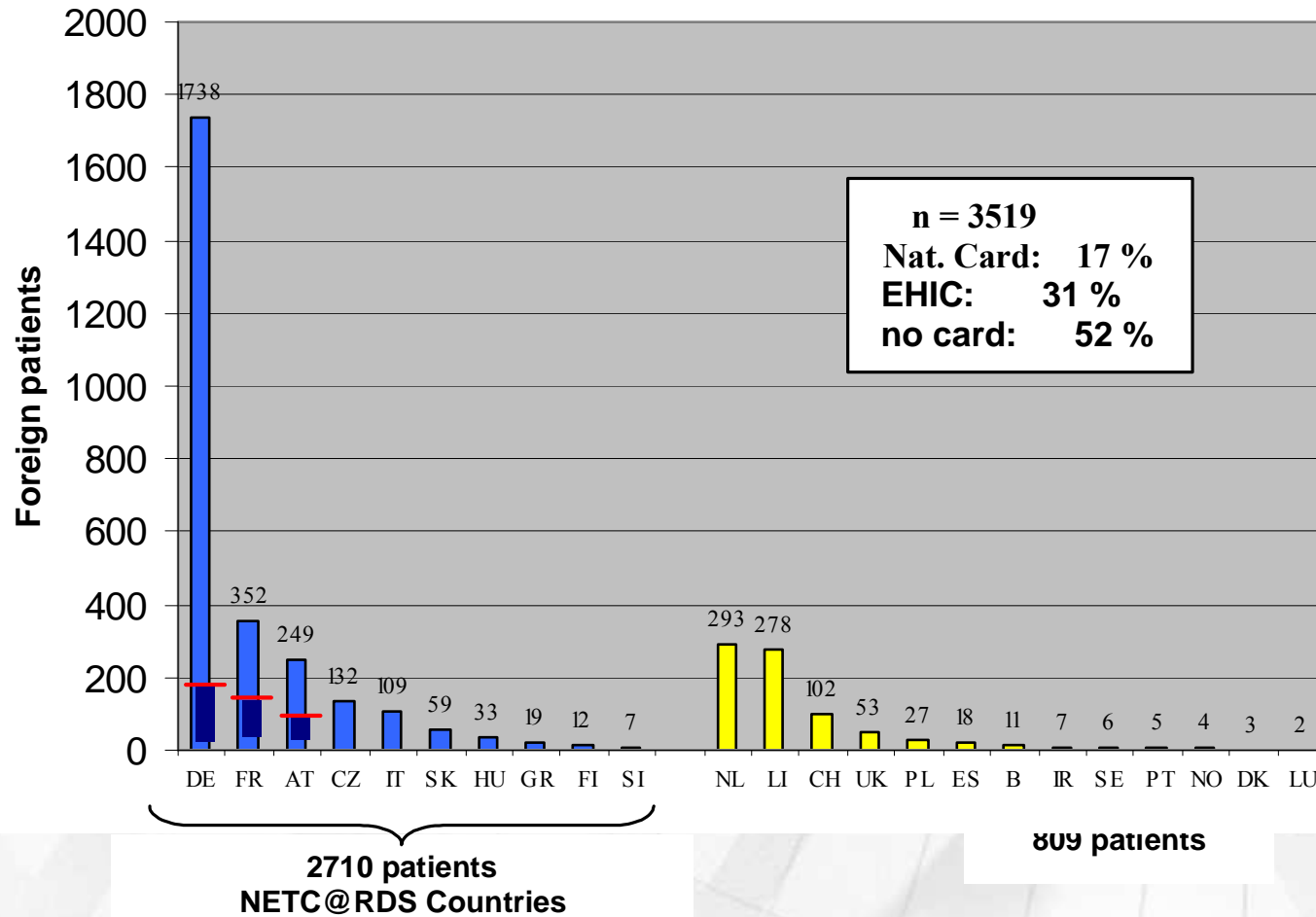




NETC@RDS service point Map

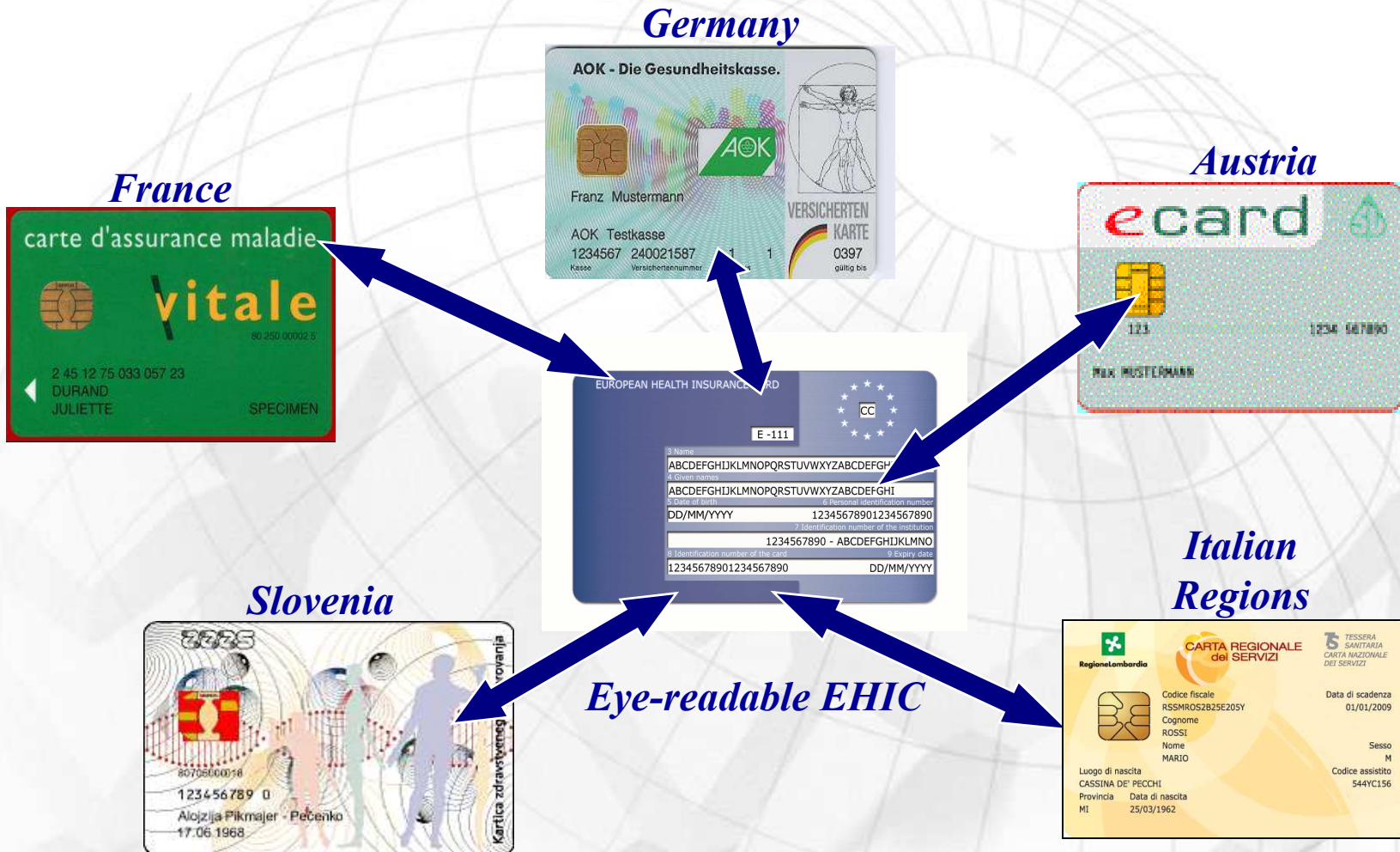


Achievements & results





Cards Accepted by NETC@RDS





Focusing on announced French Health card new generation VITALE 2



Vitale 1 card today status

- **Nearly a yearly billion electronic claims**
- **Over 210 000 health professionals are equipped amongst them :**
 - ✓ **Almost all chemists,**
 - ✓ **80% GP,**
 - ✓ **60% specialists,**
 - ✓ **70% dentists,**
 - ✓ **from 60% to 80% health practitioners**





Why a new card Vitale 2 ?



- **Pre-existing VITALE 1 cards**
 - Full deployment was initiated in 1997/1998
 - Maintenance costs are increasing
 - currently running the SESAM-VITALE application
- **Enhanced security**
 - Security requirements equating credit cards
 - Standards ISO 7816 EMV
 - 32 Kb EEPROM memory size,
 - EAL4 cryptographic capabilities,
 - RSA digital signature, IAS specifications
 - Compliant with common criteria EAL4+ (PP-SSCD, PP9911)
- **Evolutionary infrastructure**
 - electronic clinical records, organ donor, e-health applications





Roadmap for initial deployment



- **A 4 year nation-wide deployment plan**
- **Kick-off T1 2007**
 - **Individual card for bachelors aged over 16**
 - **replacement of defect, stolen or lost cards**

| | 2007 | 2008 | 2009 | 2010 |
|------------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| Replaced Vitale cards | 11,6 million units | 14,8 million units | 15,9 million units | 16,9 million units |



Initial deployment costs

- **VITALE 2 cost per unit**
– 2,20 € + 0,50 € (photograph) = 2,70 €
- **VITALE 1 cost per unit by 1998 was 3,66 € !**
- **Cost break down table (M€)**

| 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 |
|------|------|------|------|------|------|------|------|------|
| 4,9 | 11,5 | 18,7 | 26,4 | 27,0 | 27,0 | 21,7 | 14,9 | 7,7 |



NETC@RDS Phase B Objectives & Roadmap

- Consortium extending up to 26+ partners from 15+ countries
- Budget 15 M€
- Initial Deployment of Large Scale Pilots from 85 to +300 access points (2007-2008-2009)
- Monitoring technical support and evaluation of the service
- Extending the service to the e-billing procedure
- Building a self-sustainable permanent structure
- Close cooperation with the Technical Commission (CASSTM)
- Cooperation partners are welcome !





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