



European eHealth Conference 2004

Executive Summary of Conference

***“eHealth: What Future Are We
Heading Towards?”***

Introductory Remarks

The aim of this document is to provide the European Commission with a possible basis for discussion on the way forward for eHealth in Europe. It includes a brief summary of the challenges and trends identified at both the 2003 eHealth Conference in Brussels (BE) and the 2004 eHealth Conference in Cork (IRL). Furthermore, the initiatives taken at European Union level (e.g. European Commission Action Plan and Communications) and the conclusions of the European Institute of Public Administration's (EIPA) in the 2004 eHealth research report presented in Cork will be considered to highlight certain strategic views on eHealth as well as the possibility of adopting best practices.

Background

Today, on the basis of European Community Treaty¹ and the rulings of the Court of Justice of the European Communities², European citizens have a right to access basic healthcare services when moving around Europe. Nonetheless, there are differences between European countries in terms of the right of coverage of specific health treatments. The development and diffusion of eHealth in Europe must take into account not only these differences but also the differing priorities of each country, and reflection is necessary on the role the European Union can play in this framework. In doing so, consideration must also be given to the current Commission proposals for a Directive on services³ as well as to the work on social services of general interest.⁴

The emergence of the eHealth concept itself in 1999-2000 by no means implies that the use of information technology in the public healthcare sector is a new phenomenon.⁵ ICT applications in the healthcare sector have been a reality since the late 1960s and are progressing every year. This is due to the fact that, in line with the rapid development of ICT, society has become increasingly dependent on information, which has resulted in an increasing demand for faster and qualitatively better information and services.

In this context, it is paramount to realise that eHealth has a real potential to support the broad cross-section of healthcare actors, including patients, practitioners and providers. In an environment where there are increasing

¹ For European Community Treaties see: http://europa.eu.int/abc/treaties_en.htm

² Kohll-Decker Ruling C-120/95 [1998] and C-158/96 [1998] European Court of Justice: <http://europa.eu.int/eur-lex/index.html>

See also fundamental rights to healthcare as restated in the "Charter of Fundamental Rights of the European Union", esp. Article 35: http://www.europarl.eu.int/charter/pdf/text_en.pdf and <http://www.ephpa.opq/a/520> dated 14.07.2003

³ COM (2004) 0002 http://europa.eu.int/eur-lex/com/pdf/2004/com2004_0002en03.pdf

⁴ COM (2004) 0374 http://europa.eu.int/eur-lex/en/com/wpr/2004/com2004_0374en01.pdf

European Commission web site on services of general interest:

http://europa.eu.int/comm/secretariat_general/services_general_interest/index_en.htm

⁵ Wilson, P., Leitner, C., Moussalli, A. *Mapping the Potential of eHealth: Empowering the citizen through eHealth tools and services* Maastricht, European Institute of Public Administration, 2004, p. 7

demands on public healthcare services and budgetary constraints, as well as changes in population demography (i.e. immigration), the opportunities offered by eHealth can play an important role in meeting the targets set out in the Lisbon strategy⁶, i.e. that of becoming the most competitive and dynamic knowledge-based economy in the world by 2010 etc. (eEurope Initiative).⁷

However, it must be remembered that at European Union level there are only limited competences in the healthcare sector. The organisation of health services is strictly a matter of subsidiarity, although the European Union does have the right to create legislation in areas such as worker protection and safety (e.g. health and safety in the workplace). Consequently, eHealth strategies may include initiatives addressing the general growth of the system (through the creation of a supportive environment, the provision of guiding principles, by setting the agenda etc.) as well as setting priorities for investment, facilitating the adoption of different behaviour and applications through the exchange of best practices, and the promotion of certain lifestyles or the encouragement of more efficient methods of healthcare delivery and information provision.

The Point of Departure: The 2003 eHealth Ministerial Conference in Brussels

Following the 2003 eHealth Ministerial Conference “*The Contribution of ICT to Health*”, a number of key initiatives and steps were proposed for consideration by the European Commission. Four initiatives were put forward for further development and subsequently incorporated into the European Commission Action Plan for a European eHealth Area⁸:

- (1) Member States, in collaboration with the European Commission, should identify and outline **interoperability standards** (for data messages and electronic health records) by the end of 2006⁹ and ensure interoperability of and common standards for products, systems and services, resulting in the creation of a single European eHealth market.
- (2) European Union-wide **benchmarks to facilitate the dissemination of best practices** were identified¹⁰, with the European Commission Action Plan stating that an effective means of dissemination within the European eHealth area should be established by the end of 2005. Further European Commission action in the period 2004-2010 shall

⁶ http://europa.eu.int/lisbon_strategy/index_en.html

⁷ COM (1999) 0687:

http://europa.eu.int/information_society/eeurope/2002/news_library/pdf_files/english.pdf

or [http://europa.eu.int/cgi-bin/eur-lex/udl.pl?REQUEST=Seek-](http://europa.eu.int/cgi-bin/eur-lex/udl.pl?REQUEST=Seek-Deliver&COLLECTION=com&SERVICE=eurlex&LANGUAGE=en&DOCID=599PC0687&FORMAT=pdf)

[Deliver&COLLECTION=com&SERVICE=eurlex&LANGUAGE=en&DOCID=599PC0687&FORMAT=pdf](http://europa.eu.int/cgi-bin/eur-lex/udl.pl?REQUEST=Seek-Deliver&COLLECTION=com&SERVICE=eurlex&LANGUAGE=en&DOCID=599PC0687&FORMAT=pdf)

Ibid, pp. 17-24

⁸ European Commission (2004) *eHealth – making healthcare better for European citizens: An action plan for a European eHealth Area*, COM (2004) 0356, Brussels

⁹ *Ibid*, p. 24

¹⁰ *eHealth 2003 Ministerial Conference. Final Report* European Commission, Brussels, 2003, pp. 7-8

include the publishing of a bi-annual study on the state of the art in eHealth deployment, highlighting best practice examples and associated benefits. In the period 2004-2008, special events (e.g. high-level conferences) for best practice dissemination should also be organised.¹¹

- (3) **Safety and security** issues, in both human and technical terms, were other areas identified for consideration by the European Commission and Member States. This includes ensuring compliance of eHealth systems with the Data Protection Directive¹², which is the legal basis for data protection and privacy. In this context, it should be remembered that the Electronic Commerce Directive¹³ also applies to the provision of online health services.¹⁴
- (4) The final consideration resulting from the Brussels Conference was the creation of a **single "interoperability platform"** for the provision of public eHealth services. This technology initiative should be seen as giving unifying and progressive momentum to healthcare in an overall framework of **good international governance** and the creation of a **single European market for eHealth**.¹⁵

The Issues at Stake: Results and Trends of the 2004 eHealth Ministerial Conference in Cork

On 5-6 May 2004, the high-level eHealth Conference "*Empowering the European Citizen through eHealth*" was held in Cork, organised by the Irish Presidency and the European Commission. The Conference was an opportunity to demonstrate current eHealth tools and provided a forum in which to take stock of completed, ongoing or planned initiatives at European level.¹⁶ The objective of the Conference and the eEurope Awards for eHealth – 2004 was to emphasise the benefits of the empowerment of citizens through eHealth solutions such as information, administration, homecare and telemedicine tools and services.¹⁷

The Conference identified a number of trends and challenges at stake, as echoed in EIPA's eHealth research report (*Mapping the Potential of eHealth: Empowering the citizen through eHealth tools and services*). They can be outlined as follows:

¹¹ European Commission (2004) *eHealth – making healthcare better for European citizens: An action plan for a European eHealth Area*, COM (2004) 0356, Brussels, p. 26

¹² *Data Protection Directive 95/46/EC*, OJ L281, 23.11.1995, Brussels

¹³ *Electronic Commerce Directive 2000/31/EC*, OJ L178, 17.07.2000, Brussels

¹⁴ European Commission (2004) *eHealth – making healthcare better for European citizens: An action plan for a European eHealth Area*, COM (2004) 0356, Brussels, pp. 9, 13-14 and 25

¹⁵ European Commission (2003) *eHealth 2003 Ministerial Conference, Final Report*, Brussels, pp. 7-8

¹⁶ See details on applications exhibited and rewarded at www.e-europeawards.org

¹⁷ European Commission (2004) *eHealth 2004 high-level Conference "Empowering the European citizen through eHealth" Cork, Ireland, 5-6 May 2004. Report on Organisation and Proceedings*, Internal Document, Brussels, pp. 7-8

- There is an increasing **number of systems** (both public health and health web systems) giving citizens more information about their rights and thereby their choices, enabling them to make better informed decisions as well as take personal responsibility for their own healthcare. User-friendliness of the systems and services should be paramount, i.e. connections should be fast, secure and reliable. At the same time, efforts should be made to ensure the appropriate quality of the information available.
- In this context, the goal should be to ensure compatibility of services and systems, thus ensuring **interoperability** and enabling the seamless integration of heterogeneous systems.¹⁸ The latter point should be kept in mind especially when developing standards and guidelines for eHealth solutions and their deployment at regional, national and pan-European level (e.g. introducing electronic health records). Interoperability of health systems and seamless integration of heterogeneous systems is of great importance when it comes to enabling secure and fast access to comparable data, patient information and relevant eHealth platforms via a wide variety of wired and wireless devices. Moreover, legal uncertainties are compounded by a lack of common standards, regulation and accreditation.
- Further development of **data protection measures** are also required to safeguard the interests of the citizens, their privacy and the security of confidential and personal information when it is stored and transferred.¹⁹
- Health professionals increasingly benefit from eApplications that improve the services they offer. The improved quality of services in turn helps reduce medical risks and errors. Ensuring **high-quality and accurate health information**, i.e. reinforcing the need for accountability through the provision of evidence-based information and quality assurance of databases, websites and information networks.
- The guarantee of high quality and reliable information is closely linked to the expectations of citizens to be provided with more (quantitative) and better (qualitative) information.²⁰
- The free movement of citizens, health professionals, health goods and services in a **single European market for eHealth** may be used to support the principle of European equity of access to health services. eHealth can empower the citizen/patient, health professional and provider through greater access to and exchanges of health information. eHealth can moreover ensure greater mobility of citizens and health

¹⁸ European Commission (2004) *eHealth – making healthcare better for European citizens: An action plan for a European eHealth Area*, COM (2004) 0356, Brussels, p. 13

¹⁹ *Ibid*, p. 14

European Commission (2004) *eHealth 2004 high-level Conference "Empowering the European citizen through eHealth" Cork, Ireland, 5-6 May 2004. Report on Organisation and Proceedings*, Internal Document, Brussels, pp. 5 and 14

²⁰ Wilson, P., Leitner, C., Moussalli, A. *Mapping the Potential of eHealth: Empowering the citizen through eHealth tools and services* Maastricht, European Institute of Public Administration, 2004, pp. 17-20

- professionals by informing them of their rights, opportunities and choices and it can assist in disease prevention.²¹
- In addition, addressing the digital divide by ensuring multi-channel **access for all** to services and healthcare is in line with the European Commission Action Plan for a European eHealth Area.²² eHealth solutions should be used in a multi-channel environment (including hospital terminals, access points at doctors' practices, health call centres, access points in retirement homes, to name but a few) in order to ensure greater inclusion and accessibility of goods and services.²³
 - Rising demand for and increased cost of healthcare due to demographic changes (caused by lower birth rates, an ageing population and a collective increase in immigration populations) and budgetary constraints are key future challenges. eHealth offers new opportunities for more efficient methods of healthcare delivery in such an environment and provides an opportunity to rethink access to and delivery of healthcare. It certainly provides the conditions for improving **the effectiveness of healthcare provision**.²⁴
 - Ensuring that **knowledge management** concepts (including relationship and health management) are positively used in public health and care provision in order to ensure the optimal use of resources (human and financial). Increased organisational change to speed up eHealth developments is critical in this respect, as is the commitment of health authorities and their managers to deal with financial, organisational and cultural issues.

As a general conclusion, it can be said that eHealth is a fast-developing discipline with its full potential still to be exploited. Its true potential will, however, only be realised if the needs and interests of users (practitioners, patients and citizens) are taken on board (i.e. via a demand-driven approach) so that the speed of this eHealth take-up can be increased across Europe.

The Way Forward: Possible Strategic Recommendations for Future Actions

eHealth in Europe will be a key factor in the successful implementation of the Lisbon process in particular and of European integration in general. Initiatives such as the eHealth Awards and the eHealth conferences have made a significant contribution to the improvement of healthcare in Europe by

²¹ European Commission (2004) *eHealth 2004 high-level Conference "Empowering the European citizen through eHealth" Cork, Ireland, 5-6 May 2004. Report on Organisation and Proceedings*, Internal Document 2004, Brussels, p. 7

²² European Commission (2004) *eHealth – making healthcare better for European citizens: An action plan for a European eHealth Area*, COM (2004) 0356, Brussels, p. 15

²³ European Commission (2004) *eHealth 2004 high-level Conference "Empowering the European citizen through eHealth" Cork, Ireland, 5-6 May 2004. Report on Organisation and Proceedings*, Internal Document, Brussels, p. 5

²⁴ *Ibid*, p. 5

European Commission (2004) *eHealth – making healthcare better for European citizens: An action plan for a European eHealth Area*, COM (2004) 0356, Brussels, p. 5

Wilson, P., Leitner, C., Moussalli, A. *Mapping the Potential of eHealth: Empowering the citizen through eHealth tools and services* Maastricht, European Institute of Public Administration, 2004, pp. 21-24

diffusing eHealth applications and exchanging good practices in the field of eHealth tools and services; its continuity must therefore be encouraged.

Among the priorities and aims for the improvement of eHealth to be converted into operational targets and actions, the following groupings can be highlighted:

- **Choices:** Empowerment of citizens by improving choices in healthcare through better information on access to general health services. There is a need for instruments and financial support that facilitate the dialogue between the different Member States' systems so as to allow the free movement of patients.
- **Access:** Promoting a single European market for healthcare, where mobility of patients and health professionals is encouraged. Transparency and ease of access to information on rights, opportunities and choices should be encouraged at European level to facilitate the mobility and decision making of healthcare providers and recipients. The creation of a single market for healthcare may introduce the principle of European equity of access to health services.
- **Quality:** Ensuring high-quality and accurate health information is essential to the success of eHealth.²⁵ Careful coordination and monitoring is therefore recommended to ensure the quality of information, data and services. Improving the effectiveness and quality of clinical procedures through knowledge networks set up by professionals and institutions would be one example. Another would be the development of networks of expertise and resources, as well as testing and accreditation schemes for web sites and other health information sources. Other recommendations include developing guidelines on minimum standards, exchanging data content between systems and electronic health records to ensure interoperability, the mobility of users and providers and stimulating the real use of data.²⁶
- **Interoperability:** As announced in the European Commission Action Plan for eHealth, Member States, in collaboration with the Commission, should identify and outline interoperability standards (i.e. data messages and electronic health records) by the end of 2006 to ensure interoperability and common standards for products, systems and services and the creation of a single European market for eHealth.²⁷ An important element of interoperability is the further harmonisation and standardisation of the often divergent systems. Overlaps and impediments to the progress of the process should be avoided. The

²⁵ European Commission (2004) *eHealth 2004 high-level Conference "Empowering the European citizen through eHealth" Cork, Ireland, 5-6 May 2004. Report on Organisation and Proceedings*, Internal Document, Brussels, p. 5

²⁶ European Commission (2004) *eHealth – making healthcare better for European citizens: An action plan for a European eHealth Area*, COM (2004) 0356, Brussels, pp. 18 and 25

European Commission (2004) *eHealth 2004 high-level Conference "Empowering the European citizen through eHealth" Cork, Ireland, 5-6 May 2004. Report on Organisation and Proceedings*, Internal Document, Brussels, p. 5

²⁷ European Commission (2004) *eHealth – making healthcare better for European citizens: An action plan for a European eHealth Area*, COM (2004) 0356, Brussels, p. 24

regional (sub-national) level is competent for health care in many Member States, which is why it would be the appropriate layer of administration to mediate both top-down and bottom-up and to establish a harmonised set of prerequisites for eHealth, such as common data and standards, interoperable platforms (e.g. open source) and formats for information exchange. It could also ensure that all the initiatives are channelled in the same direction.²⁸ Actions to strengthen and support these levels are therefore required.

- **Privacy:** eHealth systems must operate in accordance with the Data Protection Directive, and the proper protection of data must be considered as a cornerstone in the development of eHealth and new eSolutions.²⁹ Users will not entrust confidential and personal information to any system if they fear abuse and/or lack of privacy. New solutions should therefore be encouraged to go beyond the minimum requirements laid down by law in order to ensure the safety and security of data when it is stored and transferred. The enforcement, monitoring and strengthening of legal requirements is therefore essential, and future action in this field is highly recommended. Furthermore, another suggestion has been to launch initiatives to develop secure and appropriate regulations in other areas such as legal liability, which is currently not covered by any specific European guideline or rule.
- **The use of eHealth information/best practices:** It is recommended that a permanent showcase and good/best practice framework programme be launched to facilitate the identification, exchange and dissemination of good applications. This should include the type of actions already proposed by the European Commission and could take the current or an adapted form of the eEurope Awards project for eHealth and/or of an interactive platform and networks of expertise for the exchange of experiences. The European Institute of Public Administration (EIPA) would provide a neutral and ideal platform for spreading good practices and be able to offer the prerequisites (i.e. the required good understanding of good practice exchange) for such initiatives, in terms of both policy experience (expertise in (e)health – EIPA and its Milan Antenna, the European Training Centre for Social Affairs and Public Health Care) and target (close cooperation with other levels of administrations – EIPA and its Barcelona Antenna, the European Centre for the Regions). The establishment of European networks of reference and greater sharing of best practices in addition to related training assignments are therefore certainly called for. This can be accompanied by a periodic measurement of progress (e.g. of the agreed set of (e)Health services) and result in research projects to evaluate the cost benefits of the most important and/or advanced

²⁸ Heichlinger, A. *eGovernment in Europe's Regions: Approaches and Progress in IST Strategy, Organisation and Services, and the Role of Regional Actors*, Maastricht/Barcelona, European Institute of Public Administration, 2004, p.22

²⁹ European Commission (2004) *eHealth – making healthcare better for European citizens: An action plan for a European eHealth Area, COM (2004) 0356*, Brussels, pp. 13-14 and 25

applications.³⁰ As a consequence, the European Commission is strongly recommended to maintain its central role in spreading, promoting and supporting the idea of best practice exchange and awards in Europe and the spirit of programmes in this field. Initiatives at national level (e.g. TECNIMAP Awards³¹ in Spain, the Internet Awards of the region of Lower Austria³² in Austria, the Dutch Province of Brabant | eGovernment Award³³ or the Danish Top of the Web³⁴ and the Digitalisation Prize³⁵) alone will be not sufficient, given that they lack the European dimension, coverage and credibility. In addition, the European Commission would reconfirm both its top-level commitment to and political ownership of eHealth and be able to carry out a strategic examination of good applications by having an output delivered (by EIPA) in a structured (e.g. critical success factors) and processed way.

- **Governance/take-up:** A better health management system based on “services intelligence” tools is required. It is recommended that a demand-driven approach be adopted in the area of eHealth as this would ensure that the eHealth tools and services offered are in fact relevant to the needs and demands of the end user. Promoting studies in order to measure improvements achieved in healthcare services since the diffusion of eHealth would provide input to improve health governance. In this context, a great interest and commitment among many health actors across Europe to provide more and better information on health issues to their citizens is not always enough. End users must be the focal point when developing and deploying new electronic services in order to ensure that appropriate and user-friendly solutions are developed and that take-up is in the interest of the target users. In this context, one way of promoting eHealth would be through segmentation of the end user, i.e. the patients, into groups such as “fragile patients” and “chronic patients”, as a collective target, where applications for data-sharing among professionals from different healthcare services and institutions could be deployed. The use of cards (electronic health insurance cards etc.) would be an ideal approach to such segmented groups (e.g. patients vs. healthcare professionals, age and culture of target group etc.). In this context, the key point is to ensure that a certain minimum level of information/data is included and standardised. Any additional content can progressively be added according to needs/requirements/specifications, i.e. segmentation.³⁶ The future

³⁰ Wilson, P., Leitner, C., Moussalli, A. *Mapping the Potential of eHealth: Empowering the citizen through eHealth tools and services* Maastricht, European Institute of Public Administration, 2004, p. 49
European Commission (2004) *eHealth 2004 high-level Conference "Empowering the European citizen through eHealth" Cork, Ireland, 5-6 May 2004. Report on Organisation and Proceedings* Internal Document, Brussels, pp. 5 and 9

³¹ Techimap Awards: <http://www.techimap.com/EN/iframes/boes.asp>

³² Internet Award for the region of Lower Austria – Internet Prize für Nieder Österreich
<http://www.internetaward.at>

³³ Provincie Brabant | eGovernment Award:

http://www.apenstaartjebrabant.nl/viadesk/servlet/brabant_js101/2/17/0/0/1105348627577/page.html

³⁴ Top of the Web – Bedst paa Nettet: <http://www.bedstpaanettet.dk>

³⁵ Digitalisation Prize – Digitaliseringsprisen: <http://www.digitaliseringsprisen.dk>

³⁶ Wilson, P., Leitner, C., Moussalli, A. *Mapping the Potential of eHealth: Empowering the citizen through eHealth tools and services* Maastricht, European Institute of Public Administration, 2004, p. 36

awards and high-level/special conferences should address the issue of segmentation and hence place greater emphasis on end-user needs.



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