Overview of EHDS

EHDS – Overall timeline for application
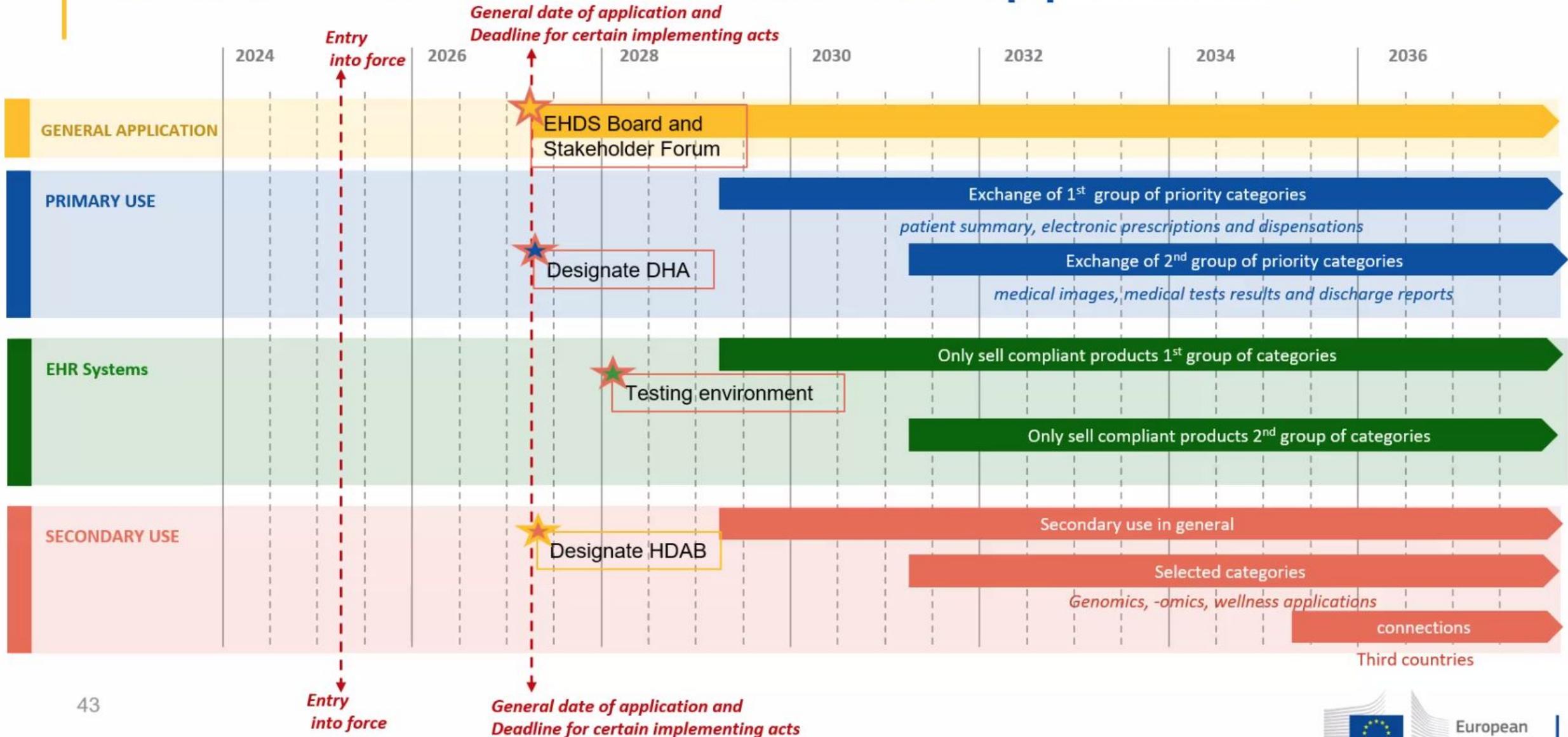
General date of application and
Deadline for certain implementing acts

| | 2024 | Entry into force | 2026 | | 2028 | 2030 | 2032 | 2034 | 2036 |

GENERAL APPLICATION
EHDS Board and Stakeholder Forum

PRIMARY USE
Exchange of 1st group of priority categories
patient summary, electronic prescriptions and dispensations
Designate DHA
Exchange of 2nd group of priority categories
medical images, medical tests results and discharge reports

EHR Systems
Only sell compliant products 1st group of categories
Testing environment
Only sell compliant products 2nd group of categories

SECONDARY USE
Secondary use in general
Designate HDAB
Selected categories
Genomics, -omics, wellness applications
connections
Third countries

Entry into force

General date of application and
Deadline for certain implementing acts

European Commission

Cost of EHDS: is it affordable ?

EHDS in current reality

- Data non interoperable & reusable
- Costly transformation of data
- No guarantee of individual record quality (up to 40% of errors)
- Suboptimal personalised (AI) care
- Suboptimal medical decision making

EHDS as we build it

- Unclear semantic Data foundation (maintained manually with ETLs ?)
- Unclear responsibility for data transformation for secondary use (SPE ? or Data Holders ?)
- Costly recurrent data curation for
  - XBorders EEHRxF (primary use)
  - Permit/query (secondary use)

M. Loughton, "Europe's EHDS Readiness: Progress and Persistent Hurdles," The Financial Analyst - June 2025

270 European healthcare IT leaders
1,305 EHR/EPR users across 17 EU countries
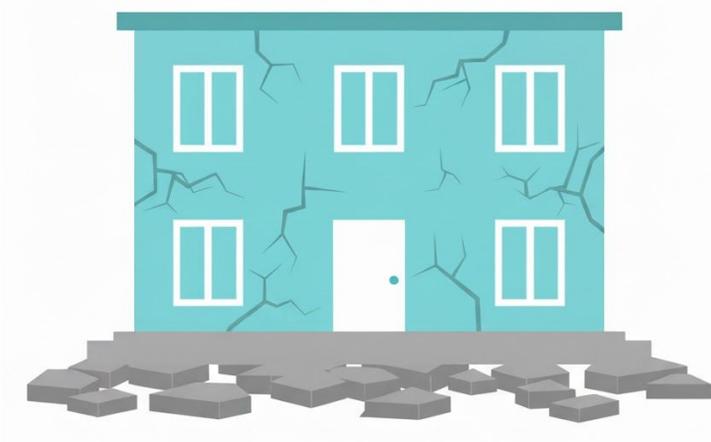
Maturity
- **88%** familiar / involved in EHDS
- **76%** piloting / using HL7 FHIR,

Key barriers
- **52% lack of interoperability.**
- **47% legacy systems.**
- **43% data quality issues.**

Cost of EHDS: is it affordable ?


EHDS in current reality

- Data non interoperable & reusable
- Costly transformation of data
- No guarantee of individual record quality (up to 40% of errors)
- Suboptimal personalised (AI) care
- Suboptimal medical decision making

EHDS as we build it

- Unclear semantic Data foundation (maintained manually with ETLs ?)
- Unclear responsibility for data transformation for secondary use (SPE ? or Data Holders ?)
- Costly recurrent data curation for
  - XBorders EEHRxF (primary use)
  - Permit/query (secondary use)

EHDS as we could build it
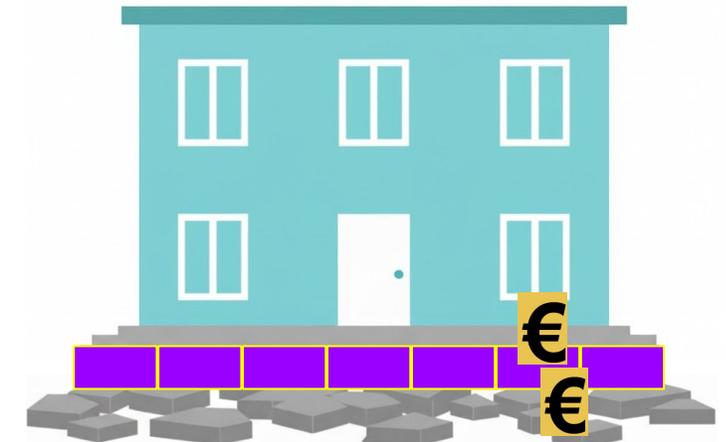
- Solid semantic Data foundation (maintained by AI): *"digital twin" of patient record in knowledge graph*
- Data Holders transform ONCE patient data for primary & secondary use
- Just-in-time
  - generation of EEHRxF
  - extraction of interoperable datasets