



# **SPUHIN**

FAIR Secure Provision and Use of Health data in Norway Project number: 101128232

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Deliverable title: Annual report of status of new and updated metadata

Date: March 2024

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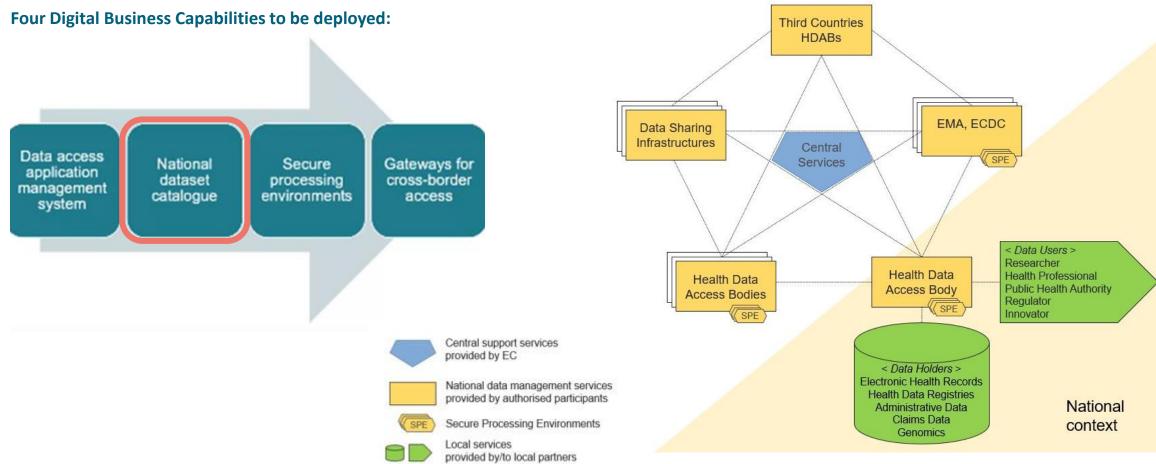
# 1. Background

# Introduction to the SPUHiN project

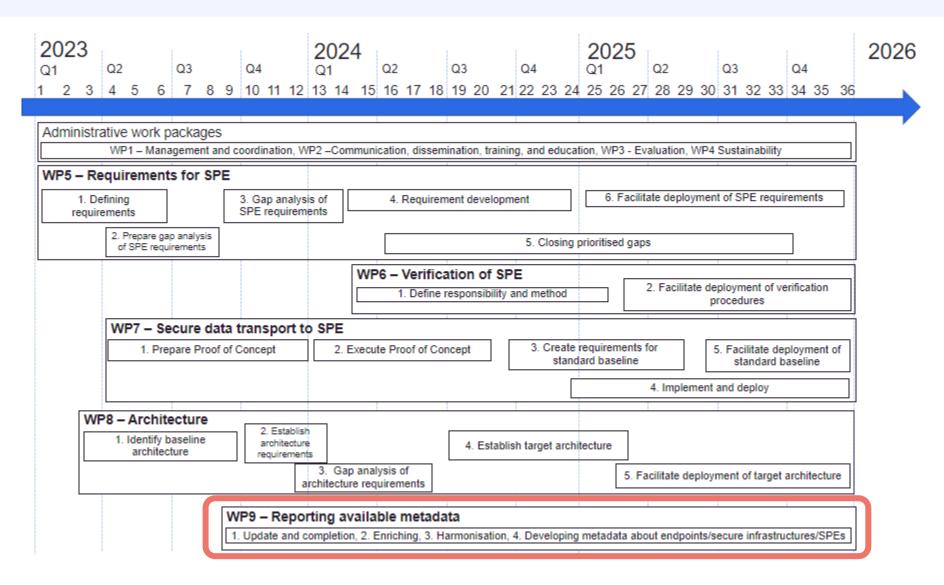
- The European Health Data Space (EHDS) proposes that Health Data Access Bodies (HDAB) are established in each EU/EEA country
- Health Data Service (HDS) in the Norwegian Institute of Public Health is established as the Norwegian HDAB
- Each HDAB is expected to implement a set of defined capabilities:
  - Data access application management system
  - National dataset catalogue
  - Secure processing environments
  - Gateways for cross-border access
- See related illustration in the next page

- The SPUHiN project has been granted funds via a Direct Grant from the EU4Health program to further develop the following capabilities:
  - Secure processing environments (SPE) covered in WP5 and WP6
  - Gateway for cross-border access covered in WP7 and WP8
  - National dataset catalogue covered in WP9
- Article 50 in the proposed EHDS regulation is specifically relevant for Secure Processing Environments
- The development of a Data access application management system is part of the Norwegian HDAB activities, but not as scope of the SPUHiN project

# **HDAB** role and capabilites



# SPUHiN project plan









# WP9

Reporting available metadata

# **Objectives**

#### Work Package 9: Reporting available metadata

**Duration:** M8-M36

Lead Beneficiary: Directorate of e-health

#### **Objectives**

This work package is related to the specific objective O5. through ensuring complete, translated and updated reporting of metadata from National health data sources according to the Norwegian Health Metadata Specification (DCAT compliant), developing metadata about endpoints/secure infrastructures/SPEs and strengthen the metadata capabilities both at data holder level and in the national HDAB

The activities in this work package will build on the work that has already been done related to meta data content from national health data holders and reccommendations from TEHDAS and EHDS2. Dedicated resources from national health data holders will be assigned as part of the metadata team run by the Directorate of e-health. Based on previous experience, this will be an efficient way to improve meta data content from the essential data holders since it will allow for dedication, continuity and sustainability.

## Guideline and evaluation tool FAIR priciples



#### National Health Metadata Specification



# Fill the gap...and more

Prepare dataset description
(Art. 41)

Provide data quality and utility label for datasets
(Art. 56)

Make national datasets catalogue description

publicly available

## The pilot HealthDCAT-AP Editor



## The pilot live version of the EU Health Metadata Catalogue



# Activities and division of work (WP description)

Task Number	Task Name	Description	Comments
T9.1	Completion, translation and updating.	Completion, translation and updating <b>mandatory metadata</b> about data sources, belonging variables and code lists/value sets according to the Norwegian Health Metadata Specification and the upcoming HealthDCAT-AP.	Only for the National Health Registries in scope (Slide 15). To be completed in the data holders metadata management tools AND in the EHDS2/WP6 pilot HealthDCAT-AP editor.
Т9.2	Enriching	Adding more metadata about Accessibility, Interoperability and Re-useability to make the data sources (datasets) more findable and discoverable.	<b>Recommended properties</b> according to the National Health Metadata Specification and the HealthDCAT-AP.
Т9.3	Harmonization	Contribute to categorization and harmonization of themes and key variables across specifc domains and data sources using for example OMOP as common information model.	Thematization according to the classes in the OMOP information model. Only the defined key variables.
Т9.4	Developing metadata about endpoints/secure infrastructures/SPEs.	Define key properties for endpoints/secure infrastrctures/SPEs based on DCAT, and publish this in the Norwegian Health Metadata Catalogue to make them more findable and discoverable.	

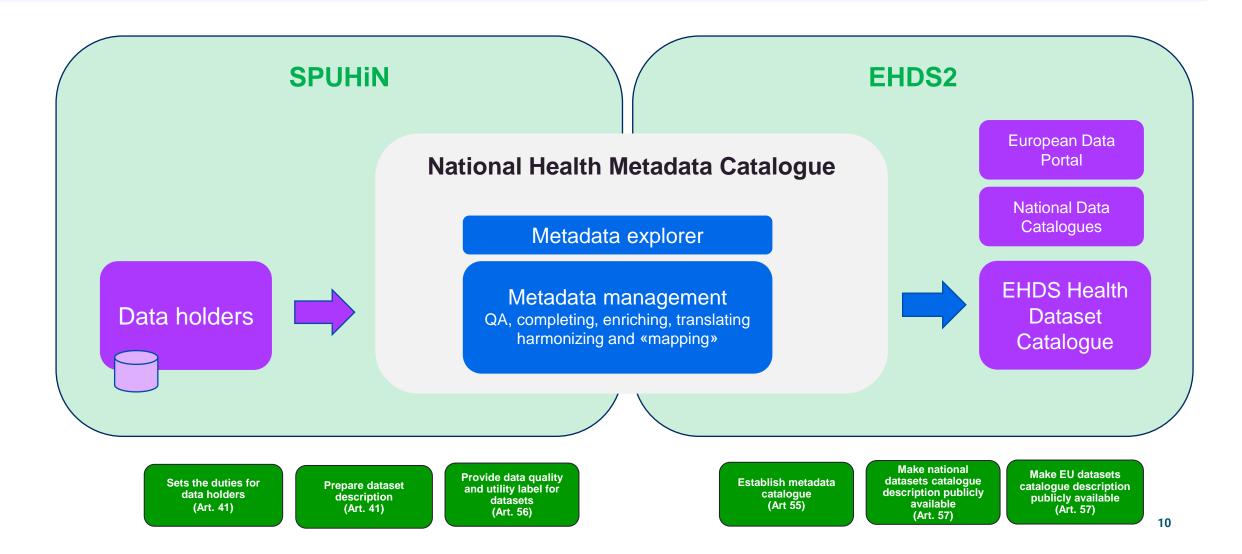
## **Related EU activities**

- The work in SPUHiN will be done coordinated and in close co-operation with the other ongoing initiatives in EHDS
  - EHDS2/WP6 Metadata standards (Co-chair)
  - CoP/Subgroup Datasets Catalogue (Contributer)
  - TEHDAS2/WP5 Data Discover (Major contributor)
  - QUANTUM (Contributor)
  - European Open Science Cloud (EOSC)

## Interface to EHDS2

- EHDS/WP6 is focusing on preparing and sharing metadata with the EU Dataset Catalogue according to the HealthDCAT-AP specification.
- SPUHiN/WP9 is focusing on rising the FAIRness, the quality, of the metadata reported from the data holders to the National Health Metadata Catalogue according to the National Health metadata specification.

## The Norwegian metadata value chain







# 2. Methodology and considerations

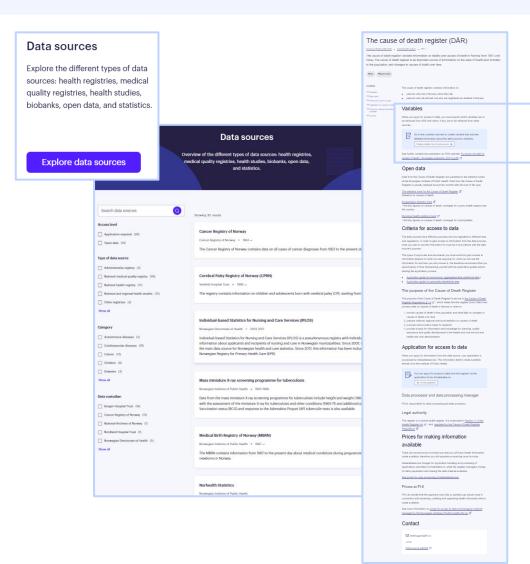
# Norwegian data sources and metadata management

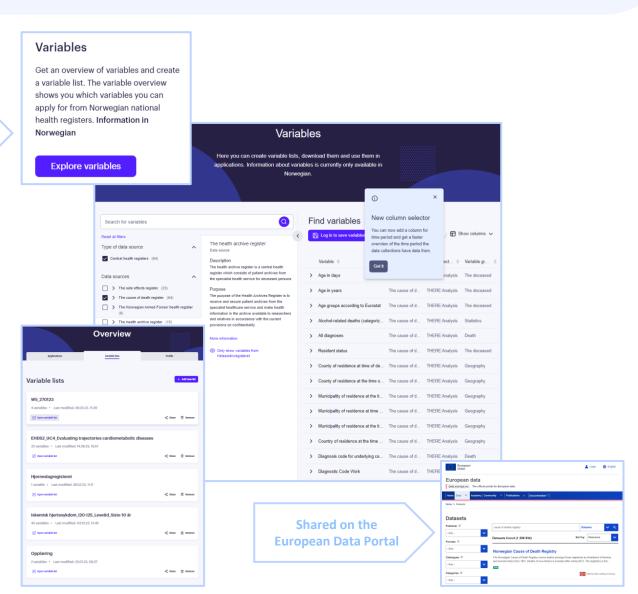
- The <u>Norwegian Health Metadata Catalogue</u> has been operational for nearly 5 years and consist of a data source (datasets) explorer with «descriptive» metadata and a variable explorer with «structured» metadata, for example metadata about variables, value sets and statistics (Slide 14).
- The data source explorer contains information (metadata) about most data sources from which you can apply for data from. Most of the information is translated to English.
- The variable and value set explorer so far contains information (metadata) from many national health data registries, about 30% of national medical quality registries, three health surveys and a selection of metadata from Statiscs Norway.
- The variable explorer also contains a service where applicants can discuss, define and specify the variables and values they will apply for (their data model).

# Norwegian data sources and metadata management

- The metadata management process starts at data holder level and ends in different external metadata catalogues like the National Common Data Catalogue and the official European Open Datasets Catalogue (slide 14, 16).
  - The process starts at dataholder level with their internal metadata- and data management («Order in own house»).
  - The data holders report their metadata according to the National Health Metadata Specification and the duties in their assignment documents.
  - The National HDAB manage the metadata reported by the dataholders in a national metadata repository.
  - The metadata are shared and loaded into an EPI-server and customized for the presentation in the <u>National Health Metadata Catalogue</u>.
  - The «descritive metadata» are transformed to <u>DCAT-AP-NO</u> and shared with the <u>Norwegian Common Data Catalogue</u> and from there to the official <u>European Data</u> Portal.
  - SPUHiN/WP9 will enable the National Health Registries to provide high quality metadata to meet the expectations of both the National Health Metadata Specification and the standard HealthDCAT-AP (in process) and improve the FAIRness of the Norwegain National Health Registries (within the scope) in both the Norwegian Health Metadata Catalogue and the EU Health Dataset Catalogue (in process).
- The national Norwegain «Metadata-team» work closely together with the data holders and has over the years established national health metadata community that has regularly meetings and workhops.
- Additionally, the «Metadata-team» has been, and is, a major and engaged contributor in a number of Nordic and European initiatives:
  - National Initaitives Network
  - Nordic Commons
  - EHDS2/QUANTUM
  - TEHDAS 1 and 2
  - EHDS CoP

# Norwegian National Health Metadata Catalogue





# National health registries in scope

#### Norwegian Patient Registry (NPR)

- Norwegian Directorate of Health
- 1997 →

The Norwegian Patient Registry contains information on everyone who is referred for or has received specialized healthcare at a hospital, outpatients' clinic or from contract specialists.

## Norwegian Registry for Primary Health Care (KPR)

- Norwegian Directorate of Health
- 2016 →

The Norwegian Registry for Primary Health Care is a collection of registries with personally identifiable information. It contains information on applicants and recipients of healthcare in Norwegian municipalities.

#### **Cancer Registry of Norway**

- · Cancer Registry of Norway
- 1953 →

The Cancer Registry of Norway contains data on all cases of cancer diagnoses from 1953 to the present day.

#### Norwegian Prescription Database (NorPD)

- Norwegian Institute of Public Health
- 2004 →

## Norwegian Cardiovascular Disease Registry

- Norwegian Institute of Public Health
- 2012 →

The Norwegian Cardiovascular Disease Registry contains information from 2012 until today about people with diseases of the heart and blood vessels, and about the treatment of these diseases.

#### Medical Birth Registry of Norway (MBRN)

- Norwegian Institute of Public Health
- 1967 →

The MBRN contains information from 1967 to the present day about medical conditions during pregnancies, births and newborns in Norway.

### Norwegian Registry of Pregnancy Termination

- · Norwegian Institute of Public Health
- 1979 →

The registry contains information on abortions in Norway from 1979 until today.

## Norwegian Immunisation Registry (SYSVAK)

- Norwegian Institute of Public Health
- $\bullet \quad 1976 \rightarrow$

SYSVAK is a national, electronic immunisation registry that records an individual's vaccination status and vaccination coverage in Norway.

## Norwegian Surveillance System for Communicable Diseases (MSIS)

- Norwegian Institute of Public Health
- 1977 →

MSIS contains information about infectious diseases in humans in Norway, from 1977 until today.

#### Norwegian Cause of Death Registry

- · Norwegian Institute of Public Health
- 1951 →

The Norwegian Cause of Death Registry contains information on deaths and causes of death in Norway from 1951 until today. The registry is an important source of information about the state of health and mortality in the population, and about the changes in causes of death over time.

# The Norwegian metadata management process

**Normed National Health Metadata Specification (v.1.1)** 

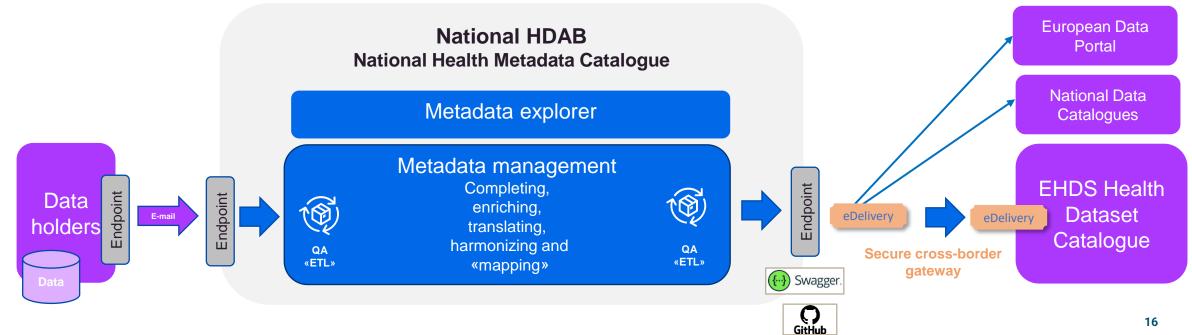


Normed FAIR guideline and self evaluation tool



**HealthDCAT-AP Extension** 









# 3. Results and outcomes

## Assessment of status - Task 9.1-9.3

- Due to the upcoming re-organization and limited resources, HDIR and NIPH have not been able to provide resources for task 1-3 as planned to start up in August 2023.
- Re-planning has been performed with the following outline:
  - All relevant resources were gathered in the same organization from 1.1.2024.
  - Q1-Q2 in 2024 will be used to mobilize and train relevant meta data resources.
  - The main activities of task 1-3 will start in Q2-3 2024.
  - Limited work will be done prior to start-up with a selection of registers that are behind.
- The project expect to be able to work more focused with task 1-3 in the new organization and budget revision will not be considered until end of 2024 despite later start-up.
- See updated detailed plan for task 1-3 on the next pages (Slide 19).

#### **Outcome:**

- Overview of completeness of reported data finalized.
- Limited DCAT-based metadata of 9 National Health Registries are shared at data.europa.eu and will be shared at the EU Health Metadata Catalogue when this is ready for testing spring 2024.

**Progress plan** 

- Deliverables Task 9.1 - 9.3

Definition/start up

Production

T9.1 Completion, translation and updating

**T9.2 Enriching** 

**T9.3 Harmonisation** 

	2023 Q4	2024 Q1	2024 Q2	2024 Q3	2024 Q4	2024 Q1	2025 Q2	2025 Q3	<b>2025</b> Q4
Create overview of the completeness of reported meta data									
Mobilise and train meta data resources		Adverti- sment	Employ Train	Produce					
Complement properties with status «Mandatory»			MSIS						
Complement properties with status «Recommended»			MSIS						
Translate mandatory meta data for <b>key variables</b> to English			MSIS						
Translate remaining mandatory meta data to English			MSIS						
(Test and evaluate to implement automatic translation on helsedata.no)						?			
Define and specify content in the classes «Variable groups», «Filter» and «Instrument»									
Complement the classes «Variable groups», «Filter» and «Instrument» and related map set									
Define (key registres) and key variables		V.0.3	V.0.7	V.0.9					
Map key variables to a common information model (OMOP)									
Enrich metadata to make sources and variables that are mapped to OMOP «Findable» and «Reusable» (Define «OMOP-properties»)									
Recommendations about the way forward									19

## Assessment of status - Task 9.4

#### **Outcome:**

- First version (V.0.3) logical model based on DCAT described for meta data on SPE/infrastructures/end point.
- Draft definition of key variables from key registries prepared (V.0.3).
- Proof of Concept (V.O.3) harvesting metadata from the Secure Processing Environment (SPE) provider TSD (University of Oslo) in the demo version of the National Data Catalogue (DCAT-based cross sectorial data catalogues).
- See updated detailed plan for task 4 on the next page (Slide 21).



Definition/start up

Production

T9.4 Developing meta data about endpoints/secure infrastructures/SPEs

	2023 Q4	2024 Q1	2024 Q2	<b>2024</b> Q3	2024 Q4	2025 Q1	2025 Q2	<b>2025</b> Q3	2025 Q4
Describe a logical model based on DCAT-AP-NO 3.0		V.0.3	V.0.5	V.0.7	V.0.9				
Define and specify metadata properties about SPE's		V.0.3	V.0.5	V.0.7	V.0.9				
Publish initial mandatory properties of the SPE's in scope in the demo environment of the Norwegian Common Data Catalogue (DCAT-based)		V.0.3	V.0.5	V.07	V.0.9				
Workshop with WP8									
Plan and execute demo day in April									
Plan and execute demo day in October									
Propose a specification based on V.0.9 and send on a hearing (In ASCIdoc)?									
Norm and distribute the V.1.0 of the specification?									





# 4. Next steps

# **Executive Summary**

## What has been done:

- A detailed overview of metadata properties to be completed per registry has been prepared.
- Limited metadata about 9 National Health Registries is updated and shared with <u>European Open Datasets Catalogue</u>.
- Identified need for capacity in the registries to maintain and complete their metadata.
- A first draft of DCAT-based properties for SPE's has been developed.
- Identified need of an extended editor the EHDS2/WP6 pilot editor for completing, enriching translation and harmonise meta data.

## **Outcome and next steps:**

- Initiated hiring process for more resources to maintain and complete meta data from the different registries.
- Annual report for 2023 describing the baseline (D9.1)(March).
- Mobilisation and training of resources.
- The editing of metadata for the Norwegian Surveillance System for Communicable Diseases (MSIS) will start within April/May.
- Completion of metadata from the other registries will start in September 2024 when newly hired employee is operative.



# Appendix

# **Glossary and abbreviations**

Phrase/Abbreviation	Description
SPE	Secure Processing Environment as specified in the EHDS regulation, article 50.
TRE	Trusted Research Environment. Term that is used for environments with similar use as an SPE but more generally for all type research.
Analysis infrastructure	Term used in this report for providers of secure services to process health data for secondary use. Research infrastructure is a similar term that is also used elsewhere. When an analysis infrastructure complies with the minimum requirements of an SPE they can be referred to as an SPE.
EHDS	European Health Data Space
TEHDAS	The European Health Data Space project
HDAB	Health Data Access Bodies
SPUHIN	Abbreviation of the project FAIR Secure Procurement and Use of Health data in Norway, co-funded by the EU4Health program
ISMS	Information Security Management System
Project owner	The person responsible for the project that is using an analysis infrastructure. They are also data responsible according to GDPR. This role is in practice referred to as project responsible, principal investigator etc. but we in this report we have decided to use project owner to describe this role.
Review access	Possibility to check who has access at this moment
Access log	Possibility to see who has logged on and when
Machine to machine transfer	Possibility to transfer data without users having to do a manual operation