



Federated Secondary Data Architecture for the EHDS: Integrating Regional Healthcare Providers and Deep Data in Western Pomerania-Greifswald

The HDP MV Approach & Health Economic Viability



LinkedIn

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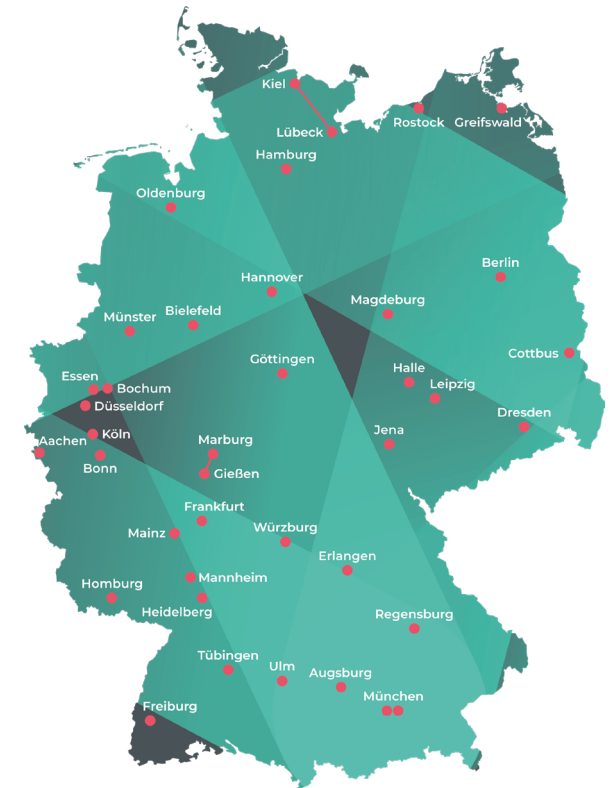
German Network of University Medicine (NUM)



Established in 2020 as a rapid-response platform to address the Covid19 pandemic, uniting research capabilities from all German university hospitals

Since then, extension beyond pandemic preparedness, serving as a platform for joint research efforts

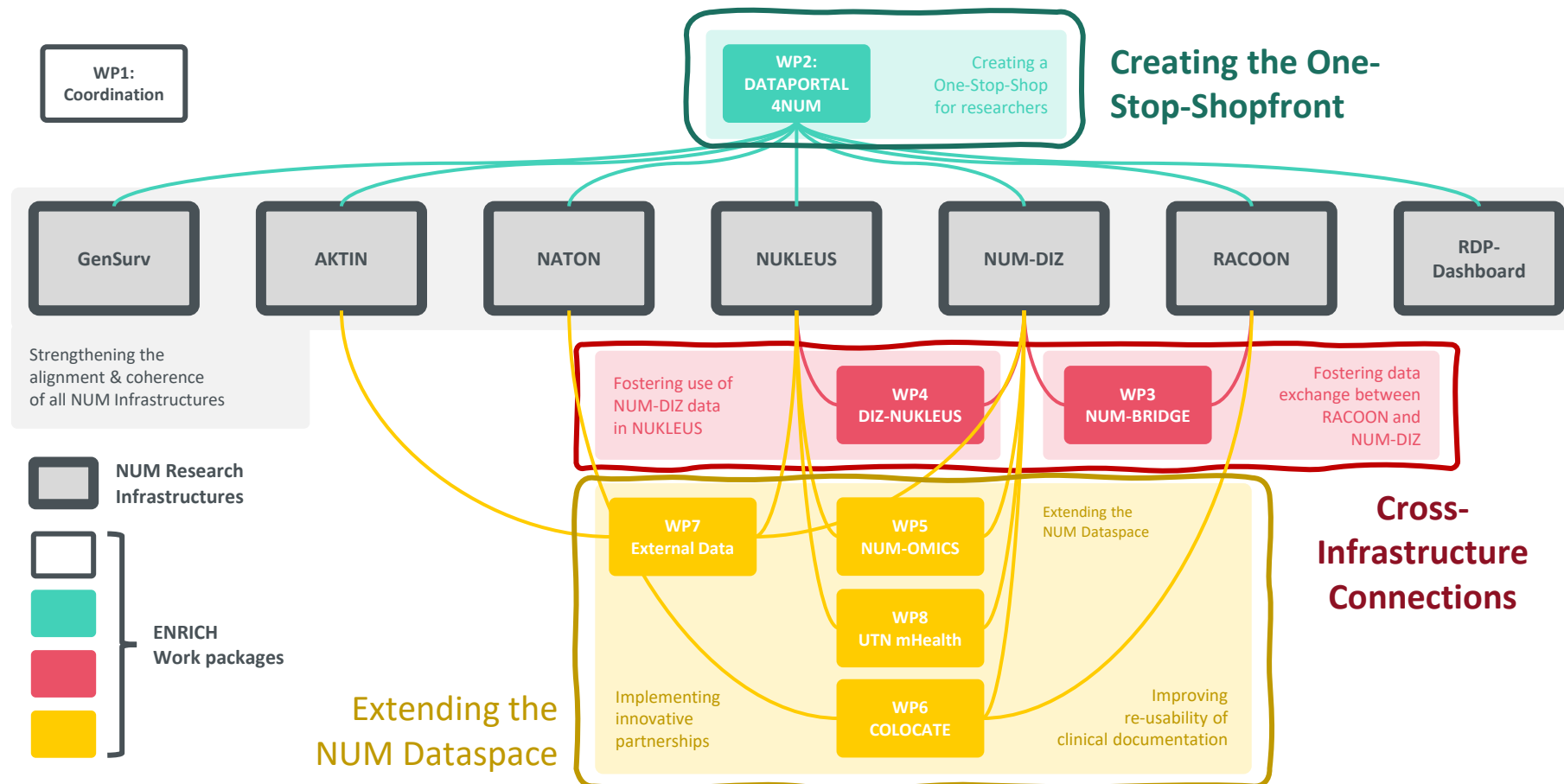
- covering all 37 German university hospitals
- established 12 distinct research infrastructures (RIS), study networks and registries
- received permanent status in 2026
- slated to receive ~772M€ funding from 2020-2030



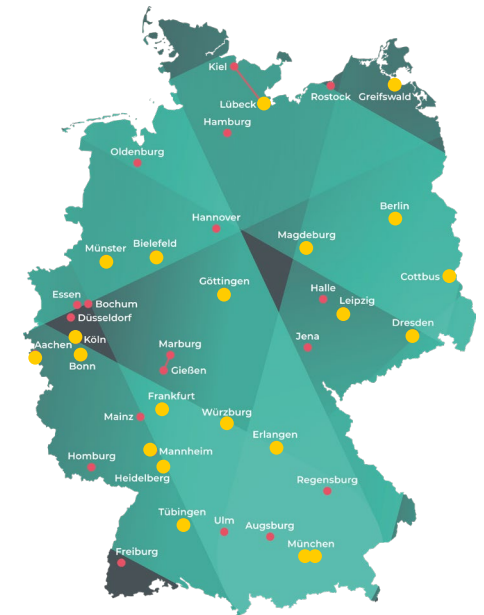
Gefördert durch:



ENRICH: Enhancing NUM Research Infrastructures through Collaboration & Harmonization



02/2026 – 07/2028
22 Partners
8.5M€ Funding



Gefördert durch:

The Regional Infrastructure Gap

Challenges & Limitations

The Status Quo: Data Integration Centers (DIZs) are heavily concentrated at university medical centers via the Medical Informatics Initiative (MII) and NUM.

The Problem: Rural hospitals (e.g., Wolgast), specialized clinics (e.g., Karlsburg), and outpatient care providers remain isolated from secondary data networks.

The „Deep Data“ Limitation: The standard MII Core Data Set often fails to capture granular subsystem data (LIS, KIS, PACS, specialty units).

Core Objective: Establish a federated, EHDS-compliant regional health data platform that leaves no healthcare data holder behind.



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The Regional “Deep Data” Integration

Inclusivity and expanded Data Models

- deploy scalable, lightweight ETL and governance architectures ("DIZ-in-a-Box") to
- seamlessly integrate smaller regional hospitals, specialized clinics, and outpatient care providers into the secondary data network
- without overloading primary IT systems.

Transforming deep primary data (such as LIS, KIS, and specialty subsystems) into extended HL7® FHIR® profiles will preserve high-resolution local clinical utility while maintaining full interoperability via HealthDCAT-AP for the EHDS.



Health Economic Viability

The Economic Hypothesis

The Economic Hypothesis:

- decentralized lightweight connections ("DIZ-in-a-Box") incurs specific setup and operational costs
- outweighed by measurable health economic benefits
- through the avoidance of redundant diagnostics
- and streamlined clinical pathways in a rural model region like Vorpommern-Greifswald.

Macro-Economic Realization: Demonstrating how regional health platforms can successfully capture EU-prognosticated savings and long-term economic sustainability.



Conclusion & Outlook

„Bridge the Gap and make us immortal!“



HDP MV successfully bridges the gap between outpatient, regional care and European data spaces through lightweight connectivity, robust opt-out governance, and an Article 73 SPE node.

Thank you! — Open for Questions & Discussion.



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