

SNOMED INTERNATIONAL · RIGA · 2026

SNOMED CT as the foundation for preserving clinical meaning in the European Health Data Space

The language for health data

How do we capture clinical meaning
precisely enough
that someone
in another place,
at another time,
can use it safely?



THE CHALLENGE HAS NOT CHANGED

Clinical meaning must survive distance, time and technology.

Health records must remain understandable when another person needs to use it.

01

health data does not travel well

The problem Europe is solving

The Data Paradox

The healthcare industry generates approximately 30% of the world's data volume. Despite this massive influx, healthcare systems remain **data-rich** but **insight-poor**.

Hospital Data Utilization



■ Unused Hospital Data ■ Analysed Data

Source: World Economic Forum 2024

Known limitations

Legal Uncertainty

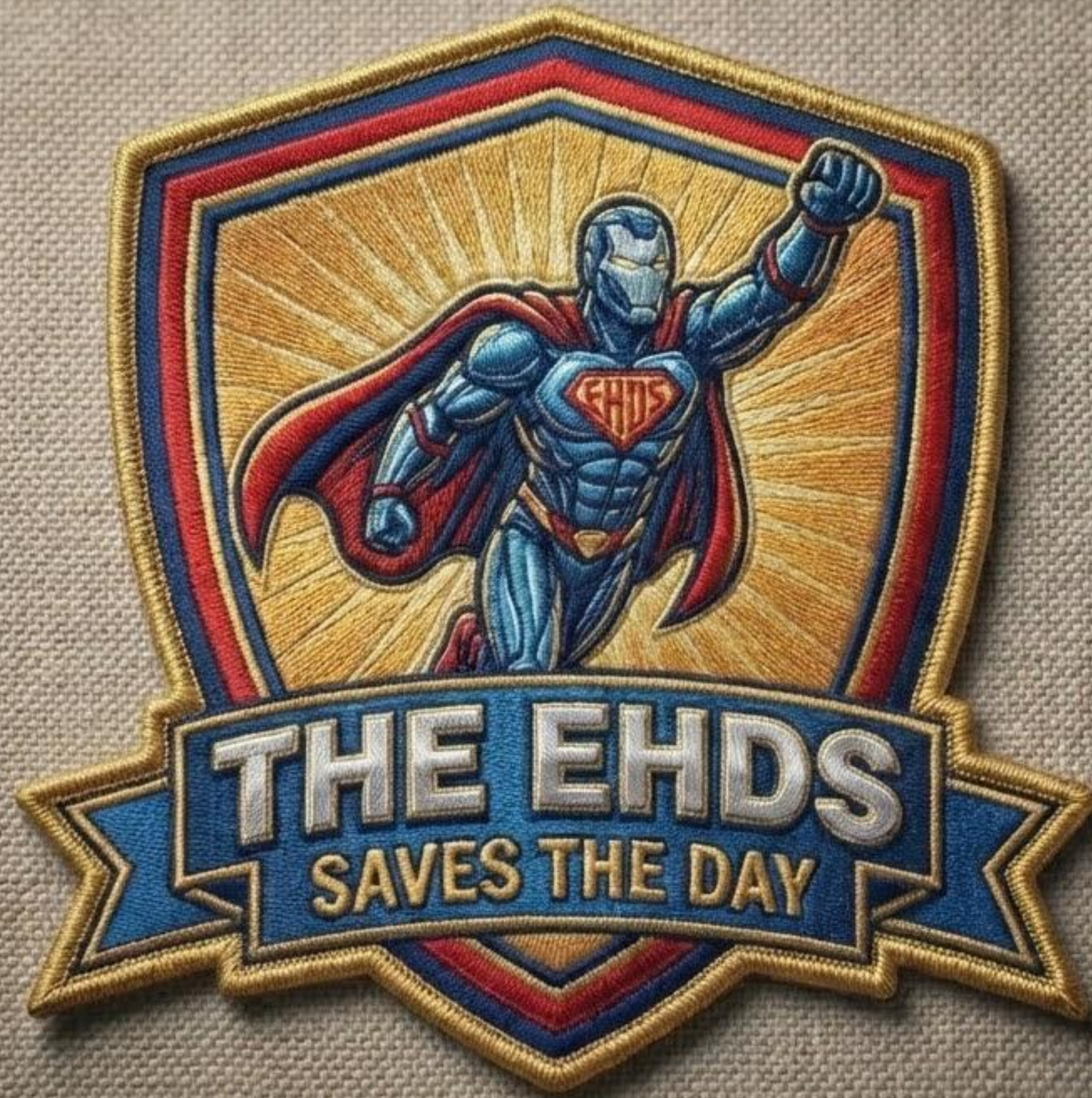


Complex Regulations
& Ambiguous Policies

Poor Data Quality



Incomplete, Inaccurate
& Inconsistent Data



02

what is the European Health Data Space?

EHDS: framework, timetable and obligations

What is the European Health Data Space (EHDS)?



Official Journal
of the European Union

EN
L series

2025/327

5.3.2025

REGULATION (EU) 2025/327 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL

of 11 February 2025

on the European Health Data Space and amending Directive 2011/24/EU and Regulation (EU) 2024/2847

(Text with EEA relevance)

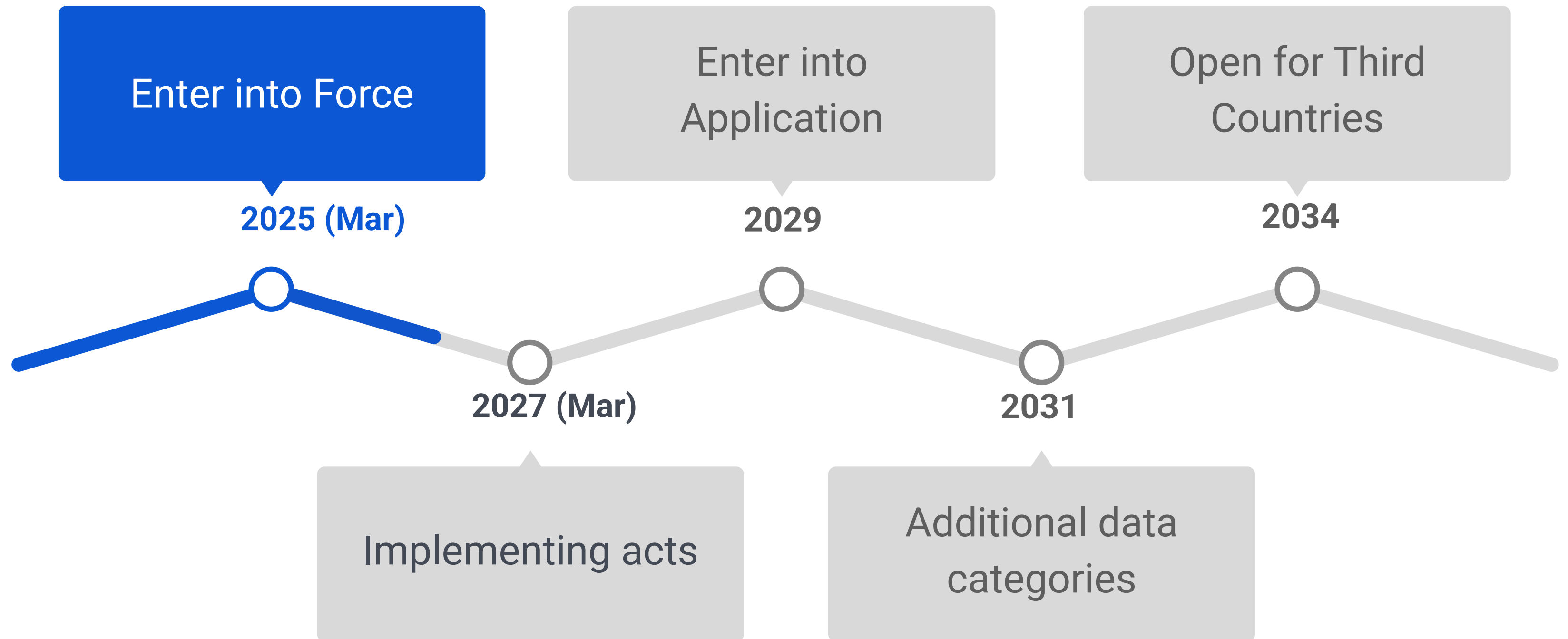
THE EUROPEAN PARLIAMENT AND THE COUNCIL OF THE EUROPEAN UNION,

Having regard to the Treaty on the Functioning of the European Union, and in particular Articles 16 and 114 thereof,

It is a Regulation,
not a Directive

It is **Data protection**
(Art. 16) and **Internal
Market** (Art. 114)
intervention,
not a healthcare
intervention

EHDS regulation timeline



EHDS regulation structure



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REGULATION (EU) 2025/327 OF THE

on the European Health Data Space

(Text)

THE EUROPEAN PARLIAMENT AND THE COUNCIL OF

Having regard to the Treaty on the Functioning of

CHAP. I

General provisions

CHAP. II

**Primary use of
health data**

CHAP. III

**EHR systems
and wellness
applications**

CHAP. IV

**Secondary use
of health data**

CHAP. V

Additional actions

CHAP. VI

European governance
and coordination

CHAP. VII

Delegation of powers
and committee
procedure

CHAP. VIII

Miscellaneous

CHAP. IX

Deferred application,
transitional and final
provisions

105 Articles, 115 Recitals, and 72 definitions (44 by reference and 28 new)

EHDS regulation aims at



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REGULATION (EU) 2025/327 OF THE

on the European Health Data Space

(Text)

THE EUROPEAN PARLIAMENT AND THE COUNCIL OF

Having regard to the Treaty on the Functioning of

01

Primary Use of Data

Empower **individuals to access**, control and share **their electronic health data** across borders for healthcare delivery.

02

Secondary Use of Data

Enable the **secure and trustworthy reuse of health data** for research, innovation, policy-making, and regulatory activities.

03

Single Market for EHR Systems

Foster a **single market for electronic health record (EHR) systems**, supporting both primary and secondary use.

how does the EHDS contribute to preserving clinical meaning?

03

Why semantic interoperability matters and where SNOMED CT fits

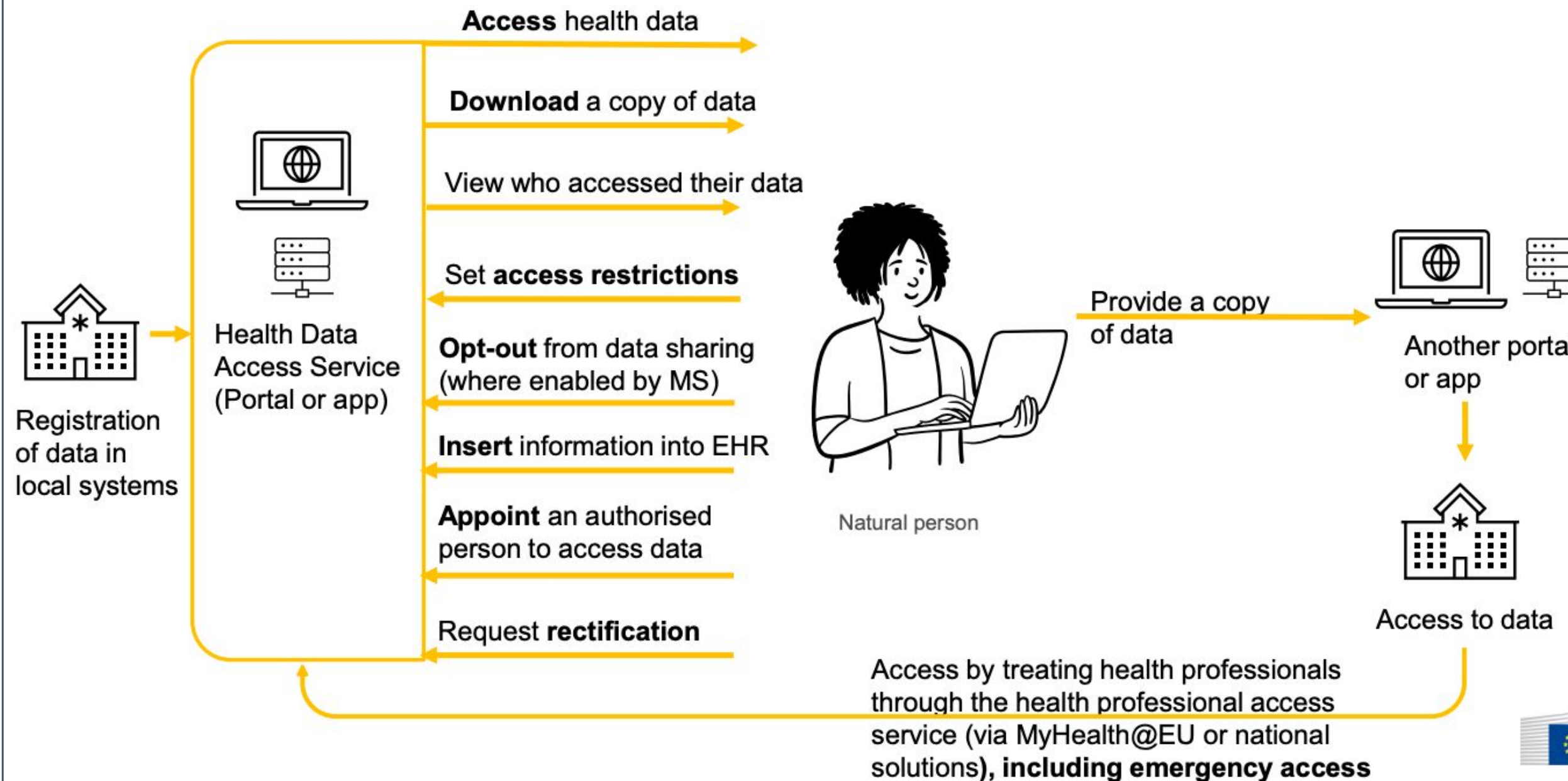
Chapter II

Primary use of health data

Primary use of health data in the EHDS?

Articles 3 to 13,
16 to 18

Rights of natural persons in primary use



European Electronic Health record exchange Format (EEHRxF)



Patient
Summary



ePrescription
and
eDispensation



Laboratory
reports



Medical
imaging and
reports



Discharge
Reports

Disclaimer: these are draft specifications prepared by XtEHR, not yet final specifications in implementing acts

The role of SNOMED CT in datasets



			was/were authored. Multiple authors could be provided.	Organization Device	
C.8.11.2	1..1	DateTime	Date and time of the last modification of the service request by its Author.	DateTime	

1466

1467 4.4.2.11 Specimen

1468

No.	Cardinality	Data element	Description	Data type	Preferred Code System
C.9	1..1	Specimen	Specimen information	Backbone Element	
C.9.1	1..*	Identifier	An identifier of the specimen which is unique within in a defined scope. Example: identifier assigned by ordering system, identifier assigned by laboratory etc. Multiple identifiers can be used.	Identifier	
C.9.2	0..1	Type of species	Biologic type of species for laboratory result reports bound to non-human subjects.	Coded	SNOMED CT
C.9.3	0..1	Material	Specimen material.	Coded	SNOMED CT
C.9.4	1..1	Collection period	Collection date time or period.	Period	
C.9.5	0..1	Body site	Anatomic location (body location, laterality) where the material is collected, e.g. Elbow, left	Body structure	SNOMED CT
C.9.6	0..1	Source Device	If the material is not collected directly from the patient but comes from a patient-related object, e.g. a catheter	Coded	SNOMED CT EMDN
C.9.7	0..1	Collection procedure method	If relevant for the results, the method of obtaining the specimen.	Coded	SNOMED CT
C.9.8	0..1	Received date	Date and time that the material is handed over at the laboratory or specimen collection centre.	dateTime	
C.9.9	0..1	Subject	Where the specimen came from. This may be from patient(s), from a location (e.g., the source of an environmental sample), or sampling of fluids and/or a biologically-derived product, or a device	Patient, Animal, Location, Device, Substance	
C.9.10	0..*	Container	The container holding the specimen	Backbone Element	
C.9.10.1	0..1	Quantity	Specimen quantity	Quantity	
C.9.10.2	1..1	Device	Container details	Device	

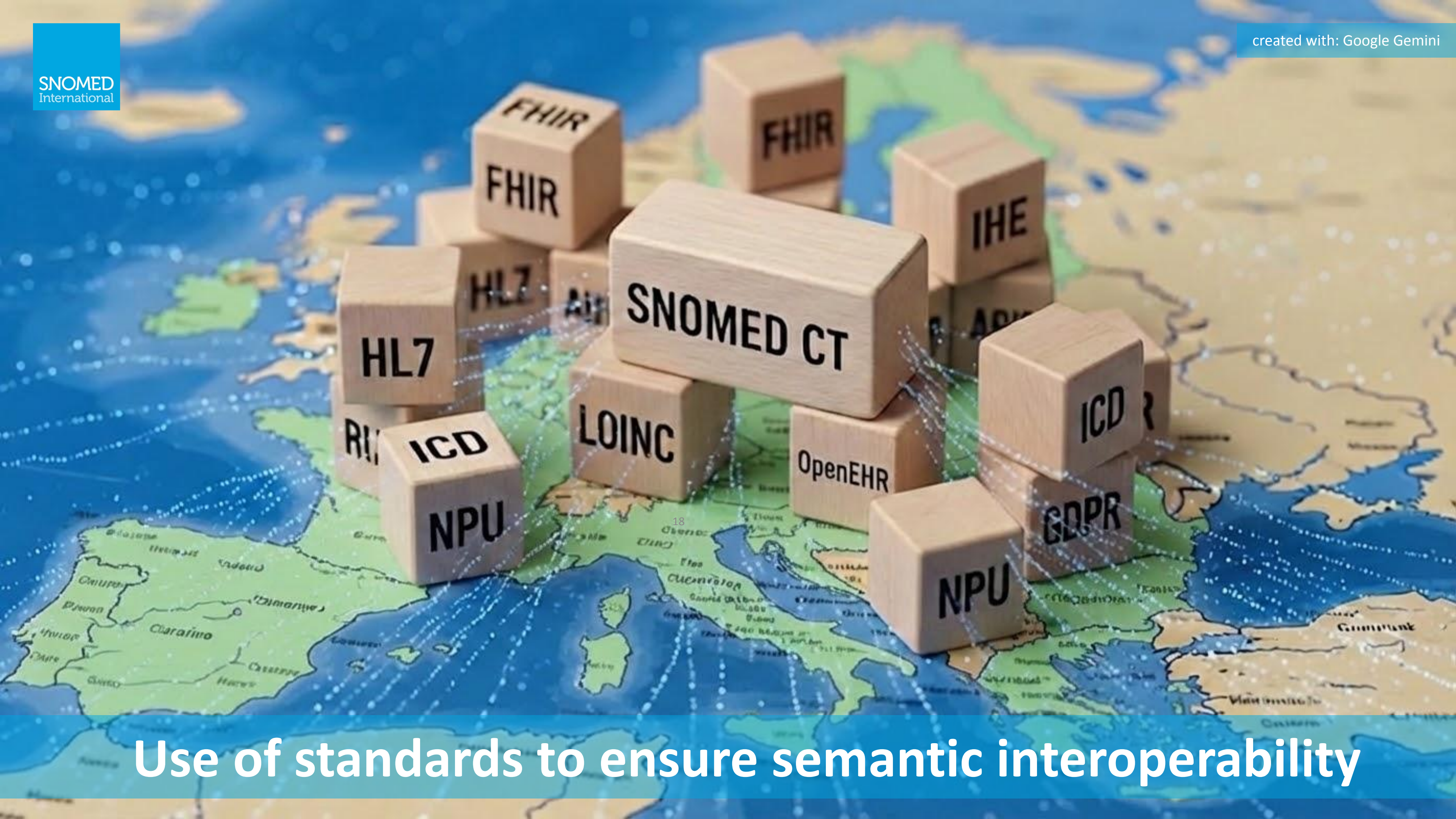
1469

Extract from the Laboratory reports

Each data category includes as dataset specification

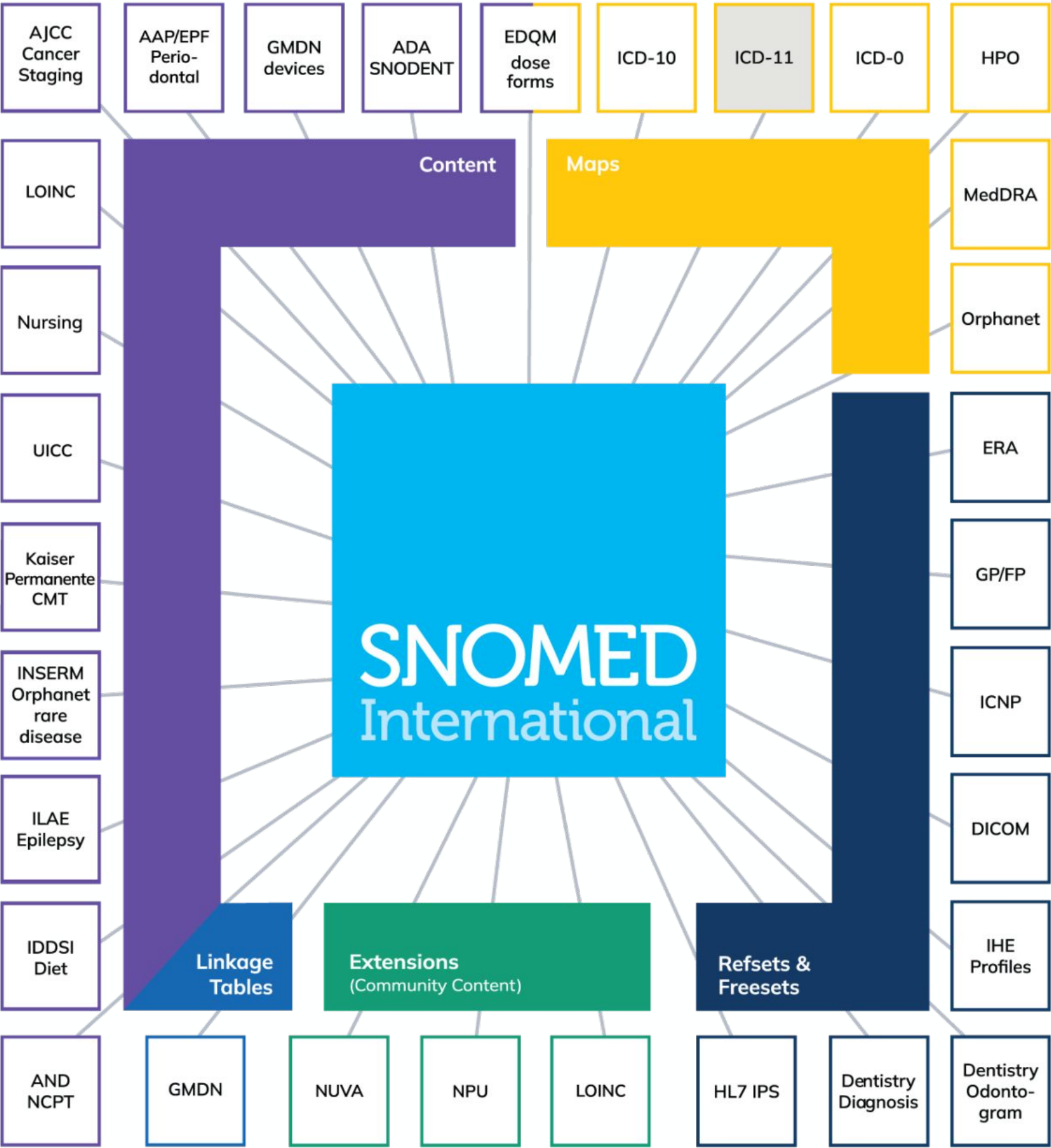
The specifications include terminology bindings

SNOMED CT and LOINC are used frequently as preferred code systems



Use of standards to ensure semantic interoperability

Building an ecosystem



SNOMED CT in the EHDS

EHDS Patient Summary

[CLINICAL DEMO - link](#)

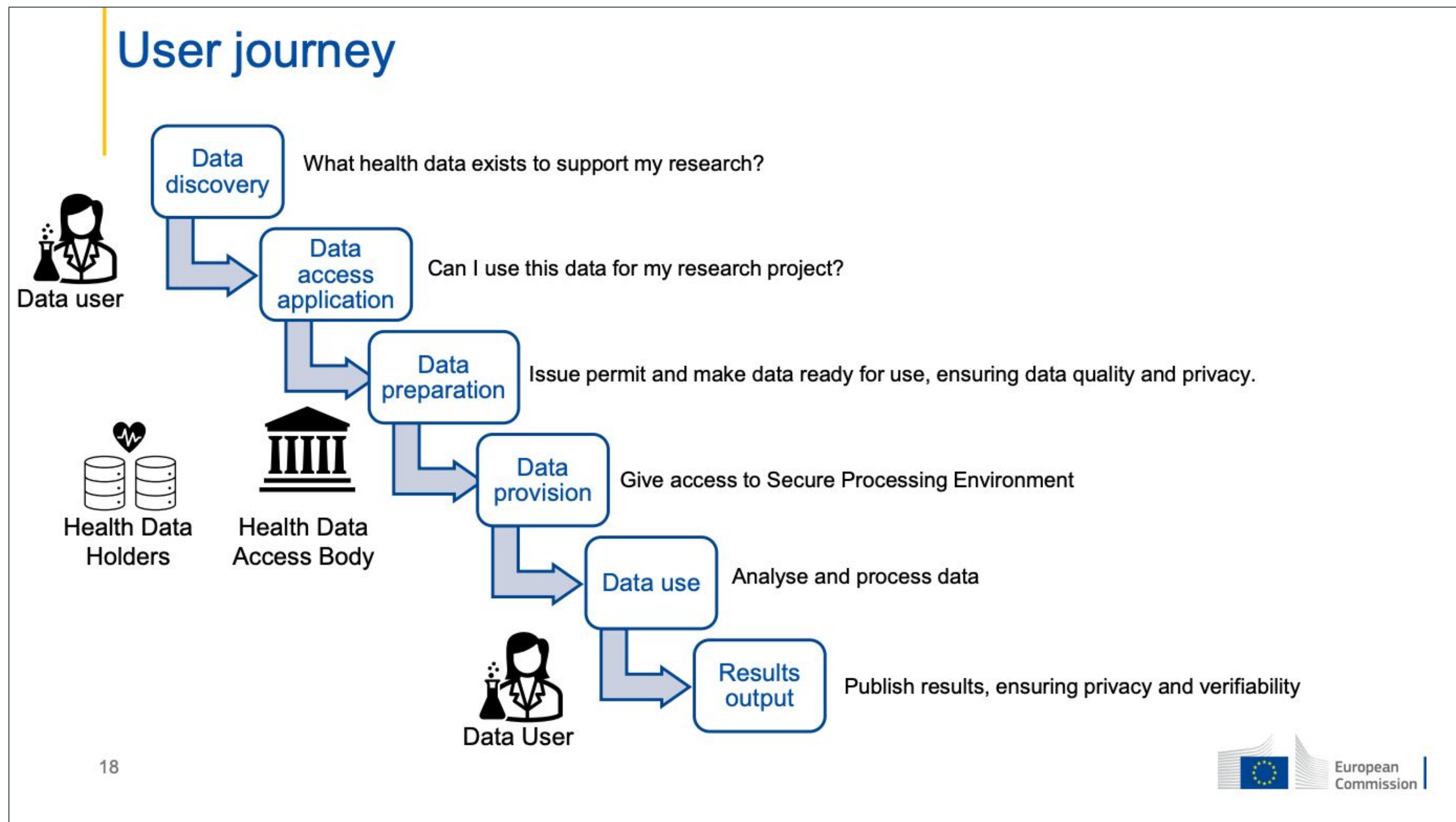
EHDS Laboratory report

[CLINICAL DEMO - link](#)

Chapter IV

Secondary use of health data

Secondary use of health data in the EHDS?



SNOMED CT in Secondary use of health data?

**SNOMED, OHDSI
Finalize Five-Year
Collaboration
Agreement To
Open New
Opportunities For
Research
Communities**



EHDS specifications for secondary use **do not define** a standard for datasets

However, a practice gaining traction in data analytics is adopting the OMOP Common Data Model, which relies on SNOMED CT

Chapter III

EHR *systems* and wellness applications

EHR systems: interoperability becomes a market-access requirement

EHDS creates a regulated EU market for EHR systems

01

Harmonised software components interoperability component + logging component

02

Common specifications

Data structures, coding systems and values, exchange standards, security, identification and data-quality requirements

03

Demonstrable conformity

Technical documentation, European digital testing environment and EU declaration of conformity

04

Market access & transparency

CE marking, information sheet and registration in the EU database

05

Ongoing market surveillance

National authorities can require corrective action, restrict access, or withdraw non-compliant systems



For EHR suppliers: Interoperability becomes a demonstrable and enforceable product obligation.
For Member States: It creates a new regulatory and market-surveillance function.

2 harmonised components for EHR systems

INTEROPERABILITY component

More than supporting an interface

Key Requirements:

- Provide & receive priority health data in European EHR exchange format.
- Expose access interface for stored or intermediated data.
- Granular structured-data entry to support exchange.
- No undue barriers to access, sharing, export, or switching.

Vendor Implication:

Moves from custom integration to a repeatable, testable & documented product capability covering architecture, APIs, and conformance.

LOGGING component

The accountability layer

Access Event Log Must Record:

- Who accessed data (provider or individual).
- Which natural person's data were accessed.
- Which data categories were accessed.
- Date and time of access.
- Origin of the data.

Must support log review, analysis, and differentiated retention periods.

Vendor Implication:

Audit logs cannot be an afterthought; they must support patient transparency, security operations, and market surveillance.

SNOMED CT covers

Core terminology support required
for interoperability component

1

Vendors need
terminology capability,
not merely message
formats.

2

Preserve computable
clinical meaning across
borders.

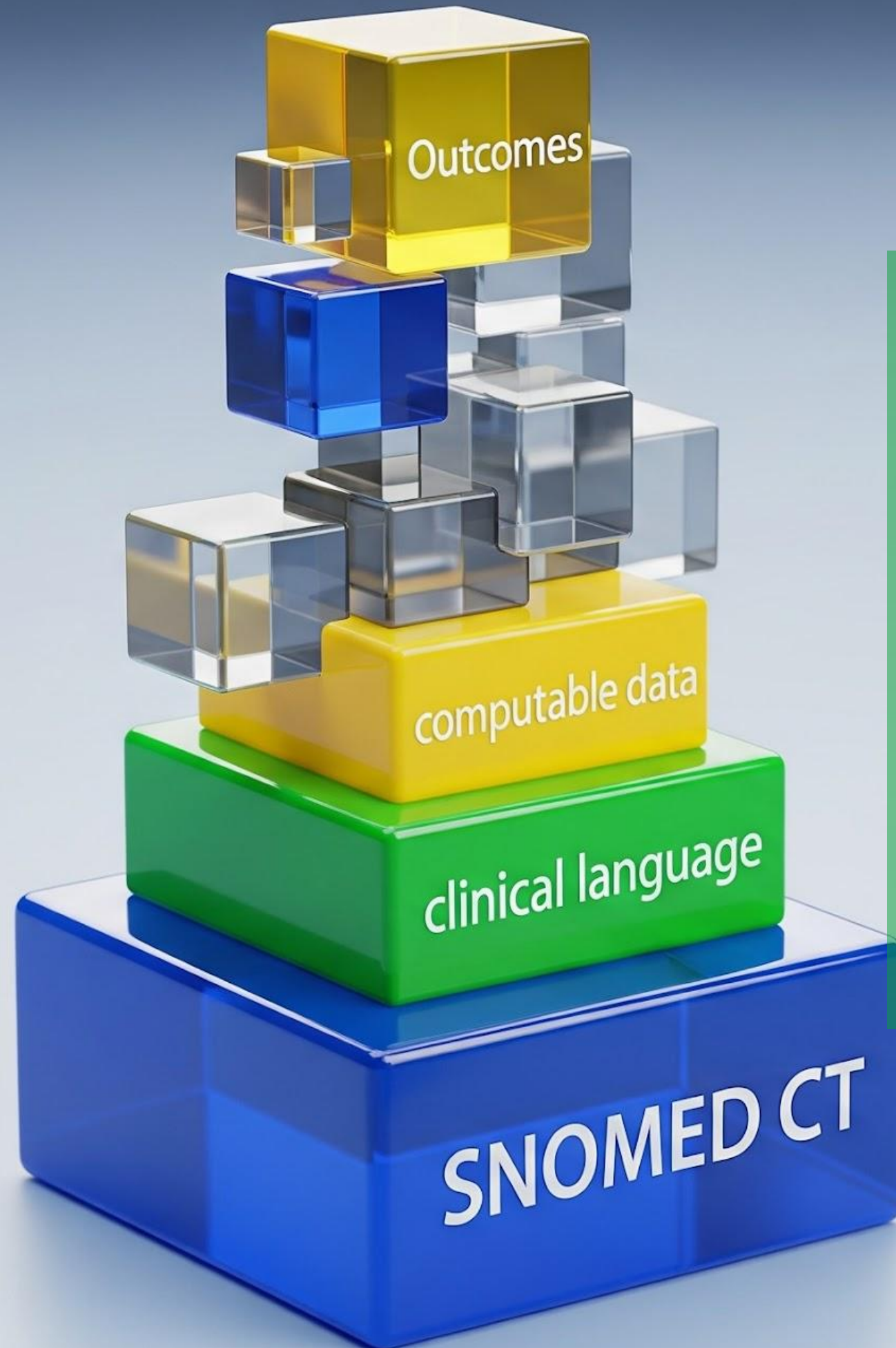
3

Provides a mature
foundation for
semantic consistency.

04

what this means for **Latvia**?

Building national capability



Build Latvia's semantic foundation for national digital health and cross-border data exchange under EHDS

What this means for Latvia: building national capability

01 Set national SNOMED CT governance

IN PROGRESS

- Confirm SPKC's role in national terminology governance, release management and stakeholder coordination.
- Establish a joint implementation mechanism with the Latvian Digital Health Centre, health authorities, professional bodies, vendors and academia.

02 Create a national SNOMED CT implementation roadmap

IN PROGRESS

- Link SNOMED CT priorities to EHDS priority data categories and national digital-health milestones.
- Select a limited number of high-value implementation domains for the first phase.
- Define national policy on use of SNOMED CT, other international standards and necessary national code systems.

03 Establish a national terminology service

IN PROGRESS

- Provide a managed source of SNOMED CT content, national extensions, subsets, mappings and implementation guidance.
- Support version control, distribution to health information systems and a clear process for national content requests.
- Enable vendors to consume terminology content through common technical services.

04 Develop Latvian-language clinical terminology

IN PROGRESS

- Prioritise Latvian descriptions for the clinical content needed for national implementation and EHDS exchange.
- Put clinical validation, linguistic quality assurance and release processes in place.
- Preserve the link between Latvian descriptions, SNOMED CT concept identifiers and equivalent descriptions in other languages.

05 Align and modernise national vocabularies

- Inventory national health vocabularies and code lists.
- Assess each one for continued use, mapping to SNOMED CT or other international standards, consolidation or replacement.
- Publish mapping guidance to avoid fragmented vendor-specific solutions.

06 Build capability among vendors and health professionals

IN PROGRESS

- Start capacity-building programmes for vendors on SNOMED CT-enabled data models, terminology services, mappings and EHDS interoperability requirements.
- Provide role-specific training for health professionals on structured clinical data capture and the practical use of coded data.
- Develop implementation guidance and reusable examples for procurement teams and healthcare providers.

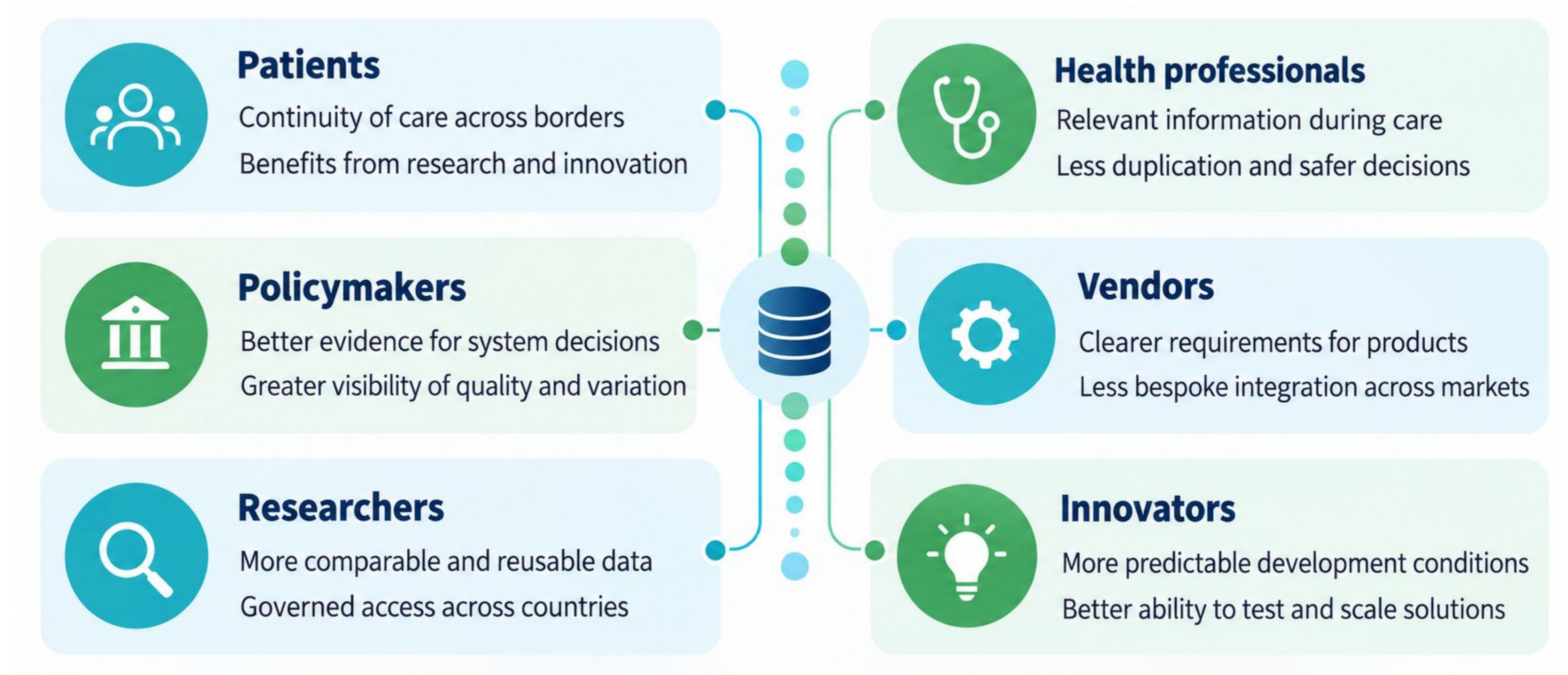
The outcome is
a consistent, future-proof semantic foundation that makes health data more **usable and reusable** across care settings, borders, research and policymaking.

05

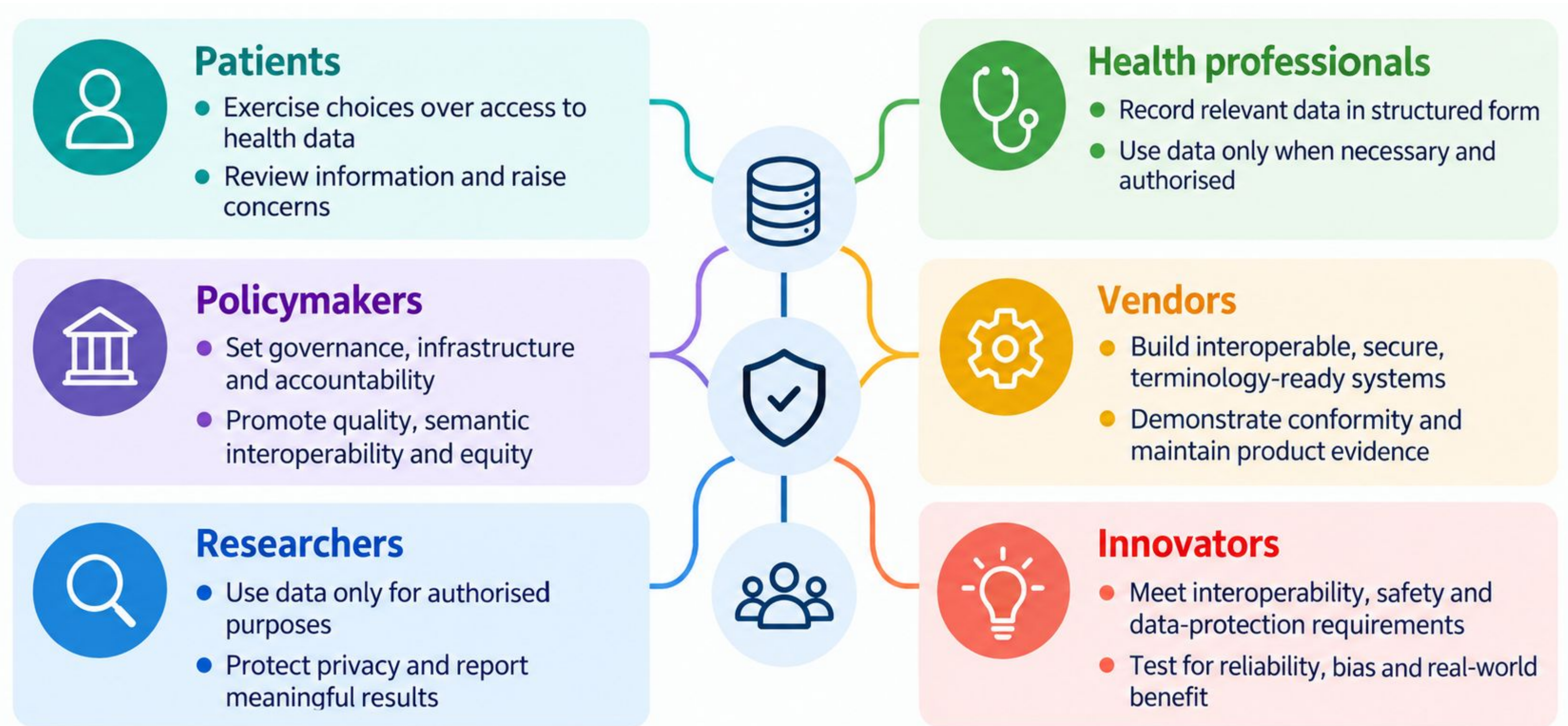
What does the EHDS means for You?

Patients, health professionals, policymakers, vendors, researchers and innovators

BENEFITS - What does the EHDS means for You?



RESPONSIBILITIES - What does the EHDS means for You?



Shared responsibility for trusted, high-quality and interoperable health data.

06

what does the EHDS mean for all of us?

A shared European capability

How do we capture clinical meaning
precisely enough that someone
in another place,
at another time,
can use it safely?



SNOMED CT helps clinical meaning travel safely.
It gives health data a shared, computable language,
so the EHDS can connect care, research and innovation
across Europe

THANK YOU

let's build it together

AFFILIATE LICENSING

SPKC National Release Centre
<https://www.spkc.gov.lv/lv/snomed-international>

WEB

snomed.org

BROWSER

snomedbrowser.org

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