

BIHR

(Belgian Integrated
Health Record)

National programme
for health
interoperability



1. Why now?

A rich ecosystem. But too hard to use.

The problem is no longer the lack of data. It is fragmented access, uneven visibility and too much friction between actors.

1

Patient story

Still carried across settings.

2

Clinical risk

From missing or late information.

3

Coordination burden

Between professionals and organisations.

4

Time lost

To finding, checking, re-sharing.

BIHR responds to one practical question:

How can the right information be available, safely, inside the professional's usual tool, at the moment of care?

2. The BIHR promise

Not a new portal. A new (inter)operating model.

Simple access to the right information, at the right time.

Distributed sources + shared repositories (ex. regional health vaults hosting the Patient Summary CareSets).

1 Connect

Link the different levels of the health system without replacing existing tools.

2 Standardise

Use FHIR, CareSets and SNOMED CT so information means the same thing everywhere.

3 Support care

Give the right information at the right time and free more time for patient interaction.

One message to remember

**BIHR does not centralize data.
It makes distributed information
usable.**

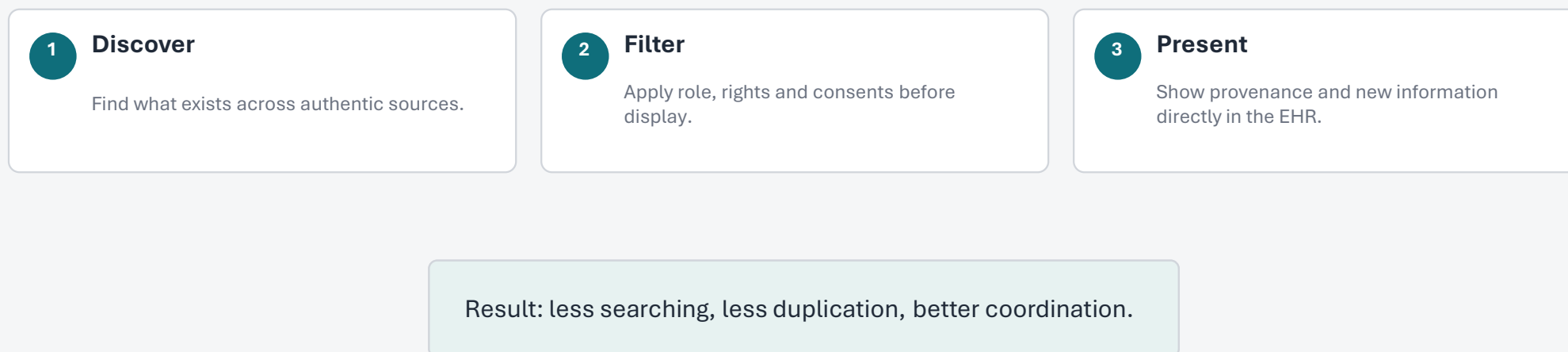
Shared standards guarantee both interoperability and data quality.

3. How it works

What changes for the professional?

The provider uses his usual EHR. BIHR makes available data accessible, structured and secure.

This is how the workflow changes:



4. Read

Reading pathway: “I inform myself”

1 Open the patient record
The EHR connects automatically to BIHR.

2 Identify the care context
Role, access rights and patient consent define what may be consulted.

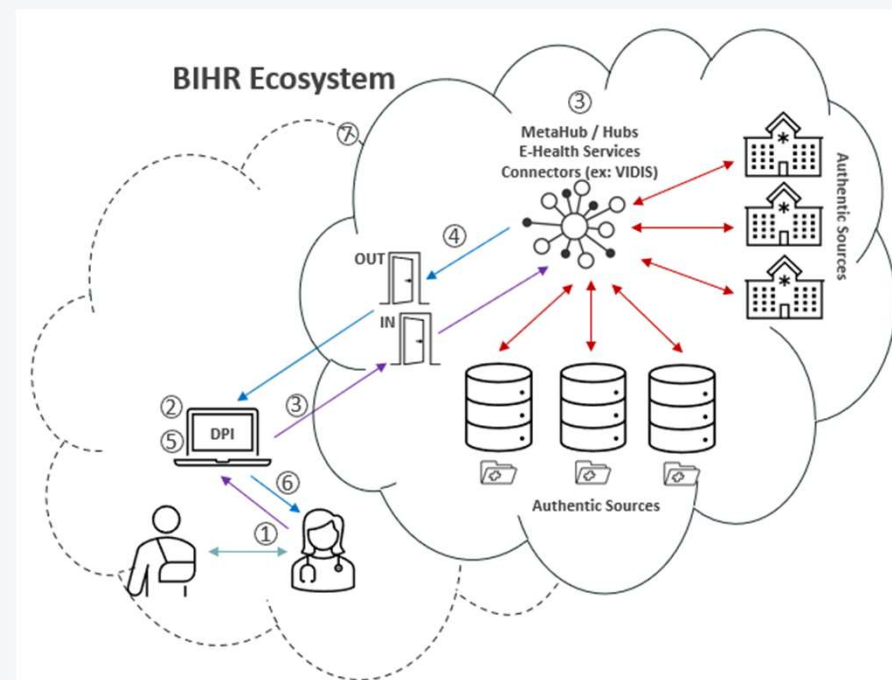
3 Show trusted information
Visible provenance, new items highlighted, integrated into the record.

Key message

Interoperability is not just exchange.

It is discovery + control + context + traceability.

Primary care: Episode of Care structures contacts and continuity.



5. Share

Publication pathway: share what matters

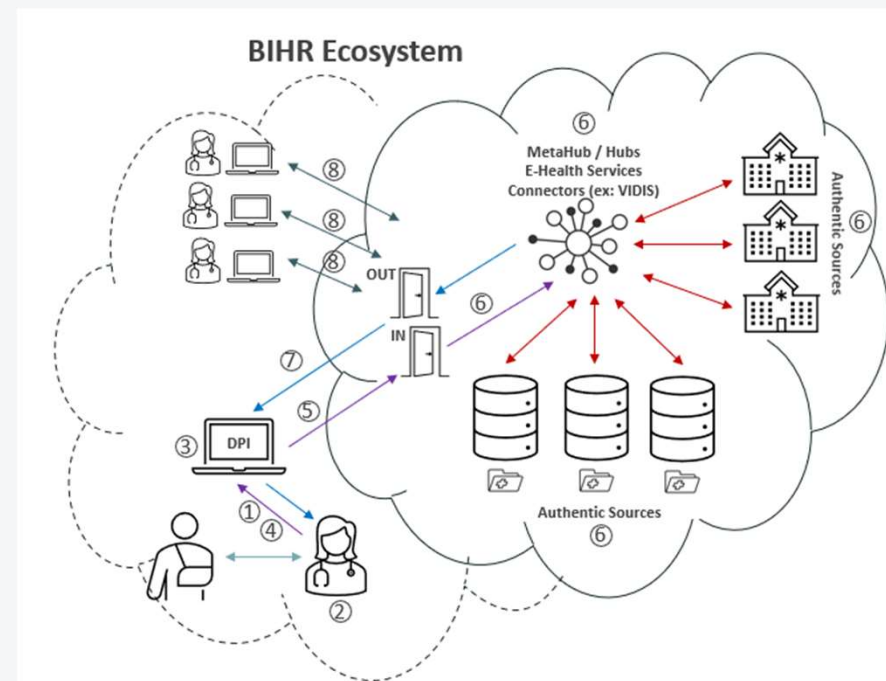
1 Update in the usual EHR
Diagnosis, prescription, observation, vaccination...

2 Encode and validate
FHIR + Patient Summary CareSets (published by RIZIV/INAMI) +
SNOMED CT structure the data; the practitioner signs and remains
clinically accountable.

3 Share automatically
Conformity is checked, a new version is created, and authorised
actors can use it.

Key message

Document once. Reduce shadow workflows. Reduce unmanaged PDF exchange.



6. Trust by design

Why this protects confidentiality better

1

Distributed + shared repositories

Data stays in legitimate sources; BIHR orchestrates access.

2

Controlled access

Professional role, rights and patient consents are applied before display.

3

Visible provenance

Who recorded it, when, and where are always visible.

4

Full traceability

Every consultation is logged to support transparency and security.

Practical consequence

Less copying. Fewer unmanaged PDFs. More reliable sharing inside the care workflow.

BIHR is not “more access”. It is better-governed access.

7. Where are we?

Two kinds of projects — and they play different roles

Operational projects

Deliver direct value to users

- VIDIS
- PSS
- eReferral
- MAGS

These create services people can actually use.

Structuring projects

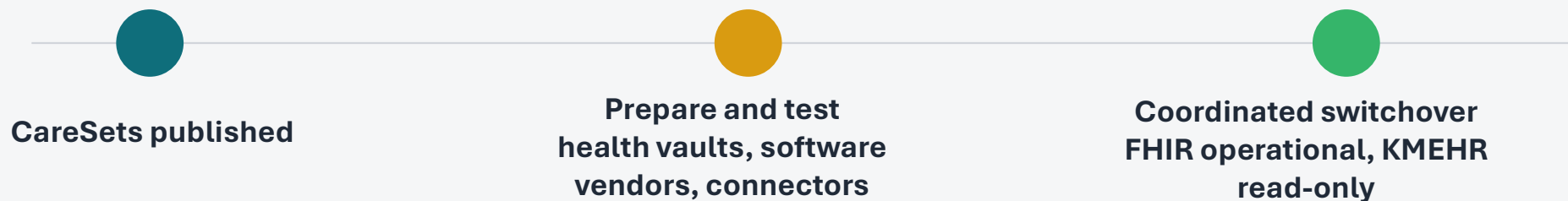
Make the ecosystem coherent and scalable

- Functional architecture
- KMEHR → FHIR transition
- BeSafeShare

These make all local value converge nationally.
Functional architecture deep dive later today (20 min).

A progressive transition, not a cliff edge

Point T = 12 months after the last Patient Summary CareSet publication.



Semantic coherence guaranteed via shared terminologies (*SNOMED CT*) throughout the transition.

9. Roadmap

What success looks like by 2029

2026–2027

Operationalise BIHR

- Implement Patient Summary CareSets
- Integrate into health vaults and EHRs
- Deploy key operational projects
- Use Episode of Care to structure continuity

2028

Scale and consolidate

- FHIR operational flows into production
- Generalise structured exchange in real life
- Fine-tune architecture and processes

Q1 2029

EHDS horizon

- Mature BIHR ecosystem
- Functional interoperability demonstrated
- Belgium credibly positioned in EHDS

10. Closing

Three messages to remember

1

BIHR is a national interoperability programme

Not a single product. Not a central database. A shared operating model.

2

The key value is safer, more usable access

Structured, secure, traceable information at the point of care.

3

The transition is real and already underway

FHIR, CareSets and SNOMED CT make the direction concrete.

This only works if all stakeholders commit.

If the ecosystem gets this right, health data in Belgium becomes easier for clinicians to use, resulting in safer care for patients and ensuring Belgium is fully prepared for EHDS.