

# HIMSS<sup>®</sup> 26

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## HL7 FHIR as the Engine for National Interoperability: The Italian NHS Case Study

HL7 HIMSS BOOTH - March, 10, 2026

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*Scan to follow the presentation*



<https://openssn.marcopingitore.it/ehealth/himss26-las-vegas/hl7-fhir-as-the-engine-for-national-interoperability-the-italian-nhs-case-study/>

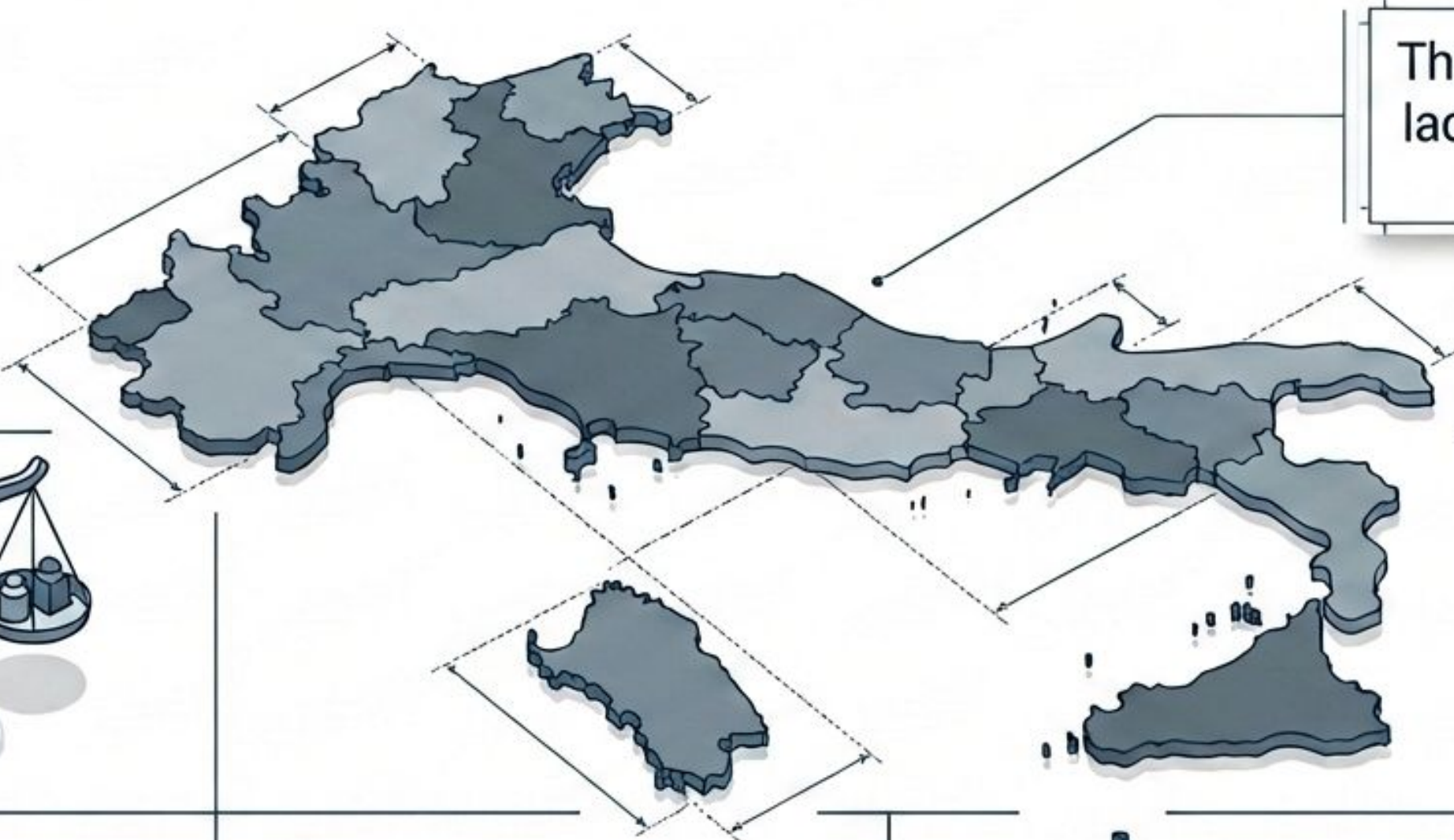
# HL7 FHIR as the Engine for National Interoperability

The Italian NHS Case Study: Moving from Document Silos to a Data Ecosystem.



# 20 Regions, 20 Republics of Data

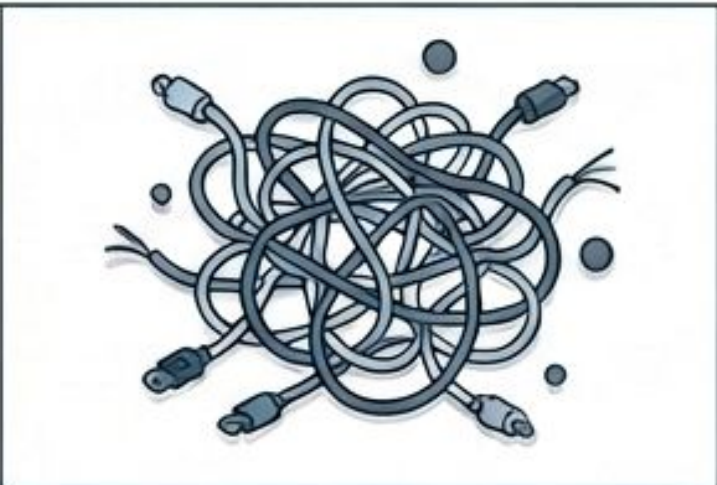
Institutional Modernism meets Architectural Precision.



The system is 'broken' due to a lack of unified governance.  
 — *The Lancet Regional Health – Europe*



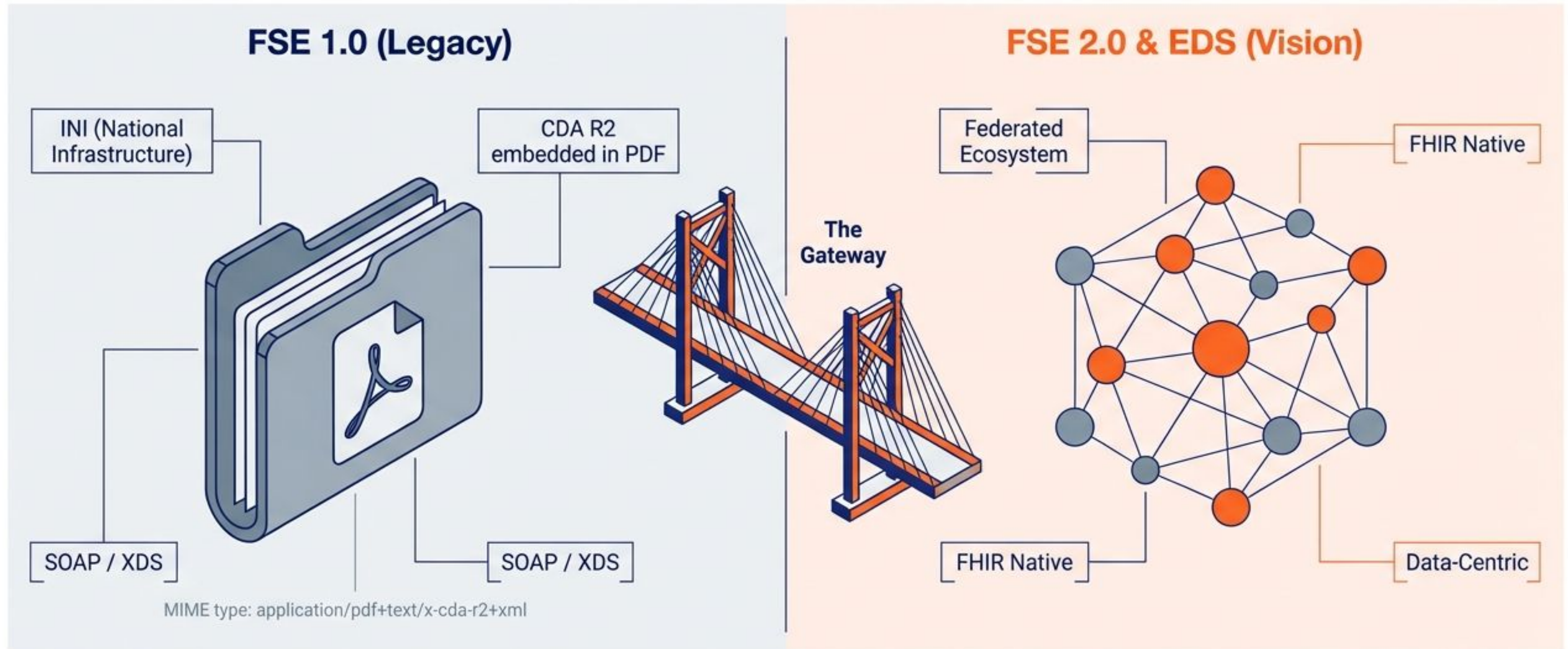
**Inequality**  
 Lack of data flow caused inequality in Essential Levels of Care (LEA).



**Semantic Chaos**  
 Example: Veneto region inherited 26 different local coding systems.

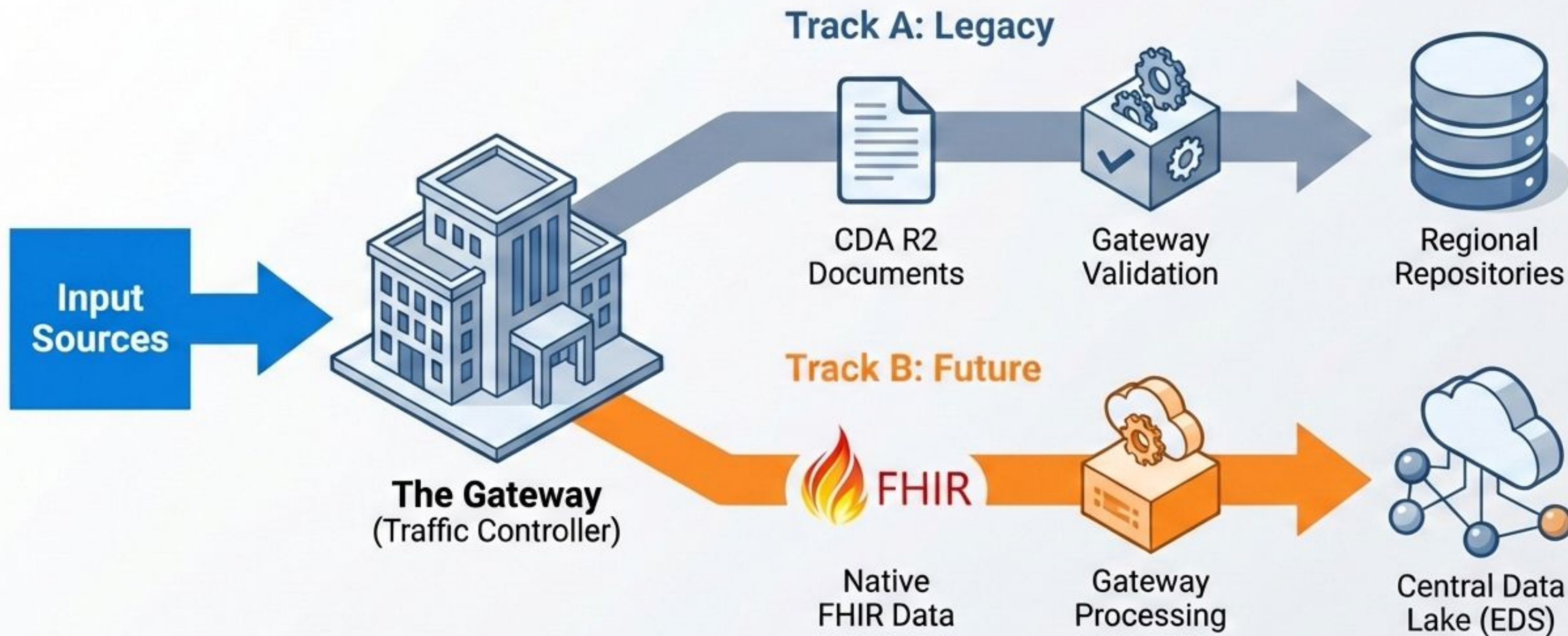
**The Mandate:** The transition is political before it is technological. The goal is equity.

# The Architectural Pivot: From FSE 1.0 to FSE 2.0



Core Concept: Moving from a "Document Repository" to a "Federated Ecosystem."

# The Dual-Track Strategy: Bridging Legacy and Future

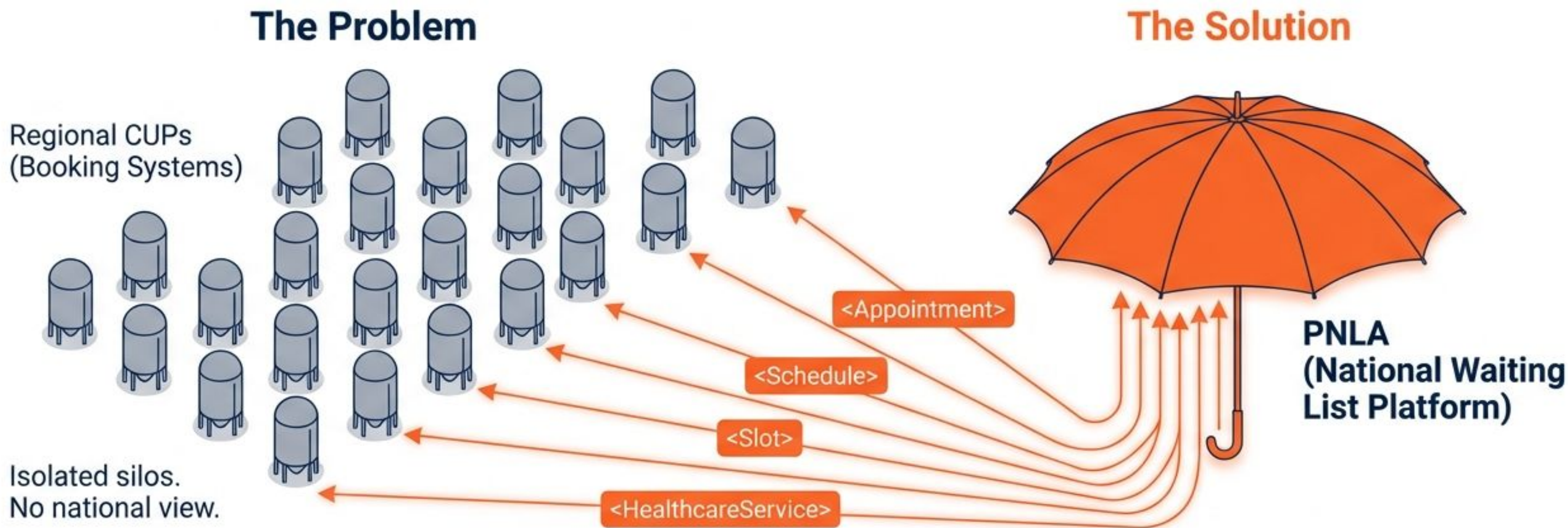


**We do not stop the trains to fix the tracks.** Regions feed CDA2 while the Ecosystem builds the FHIR layer.

**Key Policy: The 5-Day Rule** (Ministerial Decree Dec 2024). All Public & Private providers must feed data within 5 days.

# Solving the #1 Citizen Complaint: Waiting Lists

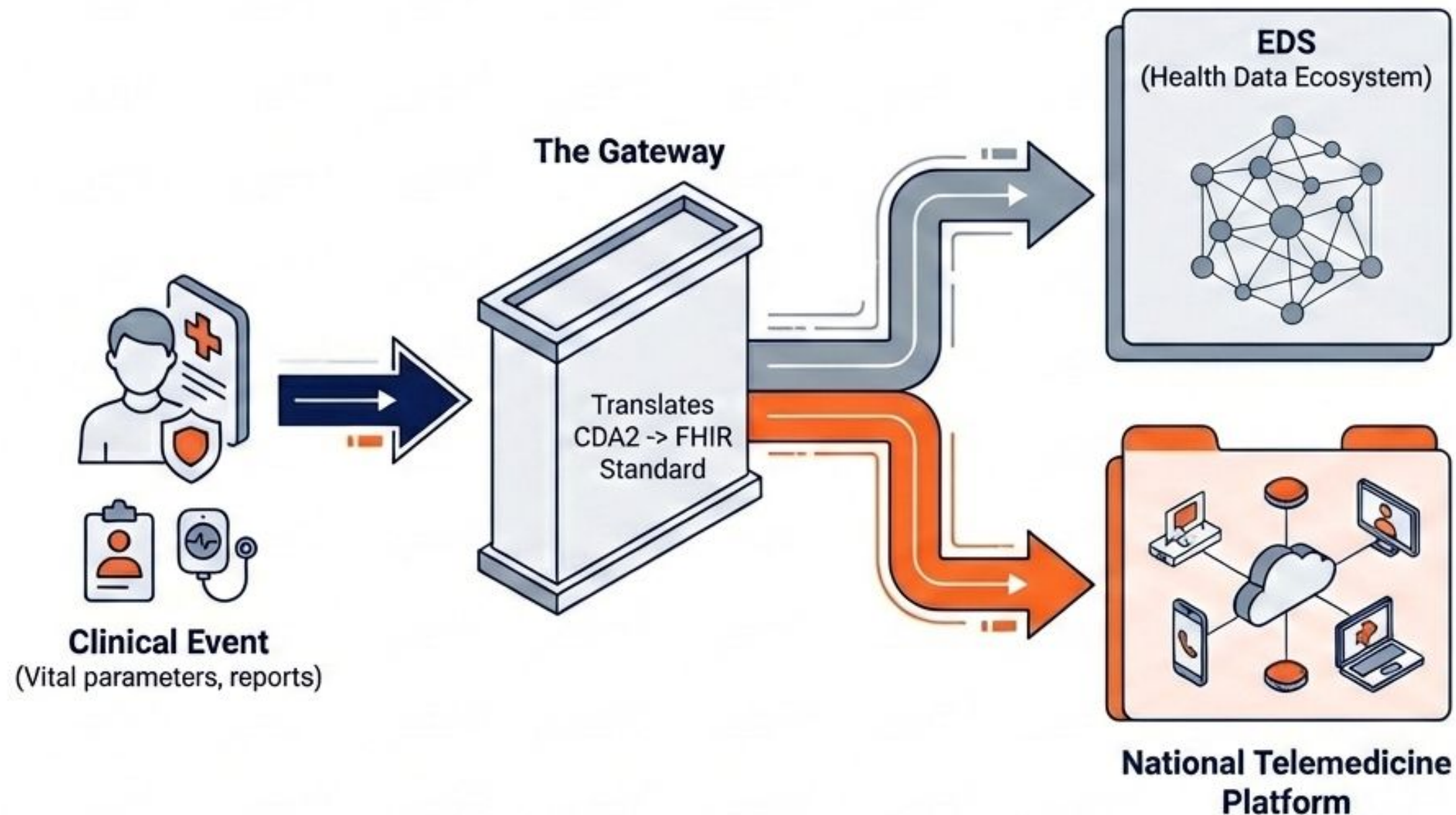
Before and After



Impact: The Ministry can finally see bottlenecks and intervene nationwide.

# Telemedicine: The FHIR Beachhead

Unlike legacy FSE, the National Telemedicine Platform was built on FHIR from Day 1.



**Status: PUBLISHED**  
(FHIR R4 Implementation Guides)

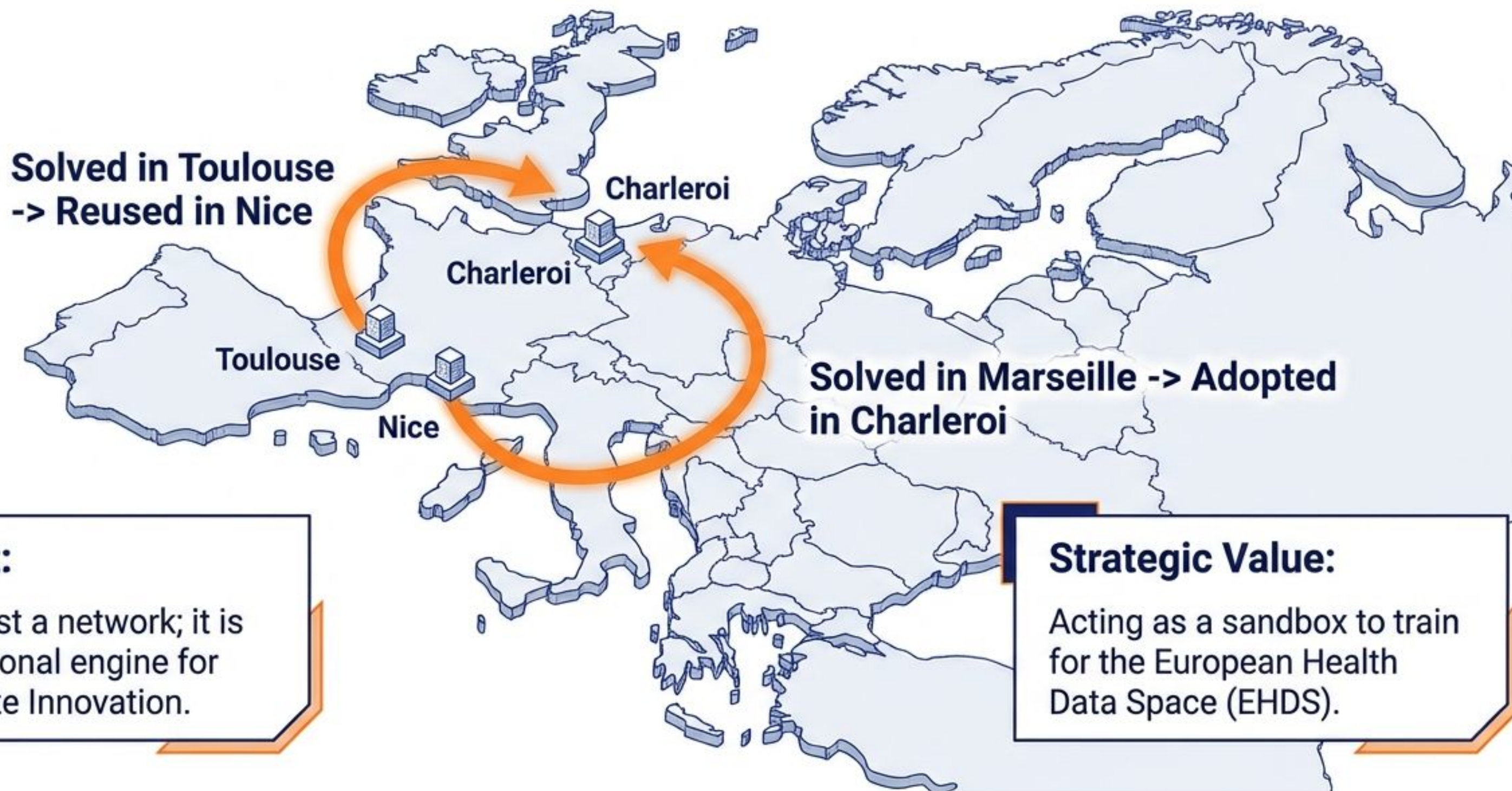
- ✓ Televisita
- ✓ Teleconsulto
- ✓ Teleassistenza
- ✓ Telemonitoraggio

# Beyond Primary Care: The DHEAL-COM Research Model



“Data visits the patient; patient data doesn’t leave the node.”

# The Human Engine: Hospitals on FHIR



## Concept:

It is not just a network; it is an operational engine for Zero-Waste Innovation.

## Strategic Value:

Acting as a sandbox to train for the European Health Data Space (EHDS).

# Reality Check: Privacy & Semantics

## Challenge 1: Emergency Access



The 'Break-the-Glass' procedure requires a validated Patient Summary.

“Privacy is defended by guaranteeing data quality, not by restricting data flow.”

## Challenge 2: Semantic Licensing



**Gap:** No national SNOMED CT license.

**Workaround:** Utilizing the SNOMED Global Patient Set (GPS)—a free subset for cross-border interoperability.

# The Roadmap & The Reality

## THE ROADMAP

March 2025: Phase 1  
(Security & Logging)



Sept 2025: Phase 2  
(Massive Patient Summary)



March 2026: Phase 3  
(Universal Feed - 5-day rule)



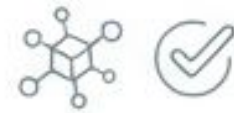
## THE REALITY



# The Direction is Irreversible

## Telemedicine

Native FHIR (Active)



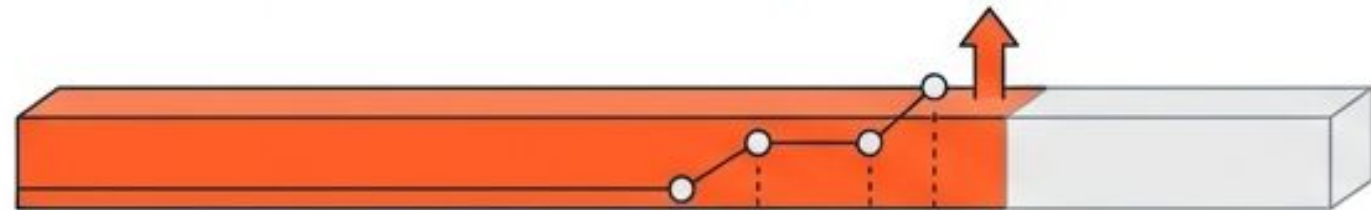
## FSE Documents

CDA R2 + Gateway Bridge (Transitional)



## Waiting Lists

Standardized Admin Data (Evolving)



## Research

FHIR to OMOP Pipeline (Proven)



The EHDS gives us until 2034. The standard is chosen. The investment is unprecedented.



**See you in Calabria!**