A new ELGA Application e-Diagnose – Concept for National Diagnosis and Allergy Registry using SNOMED CT Terminology

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1 Introduction

From January 1, 2026, mandatory outpatient diagnostic coding (AMBCO) is planned, requiring both contracted and private physicians in Austria to report all patient contacts quarterly using ICD-10 to social insurance carriers[1]. This raises concerns about feasibility, data quality, acceptance, and the additional administrative burden of the current approach.
ELGA has been Austria's national electronic health record system since 2015, but it still lacks a structured diagnosis registry[2].

Aim

To establish *e-Diagnose* as a new ELGA application that provides patient-centered documentation of diagnoses and allergies using SNOMED CT terminology. The goal is to reduce administrative burden, improve data quality, and create a solid foundation for the EHDS-compliant Patient Summary[3].

2 Challenges of the planned diagnostic coding

Fig.1 Planned quarterly data flow for outpatient diagnostic coding

Criticism of the Current Coding Concept

The planned ICD-10 based coding system raises major concerns:

- High **administrative burden**, as every patient visit requires new coding.
- Risk of **poor data quality** and limited usefulness of the collected data.
- **Insufficient level of detail** in ICD-10 compared to SNOMED CT terminology.
- **Disproportionate burden** on physicians, especially in the private sector.
- **Data protection** disproportionality under GDPR principles.
- Unrealistic implementation **timeline**.

3 Proposed Alternative Concept – ELGA application e-Diagnose

The proposed **e-Diagnose** application introduces a **patient-centered system** for documenting diagnoses and allergies within the ELGA infrastructure, using **SNOMED CT terminology for semantic precision[4].** Building on proven elements such as the e-card system and the electronic medication process, e-Diagnose allows physicians to retrieve existing diagnoses and document new ones in an automated and efficient way. Access is possible both for physicians with e-card contracts and, via ID Austria, for other healthcare providers. The application directly supports **the creation of the International Patient Summary** and enables secure **secondary use of data for research and policy**, fully aligned with the European Health Data Space (EHDS)[5]. By establishing a national Diagnosis and Allergy Directory, e-Diagnose reduces administrative burden, improves data quality, and ensures that documentation becomes a meaningful tool for both patient care and health system governance.

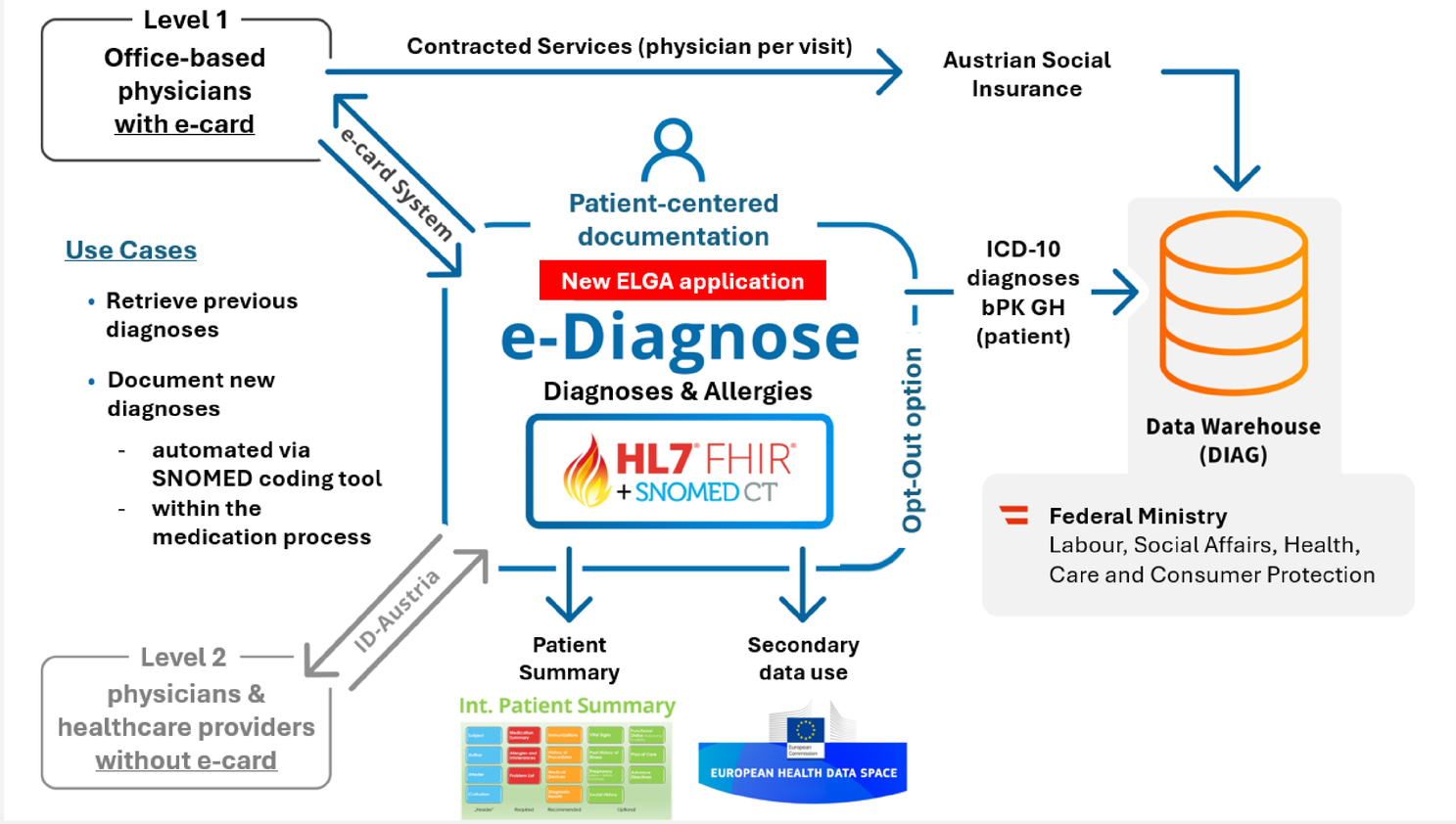

Fig. 2: Concept for ELGA Application e-Diagnose

4 Advantages of e-Diagnose

- **SNOMED CT terminology** for precise medical documentation with easy convertibility into ICD-10
- **New ELGA application** with a specific opt-out option
- **Automated capture and integration into the medication process**, minimizing implementation effort and improving data quality
- **Laboratory data integration** for allergy documentation
- Efficient **creation of the Patient Summary** through automated use of the directory
- **Optimized secondary use of data** for research and health policy
- Extended access for healthcare providers **without mandatory reliance on the e-card system**
- **Long-term, sustainable benefits** with a realistic implementation timeline (two years from project start)

Implementation of e-Diagnose could **improve patient care** in the long term, **reduce the administrative burden** for healthcare providers, and create a solid **foundation for precise medical research and health policy**. The current Article 15a Agreement on the Organization and Financing of the Austrian Healthcare System 2024–2028 already provides an appropriate strategic and political basis for this application.

5 Statements for Debate

- **Why is SNOMED CT more valuable for the patient-centered system for documenting diagnoses and allergies?**
- **How can the concept of the e-Diagnose be leveraged for the implementation of the EHDS, particularly the patient summary?**

6 References

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