



HEALTH INFORMATION SYSTEMS COMMISSION 9

CONCERNS RAISED

- Fragmentation of health information systems – no unified electronic health record
- There are 42 systems and we need to have just 1 system – three tiers of government is a huge stumbling block and there must be decisions taken that can be applied across the country. A single health platform that will be capturing way and data is analysed appropriately
- **Insufficient budget allocation** and lack of prioritization of **eHealth and health information systems**; - Grant possibly?
- e-health concepts not contextualised
- Connectivity is not a competency of health (Including Training)
 - Progress is still plagued by **inadequate connectivity at most of our facilities (particularly primary health care level)**;
 - **High costs of broadband connectivity** and network infrastructure; as well as Cybersecurity issues - Connectivity is NOT the business of health (R25m per annum on connectivity expenditure)
- Poor compliance to the normative standards framework by existing systems in SA
- **A cadre of eHealth specialists/Health Informaticians (both clinical and technical)**;
 - Pre-requisite for NHI a cadre of health informaticians and e-health technicians

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PROPOSALS FROM THE TEAM

INFRASTRURE

- Connectivity and reliable bandwidth at a reasonable cost for the health care system
 - Explode the bandwidth of the health systems network
 - Leapfrogging of the connectivity and health information system e.g. to match countries like Kenya, Rwanda
 - IT Connectivity grant (rationalize with NT and DTSP efforts - SA Connect)
- Improve basic infrastructure (computers, mobile devices, internet connectivity, databases to store data, components of cybersecurity)
 - Ensure all facilities have connectivity to ensure technology is utilized, especially in small hospitals and remote health facilities - do a comprehensive
- Data center that pulls data from different systems and levels of care plus a Health observatory to be created (E-health enterprise architecture standardized)
- Money to follow patients and not suppliers
 - Moving funds from following suppliers to following patients will be built on this and it will be a basis for increasing digitalization to improve productivity and effectiveness
- Hold the service providers to account / governance (SITA,)

STRATEGY AND INVESTMENTS

- NDP, NHI green and white paper; National e-Health strategy demonstrate support for use of technology and health information systems (investments to follow strategy)
- Use of technologies alone will not resolve our problems
 - Change management to be emphasized
 - Optimize and standardize business processes
- Community engagement in the development and use of the system – end users are critical
 - Giving patient access to their data
 - Clinicians/Health Workers involvement in designing the health information system
- Stop Vendor driven system becoming policy (SVS,Rx etc.)
- **Short term**
 - Recognize existing investment that work and not budgeted and driven from the presidency
- Ministerial tasks team to explore long term view
- Investment in the IT infrastructure
- ROI / what are the efficiency gains
- Use existing private sector business platforms to save costs (Banks, Clicks to capture patient data) such as biometric systems

WORKFORCE

- Internal capacity to sustain health information systems
- **Training workforce**
 - Engagement with dept. of Education on training of relevant cadres on HIS
 - Targeted training must be specific
- Create a workforce that are responsive to the health information system
- Defining areas for upskilling of the current health workforce working in the health information space
- Explore ways through which graduate from Universities can be brought on board to help support development of the health information system

INFORMATION ACCESS AND USE

- Explore open access to the public
- Privacy and security measures
- Implementation of Health observatories with analysed data and research outputs that can be put on a public platform
- Monitoring and evaluation (data analytics) – invest on people in this areas who help make data usable and presented well – Health observatories
- Human resources and supply chain systems data to be cleaned up and used
- Leveraging on existing skills across other gov agencies (e.g stats sa field workers/CHW's)
- **Examples of applications that can be used**
 - Have a central database which record and minimises drug interactions and duplications – system used to plan and integrate
 - Patient satisfaction – quick survey to evaluate patient satisfaction

LEADERSHIP AND GOVERNANCE

- Revision of the e-health strategy should go on
- Establishment of a platform for continued dialogue with stakeholders on e-health
- Ministerial advisory committee to continue to promote unified HIS for both the private and public sector

SERVICES AND APPLICATIONS

- Look at systems that are working
- **Monitoring and evaluation** of interventions needs to be institutionalized, i.e. supply of medicines, maintenance of health technology, patient billing, ems, bid management automation
- **Rationalized systems structures** (Health technology is run by software, information management IT). Is ICT support still a function of Programme 1 for example
- **HIS is one of the key pillars of UHC**

KEY TAKE HOME MESSAGES (1)

- Electronic Health Record is a building block of the Health Information system in the era of NHI
 - Shift from aggregated data to patient level clinical information shared by patients and healthcare providers
- Standardization of systems using the normative framework for interoperability
- Health information systems to focus on structural processes, health outcomes and also use of information for evidence based decision making
- Digital access for the population, an opportunity that must not be missed (through the use of health observatories)
- Investments to follow strategy on health information and management information system
- Health to focus on its core business and training and connectivity to be managed by the respective departments
- A Platform for e-health dialogue to be established to continue with the conversation as part of Governance

KEY TAKE HOME MESSAGES (2)

- Digitally enabled health care system to address challenges of the health system
- Patients being the custodian of the health record
- ROI will increase the HDI (growth, health and education) and reduction in litigations
- Unique identifiers using the (HPRN) and National ID as a verifier and Biometry/linking with home-affairs
 - Explore ways through which patients without identification will be addressed
- M&E systems to demonstrate return on investments
- Home level health information access (Patient care portals with point of care devices)