"Unconference" Open Session - Value Based Priorities for Data Exchange

Session Name: "Unconference" Open Session - Value Based Priorities for Data Exchange
OHIE18 Event Page - ohie.org/OHIE18
Time / Room: 12:30 - 1:15 Faru
Presenter: Michael Stelmach
Etherpad Link: https://notes.ohie.org/2018-08-01_Unconference_Faru_1230

Notes:

- What do we hope to get out of this meeting?
    - Understanding the different approaches
        - Some people only really seen the patient care side
        - Some only seen the governmental health side
    - What tools can we use to make this happen and be more valuable?
- What do we mean by value-based HIE?
    - Improve patient care
        - Allergies for example, can be very real-time sensitive
        - BID project example, for immunization
        - Practitioners needs full (relevant) patient information to provide proper care
    - Improve management and administration (this often conflicts with patient care priorities)
        - Outbreaks or programme management (HIV etc.)
        - Needs a much more limited set of data
        - Facilitates resource management
            - Facility registry and healthcare provider registry
    - Portability of service
        - Continuity of care
        - Reduces duplicate data capture
        - Facilitates referrals (community linkage)
        - Reduce false loss-to-follow-up numbers
- How are value-based priorities identified and ranked?
    - Insurance priorities
        - Requires some specialist knowledge/experience
    - Patient benefits
        - Ethical/greater good
    - Economic benefits
        - Administrators want to make money or reduce costs
    - Rollout priorities
        - Very complex system
        - Hard to motivate to organisations, clinicians and patients
        - Tanzania is being rolled out top-down
        - Different organizations will have different views on the priorities
    - Healthcare provider priorities

- Statistics
  - Bed occupancy
  - Death rates
- Are the systems mature enough to interop properly?
  - May need to be earmarked for improvements before the specific use cases can be implemented
- Value-based HIE
  - Tanzania Examples
    - BID Project - immunization management
      - Point to point integration
      - Looking at the demands, projections would quickly get unmanageable, so this was a priority to get resolved
    - Bed Occupancy
    - Death by Disease Case
    - Revenue
    - Services received
    - Notes
      - Many of these were mandated by the minister of health as priorities
      - These are multi-component systems
      - Integration decisions were not based on maturity of the system, they were based on indicators required
        - After decisions, some systems were found to not be very mature
        - Recommendations were then made to improve the systems to move them towards better integration maturity
        - For example, some didn't have any export functionality at all
        - Validation was sometimes very poor
        - All of the above slowed down the process
  - Kenya
    - Some manual processes
    - Provides basic data to make management decisions
    - Does very little to improve patient care