



### **OpenMRS Software Demo**

**Paul Biondich**

Paul Biondich of Regenstrief Institute, Indiana University demonstrated the capacity of the OpenMRS to create new concepts (to be added to the data dictionary) and specify the properties of the said concept. Paul also explained how OpenMRS be integrated if there are already existing information systems. He shared some implementation challenges that he experienced and provided valuable tips on how to avoid or deal with these challenges.

### **Developing Health Information Exchange in the Philippines**

**Jovita Aragona**

Jovita Aragona of the Department of Health (DOH) Philippines presented how Health Information Exchange came to be in the Philippines. Ms. Aragona discussed how the concept of Health Information Exchange (HIE) evolved since the concept was started in 1999 as Field Health Services Information System or FHSIS. She also stated that governance, strategy map, stakeholder's involvement, standards for interoperability, and right architecture are the Key factors for the development of an HIE.

### **How Thailand Implements and Chooses Health Data Standards**

**Boonchai Kijsanayotin**

Boonchai talked about how they focused a lot of their time figuring out which standards to use and how they can best use them. Their basic consideration was the information needs of the users of the system - from the clinicians to the decision makers. Thailand's strategy in choosing, therefore, is to benchmark successful implementation to create an inclusive, flexible system that recognizes various standards that are already available. He said that working with established standards rather than starting

from scratch means working smarter. And from there, get knowledgeable people to work together to make it happen.

### **Open Health Information Exchange (OpenHIE)**

**Shaun Grannis**

Shaun Grannis talked about Open Health Information Exchange (OpenHIE) and its beginnings in Rwanda. It started out with an identified problem - high maternal child death rate - and everything just started to roll out from there. He briefly discussed the six components of OpenHIE: Client Registry, Provider Registry, Facility Registry, Terminology Servers, Shared Health Record, and the Health Interoperability Layer. Grannis stressed that the success of OpenHIE is actually rooted on community and collaboration.

### **Kate Wilson (PATH), Cees Hesp (PharmAccess) and Caren Althausser (PATH)**

Kate Wilson of PATH first presented to their audience a video entitled "How are members of the Information Technology Track collaborating to move towards UHC". Afterwards, the audience moved to another station where Mr. Cees Hesp of PharmAccess discussed about the Open Health Data Dictionary (OpenHDD), and then presented the OpenHDD Malaysia as an example. The last station is where Ms. Caren Althausser discussed about the Software for UHC Dictionary (SW4UHC).

### **DRG for UHC**

**Syed Alijunid (UNU-IIGH)**

Dr. Syed Alijunid of the UNU-IIGH first discussed the determinants in the achievement of UHC, and stated that the main obstacles in its attainment are financing and information system issues. He then proceeded with a discussion about the challenges in the health



financing schemes of developing countries, as well as the importance of a provider payment method in social health insurance. He also discussed about the advantages of the prospective (through capitation) payment method over the retrospective (through fee-for-service) payment method. He then discussed about the Casemix/DRG System, its benefits, and its current uses around the world. Afterwards, he presented the FOSS-based UNU Casemix Grouper that they developed.

### **MALAYSIA**

#### **HIMS in Malaysia**

Md. Khadzir Sheikh Ahmad

The Information Documentation System (IDS) unit in MOH was established in 1980, and the core business function was for the planning and operations of a Health Management Information System (HMIS) for MOH. IDS Unit was responsible for data analysis and annual reports and production of reports for federal and international agencies. As such it played a key role in ensuring relevant and appropriate data collection and reporting. Today, this Unit is called Health Informatics Centre (HIC), to reflect its role in an integrated HIMS and health informatics standards development.

In 2006, the HIMS Blueprint outlined the policies, strategies, organization, and the action plan for the HIMS for the health sector in the country. The blueprint titled "Towards Excellence in Health Information Management" made recommendations of mechanism for national coordination and partnership. It also included the building blocks such as the health informatics standards. Subsequently, MOH set up Health Informatics Council, comprising of multiple stakeholders chaired by the Director General of Health.

Data collected in aggregated form in the eReporting System comprises of data coming from Family Health Program activities, Oral

Health, Blood Bank, Private hospitals and Water Sanitations and Environmental Work and International Entry Point.

The Medical Care Information System collects all information on patients attending services in the MOH hospitals comprising of inpatient, daycare, outpatient, procedure and traditional & complementary medicine services. The system is currently being upgraded to collect granular data and to extend to all hospitals including private hospitals, army hospitals and university hospitals.

The establishment of Health Informatics Centre in 2006 further strengthened the work in HIMS. The direction is to move towards establishment of Malaysian Health Data Warehouse (MyHDW) as a source of reliable and timely health data and information. These require among others the implementation of Health Informatics Standards, interoperability and enterprise architecture in place, migration from manual to electronic data and moving towards granular data.

### **District Health Information System DHIS2**

Knut Staring

DHIS2 provides a wide range of solutions based on HTML5, SMS and Java. Typically, it is used as a health information system for data management and analysis. Data entry forms are created from the defined data elements and calculated indicators specific to the health care facility/organization.

The website ([dhis2.org](http://dhis2.org)) provides a rich information resource such as systems' documentation, a link to online demo site and an "About" page with three access links to the community mailing lists – one for users, software developers and documenters. New feature releases, which usually take place four times a year, are published in the website together with the roadmap of what is



forthcoming in the next versions. The launch for the version 2.30 of DHIS2 is set to commence in October 11.

### Improving Membership Engagement through Call Center Services

Delio Aseron II

With the release of **Special Order No. 1251 series of 2012**, the Philippine Health Insurance Corporation (PhilHealth) - Corporate Action Center (CAC) was tasked to strengthen its role and functions towards effective and efficient management of all queries from stakeholders through various (traditional & virtual) communication channels such as: letters, electronic mails, telephone calls & irate / complaining walk-in clients. CAC is divided into two teams – The Customer Relations Management Team and the Complaints Management and Digital Media Team.

Since the acquisition of a PABX system in 2011, the office is managing about 70,000 calls. The office then put together a monthly report, consolidating all received operational and policy gaps and feedback for appropriate action and as input to policy development. Currently, the customer relations management team is composed 15 call-center agents and a supervisor. In addition, CAC capitalizes on the social media and Over-the-Top (OTT) applications such as "Viber" and "Facetime" in reaching out for their stakeholders.

CAC put forth a four-point recommendation in improving membership engagement which includes: (1) the ability to understand and share the feelings of another, (2) provision of accurate information, (3) creating or controlling a situation by causing something to happen rather than responding to it after and (4) proactively communicate the benefits and coverage of being an active PhilHealth member.

### OpenHIE

Derek Ritz

IHE an acronym for Integrating the Health Care Enterprise is defined as an initiative by healthcare professionals and industry to improve the way computer systems in healthcare share information. It is important to note however, that IHE is not a standards development organization but a **standards profiling** and **conformance testing** organization. In their portfolio are: (1) implementation guides of profiles and (2) a proven, repeatable, standard process for new profile development and testing. The organization started in 1998, by the US radiology professional community, has two arms – the Deployment Committees and Global Development Domains. The former focuses on how profiles are to be used in different countries while the latter concerns the maintenance and development of profiles according to domains of expertise. Membership to the organization is free, including the teleconferences. Members become eligible to vote on an item if have been actively participating in the previous meetings.

All new profiles proposed each year undergo a gated, use-cased based process. It is necessary that the use cases that are articulated answers a specific need. Users or adopters of the profile/s must also be identified in order to be considered by the Domain Committees.