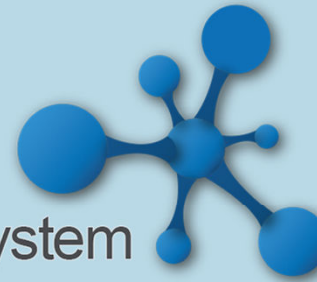


EU-IHIS

Integrated Health Information System



European Union



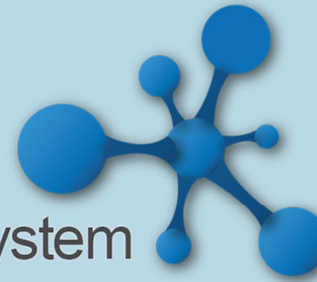
Ministry of Health

EU-IHIS Initial Steering Committee Meeting

Project Office, Belgrade, 3 July 2012

EU-IHIS

Integrated Health Information System



European Union



Ministry of Health

EU-IHIS Project Inception Phase Inception report

Dr. Eng. Branko Marović
Project Manager

1. Recruitment of Project Staff
2. Project Office establishment
3. The review of legislative framework and relevant documents
 - Laws related to the IHIS development and implementation;
 - Reports of related national and international projects.

4. Organization of meetings, communication and consultation with key stakeholders
 - MOH, DEU, NHIF, IPHS, representative of the EuroRec institute, international consultants, representatives of vendor organizations.
5. Obtaining the HIS and EHR software
 - Source code and documentation of the HIS software provided, including changes made during SHP pilot implementation in 4 hospitals.
 - IPH Serbia delivered EHR software and relevant documents on CDs. Reports submitted to EU were received from the DEU.

6. Assessment of 19 hospitals 2012, based on two surveys
 - IPHS October-November 2011.
 - EU-IHIS project, June 2012.
7. Preparation of detailed Work Plan
8. Training plan and software deployment plan
9. Organization of the initial PSC meeting
10. Writing the Inception Report

- Elections and appointment of the government
- The Rulebook on Detailed Contents of Technological and Functional Requirements for Implementation of Integrated Healthcare Information System
 - HIS1 and HIS2 and 8 other software were certified in primary healthcare domain.
 - Certification for secondary healthcare is expected.
- Change of legislative is necessary in order to effectively introduce EHR and enable use of HIS
 - Necessary to have MoH support
 - IPH Serbia has submitted the draft Law on Records in Health Care two years ago

- Strong interest for improvement of public health information
- Clear attitude towards necessary legislative modification and improvement
- EHR project equipment transferred to the NHIF
- Software, documentation and data submitted to the Project
- Important coding systems are published by CIS

- Need to expand the IS to all levels of healthcare and health institutions
- Master record of insured persons
- Publication of codes and classifications is important for NHIF
- EHR servers are placed in the NHIF data center
- Developing infrastructure that will enable creation of digital certificates for patients and health workers
- Important interests in the Project
 - Empowering hospitals in quality data collecting and analysis, reporting and invoicing through introduction of HIS
 - Prerequisite for transition to the DRG (diagnosis related groups)
 - Enabling access to medical data to a larger number of legitimate users reduces unnecessary costs and facilitates abuses detection

- Project will be implemented in 19 hospitals selected by the MoH.
 - 3 clinical – hospital centers
 - 12 general hospitals
 - 4 institutes
- All beneficiary hospitals have infrastructure set up through IPA 2008 Project
 - LAN
 - IT equipment

- EU-IHIS Project will be implemented
 - In 31 locations
 - Approximately 172 buildings
 - More than 4.000 PCs
- All hospitals have operational LAN.
- About 60% hospitals have mutually disconnected LANs.
- One third of hospitals have partially networked PCs.
- All hospitals have IT staff.

- Iteratively...
 - Initially in admission and outpatient facilities
 - According to vertical specialties
 - Introduction of EHR operability
- The Project does not envisage introduction of
 - Additional systems (LIS, RIS, PACS, internal finances and bookkeeping..)
 - Non-standard functionalities
- Hospitals may independently contract additional features.
- Additional possibilities may come through future projects...

- **Management** support and commitment to the HIS introduction
- Involvement of professionals
 - Health workers
 - IT sector
- **Harmonization**, not suspension, **of initiatives** that are underway.
- Commitment to sustainability once the project is finalized.
- Other initiatives and own/additional resources are an **asset**.
- Project does not provide equipment, network, internet, infrastructure or software maintenance.
- **Balance during introduction** in various institutions

- Fully introduced in 4 SHP hospitals, initial maintenance in about 20 SHP-AF hospitals
- Now
 - Adjustment to hospitals' processes and needs
 - Data migration from systems that are being abolished
 - Integration with HIS subsystems that are in use
 - If a hospital wants to keep the existing solution
 - Not to integrate HIS with other subsystems: laboratory, PACS, RIS...
 - Only standardized EHR interface
 - Important aspect is the improvement of access security with access to EHR data from other hospitals
 - Sustainability after the Project's end

- Sustainability, patient identity management, content
- Old system was never in real use
 - In the meantime new resources are developed: MEOP, CIS...
 - Standardization in the field of EHR data exchange in Europe – epSOS project
 - Ability to temporally monitor data and its sources
 - Develop monitoring scenarios for specific conditions that will demonstrate EHR benefits: diabetes, heart attack, stroke...
- EHR Minimal Data Set from the previous project
- Define clear interfaces for integration
- Usage of existing classifications, registers and classifications

- MS SQL licence from the IPA 2008 HIS in MoH
- There are licenses for obsolete products for EHR, their annual maintenance expired in May 2008
- Now it would be approximately 300.000 €/USD
 - Use only necessary components
 - Purchase only when they enter into production
 - Ask for discount, previously purchased licenses have never been really used
 - Include into the budget of the organization responsible for the EHR

- Elections, governmental support, general stability
- Relationships and cooperation of main participants
- Cooperation of hospitals and users – technical committee?
- Equipment and infrastructure – properly align procurement, phases and locations
- HIS and EHR documentation
 - EHR team is no longer available
 - HIS software updated on monthly bases – close coordination required
- Preconditions for training – must be performed mainly in hospitals, on present equipment, in alignment with availability of health professionals
- New: Fragmentation of HIS platforms and work due to many diverse and specific requirements

- Initially specified
 - Patient identification
 - Institution identification
 - Health information meaning and data exchange
 - Sharing and using data in accordance with participant's roles and privacy
- New
 - The legal framework consistent with the use of EHR and allowing data exchange and collection
 - Accidental security and data disclosure incidents may jeopardize the project
 - Inadequate stewardship over various registries, classifier and coding systems
 - Funding source for EHR connectivity
 - Need for a large-scale identity management infrastructure

- Delayed start of the Project Inception Phase
- Need for consultations and assistance in the legal field
- Earlier introduction of HIS into hospitals
- Adaptations for the existing solutions and data in hospitals, but within clear constraints
- Probable EHR re-implementation

Expected results

- Significant improvement of previously developed HIS and EHR solutions, their development, integration and adaptation in order to achieve integrated healthcare IS.
- Installation and use of IHIS in 19 hospitals.
- IT staff trained for administration and support in 19 hospitals.
- Trained user (doctors, nurses, pharmacists, hospital administration and support staff) in 19 hospitals.
- EHR connection to the HIS already introduced in over 20 hospitals and ability of connection with other systems.
- Support to the MoH to strengthen capacities and set up appropriate institutional framework for operation and development of health informatics.