



PHILIPPINE eHEALTH STRATEGIC FRAMEWORK AND PLAN

EHEALTH TIMELINE

- 1990 – Philippine Medical Informatics Society was formed
- 1998 - Rizal Provincial Hospital via HOMIS (Hospital Operations and Information Management System)
- 2004 – UP Manila formalized the creation of the Master of Science in Health Informatics Programme



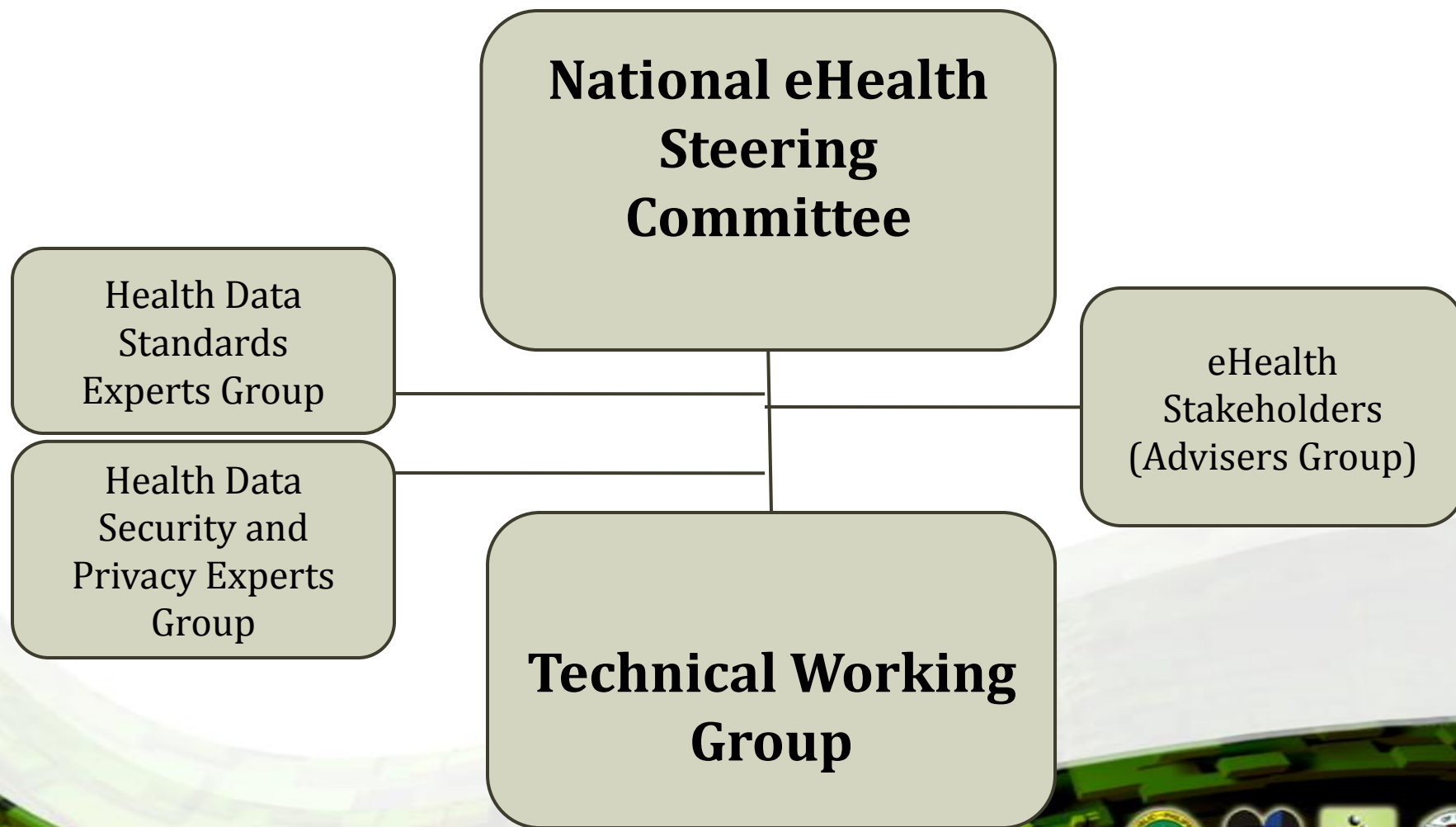
EHEALTH TIMELINE

- October 2010 - introduction of the National eHealth Strategy by the Department of Health
- November 2010 – creation of the National ICT for Health (ICT4H) Technical Working Group
- 2011 – Sec. Enrique T. Ona delivered “The Aquino Health Agenda: Achieving Universal Health Care for all Filipinos”
- 2013: DOH-DOST signed the joint creation of National eHealth Governance Committee and Technical Working Group.





DOH-PhilHealth-DOST



National Health System Goals



**Provide financial
risk protection**

**Achieve the public
health MDGs**

**Secure access to
quality care at
facilities**

**INTERVENTIONS OF
CARE**

**Primary
Prevention and
Health Promotion**

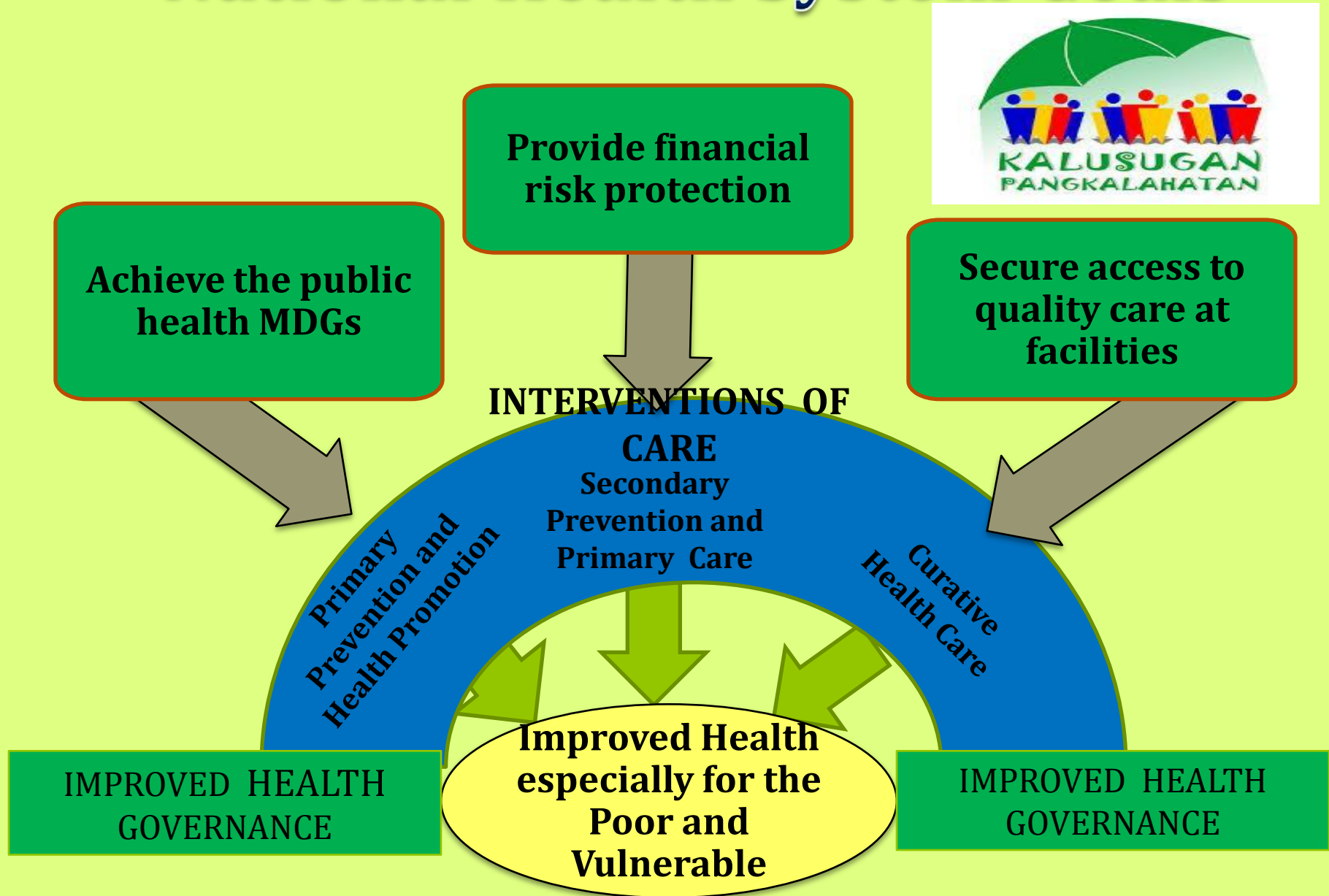
**Secondary
Prevention and
Primary Care**

**Curative
Health Care**

**IMPROVED HEALTH
GOVERNANCE**

**Improved Health
especially for the
Poor and
Vulnerable**

**IMPROVED HEALTH
GOVERNANCE**



Current Situation

Data/health information comes from disparate systems and locations. Problems are:

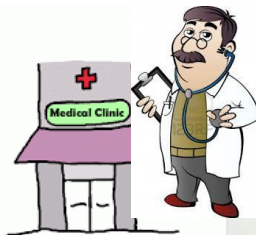
- Different Data Formats
- Lack Data Harmonization
- Data Quality Problems in terms of reliability, timeliness, accuracy, and completeness



Patient



Health Facility 1



Health Facility 2

New Patient

- Recording of Patient's Master/Demographic Data
- Recording of Past Medical Histories
- Taking of Vital Signs
- Doctor's Orders
- Observations, Assessment
- Findings / Diagnosis



Recording of Patient's Master/Demographic Data and Recording of Past Medical Histories are repeated.





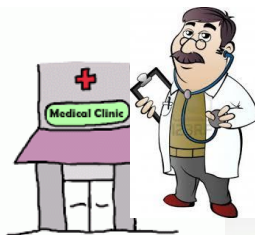
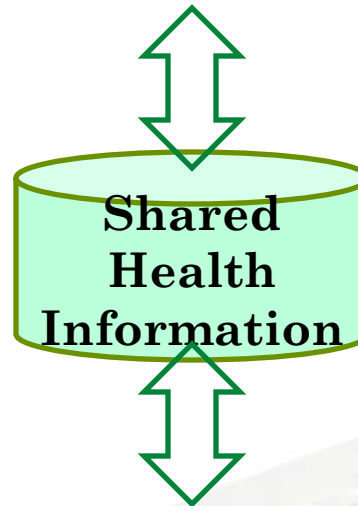
Health Facility 1

New Patient

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Patient



Health Facility 2

- Retrieve Patient's Master/Demographic Data, Past Medical Histories ... under a secured setup and environment

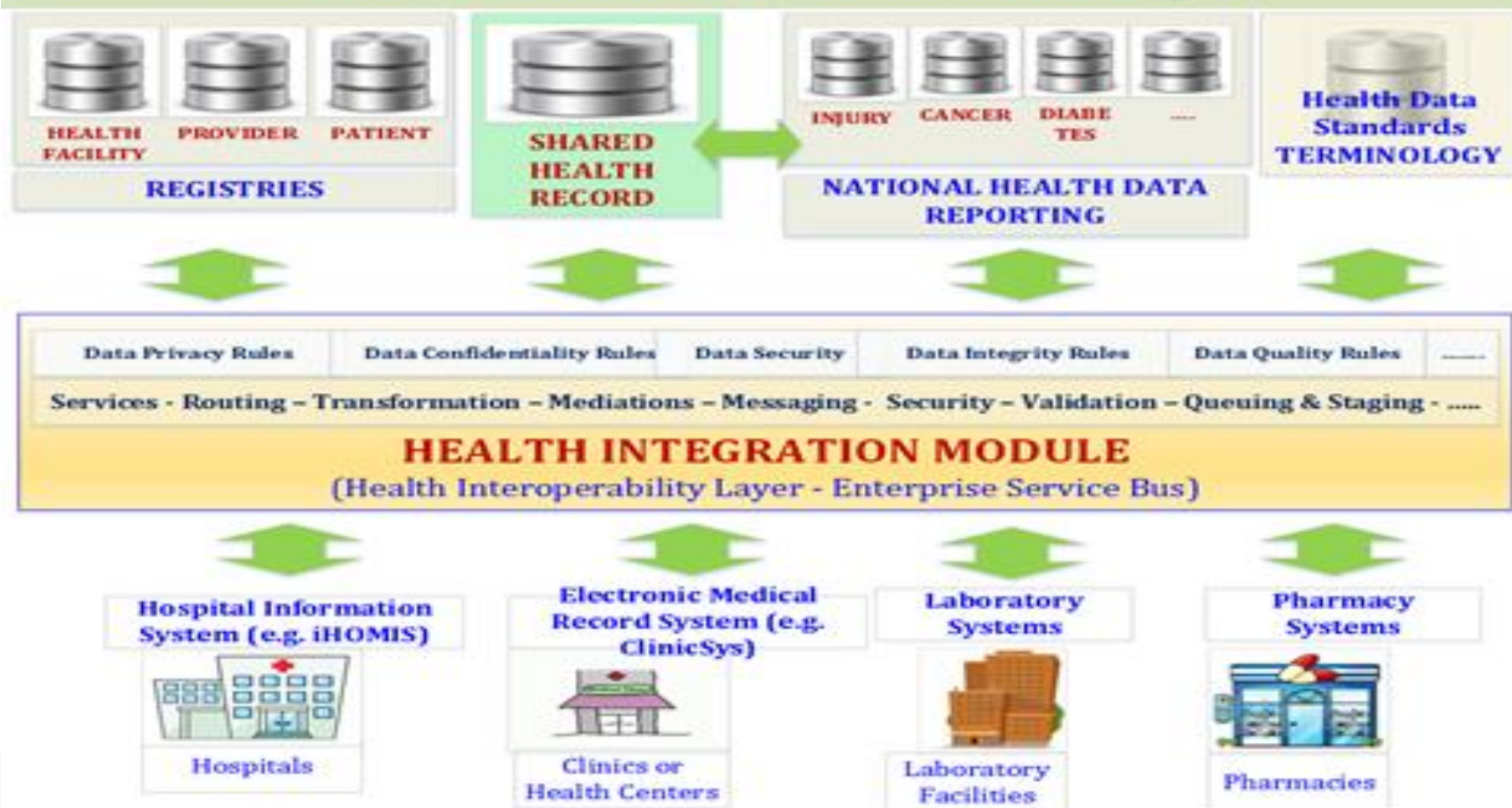


- **Infrastructure for data sharing between health care providers and support access to the patient's record across providers in many geographic areas of the country.**
- **Provides a single unified view of the patient's data or record across and between health facilities whether a hospital or clinic through an interface that is accessible anywhere and anytime.**





Health Information Exchange



Joint DOH-PHIC-DOST Common Government Platform Guiding Principles

○ Conceptual Principles

- **Data Reliability:** Health data standards for sharing to and within the Health Data Warehouse should be updated, accurate, and not obsolete. This, in turn, provides the national government an accurate figure of epidemiological trends and patterns of disease burdens, from which appropriate programs and responsive interventions can be developed.
- **Completeness of Data:** Health data standards should be complete, and encompass all data elements/sets as agreed upon by the concerned agencies. Similarly, this provides the national government a vantage point of emerging statistical trends and distribution patterns of diseases, from which responsive interventions and appropriate policies can be made to address such public health concerns.
- **Standardization of Data:** Health data standards for sharing should be well defined, and harmonized, in accordance with the recommendations from and consultations with concerned stakeholders to ensure interoperability of information systems to PHIE.
- **Data Accountability:** Pertains to governance, ownership and stewardship of data apropos of data security, privacy, and confidentiality agreements.
- **Data for sharing** should cover all minimum pieces of geographic and demographic information as defined and agreed upon.



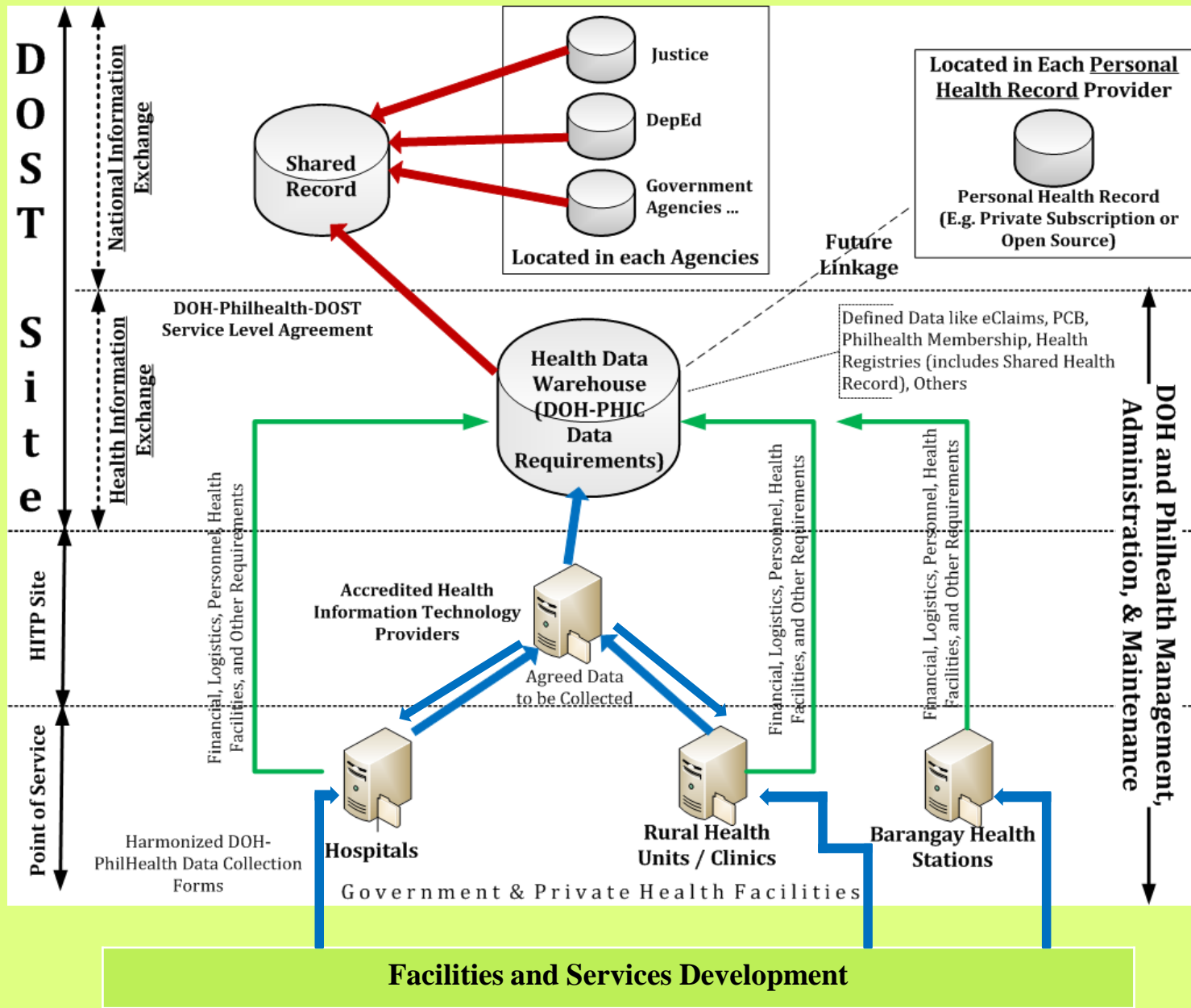
Joint DOH-PHIC-DOST Common Government Philippines Platform Guiding Principles

● **Operational Principles:** Implementing operations for sharing of health data standards should /should be:

- Sensitive to the one-one counting principle (client centeredness) to eliminate double counting, and ensure unique client identification and single client count accuracy across all concerned agencies.
- Well standardized and harmonized in accordance with the operational needs of the implementing agencies apropos of the PHIE implementation to prevent double collection amongst concerned agencies.
- Encompass uniform interagency data collection mechanisms, relative to the collecting agency's circumstances and conditions, to counter underreporting of cases.
- Incorporate auditability functionalities to ensure data protection and operational transparency.
- Sensitive and encompass the contextual and environmental qualities of the health data standards for sharing.
- Cover timeliness and efficiency of data sharing, as well as the standardized time motion/data flow, and data life cycle as agreed upon by the concerned agencies. This includes the time frame for data reporting, monitoring, and evaluation to ensure real-time analysis and interventions.



DOH-PHIC-DOST Common Government Platform



WAYFORWARD

- Research
- Intensive trainings
- Harmonization workshops
- Capability-building activities



THANK YOU

