INSTITUTIONALIZING USE OF ICT FOR BETTER HEALTHCARE

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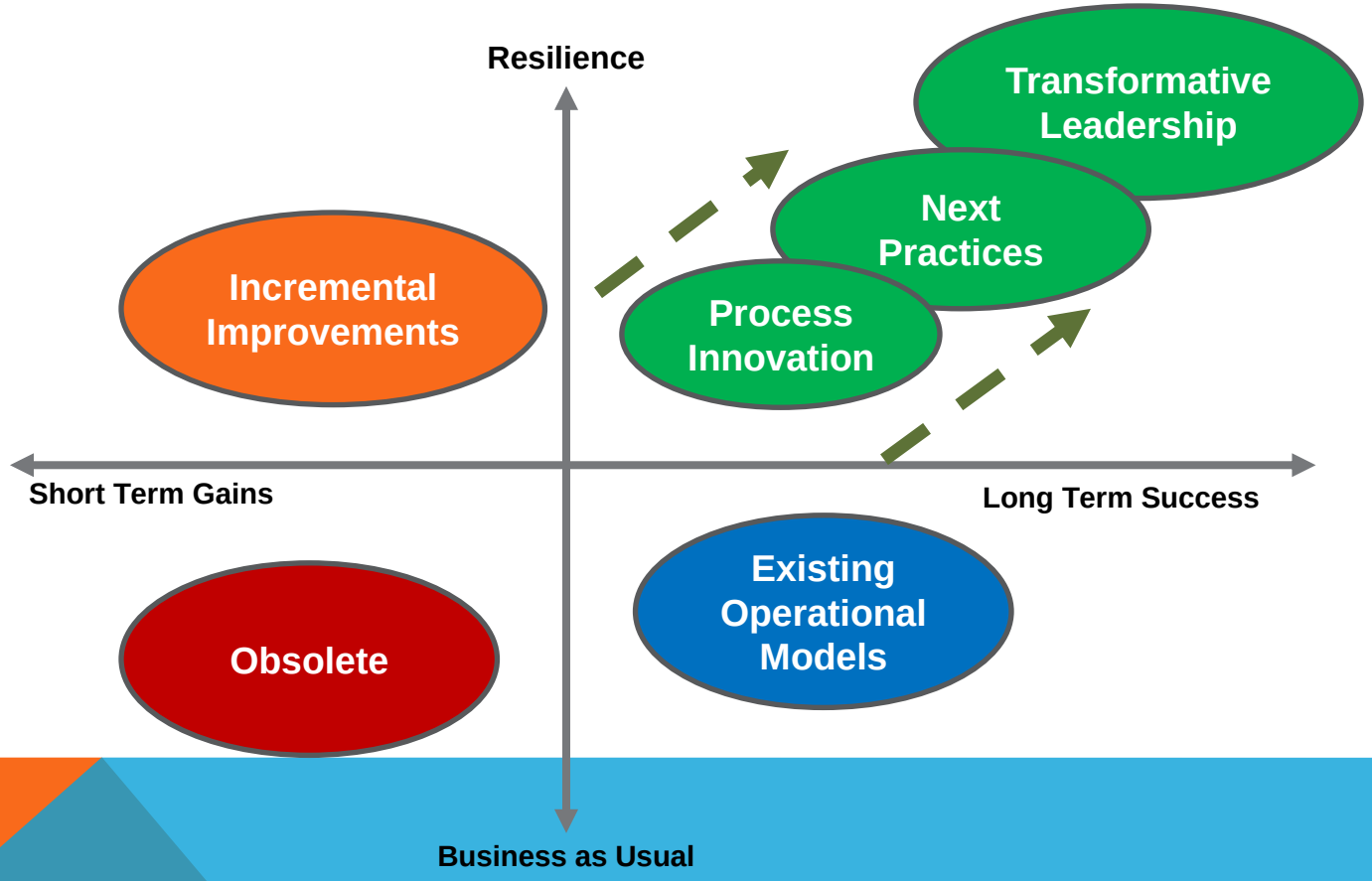
2010-2020 DECLARED AS DECADE OF INNOVATION

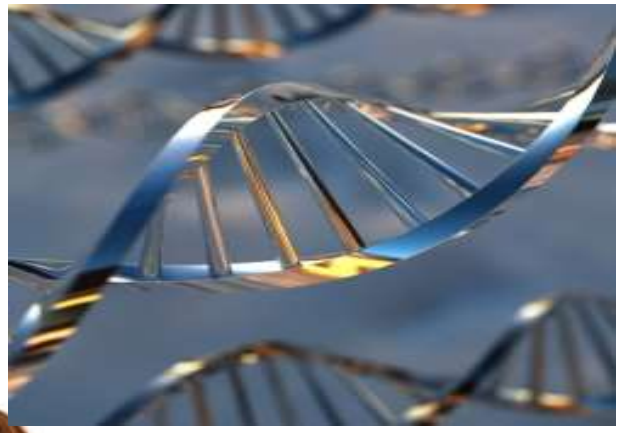
- India has been very ingenious in finding workarounds but we have lost it along the way to modernization
- Organizations not designed ‘ground up’ for innovation will not be creative. Innovation can be extraordinarily disruptive.
- Culture of innovation has to be nurtured in the country.
- Must work with all stakeholders to select and deploy innovative improvements that measurably improve service quality and provides truly ‘out of the box’ thinking to the country.

INNOVATION IS A CULTURE NOT A STRATEGY

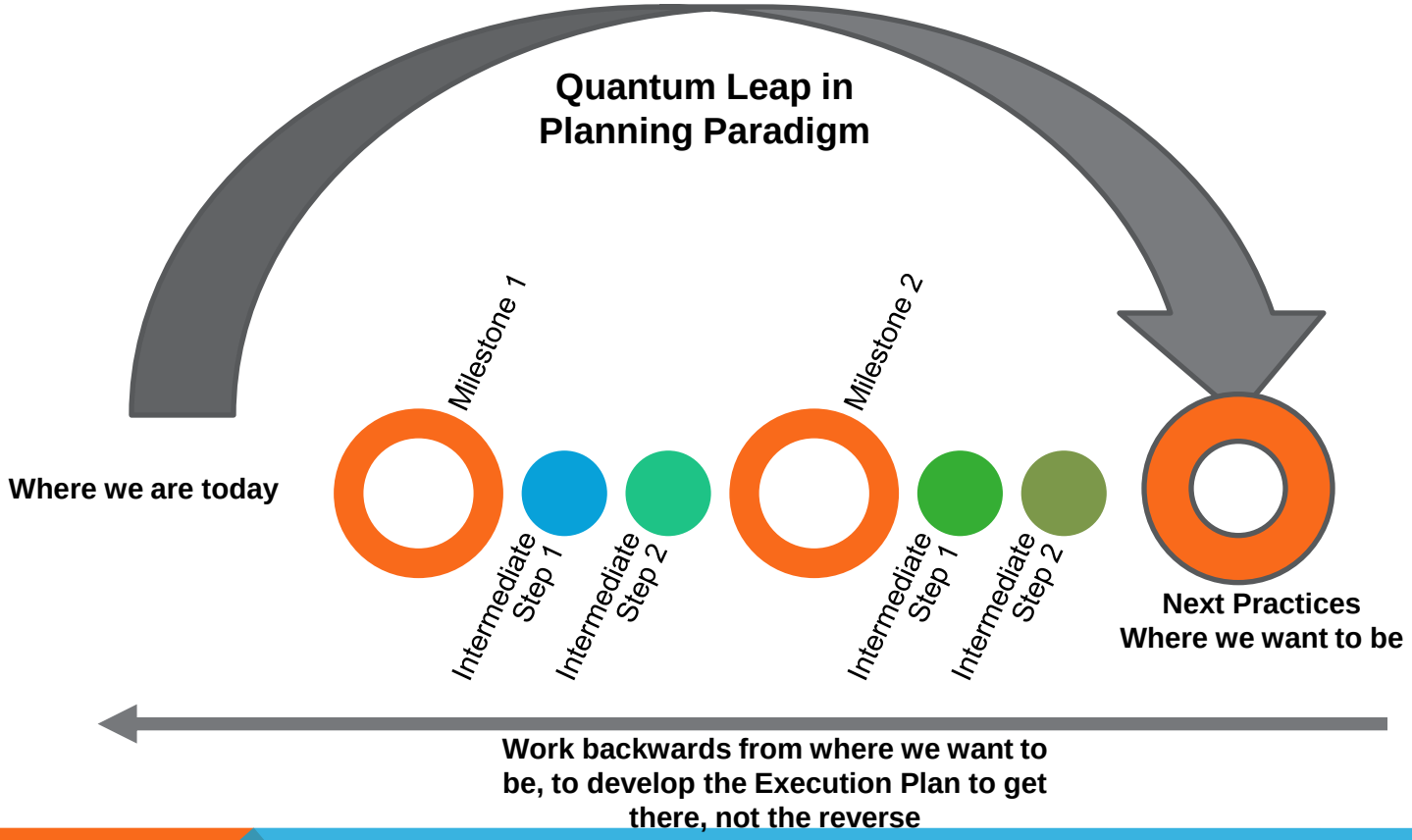
NATIONAL INNOVATION COUNCIL [NINC] CREATED TO PROMOTE INNOVATION IN THE COUNTRY



ICT SUBGROUP OF HEALTH SECTOR INNOVATION COUNCIL IS PART OF NINC



NEXT PRACTICES - INNOVATION



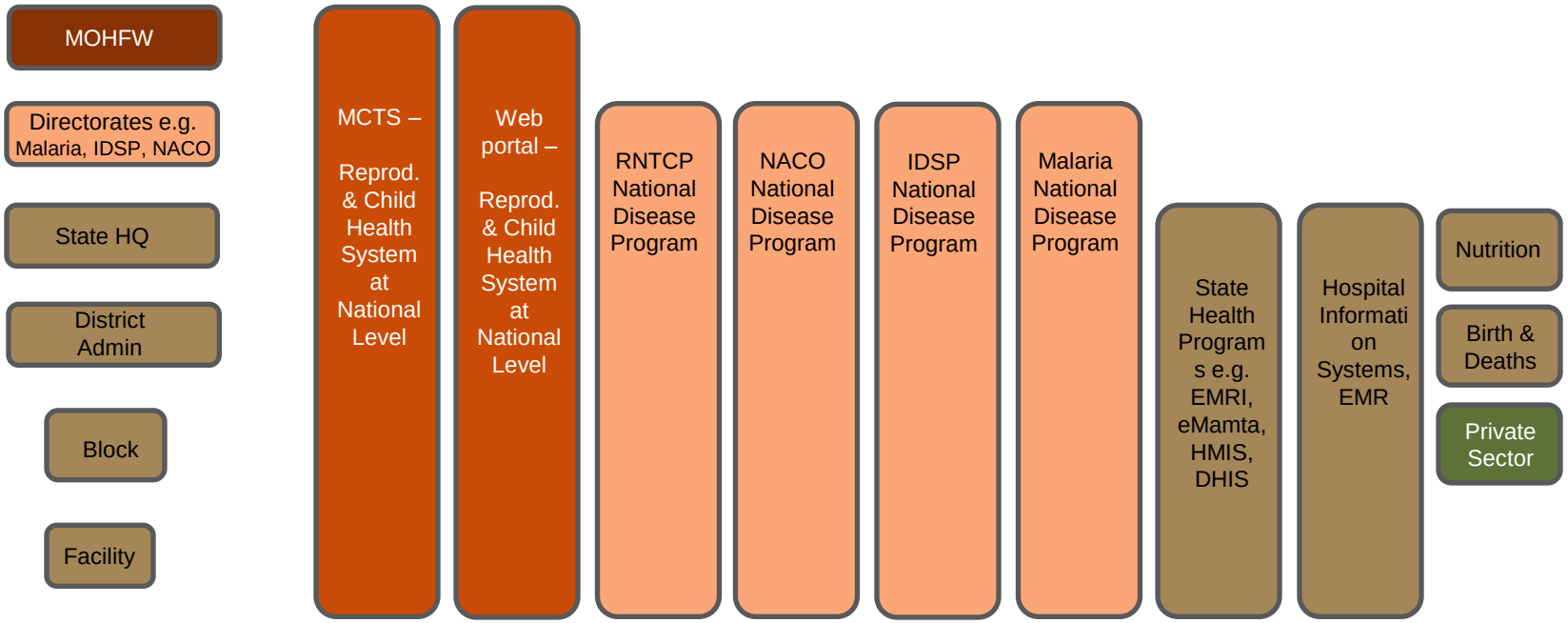
CURRENT INNOVATION IN HEALTH ICT

- **Process:**
- Consultation with program officers
- Review of the literature on Public Health ICT
- Study of innovations in Health care ICT
  - Functional Specifications of Public Health IT Systems
  - Study of IT systems for Tele-medicine
  - Study of Hospital Information Systems

- **Mandate:**
- To document various ICT innovations in healthcare
- To identify drivers of innovation
- To understand failures & successes and reasons associated
- Prepare & promote sustainable 'eco system' for ICT innovations in healthcare

Systems Studied	
NRHM-RCH	**National Program Specific innovations**
National HMIS Web Portal	NACO- Strategic Information Management System
DHIS 2.0	Integrated Disease Surveillance Project (IDSP)
MCTS- Tracking System	National Malaria Control Program -NAMMIS
State Specific innovations	**Other Innovations**
Gujarat- eMAMTA,	Tripura Tele-ophthalmology application
Tamil Nadu- State HMIS (TCS)	Kerala Tele-oncology application
Andhra Pradesh – Historical HMIS Development	

ALL PUBLIC HEALTH IT SYSTEMS ARE IN SILOS



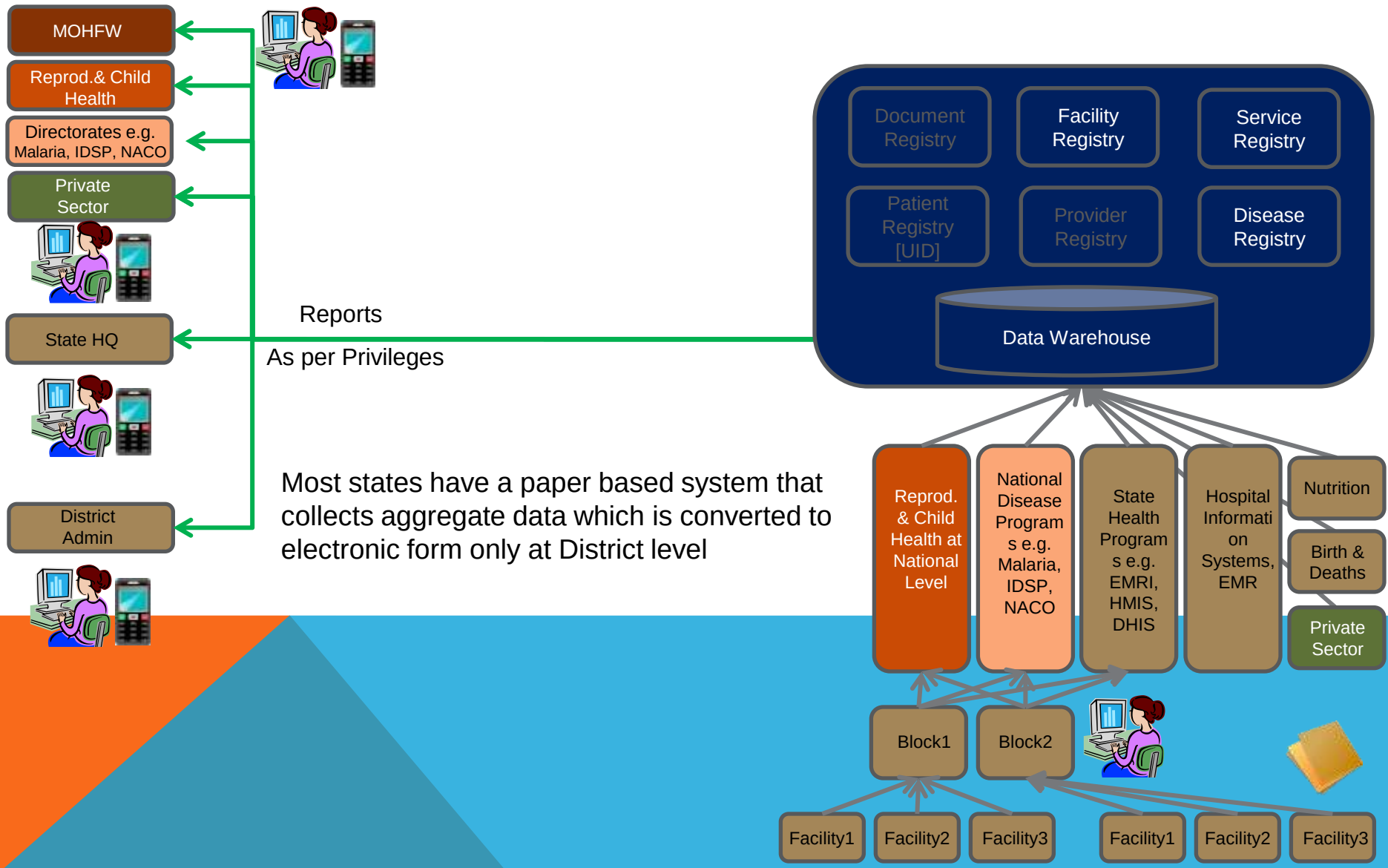
- Programs/ directorates/ states have their own IT solutions for program reporting needs.
- Silos - All systems functioning in silos and doesn't help in integrated decision making.
- Standards lacking – Architecture, I/O Data standards, Disease and Service codes, Interoperability standards.
- Design issues- Developed as Application for single purpose not as products
- Capacity building - change management is limited
- Process transformation - business process reengineering not done

PROPOSED NATIONAL E-HEALTH AUTHORITY TO DEFINE THE NATIONAL E-HEALTH ARCHITECTURE

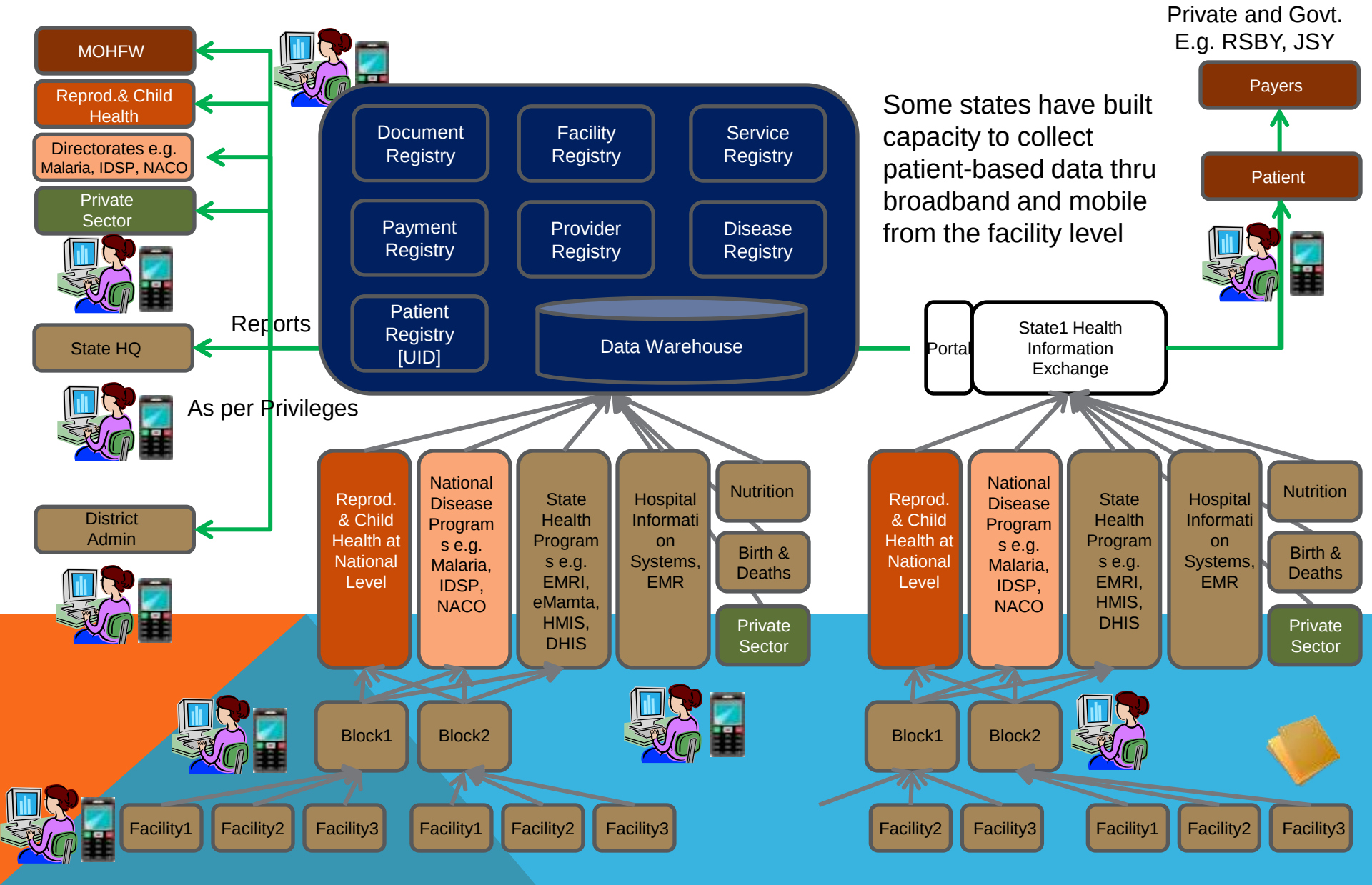
E-Health Architecture: Key features

- Information exchanges [HIE], State & National.
- Registries and UID
- Set of Standards
- Flexible Data Input
- Flexible Data Output
- Online and offline modes
- Integration across systems
- Single System for field workers
- Multi modal connectivity
- Data privacy and security
- ICT for quality of care
- Capacity Building
- Procurement standardization

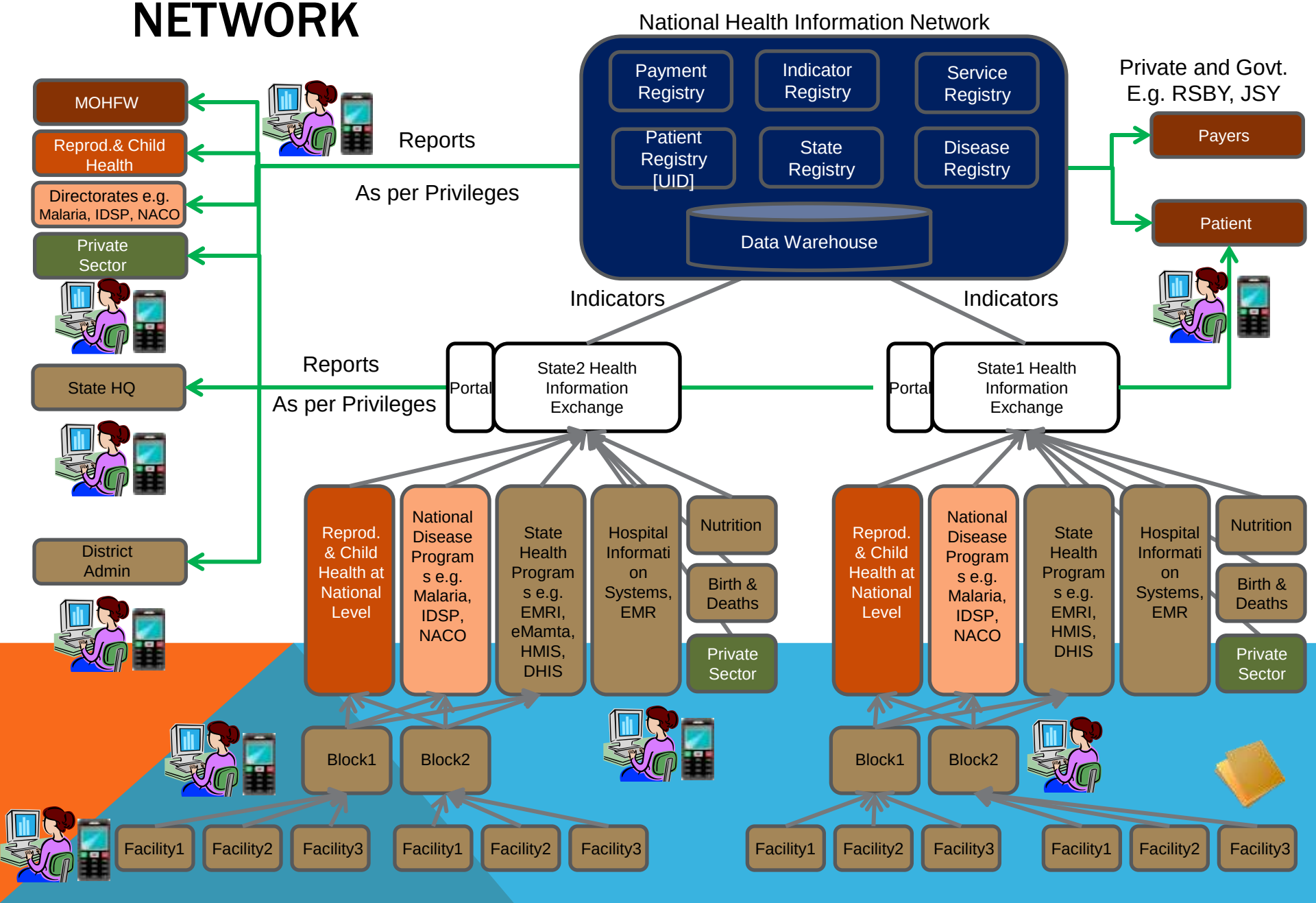
STATE HEALTH INFORMATION EXCHANGE – PROPOSED ARCHITECTURE



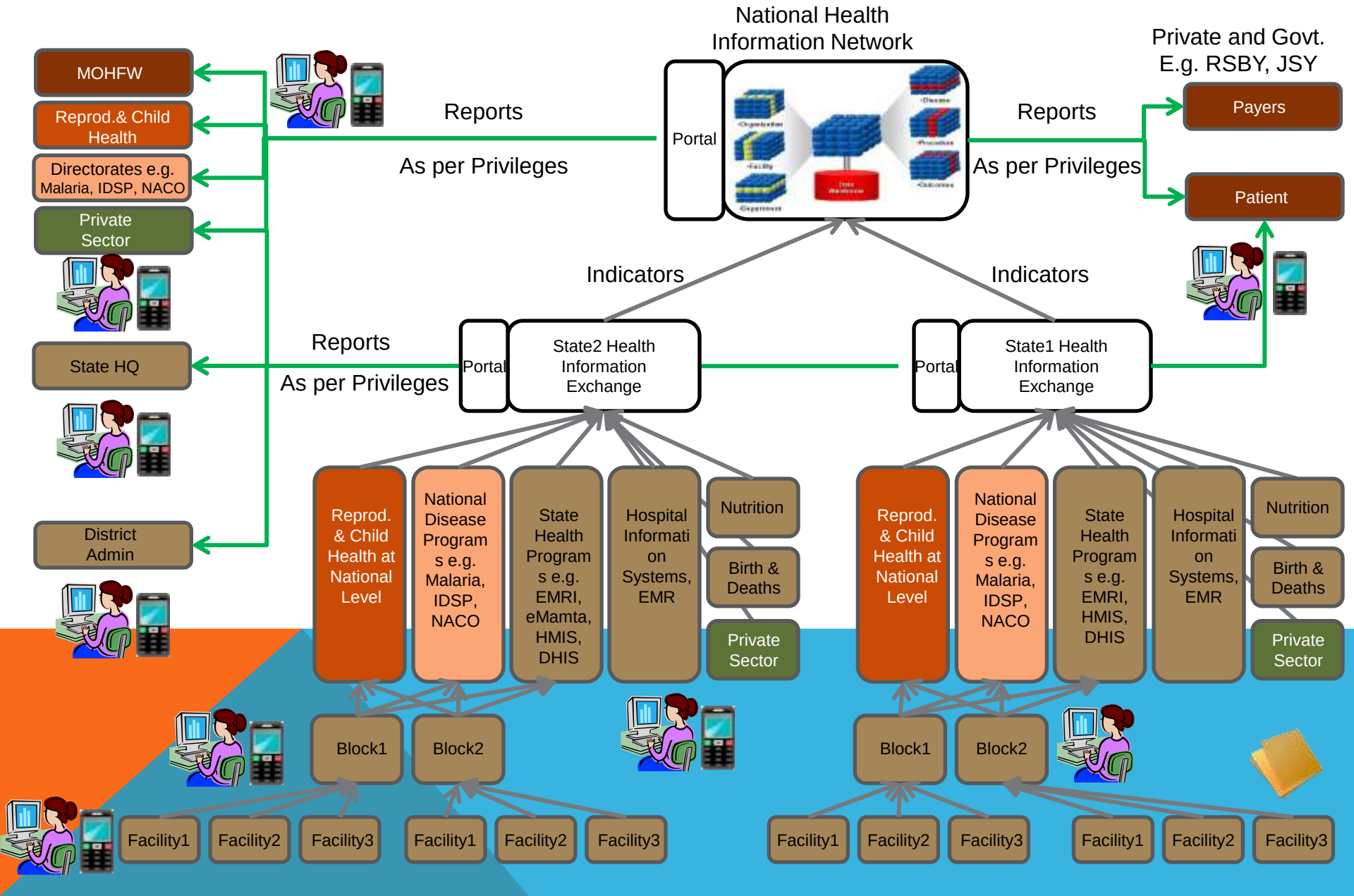
STATE HEALTH INFORMATION EXCHANGE – PROPOSED ARCHITECTURE



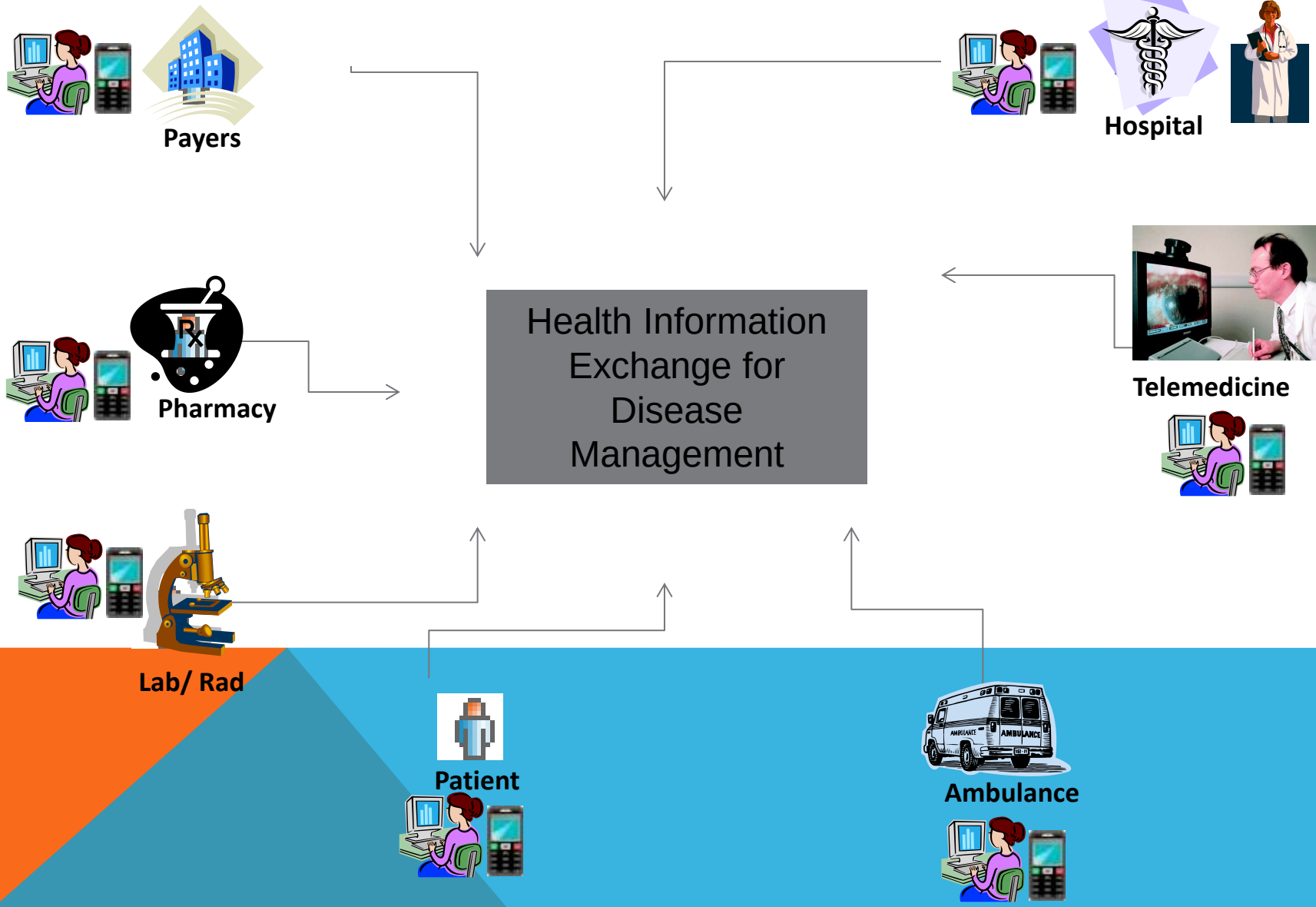
PROPOSED NATIONAL HEALTH INFORMATION NETWORK



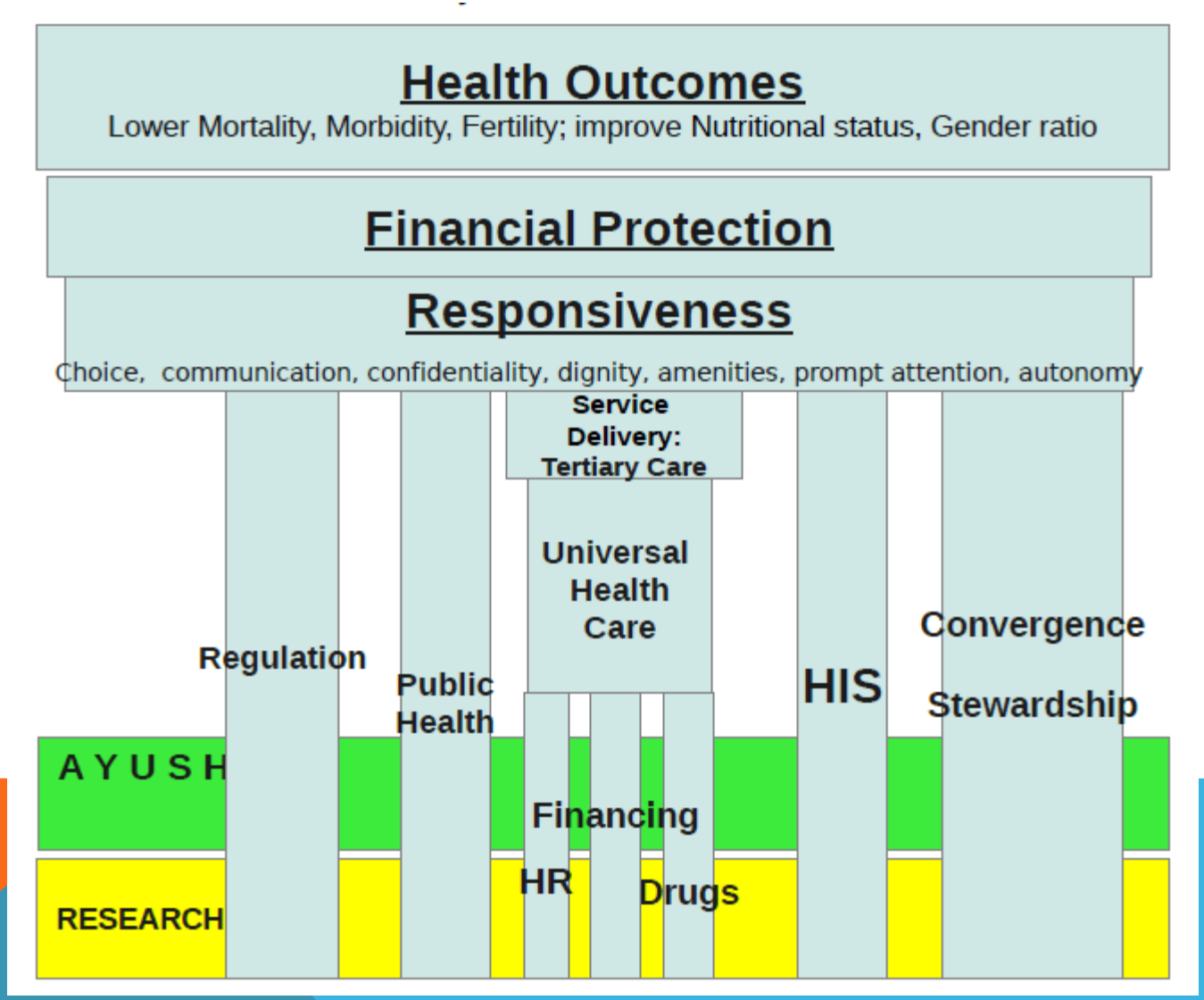
PROPOSED NATIONAL E-HEALTH ARCHITECTURE



E-HEALTH ARCHITECTURE WILL ENABLE M-HEALTH AND TELEMEDICINE FOR DISEASE MANAGEMENT



HEALTH INFORMATION SYSTEMS PILLAR SUPPORTS HEALTH OUTCOMES



Report of Planning Commission' Steering committee on Health has dedicated chapter 3 for HIS

THANKS

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