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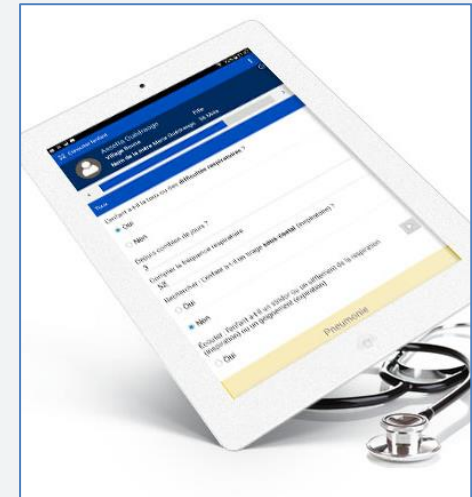
THE POWER OF POINT OF CARE:

HARNESSING THE FULL POTENTIAL OF INDIVIDUAL LEVEL DATA



Presentation Outline

- Background
- Missed Opportunity
- Future State
- Challenges
- Risks



Public health and clinical care cannot be delivered safely, with high quality, and in a cost-effective manner, without **seamless, sustainable, and secure data and information exchanges** at all levels of the health system.



Global Roadmap for Health Measurement and Accountability

MA4Health 2015

Why talk about this now?

Proliferation of point of
care tools!

Proliferation of Point of Care Tools

OpenMRS - Patient Dashboard

localhost:8083/openmrs/patientDashboard.form/patientId=2901&phrase=rose

Google

Rose Chemeli Ledama

OpenMRS Identification Number: 2900EG-8

32 yrs (May 15, 1980)

BMI: ? (Weight: 62.0 kg , Height:) CD4: 261.0 | Regimen:

Start Visit

Overview

Regimens

Visits

Demographics

Graphs

Form Entry

Consultations

Select a Doctor

Doctor name: Dr. Jack Sheppard

Problem Description

Description of the problem:

Lorem ipsum dolor sit amet, consectetur adipisicing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

Patient's Records

Record Type	Creation Date	Record Owner	Authorize
Blood Analysis	06/22/2011	Dr. John Watson	<input checked="" type="checkbox"/>
Test HIV	02/18/2012	Dr. John Watson	<input type="checkbox"/>
Personal Information	04/03/2012	Dr. John Watson	<input checked="" type="checkbox"/>
Radiology	12/17/2012	Hospital of S.Francisco	<input type="checkbox"/>
EKG	12/17/2012	Hospital of Trento	<input type="checkbox"/>
Consultation Response	12/21/2012	Dr. Jack Sheppard	<input type="checkbox"/>

Submit

Proliferation of Point of Care Tools

dhis2

hRHR Palestine - MCH eRegistry

Apps

administrator administrator

Menu

Ane Lunde - Age 21

* High risk pregnancy

EDD 2017-10-08

* Unmanaged condition

Gest. age: 9+3

G/P/Ab: 1/0/0

Clinical examination (الفحص السريري)

Previous values

Report date	Gest. Age at visit	Systolic blood pressure (mmHg)	Diastolic blood pressure (mmHg)	Edema	Cerebral or visual symptoms of hypertension	Body weight (kg)	Fetal heart sound (FHS)	Fundal height measurement (cm)	Presentation
2017-01-04	0	120	80	No		58			

Data element

Value

Systolic blood pressure (mmHg) ⓘ

140

Diastolic blood pressure (mmHg) ⓘ

80

Edema ⓘ

☐ Yes
 ☒ No

Body weight (kg) ⓘ

62

Have there been any other medical or surgical conditions identified since the previous visit?

☐ Yes
 ☒ No

Medications (العلاج)

Previous values

Report date	Gest. Age at visit	Medication(s) prescribed during this visit	Other medications the woman is currently taking
2017-01-04	0	FeFO	

Profile | Edit

Risks related to current pregnancy

Risk date	Risk	Gestational age	Status
2017-03-08	Chronic hypertension	9	<input checked="" type="checkbox"/>

Notes

Add new note here

Save note

No notes exist

Proliferation of Point of Care Tools

Client Files

Continue >

Name	Selam
Family Name	Daniel
Client Phone Number	0855225545
Gender	Female
DOB	1999-08-10
Age (Years)	10
HDA 1:30 Name	gina
HDA 1:30 Phone	0852224545

Child Programme

Enrollment

Date of enrollment 2014-07-02

Date of birth 2014-07-08

COMPLETE TERMINATE

Profile >

First name Evelyn

Last name Jackson

Birth

Ngelehun CHC 2014-07-03

Provider (Provider Test)

Cynthia

PERSONAL DETAILS

FIRST NAME Cynthia

DATE OF BIRTH 04 Sep 2004

PHONE NUMBER

PARITY 7

GRAVIDA 5

ANC

L&D

PNC

EMERGENCY REFERRAL

Family

Adriana Akiyama Household

Belongs to Janet Area • A1 Outdoor

Family Members Tasks

★ Adriana Akiyama 28 years

Adelia 2 years

Anthony 17 months

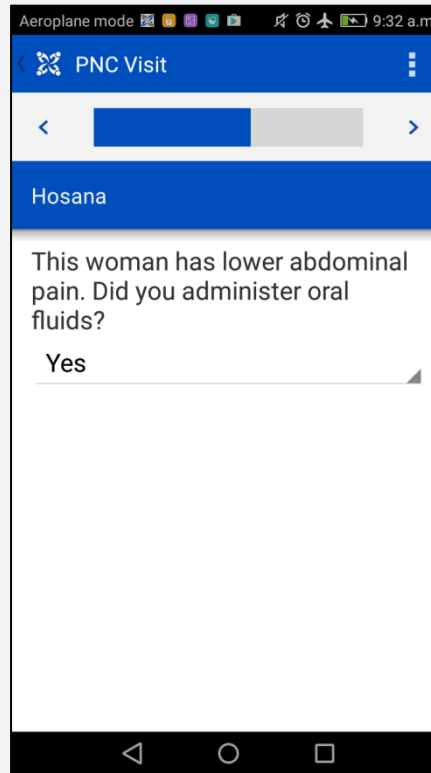
Family Equity Assessment >

Family Survey >

Task+ 1 week 2 weeks view all

Why do we build POC systems?

- Improve Quality
- Decision support
- Appointment reminders
- Referrals
- Defaulter tracing



But what do these systems produce?

- Data. Lots of it.

Missed Opportunity

Data generated as a byproduct is not harnessed.

Individual POC data points could be aggregated into indicators to feed or validate national data systems

Providers and clients aren't getting feedback and insights about interactions

Future State

Goal: Data digitized at POC is leveraged for use by patients, providers, and aggregate systems

Requires: Clarity of data requirements and architecture and robust information exchange.

Challenges

- Indicators
- Clinical care vs. HMIS vs. logistics
- Architecture
- Governance
- Interoperability
- Meeting needs of all levels

NATIONAL HEALTH MANAGEMENT
DAILY ANTENATAL CLINIC - 4

1. Date _____ 2. LGA _____ 3. Ward _____

S.No.	Activity	Month	Month	Month	Quarter	16. ANC HIV counseling & testing (TbK)		17. ANC Parturition Testing (TbK)		18. Uptake Testing & Treatment (TbK)	
						Previously known HIV positive cases	ANC HIV counseling and test result (TbK)	HIV not result positive	Parturition of HIV pos. pregnant women	Parturition of HIV neg. pregnant women	Parturition of HIV pos. pregnant women
A	Family Health										
A1	Reproductive Health										
A1.2	Family Planning Acceptors										
1.2	Total new and repeat acceptors										
1.2.1	New acceptors										
1.2.2	Repeat acceptors										
A1.3	Antenatal Care										
1.3	First antenatal attendances										
A1.5	Deliveries and Outcomes										
1.5.2	attended by HEW										
1.5.2.1	Live births										
1.5.2.2	Still births										
1.5.3	attended by TBAs										
1.7	Institutional maternal death										
A1.9	Early Neonatal Care										
1.9	Early neonatal deaths (institutional)										
A1.10	Postnatal Care										
1.10	First post natal attendances										
A2	Child Health										
2.1.1	Number of newborns weighed										
2.1.2	Low birth weight										
2.2	Growth Monitoring										
2.2.1	Number of weights measured for children < 3 years										
2.2.2	Number of weights recorded with moderate malnutrition (WFA ≥ 60% and <80%)										
2.2.3	Number of weights recorded with severe malnutrition (WFA < 60%)										
A3	Expanded Program on Immunization (EPI)										
3.1	Pentavalent DPT1-HepB1-Hib1 immunizations for infants < 1 year of age										
3.2	Pentavalent DPT3-HepB3-Hib3 immunizations for infants < 1 year of age										
3.3	Measles immunizations for infants < 1 year of age										
3.4	Fully immunized infants < 1 year of age										
3.5	Births protected against NNT (PAB)										
3.6.1	BCG doses given (all ages) / doses opened	/	/	/	/						
3.6.2	Pentavalent (DPT-HepB-Hib) doses given (all ages) / doses opened	/	/	/	/						
3.6.3	Polio doses given (all ages) / doses opened	/	/	/	/						
3.6.4	Measles doses given (all ages) / doses opened	/	/	/	/						
3.6.5	TT doses given (all ages) / doses opened	/	/	/	/						
C	Resources: Logistics										
C4	Logistics: Tracer drug availability (enter 1 if drug whenever needed in month, 0 if ever unavailable when needed)										
4.1.1	Amoxicillin										
4.1.2	Oral Rehydration Salt										
4.1.3	Artemisin / Lumphantrine										
4.1.4	Mebendazole Tablets										
4.1.5	Tetracycline Eye Ointment										
4.1.6	Paracetamol										
4.1.7	Refampicine / Isoniazide / Pyrazinamide / Ethambutol										
4.1.8	Medroxyprogesterone (depot) Injection										
4.1.9	Ergometrine Maleate Tablet										
4.1.10	Ferrous Salt plus Folic Acid										
4.1.11	Pentavalent DPT-Hep-Hib Vaccine										
D	Health Systems										
D1	Health service coverage and utilization										
1.2.1	OPD visits < 5: new - Male										

Risks

- Privacy and security
- Governance



thank you

•**contact information**

For more information,
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