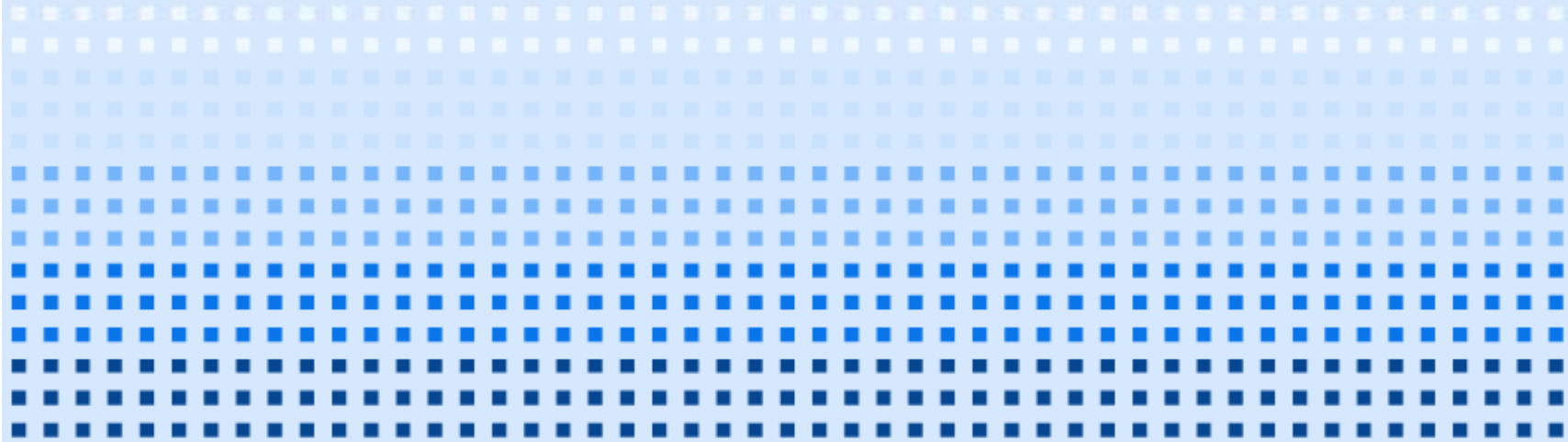




MINISTRY OF HEALTH

THE ISSUE ON E-HEALTH INTEGRATION INTO ROUTINE STATISTICS





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HIS
Inpatient and outpatient
registration, administration
& management, survey
database:
Statistics, Surveillance data
base, Hospital KPI

CIS
LIS, DIS, RS,
PACS, EMR

Telemedicine

Between institutions
Virtual healthcare teams
off line and real time

E-Health encompasses

Consumer health informatics

Medical research and
consumer healthcare
Web sites

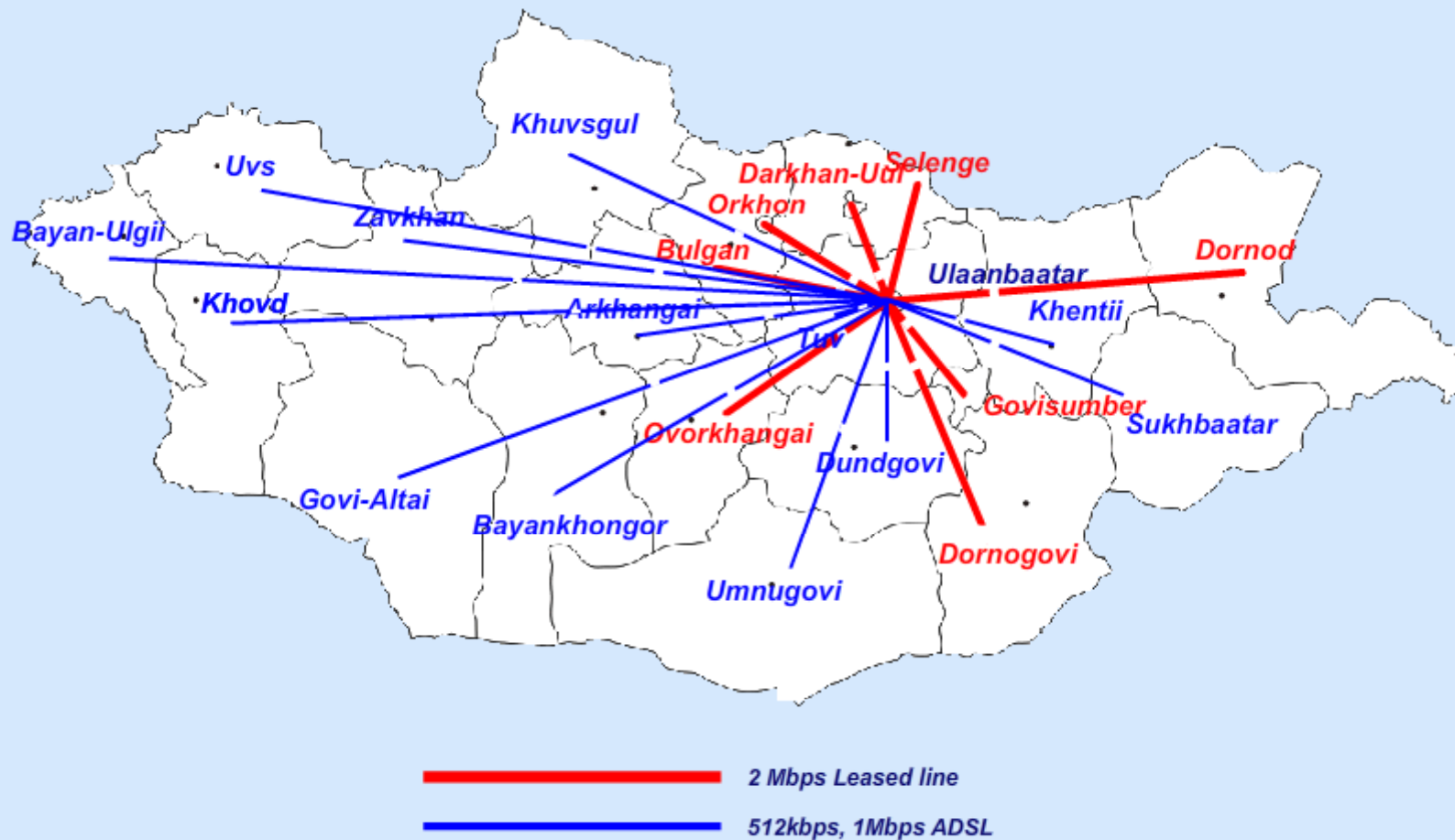
M-Health

Mobile devices: smart phone
with patient data,
information to practitioners,
researchers, real-time
monitoring of patient vitals,
and direct provision of care
(via mobile telemedicine);

U-Health (Ubiquitous)

Wireless Sensor Networks
and
Body Sensor Networks

Connectivity Infrastructure of E-Health



Background:

The e-health strategy is embarked in the health sector of Mongolia since 2009.

It was approved by Minister's order 450 on 31 December, 2009.

1. To support the development of the health workforce

2. To improve the quality and availability of health services

3. To develop e-record keeping for clinical, administrative, research and public health purposes

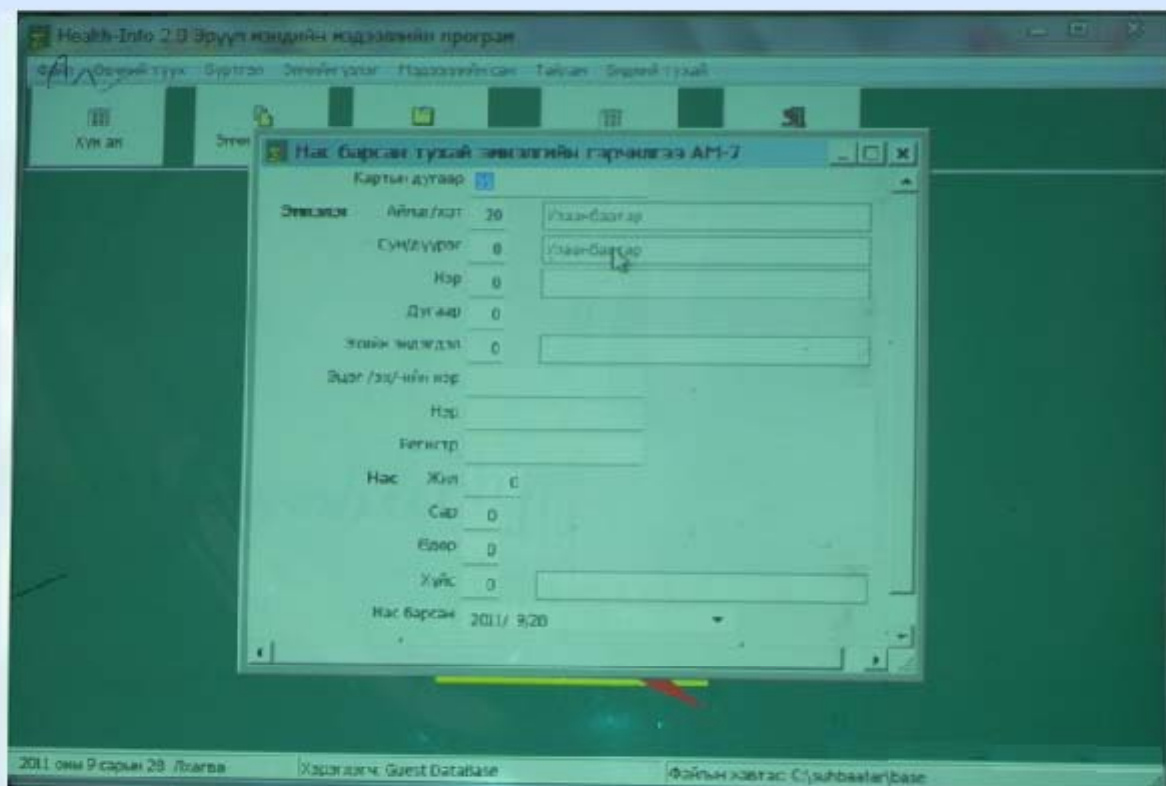
*Objectives
of this strategy*

4. To support health education of population


5. To create an enabling environment for e-health development



Many people are waiting to see a doctor, that 's why need e-health development.



Health-Info used in hospital by statistics.



Objective of this study

With the passage and implementation of the strategy there was the need to identify how interacts desired e-health with existed medical software application, particularly routine data processing.



Methods

We conducted a small-scale survey among hospital statisticians and insurance assistant and physicians. Data were generated using a combination of questionnaires and in-depth interview of users.



Into the small scale survey was involved 130 statistic and insurance assistant and physicians.

Results

There was 68.2% of the total participants unanimously advocated for “the further improvement of currently used software” then 27.3% of them have opinion to “create and develop new software” for routine data processing due to interact with e-health (CR=2.5 and PD=40.9%).

Table 1. Prevalence difference between people with opinion to improve existed software across to create new application

Two sided-confidence interval (%)	95
Number of Exposed	130
Prevalence/Coverage among Exposed (%)	68.2
Number of Non-exposed	130
Prevalence/Coverage among Non-exposed (%)	27.3
Prevalence/Coverage Ratio	2.5
Prevalence Difference (%)	40.9

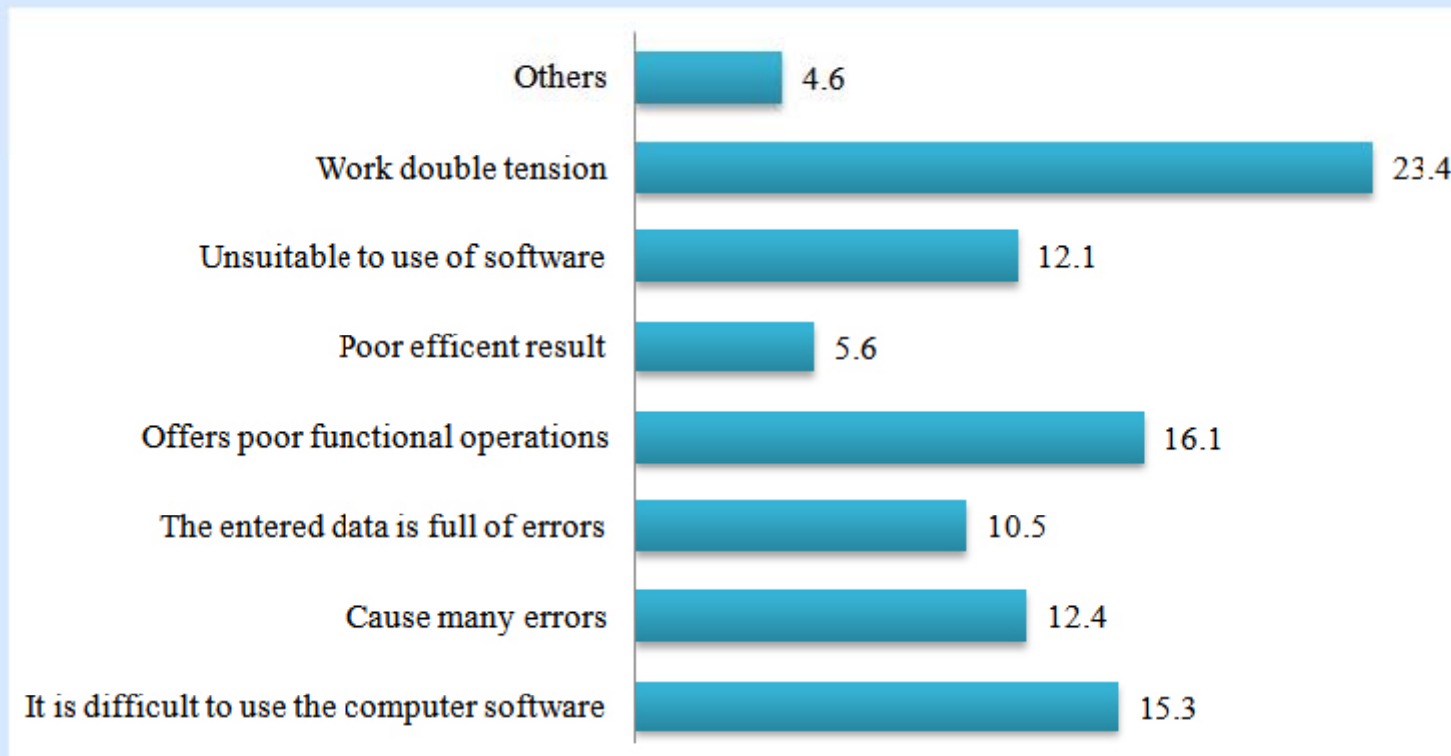
¹ Prevalence Difference = Prevalence in Exposed - Prevalence in Non-exposed

Table 2. Prevalence difference between people with medical software competence and insufficiently competent

Two sided-confidence interval (%)	95
Number of Exposed	130
Prevalence/Coverage among Exposed (%)	53.3
Number of Non-exposed	130
Prevalence/Coverage among Non-exposed (%)	40.7
Prevalence/Coverage Ratio	1.3
Prevalence Difference (%)	12.5

¹ Prevalence Difference = Prevalence in Exposed - Prevalence in Non-exposed

Reasons of user's unsatisfied states





Conclusion

In terms of interacting of desired e-health with existed H-info software there is necessary thoroughly upgrade and introduce e-health concerned software applications and build capacity in health care organizations.



Thank you for your attention

*Many thanks for the long-term support
Luxembourg-Development to Mongolia*

