HOW THE COVID-19 PANDEMIC HAS CHANGED THE RULES OF THE GAME FOR PERU'S HEALTH INFORMATION SYSTEMS

Preliminary results of an action research project

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COVID-19 Pandemic: New health information needs in Peru

- How many people are infected and where are they?
- How many patients are hospitalized with a diagnosis of COVID-19 and what services are they using?
- How many people have died from COVID-19?
- What is the cost of health care caused by the pandemic?
- Others.
Problem Statement

Can a health registration and information system be implemented, from the point of care to the national dashboard that allows timely decision-making in Perú?
Materials and methods

- Adapt OpenClinic to the Peruvian context of pandemic for triage, treatment and follow-up of patients with COVID-19 in Peru.

- Distance training of health workers that care for patients with COVID-19.

- Training human resources for the installation, configuration and management of the OpenClinic system in Cusco.

- Remote installation and configuration on a SIS server of:
  - Global Health Barometer (GHB)
  - OpenCarenet
Sources of information

- **NOTI COVID-19**: epidemiological surveillance information registration system (COVID-19)
- **SICOVID**: registration system for rapid tests and the response to COVID-19
- **Net Lab**: information system for registration and results of laboratory tests
- **SINADEF**: National Online Death Registration System.
## Variation between MINSA and DIRESA

<table>
<thead>
<tr>
<th>Regions</th>
<th>DIRESA</th>
<th>MINSA</th>
<th>Variation between MINSA and DIRESA</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Regions</td>
<td>15293</td>
<td>9158</td>
<td>6135</td>
<td>40.12%</td>
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<tr>
<td>Lima</td>
<td>7687</td>
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<tr>
<td>Callao</td>
<td>998</td>
<td>998</td>
<td></td>
<td></td>
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<tr>
<td>Until July 24</td>
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<td>17843</td>
<td>6135</td>
<td>25.59%</td>
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<td>Report until July 25:</td>
<td>24165</td>
<td>18030</td>
<td>6135</td>
<td>25.39%</td>
</tr>
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</table>

Source: Regional Health Directorates (DIRESAS) of each region and COVID-19 Situation Room
The new rules of the game

- In order to minimize the use of paper that behaves as a mean of contagion and the transcription of data that is a source of systematic error, clinical record systems must be based on electronic medical records.

- All systems to compile information on COVID-19 that are now fragmented, must be integrated into a single system that handles information on clinical, laboratory, epidemiological and mortality data so that they differ from each other. Consequently, it is advisable to use international standards of interoperability in Health.
The new rules of the game

- The urgency of the information needs for decision-making means that the development "in house" of health information systems has to be avoided and the use of tools with proven maturity that have been used in other systems should be privileged for health.

- The transmission of information must be done through metadata, regardless of the tool that collects the information at the point of care.

- The national health authority must prioritize the exercise of its leadership rather than the role of "software factory".

- Mortality registration systems must have clinical health record systems as a source.
Thanks!

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