Towards a Sustainable Electronic Health Record System in Cambodian National Tuberculosis Program

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Objectives

- To look for a better way to manage Cambodian TB records based on openEHR standard
- To introduce openEHR-based "Virtual EHR Editor" (http://kenai.com/projects/openehrapp/sources/subversion/) focusing on its development process
- To draw a plan for TB EHR introduction to Cambodian health system (see. Appendix)



Some insights • TB Services are free of charge The information flow is uniform across the country Data sharing has no policy constraints Therefore, templates can be standardized and shared across the country ICT infrastructure

- Only **0.485% (**≈ 74,000) of the total population using the internet (in 2007)
- The government encourages the use of ICT
- Mobile and internet providers and subscribers are surging
- Problems with high service cost in expense of slow connection speed and small service coverage area
- Lack of human resources

Lessons Learnt from Other Countries

- · In Cambodia
 - the national EHR standard should be introduced
 - the government must use its influence to coordinate and enforce EHR standard-compliance
 - fragmented system development and unnecessarily prohibiting medical regulations must be avoided
 - bottom up system design approach with user close involvement in the system development process
 - a good design of EHRS, unique patient identifiers, design of a quality data dictionary and practical privacy policy



Archetypes used to form a TB Template

1. List of 13 openEHR Archetypes, excluding Demographic Archetypes 12 newly created openEHR EVALUATION archetypes 1 COMPOSITION archetype from openEHR Clinical Knowledge Manager, serving as the root archetype for TB Template

×.	OpenEHR-EHR-ADMIN_ENTRY.tb_admin_information.v1.adl
2.	openEHR-EHR-EVALUATION.tb_continued_stage.v1.adl
з.	PopenEHR-EHR-EVALUATION.tb_disease_condition.v1.adl

- HR-EHR-EVALUATION th disease type v1 ac HR-EHR-EVALUATION.tb_d
- OpenEHR-EHR-EVALUATION.tb_first_stage.v1.adl 7. @ openEHR-EHR-EVALUATION.tb_hiv.v1.adl 8. @ openEHR-EHR-EVALUATION.tb_lung_image.v1.ad
- 9. 🎲 openEHR-EHR-EVALUATION.tb_note.v1.a
- 10. 😳 openEHR-EHR-EVALUATION.tb_referral.v1.ac 11. @ openEHR-EHR-EVALUATION.tb_sputum_smear_ch
- 12. 🎲 openEHR-EHR-EVALUATION.tb_treatment_outcome.v1.adl
- 13. To openEHR-EHR-COMPOSITION.encounter.v1.ad

Newly Created Archetype Example



Review of Existing Archetypes Concerning "Tuberculosis"

- List of current archetypes specifically concerning "TB" - openEHR-EHR-COMPOSITION.encounter.v1
 - openEHR-EHR-OBSERVATION.body_weight.v1
 - Reasons why the current list is not sufficient
 - Cambodia recording format needs openEHR "ItemTable" structure, but the weight archetype cannot fit in the structure - There are many other TB-specific recording variables that
 - cannot be found with current archetypes (e.g. BK+, Hospitalized DOTS, etc.)
- Although the current list does not fulfill our recording needs, more and more archetypes (possibly TB-related) are being proposed to openEHR Archetype Review Board for standardization. We may join and contribute to the reviewing process.

Demographic Archetypes

List of 5 Demographic Archetypes

- Downloaded from the openEHR Clinical Knowledge Manager (CKM) •
- The current Template Designer does not support yet Template XML has to be manually created (field occurrence and slots)
- PERSON Archetype is the root archetype to create Demographic Template

Name	Status	
1. @ openEHR-DEMOGRAPHIC-ADDRESS.address_iso.v1.adl		
2. @openEHR-DEMOGRAPHIC-CLUSTER.person_additional_data_iso.v1.adl	Exist in the openEHR repository	
3. @openEHR-DEMOGRAPHIC-CLUSTER.person_birth_data_iso.v1.adl	approved	
4. @ openEHR-DEMOGRAPHIC-PERSON.person.v1.adl		
5. @ openEHR-DEMOGRAPHIC-PARTY_IDENTITY.person_name_iso.v1.adl	Exists in openEHR repository and classified as under review	

TB Template Created by Template Designer, using Archetypes















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Conclusion and Recommendations

- The National TB Program sets a good example for other health programs regarding TB services uniformity
- Introduction of openEHR should be stepwise due to the lack of resources
 - Starting from OD headquarters before reaching Health Centers and Referral Hospitals
 - System deployment will start from standalone environment long before LAN and the internet connection
 - There will be some future challenges regarding joining all Demographic records from each OD together

Conclusion and Recommendations (Cont'd)

- Fragmentation of EHR system development should be avoided
- EHR Editor uses minimum archetypes, but openEHR encourage maximum, globally shared archetypes
- A Cambodian medical committee should be formed officially to:
 - maintain medical terms in a national data dictionary
 - decide which archetypes from openEHR repository for creating official templates
 - review any proposed template
 - propose newly created archetypes to the openEHR community









