Health information systems

Statistical information systems. The development of appropriate information systems serves to support a great number of the initiatives started by the autonomous communities.

The advances achieved until now can be scrutinised from two viewpoints: the specific requirements of each health service and the demands arising from the information system of the National Health System (IS-NHS).

At this point we should recall that the Interterritorial Council of the National Health Service, on behalf of the Ministry of Health and Consumers' Affairs, approved the strategy and the programmes necessary for the rollout of IS-NHS.

The strategy which was approved was based on the use, improvement and extension of the information that the state has at its disposition, consisting of an extensive collection of health statistics which provide abundant data on the level of health, resources, activity, spending and results for the country. Among these, there are 15 statistical operations of the Ministry of Health and Consumers' Affairs which are incorporated into the National Statistic Plan. Despite this, it was considered necessary to evolve these statistics towards compatible information systems. The updating and rounding off of some of these contents and the coverage of areas which were not adequately treated (primary care, specialised outpatient care and mental health, among others) are priority actions.

In this way, and with the participation of the autonomous communities and the methodology provided by the European Union, channels for the normalization and extension of data have been opened up, as well as the design and selection of indicators and standards. The agreement with the Interterritorial Council of the National Health System specifically calls for the development of a group of key indicators capable of providing fundamental information for the health system in an integrated and systematic form.

The project in its entirety is led by the Ministry of Health and Consumers' Affairs (Quality Agency/Institute of Health Information) and its development is carried out with the autonomous communities through the *Subcommittee on Information Systems of the Interterritorial Council of the National Health System (SCSI)*.

The following summary contains the most significant actions undertaken in 2006 with the involvement of all the Autonomous Communities and the Ministry of Health:

- Start up and spread of the *primary care information system* (phase I, resources and assistance offered) which can be consulted at the web page of the Ministry of Health and Consumers' Affairs[109].
- *Expansion of the contents of the MBDS (minimum basic data set)* to the fields of outpatient surgery and day hospital.
- *Revision of the ESCRI (Statistics for Medical Institutions with Inpatient Facilities)* to make it suitable for the organisation of care and current information requirements.
- Start up of the new *Spanish National Health Survey (ENSE)* which incorporates[110]:

  a) *New dimensions* related with the health of the population, not considered in any of the previous surveys and about which there is a lack of information, such as mental health.

  b) *Health determinants not considered in previous versions of the survey,* fundamentally related with the physical and *social environment* of the public.

  c) Modifications to reinforce the survey as an instrument for the detection and measurement of *health inequalities,* especially in relation with *gender* and *social class.*

  d) The reformulation of certain questions to begin the process of adapting the survey format to the requirements of the European health survey project (Eurohis).

June 2006 saw the start of fieldwork for the ENSE 2006, and the results will be available at the end of 2007.

The selection of *key indicators,* which bring together a wide number of indicators extensively used both in our system and in those of neighbouring countries (Eurostat [Statistics Office of the European Community], DG Sanco [Directorate General of Health and Consumer Protection], WHO [World Health Organisation] and OECD [Organisation for Economic Cooperation and Development]), as well as those derived from the Health Strategies of the National Health System approved by the Interterritorial Committee.

This first selection of indicators is the result of the work carried out in 2006 by the subcommittee on a proposal submitted by the Institute of Health Information. It was passed by consensus during a plenary meeting in 2006. As general criteria, the data must be *available across the whole system and itemised for each autonomous community.* It is a rule now that the gender perspective must also be included in the construction of the indicators.

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109   Available at: www.msc.es/estadEstudios/estadisticas/estadisticas/estMinisterio/siap.htm

110   Available at: www.msc.es/estadEstudios/estadisticas/encuestaNacional/encuesta2006.htm

The key indicators of the National Health System can be consulted at the web page of the Ministry of Health and Consumers' Affairs[111].

It should be noted that part of the activities which are highlighted correspond, as can be expected, to recommendations from the first report of the working group on health spending112, and it can be affirmed that significant advances have been made in the information system in the period since it was published.

Online health. All of the autonomous communities, including Ingesa, have participated in the Online Health project, an initiative that was foreseen in the Avanza Plan and developed through an negotiated framework between the Ministries of Health and Consumers' Affairs, Industry and Tourism and Commerce.

The project is intended to provide support for different initiatives, developed from and for the National Health System, in order to achieve complete integration between the health card, electronic prescription and electronic clinical history across the whole system and extend the appointment system to the internet and telemedicine services.

This will all improve the quality of the health care which the patients receive, modernize the Health System and enable geographic mobility for citizens anywhere in the country. The effect it may have on improving the information system is an added value to the objectives mentioned.

The total volume of investment in Information and Communication Technology in the National Health System is over 252,133,705 euros, a quantity which is distributed in amounts directly proportional to the population of the territories where it will be used between 2006 and 2007. Of this total volume, the amount provided by the state administration is 141,000,000 euros, while the remaining amount of 111,113,705 has to be raised from the group of Health Administrations.

This negotiated framework is applied via specific agreements between each community and the state body Red.es, in coordination with the Ministry of Health and Consumers' Affairs. In this way, all the autonomous communities have assumed the commitment to reduce the time period for joining the database common to all the protected population of the System, or for maintaining and improving the data, in the case of those already incorporated.

At the same time, the project of compatibility of the Digital Clinical History[113] has been started, and the first prototypes of electronic prescription

111   Available at : www.msc.es/estadEstudios/estadisticas/sisInfSanSNS/home.htm

112   Working group report on health spending. Available at: www.msc.es/estadEstudios/ estadisticas/sisInfSanSNS/finGastoSanit.htm

113   Available at: www.msc.es/organizacion/sns/planCalidadSNS/tic00.htm

are being developed. Red.es works in collaboration with the Autonomous Communities to ensure that they have the infrastructure and technical means (communication networks, computers, software etc) required to put the activities outlined in the agreements into action through the use of the new applications and management tools which are being introduced.

For its part, the Ministry of Health and Consumers' Affairs is overseeing the integration project, working closely with the communities, consulting the parts involved (public and professional) and drawing up the model which is to be followed by means of consensus. The Online Health project has also served to reinforce the intranet of the National Health Service and the central node, located in Ministry of Health and Consumers' Affairs, which make up the nucleus of the National Health System's information system.

January 2006 saw the signing of the first three bilateral agreements (Castile-La Mancha, Extremadura and Murcia) as part of the development of the framework. At the end of 2006, all the bilateral agreements were signed, except for that of the Basque Country, which will be prepared at the beginning of 2007.

113   Disponible en: www.msc.es/organizacion/sns/planCalidadSNS/tic00.htm