

September 2017 MEASURE Evaluation Webinar:

Health Information Systems Strengthening Resource Center: Centralizing Evidence

Discussion led by Heidi Reynolds, Shannon Salentine, Eva Silvestre, Liz Millar, and Emily Bobrow

The webinar focused on MEASURE Evaluation's [Health Information Systems Strengthening Resource Center](#), a central hub for the exploration of what works to strengthen health information systems (HIS), a repository for evidence about how strengthened HIS improves health outcomes, and a learning space for health professionals to share and exchange information on HIS strengthening.

The questions below were generated during the webinar but we were not able to respond before the webinar ended. To listen to the full recording and hear additional questions we answered, click the links below to listen to the recording.

[Watch](#) | [Slides](#)

Questions from webinar participants

Q. What are some of the biggest current ongoing questions you [have] in terms of what works and what doesn't—in other words, where are the biggest gaps in evidence within the model where your hypothesis still need to be verified?

One of the most challenging aspects of our models' hypothesis has been to find evidence that HIS strengthening leads to improved health outcomes. Our hypothesis is that all the areas of the HIS Strengthening Model work together to get the right data into the right hands at the right time to support evidence-informed decision making, which in turn leads to better resource allocation. Drawing from peer-reviewed literature and our own work, we are building evidence that HIS strengthening leads to HIS performance. You can read more about this in the case of [Continuity of Care](#) and [Reducing Provider Burden in Data Collection](#).

We also work to build evidence for specific interventions, and acknowledge gaps in our knowledge around common HIS strengthening interventions. For example, we don't have the evidence that electronic collection of data actually improves data quality and use, although this is a common initiative. Sure, it may be available in a timelier manner, but we know little about if other dimensions of data quality are improved or use is increased.

Q: Do you have any resources on how to design HIS, a methodology that can be applied to new or revision of systems?

MEASURE Evaluation has a collection of modules in our [Routine Health Information Systems Curriculum](#), including modules on governance and management of HIS and performance assessment.

Q. One of my focus areas in my project now is data use for decision making, which may require quality data collection and reporting. I am currently helping the facilities staff develop a hand-made graphs and wall chart using facility data to allow the staff to analyze their performance based upon the service delivery data. However, the time and effort require to do this sometime would affect the

service delivery system, taking into consideration the human resources limited at these facilities. Therefore, what would be your suggestion for another process that I could employ that would require less time and be more efficient?

The bottom line is that yes, this is time-consuming at first, but people will get faster at it the more they do it. You could also reduce the number of indicators that are being graphed, maybe rotate indicators so staff don't have to create the same number of graphs every quarter or reporting period. However, this is a very important piece and you should continue your efforts.

MEASURE Evaluation also has published a [data visualization case study series](#) which could provide some useful insights.

Q: The WHO Global eHealth Observatory has country profile on its website, although I disagree with some of the data provided.

Yes, WHO provides country profiles detailing eHealth, and these focus on electronic digital aspects.

MEASURE Evaluation acknowledges that paper-based collection is still the norm in many locations. Our [HIS country profiles take a broader approach to HIS profiles at the country level](#). We welcome [feedback and updates](#) on country indicators.

Q: I'm wondering if it would be better to institutionalize HIS courses at medical training institutes!!! Because on my side I think the lack of interest of data at the health facilities level comes from the fact there is no HIS course at medical training institutes.

Absolutely, incorporating pre-service HIS training will lead to providers starting their careers at a health center with the knowledge and skills to follow the standard procedures for using paper and/or electronic health information systems and how to use data for client and facility management. For example, in a state in Mexico, medical and nursing schools train future doctors in the use of the electronic health records.

Our HIS Strengthening Model and [accompanying narrative](#) articulate this need through our focus on the human element as a foundation to the HISSM. In addition, many national-level HIS assessment tools include indicators about training courses offered in national and regional training facilities as part of health professional curriculum. (See: [Performance of Routine Information System Management \(PRISM\)](#) and the [RHIS Rapid Assessment Tool](#).)

Q: Related to that last question, I've seen some HIS certifications, like one from HIMSS, but am not sure yet if it's too US-centric. If anyone knows of good certifications let us know!

MEASURE Evaluation's [RHIS Curriculum](#) was developed with just this need in mind—high-quality RHIS training to fit low resource settings. The curriculum and accompanying modules are available for download.

We are happy to answer additional questions and comments on an ongoing basis. Please reach out with questions and feedback through our [Contact Us](#) page on the HIS Strengthening Resource Center.