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Poster Abstract

Introducing electronic information system in integrated care organization in Poland

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Abstract

Introduction: Electronic information systems with electronic health records are one of key elements needed for integrated care organizations (ICOs). These information systems should allow users to make the assessment and predict utilization of resources, monitor outcomes, simplify communication and information flow inside the organization and between the main stakeholders: patients, providers and payers and provide an access from remote locations. Patient online registration and scheduling coordination as well as management of clinical data should also be allowed via this system. Ability to integrate clinical and financial information, common standards of information systems between various health care providers, various elements of organization, user-friendly system requiring short time to implement and assuring data security and personal privacy are additional attributes valuable for ICO [1], [2].

Short description of practice change implemented: we developed a project - implementing electronic information system with key element - electronic health records, which extended the range of services in Polish integrated care organization. Such information systems are not a standard in the Polish health care providers and there was only one software producer offering such a system in the time of implementation.

Objectives: Identify and analyse whether all of the above mentioned attributes were fulfilled in the information system implemented in ICO in Poland.

Methods: Reviews conducted with employees actively working on the information system in ICO and representatives of pharmaceutical software company.

Targeted population and stakeholders: Approximately 68000 patients in Mazowieckie and Lubelskie voivodeships belonging to IC organization - Medical and Diagnostic Centre in Siedlce, Poland.

Timeline: Full implementation: 2010-2014.

Outcomes: We identified a range of advantages and disadvantages in information system used by ICO. The system allows to manage clinical data. Data security and personal privacy of patients is assured by VPN and secured by three levels of logins required. The system as a whole is accessible from many locations and allows users to assess and predict the utilization of resources and to monitor the outcomes, but the communication module and online registration are not yet available. Direct communication with payer's information system is not possible. The system does not allow to integrate clinical and financial data and is not able to communicate with other units within the organization, for example with pharmacy information system. Moreover, it is not user-friendly and so complicated that training of doctors lasts up to one month. Thus the potential to improve the efficacy of the organization is still untapped.

Conclusions: There is still a long way to transform our actively working information system into modern one, completing all necessary aspects of full medical services integration. However, many of the most important milestones are already working.

Keywords

integrated care; information system; electronic health records; Poland

References

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PowerPoint presentation

<http://integratedcarefoundation.org/resource/icic15-presentations>