

Uruguay

The way towards to a digital society

Digital

Country perspective on
Digital Health



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Public Health Ministry (MoH)



Population	3.4 millions
Area	176.215 km
Capital	Montevideo
Language	Spanish
GDP(PPP)	
Per capita	\$21.300



SOME INDICATORS



in the last 10 years (2006-2016) the Internet access in the poorest households increased

from 1% to 77%

93%

has a device and has internet access



99%

Of the uruguayan schools and hospital has internet access

85%

Of the population uses internet daily



fixed-broadband
world's most affordable

* ITU 2018

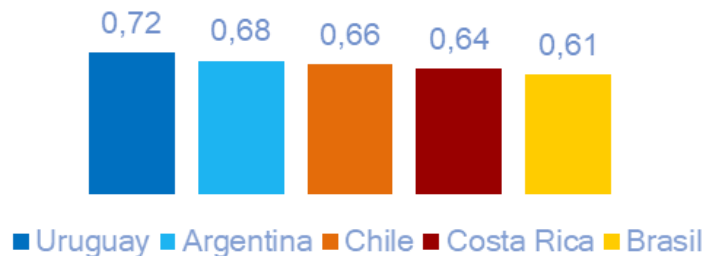
100%

Of the uruguayan government services can be initiated online

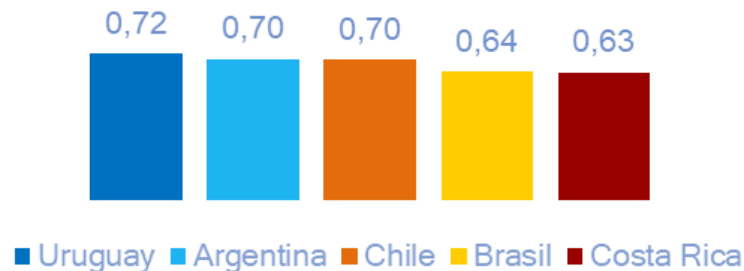


URUGUAY TODAY

Digital Development, ITU 2017



Digital Government, UN DESA 2016



In the world

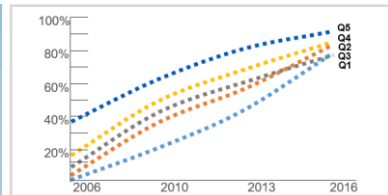


United Kingdom – Israel – Estonia – South Korea New Zealand – Uruguay – Canadá – México - Portugal

The most advanced digital governments

TRANSFORMING WITH EQUITY

- All households with optic fibre
- One computer per children
- Retirees with a tablet
- All agro - livestock activities traceable
- **Electronic Health Record (EHR) for all users**
- Digital Identification
- All government services online



HEALTH REFORM

More than 10 years of **process**

**Financial Model
Changes**

**Management
model Changes**

**Health
Provision
Model Change**

**Medical Technology and Informatics
infrastructure
salud.uy**



HEALTH CARE MODEL CHANGES

The Health Care Integral Plan (Spanish acronym PIAS)

- Law 18.211 art. 45. All health SNIS providers must supply it
- Explicit guarantee of health care rights
- PIAS content: Explicit catalog of benefits articulated around health programs:
 - Modalities of health attention according to complexity
 - Medical specialties and techniques for health control and recovery
 - Diagnostic procedures
 - Therapeutic and recovery procedures
 - Oral health
 - Therapeutic and vaccine certificate
 - Sanitary Transportation
 - Medications (FTM)

HEALTH CARE MODEL CHANGES

National Health Board (JUNASA)

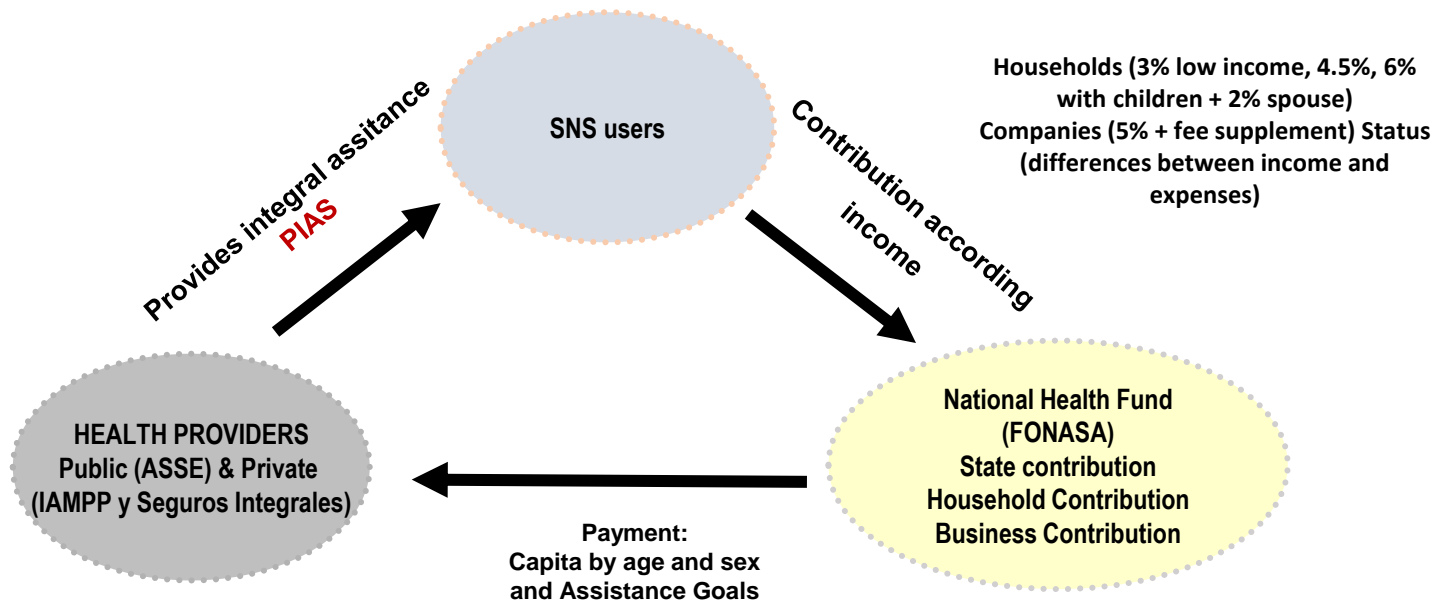
- Health Ministry decentralized organ
- Directory with 7 members: 4 designated by the Executive Branch (2 at the proposal of the National Health Ministry, one of which presides; 1 at the proposal of the Financial and Economics Ministry and another from the BPS), 1 representative of the health service providers that integrate the SNIS, 1 representative of the workers and 1 representative of the users.

JUNASA Competences (Law 18.211):

- ✓ Administer the National Health Insurance (SNS). Provide the payment of health fees to the providers that integrate the SNS, after verifying compliance with the obligations under their charge.
- ✓ Ensure compliance with the guiding principles and objectives of the National Integrated Health System (SNIS)
- ✓ The purchase of the Comprehensive Health Care Plan (PIAS) for the health coverage of the population benefiting from the SNS is done through the signing of the Management Contracts that will then be controlled and monitored by the MSP and JUNASA

CHANGES IN THE FINANCING MODEL

National Health Insurance Conformation (acronym in Spanish SNS)



SALUD.UY PROGRAM

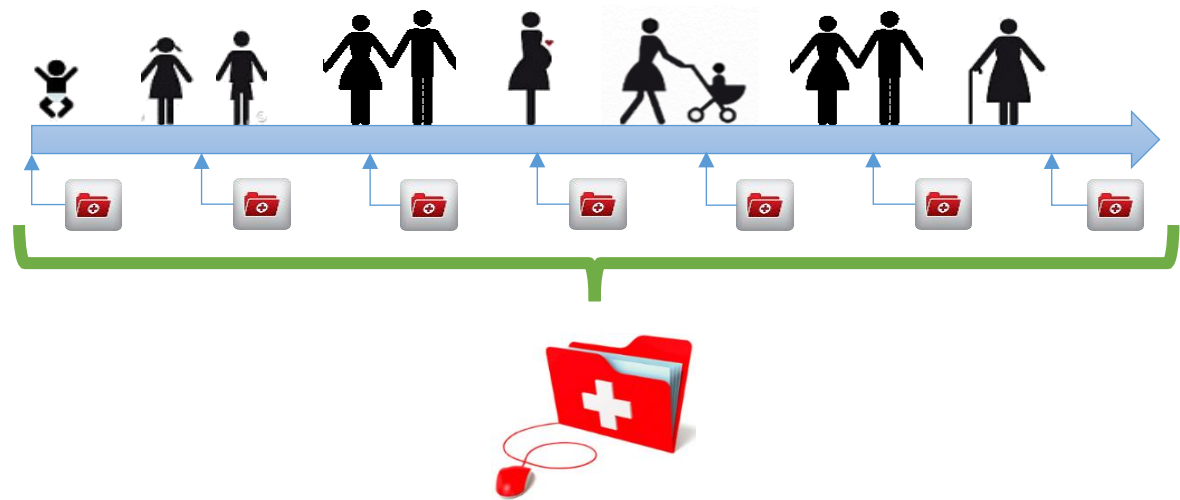
GOVERNANCE



-
- Define interoperability standards and rules
 - Implement pilot applications and proof of concept
 - Generate and maintain the central infrastructure
 - Support providers in the adoption of initiatives
 - Change management

ELECTRONIC HEALTH RECORD

Comprehensive set of clinical, social and economic data, referring to the person information health, from birth to death, processed through electronic means, equivalent of the paper medical history



HCEN ELECTRONIC NATIONAL HEALTH RECORD

Guarantees that the citizen's clinical information is available and accessible to the health team in a timely, secure and real-time manner

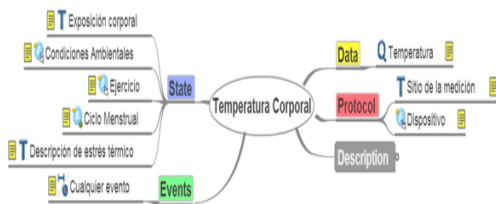
Clinical Information model

Harmonized, consolidable and extensible

Standardized Clinical Content

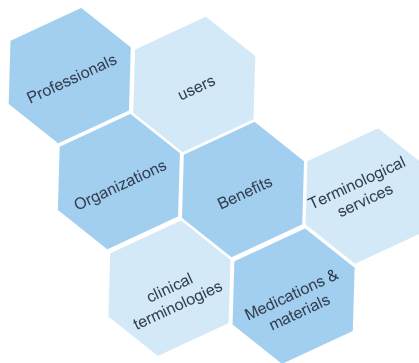
Minimum data Set

Based CDA standard of HL7

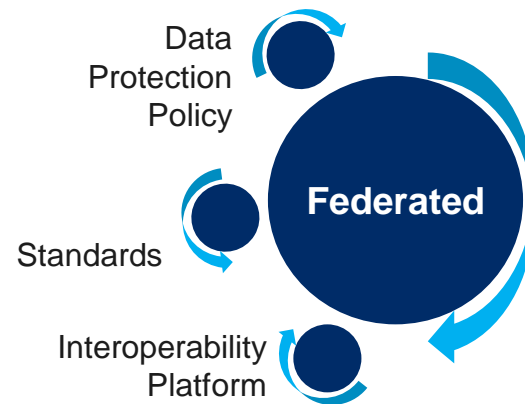


Data Architecture

Enable semantic interoperability



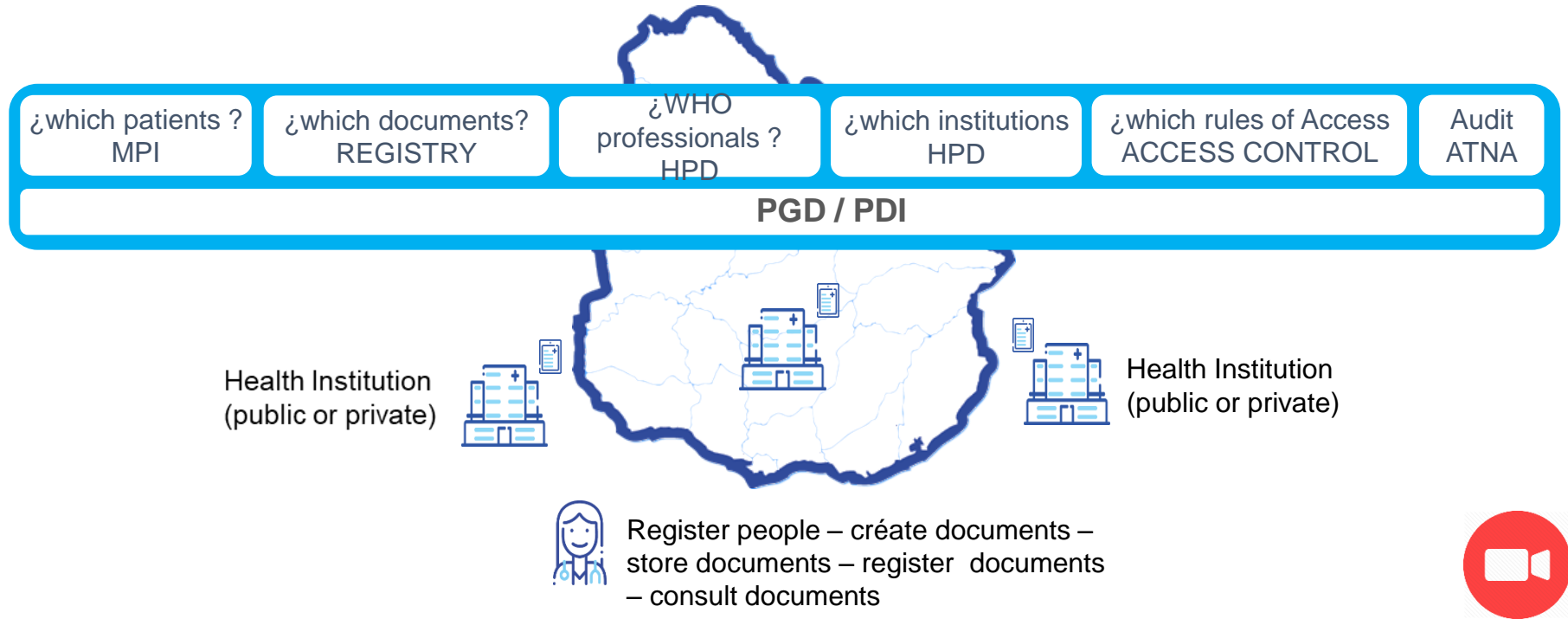
Exchange model



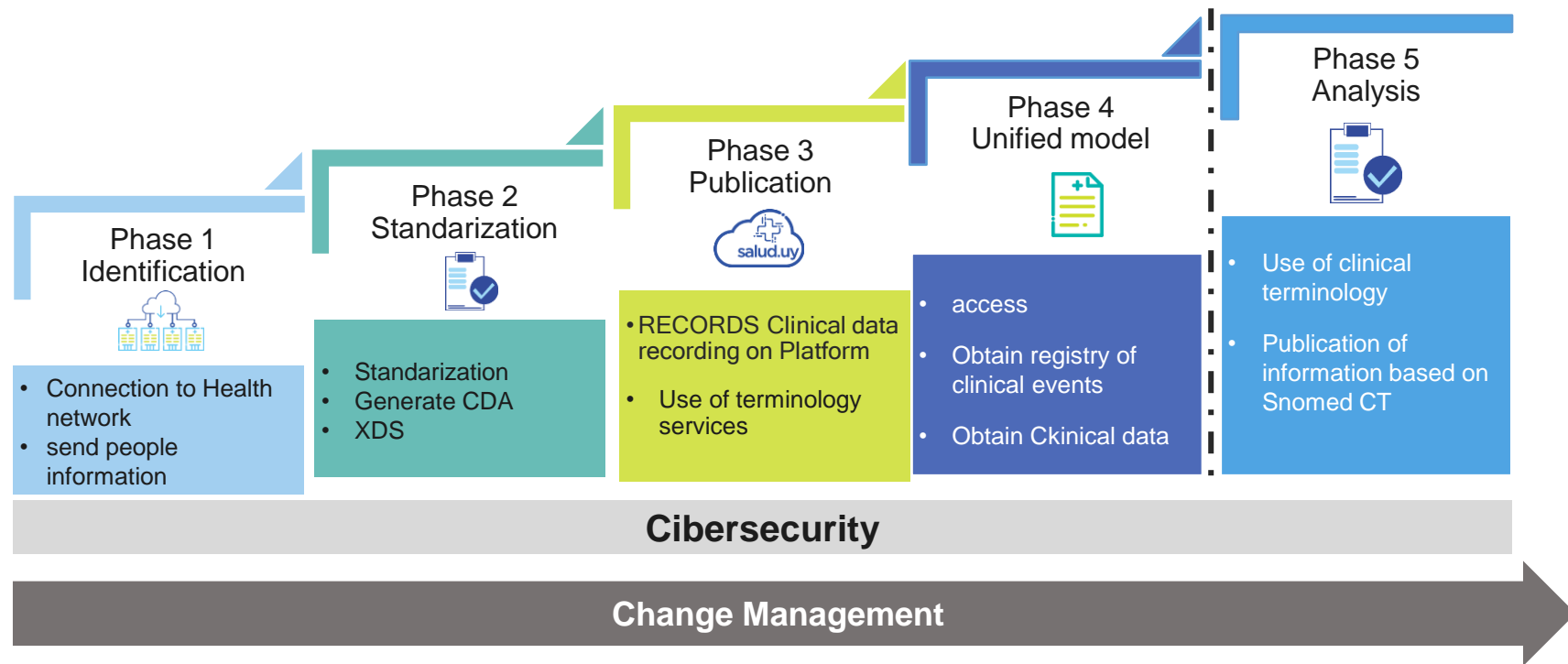
MOST RELEVANT ASPECTS

- The rules for **syntactic and semantic interoperability** are defined
- The **standards** to be used are defined
- Architecture with **federated repositories and centralized registry**
- Each institution maintains its own systems. **HCEN is not a software**
- Each institution is the **legal custodian** of the medical record, and **stores** the clinical documents of each user
- The HCEN health platform contains **records of people and clinical events** (does not store clinical information)
- Integrated by a sustainable infrastructure over time (health network, HCEN platform, Digital Government Platform)

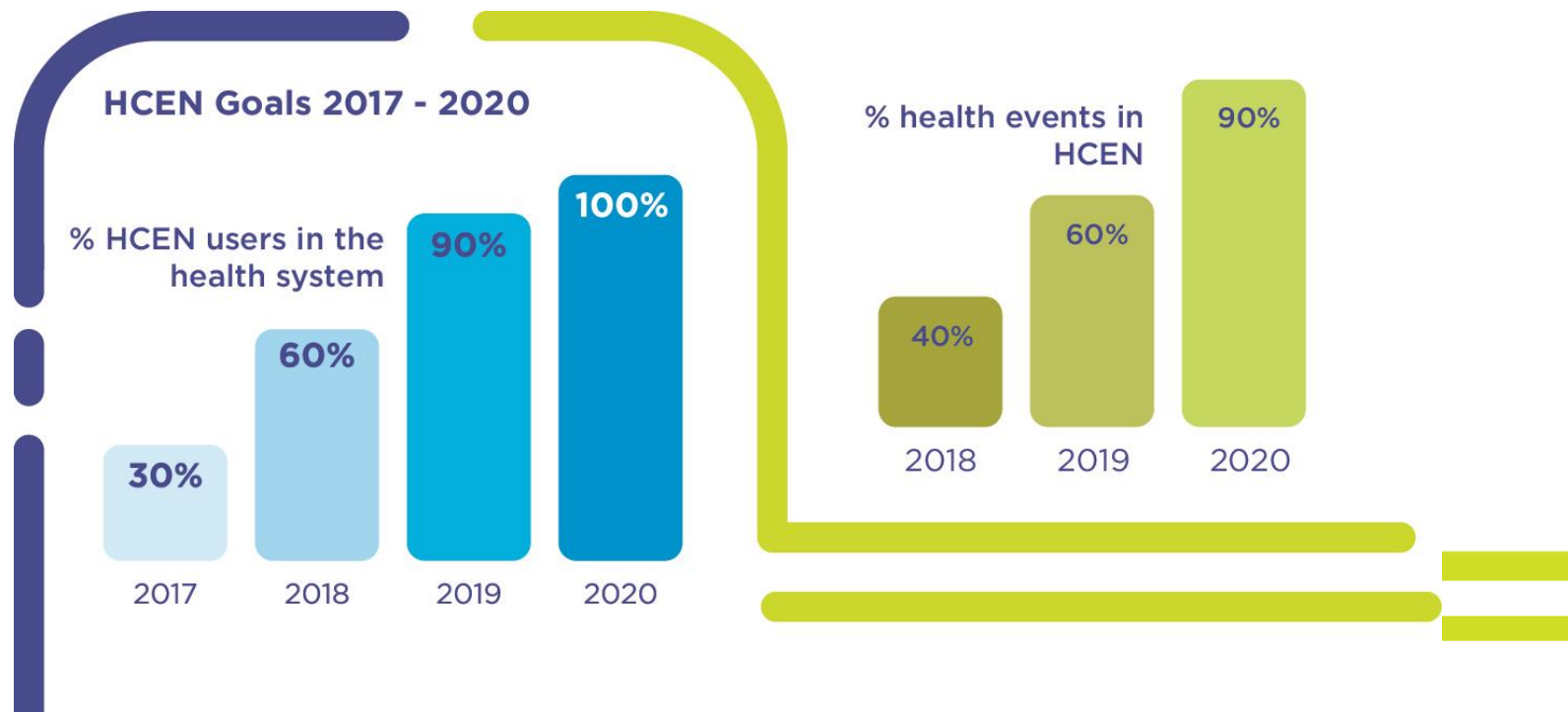
HCEN - SALUD.UY PLATFORM



ADOPTION PLAN

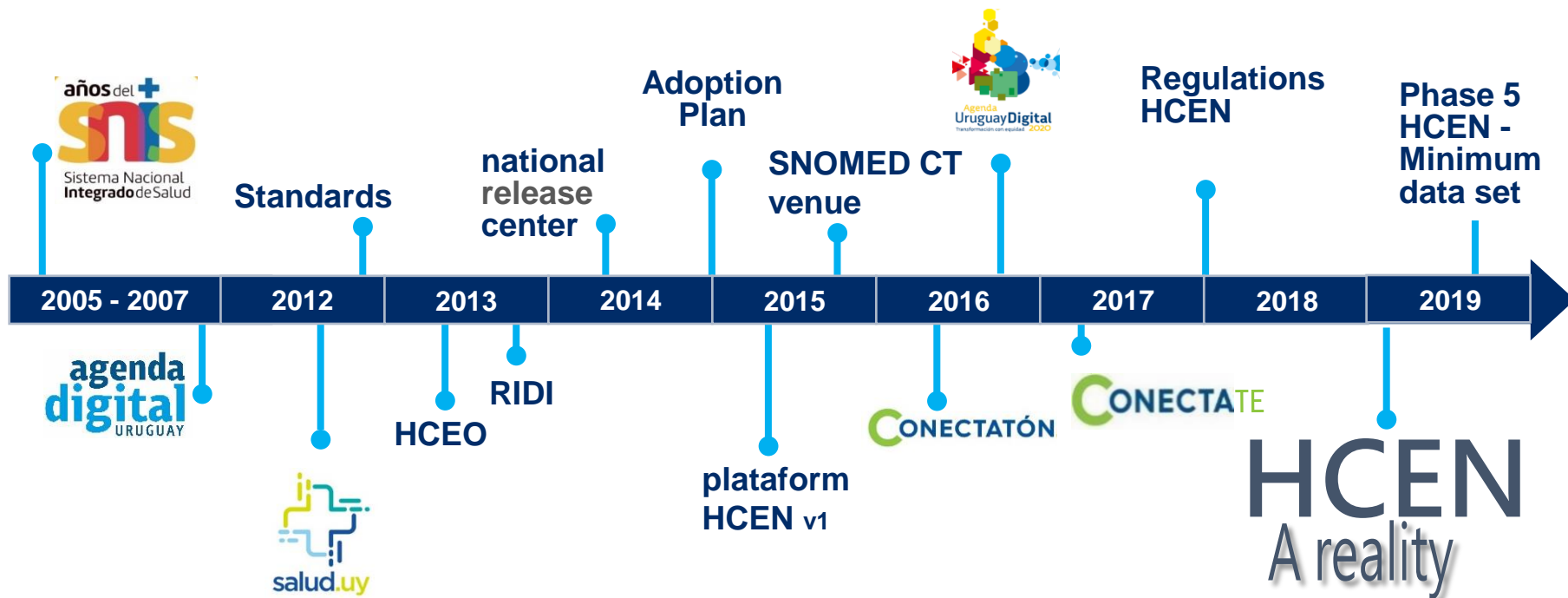


GOALS ADOPTION PLAN



SALUD.UY TIMELINE

Continuos and sustained process



The HCEN: Summing up (National EHR)

- **This is NOT** an EHR software is a Health Platform
- The Health Platform provides the framework for a common need, in line with the country's health strategy
- It is **supported** on the electronic **government platform** (authentication, reliable, and security)
- It shall consist of the sum of the successive electronic clinical pages generated in the various patient care sites of the SNIS (Integrated National Health System)
- It shall initially contain indispensable information **to ensure the continuity of patient care**
- Each institution may have its own EHR system and **generate "sharable" clinical pages**
- Stakeholder inclusion and adoption plan, in a scalable manner and according to their technological maturity
- Based on international standards model but adjusted to the country's local reality

NEXT STEPS

- Adoption plan for cybersecurity
- e-Prescribing national wide
- Structured clinical information
- Monitor and evaluation population system

THANKS FOR YOUR ATTENTION