



**SUS: Unified Health System** 

AUGUSTO CESAR GADELHA VIEIRA CIO/Ministry of Health

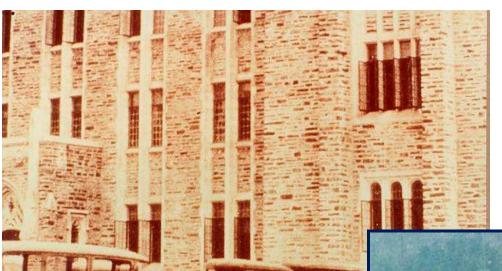
July 2012









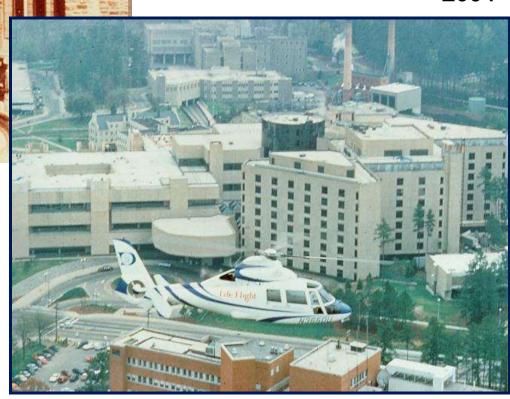


# Health the building

2004



Source: Ed Hammond

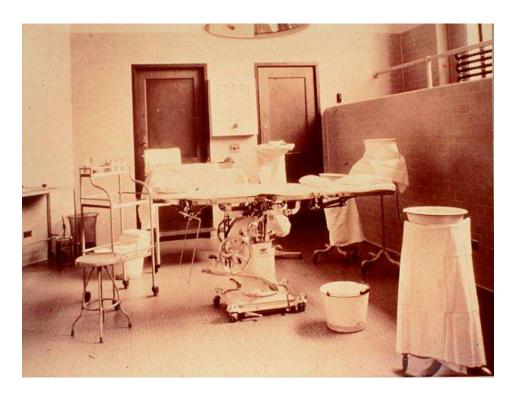


# **Infirmary**

2004



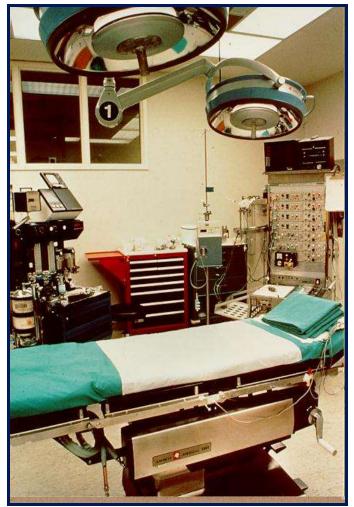
Source: Ed Hammond



1935

#### **Source: Ed Hammond**

# **Surgical Center**



# **Prontuary**



2004

1935

**Source: Ed Hammond** 

#### **Brazil: Facts and Figures**

- 5<sup>th</sup> largest country (7,682,300 km<sup>2</sup>)
- 5<sup>th</sup> largest population (193 million)(2011)
- •6<sup>th</sup> largest economy (GDP 2.5 trillion USD)(2011)
- "Young" democracy (Constitution from 1988)
- Political stability









## **Brazil: Political Organization**

- National Federation
- 5 Geographical Regions
- 26 States + DF
- •5,565 Municipalities









#### **Brazilian Unified Health System (SUS)**

- Integral health care for all citizens;
- Regionalized and Decentralized;
- Federated;
- Governance at 3 levels:
  - National
  - State
  - Municipal











## **Brazilian Unified Health System (SUS)**

Services	Quantity (2011)	Monthly Average	Amounts paid per year (2011)	Procedures performed per year (2011)
AIH (inpatient)	11,1 mi	0,9 mi	R\$ 11,2 bi	112 mi
APAC (specialized care)	717,7 mi	59,8 mi	R\$ 5,8 bi	3,600 mi
Ambulatory (outpatient)	3,524,0 mi	293,7 mi	R\$ 15,2 bi	3,524 mi
Total	4,252,8 mi	354,4 mi	R\$ 32,2 bi ~US\$16 bi	7,236 mi

From TABNET/DATASUS - <a href="http://www2.datasus.gov.br/DATASUS/index.php?area=0202">http://www2.datasus.gov.br/DATASUS/index.php?area=0202</a>

Health Care Unit	Public	Private	Philanthropic Charitable
Provide services to SUS	65,333	17,331	4,812
Don't provide services to SUS		168,150	

1 BRL ~ 2 USD









- Citizen
  - Better health services
  - Information and empowerment









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- Health Professional
  - Improved professional activity
  - Information and knowledge

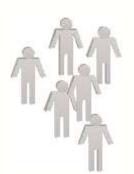








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- Health care units (providers)
  - Better services to citizens
  - IT solutions and resources









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- Health care units (providers)
  - Better services to citizens
  - IT solutions and resources
- Decision holders and Managers
  - Efficiency and transparency
  - Cost control
  - Informed policy formulation and decision making











## **Key Actions (2012-2013)**

- Identification of individuals in Health System (SUS): National Health Card (deployed, scaling)
- Development of the National Electronic Health Registry
- Regulatory framework
  - Adoption of International and National Standard (see Ministerial Act. 2.073/11)
- System interoperability: Service bus (ESB)
- •IT solutions for:
  - Hospital
  - **Basic Care unit**









#### **National Health Card**

- Identification of individuals in Health System (SUS):
  National Health Number
- MPI Master Patient Index
   Web Service (deployed) and
   PIX/PDQ (in development)



- Deduplication of the citizens' database (CADSUS)
- Aim to cover ≈100% of the population until 2014
- Links the procedures to user, professional and health unit







#### **National Electronic Health Registry**

- Information and Business models (Who? What (granularity)? When?)
- Citizen's Health Portal (PHR and other eHealth services)
- Security and Privacy policy (and enabling tools)
- Interoperability architecture (Service bus)
- Technical architecture and infrastructure
  - Connectivity issues
  - Cloud computing (SaaS) solutions

**EHR** 











#### **National Electronic Health Registry**

## Adopted Standards for Interoperability

(Ministerial Act 2.073 / 2011)

Web Services: SOAP, WS-Security, WSDL

Document Coding: XML

Reference Model for PHR: OpenEHR

Interoperability: HL7

Clinical Document Archit: HL7-CDA

Lab Coding: LOINC (Logical Obs. Identifiers, Names and Code)

Clinical terms: SNOMED

Image coding: DICOM

Knowledge models: ISO 13.606-2

Patient Identifier: IHE – PIX

Primary Care: ICPC-2

Brazilian standards for clinical procedures

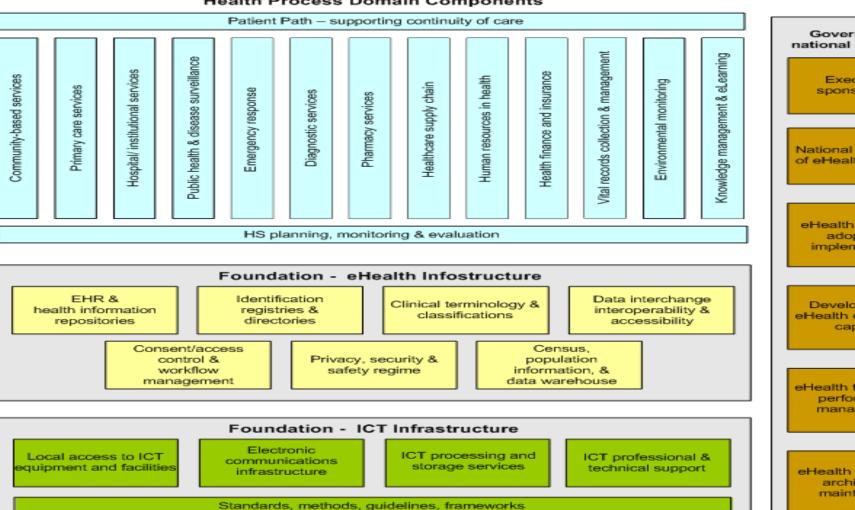






#### Informed health policy Improved access to care Evidence-based practice Informed health service planning Efficiency, productivity, cost-effectiveness Improved quality of care - to individuals & populations

#### **Health Process Domain Components**



Governance & national ownership

> Executive sponsorship

National leadership of eHealth program

eHealth standards adoption & implementation

Development of eHealth capability & capacity

eHealth financing & performance management

eHealth planning & architecture maintenance









#### **National Electronic Health Registry**

#### **Main Milestones:**

- ■National Health Card system (CADSUS)
- Production (non-clinical) information
  - based on existing databases and IT systems: Dec 2012 (quick win)
- Clinical EHR (simple): Dec 2013

**CADSUS** 

**CNES** 

**SISRCA** 

EHR (non-clinical)

BI tools

EHR (clinical)

Phase 1

Phase 2

Phase 3

31.03.2012 <

**CADSUS** 

31.12.2012

31.12.2013







## **Regulatory Framework**

- Min Act nº 940/11-GM: national health card system and basic regulations
- Min Act nº 2.073/11-GM: standards and interoperability
- Min Act nº 16/11-SGEP/SVS: integration of other systems (SVS/MS) and the national health card system.
- Min Act nº 02/12-SAS/SGEP: use of the national health number in all health records
- Min Act nº 1.127/12-GM: funding for development of IT interoperable regional solutions

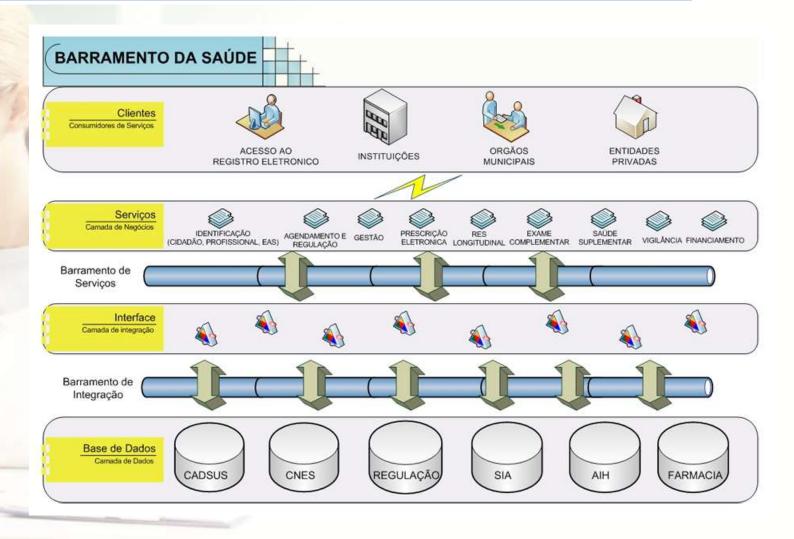








## **Interoperability: Service bus**











#### **Interoperability: Service bus**

**Important Systems (10 samples)** 

**CADSUS** – User Registration Information System

**CNES** – National Register of Health Facility

SISRCA – Regulation, Control and Evaluation

**SISREG** – Regulation System

**SNT** – National Transplant System

**SINAN** – Information System for Notifiable Diseases

**SIM** – Information System on Mortality

**SINASC** – Information System on Live Births

Farmácia Popular – People's Pharmacy (Authorizer)

**HORUS** – Drug Dispensing System

**PORTAL DA SAÚDE** – Ministry of Health Website









#### **Strong Points**

- Sponsorship from Presidential office;
- Key goal in the Ministry strategic agenda;
- National-wide databases and mature structuring information systems (although silo-based);
- Pragmatic development strategy;
- Participation of states and municipalities;
- Involvement of experts, professionals, scientific associations, academia.



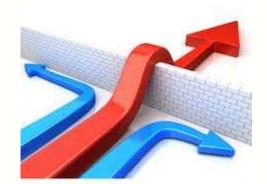






#### **Main Challenges**

- Clear eHealth consensus and policies still in development
- Complex governance system;
- Regional and (economical) diversity;
- Diversity of technical solutions (in use – legacy - and in development);
- Limitations in connectivity and ICT infrastructure (specially outside large and medium urban areas);
- Lack of required expertise (availability);
- Bureaucracies at public sector administrative processes;
- Quick wins vs. strategic developments balance











#### **Trends**

- TeleHealth
  - Family Health Program;
  - Community Health Agents;
- MOBILITY
  - Family Health Program;
  - Community Health Agents;
  - **Epidemiological Control**
- **CLOUD COMPUTING** 
  - Security / Access / Cost
- **HEALTH PROMOTION** 
  - Information, Education and Communication;
  - Community Participations and Social Control;
  - Social Networks.









#### Other matters of concern

#### **Technological Aspects:**

- IT Governance:
  - → CIINFO / MS Committee for Information and Computing in Health at Ministry of Health
- IT Human Resources
- Networks / connectivity & IT Infrastructure
- Contingency and Disaster Recovery

#### **Cultural Aspects:**

- Attitudes of Health professionals need for change
- Legislation and Regulatory Compliance













## **Thank You!**

AUGUSTO Cesar GADELHA VIEIRA CIO/Ministry of Health

July 2012







