BRIDGING THE GAPS IN HEALTH INFORMATION SYSTEMS

FOR TB, HIV, COVID-19 and beyond
The continuum of care

- Prevention
- Identification
- Screening
- Treatment
- Follow-up

Patient care pathway

The advantages

- Ability to track patients towards the continuum => reduced loss of patients
- Flow of data => useful for planning, mitigating issues and allocating resources
- Multi-sickness approach => Collaboration between programs, cost reduction, and better health care
- The ecosystem can be integrated and inclusive
Universal access to augmented health by 2040

We believe that augmented health...

- **Eases the access** to health-related information
- **Improves or upgrades capacity and quality** of services in the patient care pathway
- **Empowers stakeholders** for informed and autonomous decisions
Augmented health involves **continuous monitoring, engagement, and health management**, where rather than treating a patient for a disease, the focus shifts to involving the patient in preventing disease, predicting possible adverse outcomes.

Preventing them through **proactive measures** and keeping them healthy and fit with lifestyle changes. Rather than chronic disease management, it takes a holistic approach to improving the overall quality of life.
Savics solutions – One connected platform

Patient care pathway

PREVENTION

IDENTIFICATION

SCREENING

TREATMENT

FOLLOW-UP

MediScout

Selfics

MediScout

DataToCare

Co-creation

Inter-connectivity

Co-creation

Co-creation

OpenMRS
dhis2
MediScout – Community based surveillance

1. Prediction map - data-driven mapping of high-risk communities to focus surveillance efforts

2. Mobile application - used to customize a screening questionnaire that estimates individual disease risk and refer those at most risk to care.

3. Web application - dashboard for planning and remote monitoring of large-scale field screening
MediScout results – Active case finding – South Kivu (DRC)

1. **Prediction map** – The confirmed TB patients found in areas predicted as “high-risk” was 3X higher. Can be used to prioritize locations of screening interventions.

2. **Mobile application** – individual TB risk scores computed with the app strongly correlated with lab results- Can be used as a triage test prior lab confirmation.

3. **Web application** – 3X more screening compared to before MediScout© - Increased efficiency of active case finding missions.
DataToCare – Lab connectivity

Results capture

LAB A
LAB B
LAB X

Results gathering

With SMS or internet

Results delivery

Prescriber
Patient

Lab dashboard (offline)

National dashboard

SMS and/or email
DataToCare – Lab connectivity

**– DATA CAPTURE –**

- Collects multi-disease data from multi-devices
- Stock management (expiration, consumption)
- Quality management for assay maintenance

**– NATIONAL DASHBOARD –**

- Case-based data visualization (patient timeline)
- Aggregated data visualization (map, chart, tables)
- Export and import function (excel)
DataToCare - COVID-19 integration

3 countries working with us for their COVID-19 response
3 days to provide you with the new setup

Lab results are automatically captured (GeneXpert and others)
Data capture customized to country-specific needs
Real-time monitoring of positive cases by region
Real-time monitoring of test results by laboratory
Case-based and aggregated data visualization
Can be integrated to MediScout for contact tracing
DataToCare – Lab connectivity – Benefits

Real-time results transfer – Faster access to treatment

Automated and standardized data collection – Improved quality of data reporting and analysis

Real-time monitoring at different levels
DataToCare - Connectivity of Laboratory network

DataToCare is installed in 550+ laboratories across 13 countries in Africa & Asia.
Interconnectivity – Rwanda health info exchange

Interoperability layer

- Patient Repository
- Facility Repository
- Provider Repository
- Shared Medical records

Mediator 1
Mediator 2
Mediator 3
Mediator 4

- National ID system
- OpenMRS
- dhis2
- The national LIMS connected

50 instances connected

National HIS

The national LIMS connected
How do we work?

**Agile** – Modularity – Continuous integration of field feedback – Fast integration of new diseases, multi-tests

**Interconnectivity** – To existing databases – API available to connect our solutions to existing databases, diagnostic devices

**Sustainability** – We collaborate with MoHs & other local partners to deliver on their needs and ensure technology transfer – Data hosted in-country or in the cloud

**Adaptability** – Simplicity due to field conditions – Offline mode, SMS, many languages
SAVICS TEAM
Diversity - 20 nationalities (75% in LMICs) - Better understanding of needs and direct on field support – Culture adaptability

Co-developed solutions - We hire people where we work
Lessons learned

What makes a digital project successful?

- Digitalization is **not magic** – it needs people to work
- Prepare your team for **behavioural change**
- **Proactive communication** and feedback reporting with stakeholders is key
- Find the **good balance between end-user** (data capture) and **reporting** - important to not overload the end-user
- **Start simple** and small, then leverage
- Do not underestimate the **training time**
Savics is ready to co-create with you

What are your current roadblocks?

www.savics.org
Thank you for your attention

Virtual Innovation spotlight - StopTBPartnership - 2020 / 05 / 20

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Implementation process

**Scoping & Customization**
- Needs assessment
- Proposal
- Customization work

**Pilot phase**
- Installation pilot
- End user training
- Impact analysis
- Tested and validated by the country

**Countrywide implementation**
- Installation by the country
- End user training done by the country super-users

**In the country**
- Environment evaluation 1 week
- IT Development 6 weeks

**Remote work**
- Installation in 10 laboratories 2 weeks
- Testing 6 weeks
- Installation in the remaining laboratories X weeks

Support and maintenance
- Depends on service agreement