

| (L1) Student Dictionary | | (L1) Student Dictionary (cont) | | (L2) WHO Health System Framework | | (L2) WHO Health System Framework (cont) | |
|---------------------------------------|---|--------------------------------|---|----------------------------------|---|--|---|
| Application | Another word for a program or software | Hardware | All parts of the computer that you can touch: the monitor, CPU, printer, mouse, and keyboard. | Service delivery | those which deliver effective, safe, quality personal and non-personal health interventions to those who need them, when and where needed, with minimum waste of resources. | Information | one that ensures the production, analysis, dissemination and use of reliable and timely information on health determinants, health systems performance and health status. |
| Central Processing Unit or CPU | Where all the information you put into the computer is stored | Link | A place on a website that will take you to a different website. When your cursor turns into a hand, it is a link. | Health Workforce | one which works in ways that are responsive, fair and efficient to achieve the best health outcomes possible, given available resources and circumstances. For example, there are sufficient numbers and mix of staff, fairly distributed; they are competent, responsive and productive. | Medical Products, Vaccines and Technologies | ensures equitable access to essential medical products, vaccines and technologies of assured quality, safety, efficacy and cost-effectiveness, and their scientifically sound and cost-effective use. |
| Hard Drive | The place <i>inside</i> your computer where programs and files are stored | Menu Bar | The words at the top of the screen. Click on these words and you see menus of other things you can do. | | | | |
| Operating System | The most important program in your computer. This program is like the <i>manager</i> of all the other programs. | Software | Another word for programs, instructions in the computer that help it do different tasks | | | | |
| Bold | A font style that makes letters and words darker | USB Drive | A disk that you can save information on. Also called a flash drive, jump drive, or thumb drive | | | | |
| Boot | To start up a computer, when a computer is warming up, we say it is booting. You can also reboot or restart | | | | | | |



| (L2) WHO Health System Framework (cont) | | (L4) Health Information Technology | (L4) Health Information Technology (cont) | (L4) Overview of Health Informatics |
|---|---|--|--|---|
| Financing | raises adequate funds for health, in ways that ensure people can use needed services, and are protected from financial catastrophe or impoverishment associated with having to pay for them. | <i>(Rouse)</i> Health Information Technology (HIT) | Health Information Technology (HIT) | The dawn of the information age has resulted into the generation of huge amounts of routine data, particularly in healthcare, which can become perplexing to process and analyze. This is the challenge for health informatics to make sense of large amounts of data while insuring the processes are valid and secure. Health Information Technology - Health Informatics - Health Information Management |
| Leadership and Governance | involves ensuring strategic policy frameworks exist and are combined with effective stewardship, coalition-building, the provision of appropriate regulations and incentives, attention to system-design, and accountability. | "the area of IT involving the design, development, creation, use, and maintenance of information systems for the healthcare industry. Automated and interoperable healthcare information systems are expected to improve medical care, lower costs, increase efficiency, reduce error and improve patient satisfaction." | HIT often involves electronic transactions of health information, it is important to maintain privacy and security during transmission. Health information technology promises to modernize and streamline healthcare and to connect different users and stakeholders in the e-health market. Systems such as electronic health records, decision support systems and personal health records are promising and are becoming widely deployed worldwide | The transition from a manual to a more advanced health information system is an overarching issue that sits between providers of healthcare, managers, policy makers, researchers, and patients alike. While there are benefits, there are also undeniable disadvantages, and this is further discussed in later in the chapter. |



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(L3) The Philippine Health Care System

The Department of Health

Mandate:

The Department of Health shall be responsible for the following: formulation and development of national health policies, guidelines, standards and manual of operations for health services and programs; issuance of rules and regulations, licenses and accreditations; promulgation of national health standards, goals, priorities and indicators; development of special health programs and projects and advocacy for legislation on health policies and programs.

The primary function of the Department of Health is the promotion, protection, preservation or restoration of the health of the people through the provision and delivery of health services and through the regulation and encouragement of providers of health goods and services (E.O. No.

(L3) The Philippine Health Care System (cont)

119, Sec. 3).. Vision:
Health as a right. Health for All Filipinos by the year 2000 and Health in the Hands of the People by the year 2020.

Mission:

The mission of the DOH, in partnership with the people to ensure equity, quality and access to health care:

- by making services available
- by arousing community awareness
- by mobilizing resources
- by promoting the means to better health

(L3) Management of Primary Healthcare

Staffing

- Assignment of individuals to responsible positions identified in a management plan
- Determine the competencies required for a position through:
 - o Identify key result areas (KRAs) per major activities in the plan

(L3) Management of Primary Healthcare (cont)

- o Determine qualifications and competencies required to perform the activities and achieve the KRAs
 - Assign or recruit staff that qualifies for the responsibilities
 - For existing programs and services
 - o Review and adjust the competency requirements for each major activity with corresponding KRAs
 - o Match competency requirements vis-a-vis the responsible person already assigned to the activity

(L2) Health System

(Bertalanffy)
System Is an arrangement of parts and their interconnections come together for a purpose

(L2) Health System (cont)

Health System consisting of many parts such as the community, department or ministries of health, health care providers, health service organizations, pharmaceuticals companies, health financing bodies and other organizations related to health.

(Roemer (1991))
Health System the combination of resources, organization, financing and management that culminate in the delivery of health services to the population." In World Health Organization Report in 2000, health system was defined as "all the organizations, institutions and resources that are devoted to producing health actions



(L2) Health System (cont)

Health Action as "any effort, whether in personal health care, public health services or through intersectoral initiatives, whose primary purpose is to improve health."

Goals and Functions of Health System

(1) Improving the health of populations

Improving population health is the overarching goal. Health status should be measured over the entire population and across different socioeconomic groups. The safety of populations must be protected from existing health risks and emerging health risks.

(2) Improving the responsiveness of the health system to the population it serves

Responsiveness represent the concept that the health system provides services in the manner that people want or desire and engages people as active partners.

Goals and Functions of Health System (cont)

(3) Fairness in financial contribution

An ideal health system will provide social and financial risk protection in health and be fairly financed.

Four Vital Health System Functions

(1) **Health service provision** The best systems also promote health and try to avert illness through education and preventive measures.

(2) **Health service inputs** Health service inputs or managing resources is the assembling of essential resources for delivering health services.

(3) **Stewardship** Stewardship or the overall system oversight sets the context and policy framework for the overall health system

Four Vital Health System Functions (cont)

(4) **Health financing** Health system financing includes collecting revenues, pooling financial risk, and allocating revenue.

4.1 **Revenue Collection** entails collection of money to pay for health care services. Revenue collection mechanisms are general taxation, donor financing, mandatory payroll contributions, mandatory or voluntary risk-rated contributions, direct household out-of-pocket expenditures, and other forms of personal savings.

Four Vital Health System Functions (cont)

4.2 **Risk pooling** refers to the collection and management of financial resources in a way that spreads financial risks from an individual to all pool members (WHO 2000). Financial risk pooling is the core function of health insurance mechanisms.



Four Vital Health System Functions (cont)

4.2.1 Bismarck model (Bismarck's Law on Health Insurance of 1883) Named for the Prussian Chancellor Otto von Bismarck, who invented the welfare state as part of the unification of Germany in the 19th century. Despite its European heritage, this system of providing health care would look fairly familiar to Americans. It uses an insurance system - the insurers are called "sickness funds"

Four Vital Health System Functions (cont)

4.2.2 Beveridge model (from the report on Social Insurance and Allied Services of 1942-the Beveridge Report) Named after William Beveridge, the social reformer who designed Britain's National Health Service. In this system, health care is provided and financed by the government through tax payments, just like the police force or the public library.

Four Vital Health System Functions (cont)

4.3 Strategic Purchasing is the way most risk-pooling organizations or purchasers use collected and pooled financial resources to finance or buy health care services for their members; plays a key role in defining a substantial part of the external incentives for providers to develop appropriate provider-user interaction and health service delivery models.

(L4) Healthcare Information System (cont)

Individuals, patients, providers, hospitals/health systems, researchers, payors, suppliers and systems are potential stakeholders within such an ecosystem. Each is involved in the creation, exchange and use of health information and/or data.. An efficient health interoperability ecosystem provides an information infrastructure that uses technical standards, policies and protocols to enable seamless and secure capture, discovery, exchange and utilization of health information.

(L3) Levels of Healthcare Facilities

(L4) Healthcare Information System

The Healthcare Information and Management Systems Society (2017) defines a health interoperability ecosystem as a composition individuals, systems and processes that want to share, exchange, and access all forms of health information, including discrete, narrative and multimedia.

1. **PRIMARY LEVEL OF HEALTH CARE FACILITIES** This includes rural health units, their sub-centers, chest clinics, malaria eradication units, and schistosomiasis control units operated by the DOH; puericulture centers operated by League of Puericulture Centers; tuberculosis clinics and hospitals of the Philippine Tuberculosis Society; private clinics, clinics operated by the Philippine Medical Association; clinics operated by large industrial firms for their employees; community hospitals and health centers operated by the Philippine Medicare Care Commission and other health facilities operated by voluntary religious and civic groups (Williams-Tungpalan, 1981).



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(L3) Levels of Healthcare Facilities (cont)

2. **SECONDARY LEVEL OF HEALTH CARE FACILITIES** These are the smaller, non-departmentalized hospitals including emergency and regional hospitals in which services to patients with symptomatic stages of disease, which require moderately specialized knowledge and technical resources for adequate treatment are offered.

(L3) Levels of Healthcare Facilities (cont)

3. **TERTIARY LEVEL OF HEALTH CARE FACILITIES** These are the highly technological and sophisticated services offered by medical centers and large hospitals. These are the specialized national hospitals. The services rendered at this level are for clients afflicted with diseases which seriously threaten their health and which require highly technical and specialized knowledge, facilities and personnel to treat effectively (Williams-Tungpalan, 1981)

(L3) Levels of Healthcare Facilities (cont)

FACTORS ON THE VARIOUS CATEGORIES OF HEALTH WORKERS AMONG COUNTRIES AND COMMUNITIES

1. available health manpower resources
2. local health needs and problems
3. political and financial feasibility

(L2) Philippine Health System

1979: Adoption of Primary Health Care Promoted participatory management of the local health care system.

1982: Reorganization of DOH Integrated public health and hospital services.

1988: The Generics Act Prescriptions are written using the generic name of the drug.

1991: RA 7160 "Local Government Code" Transfer of responsibility of health service provisions to the local government units.

(L2) Philippine Health System (cont)

1995: National Health Act Aims to provide all citizens a mechanism for financial protection with priority given to the poor.

1996: Health Sector Reform Agenda Major organizational restructuring of the DOH to improve the way health care is delivered, regulated and financed.

2005: FOURmula One (F1) for Health Adoption of operational framework to undertake reforms with speed, precision, and effective coordination.

2008: RA 9502 "Access to Cheaper and Quality Medicines Act" Promote and ensure access to affordable quality drugs and medicines for all.



(L2) Philippine Health System (cont)

2010: AO 2010-0036 "Kal-usugang Pangkalah-atan" Universal health coverage and access to quality health care for all Filipinos.

The major areas of the following health reform initiatives are the health service delivery, health regulation and health financing. These health reforms targeted to address issues such as poor accessibility, inequity and inefficiency.

(L2) Leadership and Governance

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The Department of Health is mandated to provide national policy direction and develop national plans, technical standards and guidelines of health. It also provides technical assistance, capacity building and advisory services for disease prevention. National health programs are coordinate by the DOH through the LGUs. City and municipal governments provide primary care through public health and primary health care centers linked to peripheral barangay health centers (BHCs) or health outposts.

(L2) Decentralized and Centralized

The DOH as mandated has the duty to:

1. Developing health policies and programs;
2. Enhancing partner' s capacity through technical assistance;
3. Leveraging performance for priority health programs among these partners;
4. Developing and enforcing regulatory policies and standards;
5. Providing specific programs that affect large segments of the population;
6. Providing specialized and tertiary level care.

Under the decentralized or devolved structure, the state is represented by national offices and the LGUs. Since enactment of the 1991 LGC, the government health system now consists of basic health services"including health promotion and preventive units"provided by cities and municipalities, province-run provincial and district hospitals of varying capacities, and mostly tertiary medical centers, specialty hospitals, and a number of re-nationalized provincial hospitals managed by the DOH

Directions of the Philippine Health Sector

(1) The Philippine Health Agenda (DOH Administrative Order 2016-0038) has 3 key health system guarantees. These are: (a) Population and individual-level interventions for all life stages that promote health and wellness, prevent and treat the triple burden of disease, delay complications, rehabilitation and provide palliation. (b) Access to health interventions through functional Service Delivery Networks (SDNs). (c) Financial risk protection when accessing these interventions through Universal Health Insurance.

Directions of the Philippine Health Sector (cont)

(2) The Philippine Development Plan 2017-2022 This is the four key medium-term plans to translate the vision of aspirations for the Filipinos and the country.

(3) NEDA AmBisyon Natin 2040 This is a collective long-term plan which envisions a better life for the Filipinos and the country in the next 25 years.

(4) Sustainable Development Goals 2030 This is a compilation of 17 developmental goals that targets to end poverty, fight inequality and injustice and confront issues involving climate change and its effects.



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(L4) Health Informatics in the Cloud

The role of cloud technology is undeniably significant in our everyday lives. Currently, 83% of healthcare organizations are making use of cloud-based applications, and it is changing the landscape of the healthcare system and health informatics. However, both benefits and threats exist, and this is discussed below

*Advantage: Integrated and Efficient Patient Care**

Cloud technology offers a single access point for patient information, and this allows multiple doctors to review lab results or notes on patients.

Disadvantage: Potential Risks to Personal Information

The strength of cloud technology is also the very same characteristic that makes it vulnerable to data breaches. The information contained within medical records may be subjected to theft or other violations of privacy and confidentiality.

Advantage: Better Management of Data

The accumulation of electronic health records will allow more meaningful data mining that can better assess the health of the general public.

Disadvantage: Cloud Set-up Seems Cumbersome

(L4) Health Informatics in the Cloud (cont)

The transition from a traditional to an automated system might be difficult to some members of healthcare organizations, particularly for smaller or older practices that may not be familiar with cloud technology.

(L3) Management of Primary Healthcare

1. **Planning** Managers are usually required to set a direction and determine what needs to be accomplished. It means setting priorities and determining performance targets.

(L3) Management of Primary Healthcare (cont)

2. **Organizing** This refers to the management function on designing the organization or the specific division, unit, or service for which the manager is responsible. Further, it means designating reporting relationships and intentional patterns of interaction. Determining positions, teamwork assignments, and distribution of authority and responsibility.

3. **Staffing** This function refers to acquiring and retaining human resources. It also refers to developing and maintaining the workforce through various strategies and tactics.

(L3) Management of Primary Healthcare (cont)

4. **Controlling** This function refers to monitoring staff activities and performance and taking the appropriate actions for corrective action to increase performance.
5. **Directing** Its focus in to initiate action in the organization through effective leadership and motivation of, and communication with, subordinates.
- Accountability** a manager's formal and legitimate right to make decisions, issue orders, and allocate resources to achieve organizationally desired outcomes.
- Responsibility** an employee's duty to perform assigned task or activities.



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(L3) Management of Primary Healthcare (cont)

Authority that those with authority and responsibility must report and justify task outcomes to those above them in the chain of command.

Line Authority have the formal power to direct and control immediate subordinates. The superior issues orders and is responsible for the result—the subordinate obeys and is responsible only for executing the order according to instructions.

Functional Authority where managers have formal power over a specific subset of activities.

(L3) Management of Primary Healthcare (cont)

Staff Authority granted to staff specialists in their areas of expertise. It is not a real authority in the sense that a staff manager does not order or instruct but simply advises, recommends, and counsels in the staff specialists' area of expertise.

Centralization The location of decision making authority near top organizational levels.

Decentralization The location of decision making authority near lower organizational levels.

Formalization The written documentation used to direct and control employees

(L4) Healthcare Software Systems

Electronic Health Record (EHR) central component of the health IT infrastructure. An EHR or electronic medical record is a person's official, digital health record and is shared among multiple healthcare providers and agencies.

(L4) Healthcare Software Systems (cont)

Health IT Infrastructure Other key elements of the health IT infrastructure are the personal health record (PHR), which is a person's self-maintained health record, and the health information exchange (HIE), a health data clearinghouse or a group of healthcare organizations that enter into an interoperability pact and agree to share data between their various health IT systems.

Picture archiving and communication systems (PACS) and vendor neutral archives (VNAs) two widely used types of health IT that help healthcare professionals store and manage patients' medical images.

(L4) Health Informatics in the Philippines

Health Informatics Health informatics had been loosely practiced in the Philippines as early as the 1980s.

CHITS an electronic medical record (EMR) developed through the collaboration of the Information and Communication Technology community and health workers, primarily designed for use in Philippine health centers in disadvantaged areas.

implementation of CHITS indeed resulted to heightened efficiency among health workers, since more time can be spent on providing patient care

(L3) THREE LEVELS OF PRIMARY HEALTH CARE WORKERS

A. VILLAGE OR GRASSROOT HEALTH WORKERS

o First contacts of the community and initial links of health care.

(L3) THREE LEVELS OF PRIMARY HEALTH CARE WORKERS (cont)

- o Provide simple curative and preventive health care measures promoting healthy environment.
- o Participate in activities geared towards the improvement of the socio-economic level of the community like food production program.
- o Community health worker, volunteers or traditional birth attendants.

B. INTERMEDIATE LEVEL HEALTHWORKERS

- o Represent the first source of professional health care
- o Attends to health problems beyond the competence of village workers
- o Provide support to front-line health workers in terms of supervision, training, supplies, and services.
- o Medical practitioners, nurses and midwives.

C. FIRST LINE HOSPITAL PERSONNEL

(L3) THREE LEVELS OF PRIMARY HEALTH CARE WORKERS (cont)

- o Provide backup health services for cases that require hospitalization
- o Establish close contact with intermediate level health workers or village health workers.
- o Physicians with specialty, nurses, dentist, pharmacists, other health professionals.

Principles of Primary Health Care

. This shift emphasizes that primary health care is integrated into a larger whole, and its principles will inform and guide the functioning of the overall system. A health system based on primary health care will:

1. build on the Alma-Ata principles of equity, universal access, community participation, and intersectoral approaches;
2. take account of broader population health issues, reflecting and reinforcing public health functions;
3. create the conditions for effective provision of services to poor and excluded groups;
4. organize integrated and seamless care, linking prevention, acute care and chronic care across all components of the health system;

Principles of Primary Health Care (cont)

5. continuously evaluate and strive to improve performance

Principles of Primary Health Care (PHC):

1. Behind these elements lies a series of basic objectives that should be formulated in national policies in order to launch and sustain primary health-care (PHC) as part of a comprehensive health system and coordination with other sectors.
2. Improvement in the level of health care of the community.
3. Favorable population growth structure.
4. Reduction in the prevalence of preventable, communicable and other disease.
5. Reduction in morbidity and mortality rates especially among infants and children.
6. Extension of essential health services with priority given to the undeserved sectors.
7. Improvement in basic sanitation.
8. Development of the capability of the community aimed at self-reliance.
9. Maximizing the contribution of the other sectors for the social and economic development of the community.

Principles of Primary Health Care (cont)

10. Equitable distribution of health care "according to this principle, primary care and other services to meet the main health problems in a community must be provided equally to all individuals irrespective of their gender, age, and caste, urban/rural and social class.
11. Community participation-comprehensive healthcare relies on adequate number and distribution of trained physicians, nurses, allied health professions, community health workers and others working as a health team and supported at the local and referral levels.
12. Multi-sectional approach-recognition that health cannot be improved by intervention within just the formal health sector; other sectors are equally important in promoting the health and self-reliance of communities.
13. Use of appropriate technology- medical technology should be provided that accessible, affordable, feasible and culturally acceptable to the community.

(L3) Essential Elements of Primary Healthcare

The ultimate goal of primary health care is better health for all. WHO has identified five key elements to achieving that goal:



(L3) Essential Elements of Primary Healthcare (cont)

1. universal coverage to reduce exclusion and social disparities in health;
2. service delivery organized around people's needs and expectations;
3. public policy that integrates health into all sectors;
4. leadership that enhances collaborative models of policy dialogue; and
5. Increased stakeholder participation.

Listed below are the 8 elements of primary-health care (PHC).

1. Education concerning prevailing health problems and the methods of identifying, preventing and controlling them.
2. Locally endemic disease prevention and control.
3. Expanded program of immunization against major infectious diseases.
4. Maternal and child health care including family planning.
5. Essential drugs arrangement.
6. Nutritional food supplement, an adequate supply of safe and basic nutrition.
7. Treatment of communicable and non-communicable disease and promotion of mental health.
8. Safe water and sanitation.

Other elements of Primary Health Care

(L3) Essential Elements of Primary Healthcare (cont)

1. Expanded options of immunizations.
2. Reproductive health needs.
3. Provision of essential technologies for health.
4. Health promotion.
5. Prevention and control of non-communicable diseases.
6. Food safety and provision of selected food supplements.

(L3) Philippine Healthcare Delivery System

Alma Ata Declaration Health fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.

(L3) Philippine Healthcare Delivery System (cont)

Decentralized and Centralized It is an approach to health beyond the traditional health care system that focuses on health equity-producing social policy. Primary health-care (PHC) has basic essential elements and objectives that help to attain better health services for all.

HEALTH CARE SYSTEM Refers to an organized plan of health services (Miller-Keane, 1987)

HEALTH CARE DELIVERY It is the rendering of health care services to the people (Williams-Tungpalan, 1981).

(L3) Philippine Healthcare Delivery System (cont)

HEALTH CARE DELIVERY SYSTEM (Williams-Tungpalan, 1981) This refers to the network of health facilities and personnel which carries out the task of rendering health care to the people.

PHILIPPINE HEALTH CARE SYSTEM It is a complex set of organizations interacting to provide an array of health services (Dizon, 1977).

Primary Health Care has rapidly evolved with many challenges through time. Health service delivery was devolved to the Local Government Units (LGUs) in 1991, and for many reasons, it has not completely surmounted the fragmentation issue.

