FW: IT Roadmap and next Steps

Maia Lagvilava

Tue 5/1/2018 1:57 PM

To:David Sergeenko <dsergeenko@moh.gov.ge>;

Dear Dr. David,

As mentioned during our conversation I received IT system road map from Francisco. After the evaluation of the document and correspondence with Alex I have few questions and concerns. To achieve Elimination goal by 2020 the decentralization process has to be commenced from June, 2018. But without proper e-health system successful implementation of the program will be difficult either impossible. As from Francisco's recommendation ElimC cannot support the decentralization and the current application has to be re-written. I had a meeting with our IT specialists and they also have few questions. But it is unclear how to move forward decentralization without proper e-module.

As regards IT specialist comments, please see below:

We agree with the principle of dividing the electronic systems by modules, in order to ensuring parallel processes of the system developing, which helps to deliver final product faster.
Modules of commission, drug logistics, treatment and monitoring, outside systems' integration modules should be relatively independent and are interconnected with data exchange means. For example, the modification of the drug logistics module should not be caused by change of the treatment methods and schemes, and this module should be able to create a variety of "warehouses", which will take into account any level of decentralization. Also, should be able to present the medication as "kits" of individual medicines to consider the treatment schemes.
In addition to these works, the development of the Commission Module may be conducted, as well as the treatment and monitoring development.
Under the decentralization, the optimal user structure: the functions and statuses of users, who are well aware of the data accumulating data, should be well defined. On the one hand, we do not think it is expedient to redistribute the user functions of the level of physicians and laborers, because it increases the risk of accumulation of incorrect data. On the other hand, today's user structure requires detailing.
We cannot agree with the idea that patient identification with their personal number in the screening module is problematic. We believe that the screening module can continue functioning with its current state, if a complete service of data exchange between this module and the treatment modules will be created.
The reason of all problems is incorrectly described and inadequately detailed business processes. Thus, the first phase of the work is to prepare such document. Through this document, the volume of works, the possibilities of their parallel execution and the completion of works will be outlined. Therefore, it is impossible to express specific opinions regarding the time frames presented today, but decentralization is risky without an well-functioning electronic system.
At the same time, it may be possible to develop the services needed to get information from external systems. The description of business processes will specify the list of such electronic systems and necessary data. In addition, for example, the decision to create a more simple and compact new reporting model instead of the universal health care reporting module, can increase the level of system autonomy.
We totally agree with the requirement of transferring various electronic systems to the unified platform. We consider that with the selection of the platform, the perfect mapping should be made between the

data, which ensures that all data is transferred to one database, regardless of system and period of time, system collects specific data.
An analytical model, which will collect data through the data replication, should also be discussed. This model will be very likely to be created at the last stage, but the data, required for analytics, will have a decisive impact on the creation of basic modules database.
All the actions, described above, needs a test environment. Resources for this can be found in the Ministry's infrastructure.

From the urgency of the issue, I need your advice, as the first phase of decentralization process is already planned and is scheduled for latest 15th of June.

Kind regards,

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Deputy Minister

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MINISTRY OF LABOUR
HEALTH AND
SOCIAL AFFAIRS

From: Alexander Turdziladze [mailto:turdziladze@gmail.com]
Sent: Thursday, April 26, 2018 5:49 PM
To: Maia Lagvilava <mlagvilava@moh.gov.ge>
Cc: Ekaterine Adamia <eadamia@moh.gov.ge>; Amiran Gamkrelidze <A.Gamkrelidze@ncdc.ge>
Subject: Re: IT Roadmap and next Steps

მოგესალმებით ქალბატონო მაია,
სრულად ვიზიარებ დოკუმენტში ასახულ მოსაზრებებს. ერთი მცირედი დაზუსტება მინდა გავაკეთო, პირველი ფაზა შეიძლება დასრულდეს 30 ივლისისთვის, თუ მუშაობა დაიწყება 1 მაისიდან.
სიდიხის ექსპერტებთან ერთად მიმდინარეობს სხვადასხვა დეტალების დაზუსტება, ასევე მნიშვნელოვანია, რომ უფრო ნათელი იყოს ტექნიკური თვალსაზრისით თუ როგორი სახე ექნება დეცენტრალიზაციას. ჩემი ვარაუდით და ყველაზე ოპტიმისტური გათვლებით ტექნიკური სამუშაოები შესაძლოა დაიწყოს 7 მაისის კვირაში.
თუ არსებული მოდელით ვიმუშავებთ (ბიზნეს პროცესის ცვლილების გარეშე), რამოდენიმე დამატებითი პროვაიდერის ჩართვა (3-4), წესით არანაირ პრობლემებთან არ იქნება დაკავშირებული.

პაატივისცემით,
ალეკო

From: Maia Lagvilava
Date: Thursday, April 26, 2018 at 4:10 PM
To: Alexander Turdziladze
Cc: Ekaterine Adamia
Subject: FW: IT Roadmap and next Steps

Resent-From: Alexander Turdziladze

ალეკო გამარჯობა,

გთხოვთ, ამ დოკუმენტთან მიმართებაში თქვენი ხედვა მომაწოდოთ. მოცემულ დოკუმენტში პირველი ფაზის დასრულება 30 ივლისისთვის იგეგმება, რაც დეცენტრალიზაციისთვის დაგვიანებულია. პროგრამას ვერ დაველოდებით და ამდენად, საინტერესოა რა საჭიროებებს ან პრობლემებს ხედავთ იმაში, რომ დეცენტრალიზაციის საწყის ეტაპზე არსებული მოდელით გავაგრძელოთ მუშაობა.

პატივისცემით,

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MINISTRY OF LABOUR
HEALTH AND
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From: Averhoff, Francisco (CDC/OID/NCHHSTP) [mailto:fma0@cdc.gov]
Sent: Wednesday, April 25, 2018 5:31 AM
To: Maia Lagvilava <mlagvilava@moh.gov.ge>
Cc: Skaggs, Beth (CDC/CGH/DGHP) <bgs7@cdc.gov>; Nasrullah, Muazzam (CDC/OID/NCHHSTP) <hij9@cdc.gov>; Gamkrelidze, Amiran (CDC ncdc.ge) <a.gamkrelidze@ncdc.ge>
Subject: IT Roadmap and next Steps

Dear Dr. Lagvilava,

We hope you are well. It was great to see Dr. Sergeenko, Dr. Amiran, and others from Georgia at EASL. The Georgia side meeting, and a special session on HCV decentralization services (where Georgia was highlighted as one of the model countries) was well received at EASL.

After the successful workshops, including the IT workshop, in Tbilisi, there has been a lot of work to come up with a draft “roadmap” for IT systems development for the support of HCV Elimination Program in Georgia (attached, below). The road map developed, we believe, is a very reasonable approach, and we fully support this endeavor; of course we defer to you/Ministry, and would like to know your thoughts, if agree, and how best to move forward.

When we met in Tbilisi last month, we also agreed it was a good idea to have regular call that would include MoLHSA, NCDC, CDC; we should have our call soon, and IT can be one of the topics for discussion, if you agree. Let us know and we can assist in organzing a call, perhaps within the next two weeks. Given the urgency of the work this year, with the focus on decentralization, it is important for us to touch base soon.

Also, I was happy to hear that you met with Lika, Tatia, and Irina as well, thank you for meeting with them, and I hope you recognize that we are dedicated to supporting the HCV Program in Georgia. I am also including Dr. Amiran, Dr. Beth the CDC Country Director, and Dr. Muazzam my Senior Medical Officer for Georgia at CDC/Atlanta.

Thank you, and we looking forward to hear your thoughts.

Best,

FA (Francisco)