



Health Information Interoperability

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When information is in short supply at the point of need, the benefits of evidence-based decision making disappear and resource allocation becomes subjective and, oftentimes, undemocratic. Picture a tuberculosis patient having to hike twelve hours to reach the rural health center but failing to seek treatment because of unavailability of anti-TB medicines. In the end, he infects his family and dies of complications a few months after. Clearly, in this case, the system for collecting, consolidating and presenting health information was sorely absent at the frontlines, where these systems are crucial and necessary.

Unreliable health information systems lead to decision making that is, at best, guesswork and owing little basis on evidence. The absence of a monitoring system for drug inventories critical for optimal management of essential medicines; the lack of standards for exchange of laboratory-generated electronic images between hospitals; or deficiencies in transaction systems to track patients with medical needs that make it difficult to match them with appropriate providers effectively all impact seemingly ordinary day-to-day circumstances in the