

The Fiji College of General Practitioners



Proposal for external funding of TUFH Project

a collaboration project
of the
Fiji College of General Practitioners
and the
Ministry of Health

Table of Contents

EXECUTIVE SUMMARY	3
BACKGROUND AND REASONS FOR PROJECT	4
FCGP INITIATIVES AND ACTIVITIES	4
THE TWO SEGREGATED SYSTEMS	4
EXISTING MOH DATABASE	4
HEALTH REFORM	4
GP SECTOR DATABASE UNDERDEVELOPED AND UNCOORDINATED	5
NON REPORTING IS THE NORM	5
DEVELOPING AND JUMPING ONTO THE RESEARCH BANDWAGON	5
CURRENT COMPUTER TECHNOLOGY AND GOVERNMENT IT PROGRESS	5
SCARCITY OF RESOURCES FOR NATIONAL HEALTH SERVICE	5
PROJECT PARTNERS	6
FCGP EXECUTIVE COUNCIL	6
PROJECT TEAM AND COMMITTEE(S)	6
PROJECT OVERVIEW	7
PROJECT CONCEPTION	8
PROJECT TITLE	8
PROJECT GOAL	8
PROJECT SIGNIFICANCE	8
PROJECT TASKS IN PHASE 1	9
OVERVIEW	9
SPECIFIC TASKS TO BE IMPLEMENTED IN PHASE 1	9
PROJECT SCHEDULE	10
BUDGET ESTIMATES	11
CONTRIBUTION BY FCGP AND GPS	13
APPENDICES	14
COPY OF MEMORANDUM OF UNDERSTANDING BETWEEN THE MINISTRY OF HEALTH AND THE FIJI COLLEGE OF GENERAL PRACTITIONERS	15
COPY OF SUPPORT LETTER FROM THE MINISTRY OF HEALTH	16

Executive Summary

The TUFH (Towards Unity for Health) Project intends to develop and integrate a General Practitioner database with the National Health Information System of Fiji's Ministry of Health.

On 21 June 2002, a Memorandum of Understanding has been signed between the TUFH Project initiator, the Fiji College of General Practitioners, and the Ministry of Health of the Fiji Government.

This proposal aims to give potential sponsors information about the TUFH Project's goals and objectives.

The estimate for phase 1 of the TUFH Project is F\$690,600.00.

The contribution of both the Fiji College of General Practitioners and the General Practitioners is F\$294,600.00. Expected contribution from WHO is F\$30,000.00

Ultimately, the amount of funding requested from the funding entity is F\$366,000.00

Background and reasons for project

FCGP initiatives and activities

The Fiji College of General Practitioners (abbrev. *FCGP*) was incorporated in 1992 to oversee the continuing medical education (CME) of the profession.

The College is divided into three faculties, which are determined by geography (Central, Western and Northern) and managed by an Executive Council with representation from each faculty and other official organs of the college.

The major publications of the college are the quarterly GP Journal and the bi-monthly GP newsletter.

In the field of CME, the college organises an annual conference, 5 mini conferences and 2 - 3 major workshops annually. As a measure of success, it is proud to announce that a total of 132 CME activities were organised in the 1999 - 2000 period. In 1996 the concept of Journal Clubs was introduced followed by establishment of Peer Review Cells in 1998. The next phase of development will involve Clinical Audits. Preliminary studies show that patient information systems at the individual GP level are diverse and not conducive to auditing until corrected by the use of a national standardized system.

The two segregated systems

Under the present system of National Health Data Collection, the data so collected purely originates from the government based health facilities.

There is no such collection system within the general practice cadre. There are currently eighty-five (85) general practitioners serving the various communities in Fiji.

Assuming an average daily consultation of 30 patients by each general practitioner (figures based on general consensus), it becomes apparent that approximately 2,500 - 3000 consultation data never reaches the National Data Collection System on a daily basis.

Existing MOH database

Current MOH database has been developed to a level, which can now be linked with other government departments and ministries. With advance in telecommunication provision, divisional hospitals and sub-divisional hospitals would be able to be connected into the main database.

The FCGP Project will also be in a position to be linked with the Ministry of Health system in the sharing of data and information exchange together with the partnership being made in GP research.

Health reform

The AusAID funded health reform has commenced development of a national computerized database and health information system under the supervision Ministry of Health. The two major focus includes

- an improved epidemiological information which has an emphasis on timely data analysis, presentation, dissemination and input into the planning cycle;
- a management information system which enables effective management of the health system at all levels.

Unfortunately an important segment of information from the GP sector will be excluded. GPs provide for a large proportion of cases having epidemiological significance. This project will

make it compulsory for reporting and merging of the two systems. Leaving aside a reform in the private medical sector will leave large gaps in national health management.

GP sector database underdeveloped and uncoordinated

Fiji has approximately 80 General Practitioners scattered around the urban areas of the two major islands. These are basically solo practitioners. There is very little, if any, health information exchange between these practitioners. However, all practitioners are required to maintain patient information systems. These range from files, cardex systems and computer-based systems.

Since the inception of the College of General Practitioners in 1992, the development of fellowship amongst the GPs has facilitated some information sharing. Research and morbidity studies are still in its infancy and poorly coordinated.

Non reporting is the norm

The Fiji Public Health Act stipulates compulsory reporting of Notifiable Diseases. Although this is practiced without fail within the State Health facilities, reporting by GPs is non-existent. Conservative estimates are that approximately 50% of patient data per day is never included in the national health statistics.

Developing and jumping onto the research bandwagon

The level of Research and research-oriented activities is presently undeveloped or almost non-existent in the General Practice sector. With the set up of a national GP database, and access to the same by all GPs, more research will be encouraged and facilitated. Development of the system will increase inter GP linkage and communication.

Current computer technology and government IT progress

The telecommunication system in Fiji is well advanced. Apart from this the Fiji Government's Information Technology Centre (abbrev. *ITC*) has directed the development of national IT policies and standards.

Although 50% of the GPs use computers in their practices, 2-3% utilize computer-based patient information systems. Only one practitioner uses the ICPC software for daily records.

Scarcity of resources for national health service

The National Budget on health expenditure needs to include sector outside the ministry towards the development of systems that will enhance information for decision-making process. Policy regarding allocation of funds should be taken up with the Ministry of National Planning.

Project partners

The project partners consists of

- Fiji College of General Practitioners including all members
- Ministry of Health
- WHO
- WONCA (World Organization of General Practitioners and allied organizations)
- Sponsor(s)

FCGP Executive Council

The Fiji College of General Practitioners Executive Council consist of

- President: Dr. Ram Raju
- Vice-President: Dr. Wahid Khan
- Honorary Treasurer: Dr. Sainesh Kumar
- Honorary Secretary: Dr. Pradeep Ram
- Faculty Presidents – Central: Dr. R P Lochan
- Faculty Presidents – Western: Dr. M Bhagat
- Faculty Presidents – Northern: Dr. P Sharma
- Chair Research Committee: Dr. B P Ram
- Chair Publishing Committee: Dr. N Sharma
- Chair Building Committee: Dr. R P S Goundar
- Chair Education Committee: Dr. K Nadan
- Special Projects Officer: Dr. S Vueti

Project team and committee(s)

The FCGP TUFH Project Team consists of

- Chair: Dr. Wahid Khan
- Dr. B P Ram
- Dr. K Nadan
- Dave Singh

Project overview

The FCCGP -TUFH (Towards Unity For Health) Project is part of the comprehensive health care program and National development initiative in partnership with the Ministry of Health.

The project is a major step towards improving health care service delivery with the following improvements in the health of the nation.

1. Information exchange between the General Practitioners and the Ministry for Health through the General Practitioners linkage and communication with the Public Hospitals and the Ministry Headquarters.
2. Enhanced collaborative effort between the FCCGP programme for quality patient care program and MOH, Health Reform program with focus on Continuing Medical Education, Clinical Audits and Standard Management Guidelines.
3. Supporting General Practitioners needs for the core function of quality patient management and care and expanding the General Practitioners scope of control and care and command for community and family medicine through
 - a. Computerised GP database, finance management, inventory control and medical records.
 - b. Advanced mechanism for disease control through outbreak alerts and early warning systems.
 - c. GIS (Geographic Information System) profiles and emergency locator system e.g linkages to the country's hospital clinics, national and local humanitarian services (DISMAC) and local and overseas Medivac along with the patient tracing and unique identifier or locators of information.
 - d. Working and research along with comprehensive audits, GP networking for all aspects of medical program monitoring and evaluation.

The FCCGP TUFH Project is managed by the FCCGP Research and Information Committee headed by Dr. Wahid Khan, Medical Superintendent of J P Bayly Clinic, Suva, and Vice-President of the FCCGP.

This project was conceived through the struggle by the General Practitioners in their pursuit for Continuing Professional Development since the inception of the Fiji College of General Practitioners in 1992 culminating in WHO/WONCA (World Organisation Of Family Doctors) meeting and immediate past Secretary Dr Wahid Khan bringing the idea back for GPs to take a new direction in managing their affairs.

Project conception

Project Title

Development and integration of General Medical Practitioner database into the Fiji's Ministry of Health (abbrev. *MOH*) National Health Information System

Project Goal

The project aims to make the General Practitioner (abbrev. *GP*) a more responsive, active and integral partner as a provider of Health Service armed with more relevant and timely data towards surveillance & early warning, influencing and contributing to the National Health Policy & Human Resources development and data for decision making.

OBJECTIVE 1

By end of year 2004 develop and integrate General Practitioners /Ministry of Health Notifiable Disease Reporting Systems.

OBJECTIVE 2

To develop a National General Practitioners Database for Major NCD and Risk Factors in parallel with Objective 1.

Project Significance

This project has major National significance in facilitating the integration of Health Information Systems (Hospital and Private Health providers) through this innovative and appropriate scheme.

Project tasks in phase 1

Overview

All member GPs will have access to the central server where information exchange and dissemination will be just a few key strokes. The FCGP can generate various reports and statistical analysis that will meet all their goals.

There will be various software modules. These modules will be for each task. The drug module will be categorised under usage and dispensed drugs. The disease module will be under various headings. MOH interface module will interchange designated data between FCGP and MOH. Alerts module will flag all alerts. Drug and disease interaction module and other task modules will be added as the need arise.

Discussion forums, video conferencing, etc will be established together with email server functions. GPs will be able to access specific medical databases e.g. COCHRANE library and MEDLINE searches.

Specific tasks to be implemented in phase 1

The exact tasks and system functionality will be part of the Accurate Scope Definition procedure of the TUFH project. However, at this stage the project team has identified the following:

- Secure firewall
- GP information database: location, contact, geographic location and area covered, hospital vicinity, etc
- International disease alerts
- Specialist Practitioners information
- General Information: e.g. dengue fever prevention, etc
- MOH Interface: uploads, downloads
- RFI (Request For Information)
- Access to Medline etc
- On-line training

In a later phase 2, the project team has already identified the following:

- Prescription, drug news, data on drugs interaction, side effects, etc
- GIS-based data mining, e.g. drugs by disease, by area etc
- Insurance
- On-line prescription: GPs, from Patients for RFR (Request For Repeats) etc
- On-line drug orders, prescriptions
- GP interaction with fellows GPs and patients

Project schedule

A detailed schedule will be developed after external funding for the TUFH project has been secured. The preliminary schedule here listed gives just an overview.

	2000	2001	2002	2004												2005			
				J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A
				a	e	a	p	a	u	u	u	e	c	o	e	a	e	a	p
				n	b	r	r	y	n	l	g	p	t	v	c	n	b	r	r
Activities / Action Description																			
Project workgroup meetings																			
Formation TUFH Project Committee																			
GP needs analysis survey																			
Agreement on preliminary project plan																			
Project conception																			
Memorandum of Understanding with Ministry of Health																			
Server purchase																			
Legal arrangements																			
Establish R&D team																			
Identification of project sponsors																			
Formulation of project charter																			
Drafting of accurate scope definition																			
Determining key scope elements																			
Determining roles and responsibilities																			
Minimum dataset & ICD 10 or chosen ICD workshop																			
Obtaining formal sign-off by project sponsor(s)																			
Project kick-off meeting																			
Analysing project/program requirements & risk assessment																			
Drafting of project management plan and project schedule																			
Continuous project management																			
Formulation of work breakdown structure (WBS)																			
Prototyping																			
Software development																			
System documentation																			
Training of pilot users																			
Testing and pilot implementation																			
Review & allowance for modifications																			
User acceptance test																			
Hardware evaluation and selection for all GPs																			
Training of all users																			
Implementation																			
Progress reports																			
Project evaluation & compilation of project closing document																			

Budget estimates

Activities / Action Description	Timeline	Responsibility	Results/Performance measure	Budget F\$
Project Workgroup Meetings (Initial Planning - Project Documentation) Feb./Mar./April 2001	Weekly discussion sessions	Group Coordinator (Chairman Research & Information)	Minutes and Faculty Reports to the FCGP Council	\$ 6,000.00
Formation TUFH Project Committee	TUFH Project Committee formed 28 October 2001	FCGP Executive Council	Project members selected	
GP needs analysis survey	November 2001	FCGP – TUFH Project Committee	Survey completed	\$ 1,200.00
Agreement on preliminary project plan	November 2001	FCGP Executive Council, (President)	Official Agreement reached 24th & 25th November 2001 Meeting	\$ 1,600.00
Project conception	Dec 2001 - May 2002	FCGP, IT provider		\$ 2,000.00
Memorandum of Understanding with Ministry of Health	21 June 2002	FCGP Executive Council, (President)	MoU signed	\$ 1,300.00
Server purchase, legal arrangement, establish R&D team, identification of project sponsors, formulation of project charter	Jan - Dec 2003	FCGP – TUFH Project Committee, IT provider	Server purchase, legal contract drafted, R&D team appointed, project sponsor found, Project Charter completed	\$ 22,000.00
Drafting of accurate scope definition	January 2004	FCGP – TUFH Project Committee, IT provider	Project scope definition completed	\$ 5,000.00
Determining key scope elements	February 2004	FCGP – TUFH Project Committee, IT provider	Project key scope elements completed	\$ 2,000.00
Determining roles and responsibilities	February 2004	FCGP – TUFH Project Committee, IT provider	Project roles & responsibilities defined	\$ 1,000.00
Minimum dataset & ICD 10 or chosen ICD workshop	March - April 2004	FCGP/MOH/ WHO & WONCA	Adoption of minimum dataset	\$ 30,000.00
Obtaining formal sign-off by project sponsor(s)	March 2004	Sponsor, FCGP Executive Council	Sponsor's formal approval	
Project kick-off meeting	April 2004	FCGP – TUFH Project Committee, IT provider, MoH project member(s), other stakeholders		\$ 1,000.00
Analysing project/program requirements & risk assessment	April 2004	FCGP – TUFH Project Committee, IT provider	Program specifications	\$ 7,500.00

The Fiji College of General Practitioners

Drafting of project management plan and project schedule	April 2004	FCGP – TUFH Project Committee, IT provider	Project schedule	\$ 5,000.00
Continuous project management	April 2004 - April 2005	FCGP – TUFH Project Committee, IT provider, external consultant		\$ 12,000.00
Formulation of work breakdown structure (WBS)	May 2004	FCGP – TUFH Project Committee, IT provider		\$ 2,500.00
Prototyping	June 2004	IT provider	Agreement on screens & reports reached	\$ 240,000.00
Software development	July - Sept 2004	IT provider	Software ready for pilot	
System documentation	July - Sept 2004	IT provider	System & user documentation	
Training of pilot users	September 2004	IT provider, training provider	Pilot users trained	\$ 5,000.00
Testing and pilot implementation	October 2004	FCGP – TUFH Project Committee, IT provider	Test procedure documented, test data available	\$ 5,000.00
Review & allowance for modifications (contingency)	Nov - Dec 2004	FCGP – TUFH Project Committee, IT provider	Respective modifications implemented	\$ 10,000.00
User acceptance test	December 2004	FCGP – TUFH Project Committee, IT provider, MoH project member(s)	Test report compiled	\$ 10,000.00
Hardware evaluation and selection for all 85 GPs	Dec 2004 - Jan 2005	FCGP – TUFH Project Committee, IT provider	Hardware purchased and installed	\$ 255,000.00
Training of all users	Jan - March 2005	FCGP – TUFH Project Committee, IT provider, training provider	Users trained, online training available	\$ 40,000.00
Implementation	Feb - March 2005	FCGP – TUFH Project Committee, IT provider	All users are actively using the software	\$ 20,000.00
Progress reports	June & Oct 2004, Jan 2005	FCGP – TUFH Project Committee, IT provider, external consultant	Reports delivered to sponsor(s) & stakeholders	\$ 3,000.00
Project evaluation & compilation of project closing document	April 2005	FCGP – TUFH Project Committee, IT provider, external consultant	Project closing document completed	\$ 2,500.00
Total project budget/cost for phase 1				\$ 690,600.00
hereof contribution by FCGP and GPs				-\$ 294,600.00
expected funding from WHO				-\$ 30,000.00
Total funding sought				\$366,000.00

Contribution by FCGP and GPs

The FCGP TUFH Project Committee has already spent in excess of 120 man-hours on the project over the last two years on a completely voluntary basis. In addition, the selected IT provider has also voluntarily and without any cost to the FCGP contributed actively towards the TUFH Project.

Up to this stage of the project (October 2003), all project cost – e.g. travel, office expenses, computer hardware/software, etc – have been borne by individual General Practitioners involved in this project.

Appendices

**Copy of Memorandum of Understanding between the Ministry
of Health and the Fiji College of General Practitioners**

Copy of support letter from the Ministry of Health