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Perspectives

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Challenges and prospects of primary healthcare data management in Nigeria

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Dear Editor.

INTRODUCTION

Primary Health Care, according to National Health Policy remains the bedrock of Nigerian health system. By implication, it is the foundation on which the overall health programs were built. According to WHO, Primary healthcare is essential healthcare based on practical, scientifically sound. and socially made acceptable methods and technology universally accessible to individuals and families in the community, through their full participation and at a cost that the community and country can afford to maintain at every stage of development in the spirit of self-reliance and self-determination¹. It was conceived with idea built on eight components to include; education on prevailing health problems and how to prevent them, provision of adequate water and basic sanitation, adequate food supply and good nutrition, maternal and child health including family planning, immunization against the common communicable diseases, control of common endemic diseases, treatment of common diseases and injury as well as provision of essential drugs.

Nigeria, being one of the member nations of the United Nations (WHO) immediately swung into action in the implementation of primary healthcare through well-articulated national policies and programs (National Health Policy, Basic Health Service Scheme, Primary Health Care and of recent Basic Health Care Provision

Fund). Despite all efforts and changes over the decades; there are still systemic weakness due to gaps ranging from: general infrastructural decay; inadequate/ inappropriate healthcare personnel; non-availability of medical services, inadequate drugs and equipment; lack of adequate capacity for basic healthcare; and lack of funds for operations among others. The underline challenges could have been better addressed with effective demand and use of accurate health data, available to aid planning, decision making and healthcare service management.

Similarly, it is worth mentioning here than health data collection within PHC system was categorized to be either Integrate Disease Surveillance and Response (IDSR) or Routine health facility statistics through the use of National Health Management Information System tools (NHMIS/DHIS). In addition to these, some key community level data collection and surveys are deployed Multiple Indicator Cluster Survey (MICS), Nutritional Indicator Corporate Survey (NICS), National Demographic Health Survey (NDHS) among others, as a support and validation of existing administrative data.

Health data management, also called clinical data management or health information management, is the management of collection, storage, and analysis of patient health data. Health information management (HIM) is the practice of acquiring, analyzing, and protecting digital and traditional medical information vital to providing

quality patient care. It is a combination of business, science, and information technology.

In the process of managing health data, HIM professionals organize, manage, and code health data. At a global perspective; according to the Bureau of Labor Statistics (US based), HIM Specialists typically perform the following duties²:

1) Electronically capture data for collection, storage, analysis, retrieval, and reporting

2) Use classification systems to assign clinical codes for insurance reimbursement and data analysis

3) Review patients' health records for timeliness, completeness, and accuracy

4) Organize and update patient information in clinical databases or registries

5) Maintain confidentiality of patients' records.

Health Information Management

Professionals regularly work with nurses and other healthcare professionals – making them an integral part of any medical practice.

Health information management roles and responsibilities can be best fulfilled by those, who possess the following qualities:

- Analytical skills: HIM Professionals must be able to understand and interpret health records and diagnoses to be able to code them into patient files.
- ✓ Detail-oriented: HIM Professionals must be accurate when coding and filing patient records.
- ✓ Integrity: HIM Professionals must be able to exercise discretion as patient data is required, by law, to be kept confidential.
- ✓ Interpersonal skills: HIM Professionals must be able to discuss patient information and data with other healthcare providers and finance personnel, when the need arise.
- ✓ Technical skills: HIM Professionals must able to use coding and classification software and become familiar with the electronic health record (EHR) system that their facility uses.

Position of health data management in Nigeria

Managing health data in Nigeria revolves round institutional and individual roles and responsibilities. Institutionally, the key driver to healthcare delivery is the National Health Policy (NHP), which provides a guide on what to do, identify strategies of how to do, using established national goals/objectives, vision and mission to ensure effective service delivery to the citizens, being one of the major human rights. At the individual level, there is also availability of standard operation procedures across all services in the health system. Number one question for lack of performance from the side of service providers is why are you not doing it right? The answer may be 'no one care about my work', 'I was not trained', 'no supervision', 'that is how I met the system' and many more. To cut it short, it could be around capacity issue from the management or provider(s).

According to Julie Dirksen, a renowned researcher and educationist in her book "Design on How People Learn" identified six areas that relate to individual capacity gap as *knowledge/information, procedure, skills. habit, motivation and environment*³. In line with above therefore, performance and under-performance could be attributed to one or more of the identified gaps to be addressed for optimal delivery.

Challenges of data management in Nigeria

The following are some of the challenges to effective HIM among number of healthcare facilities in the country across levels and functionality:

1. Inadequate demand and use of data for planning and decision making;

2. Lack of political will on the part of the management and enforcement;

- 3. Inadequate number of trained personnel;
- 4. Inadequately trained personnel;
- 5. Poor documentation (entry to discharge);
- 6. Shortage of equipment/tools (Books, digital tools);

7. Inadequate coordination of efforts among professionals;

8. Ineffective storage facilities/processes; and

9. Inadequate capacity and mentoring among service providers.

Prospect of health data management in Nigeria

Health information management as a profession in Nigeria has suffered number of issues and challenges spanning from training, placement and progression, personnel development and subordination of members among others. Today, the field is blessed with constitutional coordinating structure (Health Records Officers' Registration Board of Nigeria -HRORBN), approved academic and professional established departments training curriculum, across tertiary and secondary level of care to mention a few. Similarly, in addition to routine health information management practices, HIM professionals are now found worthy in the field of Management information System (MIS). This MIS serves as decision support system in the field program/organization of learning/professional management/development, career., health maintenance organizations (Billing, Pricing), health insurance and service delivery organization, and so on.

Recommendations

- 1. Management to inculcate the culture of requesting and use of data for planning and decision making.
- 2. Conduct periodic assessment visit, review meeting to assess effectiveness of documentation by management and enforcement measures to ensure documentation of services.
- 3. Employ and deploy well trained personnel across areas of health information management.
- 4. Heads of clinical units to ensure documentation is made effective, legible and clear for easy reference, research and continuity of care (entry to discharge).
- 5. Provision of standard documentation/classification tools (Books, electronic/digital tools).
- 6. Ensure coordination of clinical activities/documentation efforts among professionals.
- 7. Provision of effective storage facilities and ensuring efficient execution of processes.
- 8. Provision of enabling environment for capacity development, supportive supervision and mentoring among service providers.

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Authors Contribution:

BAK conceived of the study, initiated its design, participated in literature search, article selection and review and drafted the manuscript. ML participated in the design, literature search, article selection and review and coordination and reviewed the final manuscript.