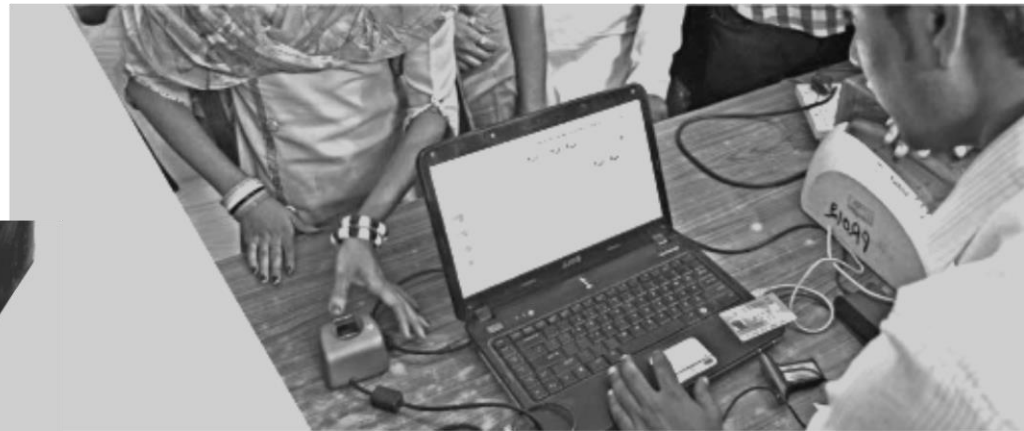




# DHIS2 as Health Insurance MIS OpenHIMIS Initiative



Patrick Ernst (GIZ OpenHIMIS)  
Uwe Wahser (GIZ-HSP Kenya)

Oslo, August 2017



**Part 1: From MS IMIS to OpenHIMIS**  
Part 2: NHIF Kenya DHIS2 DWH



# Current status of IMIS

## **Collaborative effort of**

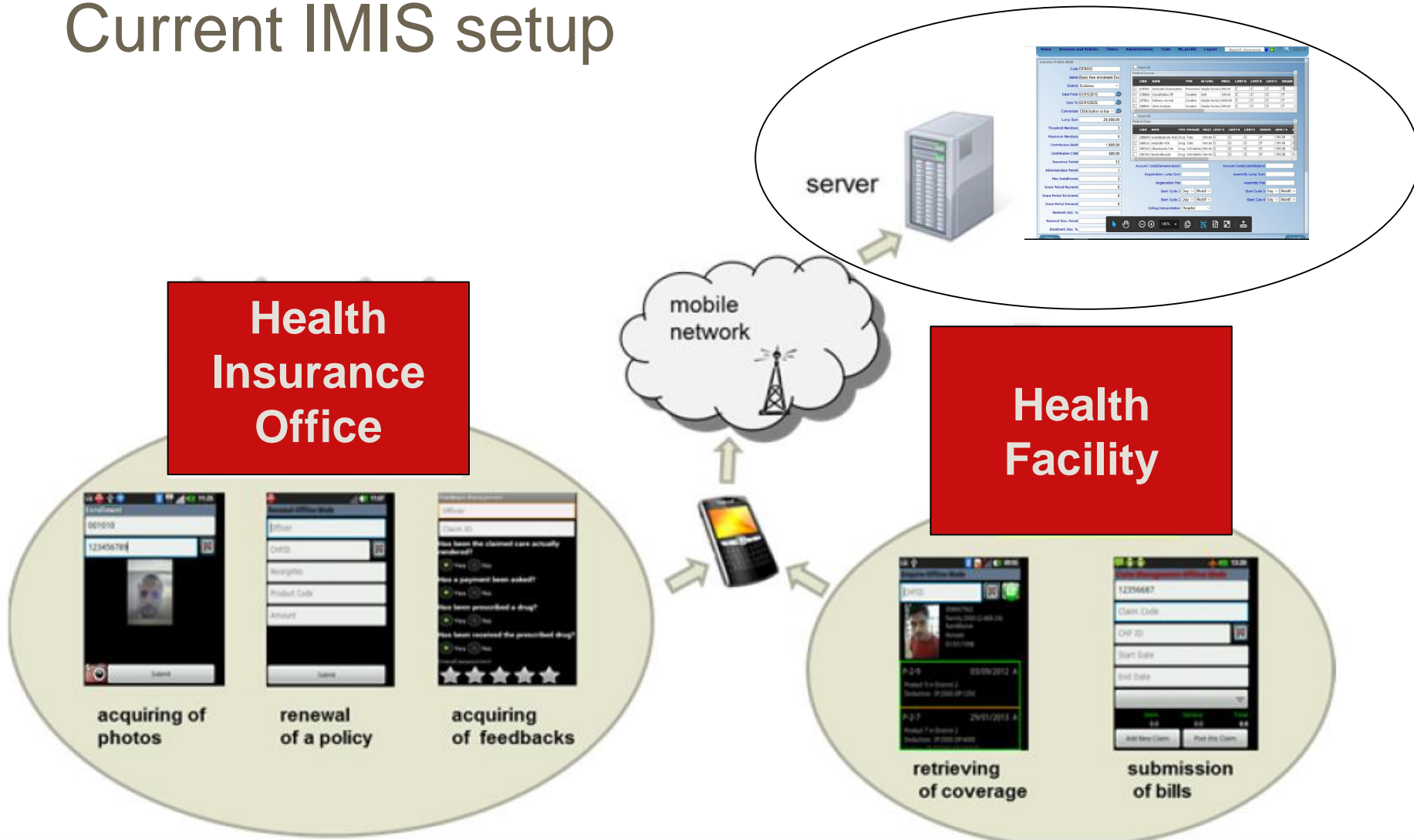
- Swiss Agency for Development and Cooperation (SDC)
- German Development Cooperation (GIZ)

## **Current status**

- Started in 2011, developed by SwissTPH
- Used in Nepal, Tanzania, Cameroon
- Licence owned by SDC
- Covers most important health insurance functions: Members Management, Policy Management, Claiming, Claims processing, Payments to Facilities



# Current IMIS setup





# Policy definitions

Home Insurees and Policies Claims Administration Tools My profile Logout Search Insurance v16.3.0

Insurance Product details

Code: DFB002  
Name: Basic free enrolment Doc  
District: Dodoma  
Date From: 01/01/2015  
Date To: 02/01/2025  
Conversion: Click button to load  
Lump Sum: 20,000.00  
Threshold Members: 3  
Maximum Members: 5  
Contribution Adult: 1,000.00  
Contribution Child: 500.00  
Insurance Period: 12  
Administration Period: 1  
Max Installments: 3  
Grace Period Payment: 0  
Grace Period Enrolment: 0  
Grace Period Renewal: 0  
Renewal Disc. %:  
Renewal Disc. Period:  
Enrolment Disc. %:

Check All

Medical Services

CODE	NAME	TYPE	HF LEVEL	PRICE	LIMIT O	LIMIT R	LIMIT E	ORIGIN	
<input checked="" type="checkbox"/>	AOFB01	Antenatal Examination	Preventive	Simple Service	800.00	C	C	C	P
<input checked="" type="checkbox"/>	COBB01	Consultation GP	Curative	Visit	200.00	C	C	C	P
<input checked="" type="checkbox"/>	DIFB12	Delivery-normal	Curative	Simple Service	8000.00	C	C	C	P
<input checked="" type="checkbox"/>	GBBB01	Urine Analysis	Curative	Simple Service	500.00	C	C	C	P

Check All

Medical Items

CODE	NAME	TYPE	PACKAGE	PRICE	LIMIT O	LIMIT R	LIMIT E	ORIGIN	ADULT O	A
<input checked="" type="checkbox"/>	GBBB09	Acetylsalicylic Acid	Drug Tabs	300.00	C	C	C	P	100.00	1
<input checked="" type="checkbox"/>	GBBC01	Ampicilin PDR	Drug Tabs	400.00	C	C	C	P	100.00	1
<input type="checkbox"/>	GBC003	Albendazole Tab.	Drug 100 tablets	500.00	C	C	C	P	100.00	1
<input type="checkbox"/>	GBC004	Bendrofluazide	Drug 100 tablets	400.00	C	C	C	P	100.00	1

Account Code(Remuneration):  
Registration Lump Sum:  
Registration Fee:  
Start Cycle 1: Day Month  
Start Cycle 2: Day Month  
Ceiling Interpretation: Hospital

Account Code(Contribution):  
Assembly Lump Sum:  
Assembly Fee:  
Start Cycle 3: Day Month  
Start Cycle 4: Day Month

Save Cancel



# Claim entry

Home   Insurees and Policies   **Claims**   Administration   Tools   Logout  

HF Code 00948	CHF Number 002268921	Name AZIZI MATIBU IDDI	Claim Total <input type="text" value="2360.00"/>
ICD 000	Claim Code 413999	Claim Date 13/08/2015	Approved <input type="text" value="1360.00"/>
ICD1	ICD2	ICD3	ICD4
Date Processed	Start 21/04/2015	End 21/04/2015	Valuated <input type="text" value="0.0"/>
Claim Admin 0094801	Visit Type Referral		

### Services

CODE	QTY	VALUE	EXPLANATION	APP. QTY	APP. VALUE	JUSTIFICATION	STATUS	VALUATED	R
R02 REFFERAL REGIONAL HOSPITAL	1	1000.00		<input type="text" value="0.00"/>	<input type="text"/>	<input type="text"/>	Rejected <input type="button" value="v"/>		3

### Items

CODE	QTY	VALUE	EXPLANATION	APP. QTY	APP. VALUE	JUSTIFICATION	STATUS	VALUATED	R
0084 DICLOFENAC TABS 50 MG	30	10.00		<input type="text"/>	<input type="text"/>	<input type="text"/>	Passed <input type="button" value="v"/>		0
0087 DISPENSING ENVELOPS	1	60.00		<input type="text"/>	<input type="text"/>	<input type="text"/>	Passed <input type="button" value="v"/>		0
M01 NON-HOSPITAL MEDICINE	1	1000.00		<input type="text"/>	<input type="text"/>	<input type="text"/>	Passed <input type="button" value="v"/>		0

Explanation

Adjustment

Claim Status



# Claims selection and processing

Home Insurees and Policies Claims Administration Tools My profile Logout Search Insurance v16.3.0

### Select Criteria

Claim Details

District: -- Select a District --  
HF Code: -- Select HF Code --  
Claim Administrator: -- Select --  
Insurance Number: --  
Claim No.: --

HF Name: --  
Review Status: -- Select Status --  
Feedback Status: -- Select Status --  
Claim Status: -- Select Status --  
Visit Type: --Select Type--

Visit Date From: -- To: --  
Claim Date From: -- To: --  
Main Dg.: --Select Dg. --  
Batch Run: --

Search

### Claim Selection Update

Criteria Details

--Select-- Random  % Value  % Variance  % Update

### 72 Claims Found

Select To Process

CLAIM NO.	HF NAME	DATE CLAIMED	FEEDBACK	REVIEW	CLAIMED	APPROVED	CLAIM STATUS
vc4	Dodoma regional Hospital	18/09/2016	ByPassed	ByPassed	8,700.00	300.00	Valuated <input type="checkbox"/>
vc3	Dodoma regional Hospital	02/02/2016	ByPassed	ByPassed	13,500.00	1,500.00	Valuated <input type="checkbox"/>
vc2	Dodoma regional Hospital	09/08/2016	ByPassed	ByPassed	16,000.00	13,600.00	Valuated <input type="checkbox"/>
vc1	Dodoma regional Hospital	12/01/2016	Idle	Idle	9,200.00	9,200.00	Rejected <input type="checkbox"/>
ccc2	Dodoma regional Hospital	05/12/2016	Idle	Idle	9,800.00	9,800.00	Rejected <input type="checkbox"/>
cc1	Dodoma regional Hospital	05/12/2016	Idle	Idle	1,100.00	1,100.00	Rejected <input type="checkbox"/>
cca14.1	Dodoma regional Hospital	02/12/2016	Idle	Idle	14,200.00	14,200.00	Rejected <input type="checkbox"/>
ccca35.1	Dodoma regional Hospital	02/12/2016	ByPassed	ByPassed	12,700.00	12,700.00	Valuated <input type="checkbox"/>
cd1	Dodoma regional Hospital	30/11/2016	ByPassed	Reviewed	7,200.00	1,800.00	Valuated <input type="checkbox"/>
cd8	Kongwa District Hospital	30/11/2016	ByPassed	Reviewed	9,200.00	6,800.00	Valuated <input type="checkbox"/>

Review Feedback Update Process Cancel



# From “IMIS” => “OpenHIMIS”

1. It should be built using **open source** technology in a community driven process
2. It should be **scalable** to support also larger countries
3. **Modularity and interoperability:** Be able to communicate with other systems through clearly defined APIs (OpenHIE)
4. **Data standards:** Adhering to data standards prepares also for future interoperability scenarios (HL7 FHIR), incl. **data security**
5. It should re-use components of **existing standard software/platform** solutions, to benefit from technical, functional and community synergies. Embed solution into national health system architectures
6. Support to existing **users** and implementations (Tanzania, Nepal, Cameroun)
7. Reduce cost, time and complexity of software **implementation**





# Opportunities for DHIS2

- MS IMIS: No other international standard solution (commercial or open source) directed at health insurance in low income countries
- No UHC icon in the OpenHIE map (!)
- Health Insurance schemes often have best health demographics data
- Health Insurance often **disconnected** from MoH
  - Often different ministry
  - Reluctant to share finance related data
- **Opportunities**
  - Joint reporting, joint indicators
  - Client registry / health demographics

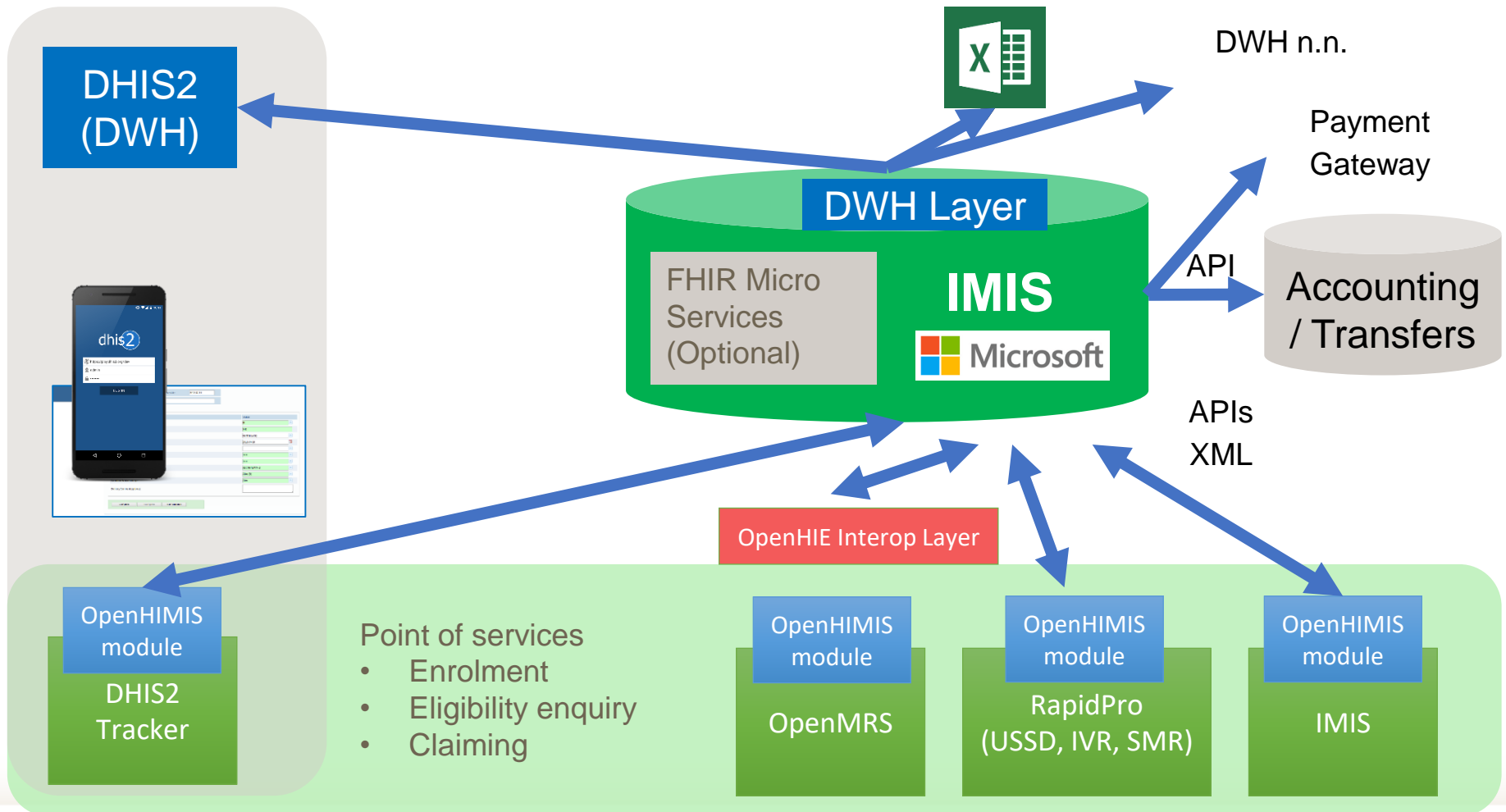


# Resource sharing opportunities

DHIS2 community activities	Opportunities for OpenHIMIS
<b>Training</b>	
Academies: >1000 Participants / year	Special Training Module, Special Academies
Online Training Course	Use existing Learning Management System
Certification	OpenHIMIS Implementer Certificate
<b>User Support</b>	
Community	Joint support for DHIS2 Health
4th level support	Insurance modules
<b>Implementers</b>	
Guides	Integration guides
Conferences: > 300 participants/year	Participate, Pre-Conference, DHIS2-OpenHIMIS



# First ideas on system architecture





- Part 1: From MS IMIS to OpenHIMIS
- Part 2: **NHIF Kenya DHIS2 DWH**



# Contents

- 1. The National Hospital Insurance Fund**
- 2. Business Intelligence in a Nutshell**
- 3. Modelling Business Intelligence Needs at the NHIF**
- 4. Technical Implementation of the BI Prototype with DHIS2**
- 5. Discussion**



- 1. The National Hospital Insurance Fund**
- 2. Business Intelligence in a Nutshell**
- 3. Modelling Business Intelligence Needs at the NHIF**
- 4. Technical Implementation of the BI Prototype with DHIS2**
- 5. Discussion**



## Background Information of NHIF - Kenya

- founded 1966 as department of Ministry of Health
- over 15 Mio beneficiaries
  - formal sector
  - informal sector
- over 1800 hospitals accredited
  - inpatient and outpatient
- 125 offices / 47 counties
- app. 1700 employees





## Current Areas of Reporting at the NHIF

- **membership registration and management**
- **claims processing and analysis**
- **revenue collection and debt management**
- **financial reporting (income and expenditure)**
- **budget and utilization of funds**





## Reporting Challenges Faced

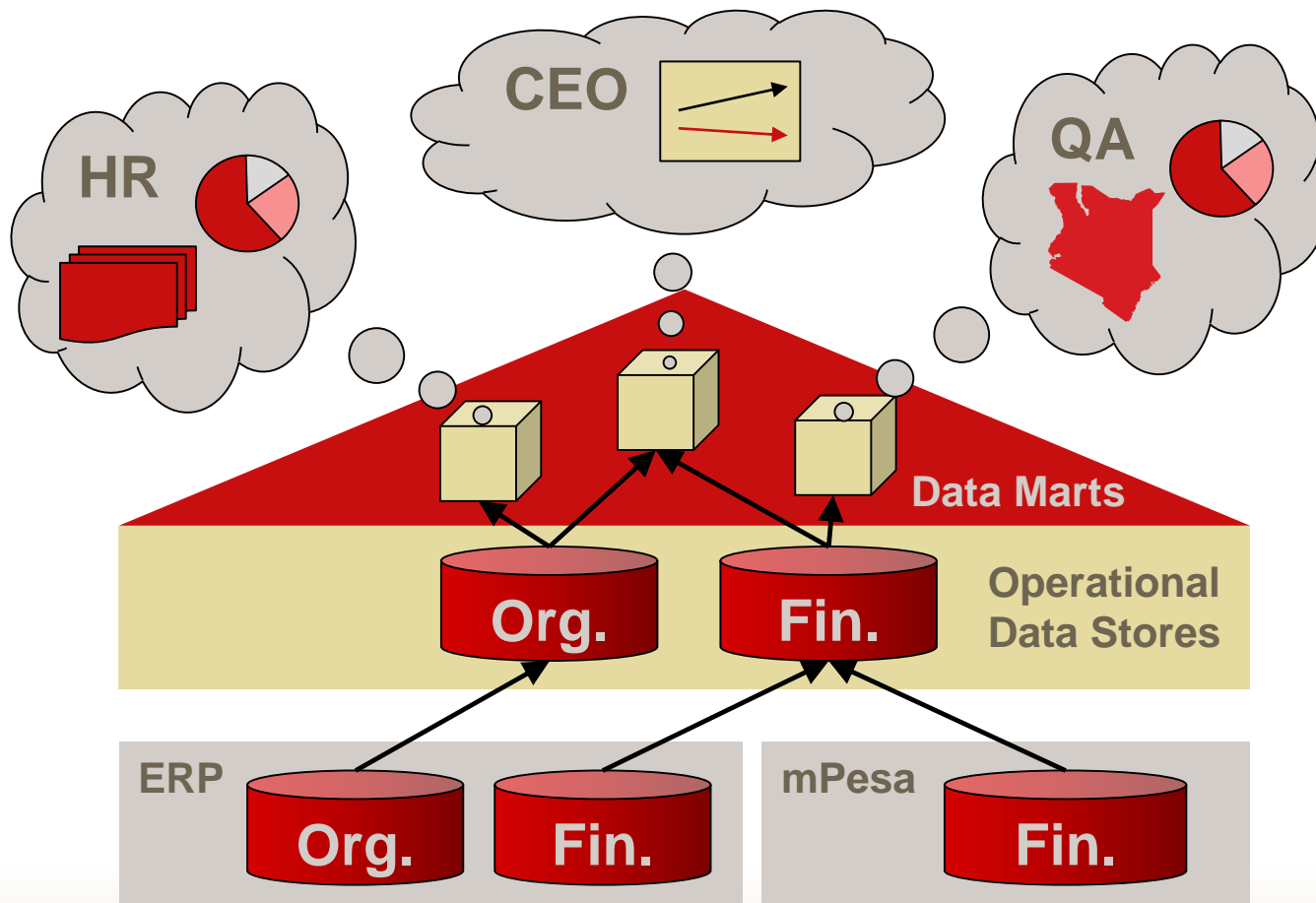
- Existing reporting infrastructure feeds directly from the ERP
- New reporting needs have to be implemented by IT developers.
- Several issues are compromising the performance, usability and quality of existing reports.
- It is difficult to produce timely and consistent reports for managerial processes and external communications.



1. The National Hospital Insurance Fund
2. **Business Intelligence in a Nutshell**
3. Modelling Business Intelligence Needs at the NHIF
4. Technical Implementation of the BI Prototype with DHIS2
5. Discussion



## Typical Business Intelligence Architecture (Example)



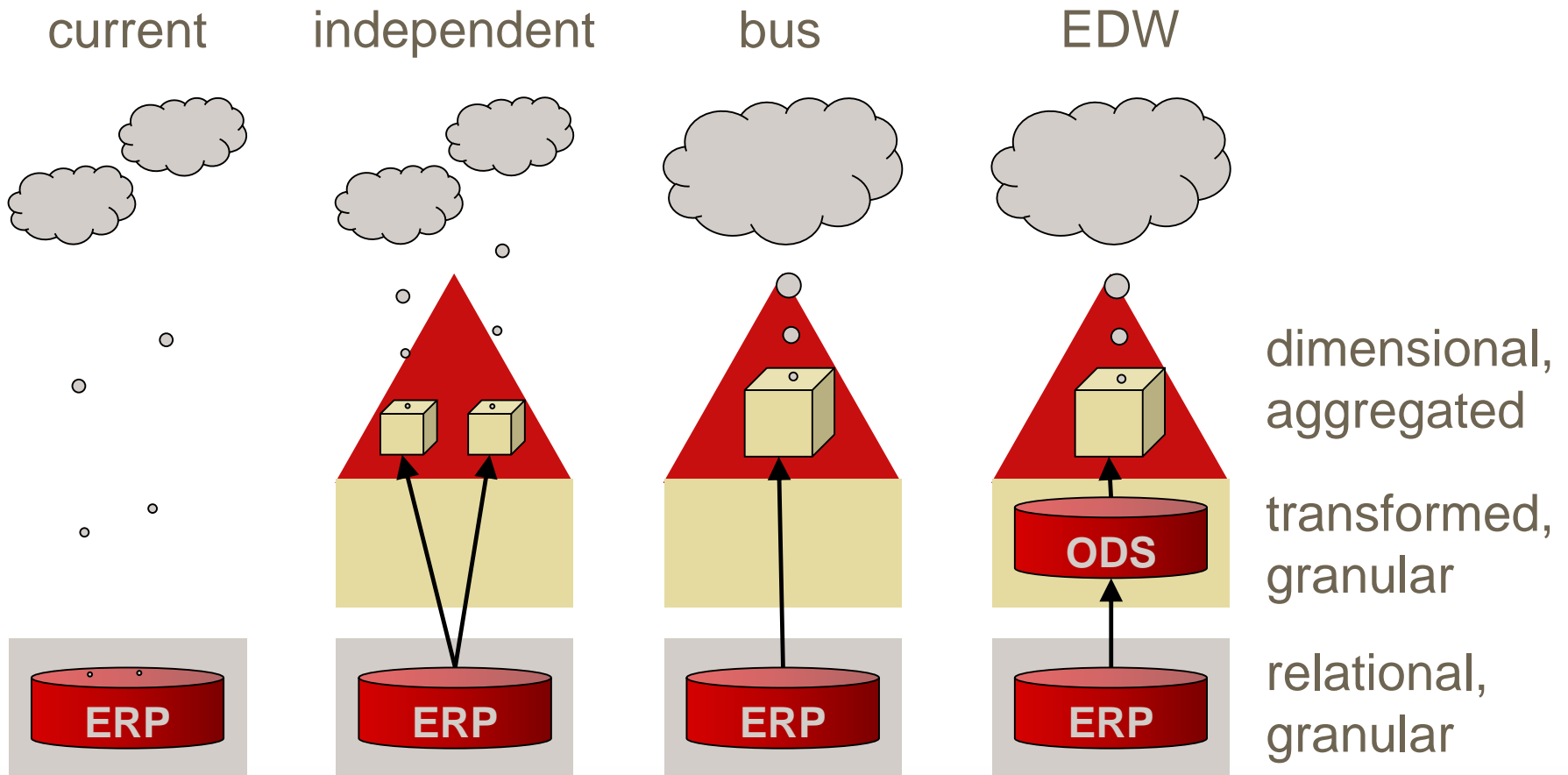
**Analytical  
Applications**

**Enterprise  
Data  
Warehouse  
(EDW)**

**Operational  
Systems**

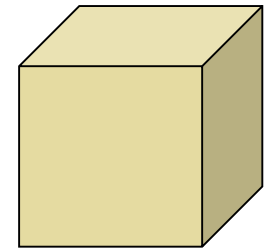


# Alternative Business Intelligence Architectures





## Dimensional data



Fact / Keyfigure:  
Revenue collected

Dimension 1: Time

Dimension 2:  
Sector

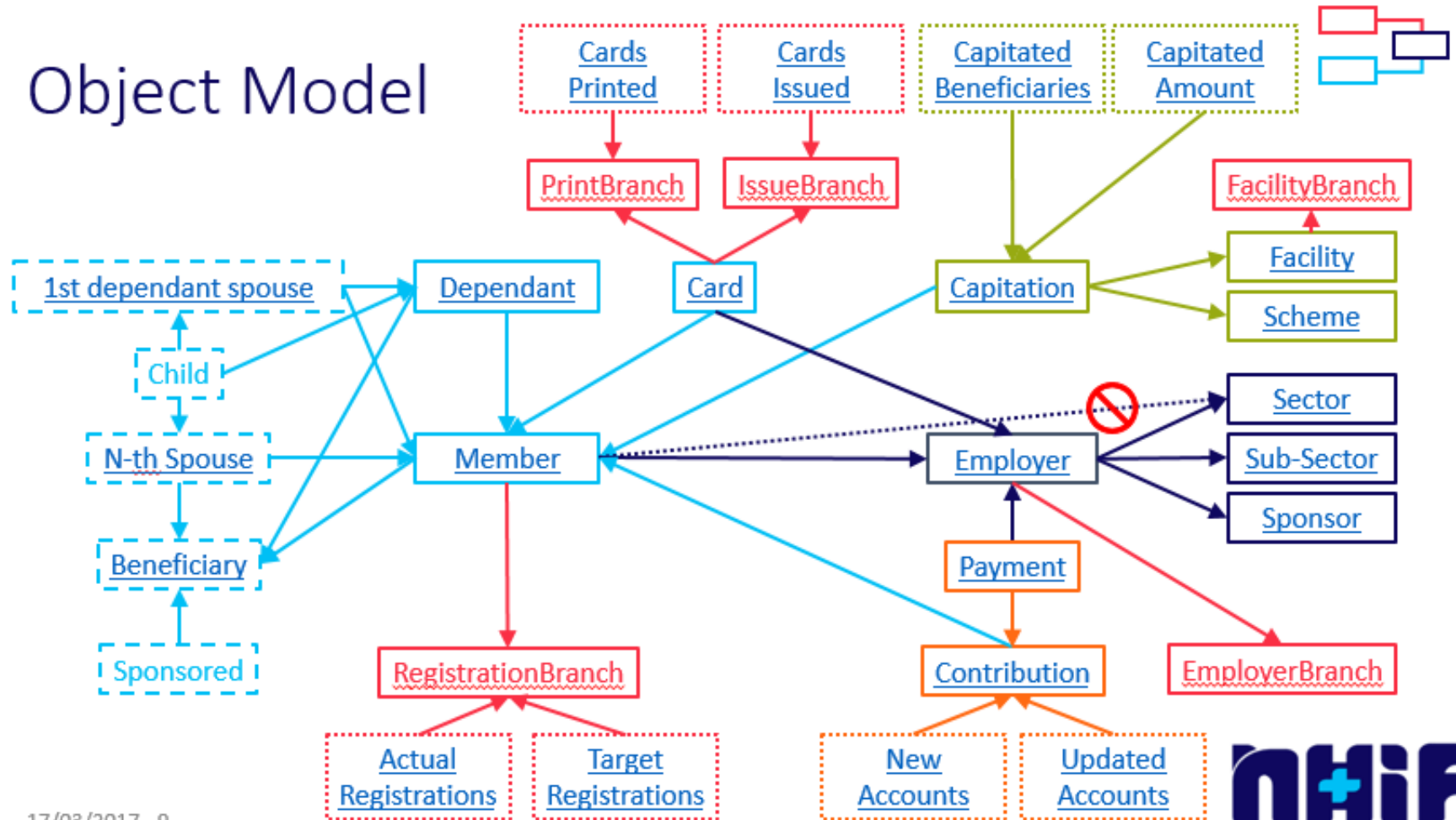
Revenue	2015	2014	2013	2012
Private Sector	45678	34567	23456	12345
Public Sector	4567	3456	2345	1234
Micro Insurance	456	345	234	123
Sponsored Prg.	45	34	23	12



1. The National Hospital Insurance Fund
2. Business Intelligence in a Nutshell
- 3. Modelling Business Intelligence Needs at the NHIF**
4. Technical Implementation of the BI Prototype with DHIS2
5. Discussion



# Object Model

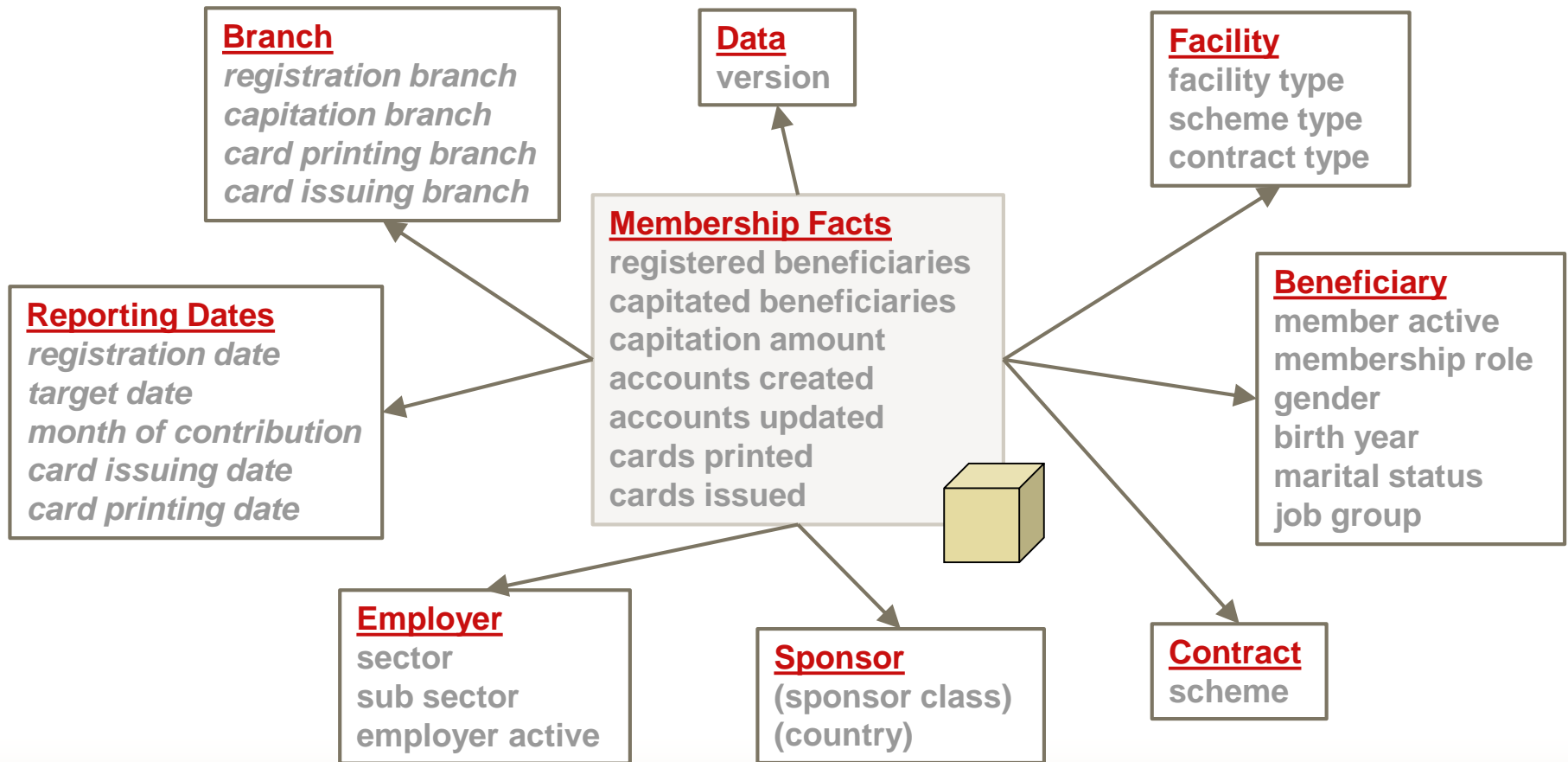


17/03/2017 - 9





## Datamodel Membership (Facts & Dimensions)



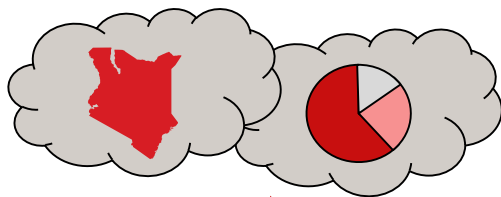




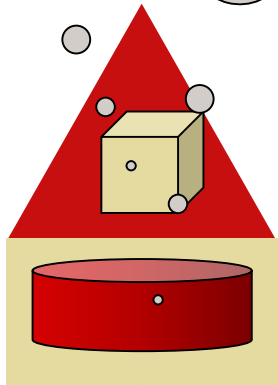
- 1. The National Hospital Insurance Fund**
- 2. Business Intelligence in a Nutshell**
- 3. Modelling Business Intelligence Needs at the NHIF**
- 4. Technical Implementation of the BI Prototype with DHIS2**
- 5. Discussion**



## Very Broad Architecture of DHIS2

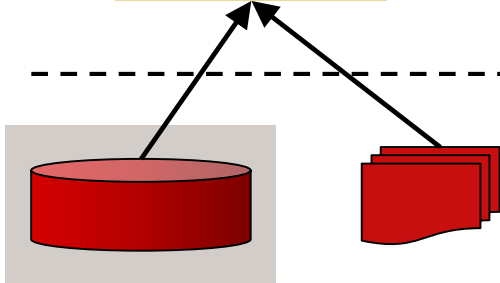


**analytical level**  
(e.g. dashboards, GIS, pivot tables)



**aggregate level ("data sets")**

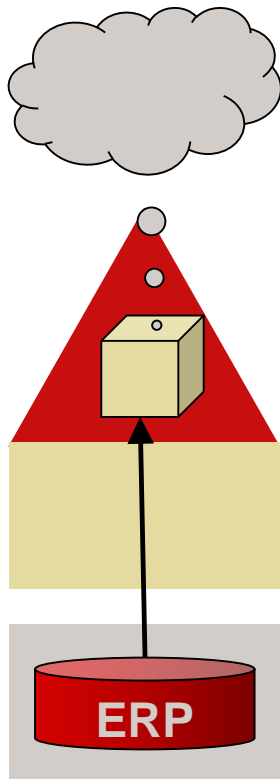
**detailed level ("tracker")**



- **source systems (e.g. patient records)**
- **manual data entry (e.g. facility statistics)**



## Chosen Architecture for the NHIF Prototype

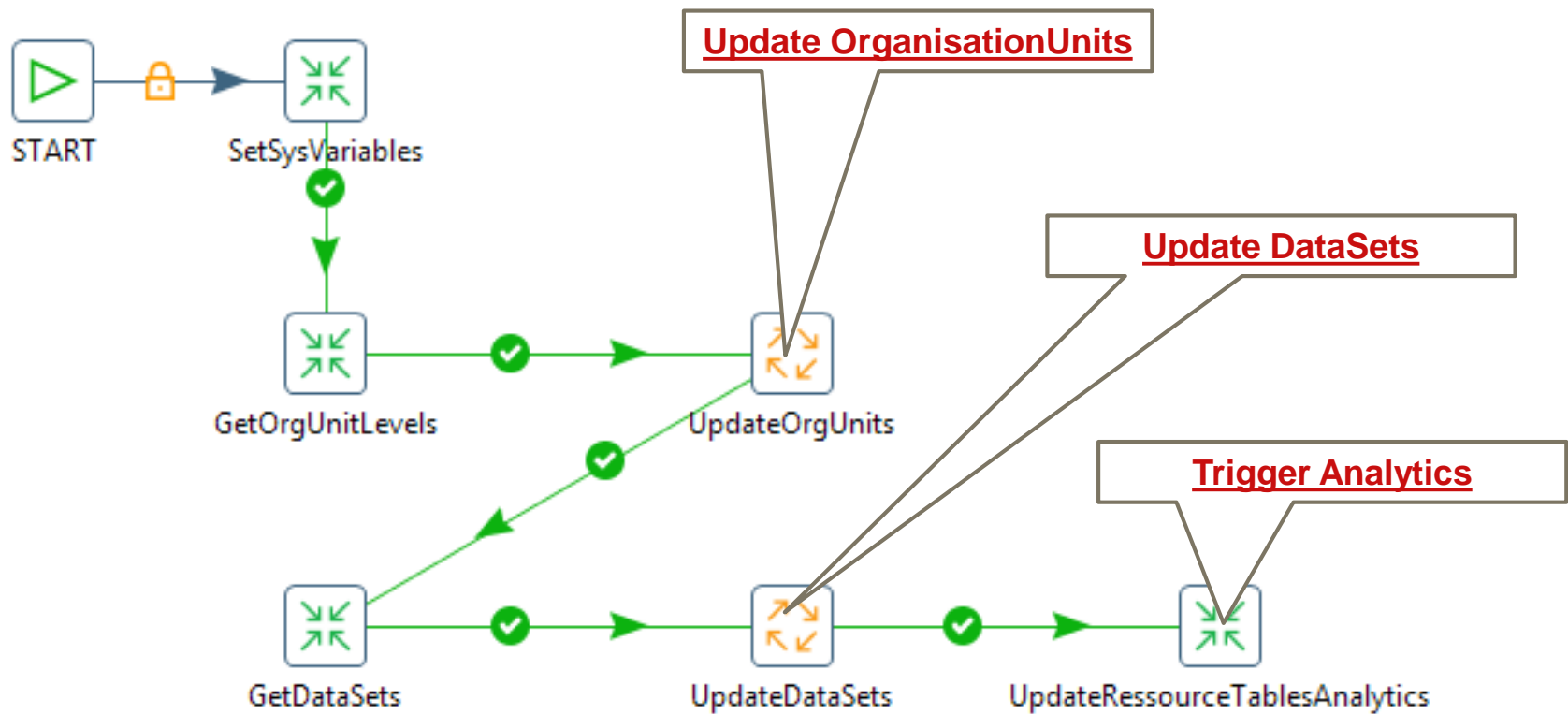


	Object	Tool
OLAP Queries	Pivot Table	
Cubes	Data Sets	
Keyfigures	Data Elements	
Dimensions	Categories	
ETL	Transformations	
Scheduling	Jobs	

Pentaho Data Integration  
("Kettle")

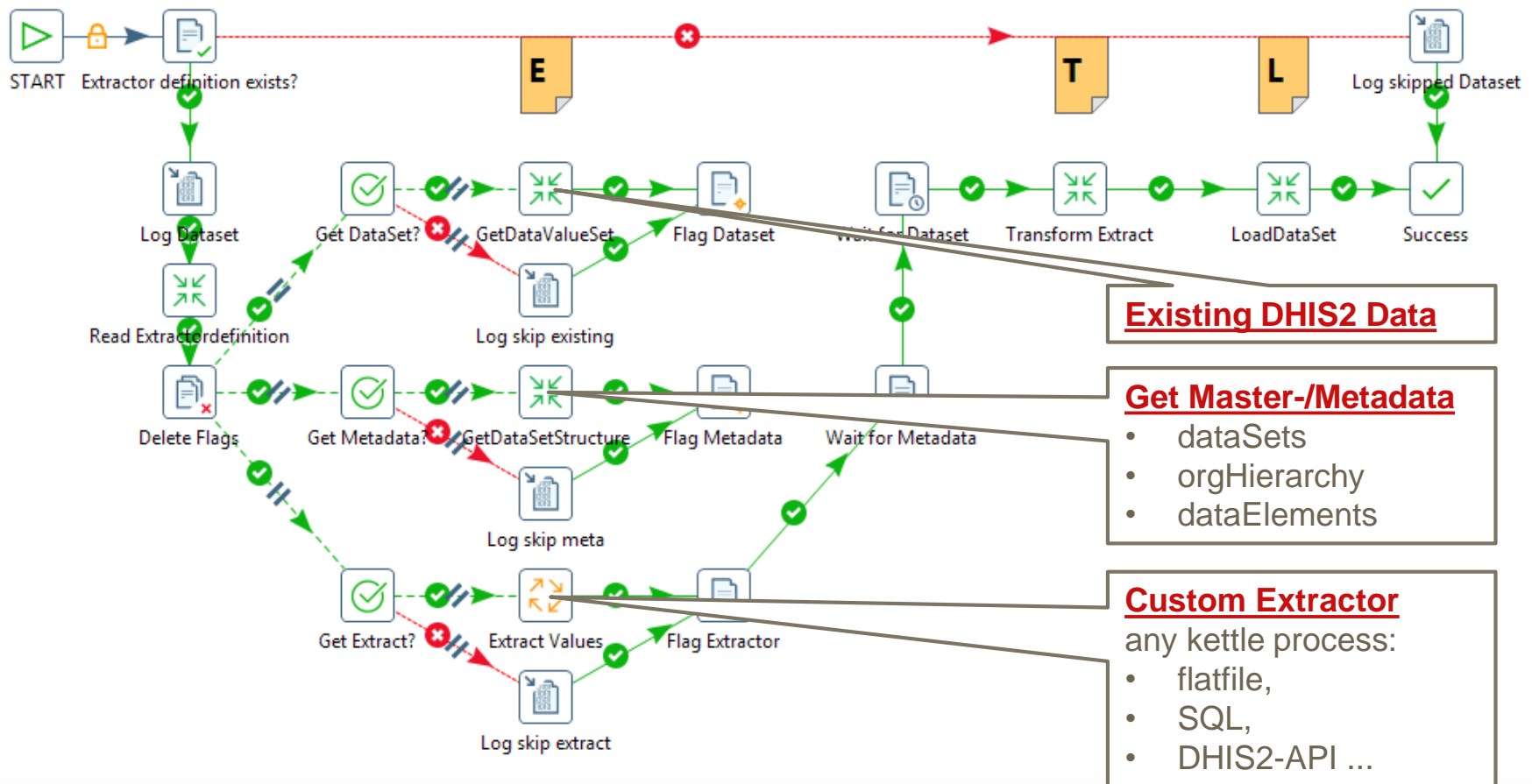


## Generic ETL Process for DHIS2 using Kettle





# Generic Dataset-Loader for DHIS2 using Kettle





- 1.** The National Hospital Insurance Fund
- 2.** Business Intelligence in a Nutshell
- 3.** Modelling Business Intelligence Needs at the NHIF
- 4.** Technical Implementation of the BI Prototype with DHIS2
- 5.** Discussion



## Current Use of the DHIS2-BI-Plattform

- Data on Membership implemented
  - Coming up: Claims, Employers, Targets
- Nightly updates of all data
- Data analysis mainly via pivot tables
  - Coming up: standard reports, dashboard for branches
- Further down the line: enable other ETL-targets, e.g. events, tracked level



## Prototype - and then?

### Results:

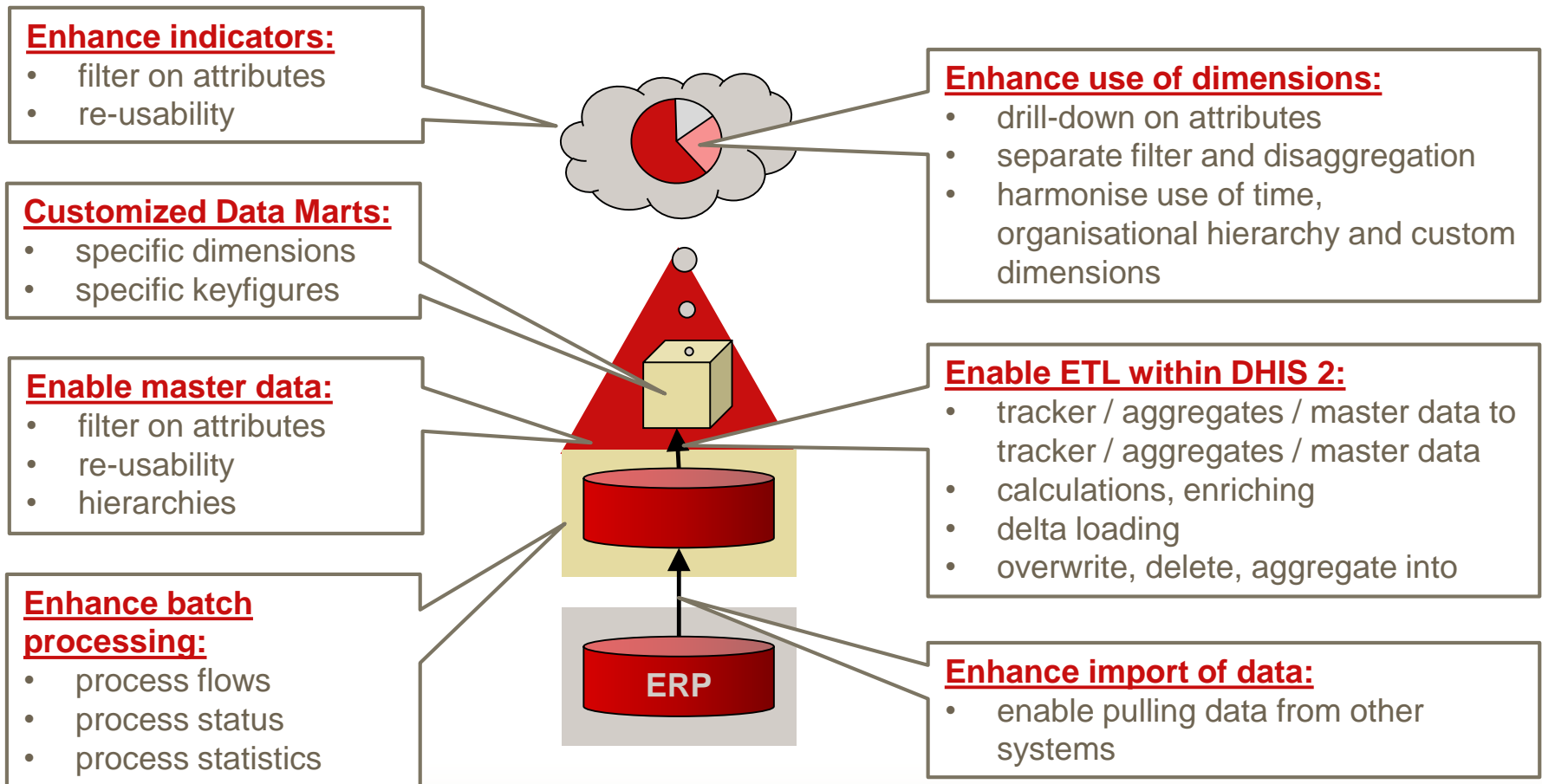
- estimation:  
more than 50% of the reporting needs can be covered
- BI self service possible
- single point of truth = consistent reporting possible
- timely reporting possible because of cube architecture
- architecture can be managed with local resources

**Question: Will an additional investment of XXX.XXX KSH justify an increase of Y% covered reporting needs?**



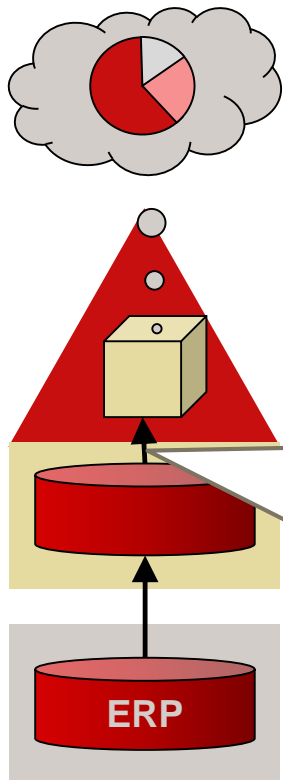


## Enabling DHIS2 as a Tool for EDW





## Enabling DHIS2 as a Tool for EDW

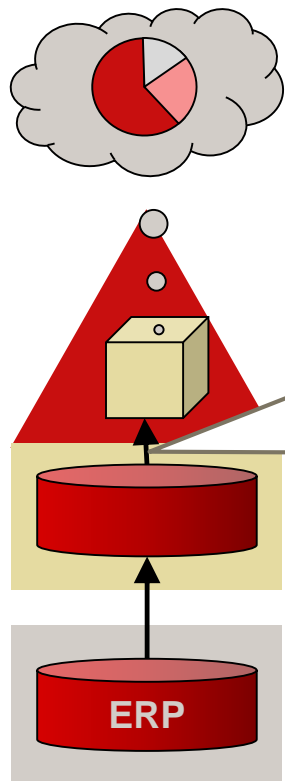


### Enable ETL within DHIS 2:

- tracker / aggregates / master data to tracker / aggregates / master data
- calculations, enriching with master data
- delta loading (only what has changed since last load)
- overwrite, delete, aggregate values



## Enabling DHIS2 as a Tool for EDW

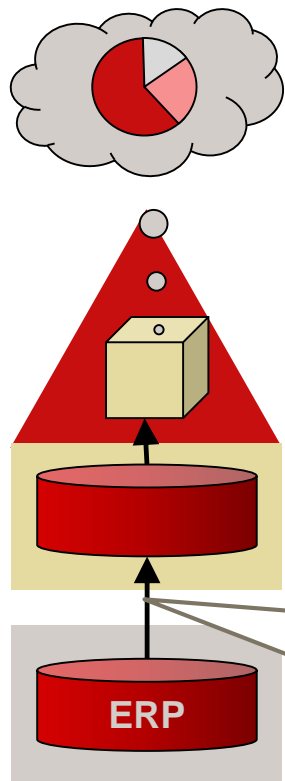


### Enhance batch processing:

- process flows
- process status
- process statistics



## Enabling DHIS2 as a Tool for EDW

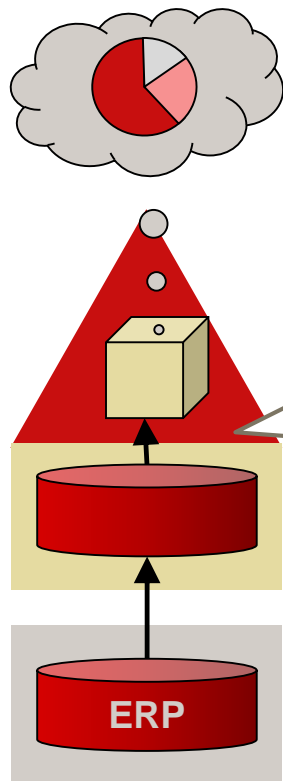


### Enhance import of data:

- enable pulling data from other systems = give control to DHIS2  
currently data can only be pushed into DHIS2 from outside via API



## Enabling DHIS2 as a Tool for EDW

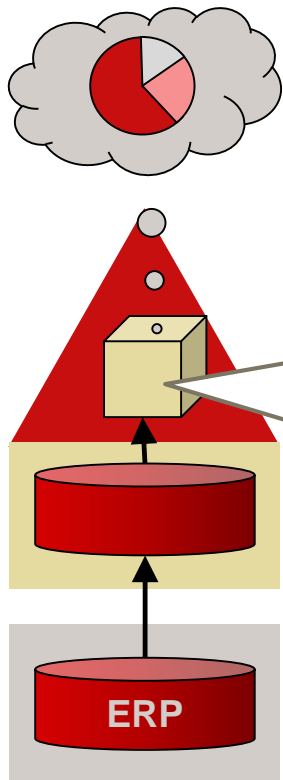


### Enable master data beyond organizational hierarchy:

- filter and aggregate on attributes of master data (e.g. attributes of benefit packages)
- re-usability (referring hospital vs. care giving hospital)
- other hierarchies (e.g. product hierarchies, ICD10, )



## Enabling DHIS2 as a Tool for EDW



### Customized Data Marts:

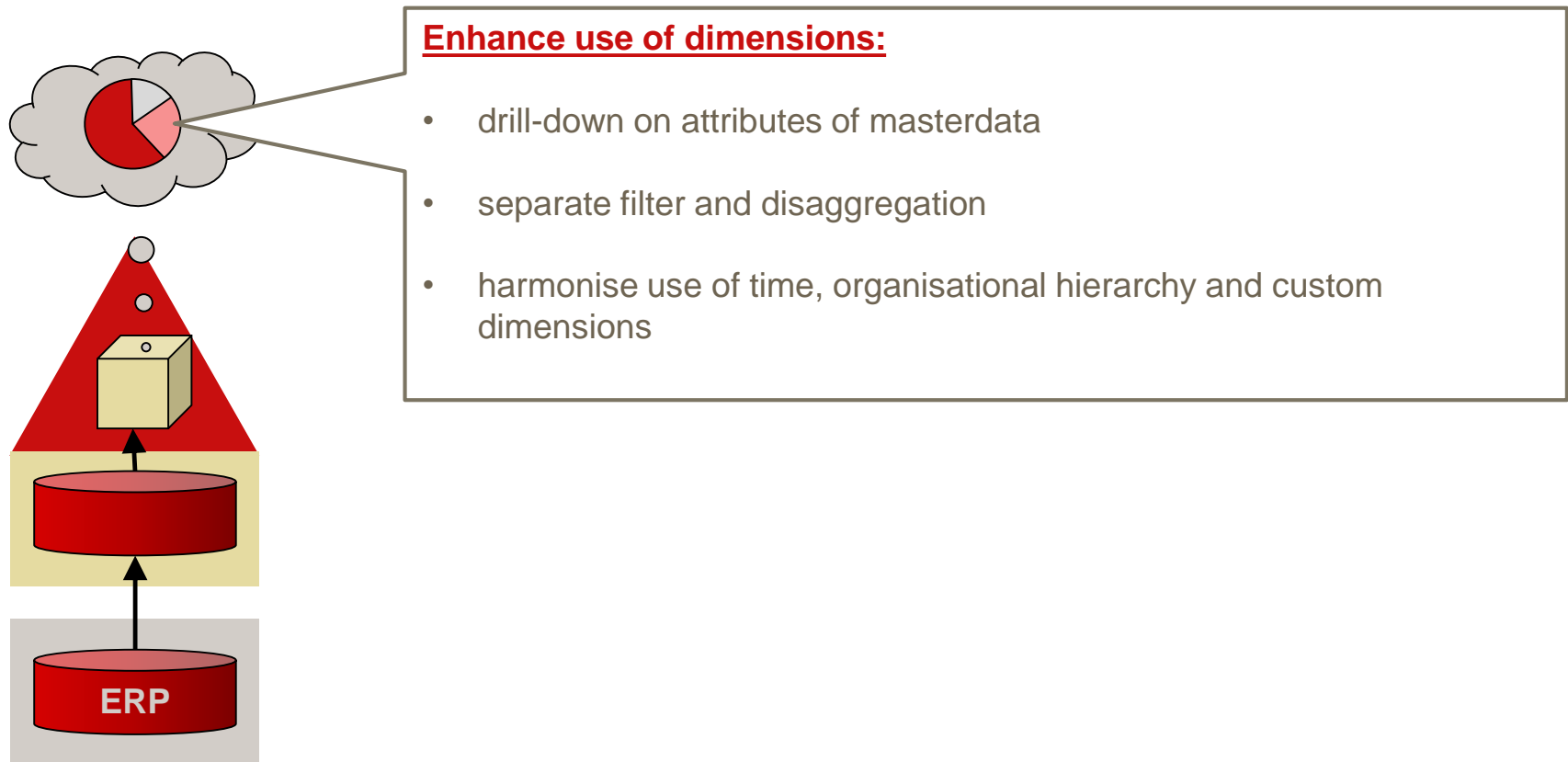
- specific dimensions
- specific keyfigures

Create semantical data marts according to user definitions.

Currently there is only one big data mart (analytical tables)

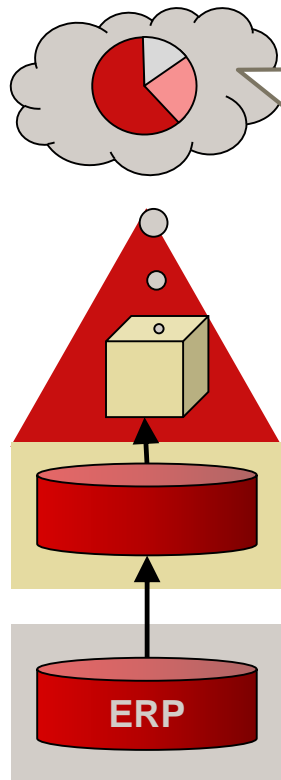


## Enabling DHIS2 as a Tool for EDW





## Enabling DHIS2 as a Tool for EDW



### Enhance indicators:

- **filter on attributes:**

Data Element: beneficiaries  
Attribute: gender ['M','F']

Female Beneficiaries = beneficiaries WHERE { gender = 'F' }

- **re-usability:**

Percentage of Female Beneficiaries =  
Female Beneficiaries / Beneficiaries \* 100