Letter to Editor

The role of health integrated system in health transformation plan in Iran

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-health encompasses a wide extent and has excellent possible to grow in the future. Growing numbers of specialist believe that e-health will fuel the next breakthroughs in health system improvements throughout the world (1). There is frequent evidence that largely indicates failures or unsustainable e-health implementations in different countries for different reasons. Iran is also a developing country that is presently applying this promising technology for its traditional healthcare delivery (2).

The Iranian Ministry of Health and Medical Education (MoHME) has launched a series of ambitious reforms, known as the Health Transformation Plan (HTP) in 2014. Nine main packages of healthcare services and provisions were considered as the core of the plan, including: i) reducing out-ofpocket expenditure, ii) increasing healthcare coverage, especially in remote, rural areas and recruiting physicians, healthcare workers and personnel in underserved areas, iii) e-health serves and... (3). These services should be provided free of charge to all rural and urban residents (4).

After implementing the HTP, the MoHME launched the health integrated system (SIB) in 2016 with the aim of recording the Electronic Health Record (HER) of households. SIB is a project that is the most

comprehensive EHR system and has been provided to be used for all persons around world. The most important the characteristics of SIB which introduces it as a big data are mass production, complex and rapid data and information generating.

After six years of SIB implementation at the comprehensive health centers, health centers, and health houses, the main functions and features of this system are:(6)

- 1-Registration and census of recipients
- 2-Screening by age groups and keep related follow up, non-physician with full coverage of the guidelines of the MoHME
- 3-Record of vital events
- 4-The registration system for death causes according to ICD-10
- 5-Differential Diagnosis (DD) system based on ICD-10
- 6-Registration of physician's wages and therapy interventions at level one
- 7-Referring to level two and three, and record relevant interventions at higher levels and providing feedback
- 8-Urban and rural family physician program
- 9-National immunization and vaccination
- 10-Production of electronic prescription
- 11-Dentistry serves

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- 12-Service costs calculation systems based on the Relative Value Unit of health care services (RVU)
- 13- register and record covid19
- 14-Making sure there is a strong connection between non-patient care departments and patient care departments allows for a better healthcare experience for patients as well as a more seamless transition throughout all aspects of healthcare (7).

Therefore, before meaningful gains in improving the value of e-health care in the Iran can be achieved, the fragmented nature in which health care is financed and delivered must be addressed (8).

E-health not only could become greater, the wellbeing of user, but also the force on the health care system could be somewhat relieved. By introducing the SIB, we have expanded the toolkit of user-centered design methods for eHealth development. The method facilitates easy communication with novices about a future eHealth technology, the identification of factors that can hinder or support end-user acceptance of a future eHealth technology, and early and cheap possibility for testing functional design decisions.

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