MJHI | Moroccan Journal of Health and Innovation



Interoperability of Health Systems: Challenges and Perspectives for Improving Care

Posted on March , 2025

Mohammed VI University School of Health Sciences Engineering, Casablanca, Morocco,

Asenhaji2@um6ss.ma

Abstract

This study analyzes the difficulties and consequences of the lack of ***interoperability*** in the Moroccan healthcare system. The aim is to quantify the extent of redundant examinations, assess the impact on medical errors and treatment delays, estimate the financial burden on patients, and gather qualitative information from patients and healthcare professionals. The novelty of this research lies in its mixed-method approach, combining ***quantitative analysis*** of healthcare data with ***qualitative perspectives*** from patients and professionals. We analyzed

data from a variety of sources, including the Ministry of Health, local hospitals and public health facilities, and conducted patient surveys and interviews with healthcare professionals. The main findings indicate that 20- 30% of examinations are redundant, 15-20% of medical errors are linked to missing information, and patients wait 2-4 weeks for an appointment with a specialist in urban areas and 2-3 months in rural areas. These difficulties lead to ***increased costs*** and ***health disparities***, with 60% of patients reporting having to repeat their medical history.

Keywords: Interoperability, Quantitative analysis, Qualitative perspectives, Increased coasts, Heath disparities

1. Introduction

This study delves into the specific hurdles and repercussions stemming from the lack of interoperability within the Moroccan healthcare system. We will examine the prevalence of redundant tests, the influence on medical errors and treatment delays, and the financial burden imposed on patients. Furthermore, we will investigate the viewpoints of both patients and healthcare professionals concerning the necessity for enhanced interoperability.

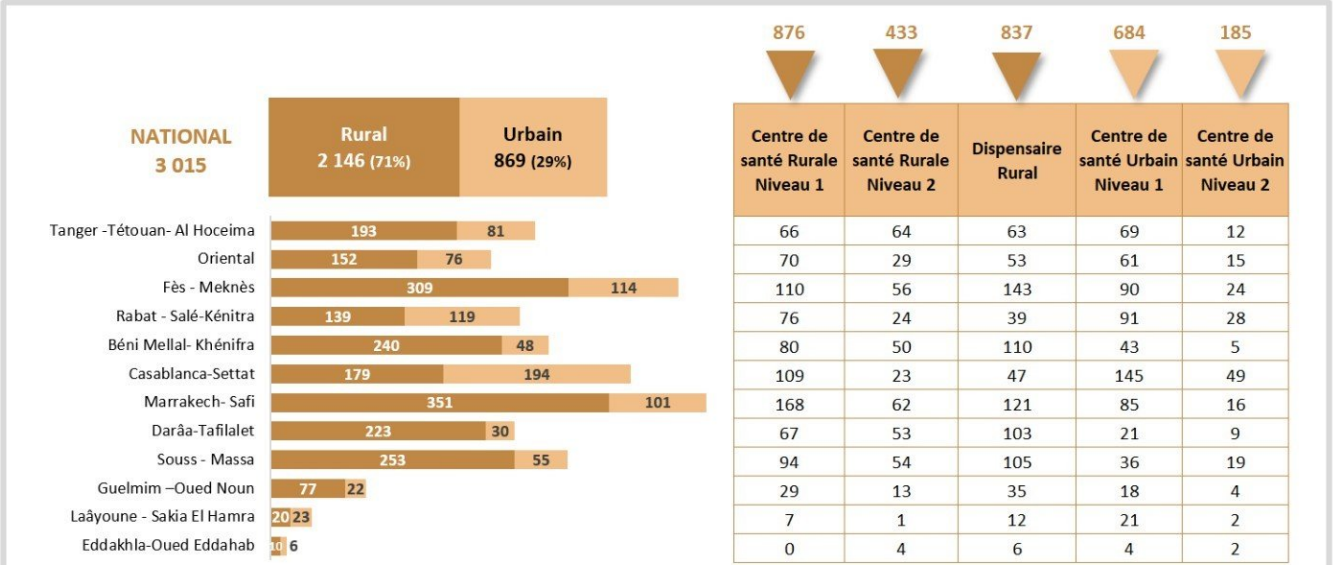
2. Methodology

This study will employ a mixed-methods approach, combining quantitative and qualitative data collection and analysis methods.

2.1. Quantitative analysis

All text, body and captions, should be written using Times New Roman, 11 pts, single spaced and justified.

Figures and tables should be numbered using Arabic numerals (Figure 1, Figure 2,… Table 1, Table 2,…) and a caption should be given for each one (Times New Roman police and centre-justified in 11 pt).



876	433	837	684	185
Centre de santé Rurale Niveau 1	Centre de santé Rurale Niveau 2	Dispensaire Rural	Centre de santé Urbain Niveau 1	Centre de santé Urbain Niveau 2
66	64	63	69	12
70	29	53	61	15
110	56	143	90	24
76	24	39	91	28
80	50	110	43	5
109	23	47	145	49
168	62	121	85	16
67	53	103	21	9
94	54	105	36	19
29	13	35	18	4
7	1	12	21	2
0	4	6	4	2

Healthcare interoperability systems

Table 1: The distribution of Primary Healthcare Establishments by region and setting in Morocco for the year 2022.

The distribution of primary health care establishments in Morocco [1]. shows a significant investment in primary care, with a total of 3,015 establishments nationwide. The distribution between rural and urban areas is 2,146 (71%) in rural areas and 869 (29%) in urban areas. This distribution suggests that primary health care services are widely accessible, particularly in rural areas where the need for accessible healthcare is often greater. The breakdown of establishments by type and level (level 1 and 2 health centers, dispensaries, and urban centers) provides a comprehensive overview of the primary care infrastructure. This information is valuable for understanding the capacity and distribution of primary care services, which is relevant to our study on interoperability. The extensive network of primary health care facilities, especially in rural areas, highlights the potential impact of improved interoperability in enhancing primary care services and health outcomes.

This data reveals a clear upward trend in the need for healthcare services across both urban and rural areas from 2018 to 2024. While urban populations are consistently larger, both areas show increases across all categories, with children under five and women of reproductive age experiencing the most significant growth. This suggests a pressing need to bolster maternal and child health resources, expand family planning services, and tailor healthcare delivery to meet the unique challenges of both urban and rural environments. Furthermore, the data

highlights potential strain on existing healthcare systems and the risk of widening health inequities if access to care is not improved. A deeper dive into the socioeconomic factors and health determinants influencing these trends would provide valuable insights for developing effective interventions and ensuring equitable healthcare access for all [2]..

Années	2018	2019	2020	2021	2022	2023	2024
Population totale							
Urbain	22 072 883	22 494 198	22 992 551	23 430 550	23 868 079	24 304 587	24 739 730
Rural	13 405 510	13 402 189	13 320 688	13 297 356	13 272 865	13 247 340	13 220 899
National	**35 478 393**	**35 896 387**	**36 313 239**	**36 727 906**	**37 140 944**	**37 551 927**	**37 960 629**
Naissances attendues							
Urbain	367 639	371 010	396 268	399 301	401 765	403 727	405 197
Rural	312 224	310 596	286 716	284 820	282 973	281 166	279 506
National	**679 863**	**681 606**	**682 984**	**684 121**	**684 738**	**684 893**	**684 703**
Enfants âgés de moins d'un an							
Urbain	355 691	359 153	387 648	391 355	394 448	396 986	399 030
Rural	298 450	295 584	281 358	279 570	277 847	276 170	274 532
National	**654 141**	**654 737**	**669 006**	**670 925**	**672 295**	**673 156**	**673 562**
Enfants âgés de 12-23 mois							
Urbain	348 169	352 034	382 480	386 832	390 561	393 682	396 252
Rural	291 179	287 764	279 692	277 680	275 946	274 276	272 649
National	**639 348**	**639 798**	**662 172**	**664 512**	**666 507**	**667 958**	**668 901**
Enfants âgés de moins de 5 ans							
Urbain	1 762 026	1 784 411	1 894 643	1 918 799	1 940 244	1 958 908	1 974 752
Rural	1 490 375	1 486 976	1 398 434	1 389 466	1 380 297	1 371 222	1 362 529
National	**3 252 401**	**3 271 387**	**3 293 077**	**3 308 265**	**3 320 541**	**3 330 130**	**3 337 281**
Femmes en âge de reproduction (15 à 49 ans)							
Urbain	6 144 789	6 239 913	6 352 694	6 450 109	6 544 188	6 637 134	6 730 816
Rural	3 273 205	3 209 843	3 166 039	3 119 923	3 072 201	3 024 761	2 979 189
National	**9 417 994**	**9 449 756**	**9 518 733**	**9 570 032**	**9 616 389**	**9 661 895**	**9 710 005**
Femmes mariées en âge de reproduction (15 à 49 ans)							
Urbain	3 406 628	3 459 367	3 547 189	3 601 581	3 654 113	3 706 013	3 758 323
Rural	1 985 792	1 947 040	1 940 018	1 911 759	1 882 516	1 853 451	1 825 523
National	**5 392 420**	**5 406 407**	**5 487 207**	**5 513 340**	**5 536 629**	**5 559 464**	**5 583 846**
Femmes âgées de 30 à 49 ans							
Urbain	3 365 771	3 441 083	3 518 765	3 616 980	3 715 235	3 811 177	3 903 153
Rural	1 615 265	1 583 207	1 581 741	1 562 239	1 538 485	1 510 806	1 479 380
National	**4 981 036**	**5 024 290**	**5 100 506**	**5 [illegible]79 219**	**5 253 720**	**5 321 983**	**5 382 533**
Femmes âgées de 40 à 69 ans							
Urbain	3 524 636	3 652 817	3 550 845	3 669 135	3 786 432	3 903 927	4 022 425
Rural	1 721 569	1 745 160	1 683 298	1 701 905	1 717 292	1 731 028	1 744 132
National	**5 246 205**	**5 397 977**	**5 234 143**	**5 371 040**	**5 503 724**	**5 634 955**	**5 766 557**
Source : SEIS/DPE/DPRF							

Healthcare interoperability systems

Table 2: Evolution of target populations for health programs between

2018 and 2024 by area.

2.2. Qualitative analysis

Qualitative analysis of patient and healthcare professional experiences provides critical insights into the human aspects of healthcare. By exploring patient perspectives on illness, communication, decision-making, and access to care, we can better understand their needs and priorities. Similarly, examining healthcare professional perspectives on their roles, challenges, and ethical dilemmas can help improve healthcare delivery and support. Utilizing methods like interviews, focus groups, and observations, researchers can gather rich data to analyze and understand the complex interplay of factors shaping healthcare experiences. This knowledge can then be used to enhance patient- centered care, improve communication, and address systemic issues within healthcare systems [3].

3. Results

Qualitative research consistently reveals that patients highly value healthcare providers who demonstrate empathy and clear communication, making them feel understood and respected. They also express a strong desire for shared decision-making, wanting to actively participate in their care and make informed choices that align with their personal values. However, access to timely and affordable care remains a significant obstacle for many, particularly in rural areas where resources may be limited.

From the healthcare provider perspective, qualitative findings highlight the growing burden of increasing workloads and administrative tasks, contributing to burnout and compassion fatigue.

Furthermore, healthcare professionals grapple with complex ethical dilemmas daily, requiring ongoing support and guidance. These insights emphasize the need for improved communication training, patient-centered care models, increased access to services, and robust support systems for healthcare professionals to foster a more compassionate and sustainable healthcare system.

4. Discussion

The findings we discussed earlier, highlighting the growing need for healthcare services, the urban- rural disparities, and the importance of patient-centered care and healthcare professional support, underscore the need for a comprehensive approach to healthcare in Morocco. These results, coupled with the challenges of managing and interpreting large datasets, strongly suggest the need for a robust and interoperable software solution. Such a software could facilitate better data management, enhance communication and collaboration among healthcare stakeholders, and support evidence-based decision-making for improved healthcare delivery. Therefore, it is crucial to conceptualize and develop interoperable software in Morocco to address these pressing needs and ultimately enhance the quality of healthcare for all citizens.

5. Conclusion

In conclusion, the escalating demand for healthcare services in Morocco, coupled with the complexities of managing extensive data and ensuring equitable access to care, necessitates innovative solutions. Developing an interoperable software has the potential to revolutionize healthcare in Morocco. By streamlining data management and analysis, this software can empower informed decision-making and facilitate targeted interventions. Furthermore, it can enhance communication and collaboration among healthcare stakeholders, fostering a more coordinated and efficient system. By promoting patient-centered care and providing support for healthcare professionals, this innovative tool can address pressing challenges and pave the way for a more responsive, equitable, and sustainable healthcare system in Morocco.

References

- https://www.hcp.ma/region-oriental/docs/Manifestations/syst%20inf%20stat%20sante.pdf
- ma/?page_id=174
- http://sante.gov.ma/