



Editorial

Health data is becoming the most valuable asset in the Nigerian healthcare system

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Health data refers to the recorded information that describes the health status, medical history, clinical care and determinants of health of individuals and the population as documented in the patients' health records by authorized healthcare providers. It includes demographic details, diagnostic results, treatment histories, laboratory findings, medication records and health outcomes generated during the provision of care. The data are also essential elements in clinical governance, performance monitoring, optimization of patient care and a principal mode of communication between care providers¹.

As the global health landscape evolves, one truth has become progressively more evident: Health data is the new currency of healthcare. This transformation is more imperative in the Nigerian healthcare system. As the nation strives to strengthen its healthcare delivery system, reduce inefficiencies, improve patient outcomes and reengineer public health, health data has emerged as its most valuable asset. The power of health data lies not merely in its collection, analysis or storage, but in its ability to drive healthcare decisions, guide investments and shape the future of care.

For decades, Nigeria's healthcare system has contended with disjointed and fragmented records, incomplete information, delayed reporting, barriers that have hampered the country's ability to respond swiftly to public health challenges². The COVID-19 pandemic laid this weakness bare³. Yet it also catalyzed an important shift: recognition of the need for accurate, timely and interoperable health data

systems. From EMR adoption to further advocacy of digital health, Nigeria is gradually entering an era, where data, not drugs or hospital buildings is the lifeblood of healthcare management.

Traditionally, the patients health records were treated as mere volumes of file for physicians' and other care providers' clerking, a legal or administrative requirement. Health data in today's healthcare has transcended that limited role of mere clinical documentation. It has become a source of intelligence. Hospitals are beginning to recognize that every blood pressure reading, prescription entry or lab result forms part of a larger narrative that can guide policy and improve care quality. When aggregated and analyzed, these vital data points offer insights into disease trends, resource utilization and the effectiveness of interventions.

In the recent times, people, who are trained and licensed to man other parts of the multi-faceted healthcare system, are becoming attracted to the management of health data as a second role. This, they do with dexterity despite their awareness and deep knowledge that HIM professionals are the right custodians of the patients' health records and health data in any form. When they are approached, they say 'data is money'. This has led to different name calling such as data officers among those encroaching to the roles of HIM professionals in the Nigerian healthcare system. They handle data management during Hajj and Jerusalem pilgrimages and in other functions of healthcare. In the aftermath, this role substitution and quackery portend a dangerous situation for health data management and patient outcomes. It threatens the validity of

research and may introduce confidentiality, ethics and medico-legal concerns⁴.

It is good to note however that the value of health data is only as strong as its quality. Poorly collected, incomplete or inconsistent data can misinform policy and lead to misplaced priorities. When data entries are not timely, accurate or standardized, they become liabilities rather than assets. Health data quality depends on more than technology; it hinges on the attitudes and competencies of healthcare providers. A data-driven culture must therefore be nurtured among physicians, nurses, HIM professionals and all healthcare providers. This places a special clarion call on all HIM professionals to brace up and tackle those factors bedevilling quality of health data in Nigeria. In the final analysis, the most valuable asset in the Nigerian healthcare system today is not its buildings or budgets, it is its data. When managed wisely, it holds the power to transform care delivery, accelerate research and safeguard the health of the over 200 million citizens.

In this 8th volume of IJHRIM, Suleiman-Abdul *et al.* reviews the value of health data quality in healthcare services improvement in Nigeria and encouraged HIM professionals to brace up for a better health data management practice. Similarly, Dogiye *et al.* evaluated the integrity and security of health data. This is pragmatic in these days of data consciousness in Nigeria. Ensuring high-quality health data is imperative to meet up with the demands.

Other researchers like Adebayo, Adeleye *et al.*, Danladi *et al.* and Hamza *et al.* corroborated the earlier researchers by providing empirical information on the usefulness of information technologies in health data management and healthcare system in general.

Adebisi *et al.* reopened the moribund status of the language of medicine in our schools of health information management and calls for reintroduction of medical terminology as a standalone course. Oluwole *et al.* assessed health records management at tertiary hospitals in South-Western Nigeria and David *et al.* examined artisans' attitude and use of social insurance schemes and in a related study, assessed how much of out-of-pocket are accessed by artisans in Rivers State.

In its developmental strategies, the Editorial Board of IJHRIM decided to profile our PhD scholars in Nigeria by introducing a compendium of all scholars. The Editorial Board uses this medium to appreciate all our readers, contributors and reviewers for your unflinching support. Happy scholarly reading!

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