

eHealth and hospitals: contemporary issues, challenges, and opportunities

Yunkap Kwankam on the investment challenge needed to realise the benefits effective eHealth can bring



Two years ago, I wrote an article for the journal of the International Hospital Federation. It occurs to me that not much has changed in terms of eHealth in African hospitals over this time, and that the material might still be relevant and useful. So, I thought I'd summarise it for this issue of the *Africa Health* journal.

Introduction

Hospitals and hospital associations need to be aware of, prepare for, and properly manage, the transformation of health systems brought on by the advent of eHealth. It will change, forever, the role of hospitals in the business of producing health. It will make them more efficient, improve quality, and strengthen processes. But it will also remove them as the centrepiece of the healthcare system, and give hospitals a more forward-looking and progressive role. There are those who will see this as a loss for hospitals. We hope they are in the minority. For, what is more important for hospitals – a central role in a disease model of healthcare that unwittingly fosters huge disparities and is likely to bankrupt the system, or a key peripheral role in a higher quality, more equitable, and more sustainable health system?

Opportunities – potential to strengthen health systems and improve health outcomes

The use of information and communication technology (ICT) in health is expected to increase productivity of the health system, improve quality, and ensure equity.

Three examples of how eHealth does this. First, by providing access to services which were hitherto unavailable to patients, because eHealth tools allow practitioners to offer services beyond their physical reach through telemedicine, which we have covered in a previous article. Decisions are made every day in hospitals – clinical decisions about patients (diagnosis, options for therapy), staff, about research, administration and finance, and a host of other aspects of health. Decision support systems and access to remote expertise help people make better informed decisions.

Secondly, ICT is enabling citizens to access health information and, therefore, make the transition from passive observers in the care process to active participants.

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And in some cases, patients will arrive at the hospital armed with more information on their condition than the health professional. Thirdly, eHealth is facilitating, on a systemic level, the translation from records of individual care to knowledge about the health of populations. There are many others.

Challenges

However, eHealth can be a double-edged sword. To benefit from it, hospitals, which already feel stretched for resources, will have to develop the capacity to use this great enabler. But it is precisely for the same reason – limited resources – that hospitals must invest in human and institutional capacity to leverage the power of ICT, to increase their productivity, through efficiency gains.

And although the general problem of infrastructure – telecommunications, power, transport (key to supply chains for drugs and other hospital supplies), and connectivity – is not only a major constraint but is outside the purview of hospitals and the health sector as a whole, advocacy, and good public relations, aimed at those who control the development of infrastructure can influence how the needs of health institutions are served.

Some lessons learned

The National Health Service's (NHS) Connecting for Health in the UK, has taught us at least two lessons. One is the power of going to scale. Before this programme, the NHS spent millions of pounds every year on eHealth over long periods but with no significant impact. The investments were not commensurate with the magnitude of the problem. With huge investments, in the tens of billions of £GBP, positive results are being seen: NHS direct (telephone call-in service); Choose-and-book; PACS, to name just these.

Conclusion

As with all technologies, it is clear that various entities – people, institutions, organisations, corporations, associations, etc. – can be the beneficiaries of the eHealth revolution, or the victims of it. Hospitals and hospital associations in developing countries can opt for the former category, by properly playing their role in managing the transformation of the health system that is being driven by eHealth.