



GN PHOTOS

Transforming healthcare with IT

Experts at Healthcare Transformation Conclave discussed how e-governance initiatives can bring about a change in the sector

GN Bureau

Various technological aspects and challenges of using information technology in the field of health sector were discussed at the Healthcare Transformation Conclave organised by Governance Now in Delhi. The conference was moderated by Rajendra Pratap Gupta, a public policy expert. Many experts from various fields participated in the discussion to prepare a policy paper on healthcare transformation.

Discussing e-governance initiatives undertaken by the Indian Council of Medical Research (ICMR) Dr TP Ahluwalia, senior deputy director general and head, division of health systems research, ICMR, said, "At ICMR, which funds biomedical research, the project submission is done through e-governance and projects are submitted round the year from across the

country. On an average, the council receives 100-120 projects every month."

The ICMR has set up a two-tier system to approve projects which comes for funding. The funds for projects, which are approved, are transferred directly to the bank accounts.

"But the problem comes when one has to go through a 40-50 page report online. Reading the entire report online is a problem in states like UP and Bihar where internet connection is slow. We do not pay for reviewing the project, thus we have to send continuous reminders for the same and it is often delayed," he added.

IT and healthcare

Dr Neena Pahuja, director general at Education & Research Network (ER-NET), stressed upon the need to introduce technology to doctors from the beginning. This will further facilitate implementation of e-health initiatives in the country. She said that doctors are not scared of IT, they are scared

of e-health because it is not part of the curriculum in medical colleges.

Patients today are comfortable to visit tele-health centres, but doctors are not. Therefore, there is a need to bring about this change through a more focused approach. "Big data can play a major role in drug discoveries as it is globally used for this purpose," she added.

Niranjan Kumar Ramakrishnan, chief information officer (IT) at Sir Ganga Ram Hospital in Delhi, said that most of the doctors are tech-savvy as they regularly book e-tickets because they can see tangible benefits of the technology. But, he added, the challenge arises when they do not see the tangible benefits of technology, for example, when dealing with a huge number of patients.

"Doctors are promoting their personal websites on social media but not appointments in hospitals (e-appointments). Most hospitals are not even bothered about digital data. It does cost



From L to R: Suptendra Nath Sarbadhikari, project director, centre for health informatics and national health portal; Dr Sanjeev Sood, hospital & health systems administrator & NABH empaneled assessor; Dr Baljit Singh Bedi, advisor, health informatics, CDAC and member of national EHR standardisation committee; and Dr Neena Pahuja, director general, ERNET

a huge amount of money, but they are not able to understand the real value of it," he said. He also informed the gathering that AIIMS is installing an appointment application system.

Dr SB Bhattacharyya, honorary state secretary, Indian Medical Association, Haryana, and member, national EHR standardisation committee, health ministry, said that healthcare monitoring can generate huge amounts of data. If this data is regularly monitored, it can be used for improving public health. Explaining tele-medicine facility, Bhattacharyya said it is a conceptual network which has applications, systems and social media and video conferencing is one part of it.

"Big data analytics has a large role to play in healthcare IT (HCIT). But doctors do not have the right tools. The tools that are provided are impractical. If you expect doctors to fill in each time the patient comes in, it won't work," he explained.

Dr Sanjay Mehta, medical superintendent at BLK Super Specialty Hospital in Delhi, said IT has helped in delivering quality services to patients and no hospital today can work without it.

He said while doctors are also tech-savvy, using IT in health has its inherent challenges.

"Given the amount of resources and time doctors have, they cannot update system regularly. Using IT for leisure is different from using it while examining patients. We should give them resources and time so that they use IT even while examining patients."

He said with EMR (electronic medical record) coming in OPD, most of the hospitals have become paperless but they are still not paper-free. "IT can help in reducing error but they need manpower and time. Patients today are well informed and doctors are

aware that healthcare is all about service delivery," he added.

Improving public health

Gp Capt (Dr) Sanjeev Sood, hospital and health systems administrator and NABH empaneled assessor, said public-private partnership has a big role to play and is the way forward. "We cannot move without this in telemedicine. Bandwidth and fibre optic cables can only come through public investments. In tele-medicine, there is a lot of scope of public-private partnership." He also said that EMR is of no use until it is shared with other organisations and it is a way forward to achieve universal healthcare.

Suptendra Nath Sarbadhikari, project director, centre for health informatics and national health portal, said internet penetration is less than 30 percent in India and not much has been done in the area of capacity building. "IT as a part of healthcare professional education is not happening. Unless they [doctors] are shown some benefit, they will not use it." He also pointed out that the national health policy does not mention disability though the disabled form the largest minority in the world.

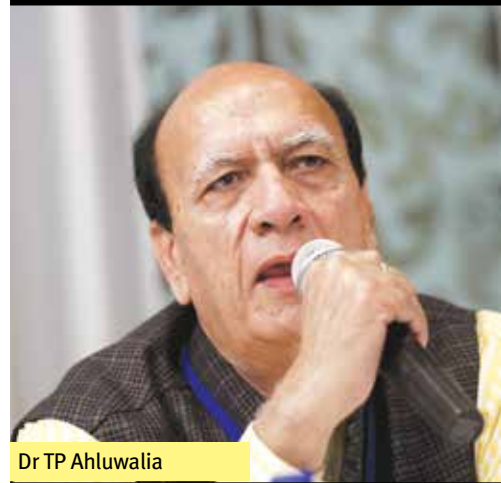
Dr Baljit Singh Bedi, advisor, health informatics, CDAC and member of national EHR standardisation committee, was part of the AIIMS EC experiment in tele-medicine in the late 1970s which was done through wireless devices. He said while technology has come a long way, there is infrastructural shortage and the government must bring in policy here. "We are talking about continuity of care, so that patients get regular care and big data can play a main role. It can be useful in drawing references on disease pattern. In USA, they have 30 years of records and they are finding wonderful results on drugs and diseases."

He said many hospitals are giving tele-consultations and it is working well. He suggested that there is a need to train and build capacity and one must follow the pragmatic approach to make it happen. ■

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