

MIAMI

JULY 2010 • VOLUME I • ISSUE 2

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IAMI @ LIBYA

eManagement Conference

The Great Socialist People's Libyan Arab Jamahiriya

General Institution for Culture

ALMADINA MULTIMEDIA CENTER



Gp Capt (Dr) Sanjeev Sood
Indian delegate from IAMI

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JULY 2010 • VOLUME I • ISSUE 2
publications@medicalinformatics.org.in

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JULY 2010 • VOLUME I • ISSUE 2

EVENTS

The First International Conference on Electronic Management at Libya

The use of information and communication technology in general and electronic management in particular, has led to fundamental changes in the way the services are delivered. This has ensured administration in more efficient and transparent manner and in supporting the comprehensive development of the society at the grass root level. Under the auspices of Col Muammer Al Gadhafi and within the values & principles of the First of September revolution and the emblem of 'for the sake of an effective electronic management for the Jamahiriya society, Al-Madina multimedia center organized 'The first International Conference on Electronic Management' from the 1st to 4th of June 2010. The conference was considered a major step in the Jamahiryia's endeavor to follow

the revolution in the IT world.

Libya is located in Northern Africa and its economy depends upon revenues from the oil sector, contributing to about one-quarter of the GDP. Combined with a small population, this gives Libya one of the highest per capita GDPs in Africa. The conference represented Libya's initiatives in the information technology revolution, emphasizing its place on the map of the world of information technology in the twenty first century. As of now, Libya has minimal IT infrastructure in place, and wishes to take giant strides in this direction to achieve high IT penetration and provide IT enabled governance to its citizens. The event was managed by Al Madina Multimedia Centre at hotel Radisson

Blue, also known as Al Mahary hotel. This hotel stands proudly in a prime location on the beautiful beach of the historic city of Tripoli. Arrangements were made for translation to/from Arabic/English language during the sessions.

The aim was to disseminate the culture of information and communication technology

IAMI was represented by Dr. Sanjeev Sood who spoke on 'ICT as an enabler in delivery of quality healthcare' and Mr. Ajit Kumar, who was one of the key organizers for this international conference.

and investigate implementation mechanism for effective management for the Jamahiriya (masses). It was attended by about 200 delegates from

various parts of the globe including Africa, USA, Europe, Egypt, Middle-East and India. India was represented by a delegation of eight speakers from e-Health, e-Commerce, e-governance and public administration.

The keynote address was delivered by Dr. D C Misra, IAS (retd.), and an E-governance consultant from Delhi. He spoke on the 'Role of IT in enhancing socioeconomic development'. He emphasized the need for implementation of good e-governance to provide citizen centric, interactive governance with transparency and accountability on part of the administration. Steven Clift of E-Democracy.org, USA, spoke on 'Social media in public life'. Marcel Deturche emphasized the need to 'Ease the implementation of e-democracy'. Prof Nigel Paine of UK spoke on 'Effective e-learning and knowledge management in 21st

century', and how visionary nations and organizations can leverage knowledge to remain competitive and successful. Dr. R Mohd. Al-Farsh presented an overview of Pan African e-network between Indian universities and 53 African nations providing e-services with priority on tele-medicines and tele-education. This was followed by speeches from Syrian, Italian, Egyptian and Turkish delegation.



IAMI and other Indian delegates with the Indian Ambassador to Libya

The Indian delegation comprised of Dr Sanjeev Sood who spoke on 'ICT as an enabler in delivery of quality healthcare'. He apprised the audience with the benefits of automation and computerization in healthcare and how various applications like EMR, HIS, CPOE and CDSS can transform delivery of quality healthcare. Prof Ashok Sharma spoke on Public Administration while Rajkumar Prasad, Piyush Gupta and

Vakul Sharma spoke about e-Governance. Later, the Indian delegation had a meeting with India's Ambassador to Libya.

Prof Peter Kent, who has authored several books on Dummies series on computers, spoke on 'E-commerce success secrets, stories of failure'. There were other speakers from the corporate world like IBM, who spoke on 'smarter planet'; Microsoft on cloud computing and transformation in e-health services; Newtech, Belgium; Oakridge National Laboratory, USA and Telespazio, Italy.

For the Indian companies providing ICT products, expertise and IT enabled services, Libya offers immense opportunities with no legacy systems in place. Its oil rich, emerging economy holds great promise for the investors.

~Gp. Capt. (Dr) Sanjeev Sood is a Hospital and Health Systems Administrator serving in Jodhpur.

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TECH BYTES

Is there a need for Automation in Healthcare?

Whereas a negative answer to this question would put a question mark on the raison d'être of IMIA and IAMI, there is a significant percentage of healthcare workers who would think for a minute before answering it. The perception of the need for automation strongly depends upon how that department is interpreting 'Automation'. For different roles in hospital, automation brings in different meaning, different benefits and different liabilities. Let's have an overview of the need of automation keeping in view the effort involved and benefits realized.

Who needs automation?

Doctors:

For most doctors,

automated medical records are 'good to have'. Decision support systems (CDSS) and compliant nursing are also desirable (reduced failures, reduced lawsuits). They are not particularly enthusiastic about automation of inventories, Coding and Medical records (MR), bio-medical engineering etc. while billing practices are fairly watertight even without full automation. Lastly, most doctors resist the additional work they have to do to keep up their end of the automation deal e.g. typing case records, entering prescriptions etc.

Paramedics & Nurses:

Their liability quotient is lower than that of doctors' but responsibility to keep medical records updated is higher. Consequently, most see it as an

overhead or additional work. Unless well trained, computer entry increases the nurse's time away from patient thus reducing the time he could have spent with the patient. Overall, this group gains comparatively less from automation.

Contradictory to popular belief, computerized records leave nurses with less time to spend with patients

Stores, Front-office and support services:

Inventories are mostly objective records which render themselves more amenable to computerization bringing better accountability, transparency and speeds up the work. Moreover, the software for ADT, Billing and Stores are usually more user friendly, robust and mature. The effort-benefit ratio is well balanced here.

Quality department:

Automated medical records and other MIS (Management Information systems) reporting tools are the bread and butter for the Quality department. Objective records with transparency help them keep stringent checks on processes and aid certifications like NABH & JCI. Significantly, this department's contribution to creating computerized records is low but it reaps huge benefit in comparison.

Hospital administration:

Hospital Administration is usually the consumer of records created by various departments. They gain significantly from the objectivity, transparency, accurate record keeping and it helps them in maximizing the revenue through better insurance claims and higher patient satisfaction. They are usually the driving force behind automation but contribute least towards creating records.

Government, WHO & regulatory bodies:

The mandatory reporting to various government bodies becomes much easier and more accurate if hospitals are automated. This, in turn, helps the government in judging the health situations and disease patterns more accurately. This gets reflected in health policies rolled out nationally and internationally. Effectively, the automation has its cascading effect in government, WHO and UN policies. Eventually these policies aim for better patient care and better revenues for hospitals & insurance agencies.

The Patient:

Lastly, let's talk about the cynosure of healthcare: the patient. Currently, the awareness of the benefits of medical record keeping is low in India while the cost of treatment, even without

automation, is overwhelming. To add huge automation costs to the patient's treatment may look a little unfair at present. In the long term, society stands to gain. However, individually, a relatively small percentage of patients, care about how & where their treatment records are maintained.

Conclusion

Currently, the effort-benefit ratio in healthcare automation is somewhat skewed. The people who need to make maximum efforts stand to gain relatively less (paramedics, nurses and doctors, in that order) while people who drive automation and gain maximum (Hospital Admin, Quality, Government & regulatory bodies) have to put in much less effort on day to day basis. This skewed ratio has caused many failures in implementations. However, the patient, who is the end consumer and also affords the

whole process from his pocket, irrefutably stands to gain in long term.

~ Dr Saurabh Bhatia, MBBS(AFMC), MS(Psy), FCR
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***This series is a pre-publication excerpt from a book being written by the Author and cannot be reproduced in any form without express permission from the author and proper reference.*

This article is part of a series** on automation of healthcare. The broad topics that will be covered:

- **Need of automation: Is it there?**
- **What's Automation?**
- **EHR and HIS**
- **What to Automate in a hospital?**
- **Priority of automation**
- **How to choose what suits your hospital**
- **ROI**
- **Behavioral Aspects of Automation**
- **Expectations v/s reality**
- **Commercial facts**
- **Roadblocks**
- **Is our automation successful? KPIs**
- **What do patients want?**
- **Role in research**
- **Success stories**
- **Review of some products**

If subscribers want additional topics, please email the author at SaurabhBhatia@SaurabhBhatia.com

TECH BYTES

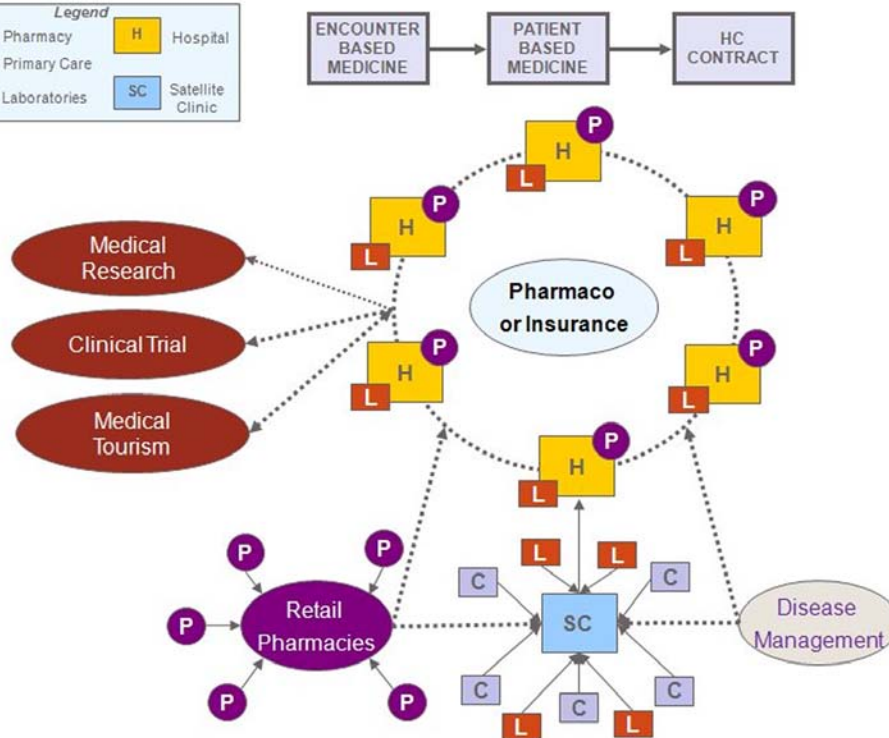
Paradigm shift in Indian Healthcare

Introduction

Indian Healthcare is going through a paradigm shift. From a fragmented sector, it is moving towards being consolidated and organized. It is moving from a 'Transaction based Healthcare' model to a 'Healthcare contract'. Large, private hospitals in India are turning into a network of healthcare organizations. This network includes 'Treatment for Sickness' and the 'Wellness Industry'. Clinic networks, Lab networks and Pharmacy chains are also emerging on the scene. The Government is also catching up by modernizing its hospitals and by introducing Public Private Partnerships. Health Insurance is beginning to follow patients even after they leave the clinic and some systems are emerging to

manage their health and disease in the society as well. At the heart of all these networks is mostly either a Pharmaceutical company or an Insurance company.

These healthcare networks seem to be pushing the 'single encounter-based medicine' to a more 'holistic patient-based medicine' by providing all the services in the network and retaining the patient within the network across the country. Therefore Healthcare Network is a very healthy trend for India. However the emerging healthcare networks cannot achieve their 'Enterprise Level Digital Healthcare' dream without an integrated Healthcare-IT policy. Today very few



Emerging Healthcare network in India

India based Healthcare-IT systems provide the required support for running such a massive Healthcare Network.

Technology

Is technology catching up at the same pace as brick and

mortar? Do these networks/chains have the requisite technology infrastructure in terms of software, hardware and IT networks? Is the budget being allocated for the technology infrastructure? For a good IT setup, Indian hospitals have to

get into a habit of allocating larger budgets for IT, because IT is providing direct business benefits rather than just support. There is a need to develop a Healthcare-IT platform specifically for India; a platform that will include HIS+EMR+ERP and will be hosted, so that every clinician, administrator or manager can use it over the web. Software as a service (SaaS) model can become a reality in India because internet bandwidth is becoming available everywhere through fixed lines, mobiles, DTH and 3G. The SaaS model is economically viable because it converts the Capex into Opex. There is no entry or exit barrier either. Public Health informatics is still a far cry.

People

Is there trained manpower available to run this show? We need people trained and

experienced in Healthcare + IT + Management skills. In a typical Healthcare-IT team, at least 30% of the people should have all the three skills; the rest can start with one and acquire the remaining skill(s) subsequently. The real change will occur when our medical colleges include management and IT as an integral part of the curriculum. Some Healthcare Management institutes have taken the first step towards including some part of IT in the curriculum, but there is a long way to go before the model matures. We need to have short, medium & long term approach to the people issue. Do we have anyone thinking in this direction?

Process

Awareness about NABH, JCAHO and ISO standards is emerging in large hospitals to attract Health Insurance and international business. However the culture of 'Quality' is yet to

percolate down the psyche of the Indian Healthcare industry. This will take time and will require a significant push from central bodies like QCI. The need of the hour is to define Key Performance Indicators [KPI] for clinical, administrative and management aspects of healthcare. Some uniform mechanism has to emerge for KPI measurements, analysis, publication and debate. Some healthcare body has to take the lead for KPI in Indian healthcare. Unfortunately very few even understand the concept of Healthcare KPI. We live in a country that gets cars before the roads and aircrafts before the runways. I think Healthcare will not be different either.

*~ Dr. Pankaj Gupta, Managing Director - India, International Healthcare, Dell Systems
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Contributions invited for the August issue of MINI.

1. Last Date for Submission – 21st July 2010

2. Type:

a) Events – Medical Informatics conferences/seminars/workshops.

b) Technical – Industry trends, concepts, products, techniques, experiences, software / hardware / literature reviews.

3. Article length:

- a) 350 to 400 words; or
- b) 700 to 800 words.; or
- c) 1200-1600 words.

4. Format: Formatted Text as a Word Document. High resolution Graphics in any format.

5. Submit to:

publications@medicalinformatics.org.in

NEWS CLIPS

~Dr. R. Prajeesh

Robot guided knee replacement surgeries

Surgeons at a Scottish hospital are testing out an operating technique using a robot to carry out knee replacement operations as a part of clinical trial at the NHS. Around 150 patients are enrolled in this ongoing research which is being conducted at Glasgow Royal Infirmary collaboration between surgeons, bio-engineers and a US based health care company.

Images of the patient's knee pre-loaded onto a software controls the robot's movements and the sensors placed on the patient's knee conveys the information on the exact position. A display on a screen guides the operating surgeon with an accuracy of within a millimetre. The procedure is expected to cut recovery times to a matter of days, saving costs and improve the outcome of knee replacements.

[Read more...](#)

Smart Phone Application for Health Advice

Afridoctor is a mobile phone application designed and launched in South Africa by Blueworld, a social media company based in Cape Town.

Afridoctor works as pocket doctor and it offers a "snapdiagnosis" service, patients can send pictures of their ailment to a panel of doctors who then contact their patient with a diagnosis within 48 hours. The other features incorporated into the application include "find a doctor" and "distress" as well as first aid tips and a symptom checker.

The "find a doctor" system uses Google Maps to geo-locate local health services including doctors, hospitals and emergency clinics. The distress feature enables users to contact a family member or friend at the touch of a button. This person will be notified of the phone's location when the distress button is pressed.

Afridoctor developed for high-end mobile phones is supposedly the first personal mobile health clinic in the African continent but Blueworld is hoping to strip it down so that the app can work on less technologically savvy handsets.

[Read more...](#)

Smart clothes offer emotional aid

Smart clothes developed by Barbara Layne from Concordia University in Canada and Janis Jefferies from Goldsmiths College's Digital Studios were on display at the Congress of the Humanities and Social Sciences held in Montreal from 28 May - 3 June.

The prototype garments created as part of an artistic project called Wearable Absence monitor physiological states including temperature, breathing, galvanic skin response and heart rate. The clothes are connected via a smartphone to a web based database that analyses the data to work out a person's emotional state. The captured biological data is used to trigger a response from the database previously created by the wearer. When the wearer is detected as being in a particular emotional state, the database will send media to the clothes to help try to change a person's mood. Media, including songs, words and images, are then transmitted to the display and speakers in the clothes to calm a wearer or offer support. Smart clothes helping their wearers cope with the stresses of modern life could soon be a reality.

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ECG on Blackberry mobiles

Maestros Mediline Systems Limited in association with Vodafone announced the launch of its mobile ECG application for BlackBerry smartphones. The mobile apps is created by Research In Motion (RIM) the makers of BlackBerry mobile.

This application on mobile ECG called eUNO R 10 enables the doctors to remotely monitor their patients. This tele-medicine device not only saves time of the doctors but also helps in early and quick diagnosis of the cardiac ailments.

This application is being tested by Cardiologists at Nanavati Hospital, Mumbai and is reported to have helped doctors make quick diagnosis and initiate appropriate treatment in acute cases.

[Read more...](#)

HIMSS Virtual Conference & Expo

A two day virtual conference jointly sponsored by the Postgraduate Institute for Medicine was conducted by Healthcare Information and Management Systems Society (HIMSS) on 9th and 10th June 2010. The HIMSS Virtual

Conference & Expo was an interactive event incorporating online learning, live chat realtime vendor presentations and contests. Online availability and the flexibility of on demand learning were appreciated by the participants.

Virtual Conference & Expo remains open until July 10.

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Upcoming Events

eHEALTH India 2010

This three-day international conference is to be held in Hyderabad during 4-6 August 2010.

[Details](#)

HORIZON 2010: National Conference on “Creating Synergy in Healthcare for Excellence”

IT for cost reduction in Hospitals is one among the topics at this 3 day National conference hosted by Father Muller Medical College, Mangalore between 5th and 7th August 2010.

[Details](#)

National Conference on Evidence Based Healthcare

Department of Hospital Administration, Sher-i-Kashmir Institute of Medical Sciences, Srinagar, Kashmir is conducting a two day conference on Evidence Based Healthcare from 18 to 19th September, 2010.

The topics include Quality improvement in Health Care, Evidence Based Medicine, Research Methodology, Patient Safety, Information Communication Technology, Public Private Partnership.

[Details](#)

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