

Volume 3 / Issue 3 / 2008 - Editorial

Letter from the Executive Director and Editor-in-Chief, HITM

Dear Reader,

An HITM delegation recently returned from the EU's eHealth 2008 Conference in Slovenia. As ever, the Slovenians surpassed themselves in their role as hosts. Back in Brussels, however, we cannot help some familiar morning-after blues. This is not because we yearn for the stunning seaside \ resort of Portoroz, where the Conference was held.

No, what we are talking about is déjà vu. As far as eHealth 2008 went, it may well have been eHealth 2007, eHealth A, B1 or B3 - take your pick. There is a huge (and growing) gap between expectation and reality – with respect to the EU's eHealth agenda. Indeed, some healthcare IT professionals at Portoroz wondered, Hamlet-like, why exactly they were there.

Indeed, as before, we again listened to the litany of acronyms, the Big Questions – on new standards, openness and seamlessness, assisted-living. There was the customary Rabelaisian gush about demo projects, generous budgets and Vision Things, but little in the way of a reality check.

In this context, the current issue of Healthcare IT Management takes a look at EU healthcare R&D projects in its now-completed 6th Framework Programme. Many, like their successors in the current 7th Programme, aimed to establish European interoperability standards. Unfortunately, very few have made headway.

e-Health and its role as a driver for efficiency in healthcare, is not just an issue in Europe. In the US too, presidential candidates have highlighted healthcare reform and ways to cap rising costs via healthcare IT.

One of the keys to e-Health is interoperability – in the US, in Europe and beyond. Regardless of the election outcome, more attention to healthcare in the US is a given. Less clear is the fact that a US drive to establish 'global' interoperability standards would be of major competitive concern for Europe. It will also have more significance for healthcare IT managers than Microsoft's bundling of Media- Player with Windows.

In our previous issue, we reviewed a European initiative in the healthcare interoperability and standards area. This time, we provide the views of a US expert on the state of play in his country.

Interoperability of healthcare systems and data access across time and space also poses challenges for international drugs firms now outsourcing a fast-growing number of clinical trials, especially to India and China. The ethical challenges underlying such a process, and the role of IT, are described by experts from Imperial College, London.

The globalisation of healthcare IT, and its moral / strategic implications, are just one aspect of our fast-changing world. New technologies alter cost and benefit benchmarks for hospital IT managers, every day.

As the CMIO of a leading Swiss hospital explains, his job is not to manage IT systems, but build a value-adding knowledge ecosystem. Alongside, a healthcare CIO from the Czech Republic discusses the role of IT, as both driver and passenger in changes to the hospital environment in his country, after its accession to the EU.

This issue also examines an especially intriguing topic – whether there is implicit value in being a follower, a second-mover. It is well known that hospitals have invested far less in IT than other institutions. Might such sluggishness be a blessing in disguise ?

Our Country Focus is on Ireland. In spite of significant reforms over the past two decades, more needs to be achieved. Do IT and e-Health offer any additional incentives for change ?

Yours sincerely,

Christian Marolt (CM)



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