

Volume 3 / Issue 4 / 2008 - Editorial

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

Dear Reader,

Across the IT world, the debate about the pros and cons of the so-called twin pillars of enterprise software, JEE and .Net, has raged since the beginning of their existence. Such a question has not left the healthcare space untouched. Experts from Finland, however, make a compelling case in this issue's cover story about the growing irrelevancies of such deliberations as far as building new healthcare-specific IT services are concerned. The JEE versus .Net question has been fuelled to no small extent by big-ticket projects to modernize hospital IT infrastructures, and such a debate has many facets.

Modern hospitals are not only becoming increasingly corporatised, but are seeing no let up in pressures for efficiency and quality assurance, in order to give patients the best medical care, do so quickly and at the least possible cost. One effect of this has been an explosion in requirements for sophisticated but highly-structured management information. A specialist in predictive technologies in healthcare management provides us a whistle top tour on issues related to hospital management 'dashboards' – their strengths, weaknesses and what to consider before buying or building such an application.

Meanwhile, the above developments in the economic and operational environment have also been accompanied by a relentless pace of technological change. Real-time location systems (RTLS) are now fast becoming an area of major attention – to provide enhancements to operational efficiency. Though much attention has so far been given to radio frequency identification (RFID) systems, new alternatives are emerging. Some of these, our feature in this issue shows, have been explicitly designed with hospitals in mind.

Healthcare IT is, of course, not wholly a creature of the hospital environment. Indeed, a long-running emphasis on technology and preventive health has led to several imaginative deployments of IT – from sophisticated public health portals to computer-assisted dietary management, weight control and anti-smoking programmes. The

Promile mobile telephony system in the Czech Republic provides a good example of such an angle on healthcare.

Another challenge is that of healthcare IT staffing. Consultants from Tribal Group position this question in the context of the major overhaul of healthcare IT systems now underway, such as that in Britain's National Health Service.

We have long argued that less attention by healthcare policy makers to Big New Things may be in the best interests of everybody – hospital and IT manager, patient and taxpayer. This issue of Healthcare IT Management provides the second and final part of an overview at EU healthcare R&D projects in the completed 6th Framework Programme. Not a few of the small projects have yielded results in inverse proportion to their scale, and we strongly wish that the follow-on 7th Framework Programme (FP-7) continues to encourage this.

What cannot however be ignored is the relatively dismal record of some megaprojects. Ironically, one such project – to make a comprehensive assessment of interoperability in electronic health records and e-Health systems across Europe –delivered what it promised. And yet, it has been (puzzlingly) overlooked by the European Commission in its July 2008 Commission Recommendation – on cross-border interoperability of EHR systems, which again seeks a similar exercise.

Our Country Focus is on eastern Europe. These are lands where change is heavy in the air. As reforms gather pace, there are however many questions about cost-benefits, trades-off and timelines to catch up and converge with the EU. What is the status of healthcare IT and e-Health in these countries ? We provide an overview.

Yours truly,

Christian Marolt

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