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

Dear Readers,

Amidst what may be the greatest economic downturn since the 1930s, 2009 promises to be a memorable year. Opinions about the impact of the recession on the healthcare sector are mixed, but there seems to be a consensus that it will be less vulnerable than many others.

Meanwhile, the recent presidential elections in the US have brought to power one of its most resolute champions of healthcare reforms ever. As co-sponsor of the influential *Wired for Health Care Quality Act* in the US Senate in 2005, Barack Obama has long been an advocate of using IT, not least electronic health records, as a means to confront the deep-rooted structural and financial challenges faced by US healthcare. In spite of some concerns about whether the new administration will (or can) actually deliver on his agenda, it is evident that any 'new' American health-care IT standards will have an impact on Europe and the world beyond.

Within such a context, our Cover Story focuses on another transformation, the subtle but powerful shift underway from e-Health to i-Health. While e-Health is largely about concepts and technology policy, i-Health will be about real-life use, pulled by need and finessed by experience. i-Health's most significant symbol is consumer genomics, becoming closer by the day to a mass technology, and opening up wholly new frontiers like personal medicine. Consumer genomics will be a powerful catalyst for the electronic health record (EHR). In turn, healthcare IT is seen as the only means to link and provide substance to both. Together, the EHR and genomics promise a profound shake-up in healthcare culture. For the American Health Information Community notes, a genomic EHR would begin "the transition of the health care sector from a reactive to a predictive enterprise."

However, before such a process becomes reality, healthcare IT is likely to face massive challenges from building petabyte-plus medical databases to managing grid computing architectures hosted on supercomputers and driven by highly sophisticated collaborative computing software, providing intelligent data interpretation from anywhere in real-time.

The Features section in this issue includes an analysis by a renowned expert on standards and interoperability for the remote monitoring of patients, and another on patient classification systems as a key tool to improve the efficacy of healthcare resource use. Indeed, most observers foresee a sharp rise in home-based monitoring, to meet challenges from an ever-increasing elderly population and the growing prevalence of chronic diseases – both of which are over-extending the current healthcare delivery system.

The feature on patient classification systems (PCS) includes a case study on its use in Brazil. It is authored by the developer of one of the two most common PCS systems in use today.

Most healthcare technology developments, including those in areas such as remote monitoring and patient classifications, seek to enhance efficiencies in healthcare use. Indeed, such a goal is central to hospital asset management – not always the easiest of tasks, given the sheer scale and diversity of such assets. Our Management section provides two examples, one from Europe and another from the US, on how IT has been imaginatively deployed, to meet the challenges of managing two very different kinds of hospital assets.

Our Country Focus is on Belgium. As it moves step by step towards implementing a national e-Health roadmap, we believe it salutary to recall Belgium's often-unacknowledged role as having developed and implemented some of the most dramatic mass-use IT projects in recent memory.

Yours truly,

Christian Marolt (CM)

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