

Volume 4 / Issue 3 / 2009 - Editorial

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

Dear Reader,

Like Project European Union, e-health is a multispeed, multi-layered and multi-directional creature – and differences sometimes seem to strongly outweigh commonalities. But like several optical illusions; it is important to step back a little to gain real perspective, and do this from time to time. Visions require reality checks. Reality too can sometimes do with a vision boost.

At the moment the huge US e-Health project under ARRA, the American Recovery and Reinvestment Act of 2009, is clearly the Show in Town but at the less sexy, nuts-and-bolts level, Europe is well ahead in the e-health game. Even the Americans acknowledge it.

The key challenge for Europe is how to make sure that continues to lead where possible, defines priorities clearly and makes sure that too many fragmented initiatives do not end up simply cancelling one another. For when it comes to the scale of imagination, effort and money required for a Grand Plan, no one can match the US, or its freewheeling entrepreneurial business culture. Neither Ayn Rand nor the Great Gatsby would mean as much anywhere as they do in the US.

A good example of Europe's lead at the e-health nuts-and-bolts level is in e-prescription. This is an area with a strong business case. An expert from the Netherlands shows us why.

One reason why e-prescribing systems have achieved less than their potential involves security limitations and the interoperability barriers between different clinical information systems. The interoperability challenge (both technically and in terms of the EU policy response to it) has been highlighted by Healthcare IT Management on several occasions in the past. In this issue, a British expert provides a personal overview of healthcare interoperability, throwing light on two charged questions: Are international standards really necessary? And how do standards development affect healthcare providers and IT vendors?

Another topic close to the heart of CIOs and healthcare IT managers is that of the explosion in data, healthcare data. With hospital information systems becoming increasingly complex (and likely to continue doing so), the need for efficient information processing is a strategic priority. As explained by a German researcher, a good way for systematic information management is to separate 'strategic' from 'tactical' data.

In our previous issue, we carried a feature by academics at Sweden's Royal Institute of Technology on adapting value models to facilitate the design of new forms of collaboration in healthcare, as well as innovative healthcare services. Continuing from there, this issue provides another feature by experts at the Institute on value based service innovation.

On a closing note, I am proud to announce the launch of the European Association of Healthcare IT Managers' first IT@ 2009 Awards – to give recognition to European healthcare IT pioneers. The timing for the Award could indeed not be better. As one of our readers complains (page 4), imaginative healthcare IT solutions seem to usually come from outside Europe, and not just the US. Is this, he asks, "because we lack such genius on the Old Continent Or is it because our geniuses are not encouraged sufficiently? Or is it because no one hears about them? The IT@ 2009

Awards, details of which can be found on Page 6, is designed as a direct response to such complaints. We look forward to the enthusiastic participation of our readers and their organisations. Together with our team, I wish our readers a very warm and happy Summer.

Yours truly,

Christian Marolt

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