

## Volume 3 / Issue 2 / 2008 - Editorial

## Letter from the Executive Director, HITM

Dear Reader,

IT is a value-add engine to every economic sector. This is now accepted wisdom. Healthcare is no exception. Yet, healthcare IT has some special characteristics. It is more data rich and sensitive than most other economic segments. However, trends in healthcare IT spending have lagged those, for example, in banks – a sector to which it might most closely be benchmarked.

The European Union's e-Health agenda aims to change this situation. E-Health requires an ever increasing number of anytime/anywhere data inputs and intelligent, decision-ready information. As this issue's country focus section on France shows, accelerated IT spending on healthcare is a high-level, near-term priority of the French government.

And yet, France's healthcare system, as we analyse, is an excellent example of that old adage – of beauty lying in the eyes of the beholder. Thus, even as a French government appointed body released a scathing report about the state of the French healthcare system, experts in the US were advising their own government to learn from France!

Healthcare IT, by and large, means hospitals, which account for the bulk of IT spending in the sector. The EU has long been aware about the importance of hospital information systems (HIS) in what may be termed a future European Healthcare Area, and has pioneered several early initiatives (especially in the area of EU-wide standards).

Though far less than hoped for, a post-facto analysis of such initiatives may provide reality checks for the somewhat nebulous assortment of healthcare IT projects funded under the EU's 7th Framework Programme for Research (FP-7). In other words, it would be salutary to pose a straightforward question: In an era where healthcare delivery itself is undergoing a rigorous process of scrutiny (e.g under the rubric of concepts such as evidence-based medicine), is there any systematic evidence of the outcomes of ambitious healthcare IT research projects, generously funded with public money?

This issue of HITM provides an overview of 24 key projects financed by the FP-7 (with a value of over 100 million Euros). In our next issue, we intend to explore the subject further, by investigating the achievements of healthcare IT projects funded by the preceding (and now-complete) Sixth Framework Programme for Research.

Like HIS, the laboratory information management system (LIMS), another bedrock of healthcare IT, also faces some deep-seated, and farreaching challenges. Not least here is the explosion in data/ workloads and the inefficient 'heritage' of legacy systems. The current issue of HIT takes a look at a decision by a US university to build rather than buy a new LIMS.

The overwhelming challenge for Europe's healthcare agenda in the near term, however, is the Electronic Health Record (EHR). This issue describes efforts by EuroRec to set benchmarks that ensure quality control and interoperability of healthcare IT systems, as well as that critical confidence-building tool, namely certification.

This issue of HIT also considers the role of Big Telecom in hospital modernisation. Given the sheer scale of these revamps and the ever-changing opportunities offered by new networking and communications technologies, telecoms companies are fast becoming key actors in healthcare IT.

Within the shifting sands of healthcare technology and policy lies another question. Can IT-mediated corporate governance systems inspired by the private sector be applied to hospitals, in particular the non-profit hospitals which underpin the European healthcare landscape? A Belgian university expert provides our readers an incisive analysis.

Yours sincerely,

**Christian Marolt (CM)** 

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