

Report on HealthCom 2009 meeting
UNSW, Sydney 16-18th December 2009.
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Attached to this report is the Abstract submitted for the Workshop, “**e-Health for Developing Countries**” which I convened at this meeting.

Meeting Objectives:

The objective of the IEEE International Conference on e-Health Networking, Application and Services (Healthcom2009) is to bring together interested parties around the world in the health care field from academia, research, government and industry to exchange ideas, report learning, and discuss innovation and emerging solutions addressing challenges in e-Health. Participants include clinicians, hospital administrators, IT professionals, researchers, educators, healthcare solutions vendors, and consultants. Healthcom2009 is also an important forum for discussions on e-Health projects sponsored by world bodies such as ITU, WHO and APEC, particularly Ubiquitous Healthcare Initiative for Ageing Societies. In addition to the technical papers to be selected by the International Technical Program Committee, the program will include keynote addresses by international experts on some of the burning topics in eHealth:

- *eHealth for Ageing*
- *eHealth for Pandemics and Biosecurity*
- *eHealth for Developing Countries*
- *Global Developments in m-Health*

The proceedings will be published in IEEE Xplore and EI indexed. As in the previous years, best papers from Healthcom2009 will be published in major international refereed journals such as ISI-listed Telemedicine and e-Health Journal, Journal of Healthcare Engineering, and Journal of e-Health Technology and Application. Healthcom2009 is technically co-sponsored by IEEE Communication Society, IEEE NSW Section, IFMBE and AIMBE.

The conference was attended by 80-09 Registrants representing every continent in the world (except Antarctica). This provided a diverse range of inputs relating to the use of information technologies in health (under the banner eHealth).

What was readily apparent that the presentations represented the ‘technology engineering’ perspective of eHealth and the complexities related to designing systems to work in differing health care environments.

Because of this focus there were few presentations that provided measured results from actual eHealth, clinical care environments. The systems that had been evaluated

in a clinical environment were on small population numbers and essentially initial trial studies.

The most interesting aspect of these presentations was the adaptability and capabilities of the new technologies such as the iPhone to meet the data capture and information management needs of the differing health care environments. These ranged from metropolitan Sydney [Prof. Siaw-Teng Liaw, *Professor of General Practice, University of New South Wales, Australia*] to the under resourced nations such as Guatemala.[Dr. Christy Gombay *Association Tula Salud, Canada*].

The opening plenary session by Dr. Jan Talmon of the Netherlands and Editor of the International Journal of Medical Informatics was an incisive dissertation on the importance of understanding the accuracy and limitations of scientific studies and how their results are interpreted. His most eminent example was on the assessment of Clinician Provider Order Entry (CPOE) and its benefits and harms. [**Building the Evidence base of e-Health: Implementation and Evaluation** Dr. Jan Talmon, *Maastricht University, Netherlands*].

The plenary session by Jan Talmon et the agenda for the potential benefits as well as the associated difficulties associated with the translation of health information technologies into the care environment. This translation evolution was clearly defined by Dr. Kendall Ho from Canada where they are in the process of implementing standardised care protocols across Emergency Care Departments in the province of British Columbia. [**Technology Enabled Knowledge Translation: Harnessing ICT for health optimization.** Dr. Kendall Ho, *University of British Columbia, Director of U21 e-Health initiative, Canada*].

He described the well known problems associated with the transfer of existing research knowledge into routine clinical care and the time taken for this to happen. He referred to the work by Balas (1998/2000) that describes this problem of knowledge translation. He also addressed the issues relating to the ‘cultures’ in medicine that can create barriers to successful implementations. It is these established cultures that can destroy attempts to implement what may be considered ‘effective’ eHealth solutions.

In the “**eHealth for Developing Countries**” workshop one of the impressive papers was by Professor John Hall, UNSW, School of Public Health and Community Medicine, on workforce capacity building in the Pacific region. [**The Use of eHealth to Build Health Worker Capacity to Achieve the MDGs in the Pacific Region** Prof. J. Hall]

Professor Hall’s paper complimented my presentation on the OpenMRS project (www.OpenMRS.org) that began in Eldoret, Kenya in 2000 to manage the HIV/AIDS epidemic.

This presentation was well received with subsequent consideration during the conference program by several university departments, to use it as a research model for PhD faculty students.

Other eHealth projects such as TulaSalud (C. Gombay, Guatemala eHealth) and Mahfuz Ashraf of Brainstorm Bangladesh (www.brainstorm-bd.com) have undertaken initial assessments of the OpenMRS project as a tool for their eHealth collaborations.

Dr T J Hannan 22 December 2009.