Concluding session of the colloquium

PHOTO: SK ENAMUL HAQ

Hospital management must improve for better service delivery

STAFF CORRESPONDENT

INEFFICIENT management has taken health care far beyond the reach of poor people despite the fact that infrastructure for delivering health service is better in Bangladesh than many others countries in Europe, Africa and Asia, speakers said at a colloquium yesterday.

The problem which can be solved only through strong government policy is forcing people to move to big countries or cities for better treatment, making healthcare more expensive everyday, they observed.

"Due to lack of management the system is not functioning and the infrastructures are getting destroyed beyond anyone's notice," said Rubaiul Morshed, as he presented keynote speech in one of the three technical sessions held on the concluding day of the two-day Leadership Colloquium on ICT in Healthcare at The Daily Star Centre.

Rubaiul Morshed

The management system cannot be improved unless there are adequate information and data on patients at the hospital, said Morshed. He observed that the current system of storing data and information in hospitals is outdated and needs to be developed immediately.

"Managing hospital can be defined as an optimal blend of techniques learned through experience and theoretical studies," said Rubaiul Morshed, a health management specialist.

But another problem arises with the rising number of hospitals in private sector, where anyone is allowed to introduce hospital business no matter he or she has any idea or previous experience about health care or not, leading to a rapid fall in the treatment quality.

"As a result many have lost their confidence in allied healthcare, involving the service of nurse and technologists," said Morshed in the session titled "Hospital management system: Possibilities and Challenges."

Morshed's keynote paper studied why people go abroad for treatment, its advantages and disadvantages.

According to his estimate, several lakhs of people go abroad for treatment every year, 98 percent of them to India, Thailand and Singapore. Only 2 percent of them visit hospitals in Europe and America depending on their affordability.

And inside Bangladesh, 7,000 people move to bigger cities everyday for better treatment though there have been infrastructure in their areas for providing healthcare.

For each of those going abroad the cost of treatment, on an average, stands Tk 1,45,000, excluding surgery and medicine cost, data presented at the session showed. Though total money spent in getting treatment from abroad has never been accounted newspapers have estimated the cost of documented cases as ranging between US$ 145 million and US$ 350 million a year.

"This is just one forth of the picture (people going abroad for treatment) as most people go abroad for treatment on tourist visa and all of them are not documented accordingly," said Morshed mentioning that 81 percent go abroad through tourist visa.

The study has also revealed that 65 percent of the patients going abroad think doctors in the country had not been friendly to them.

But interestingly it is the local doctors who influence more than half of the patients over going abroad for treatment as agents of foreign hospitals. Only 17 percent of patients visit hospitals abroad on their own decision.

Only 35 percent of them consider the point of higher technological facilities before going abroad for treatment.

"We have latest machinery and the best medical equipment in many of our private hospitals. What is questionable is the man operating the machine from behind," said Morshed.

The statement can be substantiated by the experience of those went abroad for treatment. The experience is that in 90 percent cases foreign hospitals did not accept medical investigation done in Bangladesh and in 73 percent cases medical opinion from Bangladesh was not accepted by the foreign hospitals.

Dr Alain B. Labrique from USA discussed several points after Morshed completed his presentation.

"Breakdown of trust and confidence has occurred over the last 30 years in medical sector in the country. Hospitals have failed to deliver. It is about rebuilding the trust and confidence and we have to close the gap," said Labrique.

Labrique suggested for building a hospital management system based on data and information and fixing a goal and vision where the country want to see itself in the upcoming years.

Citing outbreak of diseases like diabetes and cancer Labrique said that healthcare facilities in the rural areas are not prepared at all to face tsunami of these two chronic diseases.

He also emphasized on communication and sharing of knowledge across border and nation, and on online distance learning to develop medical education to provide the best healthcare.

"There are solutions based on ICT and solutions not based on ICT. It is our decision which way we want to go," said Labrique.

"E-health can have negative impact on people if it is used poorly without having any research into the necessity of our society. At first we need to identify and define our problem," he added.

With regards to use of ICT in healthcare Morshed said, "We are still in infancy in terms of using ICT in healthcare. Several hospitals introduced it but they had to cancel it midway following demands from the patient."

He, however, saw the scope of great prospect for medical business in the country and said, "Dhaka can be wonderful destination for medical tourism. And it can be done by 2015 if the decision is taken now."

Concluding the session Dr Ishtiaq Mannan, who chaired the session, said, "We can extend our opportunities by using ICT in healthcare. We can use it in a very creative and innovative way."

Monitorting and evaluation made easy

Kimberly A Rook

STAFF CORRESPONDENT

PICTURE this: prompted by a notification on her cell phone, a health worker visits a patient in the local village for a scheduled check-up.

After the check-up, she gives the update of the patient's latest health condition to the field health worker who, sitting in front of a computer, updates the information and calls up the patient to ask some routine questions for feedback on the service.

All the information -- the schedule of the visits, medical history of the patient as well as his or her feedback -- are stored in the computer or in a server, from where it can be accessed in real time.

Kimberly A Rook, a health and technology expert, gave the mock example how an entire health monitoring and evaluation system can work under a few simple steps using information and communication technology.

"This can be achieved by using software and computers. All of the technology is already available," she said addressing a technical session at the colloquium yesterday.

The session titled "ICTs in monitoring and evaluation of healthcare services" was one of the three technical sessions in the second day of The Daily Star Leadership Colloquium 2012 ICT in Healthcare.

The Daily Star, Golden Harvest, Summit Group, Citi Bank and D.Net organised the two-day annual colloquium at The Daily Star Centre in the city from Friday.

In her keynote address, Kimberly A Rook said despite a lack of supporting evidence of ICT's impact on healthcare, the technology's influence in healthcare has garnered worldwide recognition.

It does not mean that ICT does not work in healthcare monitoring and exultation, but only that there is not enough proof or evidence of the level of its impact.

"We need to vigorously work to find out what works and what doesn't, and expand upon the ones that do work," she said.

Earlier, Kimberly gave examples of how ICT is being used in healthcare monitoring and evaluation through a number of projects.

The Bangladesh based Mobile Alliance for Maternal Action (MAMA) project, for one, provides essential heath information to pregnant women through cell phones.

The project, which is a spin-off of the US based Text 4 Baby initiative, has become immensely popular and several similar projects are being undertaken in other countries, said Kimberly.

The Strengthening Pharmaceutical Systems (SPS) project, on the other hand, deals with efficient and real time management of inventory of health supplies, she said.

While the project has ended, it has been so successful that the Directorate General of health services is about to adopt it for its health supplies management, she added.

For successful use of ICT in monitoring and evaluation of healthcare, a country needs to have an alignment and commitment to a clear e-health vision, said Kimberly.

"In that respect, Bangladesh is a very good example has the country as the digital Bangladesh vision and an ICT policy," she said.

The question is how to act on these visions and how to actually get there, she added.

According to Mridul Chowdhury, CEO and Founder of mPower Health, the world is more on the experimental phase when it comes to the use of ICT in healthcare monitoring and evaluation.

Chair of the session, Dr. Kaosar Afsana, associate Director of the Health Programme for BRAC, said there is a need for dialogue between different stakeholders in the matter so that they can share experiences and come up with solutions.

Other speakers in the session pointed different limitations of ICT in monitoring healthcare issues including lack of network coverage, quality of the collected data and enthusiasm of subscribers to participate in the service.

They suggested a wait-and-see approach to find which initiatives are effective and what are not, and to streamline the initiatives that work.

Adopting business model for mHealth service

Dr Ananya Raihan

STAFF CORRESPONDENT

mHEALTH also called mobile health is a novel approach that uses mobile technologies such as mobile phones and Personal Digital Assistants (PDAs) to deliver health services and information. The mobile revolution in Bangladesh has created enormous opportunity to implement mhealth to transform the way healthcare is delivered in the country.

With a view to identifying the diverse ways mobile devices are being used for health services round the world and their effectiveness, and creating successful business models for that in the context of Bangladesh, The Daily Star Leadership Colloquium on 'ICT in Healthcare' held the session entitled "Business model for mHealth" yesterday at The Daily Star Centre.

Dr Ananya Raihan, the Executive Director of D.Net (Development Research Network) was present as keynote speaker while Professor Syed Ferhat Anwar of the Institute of Business Administrating (IBA), Dhaka University chaired the session.

In his speech Dr Raihan demonstrated a model of ongoing project on mHealth in Bangladesh and projected the ways to create business models to implement mHealth solutions that fit in our local context.

In the first part of his speech he showed the key features and prime model of an ongoing project called MAMA (Mobile Alliance for Maternal Action) that delivers related information to pregnant mothers and their family members through voice and text message every week of pregnancy. The project is currently being implemented in four districts of Bangladesh on a pilot basis and shows certain challenges and lots of potential to provide health information in better and easier ways.

In the second part he explored the ways to implement business model for mHealth solutions. He revealed four key elements of the model -- business case, affordability and use of technology and its regulation. He stated that affordability is a major issue in Bangladesh where about 31 percent population lives below poverty line. He showed certain ways -- Consumer pay, Ad revenue, Cross-promotion, Association for goodwill, Association for common cause -- for revenue generation and cost reduction to make mHealth solutions accessible for all.

He said that though many target populations are poor, most of them do not believe or want service free of cost. Many consumers are willing to pay at least something that would be little or do not cover the breakeven cost. In order to cover the breakeven cost, additional revenue can be generated from advertisement that is very successful in South Africa. Cross-promotion is another innovative issue that has tremendous potential in Bangladesh to get revenue successfully. It is a win-win strategy between provider and consumer. He set two examples on this cross-promoting like buying products from targeted farmer group and encourage them to use buyer's product, and use doctors network to deliver health services by helping in their professional work.

He also talked about corporate social philanthropy and raise fund for providing services at minimum cost.

He addressed the challenges of using technology that might be costly enough to implement to deliver healthcare and suggested using available technology, open source and IP based options rather buying costly things.

He highlighted another important issue-proper regulation of telecommunication in terms of revenue sharing, services delivery at reduced price that is currently a hazy field in Bangladesh. He also emphasized on building partnership or coordination to implement mHealth successfully and creating strong linkage with the mHealth solutions to bring people from home to hospital.

At the end of the presentation, participants including doctors, IT experts, public health professionals, students and others took part in an interactive question answer session and also shared their experience and ideas.

Prof Anwar concluded the session with vote of thanks.

A stall at the e-healthcare exhibition