

REPORT

U21 e-health workshop – The University of Nottingham – 12 September 2006

1. **Overview**

The workshop was convened by the U21 e-health Steering Committee and was attended by 22 delegates from the following U21 universities:

University of British Columbia
University of Glasgow
University of Hong Kong
McGill University
University of Nottingham
University of Melbourne
University of Queensland
National University of Singapore

Invited presenters included Lord and Lady Swinfen, and e-health Steering Committee member, Professor Richard Scott from the University of Calgary.

The workshop comprised a series of presentations, each followed by an opportunity for group discussion. The workshop opened with an overview and discussion on activities to date, for example, the U21 'Telehealth for the Underserved' initiative, the e-health policy exploration, and the proposed e-Book.

Major segments included presentations and discussion on the Swinfen Charitable Trust (SCT) and the planned collaboration with the U21 Health Sciences group; and Interprofessionalism and e-health. The meeting concluded with a discussion on Internationalism and e-health.

2. **Activities to date**

2.1 'Telehealth for the Underserved' initiative

Whilst acknowledging the educational aspect of the experience for U21 medical students participating in this initiative, it was agreed that the core business must be on meeting the health care needs of those in the underserved communities. It was also recognized that whilst U21 medical student involvement facilitated the process, recruitment of students was slower than anticipated. It was noted that the initiative should be expanded to involve other interested U21 health sciences students, for example, nursing, dentistry, and physiotherapy students.

Participants agreed that for the initiative to successfully meet patient health care needs, it would need to expand, through the adoption of a formal business model, to ensure financial sustainability. (see discussion on SCT in section 2.)

Discussion then focused on the need to develop and implement research protocols in order to effectively measure the impact and efficacy of telehealth in underserved regions. It was noted that short-term and longitudinal patient health outcome data was crucial to the appropriate development of e-health care policy, however participants acknowledged the challenges in undertaking patient follow-up, especially in rural/remote and/or politically turbulent geographic areas.

Participants also focused on the interaction between e-health policy and e-health care delivery. Whilst the importance of a supportive e-health policy environment was acknowledged, the

potential impact of e-health care delivery initiatives on subsequent e-health policy development was also recognized.

2.2 e-book

Participants noted that the proposed e-book would comprise a total of 6 chapters and would commence with an introduction on e-health and the role of U21 Health Sciences to date. It was noted that major topics would include the 'Telehealth for the underserved' initiative; e-health policy; professional portability; e-health and interprofessionalism; and the future of global e-health and the potential role of U21 Health Sciences.

3. *Swinfen Charitable Trust*

Following Lord and Lady Swinfen's presentations on the role of the SCT, participants discussed the SCT's challenges and successes in providing remote diagnosis to patients in the developing world. Ensuing dialogue focused on:

- Patient follow-up – a mechanism should be developed to enable 'tracking' of patients remotely following diagnosis and treatment, and that such tracking can be challenged by the fact that patients often feel a need to return to their home or work before healing/treatment is complete for social/financial reasons.
- The role of the consultant in the process and the potential for medico-legal liability - it was noted that medico-legal liability varied between jurisdictions and was determined by the cultural and regulatory framework in which the consultant worked. Members agreed that inter-jurisdictional policy needed to be aligned to some degree, to enable charitable e-health initiatives like the SCT to flourish.
- The MOU between SCT and U21 and the proposed collaboration with U21 Health Sciences – participants noted the very positive relationship that occurred, and the need for the development of a business plan outlining a strategy for sustainable growth. Sustainability will need to address funding sources, use of low cost telemedicine technologies in the short term, expansion of the number of hospitals and consultants involved, and development of an administrative infrastructure for triage and case management.

The way forward:

- Participants noted the potential for U21 Health Sciences to have a role in liaising with government to encourage the development of enabling e-health policies.
- It was recommended that the initiative is intrinsically tied into the larger "social accountability" agenda, effectively demonstrating that students are learning to contribute to the 'greater good'.
- Participants acknowledged that exploration with additional organizations (for example, 'Doctors Without Borders') might accelerate the achievement of the goals.
- It was noted that marketing the initiative needs to be targeted across the U21 Health Sciences network and to the wider community.

4. *Interprofessionalism and e-health*

Participants noted that effective interprofessional e-health initiatives required that participating health professionals have an understanding of the scope of roles and practice of colleagues from

other health care professions, and that a mechanism to effectively nurture and assess e-health competency of individuals in virtual interprofessional health care teams would be helpful.

It was agreed that resistance to introducing new technologies into practice can represent a significant barrier to interprofessional e-health initiatives, and that there is an emerging need to understand and subsequently meet the educational needs of health care practitioners as they relate to e-health technologies, to build basic competencies and confidence. It was also noted however that the current and upcoming generation of clinicians may possess innate levels of technological comfort, due to their exposure to technologies in their school and training years. Participants discussed at length, the need to integrate e-health technologies into the core framework of health care education.

Participants gave useful feedback to the draft survey designed by the interprofessional e-health working group. This survey will then be modified after the workshop, and it will be distributed to U21 organizations to evaluate the extent of interprofessionalism in e-health in our consortium. This will form the basis of a discussion paper that the interprofessional group would like to table for discussion at the upcoming 2007 U21 Health Sciences meeting in Hong Kong.

5. *Internationalism and e-health*

Discussion focused on how the U21 e-health group and other academic institutions can meaningfully contribute to global e-health.

Participants discussed building more/stronger networks with partner institutions, such as the WHO, in an effort to stimulate dialogue and align goals where possible. Another proposed strategy was to build partnerships with private sector and philanthropic organizations (for example, the Gates Foundation) in an effort to bolster resources.

It was noted that the U21 e-health group needs to work towards articulating some core objectives/ a strategic direction with regards to an international e-health mandate prior to moving forward with the task of building linkages internationally. It was expressed that building a consolidated direction would allow U21 e-health to approach potential partners with confidence.

An emerging opportunity also arose with United Nations, interested in engaging academic institutions in the training and education of the Millennium Development Goals (MDG). This would also be an important lead to follow up to see how U21 could work with UN on this initiative. A resolution was subsequently submitted to and passed by the U21 Health Sciences Executive to further explore this linkage with UN.