

The Role Of Media in Health Awareness



APPEAL

My son V.R. Sriharan, 3 years, is suffering from Congenital Heart Disease with Ventricular Septal Defect and Patent Ductus Arteriosus. He needs to undergo a surgery costing Rs. 1.25 Lakhs approximately. I am a poor daily wage labourer, unable to meet the expense.

I appeal to the noble, kind hearted philanthropists to come forward and donate liberally to save my son's life. Cheques/DD's may be drawn in favour of Sri Ramachandra Hospital A/c. Sriharan and sent to Sri Ramachandra Hospital, No. 1, Ramachandra Nagar, Porur, Chennai-600116.

V. R. RAMASWAMY
Father

by

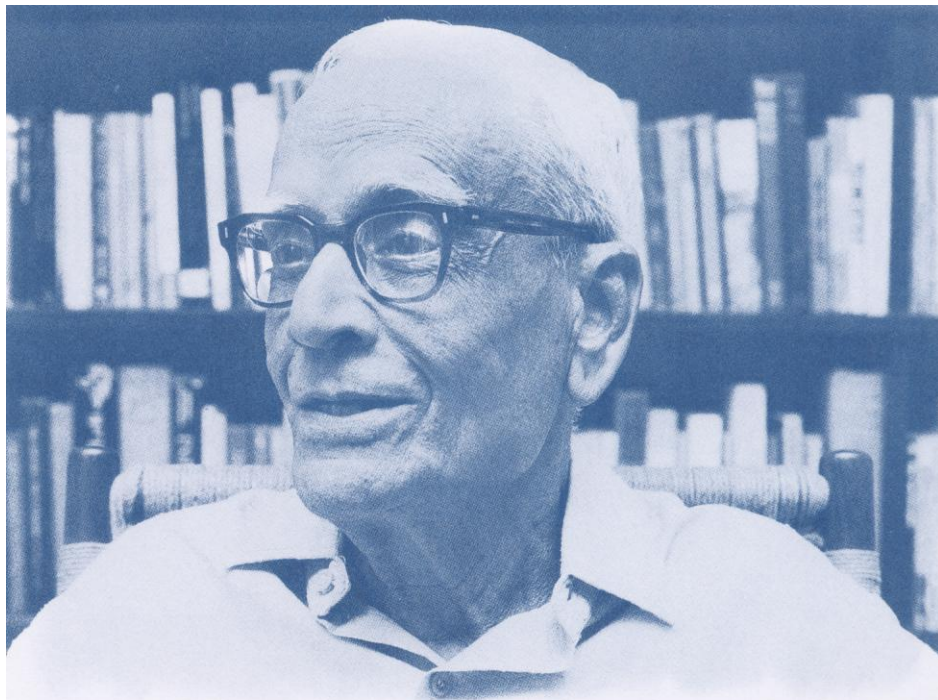
Mr.N.Ram – Editor & Chief – THE HINDU

Future Role of Electronic Communication in Health Care.

by

Dr.C.V.Krishnaswami – FRCP(E)., FAMS., DTM & H (EDIN)

We Salute Dr.K.S.Sanjivi



*Dr. K. S. Sanjivi
Birth Centenary Year*

Champion & Pioneer in the movement for providing affordable & high quality Preventive, Promotive health care cover to one and all in INDIA.



Dr. K.S.Sanjivi's Dream

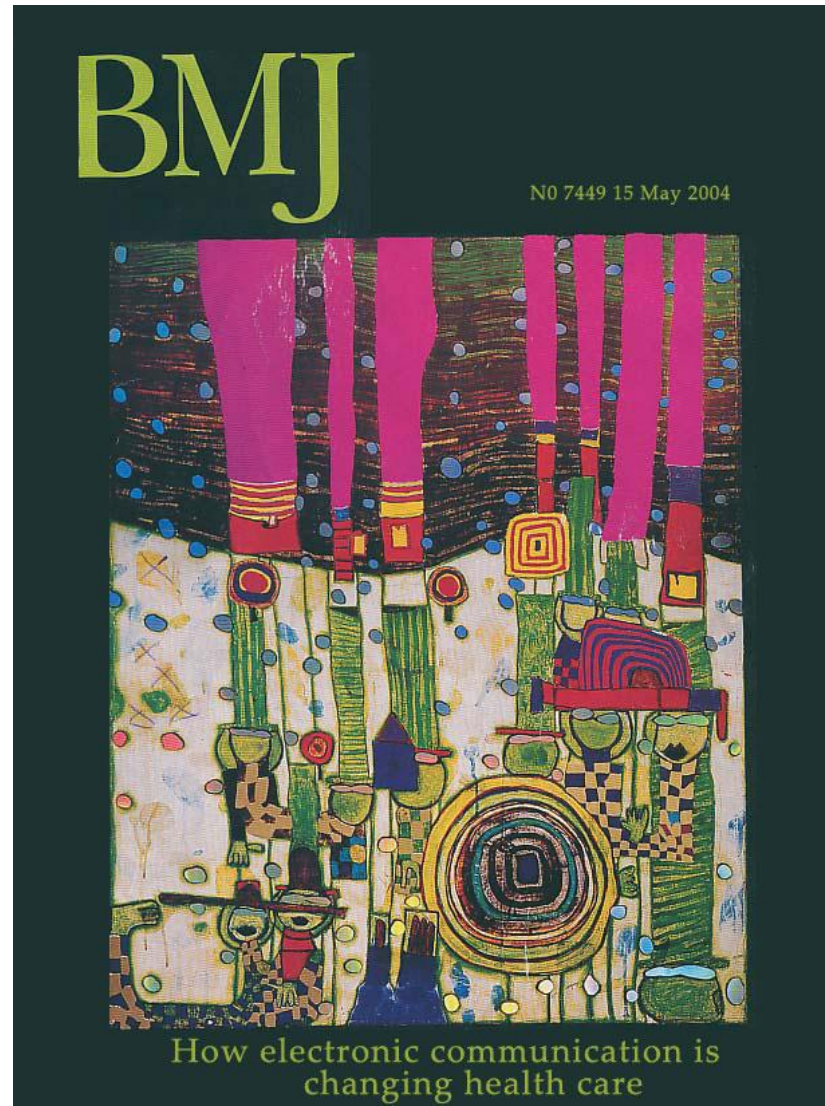
Champion and pioneer in the movement for providing affordable high quality preventive and promotive health care to everyone in the country. He created the VHS Model through which a network of primary health care centre at the village level, training of multipurpose health workers from the local community and connecting the PHCs to regional centre (VHS) for secondary and tertiary level care as well as for training and monitoring of the primary care centers.

His vision for the health security of people of every community divided them in to four groups **The Economically Weaker Free Sections, Lower, Middle & Upper middle levels** requiring subsidized costing in Medicare at the affluent sections as the non-subscribers all exclusive the last covered for a meager premium or **1/2 %** of the annual income. He created the infrastructure in the VHS from his friends and students to provide high quality healthcare for the community.



How Electronic Communication is Changing Healthcare

Health Security for All
- The Sanjivi Dream



Fusion of Ancient Wisdom with Modern Science

*Health Security for All
- The Sanjivi Dream*



Dr.K.S.Sanjivi



Sam Pitroda

“The digital divide is also about a divide in the mindset “– Sam Pitroda

I have been experimenting in converting STD/PCOS into transaction centres. The merchant gets 2–5 % commission. His income level goes up and the whole model becomes financially viable. I am convinced that in the next three to five years all 600,000 STD/PCOS will be converted. But this requires sustainable applications, scalable – otherwise you will not really reach out to large numbers – and simple.



What we need is a standard smart phone. On that telephone I have a wallet, a digital wallet. I open this wallet and I would be connected to a bank account of my own. And this is highly secured. From here I can instruct my bank to transfer my money. The idea is to give the STD / PCOs one of these phones - could be wired or wireless – where one can go, have an account or a special number and conduct financial transactions. So to pay my phone bill or get a rail ticket, I go to this transaction centre, take this device, punch in some numbers, and conduct transactions and give him money for enabling the transaction.

The beauty of this is that the infrastructure is already there.

This is the technology I developed in the US, and have taken patents on it. We have launched this in Japan, though for a different application

To me the technology is all here: wireless, broadband, software, access, WiFi, you name it. The question is how do we create new business models and make it cost effective for a large number of people to use. There are some great experiments going on in India for the rural community in applications related to fisheries, agriculture, education, and health...

“Telemedicine in developing Countries May have more impact than in developed Countries”

As we learn more about distance medicine we will also learn more about the diversity of disease, healthcare systems, and outcome expectations around the world.

There is a temptation to introduce Western technology into health systems that are naive with respect to Western approaches to health care. Without paying attention to the historical underpinnings of each country’s current health system, telemedicine could have a negative impact on the wellbeing of those countries.

And unless we understand the technological and cultural readiness of each country and its healthcare practitioners, much effort can be expended with little gain.

Steven M. Edworthy - Associate Professor Of Medicine and Community Health Services - University of Calgary, Calgary, Alberta, Canada.

Beyond Health Care – This includes:

- ❖ Primary, Secondary and tertiary level medical care
- ❖ Preventative measures and vaccinations
- ❖ Environmental protections (**Hygiene, Potable Drinking Water, eradication of communicable diseases**) etc.
- ❖ Prevention / Reduction of injuries
 - a. **Road Traffic Accidents**
 - b. **Industrial Injuries / Accidents (Bhopal Gas Tragedy)**
 - c. **Neuropsychiatric Accidents (e.g. Suicides, Homicides)**
 - d. **Fire / Burns Sequlae**
 - e. **Pollution control**

And many more aspects.....

Noncommunicable Diseases in South-East Asia Region

Table 5.11: Reported NCD mortality profile, 1998

Diseases	Number of deaths (% of all deaths)		Comments
All cancers	292,557	(3.4)	The data are derived from medical certification of deaths, primarily covering the urban areas and lay reporting-based rural survey of causes of deaths. For diabetes, estimate is based on hospital data.
Cardiovascular diseases	1,117,994	(13.0)	
Ischaemic heart disease	423,600		
Rheumatic heart disease	57,272		
Stroke	102,620		
Other heart diseases	53,502		
Diabetes Mellitus	21,000	(0.2)	
Injuries	749,983	(8.7)	
Road traffic accidents	85,003		
Other injuries	528,486		
Poisonings	Included in above		
Suicides	91,324		
Homicides	45,170		
Chronic Respiratory Disease	577,837	(6.7)	
Neuro-psychiatric disorders	NR		
Total	2,759,371	(32.0)	



Source: World Health Organization Regional Office for South-East Asia
New Delhi 2002

Noncommunicable Diseases in South-East Asia Region

Table 5.12: Reported NCD morbidity profile, 1998

Diseases	Number of cases	Comments
All cancers	593,803 (incident)	The estimates are based on compilation of results of ad-hoc surveys by different investigators at different times in different parts of the country except for cancer which is from cancer registries. The data on injuries are from police records.
Cardiovascular diseases	NR	
Ischaemic heart diseases	25,000,000	
Rheumatic heart disease	1,882,987	
Stroke	1,083,500	
Other heart diseases	NR	
Diabetes Mellitus	28,702,100	
Injuries	6,900,000	
Road traffic accidents	900,000	
Other injuries	6,000,000	
Poisonings	NR	
Suicides	NR	
Chronic Respiratory Disease	65,000,000	
Neuro-psychiatric disorders	110,660,782	Includes only substance abuse as revealed by surveys



Source: World Health Organization Regional Office for South-East Asia
New Delhi 2002



Chandra M Gulhati – Editor - Monthly Index of Medical Specialities (MIMS INDIA) BMJ 2004;328:778-9

Today an estimated 17000 pharmaceutical companies produce over 40,000 branded formulations, many times more than the rest of world.

We require proper regulation of manufacture, marketing and advertising of the many assured 'CURES' for diabetes and other chronic ailments.



A Patient waits to be given an injection at a DOTS centre at the Lok Nayak Hospital, New Delhi. Case detection rates in DOTS programmes can be as low as 5% in children.

The Business Case for Diabetes Disease Management



HBS Conference Coverage

Diabetes is a tough disease to tackle. A case-study discussion led by HBS professor Nancy Beaulieu asked why it is so complex for business and society, and what might be done to curb its incidence.

"The aim is to improve the coordination of care and to reduce the number of hospitalizations and severe complications among diabetic patients," they wrote.

❖ *Disease management, then, can take several approaches. The simplest is probably for the healthcare provider to offer a monitoring system for patients who have already been diagnosed as diabetics, sending out e-mail or making phone calls to remind patients of test and checkup dates.*

❖ *Another route is to offer a combined monitoring, tracking, and alert system. This method automatically lets the healthcare provider know if patients skip their tests or if a more intensive treatment seemed warranted by the latest test results.*

❖ *A third approach—less common—is to create a coordinated "virtual team" around the patient, by sharing lab data, insurance claims data, and pharmacy data in an attempt to enhance overall care.*

by Martha Lagace

November 17, 2003

Medical Data on Demand Boosts Care Quality

Boardroom Minutes: Healthcare Your Inside Track to Sun's Healthcare Community



Medical vocabulary databases built to plug easily into existing hospital information systems can help eliminate preventable mistakes.

"Medicine is so complex and healthcare people are so busy —information systems can help aid the human mind," Ortiz.

A disturbingly high rate of medical errors in *Australia, Canada, New Zealand, the United Kingdom, and the United States* occur because healthcare workers don't have access to the critical information they need on demand, according to a recent study by the Commonwealth Fund, Harvard University, and Harris Interactive.

Experts say the standardized, up-to-date information contained in electronic medical vocabulary databases can also help reduce avoidable medical errors. A U.S. government study printed in the October 8, 2003, issue of the *Journal of the American Medical Association* found that preventable injuries and complications contribute to more than 32,000 deaths and cost more than \$9 billion a year.

This document envisages a National Tele Health Care Plan Model using the concept of our Health Informatics Portal with its 3 pronged approach...

- a) **Information Module:** Providing speedy information to primary care physicians as well as specialists in the various medical sub disciplines regarding epidemiology, diagnosis, therapy, adverse reactions / management and preventive strategies. Also there should be availability of interactive facility (Chat mode) between the information provider and the recipient.
- b) **On-Line Electronic Medical Record System:** For this to be meaningful we require proper and comprehensive as well as non-cumbersome documentation of all persons with long term disorder like Diabetes, Hypertension, Heart disease, Chronic Bronchitis and Asthma, Gastro-Intestinal problems, Chronic Neurological problems like Parkinson's, Epilepsy stroke, Dementia Syndromes / Alzheimer's, Chronic Kidney ailments etc., This can be achieved through a comprehensive on-line electronic medical record with inputs retrospectively and prospectively and retrievable by the patients and their nominated doctors, anytime, anyplace in the country or abroad. This should also be combined with interactive mechanism for teleadvice service.

c) Education Module: Easily accessible, informative and useful to patients and doctors and all Health-careers involved in the health care delivery system. This should be made available in English, Hindi and all other main languages in the country. This would prove to be a boon in scientific-management of several chronic disorders (during the asymptomatic stage) like diabetes, hypertension etc., and would definitely lessen the burden of complications, improve the quality of life, productivity and prove cost-effective both for the persons affected and for the country.

Improving the morbidity, mortality of the country, particularly the Infant

Mortality Rates (IMR):

The National population policy 2000 has identified reduction of IMR to 30 /1000 live births, as one of the more important national socio-demographic goals to be achieved by 2010. Hardly 8 years left, the urgent need of the hour to achieve this target is I.T networking and centralized database for analysis. Tele Health Service is ideally suited for this and should be used for accessing reliable data from across the length and breadth of our country.

Population Control Programs and Education:

Tele Health Service could form an ideal platform to achieve the targets in this important demographic exercise.

❖ *Both the above points could be implemented through one of Prasar Bharathi's Education Channel, as sponsored programs, thereby earning revenue as well.*



The authors' attribute Kaiser's better performance to better integration of all the elements of the system, management of hospital utilization, competition and **greater investment in information technology....**

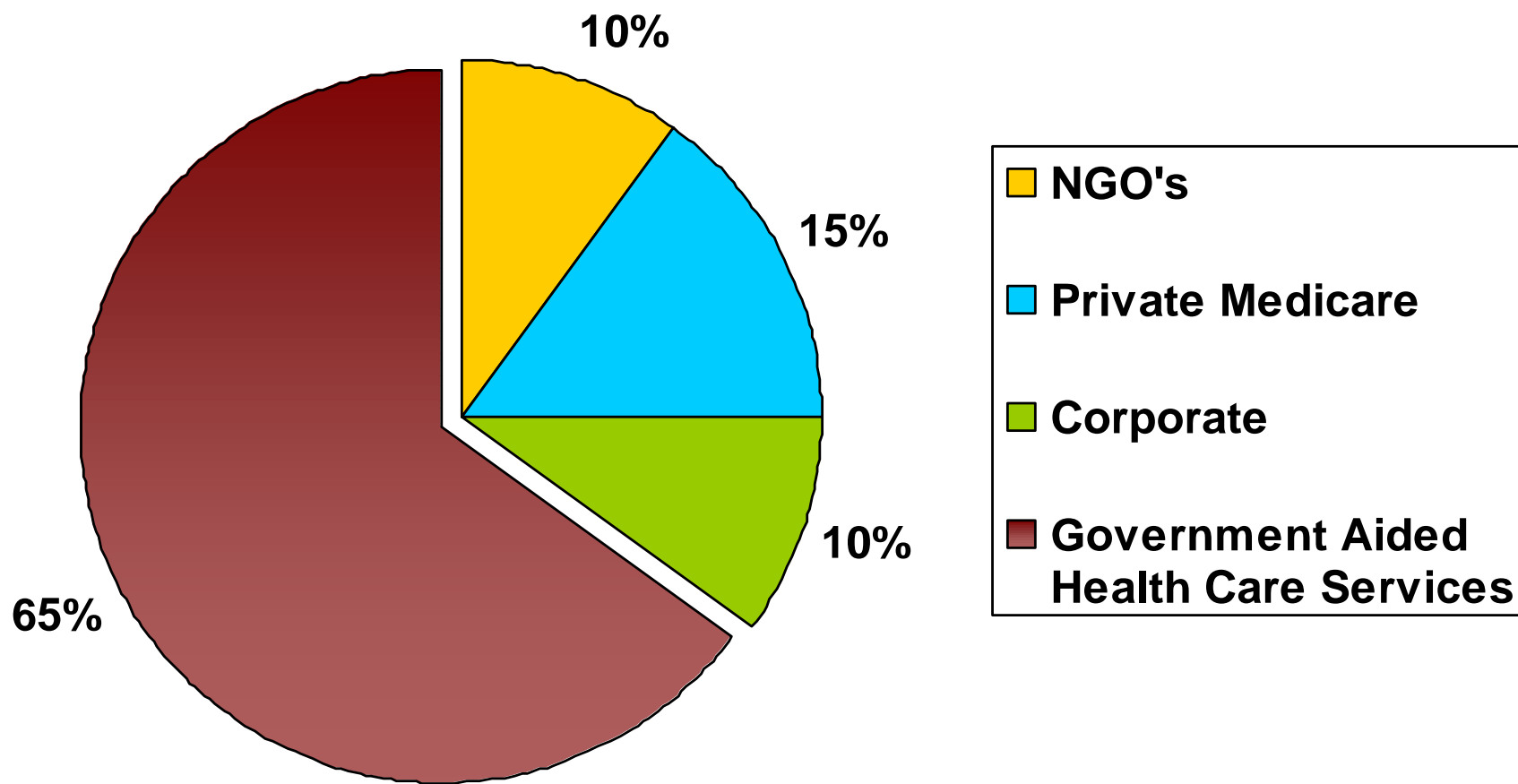
Providing Good Healthcare – A Government Perspective

by

Shri. M.B. Pranesh – I.A.S. – Principal Secretary, Labour & Employment. Government of Tamil Nadu.

Providing Good Health Care : A Government Perspective

Health Care Delivery in India



Networking of Health Informatics System



by

***Mr. P.Venkatesan – Director & C.O.O.
HEALTHTRACK INFO SOLUTIONS PVT. LTD., Chennai, INDIA.***

Health as a Fundamental Right

by

Mr.Sriram Panchu – Senior Advocate.

IT in Vision Care



by

**Dr.R.Prema – M.S., D.O., - Director – PREMS' EYE CLINIC,
Chennai, INDIA. (www.premseyeclinic.com)**