Session 2
(Case Studies)
Conclusions & Recommendations

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Standardization in E-health

Presentations in Session

- Overview of ITU-D case studies; P. Kantchev; BDT, ITU, Switzerland

- Keneya blown : the telemedicine pilot project in Mali; O. Ly, Geneva University Hospital, Switzerland

- Force Feedback Ultrasound Service; P. Thorel, France Telecom, R&D Telemedicine Services, France

- Argonaute 3D Virtual Medical Team; P. Thorel, France Telecom, R&D Telemedicine Services, France

- East Bhutan Tele-ECG Project; Subekti, Tokai University, Japan

Standardization in E-health

Highlights from Presentation 1
Overview of ITU-D case studies

- Evolving technologies enhance E-Health services.

- Developing countries can benefit by using simple low-cost systems.

- Success of implementation based on close and strong cooperation between medical and telecommunication sector.

- Large scale projects and E-Health networks deployment depend on transparency, interoperability and world-wide standardization.

- Ministries of public health and health insurers will become strongest E-Health proponents when the E-Health will make cheaper and widen the horizon of health services to citizens and customers.

- E-Health interoperability standards are needed now!

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Highlights from Presentation 2
"Telemedicine pilot project in Mali"

- Differents activities - be a provider, trainer, web hosting service, ...

- Do not reinvent the wheel - use as background the work done by others

- Do not work alone - Necessary to cooperate in the national, regional and international scale

- Choose of adaptable technology - use of free software and if available open source software

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Highlights from Presentation 3
"Force Feedback Ultrasound Service"

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Highlights from Presentation 4
"Argonaute 3D Virtual Medical Team"

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Highlights from Presentation 5
"East Bhutan Tele-ECG Project"

- Telemedicine in Bhutan

    - very useful

    - step-by-step approach

    - sustainability

- Evaluation from our current project will become feedback to gain better result for the future projects

- Government of Bhutan and Health Professionals have high enthusiasms and welcome to this project which shows high potential sustainable of this project.

Standardization in E-health

Overview of issues in the session

- Standards are there but no one does cover the global complexity of e-Health application.
- Understandability/Complexity of some standards is low
- Missing bandwidth slow implementation, particularly in developing countries
- Large scale/Multi-vendor experiences is missing
- Missing Interoperability scenarios make large-scale (=nation-wide) projects difficult
- Standard for ECG encoding missing
- Mobile telemedicine technology will probably have some impact

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ITU

Recommendations

- There is no need for a new big healthcare standard should be started; rather « Meta » standards (like IHE or HL7-RIM) are now important
- Coordination between ITU/ISO/CEN/DICOM/HL7 to be promoted
- Follow-up studies should give better feedback
- Large scale projects should be promoted to test multi-vendor compatibility
- Usage of XML should be promoted within the standards
- Open Source/Royalties free standards are to be promoted
- Special needs must be considered (for example: Standard for ECG encoding required)

Standardization in E-health

ITU

Follow-up actions

- Diffusion of synthesized and compact information on ITU web-sites with links to standards, projects & companies
- Publication of guidelines for e-Health implementers
- Creation of a "Telemedicine Reference Model" ?
- Creation of an expert committee to synthesized e-Health standards
- Organisation of conferences in developing country
- Linkage of national pilot projects to test interoperability

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Conclusion

- E-Health is slowly but surely happening. Be patient, telemedicine will not happen before IT is integrated sufficiently within hospitals (happening now)

- Time runs for consolidation and information rather then for new standards

- Special attention for developing countries is needed so that there is not only a digital divide between North and South but within these areas

Standardization in E-health