

Second Meeting

Telemedicine Task Force

Date: 7th December 2001

Venue: TReMU Office, Islamabad

Participants:

Meeting was attended by

- Dr. Asif Zafar Malik, National Coordinator Telemedicine Task Force
- Dr. Zakiuddin, Member telemedicine task force from Karachi
- Dr. Faisal Murad, , Member telemedicine task force.
- Dr. Zubair, , Member telemedicine task force
- Dr. Fareed Minhas, , Member telemedicine task force
- Ijlal Naqvi from TReMU
- Momina Riaz from TReMU
- Dr. Tasleem from PMRC project
- Dr. Imran from HMIS project
- Dr. Osama from HIRC project
- Dr. Jalil from HIRC project

Agenda:

Discussion about PC-1's of Proposed projects of first meeting

- Health Management Information System
- Health Information Research Center:
- Improvement of Psychiatric disorders through Tele-Psychiatry
- Tele-Dermatology
- Hala Project

Minutes of the Meeting

Health Management Information System:

1. Background to HIMS and problems faced by DHQ, RGH & Holy Family due to the lack of this system were presented.
2. Comments regarding the improvement of the project included:
 - Electronic patient records must be included. (Dr.Zaki)
 - Chief executive of RMC and allied hospitals will be asked to support the project for its sustainability. (Dr. Zubair)
 - Redistribution of hospital expenditures (as a recognition of cost savings due to the HMIS) may fund sustainability (Dr. Tasleem)
 - Overall returns, from billing etc must be recognized. (Dr. Zaki)
 - EMR must be specifically identified, defined and included. (Dr. Zaki)
 - This project is an investment, not expenditure. Must be presented as such. HMIS is not a revenue generating item, although it will definitely generate cost savings. (Dr. Tasleem)
 - We can learn from HMIS in the primary health care sector (Dr. Tasleem)
 - We need to make sure that data entry operators are filling them all, that they are filling them on time, and that they are filling them correctly (Dr. Tasleem)

- This can be a pilot project for the whole country. We can link it with ministry of health, tell them what we are doing and why we are doing it. Keep them associated, as federal program requires recognition from the Ministry of health. (Dr. Tasleem)
- A project steering committee will be established. The CE of the RMC and allied hospitals, the MSs of the hospitals, and certain other key individuals will sit on the committee. (Dr Asif)
- Detailed assessment and cost breakdown of networking, LAN etc is needed. (Dr. Asif)

Health Information Research Center:

1. The project is to promote health research, and link health research to development.
2. Responsibility and funding support for long term will come from PMRC, which eventually will have the ownership of the project.
3. Comments regarding the improvement of the project included:
 - Individual libraries already have access on an individual subscription basis. They should all access through the PMRC, which will help in its sustainability. (Dr. Asif)
 - Instead of investing in a server we should go for international hosting. (Ijlal)
 - Justification for the construction should be given. (Dr. Asif)
 - Maps, detailed renovation costs to be evaluated and included in PC1. (Dr.Asif)
 - Construction of facilities such as a conference room and computer labs are to be included in the PC1. We will seek the peer review's feedback on this item. The construction will benefit the general activities of the PMRC and will serve to strengthen the institution in all of its efforts and not just telemedicine. The PMRC's role is to disseminate information, and in addition to online methods, conferences and meetings of medical professionals are a legitimate way to do this. The project will not be held up or dropped if the construction of a conference room is opposed by the peer review. (Dr Tasleem)

Improvement of Psychiatric disorders through Tele-Psychiatry:

1. Project is a step to improve psychiatric problems all over the country.
2. This project will be a model of IT in Tele-psychiatry, which can be replicated in provinces and at national level.
3. Comments regarding the improvement of the project included:

- There is no assessment of Communication requirements in the PCQ. Dr Fared Video conferencing is required hence ISDN or some other comparable technology will be required. (Ijlal)
- Videophones can also be used for that purpose. They can provide videoconferencing over standard phone lines. (Dr Zaki)
- Additional video conferencing facility being developed supported by PTCL & “ZTE” (a Chinese group) can also be used. It will be used in an upcoming telesurgery demonstrations. (Dr Asif)
- Head of meeting/seminar/conferences should be justified, and the conference preferably incorporated with the Telemedicine conference. (Ijlal)
- All stakeholders must also be included This includes the district EDO who will play a key role in enabling the remote health facilities. (Dr. Zaki)

Institution management committee will address ongoing cost associated with the project and supports it in the long-term budget for the Institute of Psychiatry.

Tele-Dermatology:

(Preliminary discussion)

The project is substantially similar to that of Tele-psychiatry. It will be based in the Institute of dermatology, King Edward College Lahore.

Institution management committee will address ongoing cost associated with the project and supports it in the long-term budget of the institute of teledermatology.

Hala Project:

This is the project of Tele-Radiology. Dr. Bhutta is working on the project but due to some communication gap PC1 has not been completed.

Information required regarding the project is that, Can we fund efforts of Aga Khan University directly? Which is a private organization.

Conclusion

A peer review meeting will be proposed for next Thursday, 13/12/01. Completion of PC1s and distribution to peer review committee will be done by close of business Tuesday. Suggestions from the group will be incorporated into the PC1s of the projects.