

E-Governance in Health Sector – Challenges

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Abstract: E-governance is the power provided to the government and citizens through information and communication technological solutions enabling interactivity via the internet and electronic mediums. E-Governance is the application of Information and Communication Technology (ICT) for delivering government services, exchange of information communication transactions, integration various stand-one systems and services. Healthcare industry is seeing a lot of transformation and innovation. It has grown leaps and bounds and seen a lot of changes. It is growing at a steady pace and is expected to be US \$ 280 billion by 2020. Growing incomes and rise in elderly population are some of the factors for this rapid growth. It is moving ahead and is a recognized sector just like software and pharmaceutical industry. Indian hospitals are gaining reputation globally as “quality” service providers and many Indian hospitals have secured accreditation in this regard. India has become a preferred medical destination by people from other countries. Private players play a major role in this regard as this sector is financially stronger and well managed. In this article I would like to share my views on the role of e-governance in Health sector and benefits.

Keywords: Healthcare, Current Status, Opportunities ,Challenges and Barriers.

INTRODUCTION

E-governance can be defined as an interaction between people and government through the use of technology. Generally it is referred to the use of ICT and other web- based technologies and communication for the improvement of service delivery from government to people.

THE INDIAN HEALTHCARE SCENARIO

In spite of much stated growth in this sector there is a lot to be done. The key statistical indicators as Infant mortality, longevity, infectious disease rates and provision of health services indicate that there is a lot to be done in this sector. India’s healthcare infrastructure has not kept pace with the economies and sectorial growth. Due to the aforesaid problems there is lack of proactive information and thus lack of adequate counseling. There are tie-ups with foreign medical institutes which are leading to a better quality of healthcare being provided. India has become a preferred medical destination by people from other countries. Private players play a major role in this regard as this sector is financially stronger and well managed. The various forces of globalization and ICT especially internet are said to have facilitated the formation of coalitions networks from the bottom up, thereby linking the global and local processes and effectively blurring the traditional assignment of roles of the actors in the network

HEALTHCARE AND MEDICAL INSURANCE CARDS

The state government spends a huge part of its revenue for providing healthcare services to the public, mostly below the poverty line. Around the world, medical insurance and networked healthcare system has helped provide a secured system beneficial to the general public.

Computerization and networking of all the hospitals throughout the state will make treatment procedures as well as billing and insurance a very convenient process. The use of insurance smart cards will bring about a revolution in the way government hospitals cater to the general public. Every patient treated across any medical care facility will have a card which will be checked for data by the hospital.

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OPPERTUNITIES & CHALLENGES

Over the last 70 years, physical governance has failed and is now slowly but surely witnessing a paradigm shift towards electronic (e) governance or e-Governance. This assumes special significance in a vast country like India, which is seventh largest in the world with topography ranging from sprawling deserts to the high peaks of Himalayas, dense jungles and a huge ocean front. Moreover, India has developed strong capabilities in Information and Communication Technologies (ICT) and mobile telephones have reached and being used by even the poorest of poor in the country.

E-Governance must encompass the entire society from the individual level to the collaborative bodies of corporates and the government. It is only then that this metamorphosis of the governance would truly be called revolutionary and disruptive. In a country like India, where nearly two-third of vulnerable population is based in rural areas, the concept of a village e-health centre via online video conferencing can be attractive and effective method of healthcare delivery. Personal health records can be made available on CD Roms and smart cards. Tele-health and medical informatics are new frontiers at present in India and are likely to see spiralling growth in near future. Although the government has come up with several initiatives to facilitate the access to public services, the desired outcomes are yet to be fully realised. This can be largely attributed to various front-end and back-end challenges that the government continues to face. Front-end challenges relate to user-specific issues such as, high illiteracy levels, non-availability of user friendly interfaces, inadequate power supply in rural areas, low broadband penetration and most importantly, lack of awareness of governance initiatives. On the other hand, back-end challenges relate to technical, process or human resource issues within the government. These issues include lack of systems integration within a department, lack of integration across government departments, limited knowledge of using computers at various levels of bureaucracy and deployment of technology without proper process re-engineering.

BARRIERS

Type of Barriers	Barrier	Solution
Human Barriers	Lack of awareness of the importance and benefits of using EMRs	Improving the awareness of the importance and benefits of using EMRs by focusing on the topic through a multi-phase approach. Starting from the level of medical schools and colleges - the undergraduate level - and through different levels of post-graduate medical education
Financial Barriers	High operation and maintenance costs of EMRs	Designing the annual budgets of the hospitals to capacitate the high operation and maintenance costs of EMRs, which should be a part of the regular expenses of operations and not a burden on the hospital resources, by being unscheduled or unplanned
Legal and Regulatory Barriers	Lack of policies/ procedures that govern EMRs on hospital level. Lack of laws or legislation that govern EMRs on national level. Electronic health information is easily accessed/disclosed	Ministry of health should start developing rules and regulations - on the national level - for the use of EMRs. In parallel with that, hospitals should start developing their own policies and procedures that control the use of data, information and EMRs internally, including signing privacy and confidentiality agreements and consents.
Organizational Barriers	Workflow needs redesign to match with EMRs	Sometimes it is important for hospitals to redesign their medical and administrative workflow to match with EMRs specifications. This adaptation is important for the successful implementation
Technical Barriers	There are no manuals or guidelines for using EMRs	To ensure that HIS and EMRs vendors and commercial providers are supplying hospitals with the proper system documentations, user manuals and guidelines for using and troubleshooting EMRs
Professional Barriers	Lack of motivation to learn and train on using EMRs	Improving motivation of healthcare professionals to learn and train on using EMRs by providing them with direct and indirect incentives, including overtime payments, bonuses and rewards for the hospital sections and departments successfully implementing EMRs. Departments that achieved well should also be recognized

The other limitation could be that medicine, as against other fields, is not a precise science and is highly subjective and therefore developing protocol based applications is not valid in all clinical scenarios. Therefore, some level of human interface with provisioning of over-ride has to be built in e-Governance. There are certain protocols that are nearly mathematical and can be easily delivered, at least at the initial stages, through these e-Governance modules. Even diversity in food habit, life style and ethnicity of various population groups in our country as also the wide spectrum of health related issues ranging from communicable to non-communicable lifestyle disorders pose a formidable challenge.

E-Governance through mobile telephony and internet services can be used to bring about a paradigm shift in these behavioural parameters affecting health, thus contributing to primordial and primary prevention. People in far flung areas, with limited access to quality healthcare, can be given access to the best medical services anywhere through e-Governance.

CONCLUSION

For these e-Governance initiatives to succeed a high powered and enabled team, headed by an intellectual, a kind of top-down approach, should first give a thorough and meticulous look at the process engineering required prior to the actual launch of the services. Setting up of an over arching, high powered body with a secretary level officer and a minister in charge may indicate the seriousness with which these measures are meant to be implemented – a message to the public as well as to the bureaucracy. There are various challenges for the implementation of e-government in India. These challenges are like low literacy, lack of awareness, low broadband penetration, lack of system integration within a department, and all other reasons. A vision is required to implement the e-government in India. To meet the vision the challenges in the implementation of e-government should be overcome. Then the environment needs to be developed for the effective implementation of e-government in India. But in spite of all challenges. India has number of award winning e-governance projects. Therefore we can say that e-Governance is the key to the “Good Governance” for the developing countries like India to minimize corruption, provides efficient and effective or quality services to their citizens.

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