

From Strategy to Implementation: A Progress Report on AMIA's Global Partnership Program to Build eHealth Capacity in Low Resource Countries

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Abstract and Objective

Shortcomings in the health information systems of low resource countries limit the availability of reliable clinical data for diagnosis, treatment, and public health. AMIA's Global Partnership Program (GPP) seeks to improve health care delivery systems and outcomes by increasing regional eHealth capacity in low resource countries. AMIA and its partners are leading a team of experts in developing scalable approaches to eHealth training to help address the need for a global informatics workforce and scholarly network. Planned activities include bidirectional movement of local multidisciplinary leaders and teams to build collaborative relationships among partnering institutional stakeholders, mobilizing support from decision makers and beneficiaries, and facilitating organizational change to introduce electronic health record (EHR) systems and to sustain their continued use. The GPP experience will offer valuable "lessons learned" in training and education for capacity building and managing high-quality, low-cost health care in low resource countries.

Keywords:

Public-private partnerships, Sub-Saharan Africa, Education, Training, Electronic health records, Systems integration, Community networks, Outcome assessment (health care).

Introduction

Preventing and treating widespread communicable and chronic disease conditions in low resource countries requires the delivery of complex prevention and treatment regimens and the implementation of rigorous protocols. By fostering local eHealth capacity, the GPP is seeking to enable and prepare low resource organizations and countries to use information management tools to streamline processes for improving the effectiveness, equity, quality, and efficiency of care, thereby maximizing quality and enhancing outcomes.

Program goals include continuous training and enduring support of an in-country health informatics workforce, and expanded knowledge and understanding of the necessary processes and barriers related to the diffusion of technological in-

novations in hospitals and/or clinic settings in low resource countries.

Methods

The GPP has a comprehensive program planning approach to achieve expected deliverables. Program planning is executed and supported by a steering committee and subcommittees made up of a multinational group of biomedical and health informaticians. Activities are conducted in accordance with the GPP project plan and timeline. Implementation processes are intended to facilitate constructive program monitoring and evaluation and sustainability.

Results

Current project planning-phase work products are designed to provide a roadmap for subsequent implementations. Expected outcomes include increased adoption and widespread use of EHR systems and related/supporting technologies in low resource settings; core courses and competencies for an extensive curriculum to serve the initial and continuing education needs of a wide range of personnel implementing and using EHRs; a cadre of innovative leaders and trainers in health information communication technology and informatics research and practice; and leadership continuity in the introduction and implementation of EHR systems through an expanding pool of highly trained informaticians linked by an integrated GPP partner network.

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