Perspective

Applications of Global Health Informatics in Health Care

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DESCRIPTION

High-income countries have traditionally been the source of technical innovation. Such improvements were frequently deemed too costly or unsuitable for the demands of Low Middle Income Countries (LMICs). Product owners frequently avoided entering LMICs because they believed that marketing their solutions in underserved areas would be impossible owing to high resource needs. Many high-income country technologies were 'whittled down' and manufactured with reduced feature sets for usage in low-income countries. These LMIC innovators to create cost-effective solutions tailored to their specific needs. However, innovations designed for LMICs can be appropriate for adoption elsewhere, particularly in disadvantaged populations in high-income nations due to traits such as low operational costs, and robustness. Reverse innovation is the process of identifying inventions that have already proven successful in low-and middle-income nations and adapting them for usage in high-income countries. Reverse innovation has the ability to provide insight into a variety of healthcare issues. However, the feasibility of adopting LMIC innovations for application in the healthcare system is unknown and further research, especially implementation science research, is needed to increase our understanding and potential for reverse innovation dissemination.

Methodology of investigation to examine the maternal outcomes challenge and the findings of this search were refined using content and discourse analysis Telehealth or telemedicine uses communications technology ranging from the telephone to robotics to provide medical care across space and time. It is widely regarded as a means of sharing medical knowledge in settings where qualified personnel are in short supply. However, early growth of telemedicine was hampered by a lack of broadband infrastructure as well as financial, legal, and healthcare care policy constraints prompting health authorities to relegate Telehealth to a secondary position. Telehealth is widely used in LMICs, particularly for mother and child health while we are aware of the widespread use of telemedicine in this we also recognize that LMICs are developing unique applications for telemedicine by leveraging ubiquitous mobile platforms to enable low-bandwidth solutions aimed at improving maternal care by raising awareness and facilitating better care delivery. Based on these developments we believe that Telehealth, which uses more widely available platforms such as mobile phones, should be accorded the significance it deserves within the healthcare system.

Healthcare is a team sport in which providers, patients, payers, families, health-care teams, and communities all work together. When a clinician recognizes a patient's need, that need may be communicated to another party who can respond appropriately. Because of the high cost of healthcare and the scarcity of skilled workers, at least some aspects of patient care are frequently delegated to members of the patient's immediate family. To be successful though effective communication and collaboration are required. Relationships between health care teams and family members can only benefit a patient if they are easily discoverable within the healthcare system. The Open MRS platform, an Open Source Medical Record System designed for use in underserved areas discovered and solved a problem in many Eletronic Health Record (EHR) systems the inability to preserve structured patient relationship information. To date numerous LMIC sites have successfully implemented this capability for managing patient interactions. We believe that the comprehensive quality-based care reimbursement model they need to technologically incorporate critical patient, family, and provider relationships within health information systems will become increasingly important, and that efforts should be made to capture and manage such data within a patient's health record.

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