## **Guest Editorials**

## Telehealth

YVAN SOUARÈS\*

Greetings!

In the Pacific, as much as in the rest of the world, telehealth has become a very popular concept in the past few years. From concept to practice, where are we now?

As a new but wide field of application in health services development, telehealth is being actively explored in the Pacific Islands in many different ways, in a broad range of specialties and by many stakeholders. In fact, telehealth

rightly catches the attention of all parties involved in health services development, across the specialties, the disciplines and the sectors e.g. human and animal health practitioners, researchers, managers, governments, donors, regional and international technical agencies, NGOs, private companies, the media and the public. The actual plethora of telehealth projects and meetings, of telemedicine press clippings and publications, of virtual conferences, cyberschools, training web sites and the like, probably reflects the "new craze" status of the

concept; but certainly more than that as well! We, at the Secretariat of the Pacific Community SPC (formerly South the Pacific Commision) share, with most of the Pacific Public Health Surveillance Network stakeholders, the view that the practice of appro-

priate telehealth applications may represent a real opportunity for public health development in Pacific communities. Obviously, this vision is also common to all those who have contributed to the present issue of *Pacific Health Dialog*.

But who does what? Which of the many we can think of, are the appropriate telehealth applications for the Pacific? Who can effectively access all such promising wonders and how do telehealth, telemedicine and "teletraining" possibly impact on health services delivery and development?

The pandemic expansion of the Internet triggered the global booming of the E-commerce... should we perceive telehealth as the mere expression of a booming E-health? Should we expect the same inequities in sharing accessibility and profits? Fashions tend to emphasise the form over the purpose: what about telehealth in the long run? What exactly is telemedicine compare to telehealth? Have we, in the Pacific, discovered distance education with the advent of the Internet? Are there any practitioners' testimonies available, research findings, project reports or case studies applying to this range of issues?

In this issue of *Pacific Health Dialog* a wide range of Pacific

view points are compiled, in order to take stock of telehealth experiences and projects existing in the Pacific, especially in the Islands, and to give the floor to those who practice telehealth in the region.

In April 1997, the Western Pacific HealthNet and PACNET started operating simultaneously. These were the first two regional telehealth applications for the Pacific. Both took off well and have since expanded their respective memberships and scopes of service. In December

1998, the Pacific Basin Medical Association (PBMA) and the Secretariat of the Pacific Community (SPC), which respectively established the WPHNet and PACNET, jointly convened a Pacific Telehealth Conference at the SPC headquarters in Noumea, New Cal-

edonia. This meeting gathered about 80 participants from all over the Pacific, many from the islands of the Pacific. All came to exchange about telehealth advances and prospects in relation with health services delivery and development for the Pacific. In a sometimes updated version, their contributions form the core of the following pages.

Be all ears and eyes wide open: let's carry on this Pacific

telehealth dialog!



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All the best to PHD and to you all.

<sup>\*</sup>Dr Yvan Souarès, Epidemiologist, SPC, Noumea, New Caledonia

## Telehealth for the new Pacific

VICTOR YANO\*

Professional isolation of the health workforce in the Pacific is changing. I remember how it was in 1980 when I returned home to the Islands as a young staff physician to McDonald Memorial Hospital in the Republic of Palau. A couple had been in a boat accident and the woman had suffered a severe head injury. We had x-ray capability, limited operating room capacity and a general surgeon. I used our antiquated Trust Territory-vintage phone system to wake up a neurosurgeon who was on-call for the Queen's Medical Center in Honolulu and asked for advice. He listened to my oral presentation and then recommended that we place "burr holes" to both sides of the skull in the operating room and evacuate the patient to the nearest neuro-surgical unit. The patient tolerated the procedure, was evacuated the next day, spent two weeks recovering without further surgical intervention, and survived the accident.

Little did I know that in a few years, we would be conducting remote and quite sophisticated medical consultation and referral services via email and the Internet to distant tertiary care medical centers and be accessing a myriad of distance learning resources to more efficiently and effectively serve the health needs of our isolated Pacific communities.

In 1995, at the First Annual Pacific Basin Medical Association Meeting held in Pohnpei, Tripler Army Medical Center (TAMC) physicians Dr. Ace Johnson in Honolulu and Dr. Donald Person in Pohnpei demonstrated how we could conduct both distance medical learning and distance medical consultation activities using the *Picasso Phone* system. Although the system was bulky and somewhat difficult to use, Drs. Person and Johnson and the *Picasso Phone* introduced us to the exciting and broad applications of Telehealth.

Since then with the introduction of email and the Internet to our corner of the Pacific regional Telehealth activities have progressed utilizing the strengths of listserver, store and forward, and live video teleconferencing technologies for clinical, public health, disease surveillance, and learning applications. The Pacific Public Health Surveillance Network, PACNET, and the PBMA's Western Pacific HealthNet are exciting Telehealth outgrowths of these technologies.

The 1998 Pacific Telehealth Conference in Noumea sponsored by the Secretariat of the Pacific Community and the PBMA was a sentinel event, which brought together health workers, educators, and information and communi-

\*PBMA President, Koror, Republic of Palau

cations technology specialists from the Pacific. Our overall aim was to improve communication and networking of health professions throughout the Pacific. Four conference panels were convened to discuss and plan for 1) establishing medical associations, public health networks, and the roles of information and communications technology, 2) distance education, academic and continuing how to deliver a curriculum, 3) integrating methods and resources for distance consultation: development of a joint PACNET/WPHNET website, and 4) outbreak identification and response: how to establish a Pacific-based network of reference laboratories. Outcomes were enthusiastic. This issue of the *Pacific Health Dialog* documents our first steps to develop broader health networks.

At the recent 6th PBMA/WPHNET Annual Meeting held in Yap on February 21-24, 2001, Dr. Person was again scheduled to give us an update of the TAMC's Pacific Island Health Care Program (PIHCP) and its Telemedicine activities that are linked by the Internet to all the major hospitals among the U.S.-Associated Pacific Island (US-API) jurisdictions. However, Dr. Person could not physically attend the Yap Meeting and, instead, delivered the presentation by downloaded "stored" slides and a live phone patch to the conference audio system at the Yap Computer Lab. As he spoke over the telephone from Honolulu to the PBMA conferees, his Power Point presentation slides were flashed sequentially on to the screen in Yap. His message: over 1100 formal web-based medical consults have been received and processed by the PIHCP at TAMC since late 1997 from the USAPI - the heaviest users being Chuuk, Marshall Islands and Palau.

After Dr. Person's presentation followed a seamless real-time video teleconference from Guam via PeaceSat with Dr. Maureen Fochtman, Dean of the Nursing School at the University of Guam. Along with her colleagues at the University of Guam she briefed the PBMA members in Yap on the status of the U.S. Health Resources and Services Administration's Telehealth Initiatives for the region. Her message was upbeat: Telehealth opportunities in the Pacific are becoming more accessible.

We in the Pacific have come a long way in communications and networking for health and with our colleagues from the Secretariat of the Pacific Community we are proud to document in this issue of the *PHD* our tentative steps in telehealth into this new millennium. If done right, telehealth and its networking can be affordable, accessible, and appropriate to support - in a sustainable fashion - the distance medical, public health, disease surveillance, and learning needs of our health workforce spread throughout the vast Pacific.

In closing, I would like to personally thank Drs. Yvan Souares and Tom Kiedrzynski, their colleagues at SPC, and all the contributing authors for their diligence and persistence in making this *PHD* Telehealth issue possible.