[**Health IT**](https://www.dawn.com/news/1689107/health-it)

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THE ability of any healthcare system to deliver good results rests on its facilities being easily accessible to patients. In Pakistan’s context, physical and financial inaccessibility to healthcare facilities are often described as the major hurdles that keep commoners from seeking the required medical treatment. Patients at government hospitals are often heard lamenting the high cost of medicines, while others from far-flung areas find it difficult to reach hospitals.

Accessibility to health facilities is a fundamental human right. Every government is responsible for providing health facilities that are accessible to the general public and where they can avail timely treatment for the best health outcomes. However, accessibility is not just dependent on the physical and logistical scope of health units and hospitals. The umbrella of accessibility also includes in its purview factors such as affordability of treatment, availability of qualified medical personnel, and provision of required care.

The interplay of physical access, affordability, quality of care and presence of medical personnel determine the overall accessibility of health systems. For the developing or underdeveloped countries, they range from logistical problems to the quality of medical care offered, while in developed countries issues of accessibility often relate to the shortage of qualified personnel. To overcome this shortcoming, several Western countries offer immigration proposals specifically designed for medical professionals. For example, recently the Australian state of Victoria announced financial benefits for healthcare personnel able to secure jobs at public health facilities in the state. Similarly, the UK, Canada and the United States have also prioritised visa processing of doctors to meet the demand.

The modern age, however, has opened up a new frontier of patient-doctor accessibility — digitisation. Though health systems around the world have come to depend on the digitisation of medical records and the assembly of various health-related functions/ procedures/ surgeries, there is still a significant degree of hesitancy on part of medical professionals for complete reliance on digitisation.

Digitisation of hospitals is a double-edged sword.

In one of the foremost countries to adopt digitisation of the health sector, hospitals in the US were slow to incorporate IT in their systems and services although the government provided various programmes to support the transition under the Health Information Technology for Economic and Clinical Health Act, 2009. A national survey conducted in 2015, to assess the adoption of health IT revealed that only 39 per cent of hospitals in the country were relying on comprehensive electronic health records. A shocking 58pc institutions cited lack of cooperation by physicians as a major reason for not being able to make the shift. The situation was similar in other developed countries till 2019, when the Covid-19 pandemic upended all established systems, especially in the healthcare sector.

Due to obvious reasons, health IT saw significant growth globally as telemedicine played a vital role in closing the gaps in accessibility to healthcare. Several Pakistani institutions also underwent digital transformations during the pandemic by initiating video consultations or screening programmes, after already having invested in centralising patients’ real-time laboratory data. Telemedicine programmes offered by a number of hospitals during the pandemic not only improved accessibility for patients but also brought improvement in services by connecting smaller healthcare set-ups to larger ones and allowing sharing of expertise. Except for a few, most public hospitals, however, appe­a­red to bypass this wave of health IT due to the high cost of investment and hesitancy by medical professionals.

There is no doubt that health IT can revolutionise healthcare in Pakistan, by connecting patients in remote areas to the best medical experts in major cities, and also help in reducing the cost of treatment by speeding up diagnosis and referrals. However, the lack of regulation in the health sector makes this revolution seem like a pipe dream. In a situation where quacks and counterfeit medicines are found at every nook and corner, but the doctor-to-patient ratio remains 1:963 and the population per hospital bed is 1,608, a complete shift to digitisation might be akin to opening new avenues for abusing patients.

While gradually adopting health IT and streamlining it to optimise results in the existing infrastructure, perhaps the authorities should also consider the concept of home-based medicine, in which physicians and other professionals visit patients at home to ensure that patients’ restricted mobility does not result in disrupted access to medical care.