Telemedicine today: Can late adopters leapfrog?

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Telemedicine (ie. the use of telecommunication and information technologies to provide medical care at a distance), has now grown to a considerable extent with the rapid expansion of mHealth (ie. practice of telemedicine using mobile devices). Telemedicine practices from simple activities such as booking of appointments[1] to more complex activities such as performing surgeries in the outer space[2]. Although, mHealth was initially developed in industrialised countries, it has gained attention in less industrialised countries as well. This development was mainly facilitated by the rapid rise of mobile phone penetration in developing/low-income countries. However, for a sustainable system, integration of technologies per se is not enough. Instead, there should be a wider contribution for its management including identification of telehealth policies and practices.

This issue is focused on the development of Telemedicine practices in low income countries, especially showcasing Sri Lankan[4,5] and Indian examples[6,7]. Generally, penetrations of technology to low income countries are slow. However, this phenomenon is an advantage for such countries if used wisely; late adopters can select models which were already 'tested' by early adopters, thus eliminating or bypassing certain bitter steps which otherwise need to be repeated. A good example of such is that the formulation of eHealth policy in Sri Lanka, which soon influenced on subsequent telemedicine developments. This is depicted in the leading[3] and current practice articles[4] forming the theme running through this issue.

The 'Leading article' of this issue provides a review of eHelath policies[3]. Authors highlight some published evidence on eHealth policies and strategies. This review is an attempt to appraise and summaries eHealth policies adopted globally. Moreover, the authors provide an overview of evidence of reasonable change of the efficacy, effectiveness, and economic effect of eHealth applications. This information is helpful for decision makers.

The 'Current Practice Articles' in this issue highlights some evidence of applying eHealth policies into practice[4]. Authors describe a development and piloting of a clinical information management system which was developed in accordance with the eHealth policies relevant to the Sri Lankan setting. Despite being a pilot study, this project has future potential for moving into a national level project as it had considered the eHelath policy from the outset.

One of the 'Original Article' in this issue is the development of a "Cardiology Predictor" which is a novel tool to help the diagnosis of heart diseases[5]. The authors describe the development process and features of the tool which would be useful in assisting cardiac diagnoses.

Another 'Original Article' published in this issue describes the role of biometrics in healthcare privacy and security management[6]. Biometrics is being increasingly used in many

critical areas and health care cannot simply move away. The authors highlight certain uses of biometrics with special reference to eHealth care practices. While describing advantages, it also highlights some potential dangers/disadvantages attached to the use of biometrics in health care.

The final article in this issue discusses the scope of adapting cloud computing technology in healthcare[7]. Cloud computing is another area that is becoming popular in many sectors. The author highlights some aspects in relation to the health care industry by making special reference to the Indian context.

In summary, although the Telemedicine developments tend to focus more on technological aspect, a wider participation is mandatory as the stakeholder agreement is an essential element especially among the late adopters.

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