Chapter 1 Why Have a Multinational Strategy?

ABSTRACT

Chapter 1 begins by highlighting the importance and power of proactively leveraging multinational EHR strategies to solve transnational health threats and ensuring future generations have the interoperable health information systems and processes needed to overcome future health threats. Increased mobility and the benefits of globalization have improved the lives of millions of people across multiple nations. The increased mobility has also increased the risk of health dangers such as the spread of diseases. Electronic health records (EHR) are practical tools for sharing health information. EHR systems are siloed and do not share information across nations. Internationally, many health organizations adopt digitized record systems, and some organizations develop nationalized information-sharing EHR systems. The rapid and multinational spread of COVID-19, Ebola, and Zika and the increase in global mobility due to globalization strongly suggest that a transnational interoperable strategy is urgently needed. Chapter 1 addresses the reasons for a multinational EHR strategy.

The preface of *Multinational Electronic Health Records Interoperability Strategies* reads like a grim, apocalyptic fictional story. Still, the history and statistics surrounding COVID-19, Ebola, and other pandemics are a reminder of how heinous real multinational disease outbreaks can be. The most recent outbreak, COVID-19, rocked the global community unlike anything

DOI: 10.4018/978-1-7998-8989-2.ch001

experienced in several decades. Nations were thrown about like drunkards during an earthquake; trying to find their bearing. Millions of people were themselves or knew someone who was infected, died or was impacted by COVID-19 in some way. How could this have happened? How could so many developed and developing nations be caught off guard that quickly? After all, nations have information-sharing systems, so why does COVID-19 appear to have sprung up out of nowhere? One of the strategies. The key to finding an answer to these questions and others is to understand the 18th and 19th centuries of the history of global health security initiatives.

GLOBAL HEALTH SECURITY

Heymann and Rodier (2004) stated that the most important non-traditional security is health security. In addition, Heyman and Rodier (2004) opined that health security is the responsibility of local, national, and global authorities. Carter (2019) postulated that the international community lacks a proactive multinational electronic health record system that shares critical information across nations, governments, and industries. A multinational information-sharing health record system is essential to global health security. Internationally, seven out of 10 healthcare leaders, as recently as 2018, stated that an EHR strategy encompassing APIs, messaging, web services, and clinical portals was preferable to their current systems (Bryant, 2018). Additionally, Bryant opined that European and South Asian medical systems were upgrading from local, siloed EHR systems to more comprehensive health data-sharing systems by 2023.

Global health security is vital, but the history of global health concerns dates back over 100 years. The greatest threat to global health security is the disease. Disease has killed more people than all the world's wars combined (Norrie, 2016). Although there are numerous global health organizations, private and government, that are discussed later, there is an opportunity to improve information-sharing processes and systems to prevent the spread of disease.

As recent as October 2023, globally, there have been 771,549,718 cases of COVID-19, of which 103,436,829 were reported in the United States. The US population is 4.23% of the global population but makes up 13.4% of the reported cases of COVID-19. The globally reported 771,549,718 cases of COVID-19, and 6,974,473 cases resulted in deaths. Of the 103,436,829 cases of COVID-19 reported in the United States, 1,136,920 resulted in deaths.

25 more pages are available in the full version of this document, which may be purchased using the "Add to Cart"

button on the publisher's webpage: www.igi-

global.com/chapter/why-have-a-multinational-

strategy/340735

Related Content

Prevalence of Bullwhip Effect in Hospitals

Kannan Sethuramanand Devanath Tirupati (2008). *Encyclopedia of Healthcare Information Systems (pp. 1077-1084)*.

www.irma-international.org/chapter/prevalence-bullwhip-effect-hospitals/13049

Nurses and Telehealth: Current Practice and Future Trends

Sisira Edirippulige, Anthony C. Smith, Mark Bensink, Nigel R. Armfieldand Richard Wootton (2010). *Health Information Systems: Concepts, Methodologies, Tools, and Applications (pp. 323-338).*

www.irma-international.org/chapter/nurses-telehealth-current-practice-future/49872

Confirmatory Factor Analysis to Establish Determinants of Wireless Technology in the Indian Healthcare

Raj Gururajan, Tiana Gurneyand Abdul Hafeez-Baig (2009). *International Journal of Healthcare Delivery Reform Initiatives (pp. 19-37).*

www.irma-international.org/article/confirmatory-factor-analysis-establish-determinants/37382

Disability Determinations and Personal Health Records

Elaine A. Blechman (2010). *Health Information Systems: Concepts, Methodologies, Tools, and Applications (pp. 1534-1543).*

www.irma-international.org/chapter/disability-determinations-personal-health-records/49948

The Dual-Tasking Texting Effect of Cell Phone Technology on Walking

Asher Mendelsohnand Carlos Zerpa (2020). *International Journal of Extreme Automation and Connectivity in Healthcare (pp. 1-14).*

 $\frac{\text{www.irma-international.org/article/the-dual-tasking-texting-effect-of-cell-phone-technology-on-walking/245717}{\text{walking/245717}}$