

Chapter 10

Healthcare among the People: Teams of Leaders Concept (ToL) and the World of Technology- Oriented Global Healthcare

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ABSTRACT

The revolution in information technology and in information and knowledge management contributed to the generation of actionable information and actionable knowledge required to address critical problems of national and global health care. Yet, despite expectations, e-based approaches are far from fulfilling the dream of equitable and universal access to health across the globe. A dramatically new approach is needed if health care is to be brought “among the people.” Based on maximum integration of computer technology (CT), information technology (IT), information management (IM), and knowledge management (KM), and multidimensional human expertise, the concept of “Teams of Leaders” (ToL) provides a foundation for such an approach. Utilizing the entire spectrum of IT/IM/KM, irrespective of specific platforms, and harnessing globally distributed human expertise, Teams of Leaders transcend bureaucracies and politics, create “bottom-up” flows of ideas and knowledge, and generate horizontal and vertical collaboration among hitherto isolated actors. By empowering people rather than concentrating on technology-facilitated improvements of processes, ToL may prove to be one of the pivotal concepts behind the desperately needed healthcare revolution.

INTRODUCTION

The past 20 years have been characterized by the unprecedented alteration of the world’s political structure. The initially slow changes induced by the collapse of the Soviet Union combined with the

explosive growth of information and telecommunication technologies, has led to a global avalanche of new thought, structure, and action. The rapidly developing and enthusiastically embraced spirit of mondialism has been instrumental in shifting international relations from polarization to a meshwork of political and economical alliances spanning the entire globe and most of its peoples. While the

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growing popularity of the Internet and electronic means of conducting business across the boundaries of time and space provided impetus for the rapid change of seemingly immutable attitudes in the West, the new means of communication among individuals and groups facilitated the coalescence of previously isolated isles of social and political dissatisfaction into larger, more structured entities. Unified, their concerted action rapidly transformed into the growing application of historically unprecedented, worldwide pressures applied by militant, non-nation state actors. With ever increasing speed, power started to move from access and possession of money to the level of connectivity and unfettered access to the expanse of global networks (Rothkopf, 2008; Slaughter, 2009).

The striking change of global political and economic frameworks was inevitably accompanied by the emergence of several new destabilizing societal factors. Among the most telling indicators of the growing complexity of factors contributing to worldwide stress is the inclusion of resources, environment, and demographics as elements critically impacting the level of national and global security (Tuchman Mathews, 1989). Despite this awareness, the ongoing globalization of economic and social relations introduced and facilitated by the progress of information and telecommunication technologies (Rifkin, 2001) has done little to assuage problems of the less developed world (Adato & Meinzen-Dick, 2002; Hussain, 2001; but also see Mishra, 2003; Sharma 2005). Despite increasingly frequent warnings of violent consequences (Priest, 2004; Smith, 2007), the process of destabilization appears unstoppable: the gap between the rich and the poor widens.

There is no more doubt that health care has a powerful impact on regional, or even global, stability and security (Associated Press, 2006; Carter, 2008; Garrett, 2007a). Yet, even if equitable access and delivery of healthcare services is a frequent subject of national and international debates (e.g., WHO, 2008), there is a pronounced

lack of a coherent strategy leading to a rapid and efficient implementation of sustainable health care in poverty stricken parts of the world (Bazell, 2007; Garrett, 2007a, 2007b; Sachs, 2007; see also Medscape Today Editorial, 2008).

The West entered the period of “technology rapture” and the belief that the IT/IM/KM trinity will solve most of the dilemmas of its ailing and ageing populations. The “Rest” chafes under pressures generated by the scarcity of providers, modern medicaments, adequate training, and the ponderous and bureaucratic methods of their affluent counterparts (Carr 2004; Colgan, 2002; Stuckler et al., 2008). Yet, it is from precisely those regions where healthcare services are at their worst that globally threatening diseases emerge (Bhargava & Chatterjee, 2007; Durbak & Straus, 2005; Fonkwo, 2008; Garrett, 2007 a, 2007b). E-health care, explosively developing among the affluent countries of the world, seems not to make any difference in regions where threats emerge, and whose populations are most exposed to their impact. What is good for the goose is still the distant dream of the gander (von Lubitz, Levine, & Wolf, 2002). Meanwhile, the issue of health care for the world’s most impoverished silently crept from a subject occasionally pricking the collective Western conscience to the forefront of global security (Heymann, 2003; US National Security Council, 2008; Zilinskas & Chapman, 2007).

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Health and its maintenance are considered a basic human right (Gruskin & Tarantola, 2002; WHO, 2006), and the Western nations make continuous efforts to assure the widest access of all their citizens to the highest possible quality of health care (European Institute of Medicine, 2003; National Coalition on Healthcare, 2004). Among developing and less developed nations the situa-

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