

Western Pacific HealthNet: the creation

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Introduction

The *Pacific Health Dialog* published the opening remarks of the Honorable Del Pangelinan, Governor of Pohnpei State, which were delivered at the Third Pacific Basin Medical Association Conference¹. In "The Role of Medical Associations", the Governor stated that: "It is vital for the continuing well being of our people that you (doctors) keep current your professional skills in both clinical medicine and community health"².

Heeding the Governor's admonition, the Pacific Basin Medical Association (PBMA) directed its Secretariat to seek methods and resources to promote better communications in health among our remote islands – including methods to improve both continuing medical education (CME) and distance medical consulting opportunities. As for CME, meeting once a year at a regional medical conference is very stimulating. However, besides the expense of such conferences, participating in CME activities once a year is just not enough to keep the physician workforce professionally up to date.

In helping to re-establish the indigenous workforce in the region, one of the missions of the PBMA is to promote the development of local associations which would then take charge of their own local CME needs³. With and without PBMA assistance, several new medical associations and societies have recently developed throughout the Pacific with a renewed interest in local CME. Many of these efforts

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have been tied with the need to provide more formal educational activities for local physicians who are participating in a two-year Regional Internship Training Program. This program is monitored and assessed by the Micronesia Medical Council which is a committee of the Pacific Island Health Officers Association – the regional association for the executives in health from the U.S.–Associated Pacific Islands.

Local CME

The progress of local CME efforts is variable but improving. Local CME coordinators are working hard to convince both hospital administrators and their own physician colleagues that CME is of value for keeping professionally current and for providing improved clinical and community health care for our island populations. A good example of this progress is in the Republic of Palau where the Ministry of Health has created the Medical Internship/Residency Program Committee (MIRP) chaired by Dr. Joji Malani, formerly the Associate Director of the Pacific Basin Medical Officers Training Program. Dr. Malani and his colleagues have designed an academic and clinical/community health program for the nine physician Interns rotating through Belau National Hospital and its dispensaries. An important component of this rotation is a three month rotation through a local private clinic which familiarizes the Interns with issues of customer service and patient satisfaction.

In addition, Palau is developing a workforce plan which will integrate the clinical/community health needs of the country with the postgraduate aspirations of its young doctors. Unfortunately, this Intern training process and attention to health workforce planning is not the rule for the region.

Besides promoting CME through the traditional methods of local lectures, regional medical meetings, and through reading and writing articles for medical journals like the *Pacific Health Dialog*, the nature of our Pacific remoteness lends well to the techniques of distance learning and consulting. For years the University of the South Pacific has been utilizing distance

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learning technology and process to make us feel less isolated and more connected⁴. In our corner of the Pacific the University of Guam has taken a lead in providing distance learning opportunities in the area of nurse training and continuing education⁵.

The WPHNet

To help overcome professional isolation and promote improved access to available distance medical learning and distance medical consulting opportunities, the PBMA is initiating the Western Pacific HealthNet (WPHNet). The mission of the WPHNet is to promote the use of appropriate communications in health. Relatively low cost email and Internet technology is becoming increasingly available among the U.S.-Associated Pacific Islands and other areas of the Pacific. By using computers with modems linked by telephone to either free PeaceSat communications channels or reasonably low cost commercial telecom services, "connectivity" through email and the Internet is becoming a reality for health departments and individual health care providers. For example, routine email with the telemedicine unit at Tripler Regional Medical Center in Honolulu and with physicians at St. Lukes Hospital in Manila to follow-up on referred patients or laboratory results for patients in Koror. These communications are inexpensive and very fast. I often have replies to my inquiries within hours. I have other colleagues who can take a video picture of a patient or a pathological lesion and can attach this picture to an email message and send it to a medical consultant for his or her advice. Often, within a day or so, an email message from the consultant arrives and is of timely assistance in the diagnosis and management of cases that otherwise would require off island referral to metropolitan medical centers in other Pacific island or rim countries. Most recently the U.S. National Library of Medicine (NLM) has opened up its library to free Internet access and information searches. Now clinicians from all over the world can participate in a broad range of health literature searches and access MEDLINE and other information search services within the NLM.

There are also other online web sites, such as those outlined by Dr. Brian Goldsmith, which Pacific Health Dialog⁶ which offer CME activities at no or low cost. Similarly, the upcoming PBMA web page - to be linked to the PHD web page (at <http://www.resourcebooks.co.nz>)⁷ - will offer such learning activities. Now that access to low cost distance communications is dramatically increasing, we, as health care providers practicing in remote settings, can no longer use the excuse that we are too isolated to participate regularly in CME opportunities and information searches for the betterment of our patients and communities.

Objectives of the Western Pacific HealthNet include formally linking resource of health institutions (medical schools, teaching medical centers, medical libraries) to isolated members of the Pacific health workforce. This will be done by training and

familiarizing health care workers how to access and use simple email and Internet skills for regional and international communications and distance medical consulting and learning. For example, at the upcoming Fourth PBMA Conference scheduled for Chuuk, 16-18 February 1998, a mini-workshop is planned for conference participants on how to access and use these tools for health related communications. Where possible, the PBMA, in conjunction with the regional Departments of Health will seek resources to improve local connectivity.

In order to promote a more timely exchange of information regarding the WPHNet, an email-based newsletter - the *PBMA/WPHNet InfoLine* - has been initiated. *InfoLine* (email: mhrdc@mail.fm) will complement other communications activities in health such as the South Pacific Commission-based PACNET (a Pacific-wide public health surveillance network)⁸. For more information about PACNET, contact yvans@spc.org.nc or tomk@spc.org.nc.

The invitation

We look forward to our improving connectivity and new learning opportunities to better serve our patients and island communities.

In closing, I invite you all to the Fourth PBMA Conference scheduled for Chuuk in February 16-18, 1998. The PBMA thanks the Chuuk Medical Association and their President, Dr. Kennedy Remit, for generously offering to host this important meeting. More information regarding the conference will be forth coming from the *PBMA / WPHNet InfoLine*. For more information contact [<mhrdc@mail.fm>](mailto:mhrdc@mail.fm), Fax: 691-320-2305, or write the PBMA Secretariat, P.O. Box 1298, Kolonia, Pohnpei, FM 96941.

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