

INSIGHTS

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A passion for technological advancement

After becoming the world's first INFRAM Stage 7, Samsung Medical Center now seeks EMR excellence

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**DIGITAL EXCELLENCE
IN HEALTHCARE:
APAC CASE STUDIES
VOLUME 3**

INSIGHTS

DIGITAL EXCELLENCE IN HEALTHCARE: APAC CASE STUDIES VOLUME 3

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Data is the name of the game



SIMON LIN

Vice President & Executive
Director, APAC
HIMSS

Health systems around the world are increasingly becoming more adept at transforming health and health-related information into actionable insights. But without the right wisdom and right systems in place to properly use information, providers run the risk of getting swamped with volumes of data, adding further strain to a system already overwhelmed by the pandemic. In this issue, we look at how some health organisations harnessed the power of information to bolster patient and clinician experience, improve safety, and deliver better health outcomes.

This year, Apollo Hospitals, one of the leading hospitals in India, became hyper-focused on proving its IT prowess by achieving not just one but three HIMSS maturity model validations. It was awarded Stage 6 accreditations for the Outpatient Electronic Medical Record Adoption Model (O-EMRAM), Infrastructure Adoption Model (INFRAM), and Digital Imaging Adoption Model (DIAM). In working toward these achievements, Apollo has cultivated a management culture based on insights, which then informs its overall workflow. One example of how the organisation has leveraged data is its Empirical Antibiotic Recommendation System, which has led to the gradual decrease of hospital-acquired MRSA by detecting, responding to, and containing resistant pathogens. Find out more [here](#).

Ensuring interoperability has been a “perennial” challenge for the Australian health system. To resolve this, the South Western Sydney Primary Health Network piloted a project to connect uncoordinated healthcare sites and aggregate scattered health information via cloud. Developed in partnership with Altera Digital Health, the integrated Real-time Active Data or iRAD aggregates patient data from various clinical information systems and delivers them to clinicians in a usable and actionable format. This system has so far facilitated the sharing of more than 10,000 clinical documents from consenting patients across 70 care sites, including GPs, specialist services, and allied health centres. Learn more [here](#).

Following its world's first validation for Stage 7 INFRAM, Samsung Medical Center has now set its sights on reaching the highest standards for EMR technology with its Stage 6 accreditation for the EMRAM. In demonstrating its EMR capabilities, SMC was praised for several patient engagement initiatives. For one, its Visual ARS (Automatic Response System) for appointment booking was noted for introducing a customer-centric approach to an essential administrative task. The hospital was able to achieve operational efficiency and reduced surgery wait times for patients through the development and implementation of the PAN Board system for monitoring the status of operating rooms in real time. HIMSS also noted the hospital's "impressive" health information exchange capabilities, being able to exchange data across multiple external and national databases in near real-time. Learn more about the innovations at SMC [here](#).

Our final case study is an outlier that doesn't feature data-centred approaches but showcases the positive outcomes that come with the astute deployment of digital technologies. Global telehealth provider doxy.me, a growing platform that caters to patients and doctors from around 150 countries, needed its interface to become more navigable by anyone around the world. Initially, it tried to copy-paste texts, send them to a translation provider, and wait for up to 10 days before manually posting the translated texts on its platform. Finding this process cumbersome, doxy.me tapped Lokalise to automate its translation work. Since integrating Lokalise into its platform, doxy.me now supports over 100 languages, including Chinese, Malay, and Japanese with the ability to add new languages upon request. Check out how automating translation has led to effective care delivery for doxy.me users [here](#).

As always, I hope you enjoy reading this volume of Digital Excellence in Healthcare: APAC Case Studies. More and more, healthcare providers in the region are adopting emerging technologies to improve the way they use health and health-related data to derive actionable insights to enable interoperability, enhance patient and clinician experience, automate processes and ultimately, improve health outcomes. Drop us a message [here](#) to let us know if you would like your case studies to be featured in our subsequent issues.

A handwritten signature in black ink, appearing to read 'Simon', with a stylized flourish at the end.

Digital maturity lifts off in India: Apollo Hospitals reaches new heights with HIMSS adoption models



Credit: Apollo Hospitals

WHO THEY ARE

Apollo Hospitals was established in 1983 by India's modern healthcare pioneer, Dr Prathap C Reddy. With its mission to bring international standards of healthcare within the reach of every individual in the country, it has become one of the leading and most integrated providers of health services in Asia.

Today, Apollo's network consists of 72 hospitals with a combined bed capacity of more than 12,000, around 120 primary care clinics, 700-plus diagnostic centres, over 500 telemedicine centres, more than 15 medical education and research facilities, and 4,500 pharmacies. Since its foundation, Apollo has put IT at the heart of its drive to deliver seamless patient-centric healthcare – a vision based on clinical excellence, affordable costs, innovative technology, and the most advanced academic research.

This vision has underpinned many recent programmes and projects that have contributed to Apollo's global reputation for advancing the role of AI and machine learning in diagnosis, patient care and population health management. It has also helped make 2022 a landmark year in Apollo Hospitals' evolution. Between

April and June, the organisation achieved Stage 6 for three globally-recognised HIMSS standards-based maturity models for digital health: Outpatient Electronic Medical Record Adoption Model (O-EMRAM), Infrastructure Adoption Model (INFRAM) (for which it is the first hospital in India to reach this level), and Digital Imaging Adoption Model (DIAM).

Throughout the creation and evolution of Apollo's IT backbone, developed in-house, the ethos has been to enable a management culture based on insights derived from data that is contextual to the point of care, allowing the knowledge and experience of each transaction to inform the organisation's work processes. All system-wide work processes are interconnected to ensure that information transfer enhances their effectiveness and efficiency. Apollo Hospitals' IT systems use standardised nomenclature for all types of transactions, and transaction coding meets internationally-recognised standard guidelines, including FHIR, SNOMED, LOINC, CCD and DICOM. ISO 27001 data security and privacy standards are embedded in the systems.

The entire IT ecosystem has been developed to ensure that patient safety and privacy are at the heart of healthcare delivery, meaning that any patient can have a sustainable and longitudinal record for the continuum of their journey through the system – no matter how many episodes or care settings it might include.

Today, Apollo's deployment strategy is based on a hybrid cloud model – a combination of a hyper-converged private data cloud and being a secure organisational tenant of the Azure public cloud. This has allowed the organisation to deploy SaaS solutions for financials and human resources.



DR SANGITA REDDY
Joint Managing Director,
Apollo Hospitals Group

“We strongly believe that the effective deployment of technology in healthcare delivery is a force multiplier to boost our capabilities. We are striving to ensure that we can provide personalised care to every individual guided by technology that ensures that we are operationally effective, sharply focused on quality of service, and non-compromising on achieving the highest standards of clinical outcomes bundled with the hallmark of Apollo's Tender Loving Care objective to provide the best possible patient care.”



FINDINGS

Apollo Hospitals has embraced HIMSS maturity models as an essential step in ensuring that its digital backbone is best in class and guided by a combination of best practices from around the world.

Apollo Hospitals' use of AI was frequently cited by HIMSS as a mark of its digital maturity during the assessments, particularly in the use of algorithms to recognise life-threatening conditions – specifically, pneumothorax and cerebral haemorrhage – and alert the radiologist to prioritise reports. The organisation was also able to demonstrate its ability to understand and manipulate data in the form of graphs and dashboards, particularly in the mapping of breast cancer patients, which was noted in its DIAM assessment.



ANDREW PEARCE

Vice President, Analytics
& Global Advisory Lead,
HIMSS

“Apollo Hospitals reported no unplanned downtime in the past five years. This is an extraordinary achievement and is a testament to the efforts its IT Security staff have made in order to keep the hospital safe.”

Among the most significant factors in achieving O-EMRAM Stage 6 is the impact of Apollo's systems on both clinicians – the ease of care documentation in the HIS, and the extent of device integration with the EMR – and patients. Multiple business functionalities in the patient portal have streamlined payment and appointment scheduling, and these, together with personal health tracking and monitoring tools, helped ensure a seamless patient experience.



JOHN RAYNER

Regional Director, EMEA,
HIMSS

“The demonstrated patient portal is one of the finest examples of patient communication and engagement I have seen of late. Access and control of their own health information will go a long way to empowering the population Apollo Hospitals serves.”

Dashboards were also highlighted during the assessment for Stage 6 of INFRAM, for the way they enable the monitoring of real-time operational data. The use of Big Data with strong infrastructure foundations was identified as an important factor in the organisation's move from "one size fits all" care delivery to personalised care. Apollo's level of compliance with global information security standards, together with HIPAA, was deemed a signifier of its dedication to implementing industry's best practices.



PHILIP BRADLEY
Digital Health Strategist,
HIMSS

“Apollo Hospitals’ goal, ‘Making Digital our DNA’, is evident with their Stage 6 achievement on the INFRAM. This achievement puts Apollo among an elite group of organisations globally to achieve this level of infrastructure maturity. The benefit of building a standardised, highly converged infrastructure across such a large organisation offers measurable efficiency gains in IT Security, Maintenance, Standard Delivery of Services and many more. An unexpected benefit was their ability to quickly and seamlessly transition to virtual care at the beginning of the pandemic.”

Many of the healthcare provider's recent projects reflect the flexibility and effectiveness of its highly integrated infrastructure, which contributed significantly to its achievement of Stage 6 of the HIMSS INFRAM, O-EMRAM, and DIAM maturity models.

For example, Apollo's Empirical Antibiotic Recommendation System (EARS) was developed to help hospitals detect, respond to, and contain resistant pathogens, prevent the spread of resistant infections, and encourage further innovation for new strategies, including the use of machine learning. When integrated into an API, this multi-model approach provides an accurate EAR for the physician at the point of care in outpatient clinics, emergency rooms, wards and critical care units. Its role in Apollo's Antibiotic Stewardship Programme in 2021 revealed a gradual decrease in hospital-acquired MRSA.

Apollo Hospitals has also been an innovative user of AI technology, which has played a key role in its screening mammogram analytics project, and the development of its AI COVID risk prediction model during the early stages of the pandemic. This model has been particularly effective at helping to identify re-infections among younger age groups, and cases of long Covid.

On the non-communicable disease front, Apollo is engaged in a number of ongoing programmes based on the integration of machine learning with clinical algorithms. Outcomes include the creation of risk models and APIs for coronary artery disease, prediabetes, acute exacerbation of COPD and asthma and non-alcoholic fatty liver disease.



NEXT STEPS

Following the evaluations for DIAM, O-EMRAM and INFRAM, HIMSS made a number of recommendations for improvement as Apollo continues with its digital maturity journey. For DIAM, priority should be given to the complete digitisation of all pathology disciplines. Beyond that, Apollo should ensure the bedside viewing of clinical images meets gold standard to improve patient understanding without compromising privacy or patient confidentiality, and conduct a technical review of the way images are surfaced through the EMR so that they can open in patient context. Other recommendations included:

- Agreement by the clinical governance committee on some clinical decision support examples to support clinicians when they request imaging examinations.
- A more formal approach to the use of medical photography and image storing, particularly on the ward.
- Using the Intruder Prevention System to prevent unauthorised access to images by staff.

O-EMRAM recommendations focused on improving quality of care, including more comprehensive and interactive use of computerised clinical decision support systems to help clinicians in their work processes. Alerts associated with electronic prescribing were also identified as an area for improvement, particularly in relation to drug/food interactions, dose range checks, and cumulative dose alerts – all with clear documentation and risk assessment.

The assessment also suggested the continued development of patient registries to improve personalised communication and targeting of patients with specific disease types.

Recommendations for INFRAM progress focused on the number of End of Support (EOS) Access Points in Apollo's infrastructure – 68% by 2025 – which should be replaced in order to sustain high levels of IT security and quality of service. Further suggestions for improvement included:

- The potential for a Data Retention policy to help manage privacy/security risks, optimised storage, and reduce costs.
- Improving the use of IP telephony.
- Considering technology to allow secure messaging between the patient in bed and their assigned care team.

“We have studied all the recommendations from the HIMSS assessments with a definitive intent to incorporate all of these into our current solution systems. We are charting out a road map that will start from October 2022 and possibly have all of them completed within two to three quarters. We are actively studying the recommendations, as well as, for our readiness to achieve Stage 7 in all these assessed areas of the HIMSS maturity model,” Dr Reddy said.



WHAT THEY HAVE TO SAY

“The world has a severe shortage of healthcare delivery infrastructure. This demand-supply gap can only be mitigated by transforming healthcare delivery through effective technology. This becomes vitally important to ensure that the digital backbone is best in class and guided by the combined best practices from across the world,” Dr Reddy shared.

“The HIMSS maturity models provide such a framework and we decided to ensure that our solution stack is compliant with these. This is not just about the maturity of the digital infrastructure but also the model of effective adoption of the solutions, thereby demonstrating that an organisation can be effectively managed and sustained by consistent and well-coordinated consumption of its digital solutions. We are seeing good results in the direction of our quest towards operational, clinical, service, and financial excellence.”



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Sydney project fixes interoperability woes by connecting 70 care sites via cloud



Credit: South Western Sydney Primary Health Network



WHO THEY ARE

Disparate systems and scattered health information across the Australian healthcare system have kept clinicians from providing better care and securing better outcomes for patients. One primary health network rose to the occasion and worked on improving information sharing within the health ecosystem.



THE PROBLEM

Interoperability is a “perennial challenge” for healthcare delivery in Australia’s healthcare system, says Dr Keith McDonald, CEO of the South Western Sydney Primary Health Network (SWSPHN). As interoperability continues to stagnate, it has been a major priority for the country’s healthcare sector to ensure a continuum of care through accessibility, timeliness of information, and quality data.



DR KEITH MCDONALD
CEO, SWSPHN

“The out-of-sync and inefficient sharing of clinical datasets from multiple services and disparate systems often inhibits clinicians from being better informed to deliver improved patient health outcomes.”



PROPOSAL

As part of its efforts to remedy this long-standing issue, SWSPHN partnered with Altera Digital Health, formerly the Allscripts Hospitals and Large Physician Practices business segment, in 2017 to develop the integrated Real-time Active Data or iRAD.

The project is based on Altera's interoperability platform, dbMotion, which runs through the Microsoft Azure cloud. It aggregates and harmonises patient-consented data from various clinical information systems and delivers information to clinicians in a "usable and actionable" format at the point of care. It is said that iRAD was the first implementation of dbMotion in Asia-Pacific and the first international implementation on Microsoft Azure.

The project enables various health facilities and services to provide "easy and timely access" to patient-consented health records across the care spectrum. It extends to general practices, outpatient services, antenatal shared care sites, after-hours clinics, residential aged care, and palliative care services.



NICK MCGHIE

Digital Health and Data
Manager, SWSPHN

"For example, across a general practice and a hospital situated in the same community, where a host of patient and clinical information can be shared, including demographics, diagnoses, medications, allergies, immunisations, vital signs, and surgical procedures."

McGhie also noted that iRAD supports clinical decision-making and is able to help reduce clinicians' administrative burden by saving time and limiting duplication.

According to Dr McDonald, "iRAD was a breath of fresh air for participating patients who no longer need to explain their health issues to multiple clinicians or [have] duplicate tests undertaken unnecessarily."

Additionally, iRAD ensures the privacy of patient information by securely hosting them in the cloud through Microsoft Azure. The platform is also said to benefit patients with health literacy or language barriers.



MEETING THE CHALLENGE

The pilot phase of the iRAD project, which began in 2017 with a few GPs and an after-hour service, was concluded in mid-2020. Since then, it has expanded with the aim of becoming the most comprehensive connected community health network in Australia.

By the end of August 2020, 30 additional sites within the South Western Sydney region joined the platform. In the next six months, 40 more sites got involved in the project, including those from the Western New South Wales PHN.

Moving forward, the project seeks to continue increasing the number of participating acute care, aged care, and other specialists and PHNs on the platform.



RESULTS

To date, approximately 70 care locations, including GPs, specialist services, allied health and one hospital are involved in the project with about 8,000 patients consenting to share their health information. The platform has so far facilitated the sharing of more than 10,000 documents, such as referral letters, specialist reports, and lab results.

McGhie stressed that “the success of the project so far reflects the enthusiastic willingness of a diverse range of health service providers to deliver their services as part of a connected community in Australia.”

“Delivering the right care to the right patient at the right time is only possible with interoperability,” Dr McDonald emphasised in his advice to other health systems trying to resolve their interoperability issues. “Partnering with an organisation specialising in interoperability has been a key success factor. The success of iRAD is in the individual patient journeys that have been helped, supported, and cared for by clinicians using iRAD as part of their care delivery.”

Samsung Medical Center: On The Path to EMR Excellence



Credit: Samsung Medical Center



WHO THEY ARE

Established in Seoul in 1994, Samsung Medical Center (SMC) quickly rose to prominence as one of South Korea's leading hospitals. Under the slogan, "Care Together, Happy Together," it passionately commits to patient satisfaction and well-being, backed by individualised treatment plans. The hospital cemented its global reputation for medical expertise and a patient-centred culture with an eagerness to apply cutting-edge convergent technologies.

SMC today offers a wide range of diagnostic and treatment services through the Samsung Comprehensive Cancer Center, Proton Therapy Center, and Heart Vascular and Stroke Institute, all of which are at the fore of research and care provision. These services are held up with advanced medical infrastructures, including proton therapy, gamma knife surgery, robotic surgery, tomotherapy, high-intensity focused ultrasound (MR-HIFU), an emergency medical helicopter, smart ER, a Clinical Pathology Automation System, a Logistics Automation System and a hospital information system (HIS).

The hospital's IT infrastructure consists of two key areas: operation and analysis. Its in-house operating system supports all aspects of patient care. The EMR is based on the Samsung SDS platform which provides end-to-end data security for both patients and clinicians who access services via a mobile patient app and a suite of mobile solutions for healthcare professionals. The system is also connected with a GE Healthcare PACS and a multi-channel call centre.

On the other hand, the analysis infrastructure uses a hybrid private cloud in public zone technology: an Amazon-based data research registry, Microsoft Azure's common data model and a Douzone clinical data warehouse, to meet the information needs of the hospital's researchers and data warehouse analysts. The integrated network combines Cisco wired and Aruba wireless technologies to allow for the secure integration of medical and monitoring devices, automated guided vehicles, and a full range of facilities management tools and services.



THE OBJECTIVE

SMC has always sought not only medical and clinical excellence but also technological superiority. Just as it was seeking validation for Stage 7 INFRAM last year, the hospital was also preparing for a Stage 6 EMRAM accreditation to verify its efforts towards EMR maturity.

The EMRAM assessment provided SMC with an opportunity to showcase its delivery of patient-centred service through its variety of patient engagement platforms. It has always aspired to have integrated patient engagement through a patient journey based on real-time interoperability.

Through this certification, SMC also endeavoured to prove that it has a fitting environment for clinical documentation and a smart IT system in place to raise the quality and effectiveness of care and ensure patient safety.



FINDINGS

Reaching Stage 6 EMRAM is another feather in SMC's cap. It has already proven itself as a prime example in medical IT infrastructure and is now close to achieving EMR excellence that delivers enhanced quality of care, patient safety, and work efficiency and accessibility.

HIMSS commended SMC in three key areas:

- Its demonstration of clinical documentation through its HIS;
- Its health information exchange capabilities; and
- Patient engagement efforts and initiatives.

SMC's HIS called DARWIN MED features computerised provider order entry (CPOE) and EMR and is able to share data in real time with external institutions, such as the Health Management Corporation, as well as through PACS, mobile apps, and websites. SMC has also created an English version of its HIS for foreign training doctors. Across the hospital, there is wider use of computerised orders and digital medication prescriptions than traditional paper forms. Its EMR system has a 100% user adoption rate for clinical documentation and CPOE use. SMC clinicians were also found to be fully satisfied with the hospital's EMR, attesting to a technologically advanced system designed to be fit-for-purpose and easy to use, and really supports their provision of high-quality medical care.

**ANDREW PEARCE**

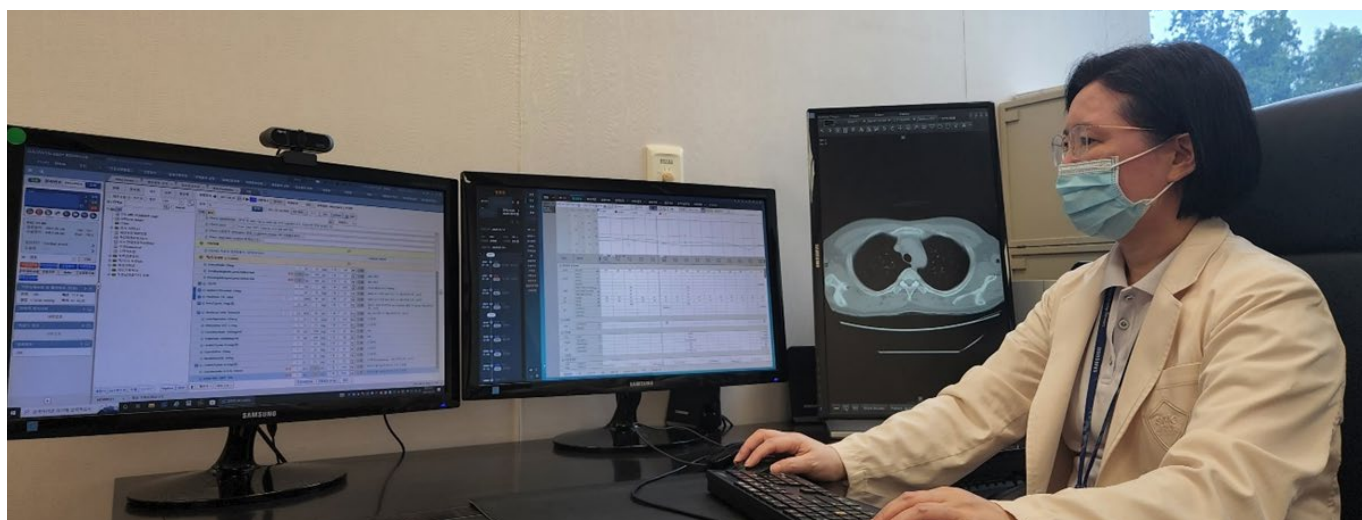
Vice President, Analytics
& Global Advisory Lead,
HIMSS

“The health information exchange capabilities at SMC are impressive with data being exchanged across numerous external and national databases such as the Korea Diseases Control and Prevention Agency, Korea Institute of Drug Safety and Risk Management, etc., in near-real time for most. This allows for care to be timely and appropriate and reduces the risk of overprescribing or repeating interventions.”

SMC is exchanging various documents complying with HL7 CDA standards, which has allowed its clinicians to quickly find their patients’ histories, minimise the risk of overprescribing or duplicating prescriptions, and therefore, ensure the continuity of care and convenience of their services.

Moreover, HIMSS found good examples of patient engagement initiatives. One of them is the Visual ARS (Automatic Response System) for appointment booking, which introduces a more customer-centric approach to an essential administrative task. This patient-centred mobile system simplifies hospitalisation by sending a patient a text message containing a link to a mobile admission site from which they can sign administrative forms, select available rooms, and complete a COVID-19 questionnaire and test.

The hospital has also demonstrated significant operational efficiency through its development of technology platforms. For example, it has reduced surgery wait time for patients by using the PAN Board system to monitor the status of operating rooms in real time. Through this, clinicians are able to optimise and prioritise surgery schedules using predictive data. Prior to this system, the hospital struggled to accommodate a piling number of patients across all divisions due to limited space, workforce, and equipment. Since 2019, the PAN Board has made it possible for SMC to conduct two more additional



Prof Mira Kang, Vice CMIO at SMC's Health Promotion Center, is among clinicians at SMC who find the EMR fit-for-purpose and easy to use.

surgeries in a day compared to before, translating to an increase in annual revenue of \$160,000. Additionally, the system has enabled a culture of sharing operating rooms among medical departments, which previously had little interaction.

Since applying a mobile admission process to further simplify hospitalisation, SMC has seen a yearly uptick in the utilisation of both its mobile applications and web pages. Last year, around 17.7% of all its patients viewed their health records via either mobile phone or desktop computer, rising from 16.4% in 2020.

NEXT STEPS

Following the Stage 6 EMRAM evaluation, HIMSS suggested that the hospital integrate its various patient engagement tools into a single platform or application to give patients and caregivers a seamless experience in accessing health records, managing their own health, communicating with providers and completing administrative tasks.

In response, SMC mentioned that it seeks to further augment patient experience and enhance its delivery of mobile services. For one, it wants to develop an identification system with biometric recognition capability and an entry system that shows not only the map of the hospital but also doctors' schedules, appointments, examinations, injections and treatment. The hospital is also working on a real-time reporting mechanism where abnormal findings in test reports are instantly shared with patients through their mobile devices.

New features are also slated to be introduced in its Diabetes Management app. The app will soon be able to show a patient's treatment schedule and provide information on insulin administration and a simulation of how a diabetes patient should manage their condition based on their blood sugar level. Currently, the diabetes app is able to integrate with a blood glucose meter and smartwatch, enabling the transfer and storage of health data, such as steps, blood pressure, and heart rate. It has an alert capability that notifies caregivers when a patient's blood sugar drops too low or rises too high. It also allows users to enter their own health information into the app.



JONG SOO CHOI, PHD

General Manager of
Digital Transformation,
Office of Digital
Transformation, SMC

“We wish for our patients to experience the safest and most satisfactory treatment process while our care teams are able to focus on administering care more effectively. That is why disease prediction which reflects patients' conditions has to be developed more vigorously. Furthermore, we also want to have the capability to suggest the best treatment plans based on a patient's specific condition with artificial intelligence.”



WHAT THEY HAVE TO SAY



SANG SEOB LEE, RN
IT Operations Manager,
SMC

“SMC has gone through digital transformation with optimisation, efficiency, and continuous integration efforts. These continuous efforts have been carried out with passion to provide the best healthcare services that prioritise quality, security, patient safety and work efficiency.”

“SMC will continue to pursue the goal of improving patient safety and medical efficiency, and accelerate the implementation of advanced intelligent hospitals through digital innovation.”



**PROF WONCHUL CHA,
MD, PHD**
Director of Digital Innovation
Center/Chief Medical
Information Officer, Department
of Emergency Medicine, SMC

“Through the HIMSS EMRAM certification, each hospital can receive a credible objective verification of its efforts to continuously innovate and promote digitalisation. Additionally, I think the digital maturity model assessment is a good opportunity to understand the global standard for medical information delivery systems and establish the future direction through this verification process.”

Telehealth platform doxy.me taps Lokalise to automate localisation efforts in APAC

Healthcare providers within the region can now use doxy.me in their respective languages.



Credit: doxy.me

Global telehealth company doxy.me has recently automated its localisation efforts to further make its platform accessible to more patients and providers in Asia-Pacific and beyond.

THE PROBLEM

Since the pandemic hit, doxy.me, a telehealth platform that began by facilitating virtual prenatal care for expectant mothers, saw a huge increase in its user base, from around 65,000 providers to more than one million. From APAC, there are about 45,000 providers using its platform, almost half of which signed up only last year.

Having users from over 150 countries, the company realised that it needed an interface that anyone can navigate.

“One of the biggest challenges we faced early on was entering markets that didn’t speak English. For example, in Latin America, Spanish is a necessity and local doctors would repeatedly ask whether the platform is available in Spanish,” Jacob Palmer, the company’s international growth manager, explained.

Making the platform more accessible to people from diverse backgrounds has pushed doxy.me to localise. Early on, however, they found their process cumbersome and inefficient. They initially had to copy texts into documents, send them away to a translation service provider, wait up to 10 days to receive them back and manually upload the translated texts. For help articles, they had to reformat the document to incorporate the translated string of texts.



PROPOSAL

Finding the process neither sustainable nor sufficiently scalable, the company later tapped Lokalise to automate its localisation process.

Lokalise is integrated into Doxy.me's systems, such as Gitlab, Intercom and WordPress, to allow translated texts to be pulled back into the systems seamlessly.

Doxy.me has also adopted Lokalise Messages which provides live two-way chat translation in Intercom. This allows the platform to respond to and assist real-time support requests.

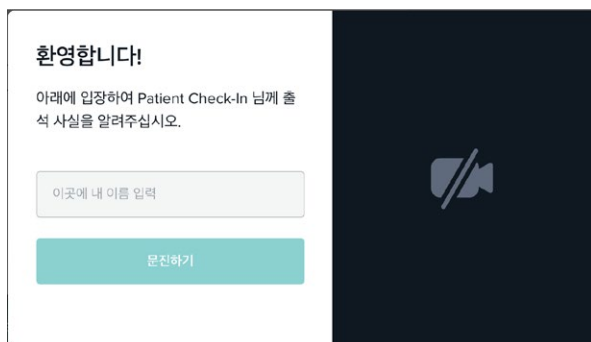


RESULTS

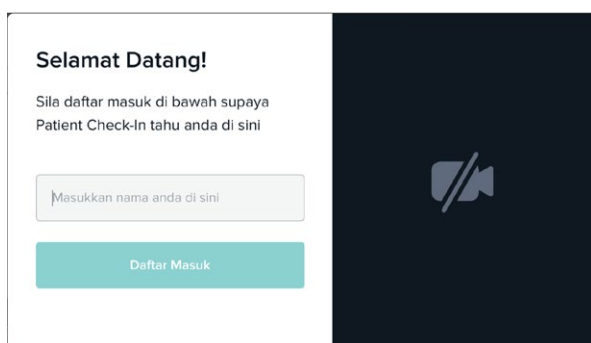
Turning to Lokalise has saved doxy.me “hundreds of hours” when implementing translations, Palmer claims. Lokalise can deliver translated materials within three to four days, compared to other translation companies that have a seven to 10 days wait time. “This allows us to complete our implementation and launch of updated translations much faster than before.”

Following Lokalise's integration, doxy.me now supports over 100 languages, including Chinese, Malay, and Japanese with the ability to add new languages upon request.

The telehealth platform can now automatically detect the browser language of a patient's device, allowing them to read prompts and messages in their provider's online waiting room in their own language.



Sign-in prompt in Korean



Sign-in prompt in Malay

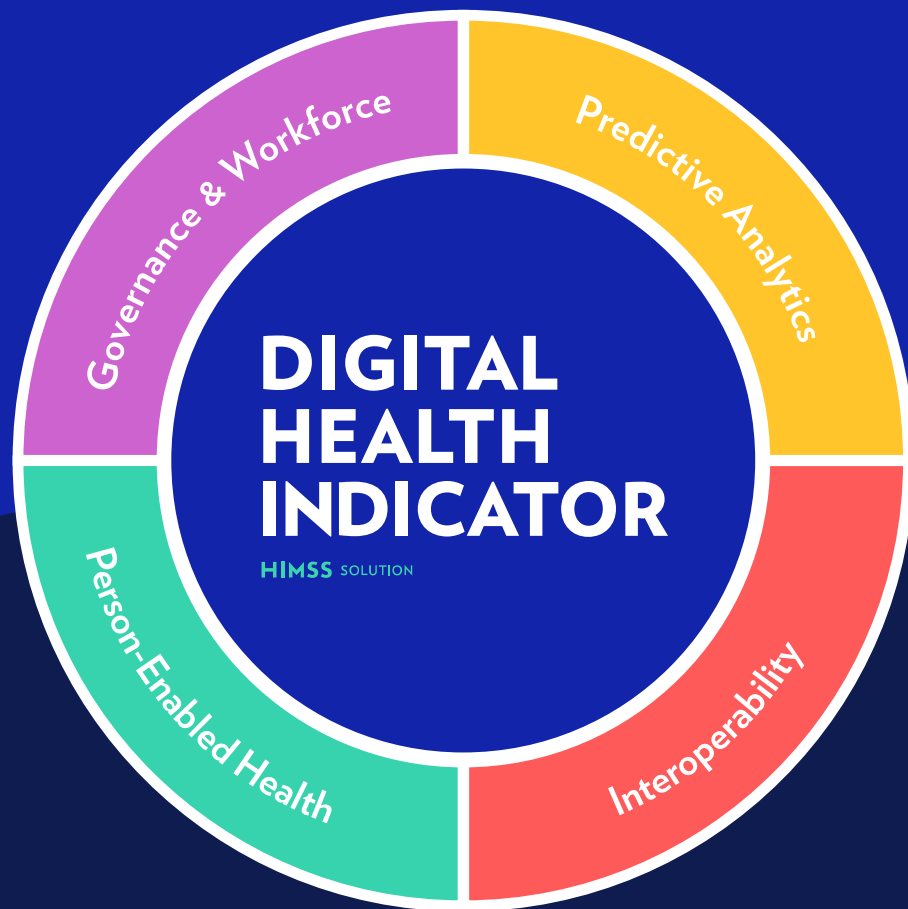
“Using doxy.me in a local language and specifically in Hindi is transformative,” said Dr Monica Bhatia, a user from Mumbai, India. “It allows a provider to speak in the voice of the patient [who] feels more comfortable connecting with their provider and feels that their doctor is relating to them on their level.”

She also thinks that enabling patients to see and read their local language in an online consultation “has made a huge difference and will assist providers to [provide] care more effectively for their patients.”

“At doxy.me, our mission is to provide healthcare access to all and so by making our interface accessible in patients' native languages, we have been able to remove a barrier to care with the goal of providing better patient telehealth outcomes,” Palmer commented.



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