Abstract

Bridging the Digital Divide: how a low-tech intervention led to rapid myHealth uptake

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Abstract

Challenge
The term “digital divide” refers to uneven distribution in access to, use of, or impact of ICT between population groups. The implementation of innovative digital solutions may widen the digital divide, and fuel health inequities. myHealth implementors, faced with this situation, decided to use a low-tech intervention to address this risk.

Description of problem
myHealth allows citizens living in Malta secure access to a selection of medical records, and to give doctors of their choice online access to these records. myHealth security is based on the national electronic identity (e-ID) system, so patients need to log in using e-ID to give consent to specific doctors. Patients with low IT literacy or low motivation may not do this. myHealth implementors decided to circumvent the “digital hurdle” by implementing a paper-based consent form supported by administrative back-office function.

Results
Paper-based giving of consent by patients to doctors for myHealth access was piloted in Sep-Oct 2015. It was then widely publicised at a Seminar for Family Doctors held on 4th November 2015, patronised by the Minister for Health. The number of patients creating links with doctors increased drastically from 60 in September 2015 to 1904 in November 2015.

Lessons
Implementors of digital services often aim for the total elimination of paper forms. Yet, in the case of myHealth, patients who were unable or unwilling to secure an e-ID password and log into myHealth to link up with their doctors were not gaining any benefit from the service, until paper-based consent was introduced.

Key Message 1

Innovation requires a balance of high and low-tech interventions, according to digital literacy of target population
| **Key Message 2** | Low-tech components may prove to be a stepping stone in the path towards digital transformation. |