## From the Editor's Desk

## HEALTH IT INFRASTRUCTURE: "YES WE CAN?"

We live in troubled times. The global financial crisis has ushered in fears of economic collapse, rising unemployment, and the haunting spectre of the Great Depression. Fear of dire social consequences has propelled governments to take up policies that pump billions of dollars into their domestic economies to shore up industries, protect jobs and guarantee bank deposits — policies that have all been delivered under the auspices of infrastructure investment.

Health in Australia is a mega-industry, devouring more than \$90 billion each year and employing about one in 10 of our workforce. But despite all the trappings of a mega-industry, there has been little political commitment to innovative health infrastructure investment. Despite relentless rhetoric advancing the ideals of efficiency, effectiveness, coordination, and integration, the health industry remains a cottage industry, frozen in bygone times.

This avoidance of major investment in modernising health infrastructure is puzzling. Indeed, targeted infrastructure investment has frequently been accorded a low priority in the multitude of interim reports from recent inquiries into health care. Even more puzzling is the absence of any commitment to investment in 21st century information technology. This is odd, given the federal government's spruiking of high-speed broadband Internet connections!

Where is Australia's equivalent of the American Recovery and Reinvestment Act signed into law by President Barack Obama in February this year? It epitomises his "Yes we can" mantra and authorises US\$20 billion to assist in developing a robust health IT infrastructure and to promote its uptake by health professionals.

Meanwhile, in Australia, we are mired in apathy. "Maybe we can" is our mantra, and the move to system-wide IT infrastructure in health remains bogged down in talkfests and reports. As a nation, we must rediscover our courage and commitment and move health care into the new millennium.

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Martin B Van Der Weyden

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