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Preface

In my first year as IMIA President, I had the honor of providing the Preface for the second *Yearbook of Medical Informatics*. Today, as preparations for MEDINFO 95 are finalized, my Presidency is coming to its culmination. This July, in Vancouver, Canada, I will open the eighth MEDINFO congress and, at its closing ceremonies, pass the gavel to Otto Rienhoff, as he assumes the IMIA Presidency.

The fourth edition of the Yearbook will be published in time for MEDINFO, repeating the debut it made at MEDINFO 92 in Geneva. Jan van Bommel, whose vision and hard work have made the Yearbook a reality, has done all he can to meet that deadline. He is fortunate indeed to have the able help of Alexa McCray, his coeditor, as well as the assistance of the Yearbook's managing editors, guest editors, and peer reviewers, drawn from the international medical informatics community. We owe Jan and Alexa our profound thanks for making the Yearbook the quality publication it is. From the very start, it has shown intellectual rigor and robustness. Its financial viability has been more troublesome, but Jan's continued efforts to bring in advertising revenues and to firm up distribution figures are succeeding. The IMIA Board joins with me in thanking Jan and Alexa for making the Yearbook a success.

The Computer-based Patient Record

My pleasure at contributing to this edition is intensified by its focus, the computer-based patient record (CPR). The review articles on the CPR included in this Yearbook detail the extensive and exciting work being done in this area, long of interest to me. Before assuming the IMIA Presidency, I had the opportunity to serve on the Institute of Medicine's Committee to Improve the Patient Record, which produced the recommendation for the CPR. Many of my US-based colleagues contributed to that effort, so many that I cannot list them here. Allow me to single out Morrie Collen, for his contribution to medical informatics, to IMIA, and to the CPR. One of IMIA's honorary members, Morrie chaired the Subcommittee that reviewed the technology base for the CPR and subsequently coedited *Aspects of the Computer-based Patient Record*. The American Medical Informatics Association is publishing his history of medical informatics in the United States, a history in which he was a pioneer. Since the Committee made its report in 1991, the environment in which CPR advances are being made has changed significantly. High performance computing and communications are providing the infrastructure for evolving health information networks. These networks

are mandated by economic pressures and the changing models of health-care delivery.

The New Healthcare Environment

Today, we are seeing more enterprise systems, linking multiple sites within and across institutions, up to the regional level and beyond. More and more, HIS stands for 'healthcare information systems', rather than the earlier generation of hospital information systems. (I am pleased to note that the IMIA Working Group on HIS addressed this move in 1994, at a working conference in Durham, North Carolina. Proceedings are being published by Elsevier as a special issue of the International Journal of Biomedical Computing.)

New Roles for Patients and Professionals

Within the networked environment, the CPR is a basic component of information. To make optimal use of resources, the managed care model requires the use of interdisciplinary teams. With the reliance of care teams upon networking, the patient becomes the center of the record, not the individual or institutional provider. Telemedicine becomes increasingly important, and the workstation becomes a basic tool for the health professional. As managed care places renewed emphasis on primary care, patients will become increasingly responsible for their own care and thus for their own records. Patients are being urged to use technology tools and resource centers as they play an active role in

choosing treatment options and making other informed decisions affecting their own well-being. In my opinion, this change is long overdue and promises to transform health care. As practice patterns change, practitioners change. These changes are reflected in professional education, an area long of concern to me. Today, growing numbers of medical schools, including my own institution, are including informatics training and problem-based learning in their curricula.

IMIA: Present and Future

What is truly exciting about IMIA is its vibrancy. The Yearbook, MED-INFO, General Assembly, National and Institutional Membership, Working Groups and Working Conferences; all of these activities contribute, in very different ways, to the evolving discipline of health informatics. This Yearbook suggests the enormous range of topics addressed by IMIA and identifies some of the key players within IMIA and its membership. New leaders are emerging, as the next generation of health informaticians steps forth. Those of us who have been involved in IMIA since the 1970s look to these young informaticians to take our places within the organizational leadership. This Yearbook marks where we and our field now stand.

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