

## Information on IMIA Regional Groups

### APAMI

#### Regional Representative's Report

##### 1. Membership of APAMI

There has been no change in the membership of APAMI during the past year. The current member societies include Australia, China, Hong Kong SAR, India, Japan, Korea, Malaysia, New Zealand, Pakistan, Philippines, Singapore, Sri Lanka, Taiwan, Thailand and Vietnam. Bangladesh, Indonesia and Kazakhstan have been observer members.

##### 2. General Assembly Meeting (GAM) of APAMI

The APAMI GAM 2008 was held in Singapore on July in conjunction with AMBIS (Association of Medical and Bioinformatics Singapore) annual meeting. A spring GAM was also held on Feb.25, 2009 with HIMSS AsiaPac in Kuala Lumpur Malaysia. Most of the member societies are having a consistent annual meetings now with attendants ranging from 50 to 3000. With the economy downturn, some of the national projects on health informatics were slowing down while others planned to invest even more due to the trend of aging population. However, constant national attentions were given to Electronic Health Record and Personal Health Record in both standards, implementation and pilot deployment.

a. In response to the changing frequency of IMIA MEDINFO and also the strong demand of health informatics knowledge in this region, the APAMI GAM has decided that the frequency of APAMI conference will be changed after 2012 (2014, 2016... etc.). This will result in a APAMI conference in every non-MEDINFO year. Correspondingly, the term of Presidency will also be adjusted to 2 years. The bye-laws will be changed from 2012 and nominations for Presidency

in 2012 will be finalized in the November General Assembly Meeting of 2009 in Hiroshima, Japan.

- b. In light of the web 2.0 movement, APAMI has been trying to utilize online mailing, discussion groups and social network websites to facilitate member interactions. The primary mailing list is on Google Groups at <http://groups.google.com.tw/group/apami> and a quite lively discussion forum on <http://forum.apami.org/>. The APAMI front-end on the social network side is <http://www.facebook.com/group.php?gid=22242409952>, the head counts of this Facebook group has increased to about 150 since its incarnation in May of 2008.
- c. The next APAMI Conference is scheduled at 22-25 Nov, 2009 at Peace Memorial Park, Hiroshima, Japan. This will be held with the 29th Japan Conference on Medical Informatics, IMIA WG4 for Safety in HIS, APAMI GAM, IMIA Board Meeting and General Assembly.

##### 3. Activities in the APAMI Region

More conferences, meetings and symposia have been held in the APAMI region in 2008 and early 2009. Most notably, HIMSS is now having a yearly AsiaPac Conference for Exhibition and Education. Since 2007, the HIMSS AsiaPac Conferences have been held in Singapore, Hong Kong, Kuala-Lumpur and is scheduled to be held in Korea and China next year in 2010.

- a. Health Informatics development in China, India and Thailand are accelerating if the numbers of conference attendees can be indicators. Annual conferences in these areas typically attracted 500 (Thailand) to more than 1000 participants (CHINC 2008 by China Hospital Information Management Association, for example).
- b. In November 2008, Taiwan held its first Joint Conference on Medical

Informatics in Taiwan (JCMIT) which is a collaborative meeting among local associations for Medical Informatics, Nursing Informatics, HL7 and DICOM. This meeting attracted more than 400 participants with 8 international speakers from 5 different countries.

- c. Australia held its first official IHE Connectathon in Canberra in July 2008. 11 vendors tested 18 products against IHE International and local Australian profiles - 15 products attained an internationally recognised IHE compliance test and 9 products tested successfully to the Australian profiles.
- d. Major funding for national projects related to health informatics in Korea and Singapore were announced. The decision from the new US President Barack Obama to pour large-scale funding into incentivizing EHR deployment may consequently influence government policies for funding in this region.

##### 4. APAMI Working Group Activity

There are four working groups under APAMI, each with different level of activities. Each WG also hosts a discussion area in the APAMI online Forum ([forum.apami.org](http://forum.apami.org)). Workshops for the WGs are also planned for the coming APAMI 2009 Conference in Hiroshima.

- a. WG1, Standardization (Chair: Dr. Yun Sik Kwak)  
WG1 is working closely with ISO TC 215 in the development of health information standards.
- b. WG2 Developing Countries (Chair: Dr. HM Goh)  
A workshop for developing countries was held in Feb.24 with HIMSS AsiaPac 2009 in Kuala Lumpur. More than 120 participated this workshop (the organizers expected around 50) with lively discussion on topics such as: national HIT training and development, digital divide and

- open source. A series of e-learning materials abstracted from the APAMI 2006 Conference in Taipei were burnt into CD-ROMs and DVD-ROMs and disseminated to developing countries in the APAMI countries. It was welcomed by the recipients and would likely to replicate this model to APAMI 2009 Conference in Hiroshima.
- c. WG3, Decision support (Chair: Dr. Yoon Kim)  
The Center for Interoperable EHR

- in Korea is collaborating with IHC (Intermountain Health Care) from Utah and working on a Clinical Content Model for EHR that would facilitate advance clinical decision support in the future.
- d. WG4, Nursing Informatics (Chair: Dr. Polun Chang)  
WG4 is planning to meet with the scholars/professionals of the APAMI countries that will attend the NI2009 Conference, to be held in Helsinki, Finland in July 2009.

#### APAMI Web Site

<http://www.apami.org>

#### APAMI Forum

<http://forum.apami.org>

#### Regional Editor

Yu-Chuan (Jack) Li  
Vice President  
Taipei Medical University  
Taipei, Taiwan  
Fax: +886 2 27361661 ext2069  
E-mail: [jack@tmu.edu.tw](mailto:jack@tmu.edu.tw)

## Helina

### Report on IMIA's African Region

The African Region has been in activity through the national societies and the organization of the 6<sup>th</sup> Health Informatics in Africa Conference – HELINA2009. The national societies of Malawi and Cameroon have organized local activities to foster adhesion to Medical Informatics in their countries. National societies from Mali and South Africa have organized national conferences which were also attended by international participant. The South African Health Informatics Association is working on two events:

- Their national conference, HISA2009, which will take place in Johannesburg in July
- MEDINFO2010, in September 2010 in Cape Town.

According to MEDINFO2010, the website is up and running and a vanilla version is also available. The main committees have been set up including one that will mentor Medical Informatics students helping them to submit papers to the scientific panel that will meet their standards. The local organizing committee is now focused on marketing the conference to as many people as possible. The LOC is also trying to find sponsors to commit funds ahead of time in order to finance more marketing.

#### HELINA 2009 Conference

HELINA and the Ivorian Society of Medical Informatics and Biosciences

have organized the 6<sup>th</sup> Health Informatics in Africa Conference – HELINA 2009. This year conference was held in Grand-Bassam, Côte d'Ivoire from the 16<sup>th</sup> – 18<sup>th</sup> of April 2009 under the motto "Information and Communication Technology in Health Information Systems of African Countries." Considering the difficult economic situation in Africa and the fact that African scientist, health care professionals, IT workers in healthcare, and student have limited financial possibility, the board of HELINA has searched grant in order to assist African participants to come to Abidjan as well as to help the local organizing committee achieve their goals. The result of this initiative of the board was that beside of the traditional endorsement and sponsorship of the IMIA, following international organizations have accepted to endorse and/or sponsor HELINA 2009:

- IDRC (International Development and Research Centre) offered fund for supporting travel and participation cost of participants
- RAFT (Réseau en Afrique Francophone pour la Télémédecine) supported the fly and participation cost of 15 people
- NEPAD council endorsed the Conference and is interested to more collaborate with HELINA

Furthermore positive contacts with other organizations have been established for future activities in the region. Locally the LOC of HELINA2009 has received the endorsement and sponsorship of the Ivorian government through

the ministry of health and the ministry of technology as well as public and private institutions.

The main topic of the HELINA2009 is Information and communication technologies in health information systems of African countries. The conference aimed to promote the following:

- Propagation and dissemination of health informatics applications in Africa
- Evaluation of the use of ICT in Health
- Capacity building and the introduction of ICT in the training of health personnel, including the exchange of pedagogical methods and strategies in the field
- Discussions on the introduction of modern technologies in healthcare delivery and provision

The scientific program was organized in topic session which addressed following topics:

- ICT and Training in health
  - Strategies for data and knowledge management in health
  - The computerization of patient records in Africa –Challenges and solutions
  - Emerging application and eHealth
- 47 papers or abstracts were presented and 4 key speeches addressed. Two international health informatics experts have been key speakers:
- Professor Otto Rienhoff gave a talk about "Global markets and their impact on national strategies for Health Informatics"
  - Professor Reinhold Haux gave a talk

about "Health Information systems - past, present, future"

Furthermore workshops addressing following topics were organized:

- Telemedicine activities in Africa
- The use of ICT for the management of chronic diseases in Africa – example of diabetes
- Integrating Health Information Systems – Towards a Framework
- Mobile application in healthcare

The opening ceremony took place in presence of 3 ministers of the Côte d'Ivoire government. A minute of silence was observed in memory of IMIA's Executive Director Steven Huesing, who passed away on April 12, 2009, at the closing ceremony of HELINA 2009. HELINA 2009 website: <http://www.sibim.net/helina/en/index.html>

#### Free Access to Methods of Information in Medicine

Thanks to the publisher of Schattauer, Dieter Bergemann, all HELINA members will have free online access to Methods of Information in Medicine

## IMIA-LAC

### The Latin-American and Caribbean Federation of Health Informatics

#### Advances related to IMIA-LAC Goals

In order to develop health informatics within the region and strengthen regional ties, the current IMIA-LAC Board had proposed two goals:

#### 1. Strengthen the network of Health Informatics Societies in Latin America and the Caribbean (LAC)

The countries from LAC are currently underrepresented in IMIA-LAC and in IMIA.

A new country, Venezuela, joined IMIA in December 2007 and Chile has created a new society in January 2008 and is expected to join IMIA and IMIA-LAC soon. Other countries started to have a better integration among the dif-

ferent health informatics groups within the country in order to participate in IMIA-LAC activities, such as Argentina. Yet other countries started a process of coordination that will eventually lead to the creation of a health informatics society, such as Peru, Mexico and Colombia.

#### HELINA Secretariat, Governing Board and General Assembly

HELINA general assembly was held on April 17<sup>th</sup>, 2009 in Grand-Bassam, Côte d'Ivoire. There was a consensus on the success of HELINA conference 2009 and members were commended on different roles leading to the success of the event. It was, however, regretted that some members were not able to make it to the meeting due to issues with immigration. HELINA council and the Ivorian Society of Medical Informatics and Biosciences apologize for whatever inconvenience this may cause.

HELINA agrees with IMIA's decision to make MEDINFO more frequent i.e from the usual triennial event to a bi-annual one. HELINA will thus occur biannually too, altering with the MEDINFO conference.

The next HELINA conference will be held in 2011. Nigeria has been unani-

mously nominated to hold HELINA 2011; and the Nigerian representatives accepted the nomination.

The focus of HELINA council is the hosting of MEDINFO in Cape Town and HELINA would offer support to the successful organization of the conference. Member countries were urged to strengthen their local associations to ensure a stronger HELINA. The LOC-MEDINFO would like to have a Pan-African Advisory council that could contribute ideas on the kind of Workshops or tutorials that would be most useful for participants from Africa.

#### Regional Editor

Ghislain B. Kouematchoua  
Tchuitcheu, MSc.

Department of Medical Informatics  
Georg-August-University Goettingen  
Goettingen, Germany  
Tel: +49 551 3991020  
Fax: +49 551 3922493  
E-mail: [gkouema@gmail.com](mailto:gkouema@gmail.com)

ferent health informatics groups within the country in order to participate in IMIA-LAC activities, such as Argentina. Yet other countries started a process of coordination that will eventually lead to the creation of a health informatics society, such as Peru, Mexico and Colombia.

There seems to be more interaction among countries, given by the active electronic exchanges and by the participation in scientific conferences. Some examples are the Cuban Health Informatics Conference in February 2007 (next one is planned for 2009) and the Uruguayan Health Information Standards Conferences held in September 2007 and 2008, which attracted many attendees from the region and abroad. There were other new national conferences, such as a Congress in Peru, held in December 2007.

A big challenge was to have a successful **Regional Congress, InfoLAC**

**2008**, the *III Latin American and Caribbean Congress of Medical Informatics*. It was held in Buenos Aires, Argentina, at the end of October 2008. Please see: [www.infolac2008.com.ar](http://www.infolac2008.com.ar). A summary of the Congress follows below.

As a part of its development plan, IMIA-LAC organized, in conjunction with AAIM, the Argentine Association of Medical Informatics ([www.aaim.com.ar](http://www.aaim.com.ar)), this Third Latin American and Caribbean Congress of Medical Informatics.

The Congress was held at the Campus of Universidad Austral (Pilar, Buenos Aires, Argentina), between October 29 and November 1, 2008, together with other important activities, which created a synergy among the various events:

- The **IMIA WG 1 – Education** meeting, at the Hospital Italiano de Buenos Aires, October 27-28
- Nine pre-Congress **Tutorials**, October 29

- The **IMIA Task-force** meeting for Biennial MEDINFO Cycle Proposal, October 29
- The **MEDINFO 2010 Joint Committee** meeting, October 30
- The **IMIA Board Meeting**, October 31
- The **II Argentine Symposium of Nursing Informatics**, November 1<sup>st</sup>.

The Scientific Programme Committee ensured the quality of the contributions, after a peer-reviewed process: 123 papers submitted, 70 papers and 24 posters accepted.

At the core of the Congress there were the six Plenary Sessions:

- Reinhold HAUX: *e-Health and Patient Centered Care on Information Management Strategies and the Roles of WHO and IMIA.*
- Brian KELLY: *National efforts to support cross-institutional data exchange.*
- William Edward HAMMOND: *Solving the Interoperability Dilemma.*
- Charles FRIEDMAN: *The development of a national health information infrastructure in USA.*
- Robert JENDERS: *Support Systems for Decision Making in Health.*
- Don E. DETMER: *Where are we and how did we get here? AMIA Perspective.*

And, in addition, there were nine parallel tracks, including 23 Outstanding Speakers, 22 Discussion Panels, 17 Paper sessions, 10 Sponsored Events and one Poster session. On the other hand, the II Argentine Symposium of Nursing Informatics had 12 sessions with 120 experts and attendees.

InfoLAC 2008 had **680 experts and attendees from 30 countries**, coming from Latin America and the Caribbean (12 countries), Europe (10 countries), Asia-Pacific Region (4 countries), USA, Canada, Israel and South Africa. IMIA supported a fraction of the travel and lodging costs of regional delegates, and the Local Organizing Committee subsidized a significant number of registration fees as well, in order to ensure that participants who were presenting their experiences were able to attend the Congress.

This successful Congress strengthened the IMIA-LAC region through the progress of the social network of Latin American and Caribbean leaders, the advancement of the technical agenda and the regional working groups on education and standards, and pushing the creation of local societies.

## 2. Define the main topics to promote and the groups in charge of doing it

The main topics selected were:

- Health informatics education* (for both users and experts).
- Health information systems* (and within this topic, adoption of standards, legal and regulatory bodies for each country, and organizational change).

Since IMIA-LAC did not want to exclude other interests within the broad discipline of health informatics, if there were more topics of interest for participants, other groups would be created.

The two central working groups (health informatics education and health information systems) were created, coordinated by Argentinean, Brazilian and Cuban experts, with participation from several countries of the region.

The *IMIA-LAC working group on health informatics education* has had an active role in the coordination of the IMIA Education Working Group meeting that took place in Buenos Aires prior to the Regional Congress. See: <http://www.hospitalitaliano.org.ar/imiaawged/> IMIA-LAC leadership has been important in the coordination of the Rockefeller Foundation seminar on eHealth Capacity Building, centered in Health Informatics Education, also a central topic in our agenda. See concurrent report on the Seminar and more information in: <http://www.ehealth-connection.org/>, week 2 (Capacity Building).

### To-do List

There are many things to be done in order for this reactivation of IMIA-

LAC to be more permanent. The first priority is to accomplish established goals, such as more countries having their health informatics societies: for example, eventually having Mexico back in IMIA-LAC is an important challenge. A successful sequence of Regional Congresses in the region every three years and active working groups are also necessary.

The coordination among countries is still fragile, there needs to be a long-term work towards creation of a social network among regional health informatics leaders in order to have a permanent collaboration.

There needs to be a budget to support several activities, such as secretarial work, the web site, distance education proposals and travel expenses to create the social network among national leaders and with other IMIA Countries and Regions.

There is still room for more coordination with AMIA, SEIS, EFMI, APAMI, Helina, among others. Collaboration with other countries is important for our region, in such a fast-moving discipline.

There is need to review and improve the formal existence and by-laws of IMIA-LAC. The improvement of the formal existence of IMIA-LAC is not the end-point but a means to better achieve the expected results. This will be accomplished during 2009.

So there is much to be done in the next five to ten years, and a series of IMIA-LAC Boards will need to take this responsibility in order to develop the region.

### Regional Editor

Dr. Alvaro Margolis  
IMIA-LAC President,  
[Alvaro.Margolis@evimed.net](mailto:Alvaro.Margolis@evimed.net)  
<http://www.imia-lac.net/>

*Note:* a special thank to Juan Carlos Di Lucca, President of InfoLAC 2008; Daniel Luna, President of the Scientific Programme Committee, and Valerio Yacubsohn, IMIA Honorary Fellow, for the report on InfoLAC 2008.

## North American Medical Informatics (NAMI)

### Health Informatics in Canada

#### COACH: Canada's Health Informatics Association

COACH: Canada's Health Informatics Association provides access to the diverse community of accomplished, influential professionals who work passionately to make a difference in health informatics (HI) – the intersection of clinical, IM/IT and management practices as a critical enabler to modernize and better Canadian healthcare. Our 1,500+ members are dedicated to realizing their full potential as professionals and advancing HI. COACH embraces these goals and provides access to the information, talent, credentials, recognition and programs needed for HI in Canada. COACH offers a broad range of services for networking, forums, information and best practice sharing, peer awards, national conferences and professional development, including specialized career resources and the CPHIMS-CA professional certification. Now in its 34th year as the national association for HI, COACH continues to develop significant and exciting initiatives to provide leadership in the evolution of HI as a profession in Canada and fully realize the vision of taking health informatics mainstream.

COACH continues, in conjunction with the Canadian Institute for Health Information (CIHI), to host the largest annual e-Health conference in Canada. COACH and ITAC Health (formerly CHITTA) also co-host the annual Canadian Health Informatics Awards (CHIA) program that recognizes achievement and contribution in the HI community through a growing number of personal, project and company-based awards.

#### Professionalism

Targeting the growth and responsible development of Health Informatics Professionalism (HIP), COACH is address-

ing the need for professional credentialing on several fronts. COACH's launch of CPHIMS-CA, the first professional credential for Canadian HI professionals, in late 2008 was key. Launched through a partnership between COACH and the Healthcare and Information Management Systems Society (HIMSS) and building on the success of the CPHIMS credential from HIMSS, the CPHIMS Canadian credential is awarded to eligible candidates who successfully complete the required exams. Clinicians, employers, vendors, academics and other stakeholders have praised the credential as a long overdue resource in the profession. Visit [www.coachorg.com](http://www.coachorg.com) for more information.

Other important professionalism initiatives are underway through the HIP@work and HIP@school programs. Career path tools, including generic HI job descriptions and resources to help employers identify skill gaps and resource requirements and aid employees in identifying the training and/or education they need to fulfill career goals, are in development under HIP@work. Through HIP@school, COACH is working closely with colleges and universities to promote HI programs and ensure the necessary core competencies are integrated into curriculums.

As part of its commitment to advancing the profession, COACH has also brought the Health Informatics Training System (HITS), an online, entry-level, self-study course, to Canada in partnership with Frontline Informatics.

COACH's professionalism program is grounded in two cornerstones – *Health Informatics Professional Core Competencies*, a copyrighted COACH document available at [www.coachorg.com](http://www.coachorg.com), and COACH's 10 Ethical Principles, published as an appendix in *Core Competencies*. The 46 core competencies – knowledge, skills and capabilities – which professionals in the multidisciplinary HI field need to share to work together effectively are identified in *Core Competencies*. The following definition is another key element: *Health informatics (HI) is the intersection of*

*clinical, IM/IT and management practices to achieve better health.*

The Career Matrix, a unique career path resource and skill gap/resource requirement assessment tool categorizing 66 typical HI jobs, is another important element of the document. In addition, the HIP Competency Framework diagram reflects the three source practices that intersect to form the HI core body of knowledge, the seven more specialized bodies of knowledge and their advanced competencies and the core competencies that are achieved when the three source disciplines intersect.

COACH professionalism activities are helping to address *the issue* in Canadian HI – the shortage of qualified, competent professionals. In light of this challenge, COACH is also a leader and key partner in studies to compile data about HI professionals across the country, providing a baseline analysis of the profession as it now exists, as well as projections about future needs.

The Canadian HI academic community is one key stakeholder group that is actively involved in this and related capacity-building initiatives. An increasing number of HI undergraduate and graduate programs can be found at universities, colleges and technical schools across Canada. Excellent work, started in 2007, also continues with another key stakeholder group, the Canadian Society of Telehealth (CST). COACH formed an alliance with CST to further advance the integration of telehealth with the full e-health and EHR capability that is being rolled out across Canada. The evidence of the effectiveness of this alliance can be seen in the quoted results of a joint COACH, CST and Canada Health Infoway, Inc. workshop on the convergence of telehealth and e-records.

#### Privacy Guidelines

COACH has long contributed to the development of standards for the protection of health information in Canada. The COACH document, *Guidelines for the Protection of Health Information*, was originally published in 1995. The

first online edition was published in 2004. The new 2009 edition is the largest and most comprehensive health information privacy, security and confidentiality resource for the HI community across Canada and indeed is considered useful in the international HI community. The Guidelines provide a “best practices” approach beyond legislation which link to ISO standards and provide strategies for implementation. This resource provides HI professionals with the framework needed to minimize risk, maximize integrity and protect privacy for all personal health information. The 2009 edition, offering more content about electronic health, medical and personal health records (EHR, EMR, PHR), continues to reflect the realities and evolving requirements of the HI industry as major initiatives and implementations increase use of the EHR. COACH also offers a program to provide assistance to provincial and territorial jurisdictions across Canada charged with the implementation of privacy legislation. The program provides for the purchase of a “license” by a jurisdiction to use the Guidelines content for the implementation of its own program through the development of policies, controls, resource information and training programs for all those responsible in that jurisdiction - employees, contractors, physicians, pharmacists, etc.

#### **e-Health Conference**

One of COACH's most successful programs is the annual e-Health Conference, presented in partnership with CIHI, which attracted more than 1,550 members of the HI community in 2009. e-Health 2009: *Leadership in Action* was held May 31- June 3, 2009 in Québec City. A larger than ever conference exhibition and trade show, along with an eight-track program was part of this event. Tracks included: e-Health/Information Management Solutions, Remote Service Delivery, Change Management, Decision Support, Lead-ing Large Initiatives and School of Hard Knocks, along with the

virtual tracks Physician Learning Stream and Executive Learning Stream. e-Health 2010 will take place May 30 - June 2 in Vancouver. Visit [www.e-healthconference.com](http://www.e-healthconference.com) for more detail.

#### **Standards**

COACH continues to be an active participant in the development and implementation of international standards for health information as the key to EHR initiatives in Canada and worldwide. Many COACH members are actively involved as volunteers including, in several cases, chairing key groups of the Infoway Standards Collaborative of Canada (ISC), such as ISC working groups and strategic, coordinating, technical and clinical committees. ISC is a fully harmonized standards group covering all HI-related standards development organizations (SDO), including ISO Technical Committee 215 on Health Informatics (ISO/TC215), Health Level 7 (HL7), International Health Terminology (IHT) and DICOM.

Internationally, COACH members and staff participate on the Canadian Advisory Committee ISO/TC215 and also attend, lead or develop standards with ISO/TC215, HL7 and IHT SDOs. Don Newsham, COACH CEO and Past President, Kathryn Hannah, Dr. Marion Lyver, Julie Richards, Dennis Goikas, Michael Nusbaum, Derek Ritz, Ron Parker and Grant Gillis, are just a few of the COACH participants. COACH, a primary source of experts contributing to standards development, appoints, in conjunction with the Canadian Health Information Management Association (CHIMA), representatives to ISC strategic, coordinating and clinical committees. COACH is a strong expert source, advocate and partner in advancing HI standards in Canada.

#### **Growth**

The organizational capacity of COACH is also growing. Alison Gardner, Director, Programs, has been planning, developing and helping launch new and enhanced programs and services for COACH since 2007. Heather Jones,

Executive Director, CHIEF, joined COACH in late 2008 to lead the targeted programs for CIOs and senior HI executives. Alison, Heather and Don work with the strong association management firm, Base Consulting and Management Inc., including Renee Levine, Executive Director, Operations, and her staff. This additional capacity is fully focused on advancing the HI practices and professionalism through enhanced services to members, a defined and understood profession, a well communicated and valued program, a growing thought leadership capability and an effective, sustainable organization.

#### **Related Organizations**

Canada Health Infoway  
[www.infoway-inforoute.ca](http://www.infoway-inforoute.ca)  
 Canadian Institute for Health Information (CIHI)  
[www.cihi.ca](http://www.cihi.ca)  
 Canadian Nursing Informatics Association (CNIA)  
[www.cnia.ca](http://www.cnia.ca)  
 Canadian Society of Telehealth (CST)  
[www.cst-sct.org](http://www.cst-sct.org)  
 Canadian Health Information Management Association (CHIMA)  
[www.echima.ca](http://www.echima.ca)  
 Canadian Medical Association  
[www.cma.ca](http://www.cma.ca)  
 Canadian Healthcare Association  
[www.cha.ca](http://www.cha.ca)  
 Healthcare and Information Management Systems Society (HIMSS)  
[www.himss.org](http://www.himss.org)  
 ITAC Health (formerly CHITTA)  
[www.itac.ca](http://www.itac.ca)

#### **Contact information**

COACH: Canada's Health Informatics Association  
 250 Consumers Road, Suite 301  
 Toronto, Ontario Canada  
 M2J 4V6  
 Tel: +1 416 494 9324,  
 Toll free (in Canada) +1 888 253 8554  
 Fax +1 416 495 8723  
 E-mail: [info@coachorg.com](mailto:info@coachorg.com)  
[www.coachorg.com](http://www.coachorg.com)

## Biomedical and Health Informatics Activities in the United States

### AMIA – the Professional Home of Biomedical and Health Informatics

AMIA is the professional home for biomedical and health informatics. AMIA is dedicated to promoting the effective organization, analysis, management, and use of information in health care in support of patient care, public health, teaching, research, administration, and related policy. AMIA's 4,000 members advance the use of health information and communications technology in clinical care and clinical research, personal health management, public health/population, and translational science with the ultimate objective of improving health.

For over thirty years the members of AMIA and its honorific college, the American College of Medical Informatics, have sponsored meetings, education, policy and research programs. AMIA members encompass an interdisciplinary and diverse group of individuals and organizations that represent over 65 countries. Individual members include:

- Physicians, nurses, dentists, pharmacists, and other clinicians
- Researchers and educators
- Advanced students pursuing a career in informatics
- Scientists and developers
- Government officials and policy makers
- Consultants and industry representatives
- Standards developers

AMIA is governed by a Board of Directors and calls upon its members to serve in volunteer roles on task forces, committees, and working groups. The AMIA office is led by the President and CEO who works with a professional staff to manage AMIA's programs and services. AMIA publishes a scholarly journal, the *Journal of the American Medical Informatics Association*, proceedings of its meetings, a member newsletter and daily digests of syndicated news within the field.

AMIA holds several meetings each year. Our College of elected fellows meets early in the year, followed by the Summit on Translational Bioinformatics in March, the Spring Congress

in May, an Academic Forum meeting in the summer and our two fall meetings, the Health Policy Meeting, and our signature event, the AMIA Annual Symposium.

The U.S. government frequently calls upon AMIA as a source of informed, unbiased opinions on policy issues. For example, AMIA and its leaders were instrumental in crafting some language for the American Recovery and Reinvestment Act (ARRA). The \$19.2 billion package is intended to support widespread deployment and utilization of HICT, including availability of EHRs for all US citizens. AMIA intends to support education and training to meet these initiatives including drawing upon its success with the 10x10 program. AMIA's 10x10 program continues to grow with several new courses added to the current program offerings. 2009 additions include courses with focuses in clinical research, nursing, and public health informatics.

AMIA continues to develop a common inter-profession modular informatics curriculum (CIIC). Intended for all health professions students, CIIC will develop informatics competencies to support team care, patient-centered and evidence-based care plus continuous improvement in quality and safety.

AMIA, with support from the Robert Wood Johnson Foundation, took another step toward addressing the need for certification in clinical informatics. Sub-certification in clinical informatics is currently being discussed with member boards of the American Board of Medical Specialties. AMIA's next step is to bring the various disciplines involved in clinical informatics to a common understanding since they are at different stages of development with respect to advanced training and certification. Nursing has the most experience and the other professional disciplines have little activity to report to date. Through an advanced inter-professional clinical informatics certification (AIIC), AMIA will complement its work with the medical specialty certification.

Our international portfolio has expanded dramatically in concert with IMIA. AMIA received a \$1.2 million grant from the Bill & Melinda Gates Foundation. The grant supports devel-

opment of a blueprint for a program to support global biomedical and health informatics education and training with a focus in low resource countries. Through the Partnership Program, AMIA in concert with others seeks to develop scalable approaches to biomedical and health informatics education and training, and help AMIA address the need for a global informatics workforce and scholarly network. The training will emphasize the use of informatics to support health and health care delivery through effective management of information and communication technology including evaluation of EHRs. A local, well trained, health informatics work-force should assure stability and rigor over time.

AMIA continues to work closely with IMIA education and training exemplified by a recent collaboration on a project called Health Informatics Building Blocks (HIBBs). Supported by the Rockefeller Foundation, the purpose of HIBBs is to provide informatics training content that can be delivered in low resource settings and used by organizations seeking to respond to specific eHealth challenges (e.g., introduction of more formal record keeping or development of data collection instruments) or to develop general eHealth expertise within their workforce. There are two major components of this project – HIBBs (i.e., the training modules) and a global informatics training resource center that provides the focal point for HIBB activity coordination.

In mid-2009, AMIA's current President and CEO, Don E. Detmer will hand over the reins to Edward H. Shortliffe. Detmer helped develop a fundamental transformation of AMIA to become the professional home for biomedical and health informatics. Shortliffe has been working with Detmer over the past several months and is poised to lead AMIA during this next phase in its growth.

#### Contact information

AMIA - American Medical Informatics Association  
4915 St. Elmo Avenue, Suite 401  
Bethesda, MD 20814  
Tel: 301-657-1291  
Fax: 301-657-1296  
Website: [www.amia.org](http://www.amia.org)

## EFMI

The European Federation for Medical Informatics (EFMI) is the leading organisation in medical informatics in Europe and represents 31 countries. The objectives when founded in 1976 were:

- To advance international co-operation and dissemination of information in Medical Informatics on a European basis;
- To promote high standards in the application of medical informatics;
- To promote research and development in medical informatics;
- To encourage high standards in education in medical informatics;
- To function as the autonomous European Regional Council of IMIA

### Activities

All European countries are entitled to be represented in EFMI by a suitable Medical Informatics Society. The term medical informatics is used to include the whole spectrum of Healthcare Informatics and all disciplines concerned with Healthcare and Informatics. The organisation operates with a minimum of bureaucratic overhead and each national society supports the Federation by sending and paying for a representative to participate in the decisions of the Federation's Council. Also, and again to reduce overhead, English has been adopted as the official language, although simultaneous translation is often provided for congresses in non-English speaking countries. Information about EFMI and EFMI related activities can be obtained via the website: <http://www.EFMI.org>

### Countries

Currently, 31 countries have joined the Federation, and are named as Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland,

Ireland, Israel, Italy, Moldova, The Netherlands, Norway, Poland, Portugal, Romania, Russia, Slovenia, Spain, Sweden, Switzerland, Turkey, Ukraine and United Kingdom. Applications are open to representative societies in countries within the European Region of WHO.

EFMI is open for institutional membership starting 2007. Typical institutions are universities, research organisations, federations, industries (large medium and small), and organisations which will support the goals of EFMI. Currently, 16 organisations have become institutional members: 2 universities, 9 industrial companies and 5 not for profit organizations.

### Congresses and Publications

So far 21 MIE congresses (Medical Informatics Europe) have been organised by EFMI with up to more than 1000 participants. The concept includes reviewed presentations according to the type of paper as oral or poster presentation. Workshops and tutorials prepared or supported by the EFMI working groups are an essential part of EFMI MIE conferences. These have taken place in Cambridge (1978), Berlin (1979), Toulouse (1981), Dublin (1982), Brussels (1984), Helsinki (1985), Rome (1987), Oslo (1988), Glasgow (1990), Vienna (1991), Jerusalem (1993), Lisbon (1994), Copenhagen (1996), Thessaloniki (1997), Ljubljana (1999), Hannover (2000), Budapest (2002) and St. Malo (2003), Geneva (2005), and Maastricht (2006), Gotenburg (2008) The next MIE congress will take place in Sarajewo (2009).

EFMI has organised a new series of meetings: the Special Topic Conferences. Its concept has the following components:

- Organization by a member society in combination with its annual meeting
- Topic defined to the needs of the member society

- Relevant EFMI Working groups are engaged for the content
- Contributions mostly on invitation
- Small 2-day conference with 100+ participants

STCs have taken part in Bucharest (2001), Nikosia (2002), Rome (2003), Munich (2004), Timisoara (2006) Brijuni island, Croatia (2007), London (2008). The next STC conferences will take place in Antalya (2009), Reykjavik (2010).

The publications in the last years were done in close co-operation with IOS Press for the conference proceedings in the Medline indexed series "Health Technology and Informatics" and the International Journal for Medical Informatics for selected papers from the MIE conferences. The accepted papers for 2008 were available from the EFMI-pages for the first time.

For the STC conferences the proceedings are published with AKA Verlag and Methods of Information in Medicine for selected papers. As complement for the conference proceedings a new series has been established as CD-ROM publication. The ENMI (European Notes in Medical Informatics), Rolf Engelbrecht, Arie Hasman (Eds.), continues the tradition of the Lecture Notes in Medical Informatics and follows the demands of different ways of publication.

### Communication

EFMI is running the website [www.EFMI.org](http://www.EFMI.org) for external and internal communication with some efforts and success. Different Mailing lists and a monthly newsletter for the EFMI council was established. The newsletters are stored also on the web site and can be read from there every time. The EFMI portal is based on open source content management system Joomla. Traditional functions are extended for internal and external news such as council members list, member countries (with additional information), working groups, downloads (council meetings



material, reports, presentations, etc.), links, events, and news. There is an extended news management, RSS news feeder (e.g. from IST programme and Journal for Medical Internet Research into EFMI pages, from EFMI news to WG PPD (Portable personal devices) and the Norwegian society for medical informatics) available. Council members are able to submit news, submit events, to submit files and documents and to do contributions to

an internal forum with relevant topics.

Information exchange was also discussed and agreed with AMIA and IMIA. With Elsevier publisher it was agreed to make available EFMI publications on the EFMI portal. The EFMI portal is well recognised in the medical informatics community. The number of visitors is above 2000 per month. It is a good basis for the promotion of medical informatics and is prepared to take information from

EFMI members as well. EFMI working groups are the most active part in the life of the federation. The spectrum of activities is as broad as the variety of themes. The reports in this yearbook contain only objectives and the most actual information. For a complete list of past activities please visit the working group descriptions on the EFMI portal ([http:// www.EFMI.org](http://www.EFMI.org)) or on the homepage of the working groups if available.

### EFMI Board (2008-2010)

#### President:

Jacob Hofdijk  
Hofbroekerlaan 8  
2341 LN Oegstgeest, The Netherlands  
Tel: +31 6149 91 912, Fax: +31 715 15 4240  
E-mail: [Hofdijk@EFMI.info](mailto:Hofdijk@EFMI.info)

#### Vice President:

Prof. John Mantas  
Health Informatics Laboratory  
University of Athens, Greece  
Tel: +30 10 7461 1459/60  
Fax: +30 10 7461 461  
E-mail: [Mantas@EFMI.info](mailto:Mantas@EFMI.info)

#### Vice-President IMIA:

Prof. Dr. George Mihalas  
University of Medicine and Pharmacy  
Dept. of Medical Informatics  
P-ta Eftimie Murgu 2  
1900 Timisoara, Romania  
Tel: +40 56 193 082/190 288  
Fax: +40 56 190 626/190 288  
E-mail: [Mihalas@EFMI.info](mailto:Mihalas@EFMI.info)

#### Officer for Institutional Relations:

Asso Reichert  
HealSis  
Healthcare Management, Technology and Informatics Consulting  
POB 1512  
Ramat-Hasharon 47114, Israel  
Tel: +972 3 540 3555  
Fax: +972 3 540 1759  
E-mail: [Reichert@EFMI.info](mailto:Reichert@EFMI.info)

#### Secretary:

Christian Lovis  
University Hospital Geneva  
Service of Medical Informatics  
Switzerland  
E-mail: [christian.Lovis@hcuge.ch](mailto:christian.Lovis@hcuge.ch)

#### Information Officer:

Prof. Dr. Rolf Engelbrecht  
IBMI - Medical Informatics Laboratory  
Helmholtz-Centre-Munich  
Ingolstädter Landstr. 1  
D-85764 Neuherberg, Germany  
Tel: +49 89 3187 4138  
Fax: +49 89 3187 3008  
E-mail: [Engelbrecht@EFMI.info](mailto:Engelbrecht@EFMI.info)

#### Treasurer:

Patrick Weber  
Nice Computing  
Rte de Fey  
CH-1414 Rueyres  
Tel: +41 21 887 6031  
Fax: +41 212 887 6031  
E-mail: [Weber@EFMI.info](mailto:Weber@EFMI.info)

#### Publication Officer:

Prof. Dr. Arie Hasman  
Dept. of Medical Informatics  
Academic Medical Center-University of Amsterdam  
Meibergdreef 15  
1105 AZ Amsterdam  
The Netherlands  
Tel: +31-205-665-184  
E-mail: [Hasman@EFMI.info](mailto:Hasman@EFMI.info)